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Point Selection – Imaging Principle

"If the disease is in the head, points from the foot will be used for treatment. If the disease is in the lower back points on the knee will be used for treatment."

Ling Shu, Cap 9

Point selection according to the mirror technique, explained in the previous part, is one of the significant tools available to us upon the selection of acupuncture points. However, the mirror technique, including all its aspects, is eventually concentrated on the treatment of limbs, where we see high efficiency of this method. It is possible theoretically to execute the right-left mirror also on the abdomen or chest. It is also possible to employ a mirror from the abdomen to the back, but these actions are restricted from the aspect of use and balancing of the meridians enabled. In other words, not all the abdomen meridians could be balanced according to this principle. In addition, it is often an inconvenient treatment from the aspect of access to the acupuncture points.

Beyond the advantage bestowed by the use the anterior/posterior mirror in the balancing of the CV meridian and the GV meridian, the frontal-posterior or right-left mirror principle in the chest/abdomen is not widely used in our clinics.

Therefore, how could we efficiently treat the abdomen and chest areas or the back areas? How to treat the head? Actually, the biggest question is how to treat all the diseases, pertaining to internal medicine.

For this purpose, we will use the concept of imaging.

Imaging is an important aspect in the selection of points according to the Chinese Medicine. The principle of imaging, where we image one body area to another body area, is as ancient as the Chinese Medicine. For example, imaging of the ear or the sole of the foot to the entire body, were always a central part of the Chinese observation and understanding. The whole principle of imaging is founded on observation, finding lines of similarity and of course the understanding that the *Qi* flows in whole the body. The understanding of the Chinese and the outlook of Chinese Medicine is not restricted merely to finding of anatomic lines of resemblance. Although anatomic resemblance is an important part in the principle of imaging, e.g. the resembling picture between a fetus and an ear, or resemblance in the structure of bones, such as the resemblance between the scapula bone and the coccyx. Imaging is also an observation of the movement of the *Qi*, the *Qi* flow, the "anatomic" stature of the meridians. This observation provides us with an enormous variety of treatment options, if we could only succeed in looking at the body through "Chinese eyes". There are many options of imaging. This chapter will explain the imaging principles of the balance method and how to implement them.

Theoretically, we can image any body part to the entire body. We could do so because the *Qi* flowing in the meridians and the *Qi* flowing in the entire body is the same *Qi*. The *Qi* that flows in the pinky also flows in the center of the body. Thereby, theoretically, I can decide that our finger is the representation of the entire body and hence to develop a method of finger acupuncture. This method could perhaps be valid theoretically, but very complicated to implement. If the finger is the entire body, where and how exactly could we identify on it the spleen meridian in the abdomen? How could we differentiate or find a point that will represent the height of vertebra L2 or L4? Therefore, imaging according to the balance method choose to connect between body parts that are more clear and absolute and easier for practical implementation. Naturally, the customary imaging in the balance method "speaks" the language of meridians. The importance of the language of the meridians was already described at length. When we choose an image, we would like to preserve the beneficial principles of this language, the language of meridians, which allows us an efficient and accurate intervention.

We are not arguing that other methods are less good or less valid. Ear acupuncture, for example, could assist in the treatment of knee pain, but it is very difficult and even impossible to make a therapeutic differentiating diagnosis between a pain on the liver meridian as opposed to a pain on the spleen meridian, because there is one medial knee point in ear acupuncture. Just as it is impossible to make a therapeutic differentiating diagnosis between knee pain on the stomach meridian as opposed to the knee pain on the urinary

bladder meridian through ear acupuncture, because there is one lateral knee point in the ear.

The imaging principle is founded on our ability to view the *Qi* flow in the body as a whole. This should be added with our ability to understand bodily systems and our affect on it. Imaging is actually a technique of point selection. The imaging technique provides the practitioners with vast variety of treatment options. The imaging technique connects and makes sense, it is a logical method of point selection. The imaging technique often links between our understanding of the therapeutic indications of acupuncture points and the functions of the points and the theory of meridians, as it is currently practiced by us. The imaging technique often links between the clinical experience of various masters in history with their study of Chinese Medicine, as known at present.

Attention – both mirror and imaging are techniques for selection of points, i.e. the third stage of treatment – after diagnosis of the meridians involved in the disease, and the choosing of the balancing meridians. The choosing of the balancing meridians also determines the sides of the treatment, according to the principles taught in Balance Methods 1-5.

First Imaging – Limbs to Body

The first imaging to be presented is the imaging of limbs to the body. This is perhaps the most common imaging used in our clinics. The basic principle of imaging is that the entire body is represented on the limb, while the limb in turn represents the entire body. The ends of the limbs represent the ends of the body. Therefore, the ends of the fingers also represent the genitalia area (penis, scrotum, anus in men and vagina and anus in women) the lower end of the body. The center of the limb represents the center of the body, i.e. the central joint in the limb which is the elbow and knee, respectively, representing the umbilicus area. All the other parts are arranged according to these proportions.

Initially, we divided the imaging of limbs to the body into parts, in order to simplify their studying and understanding.

We will first define the boundaries of the imaging and structure.

So we can actually "see" the imagery before explanation.

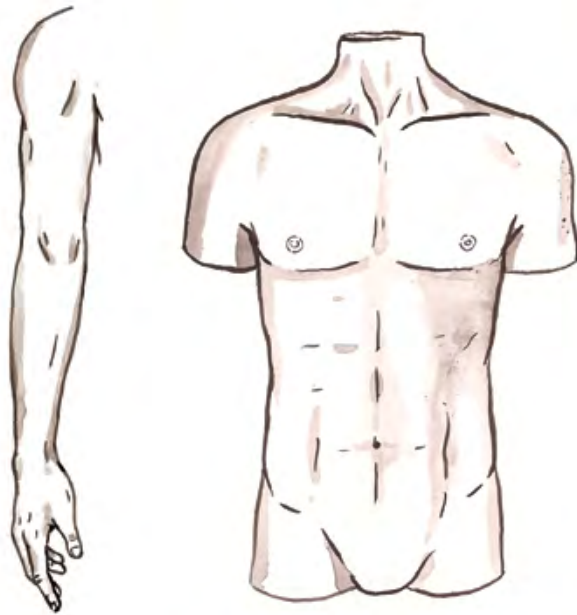
We always advise therapists at the beginning to understand the imagery by defining the boundaries, the edges and the center, and then the rest is placed according to the required proportion.

Limbs to Body – Part A – Imaging of the Upper Limb to the Body in a Frontal/Anterior Picture

We shall start with a description of the imaging parts. When we say body, we include the head, neck, the upper body part and the lower body part including the pelvis, but without the limbs. The upper limbs starts from the end of the fingers (the upper end according to the model of the Chinese man, standing with hands stretched upwards) and it naturally includes the palm, the forearm and the arm up to the height of the shoulder (the shoulder is the lower end, according to the model of the Chinese man standing with his hands upwards). One of the most important issues in imaging is understanding the concept of "imaging", i.e. imagination. The technique of point selection, according to the mirror principle, is quite clear. Observing the upper and lower limbs is very easy. The technique of point selection according to imaging is a slightly complicated and requires imagination, some practice and some patience until we begin to see the images, until the point selection, according to the imaging principle, becomes a second nature.

The use of imaging of all its kinds requires an active imagination. It requires some practice and some imagination, but within several times, insights start to form and the proportions of the imaging, despite changes and variegation, becomes a second a second nature in the point selection.

Imaging the Upper Limb to the Head and Body – Anterior/Frontal Picture



We recommend initially, in order to understand each imaging, to start by describing the boundaries. The boundaries of imaging looks like that:

Boundaries of Imaging	Upper limb	Body
Upper end	End of fingers	Scrotum, vagina
Lower end	Upper shoulder	Top of the head
Center	Elbow joint	Umbilicus

Explanation – from the edge, we start to move forward in proportion. One should imagine that the size of the entire arm corresponds with the size of the entire body. You begin with the end of the fingers, representing and anus and scrotum area; continuing to the palm, resembling the genitalia areas, as the root of the palm represents the higher area of the genitalia and the bladder area. From there, we continue to the forearm, imaging the lower abdomen

up to the elbow that represents the center. The center is at the height of the umbilicus. You continue from the elbow to the arm and concurrently to the area of the upper abdomen, the chest and the rib-cage, until you reach the shoulder, representing the height of the neck/throat and jaw. The height of the shoulder completes the imaging opposite the end of the head.

It is important to maintain the imaging proportion.

Following the understanding of the imaging principle, we can understand numerous therapeutic indications of points. For example, the vast effect of PC6 for various gynecological treatments. We can see what meridians are influenced by the PC meridian (ST, KID) and what area is imaged by this point. PC6 images the area above the pubic, the area of the womb and the lower abdomen.

Imaging the Upper Limb to the Head and Body – Anterior/Frontal - Example

A patient with an abdomen pain. In palpation, we find that the high sensitivity in the abdomen is on the stomach meridian in the area of ST24-ST25. How to treat?

The answer is again 1,2,3

1. Sick meridian – ST
2. Balancing meridian – we will open the matrix of the ST meridian.

Sick Meridian	Method 1 Name Sharing	Method 2 Branching Meridians	Method 3 Yin Yang	Method 4 Clock's Opposites	Method 5 Clock's Neighbors
ST	LI	PC	SP	PC	SP

3. The point selection according to part A of the Imaging – Upper Limb to Body

Sick Meridian	Method 1 Name Sharing	Method 2 Branching Meridians	Method 3 Yin Yang	Method 4 Clock's Opposites	Method 5 Clock's Neighbors
ST	LI11-11.2 Ah Shi	PC3-2.8 Ah Shi	SP of the foot	PC3-2.8 Ah Shi	SP foot

Explanation – the painful area is at the height of the umbilicus and slightly above. Therefore, the area representing the umbilicus was chosen. In the hand, the area imaging the umbilicus is the elbow and the area imaging the area above the umbilicus is the arm. The chosen balancing meridians are LI, PC. The points of the elbow area are LI11, PC3, but because the pain is not focused in a specific area, but is rather spread, we chose points according to the proportion of the complaint. The complaint is from the center upwards, therefore in proportion, we continue to the area representing the upper abdomen, which is the arm area.

It should be mentioned again, that mirror and imaging are techniques for the point selection, presenting the third stage in treatment. This stage takes places after diagnosis and choosing the meridians.

- When we write a point such as PC2.8, the intention is that we search for an Ah Shi point in that area, not an accurate point. We are looking for a point, which is somewhere between PC3 and PC2, i.e. from PC3 toward PC2 in proportion (in our case closer to PC3).