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Table of Contents

	;
uthor	
onception Vessel	
Energetics	
Conception Vessel Primary Pathway	
Coalescent Points	
Conception Vessel Pathologies	
Luo-connecting Channel	
Confluent Point	
CV1 (Huiyin, Yin Convergence, 會陰)	
CV2 (Qugu, Curved Bone, 曲骨)	11
CV3 (Zhongji, Center Pole, 中極)	
Center Pole for Yin and Yang	
Running Piglet	
Emotional Release	
General Indications	
CV4 (Guanyuan, Gate of Origin, 關元)	
Source Qi and Jing	
Functions	
General Indications	
Lower Jiao Emotional Stability and Qi	
Caution	
CV5 (Shimen, Stone Gate ,石門)	
CV6 (Qihai, Sea of Qi, 氣海)	
Ocean of Vital Engery	
CV6 Emergence of Postnatal Qi	
Indications	
Special Combinations	
CV7 (Yinjiao, Yin Intersection, 陰交)	
Penetrating Vessel (Chong Mai)	
Intersecting Points	
Associated Pathologies	
Sea of 12 Primary Meridians	21
CV8 (Shenque, Spirit Palace, 神闕)	
CV9 (Shuifen, Water Division, 水分)	
CV10 (Xiawan, Lower Courtyard, 下脘)	
CV10 (Xiawan, Lower Countyard, 下航) CV11 (Jianli, Establish Pathway, 建里)	
CV11 (Jidnii, Establish Pathway, 建主) CV12 (Middle Courtyard, Zhongwan, 中脘)	
Caution	
Central Axis	
Additional Indications	
CV13 (Shangwan, Upper Courtyard, 上脘)	
CV14 (Juque, Great Palace, 巨闕)	
CV15 (Jiuwei, Dove Tail, 鳩尾)	
Caution	
Luo-connecting point of the conception vessel	
Palace door at the dove tall CV16 (Zhongting, Middle Hall, 中庭)	
CV17 (Central Altar, Shanzhong, 膻中)	
CV18 (Yutang, Jade Hall, 玉堂)	
CV19 (Zigong, Purple Palace, 紫宮)	
CV20 (Huagai, Emperor Canopy, 華蓋)	
CV21 (Xuanji, Jade Pivot, 璇璣)	
CV22 (Tiantu, Sky Prominence, 天突)	39
CV23 (Lianquan, Pure Spring, 廉泉)	41

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Prof. Liao has spent decades studying Taoism and the roots of Chinese medicine. For the last two decades, Prof. Liao has taken an annual retreat to China to study with Master Wang Li Ping. He translated the *Ling Bao Tong Zhi Neng Nei Gong Shu for Wang Li Ping*, which is a guide for meditation in the way of the Taoist Dragon Gate Sect (Long Men Pai). Wang Li Ping is an 18th generation Taoist Master of Long Men Pai. The *Ling Bao Tong Zhi Neng Nei Gong Shu* includes Taoist secrets of the golden flower and five souls that was delivered by the ancient masters Zhong and Lu. This text includes methods of practice and theory.

Prof. Liao's extensive experience in Taoist theory and meditation practice inform an understanding of the acupuncture points included in this course, according to both ancient and modern Chinese medicine.



Prof. Richard Liao, L.Ac.

Conception Vessel

Energetics

The conception vessel (Ren Mai) receives the governing vessel qi to allow the yang qi from the governing vessel to transform into jing-essence in the conception vessel. In this way, the yang of the governing vessel activates the jing and water essence of the conception vessel. The conception vessel yin-essence reciprocally rises to assist the yang qi in the governing vessel. This is a balance of yin and yang between the governing and conception vessels.

This is similar to yin and yang in the natural world. Similar to nature, the yang of the sun shines onto the earth & ocean and then the water rises from the heat of the sun, creating balance. This is similar to the activity of heart fire and kidney water communicating. They help each other. Likewise, the governing and conception vessels assist each other in a process of transformation.

The governing vessel and conception vessels have prenatal yang and yin respectively. This helps communication of prenatal jing-essence and qi. As a result, these channels are involved in treating hereditary disorders, aging disorders and related vitality, and deficiency of the bones for the elderly. The conception vessel emphasizes nourishment of the body and jing-essence replenishment.

The conception vessel is one of the eight extraordinary vessels, but is also termed a primary channel in many texts. As such, the 12 primary channels are then referred to as the 14 primary channels, which include the conception and governing vessels.

Conception Vessel Primary Pathway

The conception vessel has two pathways. The first begins in the lower abdomen below CV3 (Zhongji) then ascending along the midline of the abdomen and chest where it crosses the throat, jaw, winds around the mouth, intersects GV28 (Yinjiao), and terminates in the region of the eye at ST1 (Chengqi). The *Spiritual Pivot* notes that, in females, this pathway begins in the uterus.

The second pathway begins in the pelvic cavity, enters the spine, and ascends along the back.

Coalescent Points

ST1 and GV28 are the coalescent points of the conception vessel.

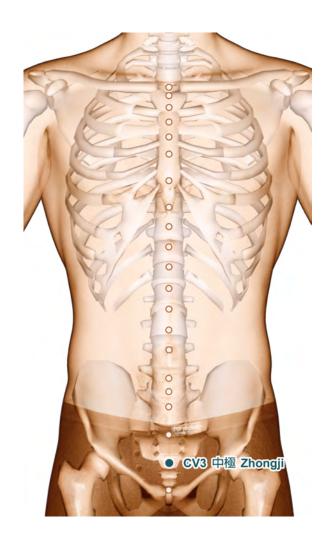
- GV28 is the meeting point of the governing vessel with the conception vessel and the stomach channel. It is located inside the mouth, at the superior frenulum, at the junction of the lip and gums.
- ST1 is the meeting point of the stomach channel with the conception vessel and the yang motility vessel (i.e., yangqiao channel, yang heel vessel). ST1 is located below the pupils between the eyeball and the infraorbital ridge.

Conception Vessel Pathologies

The conception vessel is the confluence of the yin channels. Therefore, abnormalities of the conception vessel appear primarily in pathological symptoms of the yin channels, especially those associated with the liver and kidneys.

The function of the conception vessel is closely related with pregnancy and therefore has links with the kidneys and uterus. If conception vessel qi is deficient, infertility or other disorders of the urogenital system may result. Leukorrhea, irregular menstruation, infertility, and colic are all symptoms associated with the conception vessel.

Chest and stomach region conception vessel points are often applicable to the treatment of digestion, respiratory, and heart disorders. Acupoints on the conception vessel in the lower abdomen (especially CV6, CV4, CV3) benefit the dantian (cinnabar field, lower dantian) and nourish & benefit qi for patients with deficiency.

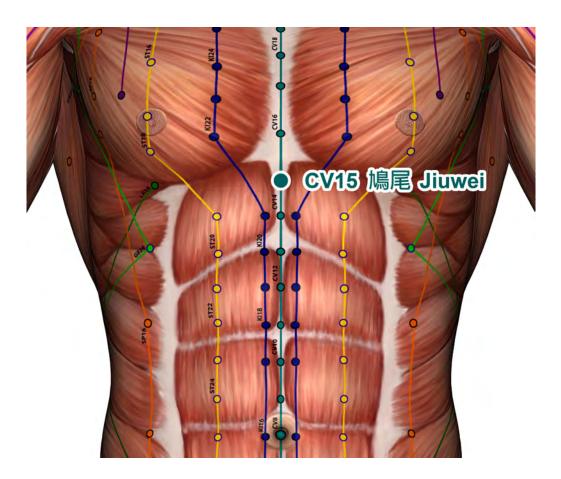


Luo-connecting Channel

This channel separates from the primary conception vessel at the lower part of the sternum. From acupoint CV15 (Jiuwei, Dove Tail, 鳩尾), it spreads over the abdomen.

- Symptoms of luo-connecting excess: pain on the skin of the abdomen.
- Symptoms of luo-connecting deficiency: itching on the skin of the abdomen.

Classical and modern literature notes that CV15, the connecting point of the conception vessel, has a supervisory function over all yin connecting channels of the abdomen.

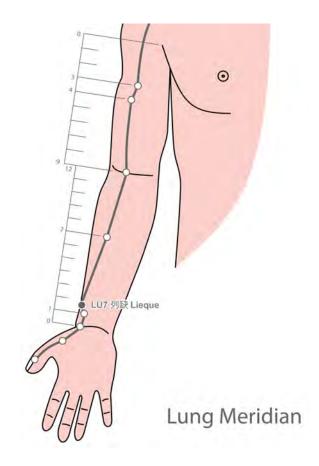


Confluent Point

LU7 (Lieque, 列缺) is the confluent point of the conception vessel.

LU7 pairs with KD6 (Zhaohai, 照海), which is the confluent point of the yinqiao channel (yin motility vessel). Together, this pair benefits the throat, chest, and lungs.

In some texts, confluent points are termed master points. Each confluent point accesses one of the eight extraordinary vessels. In this case, LU7 regulates or accesses the conception vessel. In addition, each confluent point is paired with another. In this case, LU7 pairs with KD6.



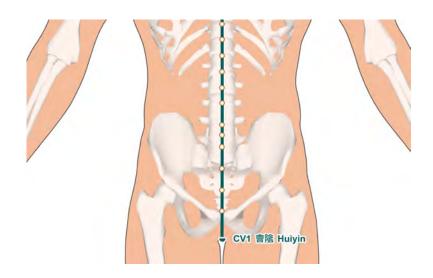
CV1 (Huiyin, Yin Convergence, 會陰)

CV1 is located between the anus & root of the scrotum (males) or between the anus & posterior labial commissure (females).

This is the meeting point of the conception vessel, penetrating (Chong Mai), and governing vessels. CV1 is a Sun Si-miao ghost point.

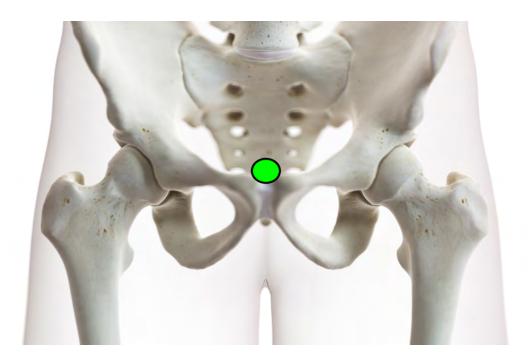
Located in the lower aspect of the body, qi rises from this point. As the winter blossoms into the spring, so too does the qi from this point rise to sprout into the upper portion of the body. As a result, this point is associated with anti-aging functions.

Indications include urination dysfunction and urination disorders, irregular menstruation or dysfunction, cold sensations from the lower aspect of the body rising into the heart (running piggies), genital dampheat, revival from drowning, difficult bowel movement, impotence, cold sensation of the male genitalia. Sources indicate that this point is contraindicated or used with caution during pregnancy.



CV2 (Qugu, Curved Bone, 曲骨)

CV2 is located on the midpoint of the upper border of the symphysis pubis.



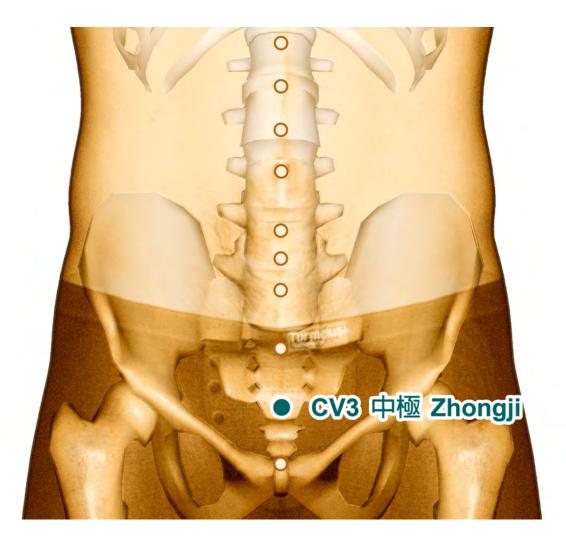
CV2 is the meeting point of the conception vessel with the liver channel. The transition of CV1 to CV2 is the qi rising through the curved bone of the pelvis and then storing in CV2. This movement of qi from CV1 to CV2 is akin to a river flowing around a corner and then flowing into a pond.

This point has a strong regulatory function of yin essence/qi. As result, it is useful for the treatment of hot flashes with menopause symptoms, leukorrhea, and urinary tract disorders. This point treats fullness of the lower abdomen, irregular menstruation, enuresis, urinary retention, genital damp-heat, orchitis, and hernias.

Overall, this point benefits urination, regulates the lower jiao (burner), and warms the kidneys. Use caution to avoid penetrating the urination bladder.

CV3 (Zhongji, Center Pole, 中極)

CV3 is located on the midline of the abdomen, 4 cun below the umbilicus.



CV3 is the mu (alarm) point of the bladder and is the meeting point of the conception vessel with the spleen, liver, and kidney channels. CV3 is the intersection of the three leg yin channels. CV3 assists the transforming function of qi, regulates the uterus and menstruation, benefits kidneys, and alleviates damp-heat of the lower burner (jiao) and urogenital system.

Center Pole for Yin and Yang

The center pole definition of CV3 refers to the center of the body. As a result, this point is useful for balancing yin and yang. CV3 is useful for balancing extreme emotions, including patients with bipolar disorder. Other extremes include cold hands and feet with a hot head. CV3 balances the yin and yang to treat the extremities and head.

Running Piglet

Running piglet is another emotional and physical imbalance that CV3 addresses. Indications for running piglets include a feeling of pulsing under the navel with a sensation running upwards:

- piglet runs under the chest and lungs resulting in difficult breathing
- running to the chest and heart becomes palpitations
- running to the throat is plum pit throat
- running to the brain is irritability

Emotional Release

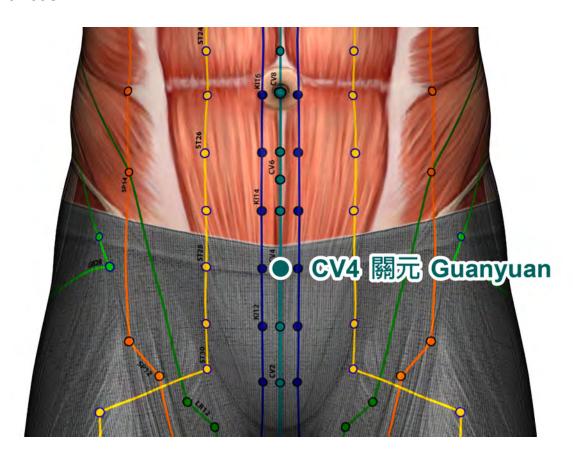
The emotional aspect of running piglets can be strong. After acupuncture treatment, patients may note that the running piglet sensation runs out of the top of the head. After this experience, the symptoms may resolve.

General Indications

CV3 is useful for treating urinary tract infections (UTI), frequent urination (including in the elderly), spermatorrhea, infertility due to kidney deficiency, impotence, dysmenorrhea, prolapsed uterus, vaginitis, premature ejaculation, urinary retention, enuresis, and frequent urination.

CV4 (Guanyuan, Gate of Origin, 關元)

CV4 is located on the midline of the abdomen, 3 cun below the umbilicus.



Source Qi and Jing

Guanyuan (CV4) refers to the source of yuan qi (source qi) for both yin and yang. This refers to prenatal qi, postnatal qi, and the vital energy related to aging. As a result, this point is related to fertility. This point strengthens original (source, yuan) qi and benefits jing-essence. This is an important and powerful point for these purposes because it treats the source energy (prenatal and postnatal).

Functions

CV4 is the front mu-alarm point of the small intestine. CV4 nourishes and stabilizes the kidneys, tonifies yuan (source) qi, benefits the bladder and spleen, benefits the uterus and conception, regulates qi, moves and builds qi, and restores yang. CV4 is an intersection of the three leg yin channels (deeply) and is also a crossing point of the spleen channel (superficially).

General Indications

Indications include the treatment of chronic fatigue syndrome, infertility, issues related to aging (premature graying, loss of hair, etc...), impotence, nocturnal emissions, loss of sperm, and children with slow growth and responses.

Lower Jiao

Lower jiao (burner) indications for use include enuresis, frequent urination, urgent urination, leukorrhea, dysmenorrhea, irregular menstruation, hernia, abdominal pain, and kidney yang deficiency morning diarrhea.

Emotional Stability and Qi

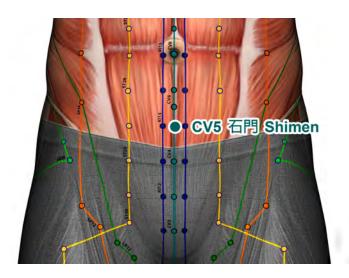
This point boosts confidence in patients with emotional instability due to the loss of their source of energy.

Caution

Use with caution during pregnancy or avoid. Deep insertion may penetrate a full urination bladder. Make sure the patient has visited the bathroom prior to needling this point.

CV5 (Shimen, Stone Gate,石門)

CV5 is located on he midline of the abdomen, 2 cun below the umbilicus.



The kidney qi anchors deeply, like a stone, at this point. As a result, this point treats infertility. However, some ancient texts state that this point induces infertility. Some ancient texts also note that the stone refers to infertility, which may refer to uterine fibroids or blocked fallopian tubes. The ancient Asian saying of "stone lady" refers to women that had infertility as a medical concern.

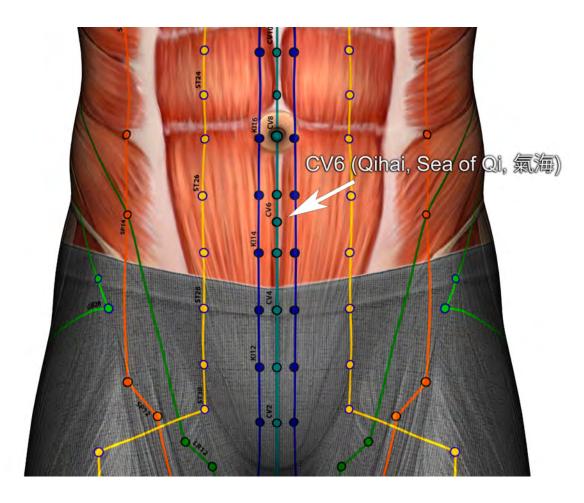
Use CV5 with caution, deep needling may penetrate the peritoneal cavity. Some ancient texts note that this point is contraindicated during pregnancy for both needling and moxibustion. Other texts note that this point is contraindicated for females because it may induce infertility.

CV5 is indicated for dysmenorrhea or excess menstrual flow. This point boosts qi for patients with loss of confidence.

CV5 is the front mu-alarm point of the triple burner (Sanjiao). Indications for use include edema, urinary retention, anuria, enuresis, amenorrhea, and abnormal uterine bleeding.

CV6 (Qihai, Sea of Qi, 氣海)

CV6 is located on the midline of the abdomen, 1.5 cun below the umbilicus.



Ocean of Vital Engery

Qi is vital energy and hai is the ocean. This point is the ocean/sea of vital energy. This point is used for the treatment of any qi deficiency condition.

CV6 Emergence of Postnatal Qi

CV1 is this the source of yin, which emerges into the pond of CV2, then going up the central pole of CV3 at the center of the body, then rising to CV4 (the source).

Next, the qi moves to a regulatory point, CV5. After the gate of CV5, the qi emerges into the ocean of qi at CV6.

This is the emergence of prenatal qi and essence at CV1 to stronger postnatal power at CV6. This is similar in nature to the roots of a plant (CV1) emerging above the ground at CV6. **CV6** is contraindicated for deep needling to avoid reaching the peritoneal cavity.

Functions

CV6 regulates qi, strengthens kidneys and qi, benefits yang, harmonizes blood, regulates the chong (penetrating) and ren (conception) vessels, and dispels dampness.

Indications

Indications for use include abdominal pain, irregular menstruation, dysmenorrhea, leukorrhea, abnormal uterine bleeding, urination bladder disorders, spermatorrhea, nocturnal emissions, impotence, and cold sensations of running piglets rushing upwards.

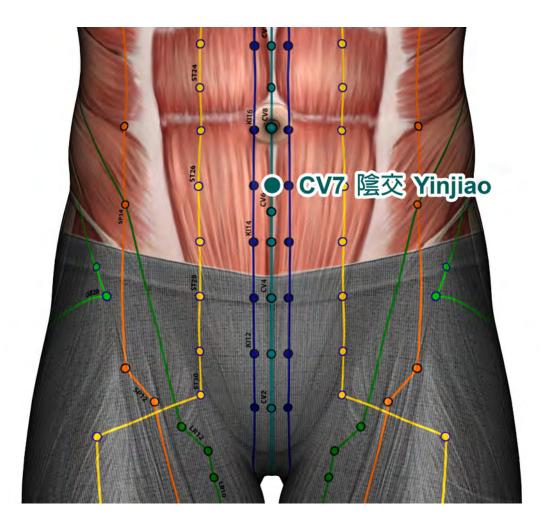
Special Combinations

Prof. Shui Wae, L.Ac. employed a dantian tonifying technique with the acupoint prescription of CV6, CV4, CV3, and ST36. This combination was used for powerfully tonifying jing, qi, blood, yin, and yang.

CV6 is used to help the kidneys receive the lung qi to promote proper inhalation. This is especially applicable for the treatment of asthma.

CV7 (Yinjiao, Yin Intersection, 陰交)

CV7 is located on the midline of the abdomen, 1 cun below the umbilicus.



The conception vessel belongs to yin essence. The chong vessel (penetrating vessel) moves qi upwards. CV7 is the meeting point of the conception vessel with the penetrating vessel and the kidney channel. As a result, the penetrating vessel assists the upward movement of yin essence from CV7 toward CV9.

The kidney yin-water-essence tends to go downwards. The chong vessel assists upward movement. At this point, the combination

harmonizes the movement of kidney yin water/essence to move upwards. The shaoyang embraces both the kidney water and the upward movement properties of the chong vessel to harmonize and move yin/essence upwards toward CV9.

Indications for use include irregular menstruation, infertility, inguinal hernia, coldness of the navel region, edema, abnormal uterine bleeding, amenorrhea, and leukorrhea.

Caution, deep needling may penetrate the peritoneal cavity and use cautiously or avoid during pregnancy. CV7 intersects with the penetrating vessel, the following is an overview of the vessel:

Penetrating Vessel (Chong Mai)

The penetrating vessel has 5 routes. Historically, there are slight variations in the mapping of these routes.

- Route #1 starts in the lower abdomen and tracks the kidney channel. Route #1 moves upwards from the lower abdomen and disperses in the chest. This branch emerges at ST30 (Qichong), ascends through CV7 (Yinjiao), and then through KD11 to KD21 before dispersing in the chest.
- Route #2 begins in the chest (in the area where route #1 terminated), ascends past the throat, curves around the lips, and ascends past the nose to the infraorbital region below the eye.
- Route #3 starts at the lower abdomen, emerges at ST30 (Qichong), moves past the lower aspect of the kidney, descends along the medial aspect of the leg, passes through the popliteal fossa, traverses the medial aspect of the tibia and the posterior aspect of the medial malleolus, and terminates at the sole of the foot.
- Route #4 diverges from route #3 at the tibia and traverses from the medial to the lateral aspect of the tibia. Next, it traverses the heel, crosses the metatarsal bones, and terminates at the great toe.

 Route #5 separates from the origin of the channel in the pelvic cavity. It moves posteriorly, ascends through the spinal column, and circulates throughout the back. Many texts note that this route originates at the uterus in females and then emerges at CV1 (Huiyin), before ascending through the spinal column.

Intersecting Points

The penetrating vessel intersects the following acupoints:

- CV1 (Huiyin)
- CV7 (Yinjiao)
- · ST30 (Qichong)
- KD11 (Henggu)
- KD12 (Dahe)
- KD13 (Qixuw)
- KD14 (Simai)
- KD15 (Zongzhu)
- KD16 (Huangshu)
- KD17 (Shangqu)
- KD18 (Shiguan)
- KD19 (Yindu)
- KD20 (Futonggu)
- KD21 (Youmen)

Associated Pathologies

Gynecological conditions, male & female sexual dysfunction, abdominal pain, dyspnea, counterflow of qi, atrophy of the legs

Sea of 12 Primary Meridians

The penetrating vessel is one of the 8 extra meridians, which all have the function of controlling, joining, storing, and regulating qi and blood. The penetrating vessel is the sea of the 12 primary meridians and is also referred to as the sea of blood. It provides a reservoir for the qi and blood of the 12 primary meridians.

CV8 (Shenque, Spirit Palace, 神闕)

CV8 is in the center of the umbilicus (navel).



CV8 warms and stabilizes yang and strengthens the transporting function of the spleen and stomach. Many texts note that needling is contraindicated at this point. Moxibustion is more commonly used at this point.

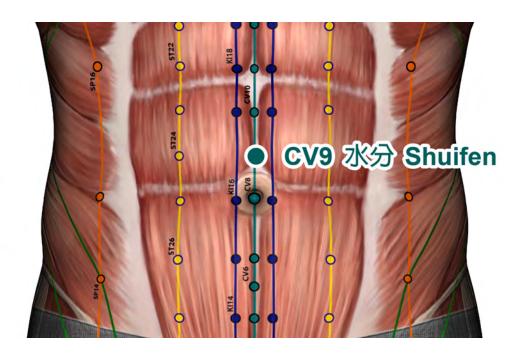
This point is called the shen-spirit palace because it is the source of vital energy that travels from the mother to the child through the navel region. The spirit from the mother to the fetus in prenatal development occurs through this area. The umbilical cord is like the roots of the lotus and the flower is the developing child. The mother's vital energy travels through the umbilical cord to support the fetus.

The source of the kidney water travels through the lotus stem (umbilical cord) to provide vital energy. In ancient Taoist texts, this is called heaven-one water, which supports the kidneys. The kidney water, in turn, supports providing the five elements in the developing fetus and the development of internal organs.

Indications for use with moxibustion include loss or lack of source energy (including chronic fatigue, anemia, low energy levels), cold around the navel area, borborygmus, kidney yang deficiency cold sensations, and prolapsed anus.

CV9 (Shuifen, Water Division, 水分)

CV9 is on the midline of the abdomen, 1 cun above the umbilicus.



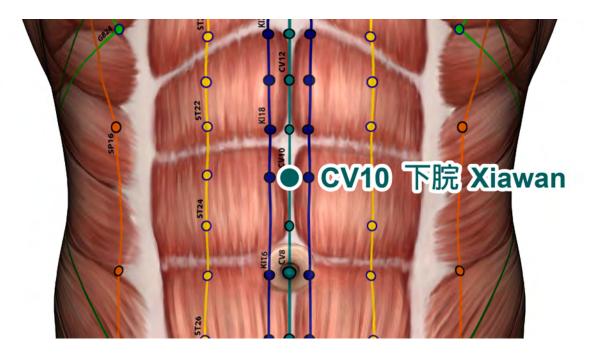
This point regulates water passages and treats dirty water stagnation, including edema. This point harmonizes intestines and dispels accumulations.

CV9 specializes in assisting the small intestine transporting and transforming of clear and turbid water. This sends the clear water to the urination bladder and turbid water to the large intestine. The urination bladder, in turn, steams the clear water to produce qi. The large intestine, in turn, uses the turbid water to assist bowel movements.

Caution, deep needling may penetrate the peritoneal cavity. Indications for use include edema, fullness of the chest or diaphragm and shortness of breath, seminal emissions, leukorrhea, diarrhea, abdominal pain, cake lin (protein in urine), and leakage of sperm into urination.

CV10 (Xiawan, Lower Courtyard, 下脘)

CV10 is on the midline of the abdomen, 2 cun above the umbilicus.



This point is located in the lower region of the stomach area. CV10 is the meeting point of the conception vessel with the spleen channel.

Use caution to avoid needling the peritoneal cavity.

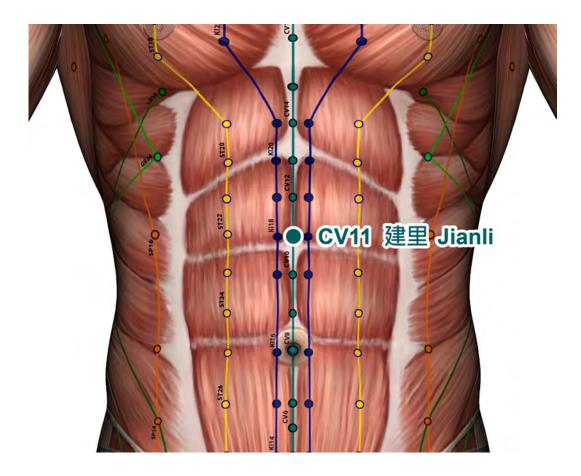
This point is used for treating abdominal fullness, food stagnation, gas, bloating, diarrhea, epigastric pain, and running piglets.

This point treats stomach heat affecting the urination bladder causing burning urination. This point warms the stomach when there is cold stagnation causing stomach pain.

This point is beneficial for moving stagnation for both cold and heat syndromes.

CV11 (Jianli, Establish Pathway, 建里)

CV11 is on the midline of the abdomen, 3 cun above the umbilicus.

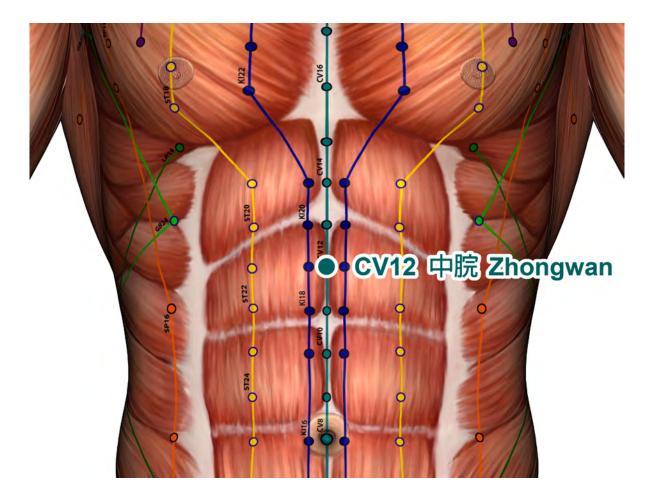


Jian means to build or establish and li refers to a measurement of distance or interior. Together, Jian and li refer to connecting the qi from CV10 to CV12, establishing a connection between the points. Use caution to avoid needling the peritoneal cavity.

This point harmonizes the lower and upper stomach. This point helps food move through the stomach and digestive tract region local to the point. The same for rebellious stomach qi; this point harmonizes and helps regurgitative acid problems descend. Indications for use include stomachache, abdominal pain, abdominal distention, borborygmus, anorexia, and vomiting.

CV12 (Middle Courtyard, Zhongwan, 中脘)

CV12 is on the midline of the abdomen, 4 cun above the umbilicus.



This point is on the midline of the abdomen and midway between umbilicus and the sternocostal angle. This point is 4 cun above the umbilicus.

CV12 is the front mu (alarm) point of the stomach, hui-meeting point of the fu organs (influential point of all yang organs), and meeting point of the conception vessel with the small intestine, triple burner (sanjiao), and stomach channels.

Caution

Deep needling can penetrate the peritoneal cavity, especially in thin patients. As a result, perpendicular insertion is often recommended no deeper than 0.8–1.5 cun, and 1.5 cun may be too great a depth for many patients.

Function

CV12 regulates stomach qi and transforms & suppresses rebellious qi. CV12 harmonizes the middle burner (jiao), benefits the spleen and stomach, regulates qi, and relieves pain.

This point is in the middle of the abdomen. As a result, it treats running piglets from ascending through the middle. Also, this point prevents food stagnation from causing chest pain. CV12 powerfully treats all conditions of the spleen and stomach.

As an intermediary point, this point prevents liver qi stagnation from affecting the stomach. CV12 prevents dysfunction of the 7 emotions (especially anxiety, worry, and excess concentrated thinking) from causing stomach and digestive disorders. This point also prevents food stagnation from becoming constipation or diarrhea.

Central Axis

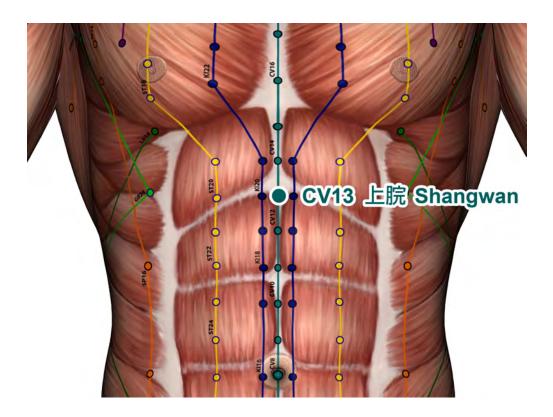
Located at the central of axis of qi, this point prevents central axis stagnation, which can manifest as cold hands and feet, fainting, hot head, spasms of the extremities, and tight jaw. This point helps qi and the five elements flow through the central region to reach the extremities and head.

Additional Indications

Additional indications for use include stomachache, vomiting, abdominal distention, diarrhea, indigestion, nausea, dysentery, jaundice, gastric ulcers, acid regurgitation, insomnia, and madness due to qi stagnation.

CV13 (Shangwan, Upper Courtyard, 上脘)

CV13 is on the midline of the abdomen, 5 cun above the umbilicus.



The esophagus and stomach are in the area of the upper courtyard. An excellent point for stomach acid issues and food stagnation. The lower courtyard (CV10), middle courtyard (CV12), and upper courtyard (CV13) treat the lower, middle, and upper portions of the stomach region respectively. CV13 is the meeting point of the conception vessel with the stomach and small intestine channels. Use caution to avoid needling the peritoneal cavity.

Indications for use include irritability, fullness of the stomach, fever without sweating due to food stagnation creating heat. Additional indications include stomachache, stomach spasms, abdominal distention, and insomnia due to food stagnation.

CV14 (Juque, Great Palace, 巨闕)

CV14 is on the midline of the abdomen, 6 cun above the umbilicus.



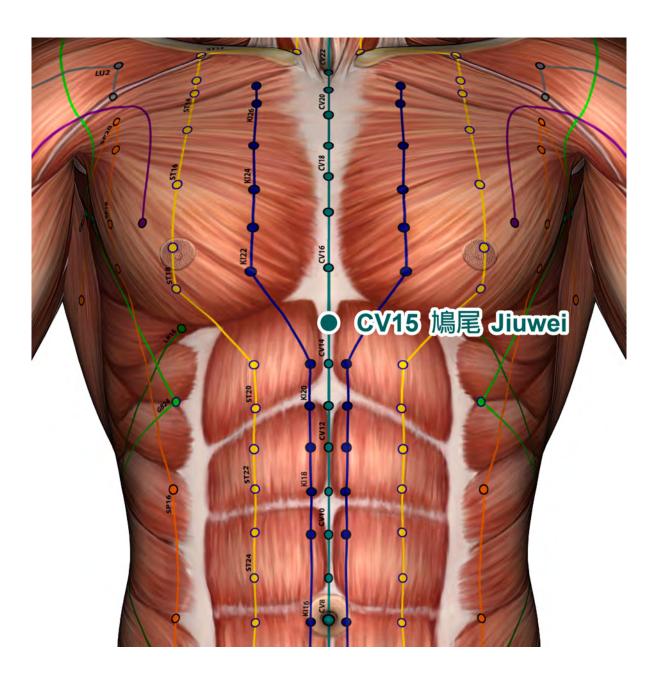
Caution: deep insertion may damage the liver or heart. Oblique superior insertion towards the heart is contraindicated in all instances.

CV14 is the front mu-alarm point of the heart. CV14 calms the spirit, regulates qi and heartbeat, pacifies the stomach, and benefits the diaphragm.

Que (闕) means palace, which belongs to the heart emperor. The fire of the emperor can transform food into essence (nutrition). CV10, CV12, and CV13 all transfer food to CV14 where the fire of the emperor transforms the food into nutrition qi. For many with malnutrition despite eating well, this point helps transform food into essence for the proper absorption of nutrients. The heart mu-alarm point benefits the spirit. especially when food stagnation creates heat and bothers the fire of the heart. In addition, this point treats irritability and febrile diseases, especially because this point treats the heat created from food stagnation. Indications for use include mental disorders, angina, palpitations, seizures, epilepsy, and vomiting. This point has two main characteristics. First, this point treats food stagnation causing fire that attacks the heart (shen-spirit disorders due to stomach heat creating heart fire excess). Second, the fire of the heart helps transform food into nutrition from the stomach. The heart fire helps the stomach create nutrients.

CV15 (Jiuwei, Dove Tail, 鳩尾)

CV15 is below the xiphoid process, 7 cun above the umbilicus. Locate the point in supine position with the arms uplifted.



Caution

Deep insertion may damage the liver or heart. Oblique superior insertion toward the heart is contraindicated.

Luo-connecting point of the conception vessel

CV15 is the luo-connecting point of the conception vessel. Indications for use include mental disorders, angina, seizures, epilepsy, and hiccups.

Palace door at the dove tail

CV15 regulates a door to and from the great palace (CV14), it regulates the qi moving in and out of the great palace to support it. CV15 is translated as dove tail, referring in part, to its anatomical location. The dove tail location is after the great palace (CV14). This location provides a regulating function of qi moving through the great palace.

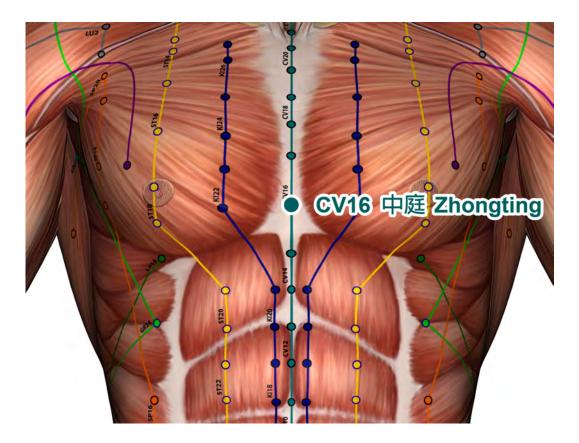
The rib cage left and right sides are regulated by the liver and this point treats liver qi stagnation attacking the spleen stomach. CV15 smoothes and harmonizes the liver and stomach qi.

For CV15 (Jiuwei, Dove Tail), the sternum is the body of the dove, the xiphoid process is the tail. The ribcage forms the wings. Liver qi controls left, right, up, and downward movement. This point treats liver qi related emotions and regulates liver qi to assist the stomach and digestion.

Liver qi related emotional disorders treated by this point include bipolar disorder, excess excitement, agoraphobia, anorexia, or excessive appetite. This point also descends lung qi and relaxes the chest.

CV16 (Zhongting, Middle Hall, 中庭)

CV16 is on the midline of the sternum, level with the 5th intercostal space.

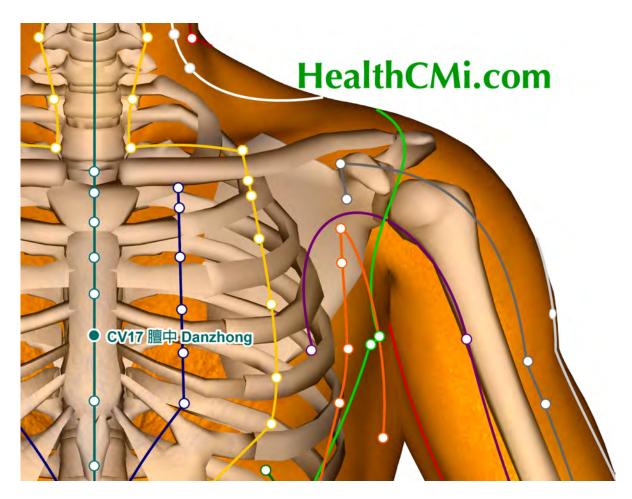


This point is located below the heart and in the esophagus and stomach region. It is surrounded by the lungs with the stomach below. This point is at the axis of the stomach, heart, and lungs and is therefore termed Middle Hall (Zhongting). It harmonizes the heart, lungs, and stomach. As a result, this point emphasizes treatment of the esophagus, at the junction of the stomach and esophagus area. It is the pathway from the stomach to the next acupoint, CV17.

Indications for use include liver attacking spleen and stomach, fullness of the chest, nausea, vomit, low appetite, no appetite, rebellious stomach acid uprising, gastroesophageal reflux disease (GERD).

CV17 (Central Altar, Shanzhong, 膻中)

CV17 is on the anterior midline, level with the 4th intercostal space, midway between the nipples.



This point is the front mu-alarm point of the pericardium, influential point of qi, sea of qi point, and the meeting point of the conception vessel with the kidneys, spleen, small intestine, and triple burner channels. CV17 regulates and suppresses rebellious qi, expands the chest, benefits the diaphragm, benefits the breasts, and promotes lactation.

This point powerfully regulates emotions and purifies. Historically, ancients texts note that this point clears karma from the current and prior lives. This point has a powerful connection to the heart and

emotions, including past, present, and future concerns. Ancient texts also note that this point helps with future reincarnation.

The nutritive qi is supported at this point. This point helps the gu qi (food-nutrition qi) transform into ying qi (nutritive qi), which then transfers to the heart, lungs, and then blood of the whole body.

Note, gu in gu qi is literally translated as rice, which refers to food substance. Ying qi is a more energetic source of nutrition, which requires the gu qi to absorb into the blood first. As absorbed into the body, the gu qi transforms into ying qi. In cases of patients that eat well but do not benefit from the nutrition, this point is indicated. It helps the nutrients of the gu qi transform into ying qi, which supports the body.

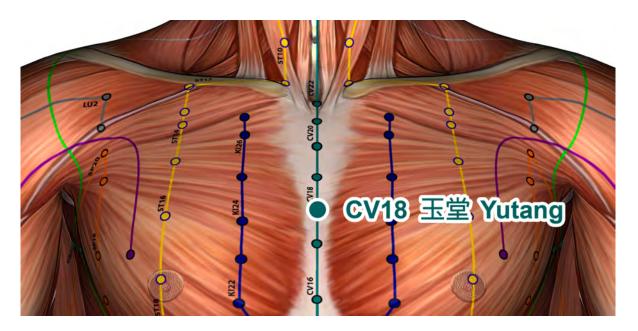
Here are two examples. In one case, a hypothyroid patient eats a lot but cannot gain weight and may even experience unhealthy weight loss. The patient cannot absorb the nutrients. In another case, a hypothyroid patients eats very little but gains weight because the qi is not strong enough to have the gu qi transform into nutrition and waste.

Indications include:

- · insufficient lactation, lumps on the breast, breast pain
- · nausea, vomiting saliva
- cold in the chest
- oppression of the chest
- asthma, shortness of breath, dyspnea, coughing
- chest pain
- difficulty swallowing
- palpitations

CV18 (Yutang, Jade Hall, 玉堂)

CV18 is on the midline of the sternum, level with the 3rd intercostal space.



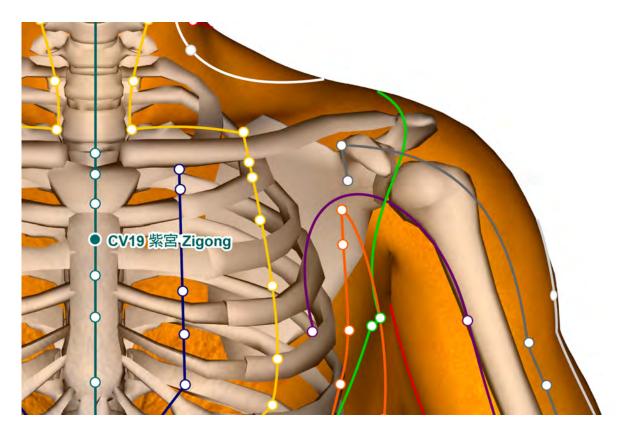
The jade hall is near the heart and therefore the emotions. The jade refers to the clarity and purity of this acupoint. This point purifies and clears the emotions. If there is stagnation of qi in the middle hall (CV16), which then stagnates in the chest at CV17, this point helps to balance and purify to help the spirit-shen.

This point is indicated for liver attacking spleen and stomach qi and general liver qi stagnation. As a result, this point unbinds the chest. Indications for use include fullness of the chest, coughing, shortness of breath, vomiting cold phlegm, and irritability.

From CV16 (Middle Hall), the shen gathers at this point and moves to the altar of CV17. Next, CV18 energetically purifies the energy from CV17. CV18 purifies the mind and allows the qi to grow stronger as it reaches the purple palace (CV19, Zigong) at the next level of qi.

CV19 (Zigong, Purple Palace, 紫宮)

CV19 is on the midline of the sternum, level with the 2nd intercostal space.

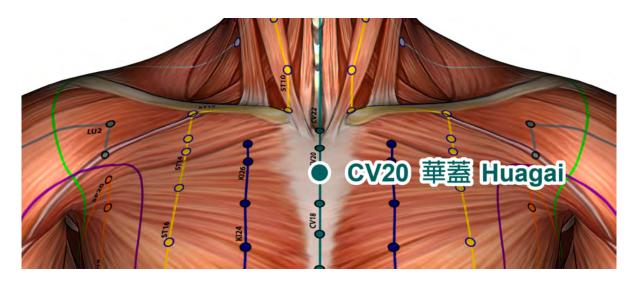


CV19 opens the chest and regulates and descends the qi. Indications for use include coughing, chest pain, and vomiting.

The purple palace (Zigong) refers to a Taoist conception of the purple cave. The color of purple in the cave refers to a high level of energy and spiritual power. The prior point, CV18, purifies qi and then transforms it into the purple palace at CV19. The nutrition of qi from the stomach and esophageal region helps to purify the qi to allow it to achieve the higher level of purple at CV19. Therefore, this point is useful for the treatment of fatigue, emotional disturbances, low appetite, chest pain, and nausea. The purple quality of the high level of qi helps to restore the patient to good health.

CV20 (Huagai, Emperor Canopy, 華蓋)

CV20 is on the midline of the sternum, level with the 1st intercostal space, at the midpoint of the sternal angle.

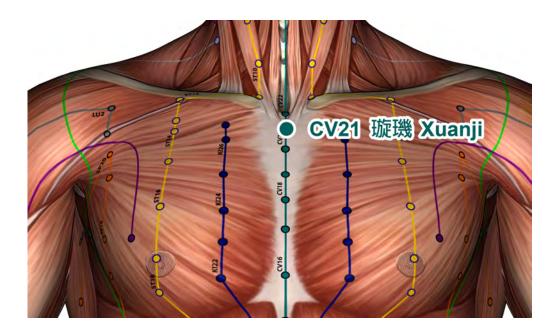


The lungs look like a canopy that covers the organs below. The spirit of energy and organs below rise to this level and transform into the canopy at the top, like an umbrella, that returns and nourishes the source of the essence and qi to the lower areas from which they came. The essences of nutrition from the lower regions rise to this level and transform into qi. This qi, in turn, then nourishes the organs below. This is the process of substance in the form of nutritive qi transforming into energy and then returning the resultant energy to the body. The canopy, like an umbrella, encompasses this rising energy and then showers the body with the energy. This is similar to the digestive organs producing nutrition and the heart and lungs moving that nutrition throughout the body.

This point opens the chest, regulates and descends qi, and is useful for the treatment of dyspnea, wheezing, chest pain, fullness of the chest, asthma, coughing, and the inability to absorb nutrients although eating well. For example, patients may eat well but cannot maintain a healthy weight, which is common for some hyperthyroid patients.

CV21 (Xuanji, Jade Pivot, 璇璣)

CV21 is on the anterior midline, in the center of the sternal manubrium, 1 cun below CV22.



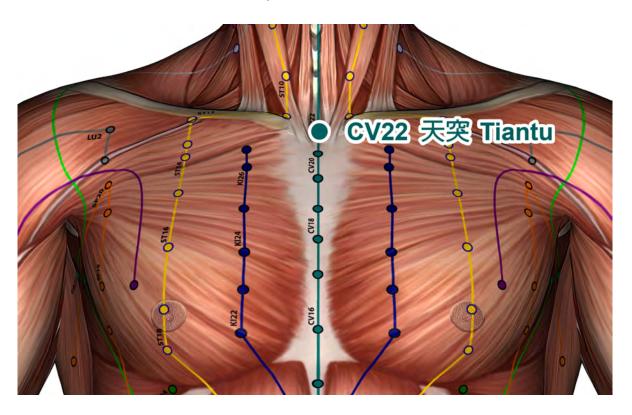
The idea of the jade pivot is one of stars in the big dipper (Ursa Major). Conceptually, this constellation pivots in the sky and so too does this acupoint allow our energy to pivot to a healthy direction. In Chinese culture, the handle of the big dipper is important because it points to different directions during different seasons. Many Taoist meditations guide the individual to face different directions according to the direction of the big dipper arc (handle).

The jade pivot is above the emperor's canopy (CV20). This acupoint is a guiding force to take this rising qi to the proper directions.

This point descends stomach qi, opens the chest, descends lung qi, and benefits the throat. Indications for use include fullness of the chest, sore throat, low appetite, and confused mind.

CV22 (Tiantu, Sky Prominence, 天突)

CV22 is in the center of the suprasternal fossa.



This acupoint is the meeting point of the conception and yin linking vessels and is also a window of sky acupoint. This point descends rebellious qi, stops coughing and wheezing, benefits the throat, and benefits the voice and vocal chords. This point powerfully regulates the movement of lung qi, cools the throat, and clears the voice.

Powerful For Breathing and Movement of Qi

This point powerfully assists breathing. This point powerfully allows the qi of the heavens to move downwards throughout the body. This point connects the heavens to humans and to the earth.

Thyroid

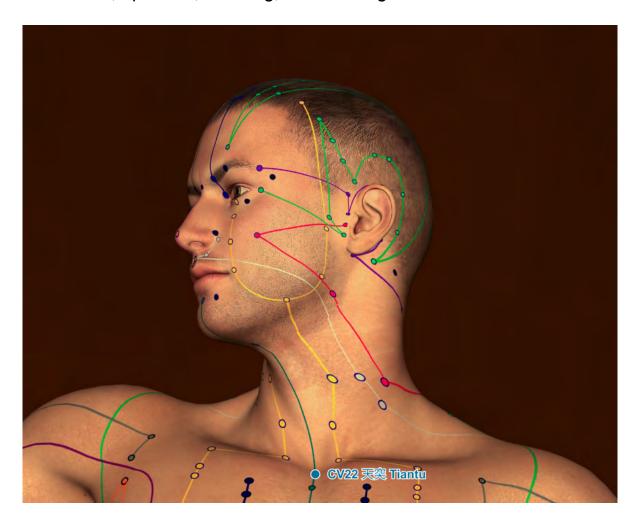
This point benefits patients with thyroid issues, including hypothyroid and hyperthyroid conditions.

Chicken Singing in the Throat

This point treats chicken singing in the throat. This condition involves qi and phlegm stagnation in the throat and lung regions that causes a high pitch sound that is audible. The traditional Shang Han Lun related formula for the treatment of chicken signing in the throat is She Gan Ma Huang Tang.

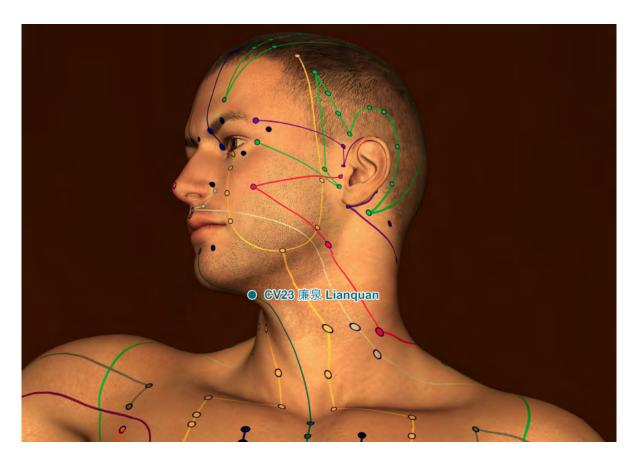
General Indications

Indications for use include canker sore in the mouth, coughing blood, asthma, chest obstruction, rattling sound in the throat, general mouth ulcerations, epistaxis, vomiting, and swelling of the throat.



CV23 (Lianquan, Pure Spring, 廉泉)

CV23 is above the laryngeal prominence (Adam's apple), in the depression on the upper border of the hyoid bone.

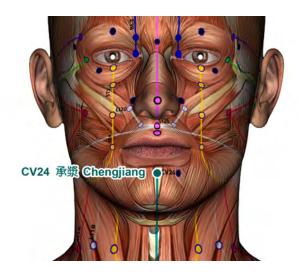


The pure spring (Liangquan, CV23) is a very clear spring, meaning that the saliva (termed jade fluid from ancient Taoist teachings) has been purified at this acupoint. According to ancient Taoist teachings, the jade fluid is a source of nutrition from the mouth to the rest of the body during deep meditation or fasting.

Indications for use include swelling of the tongue, excessive saliva, asthma, coughing, stagnation at the salivary glands (especially due to stone), hypoglossal paralysis, aphasia, and hoarse voice.

CV24 (Chengjiang, Jade Fluid Receptacle, 承漿)

CV24 is in the depression in the center of the mentolabial groove.



The jade fluid is purified saliva as discussed in the description of CV23. The kidney water of the governing vessel goes up to the crown of the head and then descends to this point and contributes to the jing-essence of the jade fluid. This is the transfer of jing-substance from kidney water to the jade fluid as it embraces qi. Taoist textbooks note that the qi of the governing vessel descends to this acupoint, which is the transfer of jing to qi.

CV24 is a meeting point of the conception vessel with the governing vessel. In addition, CV24 is a meeting point of the large intestine and stomach channels with the conception vessel. CV24 is a Sun Si-miao ghost point.

CV24 extinguishes wind, benefits the face, and regulates the conception vessel. Indications for use include facial paralysis, diabetes, mouth canker sores, eating well but cannot maintain proper weight, eats very little but gains weight due to low metabolism, compulsive overeating, deviation of the mouth, and facial pain or numbness.

Research Section

The following section reviews several pieces of research. Each study includes the use of conception vessel acupoints.

The following is a list of the research articles covered in the research section:

- Acupuncture Found Effective For Endometriosis
- Acupuncture Found Effective For Abdominal Distention Relief
- Acupuncture Surpasses Drugs For Asthma
- Acupuncture Prevents Radiation Induced Dry Mouth
- Acupuncture Alleviates Cancer Related Fatigue
- Acupuncture Plus Herbs Beats Constipation Drug
- Acupuncture COPD Relief Discovered

Acupuncture Found Effective For Endometriosis



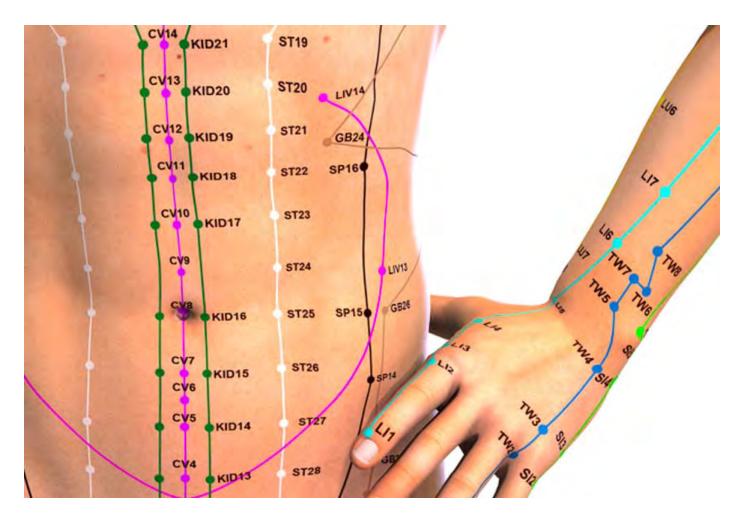
Acupuncture is effective for endometriosis relief. Research published by Changhai Hospital Affiliated to Second Military Medical University finds electroacupuncture more successful than a powerful hormone antagonist for treating endometriosis. This is consistent with an independent laboratory study, whose findings indicate that the combination of acupuncture and herbal medicine reduces the size of ectopic endometrial tissue and downregulates levels of vascular endothelial growth factor (VEGF).

Acupuncture outperforms mifepristone for the treatment of endometriosis. In a six-month randomized clinical trial conducted by Zhang et al., patients receiving electroacupuncture achieved a 94.4% total effective rate, while the other group of patients receiving the pharmaceutical mifepristone achieved a 91.7% total effective rate. In addition, compared with the mifepristone group, the electroacupuncture group had significantly lower CA 125 levels and recurrence rates. [1] CA125 (cancer antigen 125) is an important biological marker for determining the severity of endometriosis. High CA 125 levels are correlated with severe endometrial conditions and the presence of uterine fibroids. [2] A CA 125 test is also used to monitor ovarian, peritoneal, fallopian, and endometrial cancers.

A total of 72 patients diagnosed with endometriosis participated in the study. The patients were randomly divided into two groups: treatment and control. The electroacupuncture treatment group had 36 patients. The mean age was 33 \pm 6 years and the average course of disease was 33.6 \pm 18.9 months. The drug control group had 36 patients. The mean age was 35 \pm 7 years and the average course of disease was 31.4 \pm 16.9 months. There were no significant statistical differences in age or course of disease relevant to patient outcome measures for patients initially admitted to the study.

The control group was given 12.5 mg of mifepristone tablets once per day for six months. The treatment group received electroacupuncture at the following acupoints:

- CV6 (Qihai)
- CV4 (Guanyuan)
- CV3 (Zhongji)
- EX-CA1 (Zigong)
- SP8 (Diji)
- SP6 (Sanyinjiao)
- LI4 (Hegu)
- LV3 (Taichong)



Upon disinfection of the acupoint sites, 0.30 mm x 40 mm filiform acupuncture needles were inserted into the acupoints to a standard depth. After elicitation of a deqi sensation, the acupuncture needles were connected to an electroacupuncture device. The bilateral Zigong points were connected to Guanyuan and Zhongji. A continuous wave (70 Hz, 3 mA) was applied. The needles were retained for 30 minutes.

The electroacupuncture treatments were administered every two days (except for during menstruation) for a total of six months. The results were measured after six months of treatments and the patients were followed up with a one year exam to calculate the recurrence rate.

The results demonstrate that electroacupuncture is an important therapeutic option for patients with endometriosis. Both methods provided significant improvements for patients. The electroacupuncture treatment method resulted in more significant positive patient outcomes, especially in reducing

CA 125 levels and diminishing recurrence rates in the year following treatment. As a result, the researchers conclude that electroacupuncture is an effective protocol for the treatment of endometriosis.

The laboratory findings of another research study are consistent with the one above. Yueyang Hospital of Traditional Chinese and Western Medicine researchers tested the efficacy of different treatment protocols in treating endometriosis in rats. [3] The rats were randomly divided into four groups: model, electroacupuncture, herbal medicine, and electroacupuncture plus herbal medicine. They concluded that electroacupuncture plus Jia Wei Mo Jie Pian produces optimal treatment outcomes for endometriosis model rats, which correlates to its effect in downregulating VEGF levels.

The herbal medicine Jia Wei Mo Jie Pian was used in the study. Derived from Prof. Zhu Nansun's formula, it is used to activate qi and blood circulation, remove stasis, and relieve pain. The acupuncture treatment includes applying moxibustion to CV4 (Guanyuan) and using electronic stimulation at the following acupoints:

- SP10 (Xuehai)
- SP6 (Sanyinjiao)

The electroacupuncture plus herbal medicine group outperformed the other three groups (model, electroacupuncture, and herbal medicine) in the reduction of the size of ectopic endometrium tissue and the downregulation of VEGF serum levels.

The above studies support the use of electroacupuncture in producing positive outcomes for endometriosis patients. Moreover, the combination of acupuncture and herbal medicine introduces greater potential for increasing positive patient outcomes.

Reference:

[1] Zhang XX, Li WH. (2015). Efficacy on endometriosis treated with

- acupuncture. Chinese Acupuncture, 35(04): 323-326. DOI:10.13703/j.0255-2930.2015.04.003.
- [2] Koninckx PR. (1994). Is mild endometriosis a condition occurring intermittently in all women? Hum Reprod, 9:2202–2205.
- [3] Zhang CY, et al. (2014). Effect of combined acupuncture and medicine on the expression of vascular endothelial growth factor in endometriosis rats. Shanghai Journal of Acupuncture and Moxibustion, 33(08): 764-768. DOI:10.13460/j.issn.1005-0957.2014.08.0764.

Review

Acupuncture Found Effective For Endometriosis

The research uses the following conception vessel acupoints:

- · CV6 (Qihai)
- CV4 (Guanyuan)
- · CV3 (Zhongji)

Traditionally, this combination is used for powerfully tonifying jing, qi, blood, yin, and yang. Here, we see its use in promoting the free flow of qi and blood and regulating the channels.

All of the acupoints are individually indicated for the treatment of gynecological conditions, including dysmenorrhea. In combination with the rest of the acupoint formula:

- EX-CA1 (Zigong)
- · SP8 (Diji)
- SP6 (Sanyinjiao)
- LI4 (Hegu)
- LV3 (Taichong)

... this point prescription is in line with traditional uses of acupuncture points. Notably, both objective and subjective data supports this use of this acupoint combination in the research.

Acupuncture Found Effective For Abdominal Distention Relief



Acupuncture is effective for the alleviation of abdominal distention and fullness due to chronic gastritis, functional dyspepsia, and gastroptosis. Guangdong Yangjiang People's Hospital researchers conducted a clinical trial and determined that three separate treatment protocols are effective. The three approaches to acupuncture care alleviate Pi Man (痞满), which is abdominal distention and fullness due to chronic gastritis, functional dyspepsia, and gastroptosis. [1]

The researchers used the following study design. The sample of patients was comprised of 80 cases admitted into the hospital. Patients were randomly divided into two groups. For the observation group, 27 were male and 13 were female. Age range was 18 to 69 years, and mean age was 49.38

 \pm 7.71 years. The course of disease was 1 month to 8 years, and average course of disease was 2.37 \pm 0.85 years: 17 cases were chronic gastritis, 15 cases were functional dyspepsia, and 8 cases were gastroptosis.

For the warm needle acupuncture group, 25 were male and 15 were female. Age range was 25 to 75 years, and mean age was 52.22 ± 8.04 years. The course of disease was 3 months to 10 years, and average course of disease was 2.55 ± 0.80 years: 20 cases were chronic gastritis, 13 cases were functional dyspepsia, and 7 cases were gastroptosis.

The drug observation group receive 20 mg rabeprazole sodium enteric-coated tablets (a gastric acid secretion inhibitor), daily, and one additional pharmaceutical medication. Patients underwent 14 days of treatment. The other group was given warm needle acupuncture but did not receive medications. For patients with functional dyspepsia, the following acupoints were chosen:

- ST36 (Zusanli)
- CV12 (Zhongwan)
- PC6 (Neiguan)
- LR3 (Taichong)
- BL21 (Weishu)
- PL20 (Pishu)
- ST25 (Tianshu)
- ST21 (Liangmen)

For chronic gastritis, the following points were chosen:

- ST36 (Zusanli)
- CV12 (Zhongwan)
- PC6 (Neiguan)
- BL20 (Pishu)
- BL21 (Weishu)
- SP6 (Sanyinjiao)

• CV4 (Guanyuan)

For gastroptosis, the following points were chosen:

- ST36 (Zusanli)
- CV12 (Zhongwan)
- CV13 (Shangwan)
- BL21 (Weishu)
- ST25 (Tianshu)
- CV6 (Qihai)
- GV20 (Baihui)

For most points, a supine position was taken. For Weishu and Pishu, a lateral position was taken. For Zusanli, needles were inserted perpendicularly, with a 20–50 mm length needle. For Zhongwan, Shangwan, Qihai, Guanyuan, and Tianshu, needles were inserted perpendicularly, with a 20–40 mm length needle. For Pishu and Weishu, needles were inserted perpendicularly, with a 13–25 mm length needle. For Liangmen, needles were inserted perpendicularly, with a 13–20 mm length needle. For Neiguan, needles were inserted perpendicularly, with a 13–25 mm length needle. For Taichong, needles were inserted perpendicularly, with a 13–20 mm length needle. For Sanyinjiao, needles were inserted perpendicularly, with a 25–40 mm length needle. For Baihui, needles were inserted obliquely, with a 20–50 mm length needle.

After a deqi sensation was achieved, needles were retained for 30 minutes. During the 30 minutes, moxa (2 cm in length) was connected to the end of the needles. Three moxa pieces were applied for each point. Treatment was administered for 14 days. A symptom scoring system was used to record and assess treatment outcomes. The system used 3 levels:

• Level 1: 10-28 points

• Level 2: 28-56 points

• Level 3: over 56 points

Upon completion of treatment, the score for the arm needle acupuncture group decreased significantly from 36.07 ± 5.80 to 11.72 ± 3.60 , while that of the other group demonstrated a smaller improvement from 34.73 ± 5.17 to 25.08 ± 5.51 . The decreases in numerical values are proportional to decreases in abdominal distention and fullness. The study indicates that warm needle acupuncture is an effective treatment protocol for abdominal distention and fullness caused by chronic gastritis, functional dyspepsia, and gastroptosis.

Reference:

[1] Lin Qiuyi, Cai Zhixiao, Liang Jiyuan, Clinical Observation of Treating Abdominal distention and fullness, China Snaturopathy, April. 2021, Vol. 29 No. 8.

Review

Acupuncture Found Effective For Abdominal Distention Relief

The research uses the following conception vessel acupoints:

- CV12 (Zhongwan)
- CV4 (Guanyuan)
- CV13 (Shangwan)
- CV6 (Qihai)

CV12 is the front mu (alarm) point of the stomach, hui-meeting point of the fu organs (influential point of all yang organs), and meeting point of the conception vessel with the small intestine, triple burner (sanjiao), and stomach channels. As a result, it is an excellent choice for the treatment of digestion concerns. This point is commonly used in clinics and powerfully benefits the digestion system.

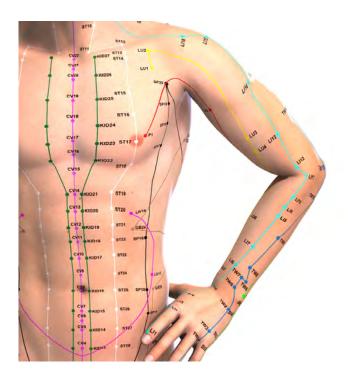
CV4 is both a local point for benefitting the lower jiao/burner and is effective for the treatment of digestion for the following reasons. CV4 is the front mu-alarm point of the small intestine, benefits the spleen, regulates qi, is an intersection of the three leg yin channels, and is a crossing point of the spleen channel. CV4 is notable for the the treatment of abdominal pain and kidney yang deficiency morning diarrhea.

CV13 is local to the esophagus and stomach is used for the treatment of digestion issues including stomach acid imbalances and food stagnation. CV13 is the meeting point of the conception vessel with the

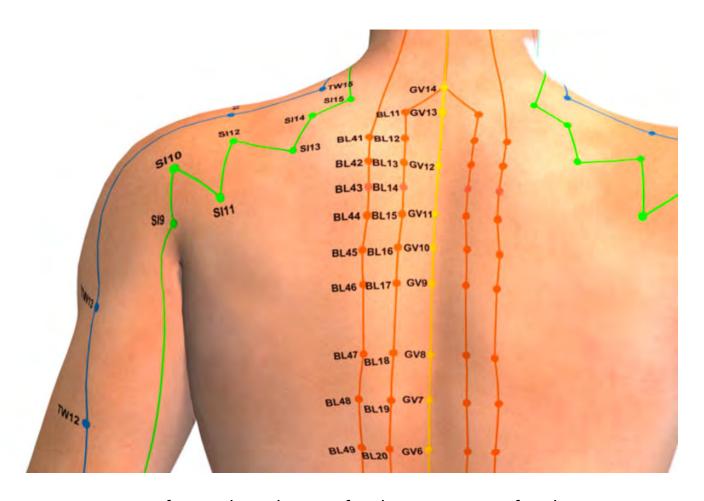
stomach and small intestine channels. Indications for use include fullness of the stomach and fever without sweating due to food stagnation creating heat. Additional indications include stomachache, stomach spasms, abdominal distention, and insomnia due to food stagnation.

Notably, CV13 (Shangwan) is translated as upper courtyard. It is one of the three courtyards. The lower courtyard (CV10), middle courtyard (CV12), and upper courtyard (CV13) treat the lower, middle, and upper portions of the stomach region respectively.

CV6 powerfully benefits qi, yang, and blood. Locally, it benefits the lower jiao/burner and is used for the treatment of abdominal pain in clinical use.



Acupuncture Surpasses Drugs For Asthma



Acupuncture outperforms drug therapy for the treatment of asthma. Researchers from Xiamen Chinese Medicine Hospital (a Fujian Traditional Chinese Medical University affiliate) compared the efficaciousness of acupuncture with salmeterol xinafoate plus fluticasone propionate drug therapy for the treatment of chronic asthma. Salmeterol xinafoate is a bronchodilator and fluticasone propionate is an inhaled corticosteroid used to control asthma. Drug therapy achieved an 88.9% total effective rate and acupuncture achieved a 93.3% total effective rate. [1]

All patients underwent immune function and pulmonary ventilation function assessments before and after treatments. The immune function indicators

used in the study included immunoglobulin G (IgG), IgM, IgE, peripheral T lymphocytes (CD3+), helper T lymphocytes (CD4+), suppressor T lymphocytes (CD8+), and the ratio of CD4+/CD8+. IgG, IgM, and IgE are antibodies produced by the body. High levels of IgE are correlated with severe symptoms. In addition, asthma patients are usually found with lower CD3+ and CD4+ levels and CD4+/CD8+ ratio. The pulmonary ventilation function was measured by peak expiratory flow (PEF), forced expiratory volume in one second (FEV1), and forced vital capacity (FVC). Higher levels of these three parameters are correlated with an improved function of pulmonary ventilation.

For both groups, the values of IgG, IgM, CD3+, CD4+, and the CD4+/CD8+ ratio were higher than those before treatment, while IgE and CD8+ were lower than those before treatment. There was a statistically significant difference before and after treatment and the acupuncture group significantly outperformed the control group. The values of FEV1, PEF, and FVC for both groups were higher than those before treatment. There was a statistically significant difference before and after treatment and the acupuncture group significantly outperformed the control group.

A total of 180 patients from the acupuncture and respiratory departments of Xiamen Chinese Medicine Hospital were evaluated in the study. Participants were randomly divided into an acupuncture treatment group and a drug control group, with 90 patients in each group. Inclusion criteria were as follows. All participants were diagnosed with chronic asthma according to the *Guidelines for the Prevention and Treatment of Bronchial Asthma* published by the Chinese Medical Society Respiratory Branch. In addition, patients participating in the study were categorized into 1 of 4 tiers:

 Intermittent persistent (level 1): symptoms <one time per week, short duration, nighttime asthma symptoms ≤2 times per month, percentage of predicted FEV1 value ≥80% or PEF≥80% of the personal best value, PEF or the mutation rate of FEV1 <20%.

- Mild persistent (level 2): symptoms ≥one time per week but <one time per day), may affect physical activities and sleep, nighttime asthma symptoms >two times per month but <one time per week, percentage of predicted FEV1 value ≥80% or PEF ≥80% of the personal best value, PEF or the mutation rate of FEV1 >20% but <30%.
- Moderate persistent (level 3): symptoms occur daily and affect physical activities and sleep, nighttime asthma symptoms ≥two times a week, percentage of predicted FEV1 value accounts >60% but <79% or PEF 60%-79% of the personal best value, PEF or the mutation rate of FEV1 >30%.
- Severe persistent (level 4): symptoms occur daily, frequent occurrences, frequent nighttime asthma symptoms, limited physical activities due to asthma, percentage of predicted FEV1 value accounts <60% or PEF <60% of the personal best value, PEF or the mutation rate of FEV1 >30%.

The statistical breakdown for each randomized group was as follows. The treatment group had 50 males, 40 females, mean age 40 years, average course of disease 9.2 years. The control group had 47 males, 43 females, mean age 40 years, average course of disease 9.2 years. Both groups were equivalent in all relevant demographics before treatment.

Drug and Acupuncture Treatment

For the drug control group, level 1 and 2 patients received one inhalation (50 µg of salmeterol xinafoate and 100 µg of fluticasone propionate) each time, twice daily (one in the morning and one in the evening). Level 3 and 4 patients received two inhalations each time, twice daily (one in the morning and one in the evening). Each treatment course consisted of 20 days of drug treatment followed by a 2-day break before the next course. All drug group patients received 4 treatment courses in total. The acupuncture group received manual acupuncture at the following acupoints:

• GV14 (Dazhui)

- BL13 (Feishu)
- CV17 (Danzhong)
- EX-B1 (Dingchuan)
- PC5 (Jianshi)
- TB6 (Zhigou)
- KI3 (Taixi)
- ST36 (Zusanli)

Treatment commenced with patients in a seated position. After disinfection of the acupoint sites, a 0.30 mm × 40 mm or 0.25 mm × 25 mm needle was inserted into each acupoint. For Dazhui and Zusanli, needles were inserted perpendicularly to a depth of 25–30 mm. For Feishu, the needle was inserted at a 15 degree angle towards the spine, reaching a depth of 15–25 mm. For Dingchuan, the needle was inserted at a 15 degree angle towards the spine, reaching a depth of 15 mm. For Danzhong, the needle was inserted transverseley upward to a depth of 25 mm. For Zhigou and Jianshi, needles were inserted perpendicularly to a depth of 20–30 mm. For Taixi, the needle was inserted perpendicularly to a depth of 25 mm.

Dazhui, Feishu, Taixi, and Zusanli were applied with tonifying manipulation techniques. Danzhong, Dingchuan, Zhigou, and Jianshi were applied with attenuating techniques. The needles were manipulated every 10 minutes during a 30-minute treatment time, for a total of three times. The acupuncture treatment was conducted every two days.

The results indicate that acupuncture is more effective than administration of medications for the treatment of chronic asthma. The study mentioned in this report demonstrates that acupuncture can improve immune system and pulmonary ventilation function for patients with chronic asthma.

Reference:

1. Xie YL, Wan WR, Zhao YL, Xie JJ, Wu QY. Impacts on Asthma at Persistent Stage and Immune Function in the Patients Treated with Acupuncture for Warming Yang and Benefiting Qi [J]. Chinese Acupuncture, 2015, 35(11):1089-1093.

Review

Acupuncture Surpasses Drugs For Asthma

The research uses the following conception vessel acupoint:

CV17 (Danzhong)

For the treatment of lung and respiratory conditions, CV17 is in common use because it regulates and suppresses rebellious qi, expands the chest, and benefits the diaphragm.

CV17 powerfully assists breathing. Common indications include asthma, shortness of breath, dyspnea, coughing, chest pain, and oppression of the chest. CV17 is centrally located in the chest and helps the lungs gather and regulate qi.

This acupoint helps to release emotional stagnation associated with the illness. A major connection to emotional regulation is because CV17 is the front mu-alarm point of the pericardium. This point has a powerful connection to the heart and emotions, including past, present, and future concerns. Ancient texts also that this point helps with future reincarnation.

Acupuncture Prevents Radiation Induced Dry Mouth



Acupuncture reduces the frequency and severity of xerostomia (dry mouth). University of Texas MD Anderson Cancer Center (Houston) and Fudan University Cancer Center (Shanghai) researchers conducted a randomized controlled clinical trial. The phase-three patient and assessor blinded investigation of acupuncture's effects on head and neck cancer patients receiving radiation therapy demonstrated groundbreaking results. The researchers concluded that acupuncture "resulted in significantly fewer and less severe RIX [radiation-induced xerostomia] symptoms 1 year after treatment vs SCC [standard care control]." [1]

Salivary glands may be temporarily or permanently damaged by radiation therapy. There is a high-incidence of RIX, which may lead to complications including difficult or painful swallowing, impairment of the sense of taste (dysgeusia), and dental problems. Other RIX complications may include insomnia and difficulty speaking.

The study compared true acupuncture, sham acupuncture, and standard care control groups. True acupuncture produced significantly greater positive patient outcomes than the other groups. Outcome measures were based on a questionnaire, salivary flow, incidence of xerostomia, salivary contents, and quality of life scores. One year after completion of all acupuncture treatments, the true acupuncture group maintained significantly higher patient outcome rates over the standard care and sham groups.

All acupuncture treatments were provided by credentialed acupuncturists. The researchers note that their findings are consistent with several prior investigations. True acupuncture patients that received acupuncture three times per week during their six to seven week course of radiation therapy had significantly less dry mouth a year after completion of treatments than standard care control patients. No adverse effects occurred at University of Texas MD Anderson. One adverse effect was reported at the Fudan study location.

The researchers find that acupuncture is superior to standard care for the relief of radiation induced xerostomia. They comment that acupuncture is "minimally invasive" and "has a very low incidence of adverse effects." [2] Based on the evidence, further research is warranted.

All participants in the study were at least 18 years of age, provided informed consent, had a diagnosis of head and neck carcinoma, and were scheduled for radiation therapy at a mean dose of 24 Gy to a minimum of one parotid gland. An extensive list of exclusion criteria was used to prevent variables created by comorbidity.

All acupuncturists providing treatment during the course of the study were licensed and were prepared and trained at the University of Texas MD Anderson Cancer Center. The acupuncture point prescription chosen for the study was the following:

- CV24
- LU7
- KD6
- Auricular: Shenmen, Point Zero, Salivary Gland 2 Prime, Larynx

Standard needle depths were used and the elicitation of deqi at the acupoints was at the discretion of treating acupuncturists. Notably, once deqi was elicited, needles were no longer manually stimulated (with the exception of displaced needles). Electroacupuncture was not used at any point.

Body-style acupuncture needles were of 0.25 mm diameter and 40 mm length. Auricular acupuncture needles were of 0.16 diameter and 15 mm length. Acupuncture treatments were provided a total of three times per week for the duration of the 6-7 week radiation treatment period.

The researchers chose to avoid the use of local points other than CV24 with the intent of preventing disturbance of tissues damaged by radiation. All patients were treated on the day of radiation therapy in a semisupine or supine position. Acupuncture was applied either before or after radiation therapy. Based on the data, the researchers note that acupuncture "should be considered for the prevention of radiation-induced xerostomia." [3]

The investigators note that prior research indicates that acupuncture regulates blood flow at the parotid glands. In addition, a variety of other studies find acupuncture effective for the treatment of xerostomia. One of the studies cited in the investigation finds acupuncture effective for up to three years after treatment. Two pilot studies by the research group prior to this phase three clinical trial find acupuncture effective for the prevention of

RIX if provided with radiation therapy.

The study employed strict controls and researchers monitored treatment facilities and licensed acupuncturists during the investigation. Further research will help to support standardization of acupuncture protocols for the prevention and treatment of RIX for inpatient and outpatient settings.

References:

1. Garcia, M.K., Meng, Z., Rosenthal, D.I., Shen, Y., Chambers, M., Yang, P., Wei, Q., Hu, C., Wu, C., Bei, W. and Prinsloo, S., 2019. Effect of True and Sham Acupuncture on Radiation-Induced Xerostomia Among Patients With Head and Neck Cancer: A Randomized Clinical Trial. JAMA Network Open, 2(12), pp.e1916910-e1916910.

- 2. Ibid.
- 3. Ibid.

Review

Acupuncture Prevents Radiation Induced Dry Mouth

The research uses the following conception vessel acupoint:

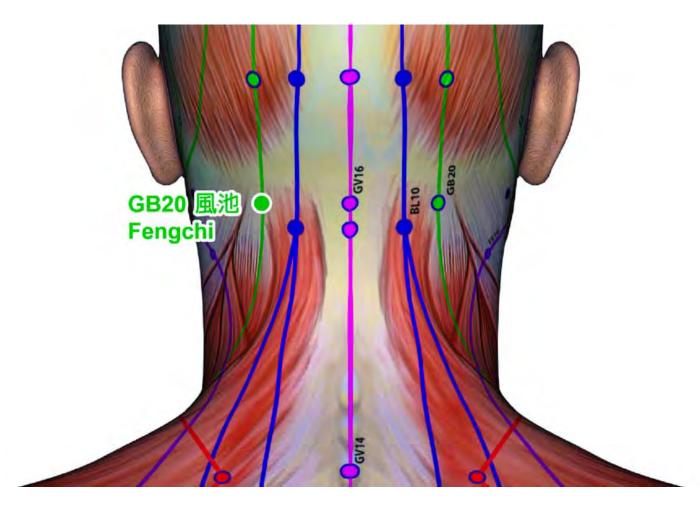
CV24 (Chengjiang)

The name Chenjiang for CV24 translates to jade fluid receptacle and the jade fluid refers to purified saliva. According to ancient Taoist teachings, the jade fluid is a source of nutrition from the mouth to the rest of the body during deep meditation or fasting.

The kidney water of the governing vessel goes up to the crown of the head and then descends to CV24 and contributes to the jing-essence of the jade fluid. Now, modern research demonstrates that CV24 contributes to preventing dry mouth (xerostomia) from radiation treatments for cancer.

Notably, the research team also uses the traditional extra channel paired points of LU7 and KD6. LU7 is the confluent point of the conception vessel. LU7 accesses the conception vessel, therefore supporting the function of CV24. LU7 pairs with KD6, which is the confluent point of the yinqiao channel (yin motility vessel). Together, this paired set of points benefits the throat, chest, and lungs.

Acupuncture Alleviates Cancer Related Fatigue



Acupuncture reduces cancer-related fatigue and improves quality of life for cancer patients. An investigation conducted by the First Affiliated Hospital of Jinan University reveals that acupuncture can improve the related symptoms of headaches, weakness, and depression in patients with cancer-related fatigue (CRF). The research team concludes that "Acupuncture is effective in treating CRF and should be considered as a widely accepted treatment option in clinical practice for cancer care." [1] This research was published in *Chinese Acupuncture and Moxibustion*.

Results from this study were confirmed with McGill Quality of Life (MQOL) scoring and serum levels of the inflammatory cytokines listed below:

- C-reactive protein
- Interleukin-6
- Tumor necrosis factor-α
- Soluble TNF receptor-1

CRF is defined by the National Comprehensive Cancer Network (NCCN) as "a distressing, persistent, subjective sense of physical, emotional, and/or cognitive tiredness, related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning." [2]The disease is highly prevalent among cancer patients. Researchers from the Department of Medical Oncology at Ghent University Hospital note that "CRF is the most commonly reported symptom in patients with cancer with a prevalence up to 100% and has a significant negative impact on quality of life." [3] Han et al. investigated 286 Chinese cancer patients and found that the CRF occurrence rate was 90.21% (258/286). [4]

The randomized clinical trial involved a total of 67 subjects diagnosed with CRF between July 2016 and December 2018. They were randomly divided into two groups: treatment and control. The control group (n=31) received conventional chemoradiotherapy and symptomatic treatment. The treatment group (n=36) was given acupuncture in addition to the identical treatment administered to the control group.

The treatment group comprises 32 males and 15 females. The average age in the treatment group was 60 (\pm 3) years. The average course of disease in the treatment group was 7.3 (\pm 1.7) months. The control group comprises 20 males and 11 females. The average age in the control group was 59 (\pm 4) years. The average course of disease in the treatment group was 7.9 (\pm 1.9) months. There were no significant statistical differences in all relevant demographics (P>0.05) for patients initially admitted to the study.

The treatment group patients received acupuncture therapy. The acupoints used for the treatment group included:

- GV20 (Baihui)
- CV4 (Guanyuan)
- CV6 (Qihai)
- GB20 (Fengchi)
- ST36 (Zusanli)
- SP6 (Sanyinjiao)

Acupuncture treatments commenced with patients lying supine. After disinfection of the acupoint sites, a 0.25 mm x 40 mm disposable filiform needle was inserted into each acupoint with a high needle-entry speed. For Baihui, the needle was inserted horizontally and posteriorly to a depth of 15–20 mm. For Fengchi, the needle was inserted toward the direction of the nose tip to a depth of 15–20 mm. For Guanyuan, Qihai, Zusanli, and Sanyinjiao, the needles were inserted perpendicularly to a depth of 25–30 mm. For all acupoints, a deqi sensation was obtained, and the needles were manually stimulated with Ping Bu Ping Xie (mild tonifying and attenuating) manipulation techniques for 15 seconds, every 5 minutes, during the 15-minute needle retention time. Each treatment course consisted of five acupuncture treatments followed by a two-day break before the next course began. All patients received a total of four treatments.

Before and after treatment, functional assessment of cancer therapy-fatigue (FACT-F), McGill quality of life questionnaire (MQOL) scoring, serum levels of C-reactive protein (CRP), interleukin-6 (IL-6), tumor necrosis factor- α (TNF- α), and soluble TNF receptor-1 (sTNF-R1) levels were measured. The researchers cite investigations demonstrating that the value of the cytokines listed above are related to the severity of CRF. Patients with CRF have higher levels of CRP, IL-6, TNF- α , and sTNF-R1 than healthy populations.

The FACT-F score decreased after treatment in the treatment group (p<0.05), while there was no significant difference in the control group (p<0.05). In the treatment group, MQOL scores of physiological and psychological dimensions were decreased (p<0.05) while those of social

support dimension were increased after treatment (p<0.05). The score improvements of physiological, psychological, and social support dimensions in the treatment group were larger than those in the control group (all p<0.05). The serum levels of IL-6, TNF- α , and sTNF-R1 were all decreased in the treatment group (p<0.05), while the serum levels of CPR and IL-6 were increased in the control group (p<0.05). After treatment, the serum levels of CPR, IL-6, and TNF- α were lower in the treatment group than those in the control group (p<0.05).

The results indicate that acupuncture is effective for the treatment of CRF. An important feature of the acupuncture treatment is that it relieves CRF-related symptoms while regulating levels of the proinflammatory cytokines CRP, IL-6, TNF- α , and sTNF-R1. Considering these findings and the prevalence of the disease, acupuncture is a reasonable treatment option for CRF patients.

References

[1] Qing P, Zhao JF, Zhao CH, Hu J, Lin YL, He KJ. (2020). Effect of Acupuncture on Patients with Cancer-related Fatigue and Serum Levels of CRP, IL-6, TNF-α and sTNF-R1. Chinese Acupuncture and Moxibustion, ,40(05):505-509.

[2] NCCN. (2018). NCCN Guidelines Version 1.2018 Cancer-related fatigue. Fort Washington: NCCN, 2018. nccn.org/professionals/physician_gls/pdf/fatigue.pdf.

[3] De Waele S, van Belle S. (2010). Cancer-related fatigue. Acta Clin Belg, 65(6): 378-385.

[4] Han N, Yu SY. (2006). Assessment of Fatigue and Fatigue-related Factors in Cancer Patients. Cancer Research on Prevention and Treatment, 33(12): 910-912.

Review

Acupuncture Alleviates Cancer Related Fatigue

The research uses the following conception vessel acupoints:

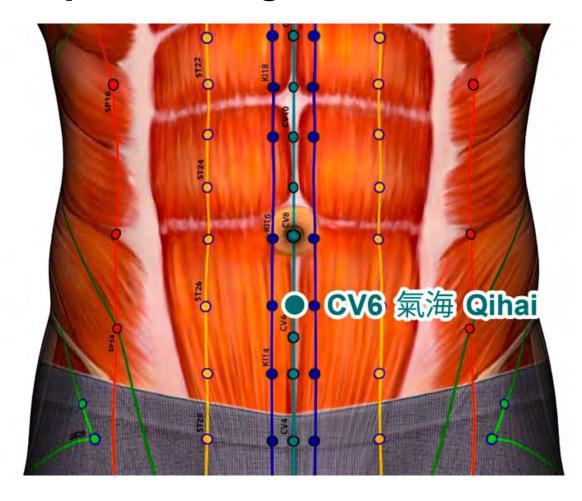
- · CV6 (Qihai)
- CV4 (Guanyuan)

The name CV6 (Qihai) is qi for vital energy and hai for ocean. This point is the ocean/sea of vital energy. This point is used for the treatment of any qi deficiency condition. This level of tonification is consistent with the needs of patients with fatigue.

CV6 regulates qi, strengthens kidneys and qi, benefits yang, harmonizes blood, regulates the chong (penetrating) and ren (conception) vessels, and dispels dampness.

Guanyuan (CV4) refers to the source of yuan qi (source qi) for both yin and yang. This refers to prenatal qi, postnatal qi, and the vital energy related to aging. This point strengthens original (source, yuan) qi and benefits jing-essence. This is an important and powerful point for these purposes because it treats the source energy (prenatal and postnatal). This point is also used for the treatment of chronic fatigue syndrome.

Acupuncture Plus Herbs Beats Constipation Drug



Acupuncture plus herbs benefit elderly patients with functional constipation. Researchers from the Third Affiliated Hospital of Zhejiang Chinese Medical University conducted a randomized controlled clinical trial and confirmed that the combined protocol of acupuncture plus herbal medicine produces superior outcomes to using Duphalac monotherapy (i.e. lactulose, a synthetic sugar used to treat chronic constipation) to control functional constipation in elderly patients. [1]

The complete spontaneous bowel movements (CSBMs) score demarcates significant improvements, measured at the twelve-week data point after completion of an eight-week regimen of acupuncture plus herbs therapy. In

addition, the patient assessment constipation-quality life questionnaire (PAC-QOL), Bristol stool character scores, and assessment results of difficulty in defecation all improved significantly compared with the lactulose control group.

A total of 138 patients participated in the trial. Patients were randomly divided into an acupuncture group and a medication group, with respectively 65 and 73 patients in each group. For the treatment group, a specific acupuncture point prescription and herbal medicine formula were prescribed based on different diagnostic patterns. The primary acupoints selected were the following:

- ST25 (Tianshu)
- CV4 (Guanyuan)
- TB6 (Zhigou)
- ST37 (Shangjuxu)

Additional acupoints were selected based on an individual TCM diagnostic patterns. For qi deficiency, the following acupoints were added:

- SP15 (Daheng)
- CV8 (Shenque)
- CV6 (Qihai)
- ST36 (Zusanli)
- BL25 (Dachangshu)

For yin deficiency, the following acupoints were added:

- SP6 (Sanyinjiao)
- KI3 (Taixi)
- KI6 (Zhaohai)
- BL23 (Shenshu)
- BL25 (Dachangshu)

For yang deficiency, the following acupoints were added:

- CV8 (Shengue)
- ST36 (Zusanli)
- GV4 (Mingmen)
- BL23 (Shenshu)
- BL25 (Dachangshu)

For qi stagnation, the following acupoints were added:

- CV12 (Zhongwan)
- CV10 (Xiawan)
- SP14 (Fujie)
- BL57 (Chengshan)
- LI4 (Hegu)
- LV3 (Taichong)

For excessive heat, the following acupoints were added:

- CV12 (Zhongwan)
- CV10 (Xiawan)
- SP14 (Fujie)
- LI11 (Quchi)
- ST34 (Liangqiu)
- BL57 (Chengshan)

Patients were first instructed to rest in a supine position for acupuncture needles applied to the ventral aspect of the body. After disinfection of the acupoint sites, a 0.25 mm x 40 mm disposable filiform needle was inserted into each acupoint with a high needle entry speed. Manual acupuncture stimulation techniques were applied based on diagnostic patterns.

For patients with deficiency patterns, the tonifying (Bu) technique was used, and moxibustion was applied to CV8 (Shengue) for 20 minutes. For patients

with excess patterns, the attenuating technique was used. Once a deqi sensation was obtained, the needles were retained and moxibustion was applied. A 30-minute needle retention time was observed.

Next, the dorsal acupoints were treated. After insertion of filiform needles into BL25 (Dachangshu), BL23 (Shenshu), and GV4 (Mingmen), the needles were manipulated for two minutes before withdrawal. No needle retention time was required.

For Yang deficiency patients, moxibustion was applied at Mingmen and Shenshu for 20 minutes. Acupuncture plus moxibustion therapy was conducted three times per week, for the duration of eight weeks. The treatment group patients also received modified Zhi Zhu Tang as a primary herbal formula, including the following ingredients:

- Zhi Shi 20 g
- Bai Zhu 60 g

Additional herbal formulas were prescribed based on diagnostic patterns. For qi deficiency patients, the modified herbal formula of Bu Zhong Yi Qi Tang was prescribed, which contained the following herbs:

- Huang Qi 30 g
- Chen Pi 5 g
- Sheng Ma 9 g
- Chai Hu 9 g
- Dang Gui 20 g
- Che Qian Zi 10 g
- Zhi Gan Cao 10 g

For yin deficiency, the herbal formula modified Liu Wei Di Huang Tang was prescribed:

• Sheng Di 12 g

- Shu Di 12 g
- Shan Zhu Yu 15 g
- Shan Yao 15 g
- Ze Xie 10 g
- Fu Ling 10 g
- Dan Pi 10 g
- Bai Shao 20 g
- Gua Lou Ren 15 g

For Yang deficiency, the herbal formula modified Ji Chuan Jian was prescribed:

- Rou Cong Rong 15 g
- Ze Xie 10 g
- Sheng Ma 5 g
- Zhi Ke 15 g
- Dang Shen 15 g
- Gan Jiang 10 g
- Zhi Gan Cao 10 g

For qi stagnation, the herbal formula modified Liu Mo Tang was prescribed:

- Bing Lang 10 g
- Chen Xiang 10 g
- Mu Xiang 10 g
- Wu Yao 10 g
- Hou Po 10 g
- Zhi Gan Cao 6 g

For excessive heat, the herbal formula modified Ma Zi Ren Tang was prescribed:

- Huo Ma Ren 15 g
- Bai Shao 15 g

- Tao Ren 12 g
- Hou Po 12 g
- Zhi Gan Cao 6 g

The above ingredients were brewed with water to obtain a 200 ml decoction, which was then split into 2 servings, taken separately in the morning and at night. Patients consumed the TCM herbal medicine for eight consecutive weeks, and a total of 56 servings were administered.

The results indicate that acupuncture with herbs is more effective than the prescribed non-absorbable synthetic sugar medication. Shi et al. demonstrate that acupuncture is safe and effective for the treatment of functional constipation. Based on a 12-week follow-up, researchers conclude that the TCM protocol demonstrates superior positive patient outcomes in both short and long-term results without any significant adverse effects. At HealthCMi, we would like to see another study to confirm the results with a third arm combining both approaches to patient care.

Reference:

[1] Shi YC, Wang C, Wang LY, et al. (2017). Complex Treatments of Acupuncture and Chinese Herbal Medicine Based on Syndrome Differentiation for Senile Functional Constipation: A Randomized Controlled Trial. Journal of Zhejiang Chinese Medical University, 41(06), 464-470.

Review

Acupuncture Plus Herbs Beats Constipation Drug

The research uses the following conception vessel acupoints:

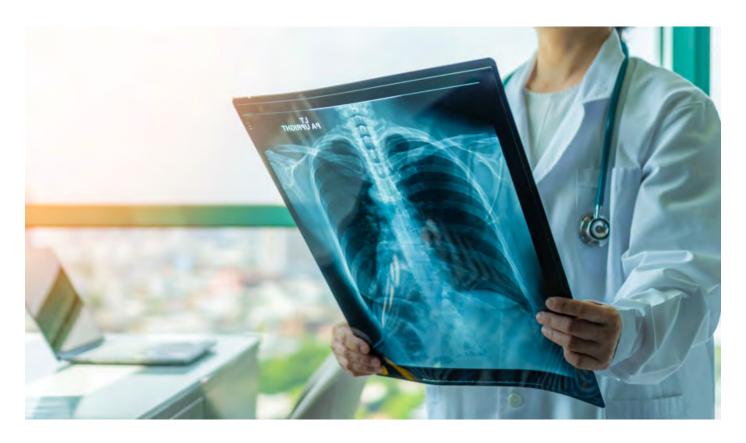
- CV4 (Guanyuan)
- · CV6 (Qihai)
- CV8 (Shenque)
- CV10 (Xiawan)
- CV12 (Zhongwan)

Our research reviews have covered CV4, CV6, and CV12. Each of these points have powerful and beneficial effects on digestion. Two more acupoints appear in addition to these points in this research: CV8 (Shenque), CV10 (Xiawan).

Most texts agree that CV8 is contraindicated for needling. The research is consistent in that only moxibustion was applied to CV8 in the study. CV8 warms and stabilizes yang and strengthens the transporting function of the spleen and stomach.

CV10 is the meeting point of the conception vessel with the spleen channel. This point is used for treating abdominal fullness, food stagnation, gas, bloating, diarrhea, epigastric pain, and running piglets. This point warms the stomach when there is cold stagnation causing stomach pain. This point is beneficial for moving stagnation for both cold and heat syndromes.

Acupuncture COPD Relief Discovered



Acupuncture is an effective treatment for the alleviation of Chronic Obstructive Pulmonary Disease (COPD). First Affiliated Hospital of Guangzhou Medical University researchers compared two test groups. One received COPD treatment with placebo needling and the other group received authentic electroacupuncture. The results show that acupuncture reduces small air way obstructions and increases breathing volume, ventillation, overall respiratory function, and exercise tolerance. [1] Learn about acupuncture and Chinese medicine at HealthCMi, a provider of acupuncture CEU continuing education.

COPD is a category of diseases involving airflow blockage and breathing problems and includes disorders such as emphysema and chronic bronchitis. Common symptoms are shortness of breath, dyspnea, wheezing, and coughing. Standard care often includes rescue inhalers, oral steroids, exercises, lifestyle modifications, and additional medications. The results

were definitive. The true acupuncture group had significant improvements that the placebo group did not have. The improvements were significant across several parameters: Maximal Expiratory Flow (MEF), FVC Exhaled, COPD Assessment Test (CAT), Maximal Voluntary Ventilation (MVV), Maximal Expiratory Flow (MEF), Oxygen Uptake Per Kilogram Body Weight (VO2), Cardiopulmonary Exercise/Metabolic Equivalent Test Indexs (MET), Maximal Minute Ventilation (VEmax), 6-Minute Walk Distance (6MWD). The improvements from acupuncture were great enough to ameliorate the overall impact of COPD on patient life.

The researchers note that the use of electroacupuncture increased mucociliary clearance, reduced the impact of lung damage, relieved dyspnea, and downregulated GF- β inhibited airway remodeling. They determined that acupuncture is effective for treating excessively high secretions and fibrosis of chronic mucus in the small airways.

A total of 62 patients with stable COPD were randomly categorized into an electroacupuncture group and a sham control group, with 32 cases in each group. As the study progressed, one case dropped in each group. The patient ages ranged from 40 to 70 years. Exclusion criteria were severe mental disorders, such as dementia and Parkinson's Disease, severe cardiac diseases, blood diseases, tumors, high blood pressure, and malfunction of the lower limb.

Treatment was administered on alternate days for a total of six weeks. Both groups were given Zhi Ke Hua Tan capsules to relieve cough and reduce phlegm. Patients in these two groups also undertook 40-minute aerobic exercises using a bicycle apparatus (Monark Ergomedic 828E). Exercises were suspended if the rate of perceived exertion scale (RPE) exceeded 14.

For the electroacupuncture group, $0.30 \text{ mm} \times 025 \text{ mm}$ filiform needles were inserted perpendicularly. The following acupoints were chosen:

• CV17 (Danzhong)

- ST18 (Rugen)
- CV4 (Guanyuan)
- CV12 (Zhongwan)
- ST25 (Tianshu)
- ST16 (Yingchuang)

Two additional acupoints were used based on symptom presentation. If patients suffered from exterior pathogenic influences, LI4 (Hegu) was chosen. If patients experienced interior phlegm, ST40 (Fenglong) was selected. Needles were connected to an electroacupuncture device set to 2 Hz for 30 minutes. A continuous wave was used. For the sham control group, non-penetrating placebo needles were used at the acupoints. The results demonstrate that electroacupuncture is effective for the alleviation of Chronic Obstructive Pulmonary Disease (COPD).

Reference

1. He Ying, Li Guiyuan, Zheng Zeguang, Gao Yi, etc., Effect of Electroacupuncture on Small Airway Function in Patients with Stable Chronic Obstructive Pulmonary Disease, Chinese Acupuncture & Moxibustion, Aug. 2021, Vol. 41, No. 8.

Review

Acupuncture COPD Relief Discovered

The research uses the following conception vessel acupoints:

- CV4 (Guanyuan)
- CV12 (Zhongwan)
- CV17 (Danzhong)

Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause airflow blockage and breathing problems. It includes emphysema and chronic bronchitis. COPD makes breathing difficult millions worldwide.

CV4 powerfully tonifies source-yuan qi, CV12 nourishes spleen and stomach qi, and CV17 powerfully expands the chest and assists breathing.

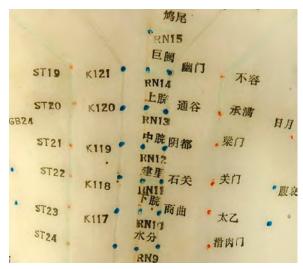
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Safety, Ethics, Scope of Practice

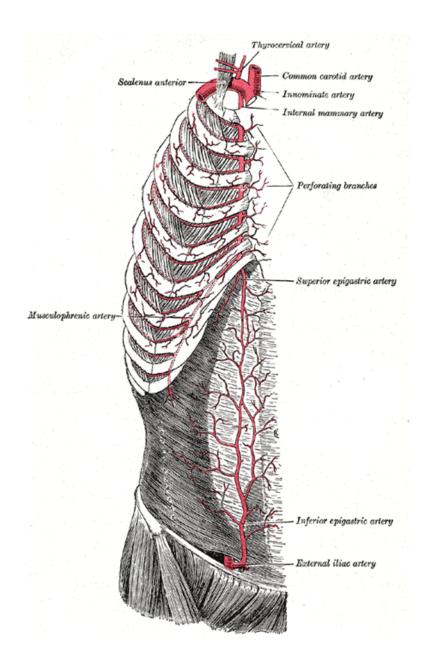
The following are scope of practice, laws and rules of acupuncture, ethics, and safety concerns. We focus on three conception vessels points for this section, but safety and ethics concerns are not limited to the following acupoints. Note, the main body of material for this course includes contraindications, cautions, and other considerations included in many of the individual acupoint descriptions.

CV12

This acupuncture point is located 4 cun above the umbilicus on the midline of the abdomen. This acupuncture point is halfway between the umbilicus and the sternocostal angle. CV12 is representative of similar points in the region in that care must be taken to avoid puncturing the peritoneal cavity. As a result, deep insertion is contraindicated. Acupuncture needling is applied at a perpendicular angle from 0.5 to 1.2 inches. The superior epigastric artery and vein are located at this point as is a cutaneous branch of the 7th intercostal nerve. This point is common due to its importance in clinical practice. Avoid becoming forgetful or complacent with the regulation of needle depth due to repetitive use in the workplace.



CV12, CV14, CV15



Chest & Abdomen

CV14

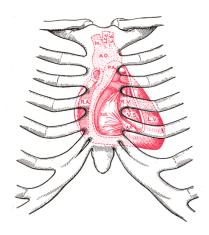
CV14 is located on the midline of the abdomen, 6 cun above the umbilicus.

This acupuncture point is needled up to 0.3 – 0.8 inches perpendicularly. Deep insertion is contraindicated in order to avoid the liver and heart and extra caution must be used in cases of hepatomegaly and cardiomegaly.

CV15

CV15 is located below the xiphoid process, 7 cun above the umbilicus. This point is located in the supine position with the arms uplifted.

The lower aspect of the heart may be located in this region if there is cardiomegaly. As a result, this point and neighboring acupuncture points including ST19, KD21, and CV14 are contraindicated for deep needling in order to avoid puncturing the heart. Deep insertion is also contraindicated because the liver may be located in this region if there is hepatomegaly. CV15 is needled obliquely and inferiorly from 0.4 to 0.6 inches. Never needle superiorly as this is in the direction of the heart.



Pathogens & Transmission

Health care providers are exposed to a host of pathogens on a daily basis. Both resident and transient microorganisms occupy the surface of our skin and hair. Many of the microorganisms living on the surface of our body are capable of causing disease or infection if they penetrate deeper into underlying tissue and our immune system fails to fight them off.

Protecting ourselves and our patients is crucial to a safe and healthy clinical environment. Healthcare providers must be concerned with preventing transmission and cross-contamination. The Occupational Safety and Health Administration has established universal precautions for this purpose. All healthcare providers need to understand the mechanisms of transmission and prevention of infectious diseases. Some primary routes of transmission are given below.

Airborne Pathogens

Transmission: via aerosol and air droplets. Examples:

- Influenza
- Common cold

Tuberculosis

- Streptococcus
- Mononucleosis

Direct Contact With Pathogens

Transmission: via transfer by hands, hair, countertops, surfaces, etc... Examples:

- Staphylococcus
- Methicillin Resistant Staphylococcus Aureus (MRSA)

Bloodborne

Transmission: via blood, seminal fluids.

Examples:

- · Hepatitis A
- · Hepatitis B
- · Hepatitis C
- · Human Immunodeficiency Virus (HIV)

Food or Water Borne

Transmission: via contaminated food or water.

Examples:

- Hepatitis E
- Escherichia coli
- Clostridium difficile

Nosocomial Infections

All healthcare providers should also be aware of nosocomial infections. Nosocomial infections are those that are acquired in the hospital or clinical setting. The US Centers for Disease Control and Prevention (CDC) estimates that the number of healthcare associated infections (HAIs) in US hospitals in 2002 was approximately 1.7 million. The CDC notes:

In 2002, the estimated number of HAIs in U.S. hospitals, adjusted to include federal facilities, was approximately 1.7 million: 33,269 HAIs among newborns in high-risk nurseries, 19,059 among newborns in well-baby nurseries, 417,946 among adults and children in ICUs, and 1,266,851 among adults and children outside of ICUs. The estimated deaths associated with HAIs in

U.S. hospitals were 98,987: of these, 35,967 were for pneumonia, 30,665 for bloodstream infections, 13,088 for urinary tract infections, 8,205 for surgical site infections, and 11,062 for infections of other sites.¹

The CDC also notes:

We estimate that 1.7 million HAIs occurred in U.S. hospitals in 2002 and were associated with approximately 99,000 deaths. The number of HAIs exceeded the number of cases of any currently notifiable disease, and deaths associated with HAIs in hospitals exceeded the number attributable to several of the top ten leading causes of death reported in U.S. vital statistics.²

^{1.} Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002. Klevens, et. al. 4-2004, Public Health Reports, V.

^{2.} Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002. Klevens, et. al. 4-2004, Public Health Reports, V. 122.

Nosocomial infections are commonly caused by opportunistic pathogens such as:

- Enterococcus spp.
- Escherichia coli
- Pseudomonas spp.
- Staphylococcus aureus

Acupuncturists must be aware of the transmission risks of these pathogens and exercise caution to prevent cross-infection and transmission. During a new patient intake, be certain to conduct a thorough health history. The best method to prevent nosocomial infections is to practice hand hygiene and to clean work surfaces.

HIV & Hepatitis

Acupuncturists must be aware of the transmission risks of pathogens and exercise caution to prevent cross-infection and transmission. During a new patient intake, be certain to conduct a thorough health history. The best method to prevent nosocomial infections is to practice hand hygiene and to clean work surfaces. The following summarizes basic information on HIV and hepatitis transmission and incubation periods.

Hepatitis A (HAV)

- 15 45 days Incubation
- Bloodborne, fecal contaminated food and water
- Abrupt Onset
- Vaccine Available
- · Not Chronic, common with children and young adults

Hepatitis B (HBV)

- 50 180 days Incubation
- Bloodborne
- · Insidious (slow) Onset
- Vaccine Available
- Chronic 5 10% of cases

Hepatitis C (HCV)

- 20 -90 days Incubation
- Bloodborne
- Insidious Onset
- No Vaccine
- Chronic 50% of cases

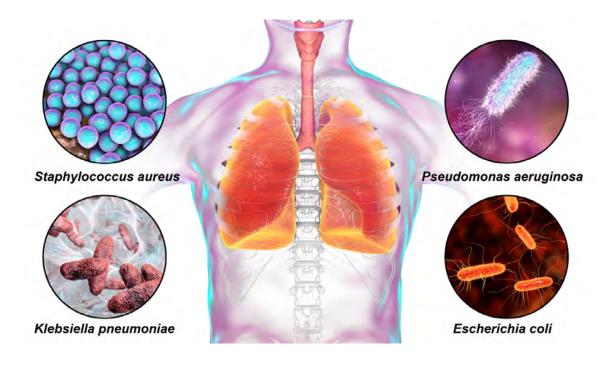
Hepatitis E (HEV)

- 30 40 days Incubation
- Waterborne
- Abrupt Onset
- No Vaccine
- Not Chronic, more prevalent in developing countries

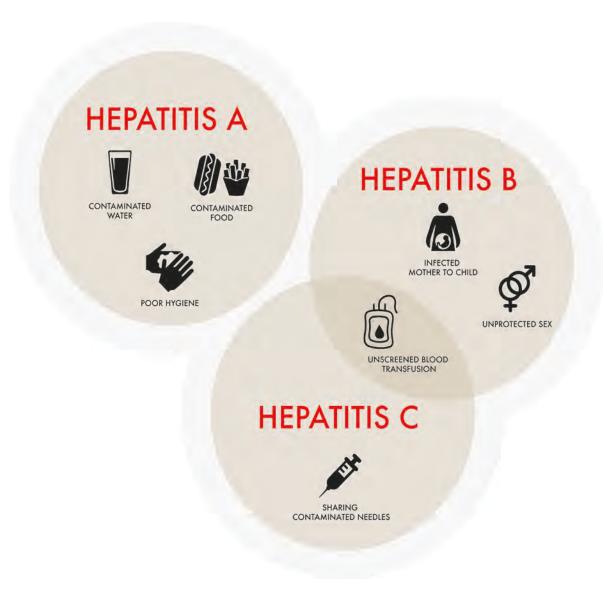
Human Immunodeficiency Virus (HIV)

- 2 weeks 10 years Incubation (50% of cases develop within 10 years; some occur in as much as 20 years from initial exposure)
- Bloodborne
- Asymptomatic or symptomatic; symptoms can resemble other common diseases like mononucleosis or a common cold
- No Vaccine
- Chronic can lead to Acquired Immune Deficiency Syndrome (AIDS)

Common Nosocomial Infections

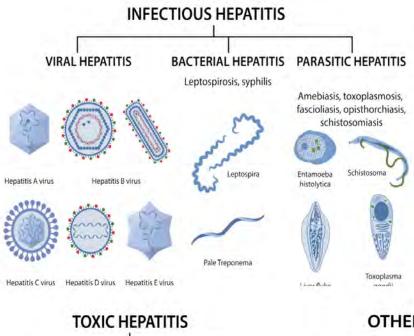


Hepatitis Transmission

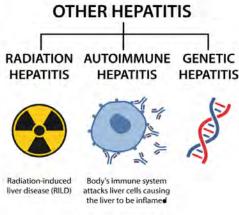


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Types of Hepatitis



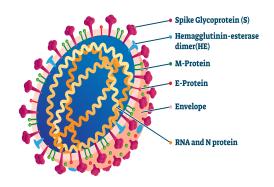




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CORONA VIRUS

Symptoms and Prevention







Fever

Dry cough

Mild breathing

Gastrointestinal

difficulties





High fever



Pneumonia



Kidney failure

TRANSMISSION



COUGHS form infected person



SNEEZES form infected person



TOUCHING contaminated objects



Diarrhea

issues



General body aches



PREVENTION

- Wash your hands with soap regularly
- Avoid touching your eyes, nose and mouth with unwashed hands
- Avoid close contact with people who are sick
- Cover your cough or sneeze with tissue

Scope of Practice

Florida

Let's look at some scope of practice definitions by law. We have taken samples from state laws to compare and contrast differences. The following is the rule for the State of Florida:

457.102 Definitions.—As used in this chapter:

- (1) "Acupuncture" means a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques, that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. Acupuncture shall include, but not be limited to, the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body and the use of electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies, as defined by board rule.
- (2) "Acupuncturist" means any person licensed as provided in this chapter to practice acupuncture as a primary health care provider.
- (3) "Board" means the Board of Acupuncture.
- (4) "License" means the document of authorization issued by the department for a person to engage in the practice of acupuncture.
- (5) "Department" means the Department of Health.
- (6) "Oriental medicine" means the use of acupuncture, electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies.
- (7) "Prescriptive rights" means the prescription, administration, and use of needles and devices, restricted devices, and prescription devices that are used in the practice of acupuncture and oriental medicine.

Here, we see that the State of Florida spells out a variety of modalities allowable by acupuncturists, including Qi Gong. There is a broader "other adjunctive therapies" that gives the Florida Board of Acupuncture discretion over inclusion of additional modalities. As we will see below, different states include differing specifics. For example, California allows magnets.

California

The following are from the State of California laws and regulations:

- 4927. As used in this chapter, unless the context otherwise requires:
 - (a) "Board" means the Acupuncture "Board".
- (b) "Person" means any individual, organization, or corporate body, except that only individuals may be licensed under this chapter.
- (c) "Acupuncturist" means an individual to whom a license has been issued to practice acupuncture pursuant to this chapter, which is in effect and is not suspended or revoked.
- (d) "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion.
- 4937. An acupuncturist's license authorizes the holder thereof:
 - (a) To engage in the practice of acupuncture.
- (b) To perform or prescribe the use of Asian massage, acupressure, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements to promote, maintain, and restore health. Nothing in this section prohibits any person who does not possess an acupuncturist's license or another license as a healing arts practitioner from performing, or prescribing the use of any modality listed in this subdivision.
- (c) For purposes of this section, a "magnet" means a mineral or metal that produces a magnetic field without the application of an

electric current.

- (d) For purposes of this section, "plant, animal, and mineral products" means naturally occurring substances of plant, animal, or mineral origin, except that it does not include synthetic compounds, controlled substances or dangerous drugs as defined in Sections 4021 and 4022, or a controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.
- (e) For purposes of this section, "dietary supplement" has the same meaning as defined in subsection (ff) of Section 321 of Title 21 of the United States Code, except that dietary supplement does not include controlled substances or dangerous drugs as defined in Section 4021 or 4022, or a controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.
- 4938. The board shall issue a license to practice acupuncture to any person who makes an application and meets the following requirements:
- (a) Is at least 18 years of age.

This last part is an interesting contrast. In California, an acupuncturist must be at least 18 years of age, but in Florida the minimum age is 21.

Florida #2

The following is the State of Florida rule requiring 21 years of age:

57.105 Licensure qualifications and fees.—

- (1) It is unlawful for any person to practice acupuncture in this state unless such person has been licensed by the board, is in a board-approved course of study, or is otherwise exempted by this chapter.
- (2) A person may become licensed to practice acupuncture if the person applies to the department and:
- (a) Is 21 years of age or older, has good moral character, and has the ability to communicate in English, which is demonstrated by having

passed the national written examination in English or, if such examination was passed in a foreign language, by also having passed a nationally recognized English proficiency examination;

Texas

The following is the Texas scope of practice law:

Acupuncturists are licensed by the Texas State Board of Acupuncture Examiners (TSBAE) to practice acupuncture, which is defined as the insertion of an acupuncture needle and the application of moxibustion to specific areas of the human body as a primary mode of therapy to treat and mitigate a human condition, including the evaluation and assessment of the condition; and the administration of thermal or electrical treatments or the recommendation of dietary guidelines, energy flow exercise, or dietary or herbal supplements in conjunction with the treatment.³

As you can see, there is a similarity between scope of practice laws. One commonality between state laws is typically the inclusion of electroacupuncture, herbal supplements, and dietary recommendations. Here, Texas stipulates the inclusion of "energy flow exercise." This is broader language than the inclusion of Qi Gong within Florida scope of practice law. As a result, Taiji or even Tibetan Kum Nye are directly implied within Texas law.

Summary

Overall, scope of practice laws often clearly define acupuncture, needles, and modalities such as electroacupuncture, moxibustion, and cupping. On the other hand, modalities such as laser acupuncture, magnet therapy, and more are often not clearly defined.

^{3.} tmb.state.tx.us/page/acupuncturist-licensing-overview

COVID-19 Research

Herbal medicine is effective for alleviating symptoms associated with COVID-19, according to modern research. Results indicate that an integrative medicine model of patient care is superior to biomedical monotherapy.

Two herbal formulas have repeatedly been showing up across multiple investigations with excellent patient outcomes: Lianhua Qingwen, Qing Fei Bai Du San. Due to importation and regulatory limitations, the latter is not as effective in the USA as it is in many other nations. In the USA, there are restrictions on importation of the ingredient Ma Huang and the herb Xi Xin is not legal for use. As a result, modified herbal preparations of Qing Fei Bai Du San for sale in the USA lack the strength available in other nations.

There are direct safety and ethical considerations in addition to legal concerns. Scope of practice laws prohibit acupuncturists from using banned substances, even if research demonstrates benefits. In addition, Ma Huang and Xi Xin must be used with care in areas where these herbs are legally allowed because of potential adverse effects. Laws continually change and these herbs may become available for legal use in your area and then become banned once again. Great resources for checking on legal status of herbs are reputable herbal medicine suppliers in addition to government agencies.

Today's focus is on an investigation showing that Chinese herbal medicine is effective for the alleviation of symptoms caused by COVID-19 in patients that have developed moderate cases of pneumonia. Furen Hospital Affiliated to Wuhan University of Science and Technology researchers conducted a clinical trial on 54 COVID-19 cases. The results show that Lianhua Qingwen markedly relieved the intensity of fever, cough, and fatigue. In addition, Lianhua Qingwen reduced the overall duration the symptoms. [1]

Historically, Lianhua Qingwen was commonly used for the treatment of influenza. In 2003, during the severe acute respiratory syndrome (SARS) outbreak, Lianhua Qingwen was used to combat this respiratory illness caused by a strain of SARS-associated coronavirus.

By 2017, research specified the role of Lianhua Qingwen in exerting anti-viral and anti-inflammatory activity against SARS-CoV-2). [2] The herbal formula Lianhua Qingwen contains the following ingredients:

- Jin Yin Hua (Flos Lonicerae)
- Lian Qiao (Fructus Forsythiae)
- Ma Huang (Herba Ephedrae)
- Xing Ren (Semen Armeniacae Amarae)
- Shi Gao (Gypsum Fibrosum)
- Ban Lan Gen (Radix Isatidis)
- Mian Ma Guan Zhong (Rhizoma Guanzhong)
- Yu Xing Cao (Herba Houttuyniae)
- Guang Huo Xiang (Herba Pogostemonis)
- Da Huang (Radix et Rhizoma Rhei)
- Hong Jing Tian (Rhodiola)
- Bo He (Herba Menthae)
- Gan Cao (Radix Glycyrrhizae)

The recent Furen Hospital Affiliated to Wuhan University of Science and Technology clinical trial of 54 COVID-19 cases used guidelines based on official documentation: *Diagnosis and Treatment Protocol for Novel Coronavirus Pneumonia*(released by the National Health Commission & State Administration of Traditional Chinese Medicine, 3-3-2020). [3] According to the guidelines, all patients admitted to the study were moderate cases, presenting with fever, respiratory symptoms, and radiologic signs of pneumonia.

Age range of the patients was from 25 to 95 years. Average age was 60.1 ±16.98 years. Among all patients, 29 were males and 25 were females. Average body temperature was 37.93 ±0.93 degrees Celcius, median was 38.05 degrees Celcius.

Prior to being confirmed with COVID-19 with pneumonia, the highest temperature presented in all patients was 38.54 ±0.60 degrees Celcius. Average heart rate was 87.9 ±11.80/min., median was 85.5/min. Highest heart rate was 112/min. Average respiratory rate was 21.1 ±3.78/min., median was 20/min. Highest respiratory rate was 30/min. Twenty-one patients had high blood pressure. Seven had coronary heart disease. Ten had diabetes. Ten had a history of cerebral infarction.

Laboratory tests showed 31 cases had a normal WBC (white blood cell) count, 9 cases had decreased WBC count, and 8 cases had an increased WBC count. Twenty-five patients had a normal ANC (Absolute Neutrophil Count), 23 patients had increased ANC. Fourteen cases had a normal lymphocyte count, and 34 cases had a decreased lymphocyte count.

C-reactive protein (CRP) was elevated in all patients admitted to the study. CRP, produced in the liver, elevates when inflammation is present. An elevated CRP is often present when there is infection, inflammatory intestinal disorders, or autoimmune diseases. A CRP test is usually administered when there is fever and respiratory symptoms.

In this investigation, the average duration of taking Lianhua Qingwen was 8.0 ±4.10 days, median was seven days. The shortest duration was one day and the longest was 16 days. Patients were given Lianhua Qingwen (Yiling Pharmaceutical Co. Ltd.), three times per day. In addition, regular treatments were administered, including intravenous injections of immunoglobulin (2.5 g/day), ganciclovir (0.4g/day), levofloxacin (0.4g/day), and methylprednisolone (40 mg/day).

Three days after taking Lianhua Qingwen in the integrative treatment protocol, 47.5% of the patients no longer had fever, 35.1% of the patients no longer experienced fatigue, and 20% stopped coughing. Five days later, the three figures increased to 62.5%, 59.5%, and 50.0% respectively. By the seventh day, the figures reached 80.0%, 75.7%, and 76.7%. As for other symptoms, none of the patients had labored breathing after seven days. Approximately 90% of the patients recovered from chest distress and crackles.

The aforementioned investigation demonstrates an effective integrative medicine protocol. The following investigation demonstrates that the absence of Chinese herbal medicine from a COVID-19 treatment protocol is to the detriment of patient health.

An independent investigation conducted at Huarunwugang Hospital Affiliated to Wuhan University of Science and Technology used two groups of patients. From January 1 to January 27, 2010, a total of 63 patients were admitted to the two-arm study. Thirty-eight received regular drug treatment (same as in the aforementioned trial). The rest were given regular drug treatment plus Lianhua Qingwen. Patient baselines had no statistical differences before treatment. Similar measurement parameters were used as in the aforementioned investigation. Patients in the integrative treatment group had significantly superior patient outcomes, demonstrating that the addition of Chinese herbal medicine is effective in the fight against COVID-19.

Mian Ma Guan Zhong

A clinical highlight is the inclusion of the herb Mian Ma Guan Zhong in Lianhua Qingwen. This variety of fern is listed in the Chinese materia medica in the expel parasites category. It is bitter, cold, and enters the liver and spleen channels. Filmarone is one ingredient of this herb, which is potentially toxic when consumed with a fatty meal. Normal

advisory is to consume this herb on an empty stomach, at least one hour before or after a meal.

Guan Zhong (Mian Ma Guan Zhong) contains filicin. Both filmarone and filicin are anthelmintic (destroys parasitic worms). An important medicine, it is often avoided for use during pregnancy or lactation. Guan Zhong is especially powerful against tapeworms, roundworms, and hookworms.

Guan Zhong drains heat and fire toxicity. As a result, it is used for the treatment of wind-heat, damp-heat sores, and epidemic toxins (including viruses). Indications for use include treatment of patients for heat-toxin diseases with fire blazing including measles, encephalitis, and pneumonia. Guan Zhong cools the blood and stops bleeding, especially uterine bleeding. Modern common usage includes formulas containing this herb to prevent influenza.

Hong Jing Tian

Lianhua Qingwen contains Hong Jing Tian. Licensed acupuncturists may find the inclusion of Hong Jing Tian (紅景天) within Lianhua Qingwen Capsules particularly interesting. This herb grows at altitudes of 3,500–5,000 meters. The greatest number of species of Hong Jing Tian grow in Tibet.

Tibetan monks use this herb and it is valued for improving concentration, physical endurance, memory, and absorbing oxygen. This herb is highly regarded for its ability to abate altitude sickness, reduce stress, and benefit shen-spirit. Many varieties also grow in Yunan, Sichuan, Heilongjiang, and other provinces. This is a clear heat and toxin category herb that is cold, sweet, bitter, and astringent. It enters the heart, liver, kidney, lung, and spleen channels.

Hong Jing Tian has several important functions. It tonifies spleen qi, clears lung heat, nourishes lung yin, and is especially useful for the treatment of coughing due to lung heat (including hemoptysis). In TCM

clinics, it is used for the treatment of weakness after illness, hematemesis, bronchitis, and coughing due to pneumonia. This herb is an adaptogen and is valued for its ability to restore vital energy. Hong Jing Tian invigorates blood and transforms stasis and is used topically for burns and traumatic injuries. This herb promotes contractions and is used for the treatment of leukorrhea.

References:

[1] Cheng Dezhong, Li Yi, linical Effectiveness and Case Analysis in 54 NCP Patients Treated with Lianhua Qingwen, World Chinese Medicine, January 2020, Vol.15, No. 2. [2] Ding, Yuewen, Lijuan Zeng, Runfeng Li, Qiaoyan Chen, Beixian Zhou, Qiaolian Chen, Pui leng Cheng et al. "The Chinese prescription lianhuaqingwen capsule exerts anti-influenza activity through the inhibition of viral propagation and impacts immune function." BMC complementary and alternative medicine 17, no. 1 (2017): 130. [3] shliangshi.com/newsshow_825.html.

[4] Lv Ruibing, Wang Wenju, Li Xin, Clinical Observation of Treating NCP Patients with Lianhua Qingwen, Journal of Traditional Chinese Medicine, 2020-02-17.

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