

Meridian Therapy

Visceral Imbalances

Digestion - Respiration



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Sponsored by Biotics

Meridian therapy - Visceral Imbalances Digestion -Respiration

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Meridian Therapy

Goodheart became aware of the concepts of acupuncture from the book written by Felix Mann of England.

This book outlined the basic concepts developed by the Chinese. It described the basic theories and the usage of the meridian points. This book and the one by Mary Austin formed the basis of the ideas developed by Goodheart.

One of the most important sentences in the book was one that stated that every time there is a meridian imbalance there would be a spinal problem at a specific spinal level related to the median.

The primary intent of the acupuncturist is to prevent sickness and disease.

The doctor who treats disease is considered a secondary practitioner. The higher doctor prevents the disease.

The oldest known reference is the Nei Ching. This was supposedly written by Huang Ti, the Yellow Emperor, who ruled from 2696 to 2598 B.C.

The Nei Ching is a dialogue between Huang Ti and his minister Ch'i Po. In this discussion, the emperor poses questions and the minister branches into answers which turn into long discourses on health.

Acupuncture, meridian therapy, has been practiced in China for over 5,000 years.

The basic philosophy is that man is a small universe and the natural laws of positive and negative that control the universe also control man.

Classical acupuncture consists of 4 basic methods of treatment:

1. Stimulation of meridian points to balance the energies of the body.
2. Dietary changes as well as the use of herbs.

3. Manipulation of the spine.

4. Psychotherapy through meditation and Introspective analysis.

Energy, chi, flows through the body in distinct pathways called meridians. Chi is defined as the energy of life. Without it, we are dead. Chi has a positive, yang, nature and a negative, yin, nature. Both aspects of chi are essential to health, but a delicate balance must be maintained between them.

Imbalances, in the meridian system, result in too much chi in one meridian and too little chi, energy, in one or more meridians. Imbalances can arise from dietary imbalances, trauma, environmental factors, seasonal changes, or emotional upsets. Imbalances of energy are corrected by stimulating acupuncture points on the meridian pathways and manipulating the spine at a specific spinal level. Dietary advise is also given to aid in the correction of the imbalance.

There are twelve major and two minor meridians. The major ones are located on each side of the body and form a continuous pathway that energy is supposed to pass through daily. These meridians are mostly named for organs.

Goodheart was able to confirm one of his prior observations, that muscles can be related with organs, by sedating a meridian and testing the muscle that he felt related to that meridian.

Meridian - Muscle Relationships

The meridians are pathways that energy travels over. This energy appears to be electromagnetic as placing a battery or magnet over the meridian will "short" the meridian and the associated muscles will test weak. Research done at the National College of Chiropractic showed that there is an electrical resistance in the meridians that is related to the number of points that the Chinese believed the meridian contained.

Meridian	Code	Associated Muscles
Lung	Lu	Deltoids, Anterior Serratus, Coracobrachialis
Large Intestine	LI	Tensor Fascia Lata, Hamstrings, Quadratus Lumborum
Spleen/Pancreas	SP	Latissimus Dorsi, Triceps, Mid and Lower Trapezius
Stomach	ST	Pectoralis clavicular, Neck Flexors and Extensors, Sternocleidomastoid, Biceps, Brachioradialis, Supinator, Pronator Teres, Masseter, Temporalis, Internal and External Pterygoid
Triple Warmer	TW	Teres Minor, Infraspinatus
Circulation/Sex	Cx	Sartorius, Gracilis, Gluteus Maximus, Gluteus Medius, Adductors, Piriformis,
Small Intestine	SI	Quadriceps, Abdominals
Heart	Ht	Subscapularis
Gall Bladder	GB	Popliteus
Liver	Lv	Pectoralis Sternal, Rhomboid
Bladder	Bl	Tibialis Anterior, Peroneus Longus& Brevis, Sacrospinalis
Kidney	K	Psoas, Iliacus, Upper Trapezius

**Heart -
Subscapularis**



**Small Intestine -
Rectus Femoris**

**Bladder-
Tibialis anterior**



**Kidney -
Psoas**

**Liver -
Pectoralis sternal**



**Gall Bladder -
Popliteus**

**Spleen/Pancreas -
Middle Trapezius
Latissimus dorsi**



**Stomach -
Pectoralis clavicular**

**Lung -
Deltoid**



**Kidney -
Psoas**

**Circulation/Sex
Gracilis Sartorius**



**Triple Warmer
Teres minor**



Pulse Points

Use Pulse points are used to diagnose imbalances in the meridians.

Location They are located on both wrists on the radial artery.

Classically, there are 12 pulses, six on each wrist with three superficial and three deep.

One other pulse position has been found by Goodheart. This position is diagnostic for imbalances in the Vessel of Conception and the Governing Vessel.

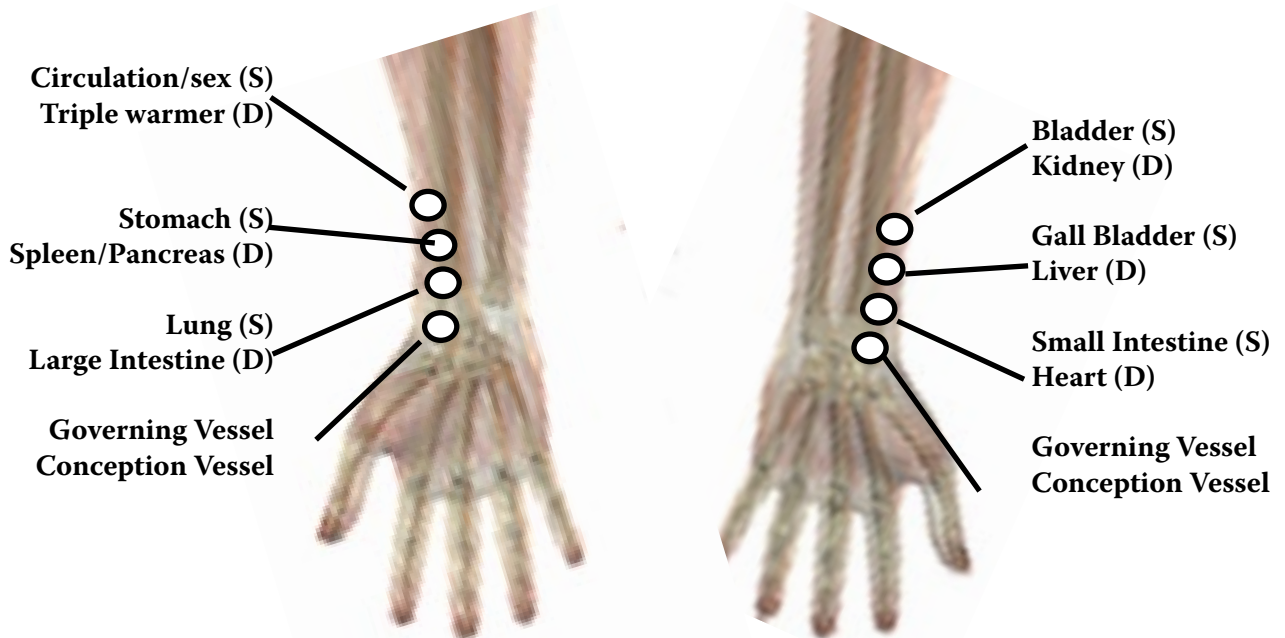
Therapy Pulse points are normally therapy localized by the patient.

Localization

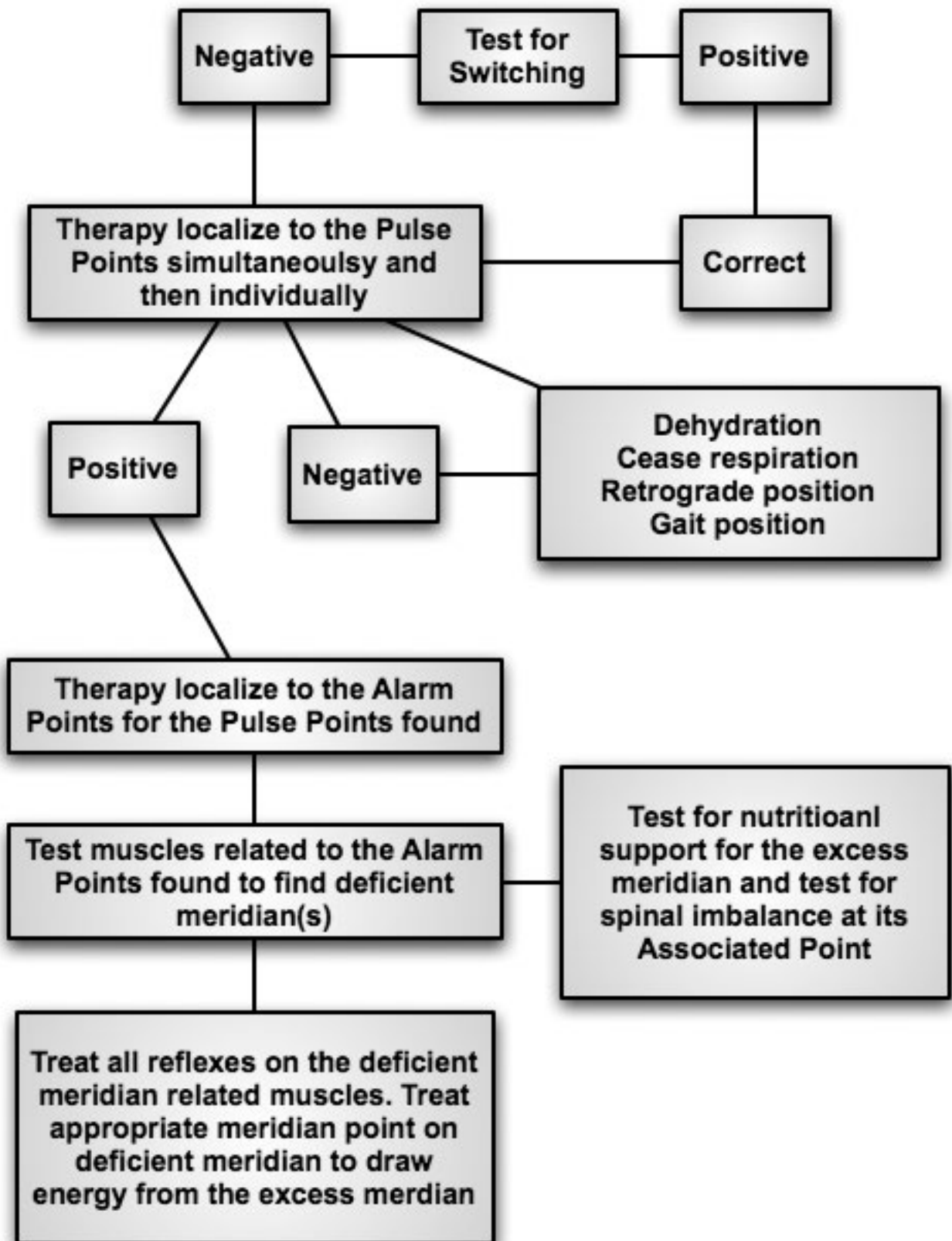
Pulse points can also be therapy localized by the doctor. Care must therefore be exercised, when testing the arm, that no contact is made by the doctor over the pulse points. If the pulse points are contacted, erroneous information may be ascertained.

When a pulse point positively therapy localizes, an imbalance may exist, in either the superficial or deep meridian. To determine which, test the associated muscle or therapy localize to the Alarm Points to determine which (or both) is involved.

These are located on the anterior surface of the body with the exception of the points



The exact points are located by having the patient touch the first point and then just slightly separate the fingers so that they do not touch. There are in classical acupuncture superficial (S) and deep (D) pulses.



Alarm Points

Location

Six are singular points for both the right and the left meridians, while six meridians have both right and left alarm points. There are also two additional points for the Governing Vessel and the Vessel of Conception meridians.

Use

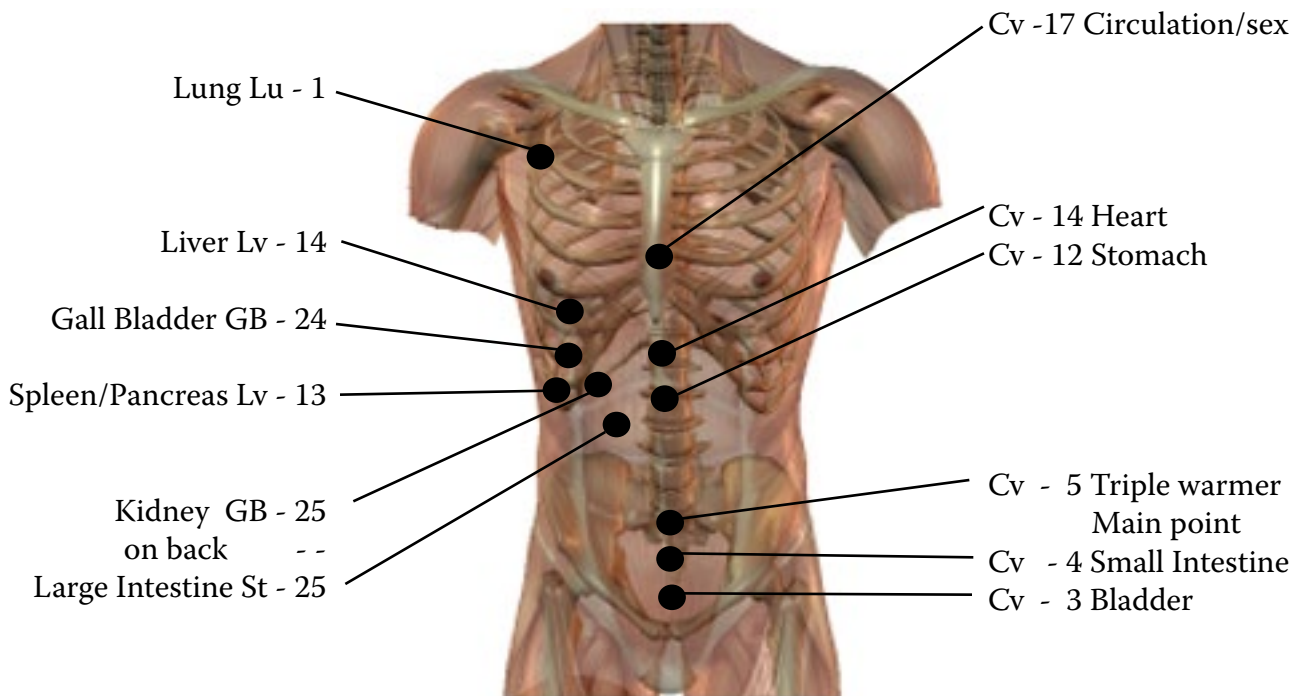
Therapy localization to the alarm points will cause a strong muscle to weaken if there is an imbalance in the meridian associated with the alarm point.

If a weak muscle is strengthened by having the patient contact an alarm point, then treatment of the indicated meridian will help restore normal function to the indicated muscle-organ combination.

Alarm points will be tender if there is an imbalance in the associated meridian. Alarm points are not treatment points. They are strictly diagnostic points.

First, therapy localize to a specific pulse point and test for weakening of a strong indicator muscle. This indicates an imbalance in one of the two associated meridians.

When testing the muscles associated with those meridians, one is found to be weak (if all the muscles test strong,



Associated Points

Location Each meridian has an associated point on each side of the spine. The points lie between two vertebrae, and can indicate a subluxation of either structure.

Felix Mann has stated in his book on Acupuncture, that every time there is a meridian imbalance, there is a spinal subluxation at the level of the associated point of the involved meridian.

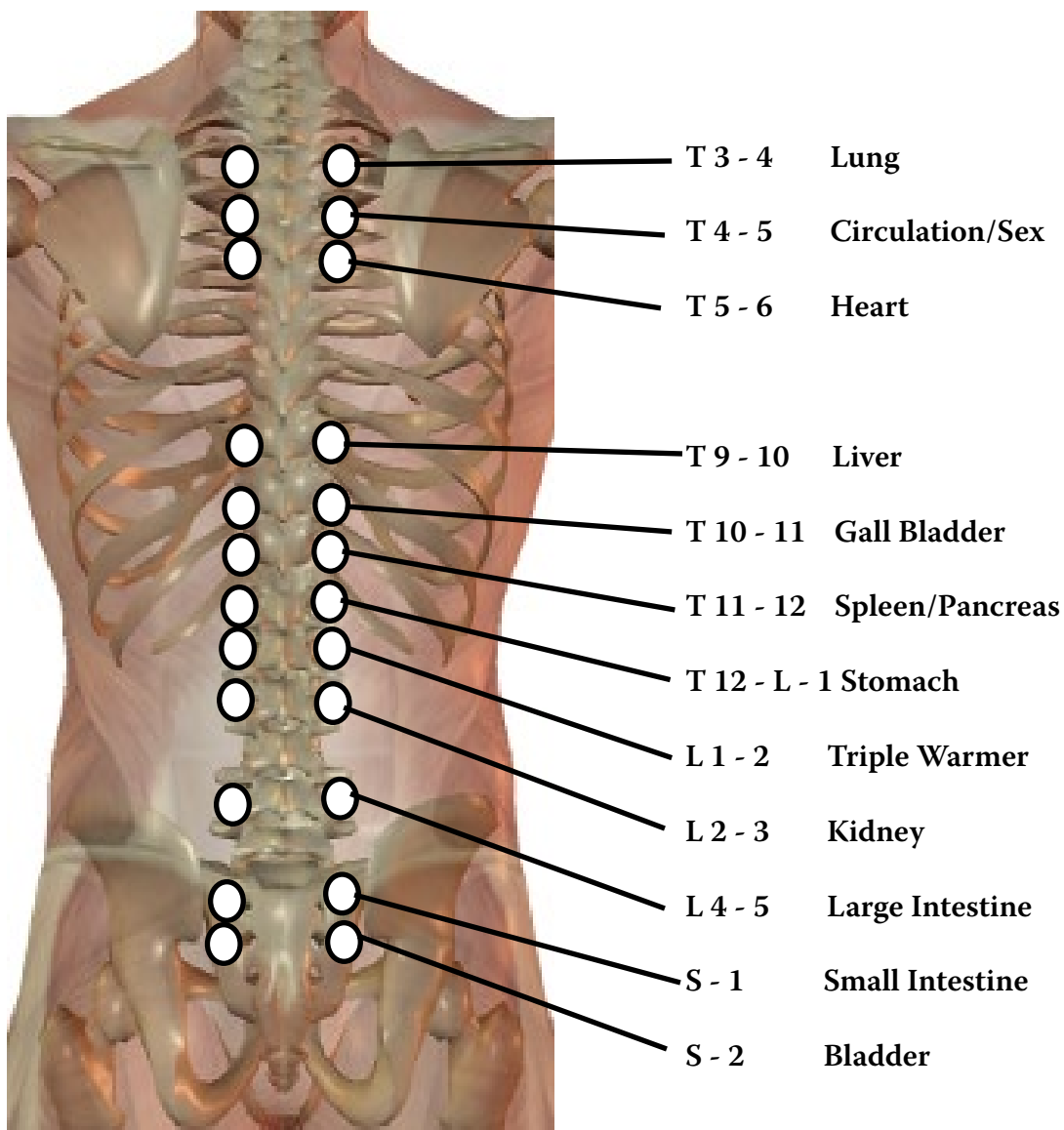
Goodheart confirmed this finding and also determined that a spinal subluxation can cause a meridian imbalance.

Use Research, performed by Robert Perolman, has shown that this subluxation will be found at the level of the excess meridian.

Associated points will also be tender to palpation if there is an imbalance in the associated meridian.

Every time that a meridian imbalance is found, after correcting the energy flow by treating the appropriate points, the spine must be challenged and adjusted at the level of the blocked meridian and its corresponding Lovett's vertebra.

These points are located along the spine on the Bladder meridian..



LUO (Connecting or Passage) Points

Location Luo Points are located on each meridian between the elbows and the fingers or between the knees and the toes.

Use The Luo Points are used to treat imbalances between meridian pairs. These are meridians that share the same element in the Law of the 5 Elements.

Luo Points will also correct imbalances of meridians according to the circulation of energy (24-hour cycle) or superficial flow of energy.

Luo points are used to transfer energy between connected meridians. Stimulation of the Luo points causes energy to be drawn from a meridian with excess energy to another meridian that is deficient in energy. Treat the Luo point on the deficient meridian.

Luo points may be used in the following situations:

Imbalances between coupled meridians

Example: Lung/Large Intestine — if lung is deficient and large intestine is overactive, treat LU-7 to draw energy to the lung meridian.

Imbalances between Midday-Midnight Opposites

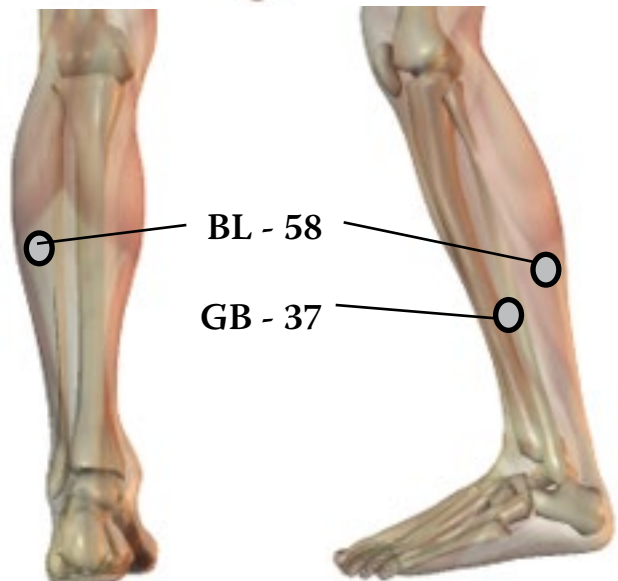
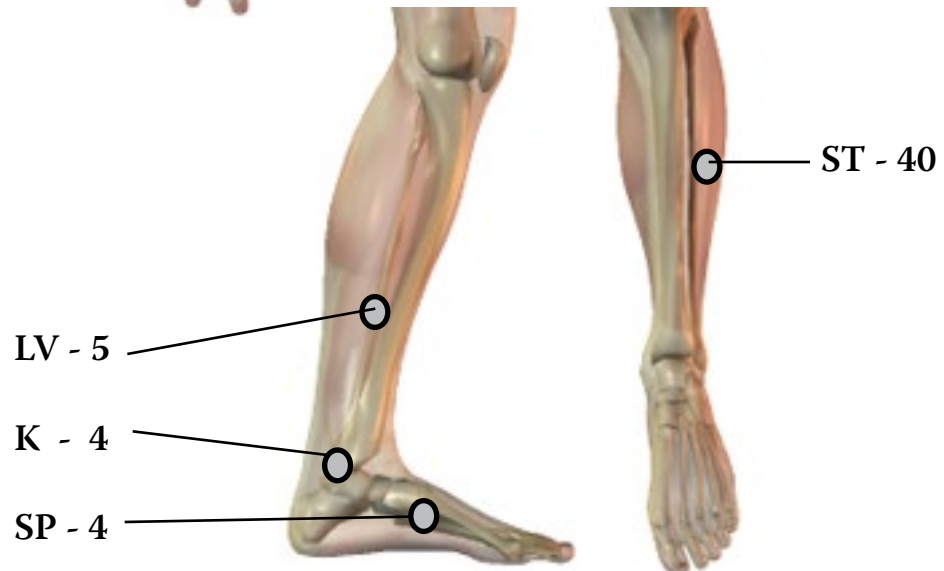
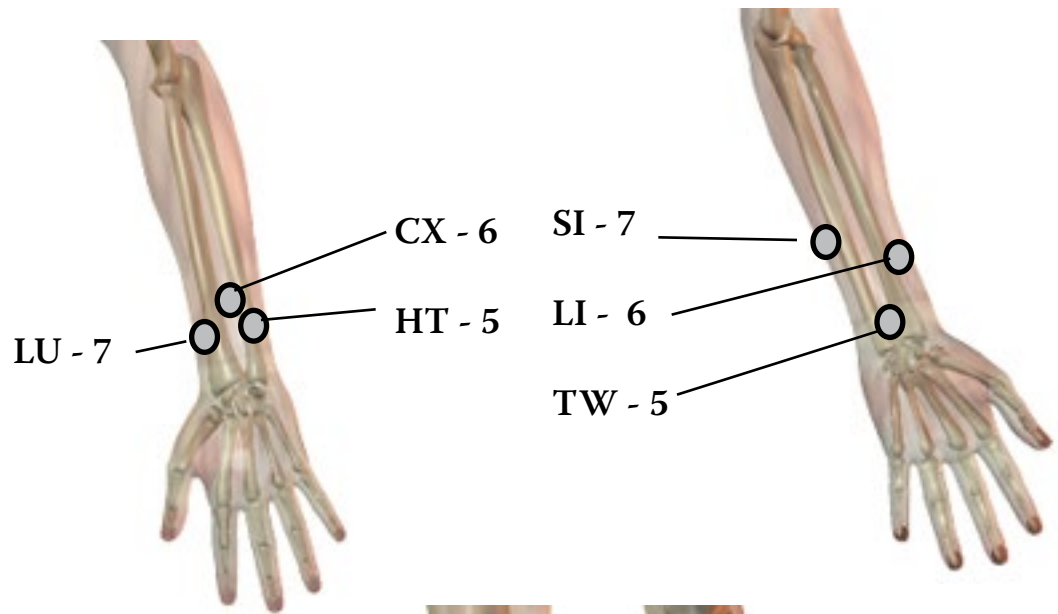
Example: Lung/Bladder — if lung is deficient and bladder overactive, treat LU-7 to draw energy to the lung meridian.

Imbalances between bilateral counterparts of same meridian

Example: Lung on Right/Lung on Left — if lung meridian on right is deficient and left lung is overactive, treat LU-7 on right to draw away energy from the left lung meridian.

Blockage in Superficial Flow of Energy

Example: Energy is blocked at liver. Several meridians may exhibit weakness of their associated muscles along the superficial flow — lung, L.I., stomach, spleen, etc. Treat the Luo point of the last deficient meridian before reaching the meridian of blockage. In this case only Lu-7 would need to be stimulated to draw energy from the liver to the lung to re-establish normal flow. The other meridians will automatically be normalized.



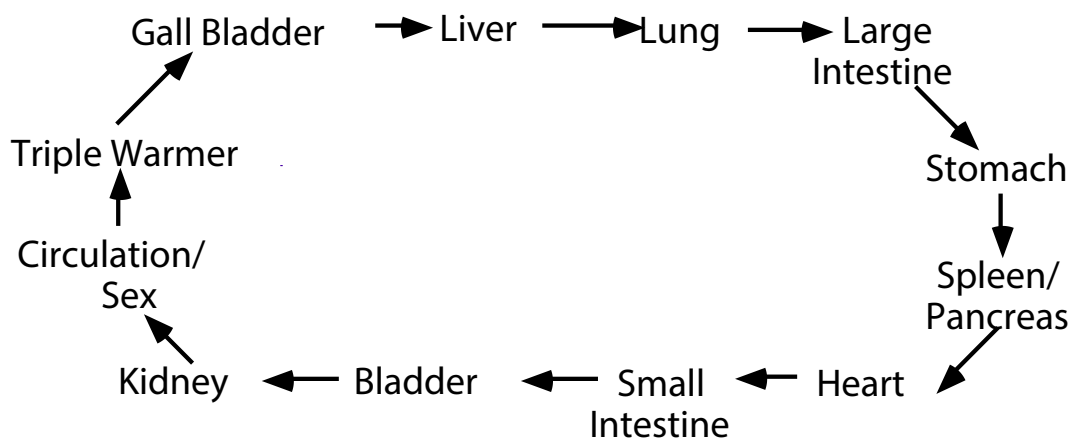
Superficial Flow of Energy

Discussion The Orientals found that the flow of Chi traces through the meridians in a specific order. This order is termed the superficial flow of energy.

Imbalances in the daily flow of energy can be treated by stimulating the Luo (passage or connecting) points to rebalance these energy patterns.

The flow is unidirectional and is continuous. Once the energy completes a circuit it begins again. This would be analogous to a train that followed a set of circular tracks daily.

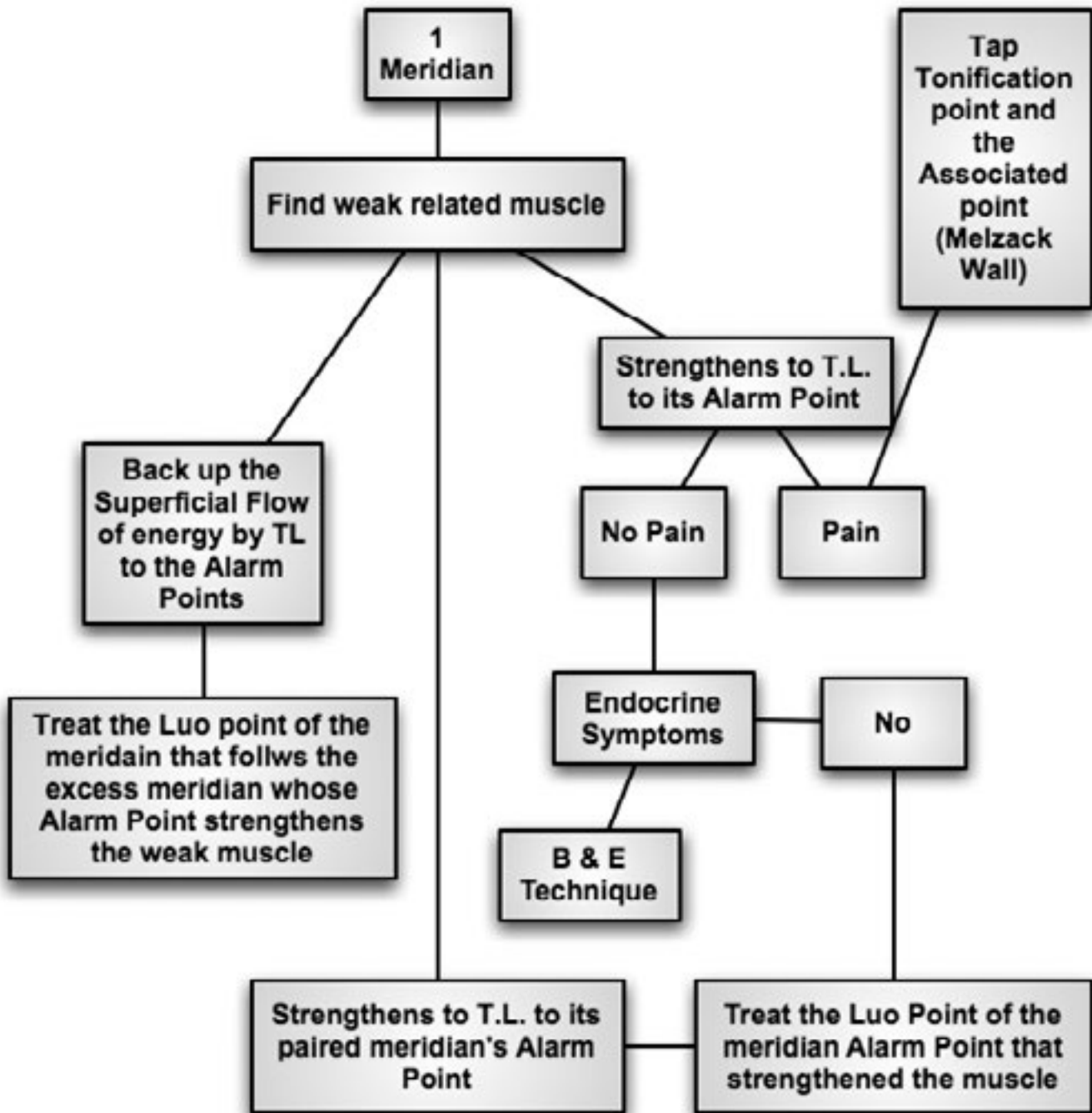
As the meridians make a continuous loop, the listing can begin anywhere as there is no beginning or ending.



Treatment

When a muscle weakness is suspected of having a meridian involvement, therapy localize its own Alarm Point. If this does not strengthen the muscle, back up along the above circuit until you find an Alarm Point that does strengthen the weak muscle. For instance, if you start with a weak psoas, therapy localize the kidney alarm point, the bladder alarm point, small intestine, heart, spleen, etc., until one alarm point strengthens the psoas. The alarm point that strengthened the muscle will be the blocked meridian. This one blockage may be creating an entire string of weaknesses downstream from it. For instance, in the example above, if the spleen alarm point strengthened the psoas, there could be a weakness of the subscapularis (heart), quadriceps (small intestine) and tibialis anterior (bladder) on the same side. All would strengthen to the spleen alarm point since the spleen is blocking the energy flow to each of them. This is done by stimulating its Luo Point for approximately 20 seconds with either tapping or firm rotatory pressure.

To correct this type of imbalance, treatment is directed only to the first deficient meridian. Usually, this will open up the flow of energy and correct all the imbalances. In the example above, the heart meridian is the first deficient meridian after the blockage at the spleen. By treating its Luo point, HT-5, energy is pulled from the spleen and is able to continue along its normal pathway. It is then also necessary to adjust the spine



Tonification and Sedation Points

Location These points are located on the corresponding meridians.

They are always located distal to the knees and the elbows.

Use These are used to either increase or decrease the amount of energy in a meridian.

Felix Mann, in his book Acupuncture, first listed a series of four points that when stimulated would tonify or sedate a meridian.

These are three sets of points. One is common to both tonification and sedation and must be used in conjunction with the pair of points for tonification or sedation.

Meridian	Tonification	Common Points	Sedation
CX	CX-9	LV-1	CX-3
TW	TW-3	GB-41	TW-2
HT	HT-9	LV-1	HT-3
SI	SI-3	GB-41	SI-2
SP	SP-2	HT-8	SP-1
ST	ST-41	SI-5	ST-43
LU	LU-9	SP-3	LU-10
LI	LI-11	ST-36	LI-5
K	K-7	LU-8	K-3
BL	BL-67	LI-1	BL-40
LV	LV-8	K-10	LV-4
GB	GB-43	BL-66	GB-44

If a weak muscle is strengthened to therapy localization to its own alarm point and the patient has a pain pattern, treatment is directed to the tonification point. The tonification point is the first point listed in the tonification pair above and corresponds to the element point of the meridian for the element preceding it on the five element chart.

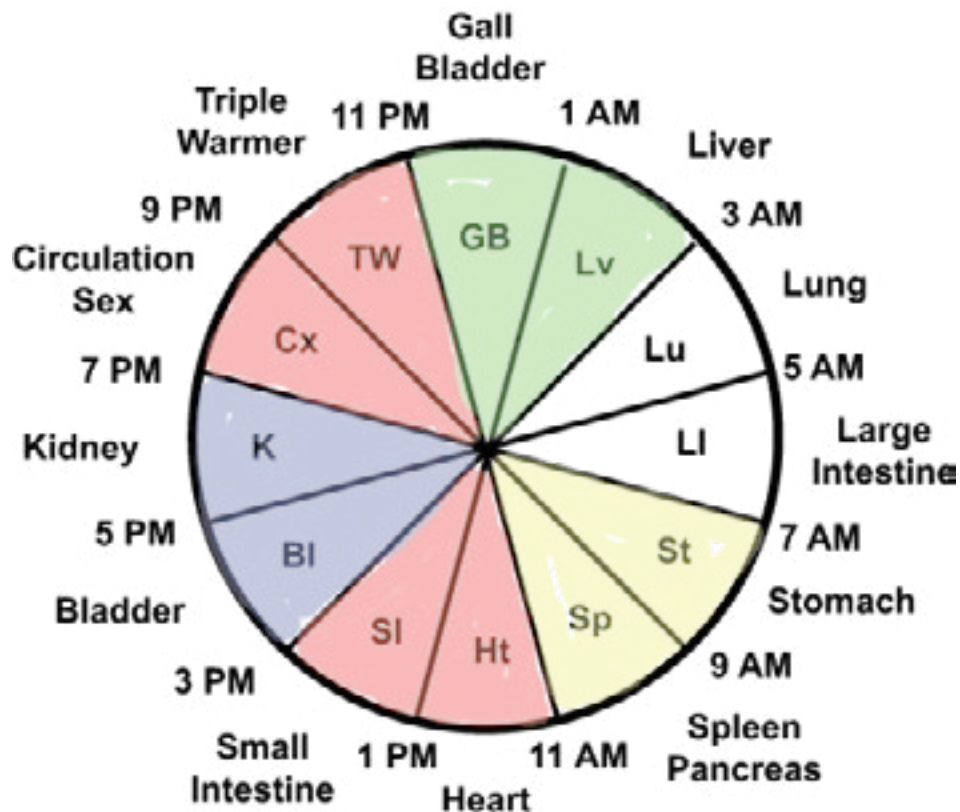
The tonification point for the liver (Wood) is the Water point.

Sedation points may be used to help determine if a muscle is overactive. Normally, a muscle will be weakened momentarily if the sedation point is tapped. If tapping of the sedation point produces no weakness in a muscle that is controlled by that meridian, the

at the level of the associated point for the overactive spleen, either T-11 or 12.

In this circulation of energy around the body, each meridian is considered the mother of the meridian to which it passes its energy. Likewise, the meridian receiving the energy is considered the child of the preceding meridian. In the above example, the heart is the child of spleen, the heart's mother and was unable to receive the energy until the Luo point opened up the channel.

The Mother/Child Law states that anytime you stimulate (either to tonify or sedate) a meridian, you are automatically stimulating the child of that meridian and to a lesser extent stimulating its Mother as well. This principle can be utilized if you want to affect some meridian without stimulating it directly. For example, if you stimulate the large intestine, you will also stimulate the stomach and to a lesser extent the lung.



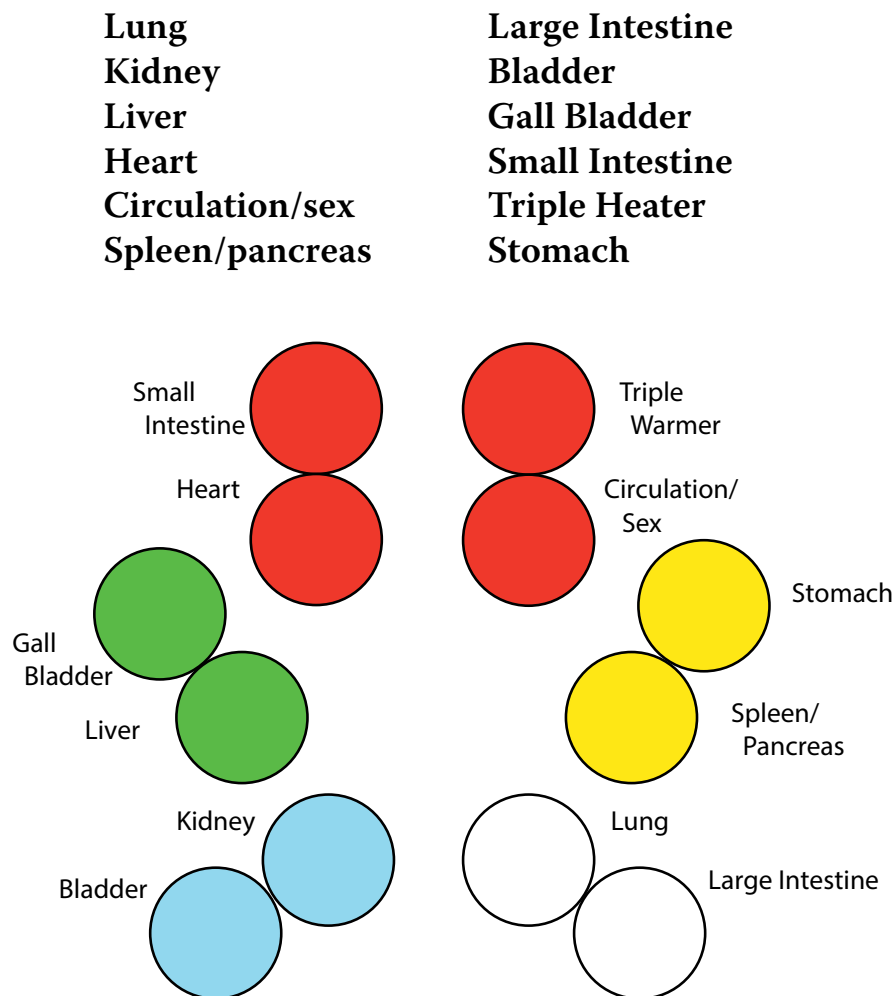
Coupled Meridians

Every Yin meridian is paired with a Yang meridian counterpart. These pairs of meridians are called coupled meridians. The coupled meridians share a common pulse point with the Yin member in the deep position and the Yang member in the superficial position and they represent the same element (either fire, earth, metal, water, or wood). They will also influence other meridians in a similar fashion (according to the Law of 5 Elements) on the 5 Element chart. Each couple shares a circle with the Yin member occupying the inner half and the Yang meridian the outer half.

One of the coupled meridians will always follow the other in the superficial flow of energy, so that the energy is transferred from one meridian to its coupled mate. This first member will always be the Mother with the meridian receiving the energy being its child (Mother-Child Law).

If an imbalance exists between two coupled meridians, stimulate the Luo point of the deficient member of the pair to draw the energy from its overactive partner. Then treat the associated point of the excess meridian.

Example: Liver deficient -- Gall Bladder excess -- treat the liver Luo point at LV-5 and treat the associated point for the gall bladder meridian at BL-19.



meridian is overactive. The sedation point is the element point on the meridian for the element one ahead of it on the five element chart.

The sedation point for liver meridian (Wood) is the Fire point.

Meridian	Muscle	Tonif.	Points Location	Sedat.	Location
SI	Quadriceps	SI-3	Med. Post. Hand	SI-8	At Olecranon
TW	Teres Minor	TW-3	Mid Post. Hand	TW-10	At Radial Head
LI	T.F.L.	LI-11	AT Lat. Elbow	LI-2	Index Knuckle
LU	Deltoid	LU-9	Med. Ant. Wrist	LU-5	Ant. Lat. Elbow
CX	Sartorius	CX-9	End 2nd Finger	CX-7	Mid. Ant. Wrist
HT	Subscapularis	HT-9	End 4th Finger	HT-7	Ant. Med. Wrist
SP	Lat. Dorsi	SP-2	Med. Prox Big Toe	SP-5	Ant Med Ankle
LV	Pect. Sternal	LV-8	Medial Knee	LV-2	Lat 1st Metatarsal
K	Psoas	K-7	2" above med ankle	K-1	Plantar Foot
BL	Tibialis Ant	B-67	Lat. 5th Toe	BL-65	5th Metatarsal
GB	Popliteus	GB-43	Distal 4th Metat.	GB-38	Lat Dist Fibula
ST	Pect. Clavic.	ST-41	Mid Ant Ankle	ST-45	Lat 2nd Toe

Then and Now

Discussion According to the Chinese, the acupuncture energy flows through a 24 hour cycle in the body. It changes meridians every two hours, and follows a superficial flow of energy.

Diagnosis of problems occurring at specific times of the day can be enhanced by checking the patient at that time. However, this may prove to be impractical.

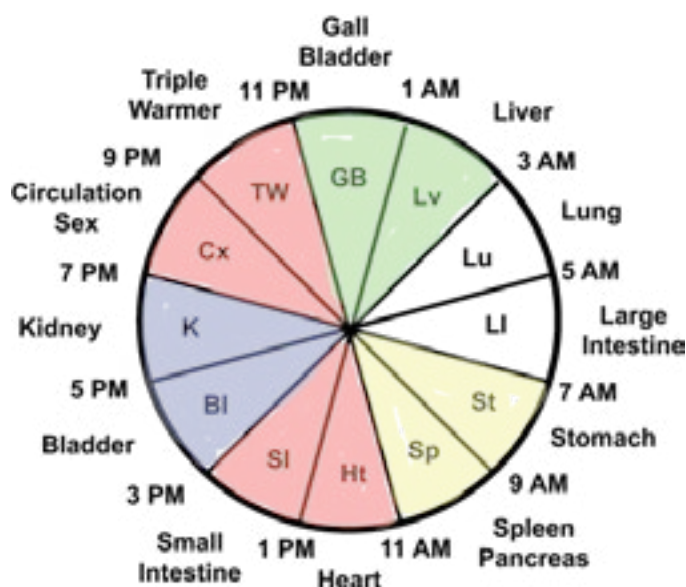
Procedure Goodheart discovered a simple procedure using the alarm points and therapy localization to determine what is unbalanced in the patient.

Test for a strong muscle to use as an indicator.

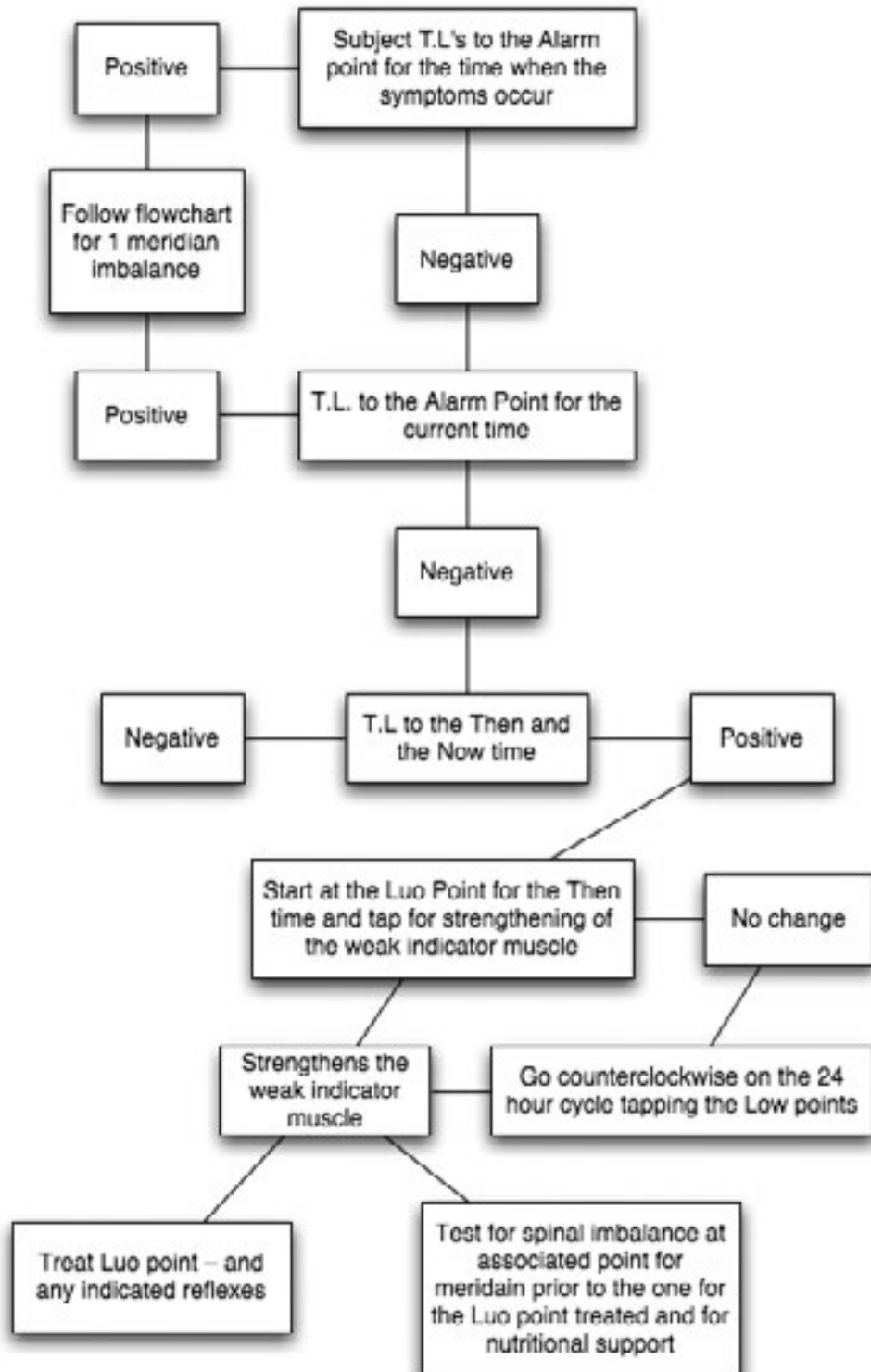
Therapy localize the Alarm point of the time that the patient experiences the symptoms. This is the Then time. This should not positively therapy localize. Next therapy localize to the meridian that corresponds to the current time according to the 24 hour cycle of energy. This also should not cause weakening of a strong muscle. This is the Now time. Then therapy localize the two points at the same time. This should create a weakness. Hence the name Then and Now.

If weakness is found, tap the appropriate Luo Point that would correct the imbalance. If the appropriate point is not obvious, challenge by tapping 4-5 times and retest for strengthening of the weak indicator muscle. Go backwards on the 24 hour cycle of energy looking for a Luo point that stops the therapy localization. This point will correspond with the meridian that is immediately after the excess meridian. The excess meridian is the one where the energy is blocked and fails to flow forward properly.

If no specific time is indicated, for example the patient wakes with a headache, palpate the T.S. line for an indication of the Then time to cross therapy localize with the Now time.



1 Meridian Flowchart



Beginning and End Technique

Definition This refers to a procedure developed by Goodheart in which the first and last points of meridians, which either start or end on the skull, are used for treatment.

Goodheart found that treatment of these points changed many measurable parameters in the body. These included skin temperature, pH, vision, speech patterns, vitamin C absorption times, pituitary-hypothalamic function, etc..

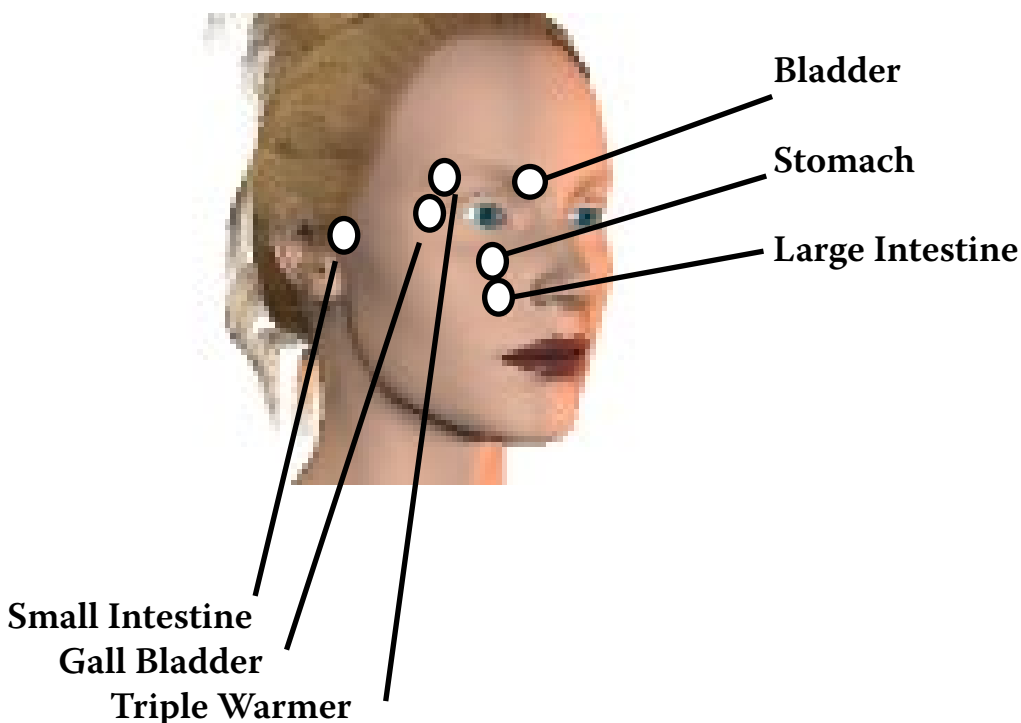
Procedure This procedure is possibly indicated anytime there is an imbalance in a meridian which either starts or ends on the skull.

Do a pulse diagnosis to determine meridian imbalances. If no imbalances are found, add E.I.D. or B.I.D., water, retrograde position, breath cessation, etc..

If the meridian which therapy localized either starts or ends on the skull, test and find a weak associated muscle. Then have the patient therapy localize to the beginning or end point that is found on the skull for that specific meridian. If the weak muscle strengthens continue with this procedure.

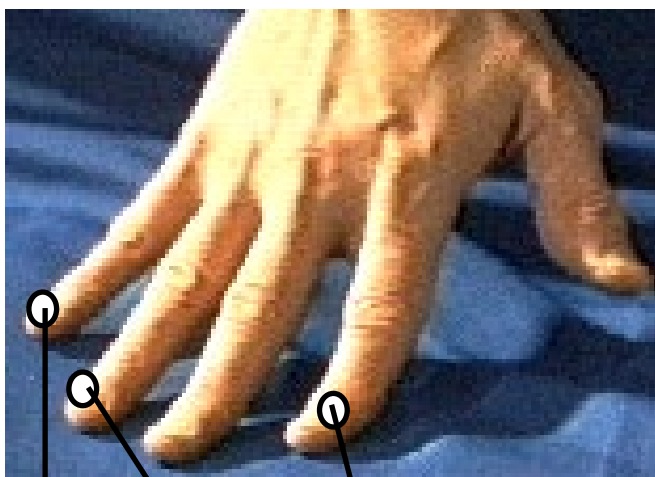
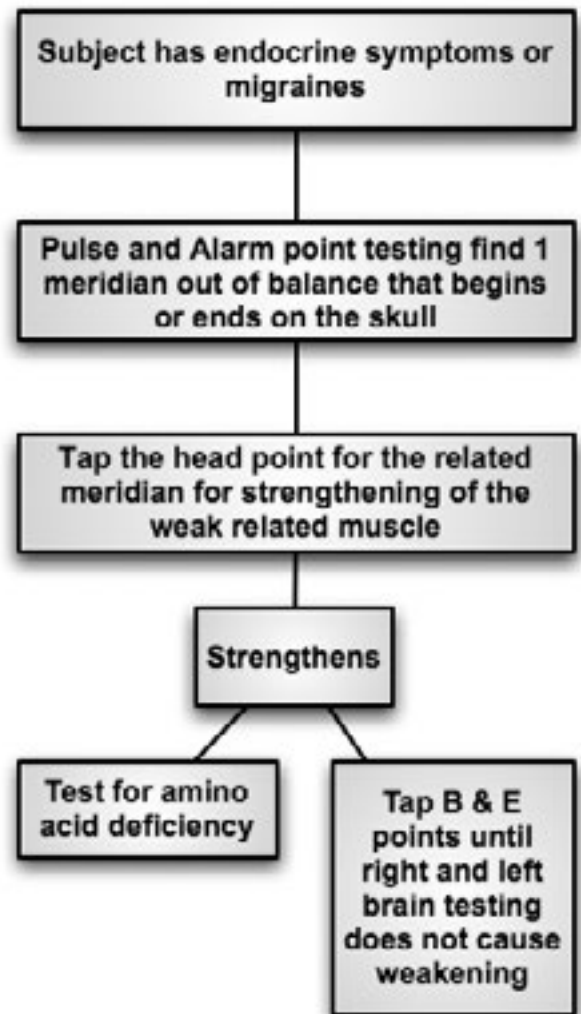
Find out which phase of respiration negates the positive therapy localization to the meridian point on the skull in the preceding step.

Tap, while the patient is breathing the phase of respiration that negated the therapy localization, for two to three minutes the point that was found. Usually this will be on inspiration.

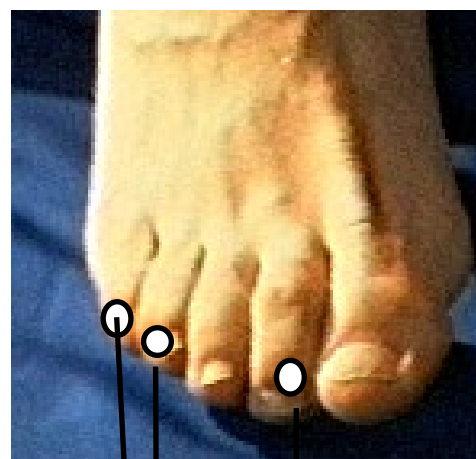


Before treatment and after, measure either the temperature over the glabella, salivary pH, axillary temperature, etc. to record the changes.

In patients exhibiting endocrine or emotional imbalances, support the patient with hypothalamic supplementation or a complete amino acid source.



Small Intestine Triple Warmer Large Intestine



Bladder Gall Bladder Stomach

Meridian Pain Control

Basic Principles

Professors Ronald Melzack and Patrick Wall, of Montreal and London, proposed in 1965, that painful stimulations traveling up the spinal column are modulated by a gate mechanism. If the gate is open, all of the nerve impulses are allowed to pass, and if the gate is closed or partially closed, then only a few or none of the impulses are allowed to pass.

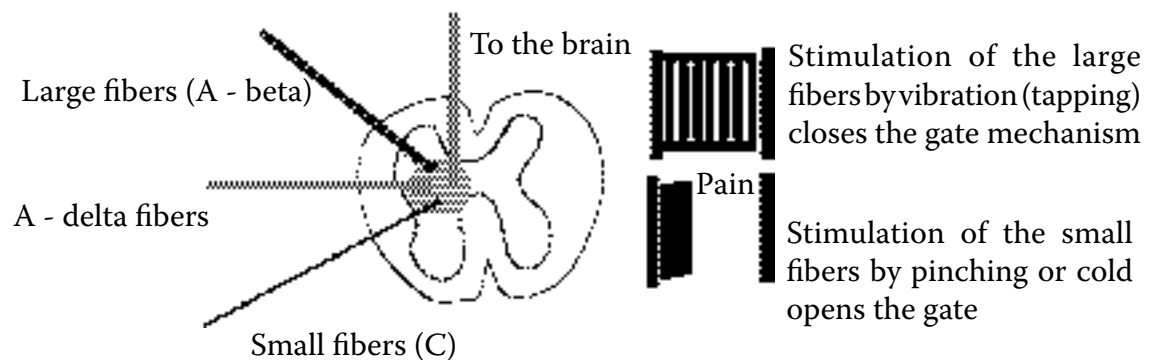
Pain is transmitted up the spinal column by the activation of the T cell, and this cell can be activated by either large or small fibers. Cells in the substantia gelatinosa (SG cell) can inhibit or block the transmission of the T cell thereby acting as a "Gate". The SG cell is activated by the large diameter fibers, the A-beta fibers. These are stimulated by light touch or vibration. The small fibers, C fibers, are stimulated by heavy pressure or painful stimulation. These fibers activated the SG cell opening the gate and allowing passage of the painful sensation to the brain.

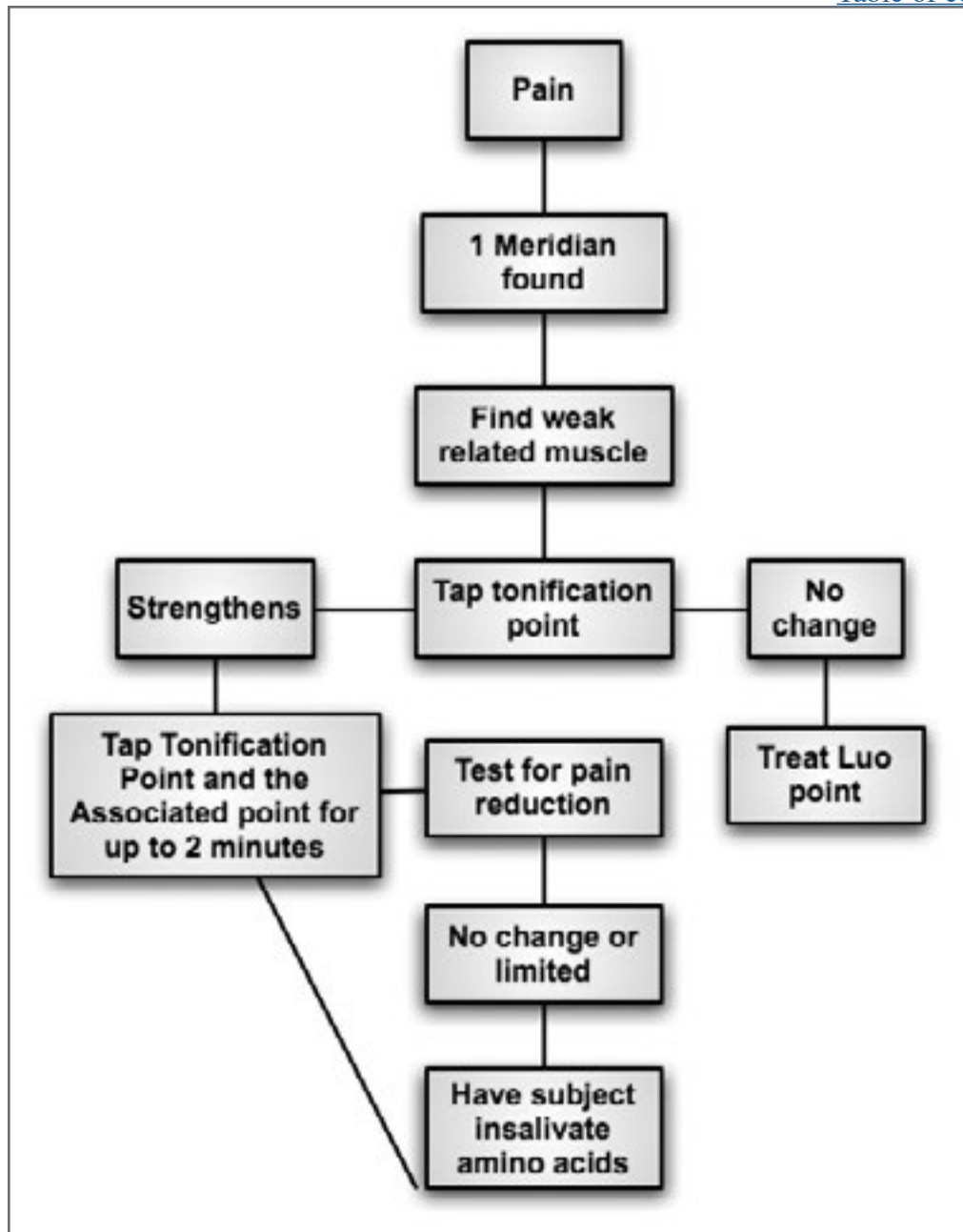
1. Nerve impulses from the afferent fibers to the spinal cord neurons are modulated by a spinal gate mechanism located in the substantia gelatinosa of the dorsal horns.
2. The gate mechanism is influenced by activity in the large and small diameter fibers. Stimulation of the large fibers inhibits the transmission by closing the gate. Small fiber activity opens the gate facilitating nerve transmission.
3. The brain influences the gate mechanism through efferent fibers.
4. At higher levels, there exists a central control of large diameter, rapid conducting fibers, that modulates the spinal gate through cognitive processes.
5. When a threshold level over the spinal cord transmission neurons is exceeded, an action system is activated that produces set patterns of behavior and experiences of pain.
6. The gate regulates the amount of information going to the brain.
7. Pavlov observed that afferent signals from the nervous system must be identified, evaluated in relation to prior experience, localized and inhibited before the action system for pain perception and response is exceeded by the dorsal horn transmission neurons.

Goodheart discovered that stimulation of certain acupuncture points would exhibit an inhibitory reaction at the spinal gate and thus help to control pain.

Clinical Uses

Do a pulse diagnosis to determine the meridian imbalance. In pain patients, you will usually find only one meridian out of balance. Test to find the deficient side as exhibited by the weak associated muscle. Tap the tonification point four to five times and retest the weak muscle for strengthening. If the weak muscle strengthens, tap for two to three minutes and test for a reduction in pain. You may have to tap the associated point for the meridian along with the tonification



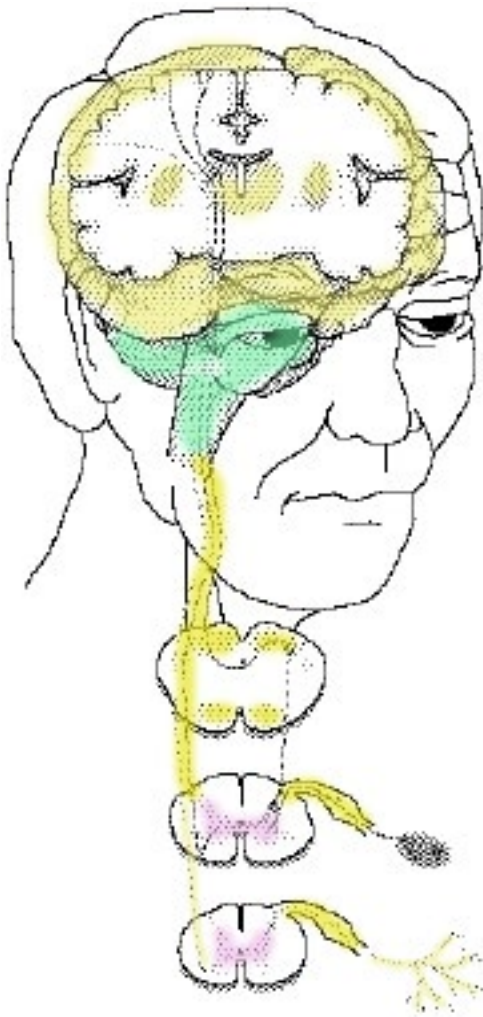


point to achieve results. If this reduces pain, stimulation of the sedation point will cause the pain to return.

If normal therapy localization does not disclose a known problem, pinch or spray with a coolant spray the dermatome over which the suspected problem exists will open the spinal gate and aid in finding hidden problems.

In treating chronic problems, the brain may contain a pattern of memory that needs to be accessed to complete treatment. For example, if you cut yourself in opening a letter, the first thing that you do is to move your other hand to protect the injured hand. The second action is head orientation towards the area injured. This action is followed by looking at the area. Vocalization is the next sequential action and this is followed by remembering a similar injury from the past.

In a chronic problem, therapy localize the area and treat all indicated reflexes . Then, have the patient therapy localize and with the head turned towards the area look at the area or in that direction and retest. The area should now therapy localize and if it does, retreat all reflexes. This action is followed by having the patient looking at the area and opening their mouth as to speak and again retesting and treating if indicated. The final procedure is to have the patient therapy localize, look at the area, open the mouth, and finally think of the injury and retest and treat all indicated reflexes.



There are two paths of neurons creating pain: a medial system, which passes through the central core of the brain stem, and a lateral system. Both are bilateral and consist of several tracts that relay to higher centers the pain signals that come into the dorsal horns of the spinal cord. The medial system is responsible for persistent (tonic) pain and sends signals to the limbic system of the brain. The limbic system is involved with emotions and pain from these tracts will carry names like horrible, excruciating, frightful, etc.. The lateral system is involved with phasic pain, which is sudden and sharp. The signals are transmitted to the sensory cortex causing descriptions like stinging.

Five Elements

According to Chinese philosophy, everything in the world and in the human body can be broken down into five elements. These are Wood, Fire, Earth, Water and Metal. Each of these elements is supposed to control or be affected by differing conditions.

Element	Fire	Earth	Metal	Water	Wood
Viscera	Small Int. Heart Triple War. Circ./Sex	Stomach Spleen	Large Int. Lungs	Kidney Bladder	Liver Gall Bladder
Climates	Heat	Humidity	Cold	Dryness	Wind
Flavors	Bitter	Sweet	Pungent	Salt	Sour
Colors	Red	Yellow	White	Blue	Green
Tissues	Arteries	Muscles	Skin & Hair	Bones	Ligaments
Seasons	Summer	Late Summer	Fall	Winter	Spring

Sheng (Constructive) Cycle

Definition

The Mother-Son Law states that energy flows from one element to the next and that if the Mother is imbalanced then the Son will be deficient.

The energy becomes blocked at one element and fails to transfer on to the next. The element where the energy is blocked is the excess element, and the element where the energy doesn't transfer to is the deficient element.

The excess element will have a meridian that is over in energy and will exhibit hypertonic muscle that cannot be turned off by reversing the meridian.

The deficient element will have a meridian that is under in energy and will exhibit a muscular weakness.

Philosophy of the Sheng Cycle

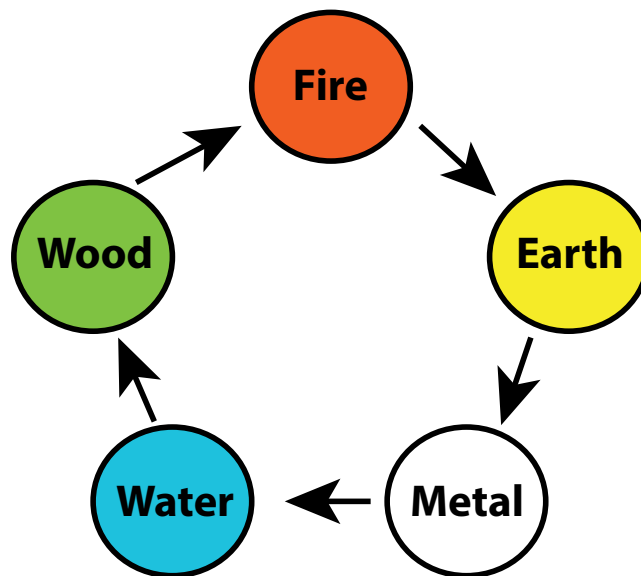
Earth gives rise to Metal as in mining ore from the earth.

Metal gives rise to Water as in the melting of metals.

Water gives rise to Wood as in watering the ground will produce a tree.

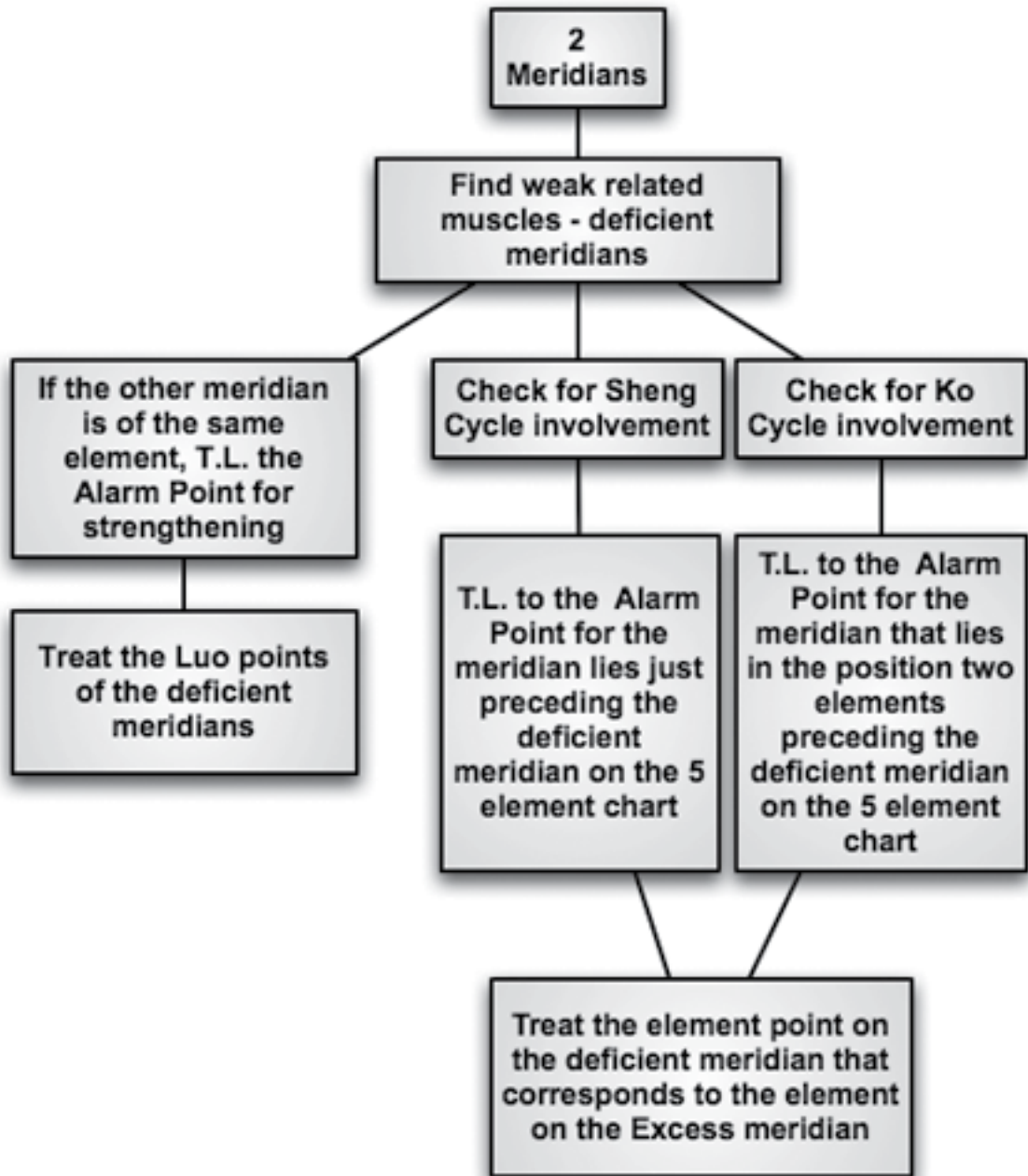
Wood gives rise to Fire as wood is burned to produce heat.

Fire gives rise to Earth as a fire is reduced to ashes.



If there is a blockage (excess), then the next element will show a weakness of deficiency.

2 Meridian Flowchart



KO (Destructive) - Cycle

Definition

The Ko or Destructive Cycle shows how one element can adversely effect the energy of another element.

Energy blocks, in this pattern, create a weakness, deficiency, in an element that lies in the second position clockwise past the blocked (excess) element in the five element chart.

The element where the energy is blocked will contain a meridian where a muscle will be hypertonic and cannot be turned off by reversing the meridian or stimulating the sedation points.

The element that is deficient will contain a meridian where a muscle will be found to be weak.

Philosophy

Earth destroys Water as water will be turned into mud by earth.

Water destroys Fire as a fire is put out by water.

Fire destroys Metal as metal is melted by heat.

Metal destroys Wood as a tree is destroyed by a metal axe.

Wood destroys Earth as earth is destroyed by a wooden plow.

Organ Action

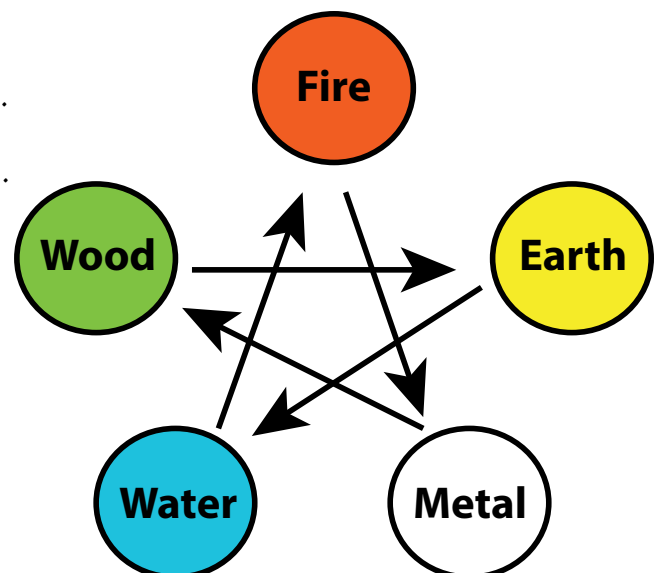
Kidney imbalances can cause heart problems (Water-Fire).

Liver imbalances can cause spleen-pancreas problems (Wood-Earth).

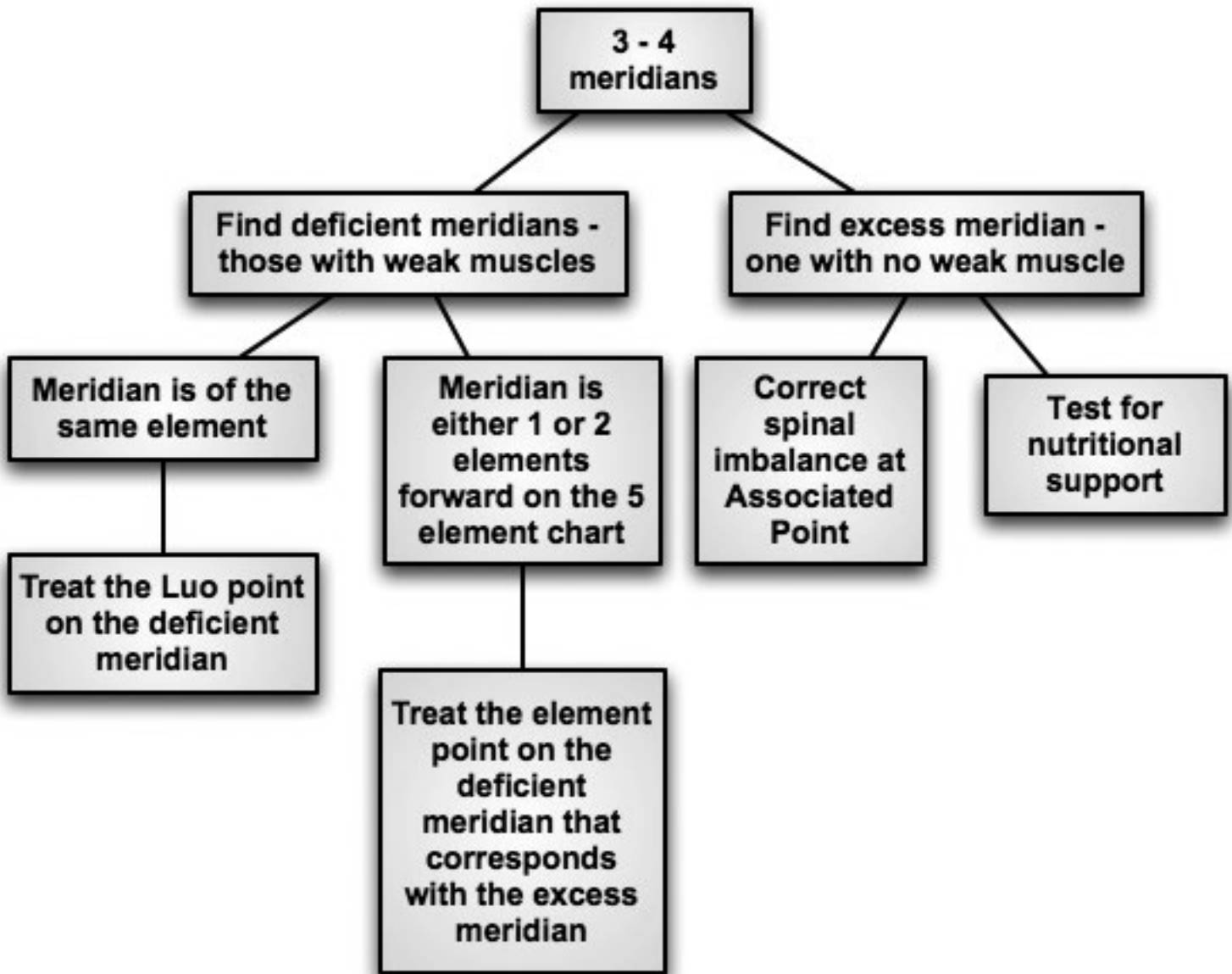
Heart problems can cause Lung problems (Fire-Metal).

Spleen problems can cause kidney problems (Earth-Water).

Lung imbalances can cause liver imbalances (Metal-Wood).



3 - 4 Meridian Flowchart

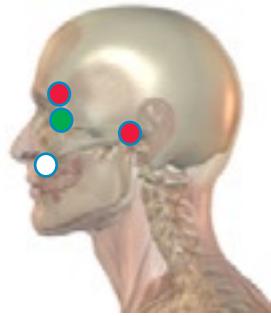


5 Element Chart

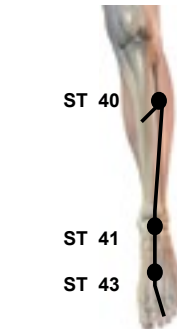
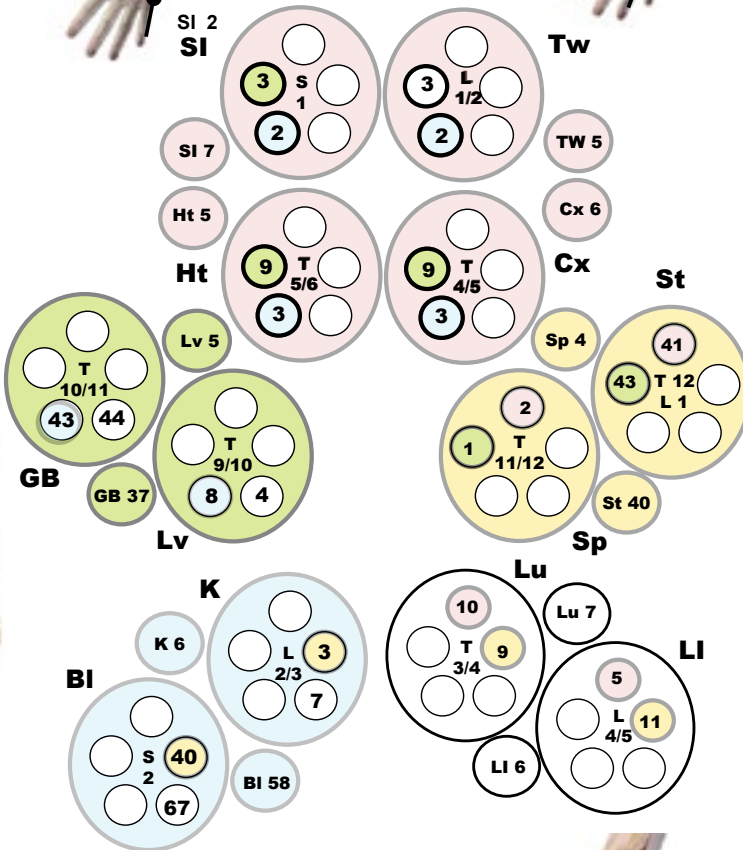
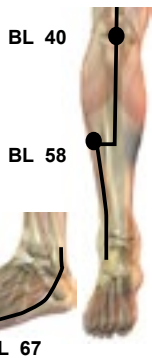
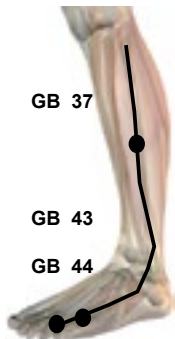
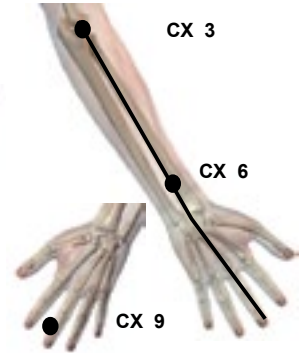
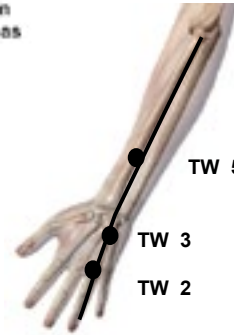
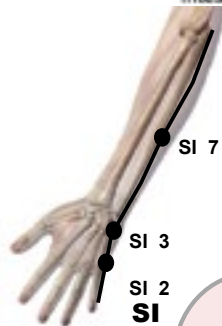
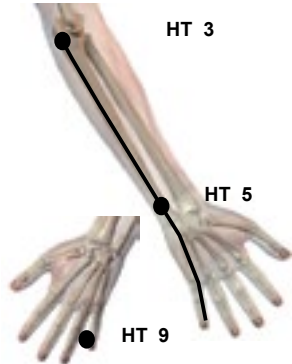
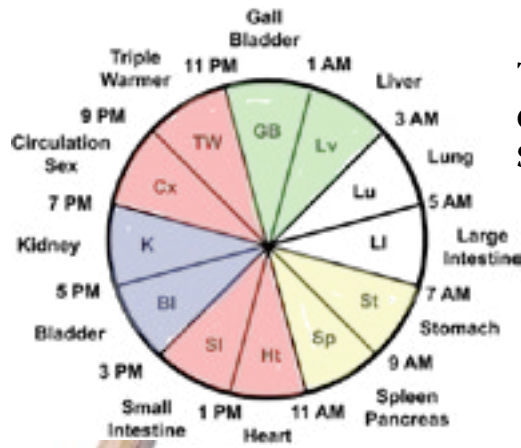
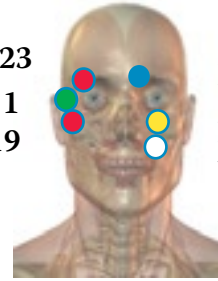
Wood	Fire	Earth	Metal	Water
Spring	Summer	Late Summer	Fall	Winter
Wind	Heat	Dampness	Dryness	Cold
Acidity	Bitter	Sweet	Pungent	Salty
Blood	Psyche	Flesh	Energy	Will
Nails	Face-Color	Lips	Hair-Body	Hair
Eyes	Tongue	Mouth	Nose	Ear
Eyesight	Taste	Touch	Smell	Hearing
Ears	Sweat	Saliva	Mucus	Urine
Anger	Happiness	Worry	Sadness	Fear
Walking	Observing	Sitting	Lying	Standing
Sheep	Chicken	Beef	Horse	Pork
Green	Red	Yellow	Blue	Black
Speaking	Salivation	Swallowing	Coughing	Yawning

Meridian Treatment Points

TW-23
GB - 1
SI - 19
LI - 20



TW-23
GB - 1
SI - 19
LI - 20



Visceral Manipulation Introduction

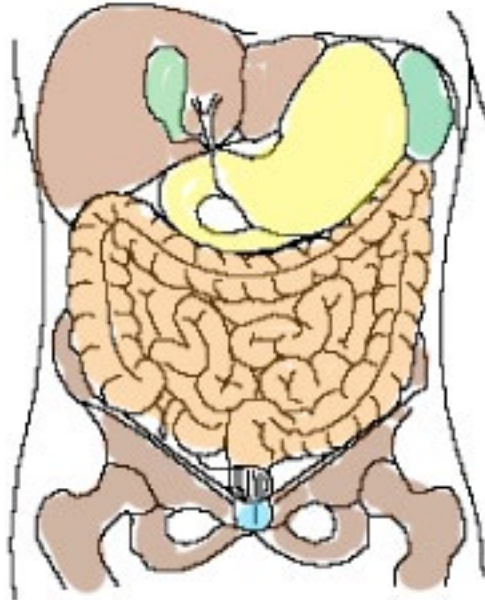
Portelli has described that viscera can be challenged for their position. He wrote that if an organ is out of position and you further displace the organ, the muscle related to the organ will test weak.

The related weakness only occurs in the muscle that has been classically related with the organ. There is not a general weakening of the muscles of the body. This is again evidence that the organ-muscle relationship does exist.

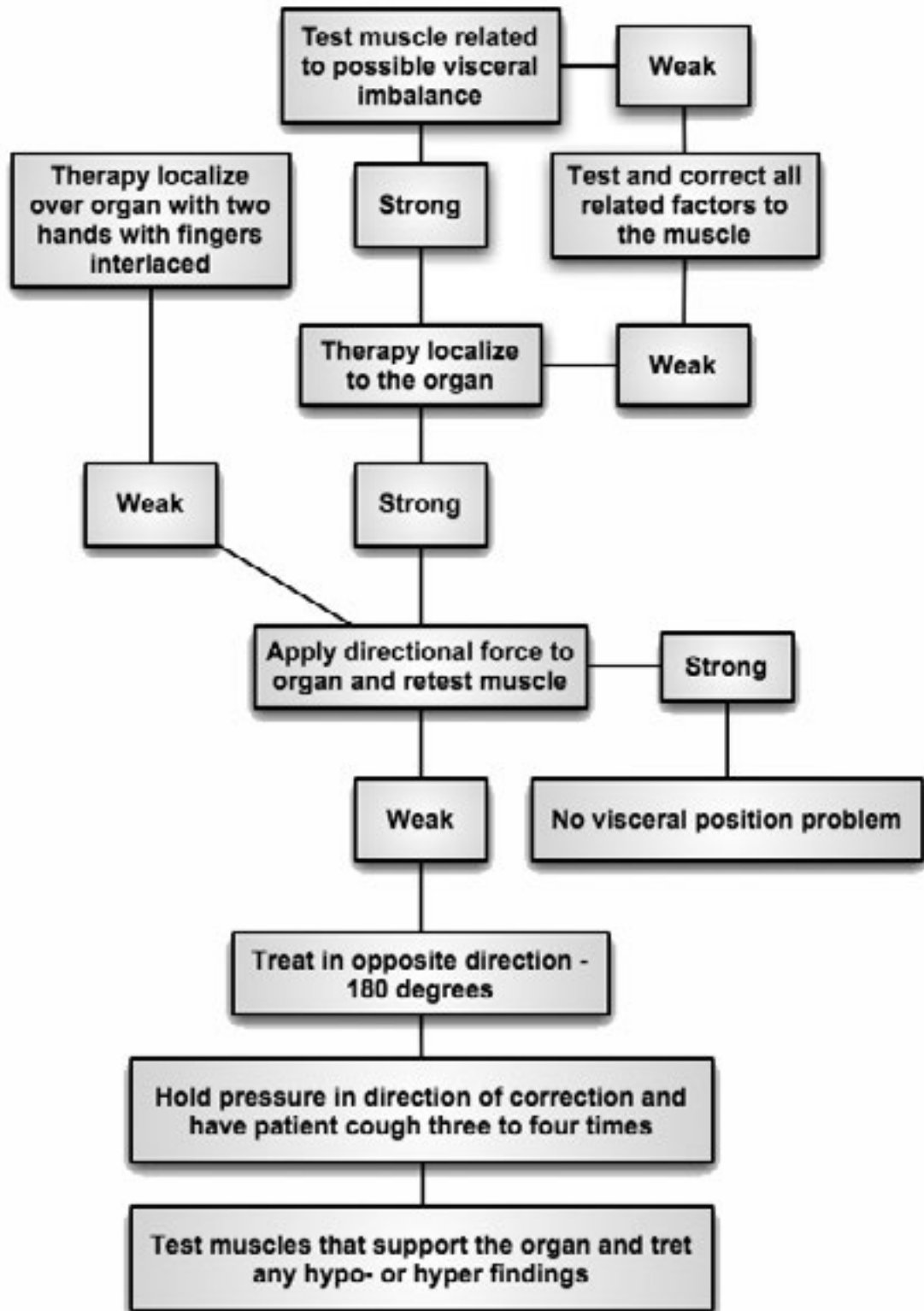
The treatment consists of repositioning the organ. Luckily, most organs descend so the treatment is to lift the organ. The patient is then instructed to cough several times so as to break any tension in the mesentery that may be holding the organ out of position.

Instruct the patient on how to perform this task before retiring each evening. Make sure and test for proper functioning of the abdominal wall. This includes the upper and lower sections of the rectus, correcting the pyramidalis and the obliques.

For a complete discussion of the topic, read *Visceral Manipulations* by Barral and Mercier, an Eastland Press, P. O. Box 12689, Seattle WA. publication.

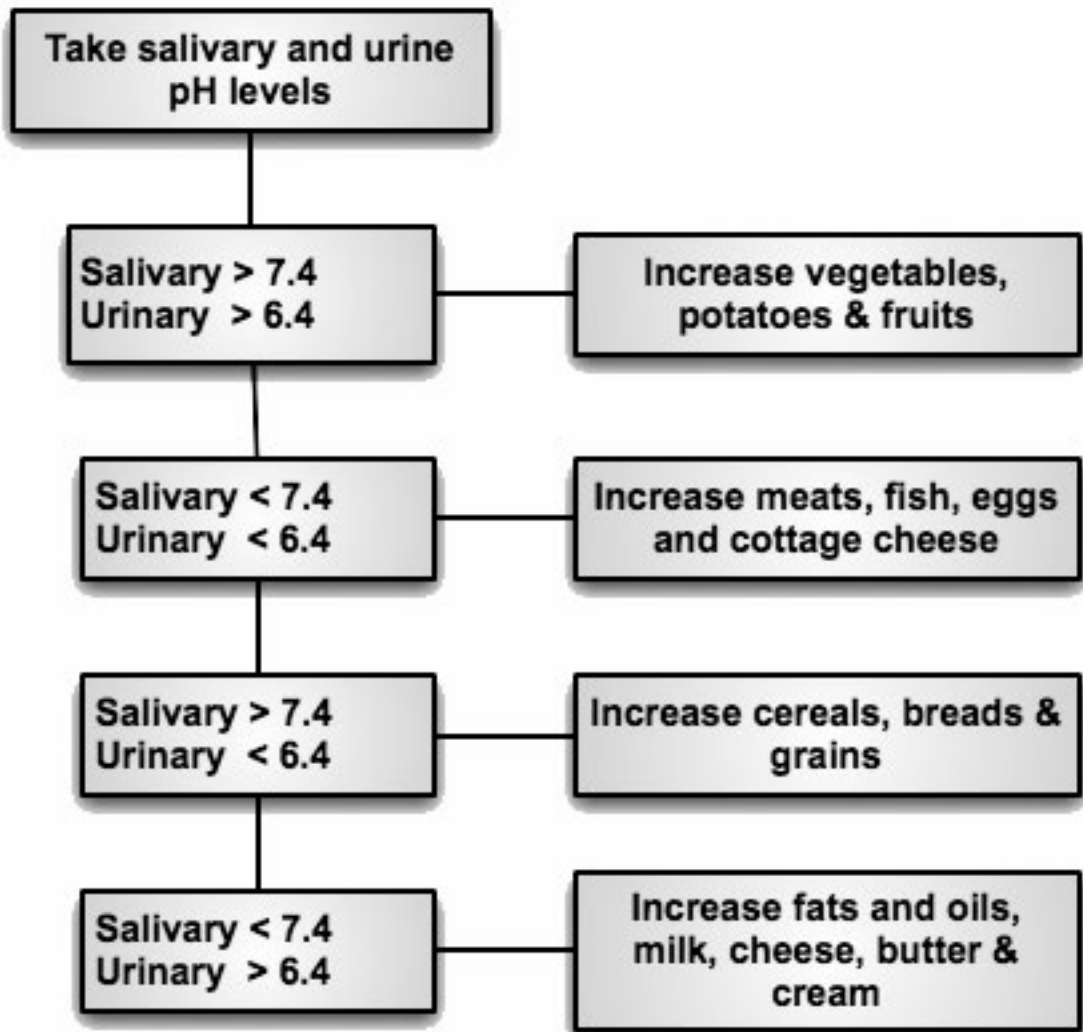


The colon is many times found to be malpositioned. Use the tensor fascia lata as the indicator muscle and challenge the colon in differing directions. Usually you will find that the transverse colon has dropped inferior. Therefore, pulling it further inferior will weaken the tensor fascia lata. The correction is to pull it in exactly the opposite direction.



Food Effects on pH

Hawkins, a dentist, while at U. S. C., researched the effects of dietary changes on the pH of both urine and saliva. His basic findings were that the ideal salivary pH was 7.4. At these levels, there was no dental decay or periodontal disease. He also determined that the ideal pH of urine was 6.4.



Gastric Regurgitation

This is defined as regurgitation of stomach acid up into the lower reaches of the esophagus. In severe cases a hiatal hernia, is found. This is defined as displacement of the cardiac end of the stomach and the distal portion of the esophagus through the esophageal hiatus into the thorax. This may occur at any age, but is frequently found starting in the fifth and sixth decades.

Symptoms

Abdominal, back or neck pain.
Indigestion occurring after meals or at night
Shortness of breath or difficulty breathing
Many times the condition is confused for gastric, gall bladder, lung, heart or shoulder problems.

Challenge

Pressure is applied in a superior direction against the diaphragm on the left side of the xiphoid process.

Weakening of a strong pectoralis clavicular indicates the presence of a weakness of the stomach/esophageal junction.

Correction

First check and correct any diaphragm involvements.

Contact under the xiphoid process and press posterior and then inferior on the stomach.

Hold this inferior pressure while the patient inspires and expires deeply. After four or five respirations, pull sharply inferior on the abdomen to remove the stomach from the diaphragm.

The patient should be instructed to eat small meals, chew well and not to eat for three hours before going to bed. Correct any imbalance in digestion. If severe, have the patient raise the head of their bed four inches.

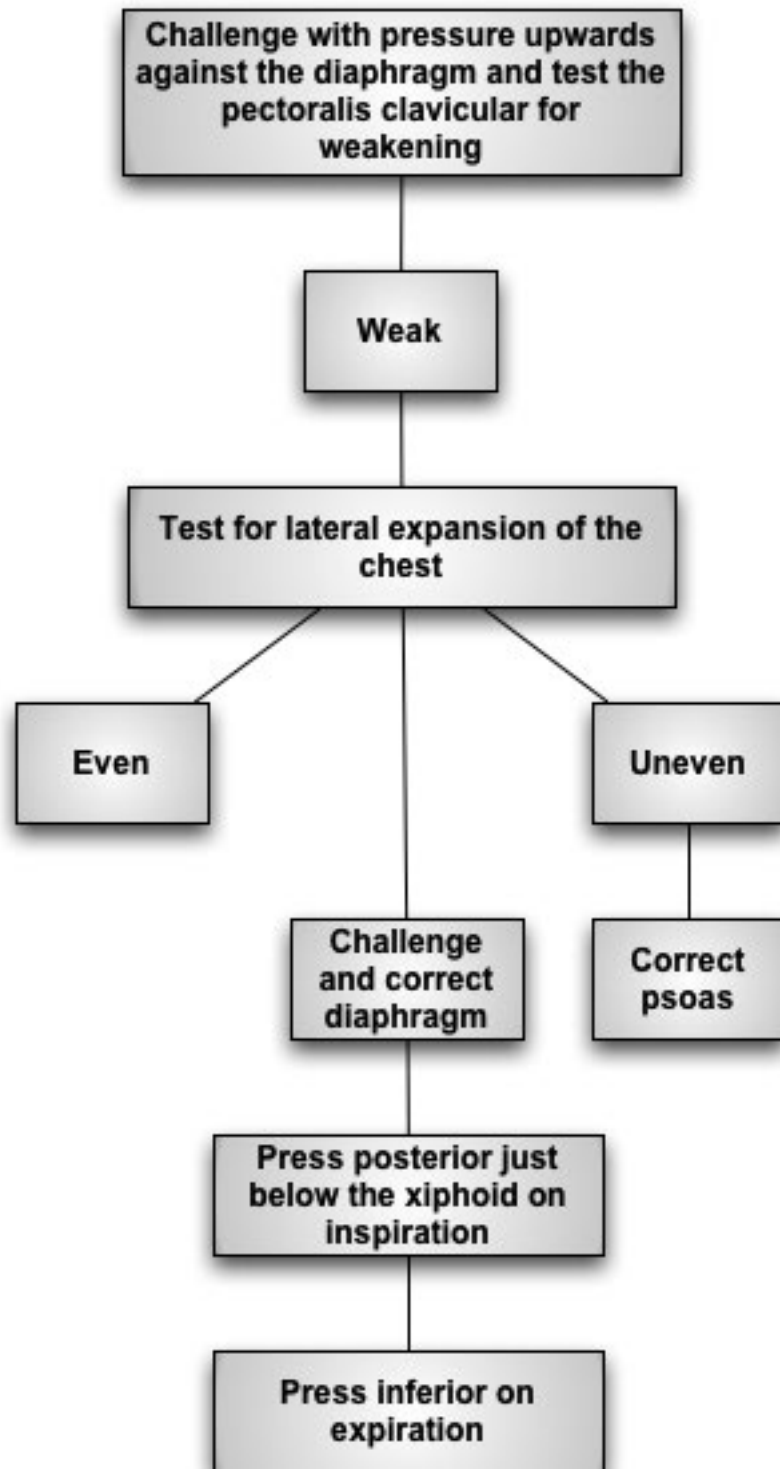
Check the abdominal wall and correct any imbalances including spindle cell activity.

Challenge



Vector of correction





Malabsorption

In the mid eighties, Goodheart became aware of some of the research that had been done by Candice Pert. At the same time, he was concerned with apparent malabsorption syndromes that he was finding in his patients. There appears to be an neuroendocrine axis that regulates the absorption of nutrients from the intestinal tract. This system works all day long, but is suppressed during stress times of the day.

A screening test for this condition is to test a suspected nutrient on various portions of the tongue. When this is involved, the nutrient will only change the strength of a muscle on various areas of the tongue. After correction, it doesn't matter where the nutrient is placed. The orientals have believed that the tongue represents the small intestine. There are times that patients will exhibit lesions of the tongue that appear to have a relationship with specific imbalances in the small intestine.

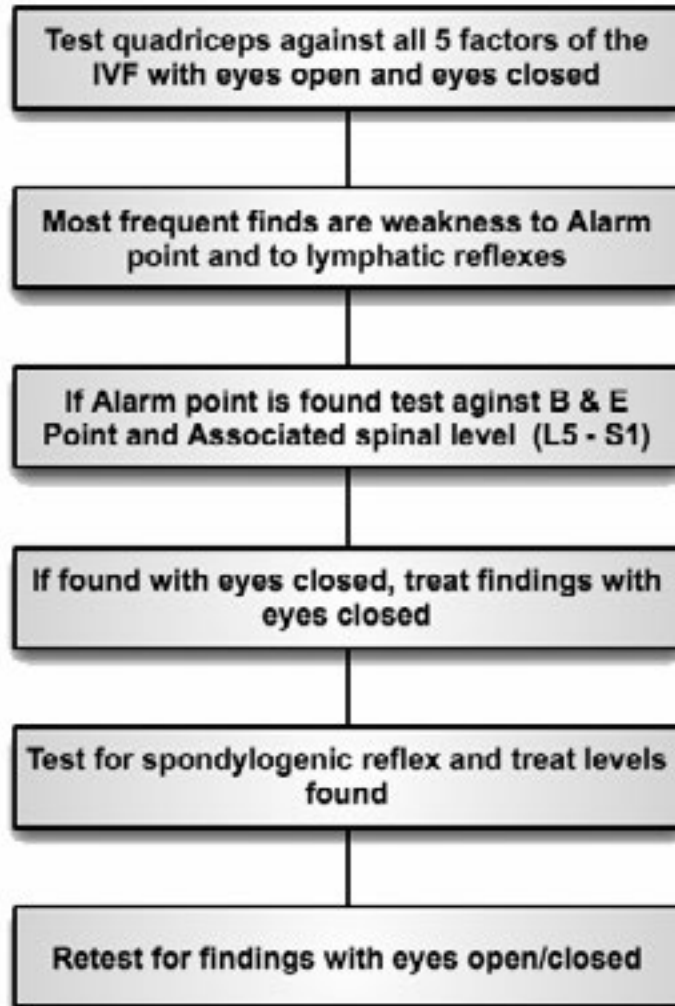
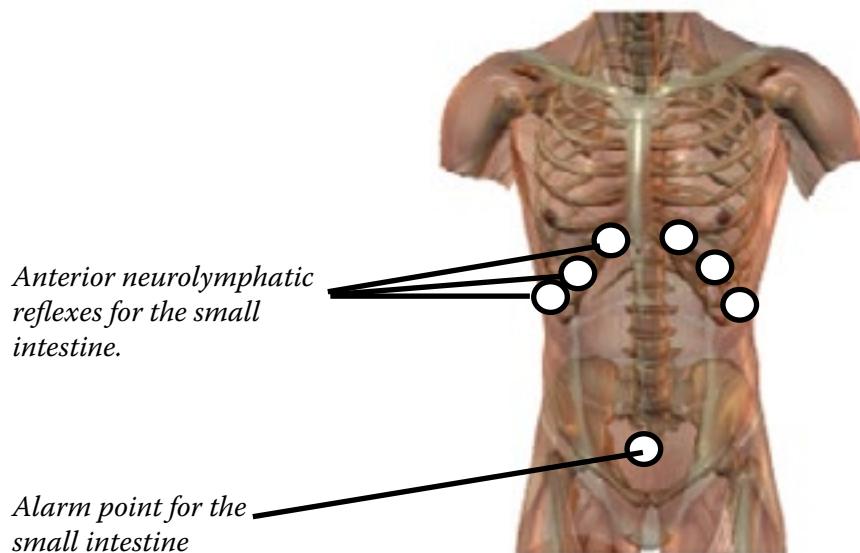
The other interesting observation was that the weakness pattern could only be produced by closing the eyes. Man is one of the only creatures that close their eyes when they are asleep. Consequently, Goodheart at times would say that this condition represented "small intestine awake - small intestine asleep".

Procedure

1. Test the quadriceps, vastus intermedius, for strength.
2. If strong, therapy localize to all of the reflexes. Treat any found to weaken the muscle.
3. Retest the muscle with the eyes closed for all of the factors above.

Common findings are lymphatic reflexes especially if they are tender, and a small intestine meridian imbalance.

4. Treat the reflexes found with the eyes closed.
5. Retest again with the eyes closed.
6. Test for a possible spondylogenic reflex problem.



Diaphragm

Anatomy

The sternal part arises from the xiphoid process. The costal part arises from the cartilages of the last six ribs. The lumbar part arises from the crura which are attached to the lumbar vertebrae. The right, or larger crus arises from the bodies of the first three lumbar. The left arises from only the top two lumbar bodies.

Function

The diaphragm increases the volume and decreases the pressure within the thoracic cavity. It decreases the volume and increases the pressure within the abdominal cavity. It functions as a second heart by helping with the motion of venous blood as well as lymphatic fluid. Finally, it aids in the proper function and balance of the acupuncture energy.

Symptoms

Decreased vital capacity.

Decreased breath holding time

Unilateral decrease in lateral rib motion on force inspiration when the psoas is over contracted.

Weakness of a strong muscle after placing a lead square over CV-24 and GV-27.

T. L.

The diaphragm is contacted under the xiphoid process and a strong muscle is tested. Further challenging is performed with the patient under forced inspiration and forced expiration.

Treatment

1. Check for a hypertonic psoas on the side of decreased rib motion. The leg and foot will turn in less on the side of hypertonicity.
2. Correct the hypertonic psoas by spindle cell correction and check the opposite psoas for hypotonicity.
3. Check for subluxation of the third cervical (phrenic nerve)
4. Check for a dorsolumbar fixation.



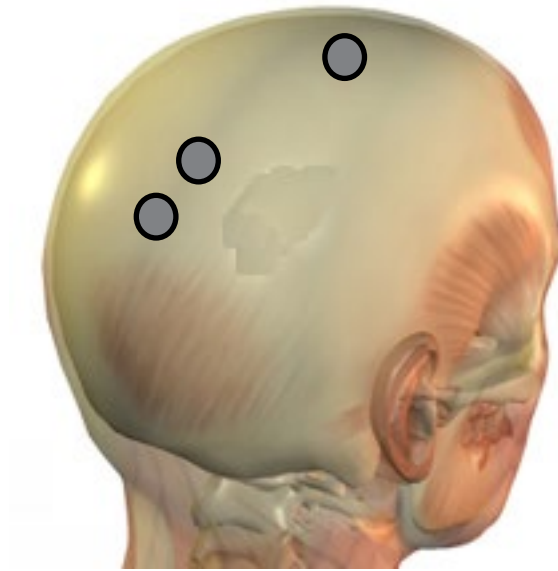
Therapy localization to the diaphragm is done by placing the patient's fingers beneath the xiphoid.



When an imbalance in the psoas is found, the feet will not lie with an even turn out. Differences in the rotation of the femurs is directly related to imbalances in the tone of the psoas muscles.



To test for proper expansion of the chest cage, place your hands on the lateral aspects of the lower ribs and ask the patient to expire and then inspire fully. Restriction in lateral expansion is found with a hypertonic psoas.



There are three neurovascular reflexes for the diaphragm located along the sagittal suture.

The neurolymphatic reflex is located over the entire surface of the diaphragm

