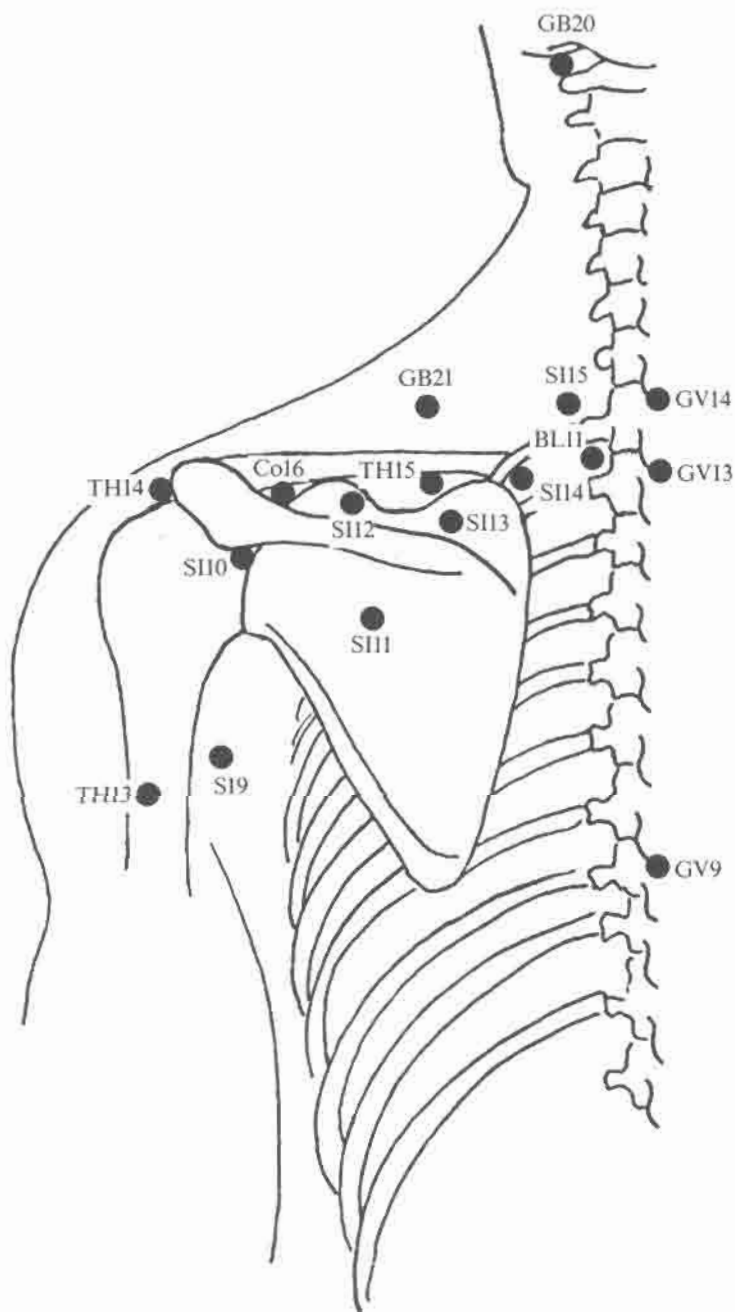


4.

DORSAL AND TRAPEZIAL AREA

Where the patient is found to be suffering from arthritis of the dorsal spine, the basic treatment is the use of the o/a technique on GV9, supplemented if thought advisable by the use of the same technique to GV13 and medium stimulation of BL11. Any arthrosis present between any two vertebrae can be treated with local heated needles regardless of the point involved, whilst concomitant tension in the muscles on each side of the spine — either the thoracic part of the Trapezius or, deeper, the Longissimus Thoracis — will respond to superficial needling (sedation) of the appropriate Ah Shi points or in the Huatuo Jiaji points ($\frac{1}{2}$ -1 cun lateral to the median line of the spine, on each side of each vertebra from C1 to L5).

One of the commonest of all conditions is trapezial fibrosis, sometimes radiating up into the neck and with or without radiation down some part of the arm. The primary consideration is to ascertain the major seat of the trouble, and careful palpation will usually distinguish a definite knot in the tissue, most usually in the area of SI14, TH15, or GB21. Wherever it is, it calls for the use of a needle heated by means of a piece of moxa roll on the handle; this will stimulate the local circulation and will also help disperse the knot. Simultaneously, drainage needles are placed in any other points which are the site of tension, usually GB20 and 21, SI14, SI13, TH15 and SI11. This latter point, although not specifically mentioned in any of the textbooks as having any major effect, appears to be able to exert a strong influence on the Small Intestine meridian right up into the neck, and is apparently more important in the treatment of trapezial problems than most people



realize. It is, of course, the Yang exit 'Barrier Point' for the area, and it is this fact which most likely accounts for its effectiveness.

Other points to consider are SI16 and SI10, TH16 and TH17, depending upon the amount and position of cervical radiation. Of importance also is St12, as this is the meeting point of all the upper Yang meridians (as, of course, is GV14). Distant points will depend upon which meridian line is most affected — usually SI3, Co4, or TH5.

Where radiation down the arm is concerned, again look to ascertain the specific meridian involved. If it is the Colon line, use Co15, Co14, Co11 and Co4. SI12 is extremely useful as being the re-union point of SI and Co. If the Small Intestine line, use SI10, SI8, SI3; if the Three Heater, TH14, TH13, TH10, TH5.

A special point for brachial neuritis is Jingbi, situated 1 cun above the junction of the medial one-third and the lateral two-thirds of the clavicle. Insertion is vertical, $\frac{1}{2}$ to 1 cun, but great caution must be taken not to puncture the apex of the lung. With correct use, sensation will be felt radiating down the nerve.

