



**Figure 4-1** **A**, View of the Stomach channel. The first acupoint is located centrally below the eye. It runs over the face, neck, and down the front of the body, the front of the leg, and ends at the tip of the second toe. St 36 is highlighted. **B**, Cross-section of St 36 shows the anatomical structures traversed by the acupuncture needle. (**A** from Macioca G: *The foundations of Chinese medicine: a comprehensive text for acupuncturists and herbalists*, Edinburgh, 1989, Churchill Livingstone; **B** from Chen E: *Cross-sectional anatomy of acupoints*, Edinburgh, 1982, Churchill Livingstone.)

often results in changes in stomach activities. A connection between ST 36 and the Stomach Meridian could thus be established. It is a general rule that points on a given Meridian can treat the conditions caused by or associated with the dysfunction of that Organ.

However, equally important, many points have multiple functions, not all of which can be directly explained by their Meridian location. Thus ST 36 can also be used for treating asthma, insomnia, mania, and many other conditions besides gastrointestinal conditions. These uses were discovered by clinical experience; to date, scientific research has not been able to explain the specificity of acupoints.

## Other Point Groupings

Independent of channel location, acupoints can be grouped by other features (see Chapter 2). For example, some points are especially effective for treating acute excess symptoms, others for reaching deep wells of Qi, others for affecting the spirit or emotion connections associated with an Organ, and yet others for connecting regularly with other Meridians so as to reach the superficial energy network rapidly. There are also points used in emergencies—to abort asthma attacks, revive the unconscious, alleviate shock, stop nausea, relieve urinary retention, arrest convulsions, and so forth.

TABLE 12-2

*Reasons for Choosing Chinese Medicine Care\**

Reasons	1999 Maryland survey† (N = 968) (%)
Specific illness/health concern	70
Seeking care of whole being	59
Dissatisfied with conventional care	44
Needed help dealing with stress	38
Urged to go by friend or relative	36
Medical doctors could not help problem	35
Wanted to reduce use of prescription drugs	28
Basically healthy; seeking care to stay well	21
Felt something was missing from my life	14
Tried other complementary and alternative therapies without success	12

\*Respondents could mark more than one of 10 options; percentages report how many selected an option and therefore do not total 100.

†Cassidy CM, Lappin M: Unpublished survey of CM patients in private offices.

TABLE 12-3

*How Long and How Often Patients See Chinese Medicine Practitioners*

1995 National survey (N = 575)*		1999 Maryland survey (N = 968)†			
How long?	%	How long?	%	How often in last 3 months?	%
<3 months	16	<3 months	16	Not at all	2
3-6 months	12	3-6 months	14	1-3 times	38
6-12 months	13	6-12 months	14	4-6 times	32
1-2 years	15	1-3 years	30	7-9 times	9
>2 years	44	>3 years	25	>10 times	18

\*Data from Cassidy CM: *J Altern Complement Med* 4:17-27, 1998. (Survey of CM patients in private offices.)

†Cassidy CM, Lappin M: Unpublished survey of CM patients in private offices.

When the CM practitioner emphasizes keeping people healthy, practitioners offer continuing care, and then, just as with a medical doctor, patients may see an CM practitioner regularly for years. Some—approximately 39% in the 1999 survey—regard their CM practitioner as their primary care provider.

### For What Conditions Do Patients Seek Chinese Medicine Care?

Table 12-4 shows data from two studies that attempted to answer this question. As implied by table data, finding accurate answers to this question is

not easy. When offered a list of symptoms in a check-off style of question, as in the 1995 survey,<sup>5,6</sup> the most common conditions for which people report seeking treatment are “mood care” (depression, anxiety . . .) and musculoskeletal complaints. A similar pattern emerges when respondents are asked to write in answers or offered a list that includes a term such as “stress” (as in the unpublished 1999 survey). A third approach is to ask respondents to check off only one in a preferred list of “chief” or “presenting” complaints—as in the Bullock study.<sup>4</sup> In this case, musculoskeletal complaints were four times more frequent than the second most common complaint, “headache.” The authors’ category of “depression and other