

## ACUPUNCTURE OF EIGHT EXTRAORDINARY CHANNELS (MERIDIANS)

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### SUMMARY

The author includes the Ten Commandments in this Article, comprehensively taught theoretical aspects of the eight extraordinary channels (eight extraordinary meridians, *qiyiing bamai*), supplemented by seven case reports:

1. Eight extraordinary channels are used for equalization of a general surplus of *yin* and a deficit of *yang* and vice versa. The congenital *qi* is more or less involved into the therapeutic intervention.

2. The channels marked „*wei*“ support their principle.

3. The channels marked „*qiao*“ support the opposed principle.

4. The associated channels are of the same function from the balance of *yin-yang* viewpoint.

5. Pulse diagnostics is decisive factor whether a surplus or deficit of *yang* or *yin* is involved there. In most cases a surplus superficial and insufficient deep pulse corresponds with the surplus of *yang* and insufficiency of *yin* and vice versa.

6. The channels of *renmai*, *yingqiao*, *yangweimai* and *daimai* serve for a compensation of the surplus *yin* and insufficient *yang*.

7. The channels of *dumai*, *yangqiao*, *yinweimai* and *chongmai* serve for a

compensation of the surplus *yang* and insufficient *yin*.

8. The health status of a patient can get worse by an inter charge of the above mentioned two groups of channels.

9. Except for the prevalence of *yin* or *yang* pulse mentioned before, each extraordinary channel has its own typical pulse finding. This more detailed pulse type is connected with an organ on the channel of which the appropriate interconnecting point (*bamai jiaohuixue*) is located. The channel of *chongmai* represents an exception from this rule.

10. If a discrepancy occurs, between symptomatology and pulse finding, the pulse finding has a priority in the indication of the concrete specific channel.

### **Key words**

eight extraordinary channels (or eight extraordinary meridians, *quiyin bamai*), *yin-yang*, *renmai*, *yinqiaomai*, *daimai*, *yangweimai*, *dumai*, *yangqiaomai*, *chongmai*, *yinweimai*.

### **General Theory**

*Acupuncture* of eight extraordinary channels (*quiyin bamai*, *eight extraordinary meridians*) represents one of the top phenomena of the traditional Chinese medicine. The submitted work is trying to sum up its theoretical aspects. It assumes readers with fundamental knowledge.

Traditional opinions value all phenomena by the *yin-yang* transformations. Facts about extraordinary channels can be put in order the way to blend with this principle. The result is above-mentioned in ten points of Summary which presents practically exhaustive outline of the rules in application of the extraordinary channels.

It is desirable to clarify the genesis of the Ten Commandments. Above all, it deals with importance of the pulse diagnostics. Dr. Kajdos, the main source of literature about extraordinary channels in Czech Republic, mentions in his book "*Bases of Traditional Acupuncture*", in one chapter concerned with this subject, that we choose our medical help according to symptomatology, and pulse diagnostics does not help us too much. But on the other hand, in the same chapter, there he points out importance of extraordinary channels in treatment of painful statuses. In a first edition of the book "*By Metal and Fire*", the same author writes that for using extraordinary channels are required experiences in a pulse palpation, otherwise we should by that medical help do damage to our patient. Also Dr.

Ruzicka mentions orientation sense of pulse diagnostics for extraordinary channels. The Vogralics write that extraordinary channels can rectify excess of a deep or superficial pulse. Li Shizhen, well-known Chinese polymath in 16th century, indicates the specific pulse for each of the extraordinary channels.

Repeated application of extraordinary channels, in accordance with a pulse and with an assessment of the pulse before and after the medical help, strengthened my opinion that a pulse diagnostics is absolutely of primary importance. That is because a pulse status is the principal diagnostics symptom to know if our patient belongs to *yin* or *yang*. If we find out the definite predominance of *yin* or *yang*, is indicated an medical help at the extraordinary channel. If it is not this way we can use some other way of treatment. Now is the right time to remind a warning of Mgr. Ando - *yin-yang* properties, unfortunately, usually are given just the other way round in some of our publications. The correct assessment is: *yang* is all what is lighter, warmer, more mobile, more active, and has a tendency to expand into the space. *Yin* is all what is heavier, cooler, more static, more passive, and has tendency to take its forms. In view of the fact that exact diagnostics of *yin-yang* status is *conditio sine qua non* for *acupuncture of extraordinary channels*, is place to notice these problems together with pulse diagnostics more closely.

Global *yin-yang* defect with ascendancy of one or the other polarity comes out mostly as a pulse defect of all positions two-sidedly. Therefore, we find out ascendancy of a superficial or a deep pulse at levels *cun*, *guan*, and *chi* at both sides. *Qi* is *yang*, blood is *yin*. In the case of a surplus of *qi* (*yang*), the insufficient blood (*yin*) is not able to keep it in depth. *Yang*, according to its nature, vanish into exterior. It will reveal by some form of a superficial pulse (mostly by a floating pulse, *fumai*). In the case of surplus blood (*yin*), the insufficient *yang* will not achieve to keep it in exterior. *Yin*, according to its nature descends what will show as some form of a deep pulse (for example, a sinking pulse, *chenmai*). Beside it is necessary to take into account presence of tachycardia (a rapid pulse, *shuomai*) or bradycardia (a slow pulse, *chimai*). Ascendancy of a superficial pulse accompanied by tachycardia confirms the excessive *yang*. Ascendancy of a deep pulse accompanied by bradycardia confirms the excessive *yin*. In domination of a superficial pulse with bradycardia it should be a case of general emptiness. In domination of a deep pulse with tachycardia is necessary to think of an internal *yang* subversive . (Be careful, absence of tachycardia does not eliminate subversive.) Correct diagnostics of internal *yang* subversive is very important thing. That is to say, insufficiency of a superficial pulse should turn to indication for *yang* stimulation, e.g. by the *yanging* extraordinary channel, following with aggravation of status. Hence, it is necessary to

judge a deep pulse very carefully, in particular about deep purple pycnics. Realisation a general behaviour of *yang* can suggest to presence of *yang* pathogenic factor. *Yang* is light, aggressive, floating, but its speed can find expression also in fast retreat if feels a bigger force. Therefore, the *yang* pulse is often superficial; after a soft pressing down, we shall find out it is tight (aggression of *yang* will go up in face of slighter force) and in the end, after another pressing down, it will disappear suddenly (*yang* will run away from the bigger force than *yang* has got itself) and the pulse will disappear. We can meet a tightness of pulse not only at a surface level, but also in a depth. And also mostly here, a *yang* pulse will step back (run away) in face of a bigger pressure. A *yin* pulse behaves to a pressing down rather according to a thesis, “Duck your head, son, it will pass off.” Thus, under pressing it will fall back, as if we can not feel it. But when we keep our fingers for a while on the same level, we can feel the *yin* pulse again, is a little bit weaker, sometimes harder, but no tight anymore. Repeated pressing down, and it will disappear again, and in a minute we can feel it over again. It retreats from our pressure, although skulking it does not run away, does not fully disappear. (Of course we can press down any pulse using enough power in our fingers; so we have to realize to work with press of fingers adequate to a pulse back-pressure.)

Status of *yin-yang*, is necessary, on the one hand, to judge accurately, on the other hand, in all its large complexity. Important here is particularly the property, that whatever element registered to *yin* or to *yang* can be more divided in *yin* and *yang*. This fact makes difficulties for basic diagnostics, which is just illusively easy work. These symptoms looking as *yang* can be *yang* only in secondary way. As a primary resolution of *yin-yang*, is more often useful to consider a layout in sense of “depth-surface”, by analogy as a resolution of *zangfu* on a pulse. Resolution “up-down”, is rather used to be a secondary one, already mostly, e.g. intra-deep *zang* organs which are all *yin* in primary way. (But it is not just a rule, about the primary layout in the sense of “up-down” is mentioned below.) In this way for example, the lungs are in comparison with the kidneys *yang* in secondary way, because they are located higher. One factual example: asthma attack from overpressure of *qi* on the lungs is at the first sight a *yang* matter (dramatic status, hard expectoration, orthopnoea). But with a simultaneous emptiness of a superficial pulse this *yang* is a secondary, because roots of the disorder refer to stoppage of surplus of *qi* in depth, in the organ *zang*. For that reason it is a case of disorder in primary *yin*, and the release of *qi* into exterior, for example via the point *LU7* (via the point *luo* also via the interconnecting point of the extraordinary channel *renmai*), it corresponds in fact to *yangization*. But we can also make a therapeutic help within the bounds of *zang* organs, between them the lungs as well as asthma attack are *yang*. By *acupuncture* the water lungs

point *LU5*, we drive *qi* of the lungs to the kidneys, thus downwards. This way we can make *yinization* within the bounds of organs *zang*, in this case a secondary one. On the contrary, in a case of asthma attack from deficiency of *qi* at the lungs, at first sight it looks as *yin* disorder (a dry, silent, little remarkable hem). But if we will find out fullness of a superficial pulse, it is in fact *yang* disorder in primary. We make here a treatment by moving *qi* from the surface into the depth, therefore by *yinization*. But if we decide on a therapeutic help within the bounds of organs *zang* – for example at emptiness of a superficial pulse – we have to move *qi* into the lungs, into the upper half part of the body, thus to make a secondary *yangization*. *Acupuncture* can be made in both cases by the only one point, namely point *LU9*. This point can provide both primary *yinization* by the transfer *qi* from the surface into the depth, because it is a point of a source (respectively, it is a point of the origin, in accordance with Mgr. Ando's terminology) of the pulmonary channel, and also by secondary *yangization*, since as a terrestrial point can pull *qi* from the spleen into the lungs. For a medical help at the *yin-yang* level, therefore at the extraordinary channel, is necessary to clarify those relations exactly. The extraordinary channel can practice both *yangization* or primary *yinization*, which used to be in sense of “surface-interior”. But those statuses, when we affect *yin-yang* by the extraordinary channel in sense of “down-upwards”, are also possible. If we find out, eg, our patient has cool, pale feet and cephalaea, it is possible that the status, from a traditional pathology point of view, happens for *yang* outflows up, because the insufficient *yin* can not keep it down. If we want to reach for regulation condition with a view to improve cephalaea (what mostly works) and warm the lower limbs (what works less often, but sometimes it works as well) it is suitable to choose – if a pulse will show that – the *yining* extraordinary channel. Stimulated *yin* draws down *yang*, what can be proved by retreat of cephalaea, getting warmer of legs, together with the improvement of a blood supply. But it does not mean that a warming of the lower limbs we can reach only by *yin* stimulation. If cool and pale acral parts of the lower limbs are the causes of superficial *yang qi* deficit, along with a surplus of *yin* in a depth, we can use for warming the legs stimulation of *yang*, in the sense of moving *qi* from depth into exterior. A correct assessment of the pulse is a dominant factor.

For diagnostic of a *yin-yang* status can be used besides a pulse also oodles of another known symptoms, e.g., a face colour, talkativeness, pleasure of warmth or coolness, a closed or open window, and so on. High clinical sense has got, yet above mentioned, the assessment of temperature of acral parts of the lower limbs. Those parameters respond mostly with a pulse finding. When is not like this, we have to consider carefully if we did not overvalue

some of symptoms or evaluated badly. Priority of a pulse diagnostic consists just in reflecting on a primary *yin-yang* status. A clinical symptom can be a secondary mark, hence misguided.

One of the most important parameters is division of the eight extraordinary meridians (or eight extraordinary channels) into two groups, by fours. The first group – where belong channels *renmai*, *yinqiaomai*, *yangweimai*, and *daimai* – modifies surplus of *yin* and insufficiency of *yang*. In the strict sense of the word, we can specify it as a transposition of *qi* from interior to surface, which mostly come out as a return of a superficial pulse. The second group – where belong channels *dumai*, *yangqiaomai*, *yinweimai*, and *chongmai* – modifies surplus of *yang* and insufficiency of *yin*. Since a return of a deep pulse corresponds with a transposition of *qi* from surface into interior. (But it is a little bit simplified view on the *yinweimai* channel; principle *yinization* by the channel *chongmai* can not be neither explained this way, the status will be mentioned in the next special part.)

This division is a fundamental thing. We can reach it via a simple order of literal available data. In four pairs of joined channels, there we always find one channel bearing in its name a word “*wei*” or “*qiao*”. The word “*wei*” is used to be translated as a “*preservationist*” (Doc. Kajdos), or as “*to interconnect, to put together, to create a binding agent*” (Mgr. Ando). These words show a certain stabilisation of the principle (*yin* or *yang*). Therefore, the channel *yangweimai* is a preservationist or connector of *yang* keeping the *yang* principle. The word “*qiao*” is used to be translated as “*accelerator, stimulator*” (Doctor Kajdos) or as “*a brisk walk, to raise the heel, to stand on the tiptoe*” (Mgr. Ando). These words reflect certain establishment of itself principle (*yin* or *yang*) into the motion. In view of the fact that in the relevant part of the doctor Kajdos’s textbook, is given with the *yangqiaomai* channel a balancing of *yin* insufficiency and surplus of *yang*, and in the *yinqiaomai* channel there is the other way round, lets explain for practice the word “*qiao*”, which means some “*repellist*”. From aspect of *yin-yang* transformations we have got here four channels with an explicitly defined function:

1. *yangweimai*, preservationist of *yang*, the *yanging* channel.
2. *yangqiaomai*, repellist of *yang*, the *yining* channel.
3. *yinweimai*, preservationist of *yin*, the *yining* channel.
4. *yinqiaomai*, repellist of *yin*, the *yanging* channel.

Joined channels have the same function from the view of *yin-yang* transformations. It will ensue from working of connecting points, and above all from assessment of a pulse status before and after a medical help. For example, by *acupuncture* of channels *renmai* and

*yinqiaomai* is happen reduction of a deep pulse and return of a superficial pulse; at channels *dumai* and *yangqiaomai* there is on the other way round. So, if we make complete the above mentioned channels of kind as “*wei*” and “*qiao*” by channels joined with them, we will receive 2 groups of channels, by fours, from which one group contains *yanging* channels and the other one *yining* channels.

**1. *Yanging* channels: *yangweimai*, *daimai*, *yinqiaomai*, *renmai*.**

**2. *Yining* channels: *yangqiaomai*, *dumai*, *yinweimai*, *chongmai*.**

If we exchange a channel inside particular groups, e.g., *renmai* for *yangweimai*, usually we do not make any vast error. On the contrary, with complicated assessment of symptomatology and pulse, we can choose sometimes the optimal channel actually, by a step method of the experiments and mistakes. But if we substitute one group for another one, e.g. if we exchange the *yangqiaomai* for *yangweimai*, can occur a worsening of status. That is to say we will make herewith a typical *acupuncture* mistake, namely filling up fullness and emptying emptiness. I for one have got two cases like that in my practice. Prevention here is in a careful pulse assessment having respect for the said division of *yanging* and *yining* channel as well.

Fact that each extraordinary channel keeps its own specific pulse finding ensues also from literature approachable data. Thus, except the yet above mentioned general domination of a superficial (respectively *yang*) or a deep (respectively. *yin*) pulse, we can find at pulse some small changes whereby we can specify indication of some one or other extraordinary channel. If Dr. Kajdos tells that the channel *daimai* collects *qi* from a gall bladder meridian, is logical that a therapeutic help will be the most effective if *qi* is situated at the gall bladder meridian, hence, if here exists an increased pulse. At the same meridian there is located an interconnecting point. Similar situation, according to the same source, is at the channel *renmai*, and as a reserve of *qi* here figure the lungs. We locate here an interconnecting point at the lungs channel. If we complete all these data with a traditional opinion, published by Dr. Kajdos and Dr. Chang – that extraordinary channels are analogous to agricultural safety empty water conduits, opened when the fundamental water canals are full up – it must cross our mind the analogy between a point of the extraordinary channel and a gate of the water conduit. As closely behind this closed gate there is situated the overfull water canal, same behind a closed interconnecting point is situated a full up area *qi*. Quite logical this area is connected with the channel whereon is located an interconnecting point, or with the channel joined together with it. Then insertion of an interconnecting point of the extraordinary channel consists with the opening of the gate of the safety water canal. We can reach to this

understanding of extraordinary channels function by the Chinese nomenclature itself. Regular meridians are called “*jing*” what, according to Dr. Kajdos, means “*invisible flowing, gentle as a silk, and very effective*”. But on the other hand, the extraordinary meridians have not this mark; at the end of every their name stands a word “*mai*”. Translation of it, according to Mgr. Anda, is more prosaic: “*vessel*”, in this case rather “*canal*”, thus something prepared in advance for removal of surplus. And where should be this surplus is suggested by a channel function (*yanging* or *yining*) together with localisation and function of an interconnecting point. From the above already mentioned now ensues the Mgr. Ando’s pregnant functionality and pragmatism of the term “*interconnecting point*” in comparison with the previous term “*cardinal point*”. And as our reader will see below, advantages of this term will be noticeable more and more.

In most of extraordinary channels we can directly derive a specific pulse from function of an interconnecting point, as we know it from *acupuncture* of regular meridians. For example, the channel *renmai* is *yanging*, its interconnecting point is *luo* of the lungs, a specific pulse is a deep *yin* pulse, from it plus a pulse of the lungs. That is the full lungs develop the best presumption for the right function of a point *luo* as a *yanging* point (will be opened up a transversal *luo* channel into the large intestine). Some other example is the channel *yangweimai*. The interconnecting point here is *luo* of triple emitter. If this channel can keep *yangization*, then has to be here ascendancy of a deep *yin* pulse and plus from it of a pericardium pulse, since to *yangization* via a *luo* point of triple emitter is necessary some reserve of *qi* at the other end of this transversal *luo* channel – at the pericardium (better at *mingmen*, see below). Then let name the channel *dumai*. That is a *yining* channel, therefore the requires ascendancy of a superficial, if need even a tight pulse. But since the cardinal point is a toning point of the small intestine, than is useful if general fullness of a superficial pulse misses out the small intestine. Emptiness of the small intestine is the best presumption to switch on the function of its insert toning point. And we can continue farther in specifications of this pulse. The point *SI3* is a *wooden* point, therefore to the smooth connection of the channel *dumai* is useful a present pulse at the hollow organ of wood – at the gall bladder. As an interconnecting point of *daimai* channel is a point of biorhythm of the gall bladder, hence its one hour insertion will have a sedative effect on the gall bladder. Only interconnecting points of channels *yinqiaomai* and *yangqiaomai* have not any concrete function in *acupuncture* of regular meridians from the standpoint of a *qi* distribution. A pulse finding of the channel *chongmai* can not to be determined supposedly by means of itself *Earth* element, where is located an interconnecting point. A specific pulse finding for each

extraordinary channel presents Li Shizhen himself. He does not indicate any context with the organs, at which channels lies an interconnecting point, instead he sets great store by domination at positions *cun*, *guan*, and *chi*. According to that, it is possible to distinguish domination of *yin* (in ascendancy of pulse at *chi* position) or *yang* (in ascendancy of pulse at *cun* position). If we understand a pulse diagnostics as an informative code, by way of whom we take not only information about the *yin-yang* system, but also about the system of *five elements*, then I consider as preferable to follow rather relation of a pulse to the organ, where is located an interconnecting point, just as is mentioned above. Then the information accepted by this system can be naturally in case of need transformed into the information about regular meridians in system of *five elements*. Nevertheless, connection between this system of a pulse diagnostic and the Li Shizhen's system can be found at channels *renmai*, *daimai*, *yinqiaomai*, *yangweimai*, and *yinweimai*.

If we act with *yin-yang* (in this case in system of extraordinary channels), we can not pass away another system, which *yin-yang* keeps in its name. It is about system of layers of *qi*. If we realise repeatedly a function of interconnecting points in system of regular meridians, the remarkable and clinically significant relations will ensue from the system of extraordinary channels and layers of *qi*. That is why is in order to mention layers of *qi*, at least in part. A view of that is simplified slightly, but on the other hand this simplification is lapidary enough to may have more important sense than a more punctual elaboration.

Layer ***taiyang***, presented by the urinary bladder and by the small intestine, is of mainly importance protective and detoxicative.

Layer ***shaoyang***, presented by the gall bladder and triple emitter, is of importance on making pass through, namely very actively, in *yang* way.

Layer ***yangming***, presented by the stomach and the large intestine, is of importance on production of postnatal *qi* in its *yang* component, and too a necessary function of decontamination, sharing this function with layer *taiyang*. Layer *yangming* is the most valuable *yang*.

Layer ***taiyin***, presented by the spleen and the lungs, is of importance on production of postnatal *qi* in its *yin* component. Because of its combination with layer *yangming*, it is a source for its *qi*; both of the layers complement greatly each other. Also it is of importance for layer *taiyang*, since the lungs generate a protective *wei-qi*.

Layer ***jueyin***, presented by the liver and pericardium, is of importance on making pass through, namely in its *yin* component, as a source for pass through *qi* of *yang* of layer *shaoyang*, joined with it via transversal *luo* meridians. Li Shizhen mentions that on a pulse

position *chi* on the right, there is examined a pulse of *mingmen*, no a pulse of pericardium. To accept the conception of *mingmen* instead the pericardium is very useful, especially in system of extraordinary channels. *Yang* can be or in its active form in triple emitter or in its *yin* source, in *mingmen*.

Layer *shaoyin*, presented by the kidneys and the heart, represents a fundamental platform, congenital *qi* of the organism, which everything grows up from, and in the kidneys rather a material component, *yin*, and a spiritual component in the heart. A joint of this layer with the most external layer (*taiyang*) is illogical just seemingly. According to Su-wen the heart is an emperor. And also in life, the nearest people next the emperor are not ministers or cooks, but bodyguards.

Lets pay attention now at which layers are situated interconnecting points. Extraordinary channels, having interconnecting and joined points at layers *yang*, have them always only at one layer. At layer *taiyang*, there are situated points of channels *dumai* and *yangqiaomai*. At layer *shaoyang* there are situated points of channels *daimai* and *yangweimai*. At layer *yangming* there are not situated any interconnecting points. On the other hand, the extraordinary channels, having interconnecting and joined points at layers *yin*, always have their base at two layers. *Renmai* and *yinqiaomai* are at layers *taiyin*, and *shaoyin*; *chongmai*, and *yinweimai* are at layers *taiyin* and *jueyin*. Hence, the interconnecting points do not omit any of *yin* layers, they are not at layers of the heart and the liver organs.

Result from that: system of extraordinary channels is up to a maximum extent careful with the organs, which are not the interconnecting points on. Otherwise globally, by a medical help we will affect all the *yin-yang* system, but the differences are in an initial status and in a primary destination. The initial informative status of *qi*, suitable rectified via a relevant interconnecting point is more directed to certain layer of *qi*, affecting primary this layer together with its function. Although a natural follow consequence is the interaction of all the *yin-yang* system, in this primary interaction there can be observed some functional differences, and can be used them as well. Those problems will be examined more in the Specified Theory – there in the chapter about the particular extraordinary channels.

For relation of extraordinary channels to congenital *qi* is right to remember the Li Shizhen's thesis which I have yet mentioned above, there in the article about layer *jueyin*, namely that at the *chi* position on the right we can search a *mingmen* pulse. Because we used at this place to examine a pulse of the pericardium, lets try for explication of this paragraph (and probably not only of this one) giving the equal sign between the term *pericardium* and *mingmen*. The kidneys and *mingmen* are seats of congenital *qi*, namely rather the *yin*

component in the kidneys, the *yang* one in *mingmen*. In *acupuncture* of whatever extraordinary channel with those both organs we work via an interconnecting or joined point, whether just directly or indirectly with the help of their joined *yang* meridians of the urinary bladder or of triple emitter. That way we can logically interpret traditional theses that extraordinary channels serve to distribution of congenital *qi*. Also therefore, to a therapeutic help – however to *yangization* or to *yinization* – we apply in *acupuncture* of an extraordinary channel, more or less, just this the most worth component *qi*, which is the human being equipped with. From that results the high potency, but also the need of a precise diagnostics in application such medical help.

A technical description of *acupuncture* of extraordinary channels is following: We open each extraordinary channel via the only one point which is called interconnecting point (cardinal point, according to Dr. Kajdos). We insert this point on one side only, at a man on the left, at a woman on the right,. Then we insert, in contra lateral way an interconnecting point of a joined meridian (so-called joined point). If we take decision to insert some of the self points laying at the extraordinary channel, we shall do their *acupuncture* even before the insertion of the joined point (for the present I have done it myself only several times). Needles are inserted into a depth vertically and after insertion we do not manipulate with them in any way, neither we wait for attainment of characteristic feelings. We will keep the needles inserted for half an hour at the very minimum, preferably for one hour. We remove them this way that we cancel puncture of the joined point at first, and only then comes the interconnecting point. It is used to indicate that is useful in conclusion, for a few minutes to insert the joined channel as a principal one, thus to transfer insertion of needles from the left side to the right and vice versa. (I for one do not that transfer insertion already. For the reason that a patient laying one hour with two inserted needles is not afraid of another insertion in conclusion of the sitting, what supports his/her well-being. A clinical effect is the same, according to my experience).

Mention symptomatology of individual channels is a misguided thing. We indicate a medical help at the concrete channel after the comprehensive assessment of status – symptoms, their character, localisation (exists definite relation between a course of channel and localisation of disorders), a pulse, and all that has to be transferred to common denominator of *yin-yang*.

As with other methods of traditional *acupuncture*, also with *acupuncture of eight extraordinary channels*, are enough long intervals between the individual sittings, one times a week at first. A clinical effect is usually evident after the third sitting, sometimes after the

second one. That is also a number of sittings when should be clear a possible failure. Status after four or maybe six sittings is mostly stabilised in so far that is possible – by a gradual extending of interval – to look for a period as the longest between the individual sittings. As an ideal situation (unfortunately, it does not get on each time) is possible to consider status when a patient with his/her chronic problems is compensated in such a degree, to attend the sitting once in 3 months.

## **SPECIFIED THEORY**

### **1. Extraordinary Channel *RENMAI* interconnecting point *LU7* associated point *KI6***

It is one of the main channels loosening surplus of *yin*, and insufficiency of *yang*. Because it is located in centre line of the body from the front, is given also its predominantly organ symptomatology. In the Dr. Kajdos's textbook, there is mentioned 3 of its points (9, 12, and 17), representing a collecting net, whereby is drained the excessive *qi* from the lungs. From that follows logically a further pulse finding: except general domination of a deep pulse might be here moreover a stronger pulse of the lungs. More detailed function will ensue from relation of interconnecting point to layers *qi*. Interconnecting point is the point *luo* of the lungs. Hence, the excessive *qi* of the lungs is released primary via this point into the organ of the large intestine – therefore just into layer *yangming*, on which itself is not situated a single one interconnecting point, and so its *qi* is this way separated and saved, as a fundamental source, against involvement at system of extraordinary channels. By loosening of *qi* of the lungs will be open also release in the direction of this organ *qi* of its Mother – to the spleen – thus happens a primary catharsis of *taiyin* layer and a strengthening of *yangming*, thus of the subsystem having a fundamental influence on production of postnatal *qi*. Because *yangization*

heads primarily for the large intestine, and secondarily for its Son in cycle *sheng* of organs *fu* – to the bladder – is given next function of awake *yang* via the channel *renmai* – detoxicated and protected function, this one with more potency because the lungs can serve better as sources of *wei-qi* after loosening of blocked *qi*.

Respecting a fundamental pulse finding is possible that the channel *renmai* has an influence on numerous organs problems, e.g., diarrhoeas, bronchial asthma and others. That layer can be used in statuses of surface insufficiency of *qi*. Those patients can sometimes suffer from a mild or more serious form of diabetes mellitus with symptoms of polyneuropathy. It use to show as hypaesthesia and paraesthesia – thus as symptoms of insufficiency of superficial *yang qi*. From purely orthopaedic standpoint with a specific pulse, indicating *acupuncture* of the channel *renmai*, I meet most often in cases of lumbalgias and coxarthrosis. But it might be a deal with quite other problems. The fundamental is a pulse finding, symptomatology is the secondary one.

The extraordinary channel *renmai* is a *yanging* subsystem with a reservoir of *qi* in depth.

## **2. Extraordinary Channel *YINQIAOMAI* interconnecting point *KI6* joined point *LU7***

It is channel joined with *renmai*. It runs relatively near the channel *renmai* at the body, in addition it is typical by its running along inner side of the lower limbs. Except for general ascendancy of a deep pulse, should be a little bit stronger also a pulse of the kidneys. We can sum up shortly the indicating scheme in this way: symptoms and also the pulse *yin* with our patient's disorders concentrated on her inner side of the lower limbs, plus domination of a kidney pulse. The interconnecting point is located in layer *shaoyin*. Although it has no any function in system of regular meridians, is useful to consider its function as a start step of *yangization* in direction to the organ joined with the kidneys – to the bladder (on the other hand it does not deal with the point *luo*, therefore will occur a definite interconnection of the kidneys with the bladder, what does protect *qi* of the kidneys against an extreme loosening). Herewith is accentuated a detoxicant function, and by consecutive transfer *qi* of the bladder at its Son in cycle *sheng* on the organs *fu* – the gall bladder – also a transit function. Thus, the perfect function for above mentioned symptomatology.

**3. Extraordinary Channel *DAIMAI*  
interconnecting point *GB41*  
joined point *TE5***

For indicated cases it is an excellent medium for treatment of painful statuses localised mainly at lateral parts of the body. A key to understand function of that channel are two mentions in the Dr. Kajdos's textbook. The first one deals with the indication – namely with those statuses where pain produces a dominating symptom. The other one I go to quote word for word: “It stabilises *qi* at all meridians such a way that collects it from meridian of the gall bladder.” It follows from this that that a gall bladder pulse should be more marked. The channel has a *yanging* effect, and the *yang* meridian of the gall bladder forms a reservoir of *qi*. By its line running the channel will collect *qi* of the gall bladder extending it where is supposed to be, mainly into the *yang* meridians. To the self gall bladder channel it acts in sedative way. Hence, a pulse finding is following: domination of a deep pulse and from a superficial pulse is fullness mainly, or rather only, at the gall bladder. That agrees partly with the thesis of Li Shizhen, who indicates as a specific pulse for the channel *daimai*, the tight pulse *jinmai* at position *guan*., Reducing *qi* of the gall bladder is reached – according to the rule of “husband-wife” – the strengthening of *qi* of the stomach. Hence that is again a primary strengthening of *yangming* layer. *Yangization* by this channel is greatly careful – though the channel *daimai* saves *yang*, it makes primarily strong *qi* of a deeper layer (from *shaoyang* into *yangming*). The opening of a transversal *luo* channel *mingmen* into triple emitter via joined point leads to, besides strengthening of making passable function, also to strengthening of the stomach as Son of triple emitter in cycle *sheng* at the organs *fu* – thus another strengthening of layer *yangming*. Ending *acupuncture* of the extraordinary channel *daimai* we shall find out a well-extended, balanced pulse of the organ *fu*, and a light softening of a deep pulse. Thus, the channel *daimai* - in sufficient reserve of *qi* in the channel of the gall bladder– will manage to complete deficiency of *qi* at the other needed places. This method is proved successful therefore in already mentioned, indication of acroparestesies, suchlike the channel *renmai*, sometimes in following sittings, at the channel *renmai*. But the base indication keep painful statuses, e.g., as decomcompensated coxarthrosis, also in more severe grade, as hemicrany and others. (Sometimes is possible to conclude a somatotype of these patients. They are rather pale, with a light or greater overweight. They are become tired of pains usually surrender to fight with it. As they have from all *yang* their pain only. But do not absolute it. Very important is a pulse finding.) In all is deal rather with pains of lateral part of the body by the

reason of surplus *qi* (more often), or with pains of other, more *yang* parts of the body from insufficiency of *qi* (less often – it is analogy to already mentioned paraesthesiae). Possibility to have an influence on it via lumbar puncture of this channel follows not only from its function and running, but also from its chance to optimise *qi* of the gall bladder. A tendon-muscular meridian of the gall bladder has its branch line from trochanteric area over the upper part of the m. gluteus maximus as far as the SI joint.

Despite all my favour of the extraordinary channel *daimai* I have to warn against its sweeping application. Mistaken exchange of a deep *yang* subversive with a deep *yin* pulse happened to me with one patient one time, just in *acupuncture* of this channel, and *yanging* effect has been showed as a total aggravation, appearing cardiac symptoms, and then the patient – after a failure of Nitroglycerin – had to be transported and hospitalised at an internal department. But although there was not any proof of IM aggravation or hypertension as well, as an acupuncturist I have to evaluate that action as a dangerous bad success.

The extraordinary channel *daimai* is a *yanging* subsystem with reservoir of *qi* on the surface.

#### **4. Extraordinary Channel YANGWEIMAI** **interconnecting point TE5** **joined point GB41**

It seems to be the most effective *yanging* extraordinary channel. That is why is good to be careful with its indication. Especially it is aimed at painful statuses appearing from surplus of *qi*, and by *yangization* we should make them worse. Principle of *yangization* is releasing of *yang qi* from its *yin* reservoir *mingmen* into triple emitter through the interconnecting point which is *luo* of triple emitter. A transfer of *qi* at triple emitter leads to make the organism passable, that is also a function of strengthened layer *shaoyang*. A partial moderation of this strong *yangization* is given hereby that triple emitter transfers a part of *qi* to its Son in cycle *sheng* on the organs *fu* – on the stomach, together with strengthening of layer *yangming*. Thus, analogous function as of channel *daimai*, but here it is a primary function of making passable, whereas at the channel *daimai* is primarily strengthened layer *yangming*. This channel is right to indicate when pains are definitely concentrated on *yang* insufficiency – paraesthesia of the limbs, weaknesses. Its indication in the inflammatory diseases follows from a total strengthening of *yang* inclusive protective *wei-qi* – another indication resulting from a superficial insufficiency. A specific pulse of this channel is a more marked pulse of the

pericardium, respectively of *mingmen*. Also that agrees partially with Li Shizen's thesis. He states for the channel *yangweimai* a pulse at position *chi* floating (*fumai*), full (š'-maj).

**5. Extraordinary Channel YANGQIAOMAI**  
**interconnecting point BL62**  
**joined point SI3**

It is useful to mention that channel just after the channel *yangweimai*. Both those channels are very similar by their run, but by symptomatology and indication they are dissimilar and mutually opposed. From a function point of view is the channel *yangqiaomai* a repellent of *yang*, thus it has an *yining* effect. To its indication is necessary, except symptomatology also insufficiency of a deep pulse, and surplus of a surface pulse, then is also useful surplus of a pulse of the urinary bladder. From the point of view of layers *qi*, it is deal with suppress of a surplus of *qi* at the layer *taiyang*. This layer is joined with layer *shaoyin*, which strengthening occurs by acupuncture of this layer. On the other hand, via the interconnecting point of this channel (also with it joined the channel *dumai*) there is not the point *luo*, therefore does not happen an immediate transfer of possible pathogenic *qi* from layer *taiyang* into the most valuable layer *shaoyin*. If a patient suffers from aches, roughly corresponding with places where run the channel *yangqiaomai*, we can try, respecting a pulse finding, analgetization by this channel. This way is possible to suppress, e.g. pseudoradicular aches of the lower limbs, pains of the shoulder, neuralgia of the second branch of trigemin, sometimes coxarthrosis, occasionally also authentic aches of the upper limbs, but not – according to my experiences – the lower limbs. (In somatotype those patients pretty consistent with a type described below, at the part of the extraordinary channel *dumai*.) Mistaken exchange of the channel *yangqiaomai* for the channel *yangweimai* can be dangerous, to that might be mislead a similar pass, or *daimai*, with respect to painful statuses. Prevention of those faults is in accurate evaluation of a deep pulse level. Channels *yangweimai* and *daimai* demand, in contrast to the *yangqiaomai* channel, more marked deep pulse.

Sometimes I met a pulse finding presented during various aches, mostly headaches, highly resistant to any treatment, *acupuncture* including. I called it “matrimonial fight”. A matrimonial fight is characteristic by its weak deep pulse and by a stronger superficial pulse, from which is extremely strong a pulse of the stomach and the gall bladder. The channel *yangqiaomai* solves those statuses relatively very well.

## 6. Extraordinary Channel *DUMAI*

interconnecting point *SI3*

joined point *BL62*

It is a main regulator of *yang*, that means it can come to control the excessive *yang*, suppress it, sending it where should have been, and balance it by secondary stimulation of *yin*. Thus, globally it is a *yin* channel. For its running through the spine, is also given its symptomatology what means mainly back pains in condition of an orthopaedic clinics. But its part is considerably more extensive. Is possible to use it in various cases, e.g. in polythop aches located at *yang* zone of the body, in various functional neurological statuses, for example, dizziness without any proved organic reason. To its indication is necessary ascendancy of a superficial pulse, and insufficiency of a deep pulse. It corresponds also to Li Shizen's data. He cites that for the *dumai* channel is typical a floating pulse (*fumai*) pulse at all the levels. Here can be also a wiry pulse (*sien-maj*), and a long pulse (*čchang-maj*). (Those data are very important for indication the channel *dumai*– Li Shizen describes here a pulse at all three positions. Except the channel *dumai* he makes so at the channel *chong-mai* only. At other extraordinary channels, there he describes just a pulse of the one position only.) This pulse finding together with a corresponding, named symptomatology is this extraordinary channel *dumai* able often to manage it well. (Also with this channel we can meet a somatotype of patients. They are usually active, slim persons, many times sportsmen, from time to time with the hypermobile lumbar spine. It is possible to catch certain psychical tension which patients try to keep their exterior with. Women used to make up their faces, keeping carefully their hair styles. Mentioned psychical tension is reflected in somatic problems which used to be polythops, often are localised at *yang* zone of the body – back pains, headache, and functional cervicobrachial syndromes. Also here is fine to look on somatotypes secondarily, priority has a pulse finding.) Since the interconnecting point is a tonisating (wooden) point of the small intestine, can be, as a further pulse finding, specified also weakness of a pulse of the small intestine. But it is not any essential symptom important is above mentioned statement by Li Shizhen. As well as in case of the channel *yangqiaomai* also in event of an *acupuncture* help is at the channel *dumai* a primary suppress of layer *taiyang* and strengthening of layer *shaoyin*. But also here layer *shaoyin* is protected from a direct transfer of *qi* from layer *taiyang* this way, that the interconnecting point is not a point *luo*. Stimulation of the small intestine by the interconnecting point accents cathartic function, as one of the principal function of the small intestine is a separation of the clean from the

unclean. Thereby, is logically explains action in numerous neurological indications. Just the nervous tissue is very sensitive to toxic effects what can be showed, for example, as a various symptomatology in polyneuropathies. In the textbook by Dr. Kajdos, there is noticed that this channel is indicated in feeling of pins and needles in the acral parts of the limbs. It is illogical only apparently, as paraesthesias are display of insufficiency. But in example of the channel *dumai* is possible to show very well how much devious can be indication according to symptomatology. Some of paraesthesias may have reason also in surplus. But this surplus in this case represents a stagnation of surplus with a blockage of *qi*. *Qi* is in the acral parts of the body truly in surplus, but it does not move, whereby causes symptoms of insufficiency. There are analogies with varicosis, when stagnant blood in varixes can not provide enough tissue nutrition, thereby starts, as result of hypoxia, circulus vitiosus aimed to varicose ulcer, although blood here is in surplus. These paraesthesias we can resolve then by the channel *dumai*. The stagnant superficial surplus is turned into emptiness of depth, the blockade of *qi* is getting loose, circulation of *qi* will take place and paraesthesias may leave off. In diagnostic way we can diversify stagnation of surplus of *qi* and insufficiency of *qi* by the right pulse finding.

The extraordinary channel *dumai* is a *yin*ig subsystem with a reservoir of *qi* on surface.

**7. Extraordinary Channel *YINWEIMAI***  
**interconnecting point *PC6***  
**joined point *SP4***

It belongs also to the group of channels regulating insufficiency of *yin* and surplus of *yang*. A specific pulse finding is more marked pulse of triple emitter. With the *acupuncture* help, *qi* will pass – by opening of the transversal *luo* channel – via the interconnecting point into *mingmen*, whereby it will come to stimulation of *yin* for location of *yang* activity into *yin* reservoir. Thus, it is a primary transfer of *qi* from layer *shaoyang* into *jueyin*. A pulse might be rather superficial. But Li Shizen indicates at this channel no a superficial pulse, but a sinking pulse (*chenmai*), and a full pulse (*shimai*) at position *qi*, turning to the thumb, and to position *cun*, also here without giving any laterality. It should be connected with joint of the channel *yinweimai* together with the channel *chongmai* and with a chance to influence by these both channels a deep *yang* subversive.

From my clinic practice I find out that though I rather follow a pulse than symptomatology, this channel appears relatively most often as a therapeutic help in those causes when is necessary to pull down *yang* from above, by means of *yin* to subside symptoms from insufficiency in the lower limbs. That can be chilliness, causalgia, but also many times known “syndrome of restless feet”, what can *yining* extraordinary channel (of course, indicated more precisely after a pulse finding, by the same symptomatology in principle, we can influence by the channel *dumai* or *yangqiaomai*) frequently manage surprisingly well.

The extraordinary channel *yinweimai* has sometimes its specific symptomatology leaning on diverse intensity of pains in the chest associated with headaches. ECG finding used to be negative. Those statuses I met two times, a deep pulse was well compressible each time and a superficial pulse was more marked. In both cases a puncture of this channel led to a good therapeutic effect.

From purely orthopaedic view, this channel has proved successful in statuses with surplus of *yang* in coxarthrosis with pains in the *inguins* what is consistent with running of this channel.

## **8. Extraordinary Channel *CHONGMAI***

**interconnecting point *SP4***

**joined point *PC6***

According to Dr. Kajdos, this channel has a great influence on the organs *zang*, makes easier a motion of blocked *qi* in channels, and has effect as a distributor of *qi*. According to Mgr. Ando, this channel has contact with all twelve meridians, *renmai* and *dumai* moreover. Thus, it is able blocked *qi* of the *zangs* to ease and extend into the whole body. Li Shizen indicates that a typical pulse of this channel is a firm pulse (*laomai*), a wiry pulse (*xianmai*), and a full pulse (*shimai*) at all levels. From that follows possibility of present of *yang* pathogenic factor in the *zang* organs, if need be, blocked *yang* in the *zang* organs pressed down there by external *yin* subversive – by coolness. Principle of yinisation by the channel *chongmai* consists in mastering of this deep, blocked *yang* in the organs *zang*, and its (yet mastered) spread into the whole organism. Therefore to indicate this channel needs a lot of experience in a pulse finding, especially ability to differentiate *yin-yang* metamorphoses at the level of a deep pulse. We can not depend here on a simple differentiation of a superficial and a deep pulse only. Definitely, the mentioned pulse finding of hardness and tightness in a big depth shows a big *yang* potency. Since the interconnecting point of this channel is *luo* of the

spleen, one of mechanism of its effect is a interconnection of *zangs* with the stomach, what means in *acupuncture* one of the fundamental principles of their treatment. We can see here also an unlocking of *qi* into layer *yangming*, this time via the *luo* point of the spleen, which is the interconnecting point of the channel *chongmai*. By the primary influence of layer *yangming* comes to revival harmonisation of postnatal *qi* production, together with return influence of the *zangs* nutrition. Next quality of this channel: releasing *qi* of the spleen comes to displacement of blockade of the the *zangs* at first on this organ. Thus, is released overpressure of *qi* of *zangs* at first into the spleen, namely from its Mother – from the heart. Then into the loose heart can flow *qi* of its Mother – of the liver. We can see from it that release of blockade of *qi* of the *zangs* by the extraordinary channel *chongmai* leads to harmonisation of *qi* in both *yin* organs which has no interconnecting points on their channels – the heart and the liver. From the standpoint of the influence on the lower limbs is very important Mgr. Anda's data about a branch of the channel *chongmai*, which goes down along the inner side of the thigh and the calf, behind the ankle to the sole and to the thumb of the foot. Alike via the joined channel *yinweimai*, it is also possible via the channel *chongmai*, respecting the mentioned pulse finding, to reach for the improvement of the lower limbs supplied with blood. Symptomatology of this channel is mainly organ one.

The extraordinary channel *chongmai* is a *yining* subsystem with the reservoir of *qi* in depth.

## CASUISTRY

When selecting casuistry from several hundred patients who've used an extraordinary channel, I tried to point out the typical cases that I meet. The second casuistry reflects aggravation of status in mistaken exchange the *yining* channel with the *yanging* channel. In the third casuistry, there I report a diagnostic judgement of the single sitting. The forth casuistry, which for some years looked as almost miraculous effect of *acupuncture*, and during the last months is getting worse, corresponds to the sentence I read in some novel: **“Life knows no happy ends knowing temporarily solved the crisis only.”** The fifth casuistry is an example what is turns to me out right repeatedly, namely by this way to compensate coxarthrosis for the duration of about two years. Then usually happens a break and the analgetization does not manage anymore. That is why enlistment in a waiting list for a total coxa endoprosthesis is here desirable. The eighth casuistry – pain of the astragalus – corresponds to the very good effects of *acupuncture* of the pain in those zones. The last

casuistry shows to acupuncturists to non unknown phenomenon, namely, that a patient with the existing excellent progress suddenly disappear and no longer we hear about him.

1. A fifty-five-year old man, non Insulin dependent diabetic, came to an orthopaedic examination, in January 1995, to judge status of his legs for confirmation of a special footwear. His status was evaluated as diabetic polyneuropathy. Subjectively he indicated feelings of his feet looked like were numb with cold, he was able to walk a very short distance of some hundred meters only. The objective orthopaedic finding was by and large good, but his feet were cold with weaken pulsation, pallid, and with a slow motion of capillary return. The patient indicated disorders of numerous organs, especially breathing problems. In his far-off history there was a vascular cerebral incidence with well compensated of right-hand side hemiparesis. A pulse finding showed absolute deficit of a superficial pulse and domination of a deep pulse. I have done treatment by *acupuncture* of *yanging* extraordinary channels; at first twice *renmai*, once *yinqiaomai*, once *daimai*, and five times *yangweimai*. Sitting were in one week intervals at first, later in two weeks and then one month intervals. The first, slow, non-specific improvements rather of organs disorders changed dramatically in a moment when I punctured first time the channel *yangweimai*. At that time, in front of my eyes literally, the both legs were getting warmer and turned pink a few minutes after the puncture of the interconnecting point. A pulse finding was getting better step by step, until in May a superficial and a deep pulse were totally well-balanced. During the next medical supervision in July, the patient told me that the numb and coolness of his feet had quite stopped, so he dared to successfully complete several kilometre walks. From that time continuously occurred or to the easy worsening or to the improvement, always with a good effect of *acupuncture* practised according to the current pulse finding, mostly by the regulation qi of organs *zang*, or by the *yanging* by the extraordinary channel. When subjectively good condition in 1997, the acupuncture patient stopped there.

2. A forty-nine-year-old man, normosthenic, came to medical examinations at the beginning of April 1997 to check-up his one year persisting sided pain in the forefoot. In his history was, twenty years ago, fracture of the second and third metatarsal on the right. The pains were mainly situated on the dorsum of his legs, but on the plantar parts was rather insensitivity. The patient was ruddy, his superficial pulse enough markedly predominated a deep pulse, which was a well-compressible. Rather juicy relief happened after *acupuncture* of the channel *yangqiaomai*. In the second sitting – one week later, in a subjective persistence of

improvement and in only a little bit better pulse finding – I inserted by mistake the channel *yinqiaomai* instead of the channel *yangqiaomai*. Realising my fault pretty late I did not apply to the patient any other puncture in that same day. But the next day occurred a very marked worsening of his status and the patient told me in his next visit one week later, that his splay-feet had been burned him so much, he did not know what to do with them. A pulse finding showed again domination of a superficial pulse over a deep pulse. In one week intervals I gradually applied 3 times a puncture of the channel *yangqiaomai*, and the status has been gradually improved, a pulse finding inclusive. After the last sitting, the problems were already minimal.

3. A fifty-year-old woman came in late of November 1996 for a non-specific joint pain. She came after several days of continuous breathlessness with distance creaking on lungs and prolonged strenuous expiration, typical for de-compensate bronchial asthma. A superficial pulse was zero, a deep pulse was marked, a pulse of the lungs flooding, a pulse of kidneys full. A pulse finding showed a blockade of lungs *qi* with its surplus. Theoretically were worth thinking about three possibilities of treatment. First, by sedative puncture of the lungs metal point *LU8* to divert a non-specific energy of the lungs. Second, by sedative puncture of the lungs wood point *LU11* to send *qi* toward the liver, possibly to complete puncture by toning insertion of the liver metal point *LR4*. This chance I rejected immediately, because it had been contrast with the rules of regulation *qi* of organs *zang*, and might lead to exhaustion of the kidneys by the toning liver, what was contraindicated in that season, plus weakening of the kidneys should make worse asthmatic status. Application of the lungs water (sedative) point *LU5* was out of the question since a pulse of the kidneys was full. So I decided for the third possibility, what was offered to me at once after holding the artery, namely unlocking pulmonary *qi* into exterior by the extraordinary channel *renmai*. The patient was lying during the whole puncture, her breathlessness was beginning to go back after a few minutes, in the end of the sitting passed away, distance creaking vanished. In parallel way, came restoration of a pulse of the organs *fu* and came softening of pulse of *zangs*. Breathlessness relapsed after a few days and the next therapy was practised by Pulmonologist.

4. A forty-eight-year old normostenic man, profession clerk, came to medical examination in April 1995 for years-long diffusion spondylalgie of whole spine. Radiographs showed a significant, more than 90 degrees, of scoliosis with a maximum gradient on the thoracic and lumbar spine. Extreme spondylosis did not allow determine if it was congenital

scoliosis or some posttraumatic status. Root symptomatology was not present. A floating (*fumai*) pulse indicated *acupuncture* of the extraordinary channel *dumai*, then after finishing just this first sitting came a marked subjective improvement. From that time the patient still used to go for *acupuncture*, at first in one week interval, but in these days even in several monthly intervals. Mostly is engaged in *acupuncture* of the extraordinary channel *dumai* or *yangqiaomai*, depending if problems are concentrated rather on a dorsal or lateral side of the body; sometimes longitudinal luo of kidneys, if problems are concentrated on the sacral region. However, in recent months there is a break in the current favourable course, the response to *acupuncture* are smaller.

5. A forty-nine-year old normostenic man came for a medical examination in October 1997, for three weeks duration of anamnesis of pains in the left hip. A clinical finding of a soft moving limitation corresponded to the X-rays finding of coxarthrosis of 1<sup>st</sup> grade. The patient had at first a physical treatment, a first set brought release for 5 months, then for relapse 14 days only. The patient is treated in my office by *acupuncture* from May 1998, at first in one week's intervals, later in intervals from two weeks until one month. For a high subjective improvement the patient responded this way, that though in face of my instruction he was keeping on his work of a maintenance man. Despite of a subjective good condition and practically enduring aptability had occurred step by step to worsening of arthrotic finding, what reached in the end of 1999 up II- III<sup>rd</sup> grade. That time also a subjective status was getting to be worse, though in bearable limits. Compensation by *acupuncture* managed well, the patient put on a waiting list for a total endoprosthesis coxae. Endoprosthesis was realised in October 2000 with very good analgesic effect. *Acupuncture* was applied at first on extraordinary channels exclusively – until October 1999 on the channel *daimai*. De-compensation started to show by changing of a pulse finding what demanded *acupuncture* according to the actual finding – indeed most often still *daimai*, but together with alternation of *acupuncture* of regular extraordinary meridians and the *yangqiaomai* channel. From May 1998 until August 2000 the patient got through 35 *acupuncture* sittings in sum.

6. A thirty-year old normostenic man came for a medical examination in September 1999 because of persistent right ankle pain, after its sprains in March of that year, healing adequate by a plaster fixation. The patient, except his profession of accountant, attended pretty

intensively dancing, what he was not able to do with pain of the hock. X-rays showed the incipient talus arthrosis, but suspicion for dissectic osteochondrosis of talus was not confirmed. The patient started attend *acupuncture* from September 1999, at first in one week's intervals, I mostly added to the extraordinary channel *dumai* also out-of-channel points *lan-men* of the right talus. The subjective improvement until no pain status allowed after five sittings in one week's intervals to extend status very fast prolonged until interval once in 2-3 months. Two months after the first sitting the patient started to dance again. From September 1999 to these days (15-12-2001) the patient passed through 21 sittings in sum.

7. A forty-year old normostenic man came for a medical examination on the beginning of November 1998, for a half year worsening of chronic pains of the lower limbs, especially the knees. In 1979 and 1986 the patient had been performed in both-sides inner and outer menisectomy. Pains were for the most part during nights, of spasmodic character, at the inner sides. The patient indicated an increased sweating of the lower limbs which became easy frozen stiff. The objective orthopaedic clinic finding and X-rays as well corresponded to light arthrosis of the knees and the hips. The patient was ruddy, his athletic chest contrasted with the coldness and relative weakness of the lower limbs. A pulse was globally slighter, rather a superficial, with the maximum at triple emitter. From a *zang* pulse was the biggest deficit at the pericardium, at the lungs and at the kidney. Status of the lower limbs corresponded to deficit of *yang* in this locality, on the other hand the rose cheek and the athletic chest testified for enough reserve of *yang* in the top half of the body. To that fitted well a strong pulse of triple emitter. Thus, from the *acupuncture* point of view was indicated stimulation of *yin*, for purpose to put down *yang* from above into the lower limbs. Owing to increased pulse of triple emitter and locality of problems, mostly at the inner side of the lower limbs, I selected from *yining* channels just the extraordinary channel *yinweimai*. The patient's immediate painless condition was keeping fine also overnight, but then pains came back. During the next sitting, one week later, was objective and also subjective finding already identical. I realise again *acupuncture* of the extraordinary channel *yinweimai*, this time I certified after puncture not only stabilisation of a superficial and a deep part of pulse, but also a compensation of filling of organs of *zang*, by accentuation of a pulse of the kidneys and the lungs as well. In the next examination, after one week, the patient told that all pains, inclusive those of the night, stopped completely. Objectively coldness of the legs still endured, but a pulse was fully compensated with a balanced part of a superficial and a deep one, a filling of *zangs* was in

normal limits. I did not realise to another *acupuncture* the patient did not come to the reserved examination.

## DISCUSSION

*Acupuncture of eight extraordinary channels* presents extremely large therapeutic sphere. That fact confirms effects in those problems which patients do not mention initially. To their improvement comes along in *acupuncture* therapy of aching status of the organs of motion, which are the problems I have to – as an outdoor orthopaedic doctor – think out most often. This way, for example, I will note by chance effects in spastic dysmenorrhoea, dyspepsia etc. Probably might be here solution for some cases of neurasthenia, fatigue syndromes, functional dyspepsia. I do not dare to guess effects in organ illnesses, e.g. cholecystopathy, hypertension, asthma and things like that. But *acupuncture* of eight extraordinary channels might here also prove successful at least as a complementary method. From the point of view in energy-information medicine, thus, information *yin-yang* is present everywhere. Just for *acupuncturists* it might be a memento. About *yin-yang* are described numerous pages in *acupuncture* textbooks. We can study *yin-yang*, we can discuss it, we can labour it theoretically. But when occurs a diagnostic-therapy medical help of some concrete patient we are mostly able to apply a formula enumeration of points only. All the theory of *yin-yang and five elements* was suddenly jumped over. And the method how directly to adopt information *yin-yang* on our patient does exist. It is extremely detailed and precise in its consequences. It is called *Acupuncture of Eight Extraordinary Channels*.

## LITERATURE

Except for item 2 and 6, it is a work written in Czech language. English translation of the title is given in brackets behind the Czech name.

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*Ostrava 15.12.2001, Czech Republic*

*Text Revision, February 2016*

Translation Šárka Ševčíková, Ostrava, November 9, 2016