Point-Penetration Acupuncture: Historical Development and Clinical Application

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Abstract
Point-penetration is a traditional acupuncture method, described in early Chinese texts and developed through the ages, in which a needle is inserted at one point and advanced internally to reach a second point. It is thus characterised by the use of fewer points but stronger stimulation, resulting in improved efficacy. Through clinical observation four types of point-penetration have been identified with different therapeutic indications: perpendicular, horizontal, oblique and perimeter. Each method is described, with prescriptions for specific diseases and case reports giving insertion and manipulation techniques. Point-penetration acupuncture appears to be an acceptable, viable therapy for a variety of conditions.

Key words
Acupuncture, Historical literature, Point-penetration, Traditional Chinese medicine.

Introduction
Point penetration, also referred to as “one needle insertion, two points punctured”, is a traditional acupuncture method that uses one needle insertion to act on two or more acupoints in different directions, angles and depth. The method, developed over the ages, has current applications in clinical practice. Traditionally this form of needling has been thought to: coordinate Yin and Yang, dredge the channels and collaterals thus allowing the normal flow of the meridian Qi, guard Wei Qi (protective Qi) from being harmed, and induce effective needling sensation. The key rationale for its use is that fewer points are selected but there is stronger needling sensation, resulting in better response. During our medical service in Zanzibar we have found that the clinical application of this method has yielded satisfactory therapeutic results.

Historic literature
The earliest book on Chinese medical theory is the Nei Jing (1), compiled around 100BC. It includes Simple Questions (Su Wen) and Spiritual Axis (Ling Shu). Simple Questions deals mostly with theoretical concepts and medical cosmology while Spiritual Axis is primarily concerned with acupuncture and moxibustion. Rudimentary use of the point-penetration method is recorded in the Nei Jing, where it says “Puncture points horizontally along the skin to expel evil-cold in cutaneous layer”. This laid the foundation for future development of the technique.

During the Song Dynasty (960-1279 AD), the method was again advocated and first given a name in the Song of Yulong (The Jade-Dragon Song) (2); many of the early Chinese acupuncture texts are in verse as a memory aid to apprentices who often would have been unable to read. Two clinical applications are reported in the words of the song:

Difficult is migraine treating,
Sizhukong-Shuaigu (TE.23-GB.8) through penetrating,
One needling, two points,
Sure of wonder working.

and another verse:

For deviation of the mouth and eye,
On Dicang-Jiache (ST.4-ST6) rely.

In the Jin and Yuan Dynasties (1115-1368 AD) Dou Mo, a master acupuncturist, was good at this method. During the Ming Dynasty (1368-1644 AD) more was recorded on the point-penetration method in Six Collections of Acupuncture Prescriptions by Wu Kun (3).

Yang Ji-zhou, another famous physician during this dynasty, elaborated on the method in his Compendium of Acupuncture and Moxibustion (4) in which he annotated The Song of Yulong. An example of one of his prescriptions is as follows:

Only by puncturing Fengchi (GB.20) 1.5 cun horizontally can Fengfu (GV.16) be penetrated to; Hegu (LI.4) piercing Laogong(PC.8); Yemen (TE.2) along under the skin piercing backward to Yangchi (TE.4). He also put forward the multi-directional
penetration method: “Insert in to Yintang (Extra 2) one fen, then along under the skin, puncture to bilateral Zanzhu (BL.2)“.

More detailed exposition was made about its role and cautionary procedures by Zhou Shu-dong, a medical expert of the Qing Dynasty (1644-1911 AD). In his poems of Gold Need/e Plum Blossom (5), he pointed out that “Not only two points can be penetrated to each other, but also can two meridians be done”! Also, “Be it perpendicular or oblique, the tip of the needle should not penetrate out of the other selected point”. So it can be seen that the theory and practice of point-penetration therapy has evolved over the centuries.

**Traditional theory**

**Coordination of Yin and Yang**

Point-penetration may not only link up the Qiof the external and internal channels of Yin and Yang directly, but may also strengthen the association between channels, points, channel acupoints and the zang-fu organs, plus promoting the link-up of Yin and Yang channel Qi so as to “purge excess, replenish deficiency and restore the balance between Yin and Yang.” (6).

Penetrating through Yin and Yang channels may have a better effect on a persistent ailment resulting in “interdependence of Yin and Yang”. If Yin is harmed by a disease of long duration, penetrating from a Yang point through to a Yin point may be adopted to “induce Yin from Yang! If a disease is on the Yang channel, the converse may be done to “induce Yang from Yin”.

The Nei Jing (1) says: “Those who are expert in reinforcing Yang seek inevitably for Yang from Yin. With the help of Yin, Yang may grow and develop infinitely. Those who are expert in reinforcing Yin inevitably seek for Yin from Yang. With the rise of Yang, Yin will never be exhausted as a source or spring”. As long as Yin and Yang are balanced and channels are unobstructed, diseases tend to be cured.

**Avoidance of harm to Protective Qi**

The ancient Chinese attached great importance to the care of protective Qi, which is thought to be the body’s protective screen against exogenous attack. In the Nan Jing: 71 Difficulties (9), a text written in the second century AD consisting of 81 questions and answers dealing with difficult portions of the Nei Jing, it is taught that “No harm should be done to the Wei (exterior) while puncturing the Yin (interior) and no harm should be done to the Yang (skin) while puncturing the Wei (exterior)”. Also, in the Su Wen (Simple Questions): Essentials of Puncturing (10.1), a warning is given that “No harm should be done to the skin while needling at body hair or grains because harm to the skin would affect internally the lung”.

The adoption of point-penetration, where fewer but better points are selected, may not only diminish the number of needle insertions (thus reducing the risk to protective Qi) but could also reduce development of needling phobia. Perimeter penetration may gradually minimise the focus of a disease. Traditionally, point-penetration may also: i. enlarge the stimulated area and propagate...
sensation of soreness, numbness, distention, heaviness, etc. directly to the diseased region
ii. reach the goal of supporting the Yang Qi
iii. drive out the disease
iv. remove putridity and renew flesh
v. relax the muscles and joints
vi. stimulate the blood circulation
vii. relieve pain

Classification
There are many penetrable pairs of points in clinical practice. In terms of the distribution of the points and their therapeutic characteristics, the methods of penetration fall into four types:

Perpendicular penetration
This refers to penetration which acts on two or more points along the diseased channel. It may be used to dredge a channel, join the Qi-flowing, intensify stimulation and ease propagation. Insert a needle first into the selected point and then, with the sensation arriving, penetrate further to the second point on the same channel: upstream for disease-reducing, downstream for Qi-replenishing.

Some clinical puncture prescriptions are:
- Shangxing (GV.23) piercing Shenting (GV.24) for rhinitis
- Zhongwan (CV.12) piercing Xiawan (CV.10), Qihai (CV.6) piercing Guanyuan (CV.4), Gan-shu (BL.18) piercing Pi-shu (BL.20), and Pi-shu piercing Weishu (BL.21) for deficiency of the spleen and stomach and a decrease of the middle burner Qi
- Quchi (LI.11) piercing Binao (LI.14) for pain in the shoulder and arm
- Shen-shu (BL.23) piercing Dachang-shu (BL.25) for psoas strain
- Shenmen (HT.7) piercing Lingdao (HT.4) for neurasthenia
- Sibai (ST.2) piercing Chengqi (ST.1), and Dicang (ST.4) piercing Jiache (ST.6) for Bell’s palsy (facial paralysis)
- Qubin (GB.7) piercing Shuaigu (GB.8) for migraine
- Neiguan (PC.6) piercing Jianshi (PC.5) for palpitation
- Waiguan (TE.5) piercing Sanyangluo (TE.8) for acute lumbar sprain
- Shanzhong (CV.17) piercing Jiuxue (CV.15) for angina pectoris and epigastric pain
- Guanyuan (CV.4) piercing Qugu (CV.2) for retention of urine and impotence.

Horizontal penetration
This refers to the penetration between a pair of exterior-interior related channels which may strengthen the association between Yin and Yang channels and regulate the balance between Yin and Yang. The method is commonly applied to the interior and exterior channels of Yin and Yang corresponding to each other. Insert a needle from the selected point on one channel along the gap between the two channels through to the corresponding point of the other channel. The needle should be advanced to the extent that a pushing-up of the skin can be seen, but not the needle tip.

Clinical puncture prescriptions for common conditions are:
- Yanglingquan (GB34) piercing Yinlingquan (SP9) for knee pain and diseases of the bile duct
- Xuanzhong (GB.39) piercing Sanyinjiao (SP.6) for migraine
- Taixi (KI.3) piercing Funlun (BL.60) for kidney-deficiency, toothache and pain of the heel
- Jianshi (PC.5) piercing Zhigou (TE.6) for malaria
- Zhigou (TE.6) piercing Jianshi (PC.5) for pain in the hypochondriac region
- Waiguan (TE.5) piercing Neiguan (PC.6) for stiff neck and exogenous attacks
- Neiguan (PC.6) piercing Waiguan (TE.5) for disorders in the cardiac region and chest
- Xiyangquan (GB.33) piercing Ququan (LR.8) for hemiplegia, and pain or numbness of the lower extremities.

Oblique penetration
This method refers to penetration between two different channels. Unlike either of the above methods, there is no need to penetrate along the course of a channel nor to pierce through to a corresponding point on either of the two channels exteriorly-interiorly related to each other. The physician may penetrate through to the point of the channel closely related to the diseased zang-fu organs. In doing so, the passage of the channel-Qi may be linked up, Qi-blood travelling in channel and collagen regulated, and the therapeutic range of the selected points enlarged.

Prescriptions commonly used are:
- Houxi (SI.1) piercing Laogong (PC.8) for lumbar sprain and stiff neck
- Daling (PC.7) piercing Waiguan (TE.5) for insomnia
- Quchi (LI.11) piercing Shaohai (HT.3) for hemiplegia and hypertension
- Tiaokou (ST.38) piercing Chengshan (BL.57) for periarthritis of the shoulder
- Qiuxu (GB.40) piercing Zhaohai (KI.6) for thoracic and costal pain
Taichong (LR.3) piercing Yongquan (KI.1) for vertigo, headache and hysteria.
Yingxiang (LI.20) piercing Sibai (ST.2) for biliary ascariasis.
Neiting (ST.44) piercing Yongquan (KI.1) for belching.
a Back-shu point piercing the corresponding Huatuo-jiaji point (Extra 15) for diseases in internal organs and lumbar/back pain.

Perimeter penetration
Penetration acts directly on the affected part with several needles from around the perimeter of the lesion forming a besieging posture. Gradually tighten the ring of the encirclement to concentrate the needling force that will reduce or dispel the lump or knot. Clinically, the method is indicated in thecal cyst, external humeral epicondylitis, Herpes zoster, ulcerous wounds, local nerve conditions and others.

Needling
Selection of needles depends on the disease state and its location. On the head, face, chest, back and the parts of the four extremities with thin muscles: number 30, filiform, 1-3 inch needles are advisable and a pinch-skin method is used for insertion. For parts of the four extremities with thick muscles: number 28, filiform, 3 to 5 inch needles are more suitable and are commonly inserted with a tight-skin method with further twirling.

Whatever insertion is used, the key to efficacy is that there must be needling sensation in the penetrated points. For needle manipulation: the large blood vessels should be avoided and the angle and depth of insertion should be flexibly controlled. During penetration: if the needle meets with obstruction, change the direction of the needle tip slightly before a second try. The needle tip should not come through the skin, but should be palpable beneath the surface.

Case histories
1. A 41 year-old male attended with a 3 week history of right-sided facial paralysis that started with pain behind the right ear. The next day he was unable to close the right eye, the forehead wrinkles disappeared and he was unable to frown, his nasolabial groove had become shallow, and he had developed a droop at the angle of the mouth with an air leak when blowing out the cheeks.

   Treatment was by the perpendicular penetration method. Needles were inserted from the right Zanzhu (BL.2) piercing Jingming (BL.1), Sibai (ST.2) to Chengqi (ST.1), Chengjiang (CV.24) piercing

   Dicang (ST.4), Daying (ST.5) piercing Jiache(ST.6), and simple puncture of Yingxiang (LI.20), Xiaguan (ST.7), bilateral Zusanli (ST.36) and Hegu (LI.4). In the penetrated points the pinch-skin method was adopted; for the rest the pinch-need/e method was used. The needles were retained for thirty minutes and twelve treatments were given before recovery was achieved.

   The distant adjunct points: Hegu (LI.4) the Yuan (Primary) point, and Zusanli (ST.36) the He (sea) point of the two channels, jointly transform the Yangming channel Qi, regulate the Qi-blood function and nourish the channel vessels, which results in recovery. We have applied this therapy in 8 cases, with full recovery obtained in an average of 15 treatments.

2. A 37 year-old woman came with a 3 day history of acute stiffness and pain in the left side of the neck and nape with motor impairment. On examination there was spasm of the left sternocleidomastoid and trapezium muscles, severe pain on movement of the neck, and a thin tongue coating with a thin or taut pulse. A diagnosis of acute torticollis was made.

   The treatment was horizontal penetration connecting the two exteriorly-interiorly related channels with Waiguan (TE.5) piercing Neiguan (PC.6) until the patient felt distending pain in the penetrated points. While the needle was in place it was manipulated every three minutes and the patient was told to move her neck about more and more rapidly and with greater amplitude. After the first 3 minutes neck pain was relieved and freedom of movement regained. Neck movement and manipulation were continued for a few more minutes and the condition appeared cured after needle withdrawal. Local cupping followed to stabilise the curative effect.

   These penetrated points were chosen to achieve the effect of linking up Yin and Yang, dispersing wind and cold, regulating Qi and blood, and dredging the collaterals thus relieving pain. We have applied this treatment in 25 cases of torticollis of which 23 (92%) have been cured with one treatment.

3. A 34 year-old woman complained of 2 weeks of lumbar pain aggravated by turning movements. On examination there was low back tenderness in the area of Feishu (BL.13) and Shenshu (BL.23) with increased tension of the lumbar muscles. The tongue was thinly coated and the pulse deep and thin. A diagnosis of arthralgia was made.

   Oblique needle penetration was used with the following points pierced cutaneously with 2 inch
4. A 32 year-old woman presented with a thecal cyst in the dorsum of the right wrist joint, present for two years. She also suffered from angina and lack of strength. The cyst was 1.5cm in diameter, mobile, smooth margined, and fluid-filled to palpation.

Perimeter penetration was used, with 4 or 5, 1 inch needles equally spaced around the border of the cyst with their tips directed towards the centre and reaching the base of the cyst. After insertion the needles were manipulated with heavy twirling, lifting and thrusting in order to pierce through the cyst. Needles were retained for 20 minutes, during which the needle hole was shaken, pressed and squeezed wider several times in order to disperse the mucus. Five treatments clinically eliminated the cyst, and ten months later no recurrence was reported when the patient attended seeking other medical advice.

The standard treatment for symptomatic cysts is surgical excision. We have used the needle penetration method successfully in seven cases with complete recovery in an average of five treatments.

Discussion

Point-penetration acupuncture has been an effective and popular therapy in traditional Chinese medicine through the ages, with the scope of its application including both acute and chronic conditions. By piercing a few selected points with one or more needles, pain can be eased or relieved effectively at low-cost and with virtually no side effects. Though most of the conditions treated are not life-threatening, they may cause patients considerable discomfort, suffering, and expense while searching for relief. We believe that traditional Chinese and Western medicine each has its own strong and weak points, and by combining Sino-Western knowledge and experience into complementary practice most ailments are curable. Patient satisfaction through the least expensive, least obtrusive and most effective method should be the goal of all practitioners.

Conclusion

The effectiveness of point-penetration acupuncture therapy has been demonstrated practically through the ages. It requires accurate point selection with the proper combination of primary and adjunct points, correct piercing direction and nimble manipulation to achieve the vital needling sensation at the pierced points. Careful anatomical consideration needs to be made in order to avoid puncturing large blood vessels and causing bleeding.

The prescriptions provided in this article should be clinically verified and are open to further development. Physicians who wish to carry forward this age-old therapy should explore and discover more penetrable points to provide further recipes that will be effective in treating difficult cases.

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