Clinical Applications of the Zulinqi Acupuncture Point

Pang Jun, Li Yu-shun, Huang Bo-ling, Zhou Yu-yan, Han Zhi-yong and Faye Richardson

Summary
The Zulinqi acupuncture point (GB.41), on the dorsal surface of the foot, is reported traditionally to be effective for treating disorders that occur along the course of the Gall bladder channel. The authors describe its beneficial use in five, widely differing indications and give supporting case histories. The indications discussed are: metatarsal fracture, bruised finger, headache, pain in the hypochondrium, and abdominal Herpes zoster. Its use in these cases is shown to illustrate four important principles of treatment: select lower points for upper diseases, use points on the right for symptoms on the left and vice versa, restrict needling to few but effective points, and apply one point to many purposes.

Key words
Abdominal pain, Foot pain, Headache, Herpes zoster, Meridians, Traditional Chinese acupuncture, Zulinqi point.

Introduction
The acupuncture point Zulinqi (Gall bladder 41) is located on the dorsal surface of the foot, in the depression anterior to the junction of the 4th and 5th metatarsal bones (Figure 1). The course of the Gall bladder channel runs from head to foot and originates from the outer canthus of the eye, ascending to the corner of the forehead, then down behind the ear, and down the lateral side of the trunk and lower limb to between the 4th and 5th toes (Figure 2). It has been used traditionally to treat conditions along the course of the meridian such as eye pain, headache, tinnitus, deafness, disease of the jaw, breast abscess, mastitis, pain in the abdominal hypochondriac region, and disorders in the lateral area of the lower limb and the dorsum of the foot (1,2).

The Zulinqi point has been important to traditional Chinese medicine physicians because of its convenient location for needling and the connections and linkages to channels abundant in Qi and blood. According to traditional medical...
Shaoyang and is one of the 8 Confluence points linking to the Dai (belt) channel.

The location of Zulinqi on the dorsum of the foot makes for easy point identification and convenient manipulation. To prepare for treatment, the patient should be in the supine position with the lower limb relaxed. The physician should insert a 1.5in, 30 gauge needle using the pinch needle method of twirling to obtain strong needling sensation to the disease area. Attention should be paid to the direction of insertion, which depends on the disease location and the need to reinforce in deficiency disease or reduce in excess.

Following the traditional Chinese medical principles of “treatment is acted on where channels and collaterals pass through” and “multiple use of one point”, a therapeutic effect may be obtained in treating disease associated with the Gall bladder meridian. The effect of Zulinqi as the main acupoint prescription may be enhanced by adjunct points or incorporation with syndrome differentiation. The following examples give evidence of the scope of Zulinqi in treating specific disease.

1. Metatarsal fracture
A 34 year old man attended the Bone Injury Department of our hospital the morning after damaging his right foot through slipping while going downstairs. X-ray examination on the day of injury had revealed a fracture in the base of the 5th metatarsal bone. Although stabilisation had been given, the local swelling and pain had caused a sleepless night.

On arrival, he was unable to stand or walk and the swelling and pain was increasing. On examination there was local tenderness and the foot circumference taken at the anterior aspect of the right malleolus was found to measure 28.5cm compared to the left at 25.8cm. More effective local stabilisation was applied and acupuncture treatment was commenced, puncturing Zulinqi (GB.41) on the right, supplemented by Yanglingquan (GB.34), and Sanyinjiao penetrating horizontally to Xuanzhong (SP.6-G.B.39) (3). Reducing methods of twirling, lifting and thrusting were used. The needles were left in place for 30 minutes and manipulated every 5-10 minutes.

Returning the next day for treatment as instructed, the patient said the pain had much reduced and he had been able to sleep the previous night. Five successive treatments diminished the pain and swelling further, with the foot circumference coming down to 26cm. After 10 treatments the local swelling had disappeared and although slight pain remained the patient could walk several steps.

The treatment of fractures with acupuncture usually requires 3 courses of treatment. So, 10 days later, treatment was recommenced with the addition of reinforcing stimulation to bilateral Zusanli (ST.36). This treatment was given every other day for 10 sessions. One month later, a second x-ray examination showed the fracture to be healed, and the patient was able to walk normally.

Comment: According to the Nan Jing (The Classic Difficulties) “The Shu point is responsible for body weight and pain relieving”. The Nan Jing (4) is an ancient Chinese text written in the second century AD: it consists of 81 questions and answers dealing with difficult portions of the Nei Jing (the earliest text on Chinese medical theory) (5,6). Zulinqi is the Shu (Stream) point of the Gall bladder channel: thus traditionally the point has power to transport Qi, activate blood circulation and ease pain. The Gall bladder channel “follows the dorsum of the foot and enters between the 4th and 5th toes”. So, since “Where the channels and collaterals pass through is where the treatment is acted on”, Zulinqi is the most logical point to select in this case.

In the second and third courses of acupuncture treatment, traditionally the focus should be shifted to the tonification of Qi-blood and nourishment of the liver and kidney. The addition of bilateral Zusanli (ST.36) is aimed at replenishing Qi and blood and regulating the functions of spleen and stomach; this is called “the postnatal nourishing the prenatal”. The kidney also controls the generation of bone and marrow, thus promoting the healing of fractures.

2. Bruised finger
A 75 year old man fell when climbing upstairs and landed on his left hand bruising the ring and little fingers. He had local pain and was unable to move the fingers. Examination showed tenderness at Zhongzhu (TE.3), local swelling, distention and slight blueing of the skin. X-ray examination ruled out fractures.

Treatment was to Zulinqi on the right foot, with reducing manipulation every 3-5 minutes during which the patient had been told to move the affected fingers. The needle was left in place for one hour, by which time the two fingers were much relieved of pain and able to move freely. A second, stabilising treatment the next day resulted in complete relief.

Comment: The principle of point selection followed was that of cross needling Hand and Foot channels of the same name, “treat the right part for symptoms
on the left and vice versa”. Other crossover treatments that can be used include: shoulder to hip, elbow to knee and wrist to ankle. In this case, the right Zulinqi (GB.41) of the Foot-Shaoyang channel was selected because of tenderness in the left Zhongzhu (TE.3) of the Hand-Shaoyang channel. Sprain or contusion traditionally results in stasis of Qi and blood in the channels and collaterals, with excess being the major symptom: therefore, the reducing method should be applied, with production of deqi.

3. Headache
A 41 year old man had suffered with left-sided headache for 10 years. The most recent attack had begun two days before he attended the clinic. He complained of distending pain in the left side of the head, with occasional pulsating feelings accompanied by cramping pain at the top of the head and behind the ear. He also had soreness and distention of the eyes with watering of the left, a flushed hot face, restlessness, disturbed dreams, dryness and bitter taste in the mouth, a reddish tongue with thin yellow coating, and a taut slippery pulse. These symptoms make up a Chinese syndrome that is classified as “headache involving Shaoyang”.

The left Zulinqi was selected as the major acupuncture point supplemented with Zhongzhu (TE.3), Fengchi (GB.20) and Taiyang (Extra 1) (I). The needles were left in place for half an hour at each treatment and reducing manipulation was applied. At the second treatment he claimed relief from the distending pain but the hot flushed face and restlessness remained, so Xingjian (LR.2) was added. By the fifth treatment, the headache had not recurred and his flushed face and restlessness had decreased, leaving only the disturbed dreams for which Shenmen (HT.7) was added. By the seventh treatment, all symptoms had disappeared and his sleep had improved, so clinical recovery was achieved.

Comment: The two Shaoyang channels run to or from the temple area and around the ear, while the Liver channel passes internally to the top of the head. Zulinqi is thus the primary prescription in this case and is in compliance with the principle of selecting lower body points for upper body diseases. Traditionally the supplementary point Fengchi (Wind-pond) is aimed at removing damaging wind from the head; Taiyang is located in the temple and is capable of smoothing collaterals and easing pain, and Xingjian is the Ying (Spring) point of the Liver channel and is meant to clear heat and fire.

4. Pain in the chest and abdomen
A 38 year old man came complaining of right-sided chest pain for three days due to muscle strain following abnormal exertion. He had suffered poorly localised, distending pain in the right hypochondrium, with impaired movement on bending forward or backward or turning at the waist, also chest tightness and discomfort, and pain in the hypochondrium induced by coughing and breathing. On examination he had a thin coating on the tongue and a taut, thin pulse.

Treatment was with Zulinqi on the right and with Zhigou (TE.6) as a supplementary point on the same side (I). The reducing method was used and needles were retained for half an hour during which manipulation was given every 5 minutes. At the same time, the patient was encouraged to mobilise with turning movements at the waist until the needles were withdrawn. Within an hour his symptoms had subsided and the next day he told us that there had been no further discomfort. One more acupuncture treatment was given to stabilise the therapeutic effect.

Comment: The Liver and Gall bladder channels have an interior-exterior relationship in the hypochondrium. Traditionally: the pain exhibited in this case is due to stasis of Qi in the chest or hypochondria, so clearing of the Shaoyang channels will relieve the pain: selection of Zulinqi, the Stream point of the Gall bladder channel, and Zhigou as a supplementary should achieve this.

5. Herpes zoster
A 38 year old woman attended the clinic complaining of burning pain in a rash on the surface of the right hypochondrium for 3 days. The pain was aggravated by movement, she had thirst but no fever, and reported sleepless nights. Examination revealed the vesicular rash of Herpes zoster, a thin yellow coating on the tongue, and a soggy pulse.

The main acupoint selected was Zulinqi on the same side, supplemented by local circular penetration around the area of rash (3). One treatment was given every day using the reducing method and needles were retained for 40 minutes each time. After two treatments the local pain was greatly relieved, the rash was a darker red, and the lesions had already become partially crusted and somewhat contracted. The fourth treatment saw generalised crusting and the disappearance of the red rash. Within one week all the lesions had gone.

Comment: Traditionally these clinical manifestations result from dampness and heat stagnated in the Liver and Gall bladder. Zulinqi is
both the Stream point of the Gall bladder channel and one of the eight Confluence points linking to the Dai (belt) channel which governs all the main channels. It thus not only removes dampness and heat stagnating in the Liver and Gall bladder, but is also indicated in disorders affected by the Dai channel. The effects are further strengthened by the use of local circular penetration.

Discussion

Symptoms in all but one of the above five cases, though differing widely in character, are manifest on the upper parts of the body. The effective use of Zulinqi here thus supports the principle of selecting lower points for upper diseases. At the same time, used on the basis of traditionally effective prescriptions for headache and pain in the hypochondrium, this range of indications for Zulinqi in clinical practice affirms the treatment principles of “multiple use of one point” and “selection of fewer but more effective points”. These practices not only reduce patient discomfort but also centralise the needling power and increase therapeutic effect.

Pang Jun, Huang Bo-ling, Li Yu-shun and Zhou Yu-yan
Nanjing TCM Hospital, China

Han Zhi-yong
Shaanxi College of Finance & Economics, China and
Chinese Radio Studio Team, Zanzibar

Faye Richardson BSN MSN
Phase-Out Projects, Zanzibar, Tanzania

Address for correspondence
Faye Richardson
P.O. Box 1421, Zanzibar, Tanzania
Email: phaseout@cats-net.com

References
4. Nan Jing (The Classic Difficulties). China; c.150 AD.
5. Nei Jing (Internal Classic of the Yellow Emperor). China; c.100 BC.
Clinical applications of the Zulinqi acupuncture point

Pang Jun, Li Yu-shun, Huang Bo-ling, Zhou Yu-yan, Han Zhi-yong and Faye Richardson

*Acupunct Med* 1999 17: 93-96
doi: 10.1136/aim.17.2.93

Updated information and services can be found at:
http://aim.bmj.com/content/17/2/93

**Email alerting service**

*These include:*

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://www.bmj.com/company/products-services/rights-and-licensing/

To order reprints go to:
http://journals.bmj.com/content/subscribers

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/