

<b>Body Positions</b>	
<b>Position</b>	<b>Areas of Access</b>
1. Sitting	Head, neck, face and front and sides of body
2. Sitting at a table, leaning to one side	Side of head or neck
3. Supporting the head	Head and face
4. Sitting at a table with the head bowed	Back and lower back (see also prone position)
5. Sitting elbows bent exposing palms	The yin channels of the forearms, face.
6. Sitting elbows bent exposing back of hands	The yang channels of the forearm. If the hands are adjusted, heart and small intestine points will also be available for treatment.
7. Lying on the side	Sides of legs, lateral costal regions; bend the uppermost leg when selecting points in the area of GB-24 or GB-30 and straighten the uppermost leg when selecting points in the area of LV-13 or SP-21.
8. Supine with legs bent	Face, neck, cheek, abdomen, front and sides of lower limbs.
9. Prone	Head, neck, back, lower back, buttocks, back and sides of lower limbs

### 1.2.7 Needle insertion practice

The student should begin practicing the insertion techniques described herein on a tightly bound pad of paper, a ball of cotton cloth, or a tightly bound piece of sponge rubber. Beginning with a 1 inch-30 gauge needle, the student should gradually progress to longer and thinner needles. After she can easily insert thin needles into the practice material, the student then may begin to practice on her own legs and arms. Points such as LI-11, TB-5, ST-36, and GB-34 are good points for practice. The next step is to practice needle insertion on fellow students. Again, points on the limbs are the safest ones to begin with, followed by points on the body and head. This practice should be supervised by a qualified teacher.

# 1. Acupuncture

## 1.1 The Filiform Needle

The filiform needle is the one most commonly used for performing acupuncture. It is generally made from a stainless steel wire that is sharpened at one end and has a thin wire of copper, stainless steel, or silver wrapped around its opposite end to serve as a handle. The parts of the needle are illustrated below.

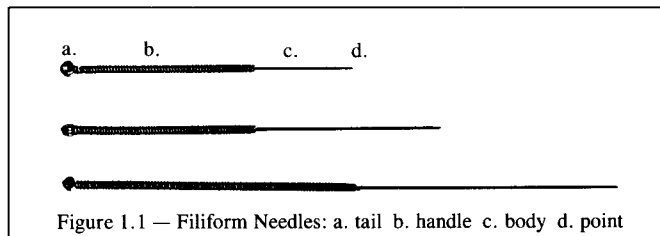


Figure 1.1 — Filiform Needles: a. tail b. handle c. body d. point

Stainless steel is chosen for the body of the needle because of its flexibility, strength, and resistance to oxidation. Though silver and gold are also rust-resistant, they are expensive, and are relatively soft metals. Thus they are used only according to specific schools of thought when their pliability does not impede treatment.

Filiform needles are available in several lengths and diameters. Frequently seen lengths are 0.5 to 5 inches, and diameters from 30 to 34 gauge are the most popular. The charts that follow describe the various lengths and diameters and their scopes of treatment.

Needle Length and Application		
Length		Area of Use
Inches	Millimeters	
0.5 - 1.0	13-25	Head, face, ear, eyes, fingers, toes
1.5	40	Limbs, body trunk, back
2-5	50-125	Thigh, buttocks, upper arm, and other particularly fleshy areas. Also employed when "joining" points.

Needle Diameters		
Chinese Gauge	Japanese Gauge	Diameter (in mm)
26	15	0.46
28	10	0.34
30	8	0.30
32	6	0.27
34	4	0.22
36	—	0.19
—	3	0.20
—	2	0.18
—	1	0.16

Thin needles provide a less potent stimulus than their thicker counterparts. They therefore are favored for treatment of older persons, children, or weak patients. They are also appropriate for treatment of the ocular region. Thick needles produce a strong stimulus that is more suitable for robust patients. 30 and 32 gauge needles are the most commonly employed.

In recent years presterilized disposable needles have become popular because of their convenience and safety. These needles often come with an insertion tube and differ from standard needles in that their handle is usually made from aluminum or steel tubing that is crimped in place. This type of handle also typifies Japanese needles.

The thinnest Chinese needles (those with a diameter smaller than 34 gauge), and most Japanese needles, are often inserted with the aid of a tube, which supports the body of the needle during insertion. Insertion tubes are available in stainless steel or glass (for re-sterilization), and in disposable plastic, in lengths approximately 4 mm shorter than the needle with which it is used.

Before use, needles should be inspected for imperfections. The tip of the needle should not be too sharp, as this can cause it to bend or break off. It also should not be blunt, as that makes the needle difficult to insert and causes pain.

Pulling the needle by the handle through a dry cotton ball will reveal whether there are burrs on the body or tip. Burrs can be filed off with fine sandpaper or a grinding stone.

Any cracks or corrosion in the body or tip of the needle necessitate its disposal. If the needle has a crimped handle, it should be tested to ensure that it will not separate from the body of the needle during manipulation.

## 1.2 Techniques for Needle Insertion

Needle insertion may be described as comprising three distinct phases: insertion of the needle beneath the superficial layers of skin; movement of the needle to the depth at which contact with the acupuncture point is made; and elicitation of a characteristic physiological sensation, a procedure called obtaining qi. Though these aspects of needle insertion become, in actual practice, a single event, it is helpful to understand them individually, and to develop skill in their individual application.

There are three methods commonly used to insert the needle beneath the skin, and to bring the needle to its required depth: rotating insertion, tube insertion, and pricking insertion.

### 1.2.1 The four techniques of rotating insertion

Rotating insertion is the most versatile and widely used method of needle insertion. Four techniques of rotating insertion are commonly practiced: the *two-finger press* (also called “holding the body of the needle”); the *single-finger press* (also called the “pressing finger” technique); the *skin-spreading technique*; and the *skin-pinching technique*.

#### a) The two-finger press

- *Technique:*

- Step 1:** Hold the needle at the handle with the thumb and index finger of the right hand, while the left thumb and forefinger support the end of the needle body with a small piece of sterile cotton.
- Step 2:** Place the tip of the needle lightly on the surface of the skin over the point.
- Step 3:** Insert the needle by exerting a quick, firm downward pressure with both hands simultaneously.
- Step 4:** Remove the cotton and continue to insert the needle until the correct depth has been reached.

- *Application:* The two-finger press is especially suited to the use of longer needles. This technique, in which two hands are used to guide the needle during insertion, provides stability over a greater portion of the length of the needle body. Longer needles are used where the musculature is thicker (such as the hips and legs), and for the special technique of joining points, in which two points are connected by one needle. Proper clean needle technique requires that cotton be used around the base of the needle, as touching the body of the needle with the fingers is prohibited.

**b) The single-finger press****• Technique:**

- Step 1:** Press either the thumbnail, or the nail of the index finger of the left hand, onto the skin surface over the point.
- Step 2:** Holding the handle of the needle with the right thumb and forefinger, support the needle tip against the finger nail.
- Step 3:** Keeping the needle next to the nail, insert it through the skin with a quick, firm downward motion.

**• Application:** The single-finger press is appropriate for the insertion of needles 2 inches in length or shorter. It is also particularly useful in areas near to a palpable pulse: the pressing finger covers the pulse and the needle is inserted next to it, thus protecting the blood vessel from injury during insertion. This method does not meet the standards of a clean field because the needle comes into contact with the thumbnail. We include it here for completeness.

**c) Skin-spreading technique****• Technique:**

- Step 1:** While holding the handle of the needle between the thumb and forefinger of the right hand, bring the needle tip to rest lightly on the skin surface above the point.
- Step 2:** Stretch the skin on either side of the point with the thumb and forefinger of the left hand.
- Step 3:** Insert the needle using a quick, firm downward movement with the right hand, while continuing to stretch the skin with the left hand.

**• Application:** By increasing the surface tension of the skin, areas of loose or folded skin (such as on the abdomen and on elderly patients) are more easily penetrated.

**d) The skin-pinching technique****• Technique:**

- Step 1:** While holding the handle of the needle with the thumb and forefinger of the right hand, pinch the skin around the point with the left hand.
- Step 2:** Rest the tip of the needle lightly on the point, and insert with a quick, firm, downward movement.

- *Application:* The skin-pinching technique is used on areas where the skin is thin, such as on the face and head.

With all rotating insertion techniques, after the superficial layers of skin have been penetrated, the needle is moved to the correct depth with a slow, slight rotation. The needle rotation is performed either in a single direction, or equally in both directions, and is combined with the continuous downward movement of the needle. Insertion rotation is not intended to provide supplementation or drainage stimulation.

### 1.2.2 Tube insertion

Tube insertion employs the use of a thin stainless steel, glass, or plastic tubular guide into which a tailess needle (without the end ring) is placed before insertion. Insertion tubes are approximately 4 mm shorter than the needles for which they are intended, thus exposing a consistent length of the needle handle when the tube and the needle tip are allowed to rest on the skin surface. The needle is gently tapped into the skin until the top of the needle handle is level with, or just below, the top of the tube. The guide tube is then removed and the needle inserted to the appropriate depth. This technique is most often used with long and/or thin needles, as well as in the treatment of children and adults who are particularly sensitive.

Practitioners who favor the use of insertion tubes often develop skill in manipulating the tube and the needle with one hand. Such skill allows acupuncture points to be palpated and located with the index finger of the left hand, while the tube and needle are prepared with the right hand. Care must be taken when practicing this technique that clean fields are not compromised. The practitioner must not come in contact with the body of the needle.

### 1.2.3 Stabbing

Stabbing is the insertion technique used on patients with skin that is particularly sensitive or difficult to penetrate. The right hand holds the needle while the left hand is used to stabilize the skin at the acupuncture point. The needle is quickly inserted with a stabbing motion to a depth of 0.6 to 1.0 cm.

### 1.2.4 Angle and depth of insertion

The correct angle and depth of insertion is determined in part by the physiology of the area being needled and in part by the intended effect of the treatment.

*Angle of Insertion:* There are three principal angles of insertion as outlined below. These angles are guidelines that are subject to modification according to the requirements of the particular site and the disorders being treated.

Needle Insertion Angle		
Name	Angle (from tangent at point)	Comments
Perpendicular insertion	90°	The most common insertion.
Oblique insertion	45°	Appropriate where the subcutaneous flesh is thin or where an internal organ lies beneath the point. Commonly used on the chest and back. Also employed for moving qi in a given direction.
Transverse insertion	10 to 20 °	Suited for areas with little flesh beneath the skin. The head, face and neck often require transverse insertion. Also useful when joining points.

*Depth of Insertion:* Depth of insertion is determined by consideration of the local anatomy, the patient's constitution, the season, and the depth and nature of the pathogen.

The practitioner must be aware of the anatomy at each point and the dangers of an excessively deep insertion. The needling depths recommended with each point in Part III of this text are guidelines that must be fitted to the physique of the patient.

The following chart is a condensation of guidelines set forth in the *Inner Canon* regarding depth of insertion based upon patient constitution.

Needle Insertion Depth				
Relative Depth of Insertion	Constitutional Aspect			
	Age	Gender	Body Type	Qi & Blood
<i>Shallow</i>	Older Persons & Infants	Female	Thin	Qi & Blood Debility
<i>Deep</i>	Teen & Middle Years	Male	Portly	Abundance of Qi & Blood

In modern practice the practitioner must weigh the clinical propriety of determining-needle depth by the seasons. The *Classic of Difficult Issues* states:

In spring and summer yang qi is in the upper regions and a person's qi also is in the upper regions, therefore one should needle superficially. In autumn and winter yang qi is in the lower regions and a person's qi is also in the lower regions, therefore one should needle deeply.

This is consistent with the theory put forth in the *Inner Canon*.

In general, heat and vacuity diseases require shallow insertion, and cold and repletion diseases require deep insertion. Needling depths for repletion heat and vacuity cold diseases are determined by the depth of the pathogen.

The depth of the needle insertion should be in accord with the depth of the disease. The *Inner Canon* states:

Deep needling applied to a superficial disease results in injury [to deeper lying flesh]...[and] superficial needling applied to a deep disease does not drain [the pathogen].

Whereas an exogenous pathogenic contraction can be treated with shallow needle insertion, a deeper invasion of the pathogen requires deeper insertion. Diseases affecting the flesh, blood aspect, bones, or organs all require deep insertions.

### 1.2.5 Withdrawing the needle

The speed of withdrawal and other particulars of needle withdrawal are dependent on whether one wishes to supplement or drain the point in question. The following guidelines hold true regardless of the type of effect desired in treatment of the point.

- The needle should be rotated slightly as it is withdrawn to prevent its adhesion to body tissues.
- The needle should be withdrawn to just below the skin and then retained at this depth for a few seconds before it is fully withdrawn. This procedure will generally prevent bleeding and reduce post-needling pain.
- An alcohol-soaked ball of cotton should be used to swab the point after the needle is withdrawn.
- Needles inserted in the region of the eye should be withdrawn slowly and with special care.

### 1.2.6 Positioning the patient

The position selected for the patient should be one that allows him to be comfortable enough so that he can remain still for the duration of the treatment. The practitioner must also have access to the necessary points. In general, these two

criteria can be met by one of the postures illustrated below, but sometimes the treatment must be divided into two or more sections during which the patient assumes different postures to allow the practitioner access to the points to be needed.

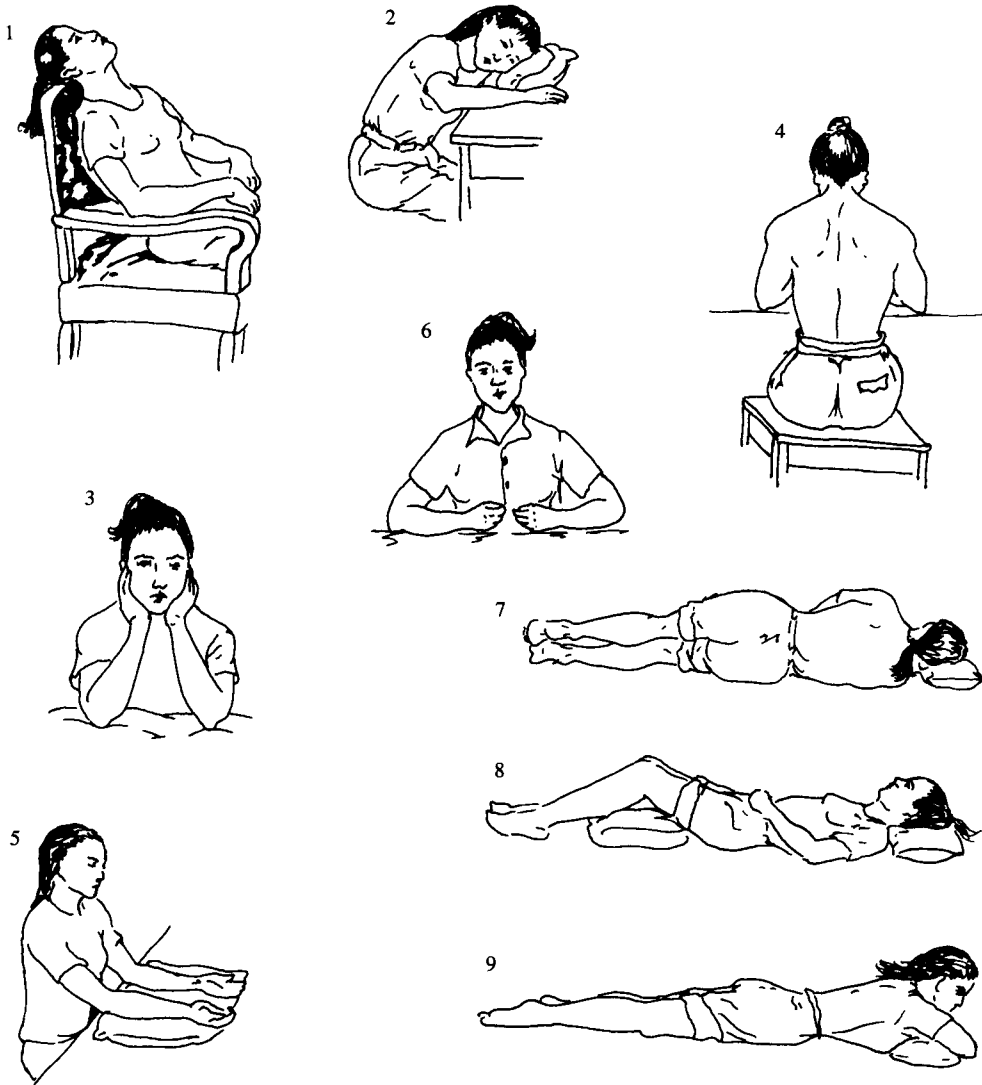


Figure 1.2 Chart of positions and their uses

Note the use of pillows in various positions that allow maximum patient comfort.