MASTERING TUNG ACUPUNCTURE

DISTAL IMAGING FOR FAST PAIN RELIEF
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Second Edition

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Dr. Wei Chieh Young has been so generous in his teachings. I can honestly say that although I have put this book together, without either of these two masters, I would not have been able to write this book.

It is because of these two individuals that so many of us have success in our clinics and are able to help others. I am grateful that I was lucky enough to spend time with these doctors.

Last but not least, to Cole. He was the doctor who inserted a needle into Ling Gu, on my hand, which magically made my low back pain disappear. I can still remember my back pain melting away instantly. At that moment, I knew Tung acupuncture was for me. Cole educated me and let me listen to and watch him. He took me in and taught me so much. So much of what I have learned came from that original seed of Cole’s friendship and knowledge.

Thank you.
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INTRODUCTION

I have chosen to use the IMRs (images, mirrors, and relationships) that Dr. Wei Chieh Young and Dr. Richard Tan use in their classes.

There were obviously other influences and teachers, and I share those pearls of wisdom as well. Now, after seven years, six different countries, and 62,000 treatments, I am sharing what I have learned. All teachers have their own interpretation and use of Chinese medicine.

I chose these IMRs based on my daily use of them in my own clinic and the clinical successes I have witnessed personally over the last 62,000 treatments. Are there other IMRs that you could use for these medical issues as defined by Master Tung? Yes. I also change which IMRs I use, depending on about 100 different factors. The IMRs I have chosen are based on patient comfort, ease of needling, and high clinical efficacy. I use easy to needle, easy to locate, and highly dependable and successful points.

Not all of these IMRs are used every time on each patient. I have found in clinical practice that there are a handful of IMRs and channels that work almost every time. There are primary IMRs that I use over 90 percent of the time (because of their dependable clinical effectiveness). There are also secondary IMRs that I use depending on the nature of the disease (root and branch) and the needs of the patient.

In practice, I try to use as few needles as possible, but as many as are necessary to achieve results for the patient. I do not insert just one or two needles and tell the patient they are healed. The patient needs to realize the results, not the practitioner. You will notice that many IMRs are used over and over again. I usually use 10 percent of the IMRs 90 percent of the time. You will find this also true in your own clinic. Of your favorite points or images, 10 percent are used 90 percent of the time.

In Tung acupuncture, some of the most important and clinically effective points are those of zones 11.00, 22.00, 77.00, and 88.00. You will see a preponderance of
these points in my choices. This is the same with the IMRs. There are those that are more clinically effective, and we decided to focus on these. This rule also applies to the channel relationships. They all work, but some relationships are much more successful in daily practice.

I usually employ a Dao Ma concept. Your success rate will go up when you use two to three points in a row; hence, many of my point selections are two or three points in a row. An excellent resource for further information is *Advanced Tung Style Acupuncture* by Dr. James Maher. You will also notice that if you use overlapping or redundant IMRs, you will get better results.

Most Master Tung points are treated on the opposite side, and the *most* important thing is that you get the Qi sensation. If you cannot decide on which side the pain or internal issue is located, you can treat either side. Master Tung has given us such an amazing acupuncture system. It is through hard work, determination, and experience that we can fully understand it.

Master Tung said, “Observe for yourself, and then think about it.” Master Tung never wanted any of us to blindly follow his point selections. Master Tung never wanted any of us to blindly follow his IMRs. He wanted us to think, ponder, listen, learn, and improve. It is my hope that the IMRs and points I have suggested are a starting point for further elucidation to be pursued by each acupuncturist. As Buddha said, “I can show you the path, but it is you who must walk it.”
CHAPTER 1

WHY DO IMAGING AND MIRRORING WORK?

The Master Tung method and/or the “distal method” is over 2,500 years old and is derived from the I-Ching, one of the oldest books in the world. This method has several names: “I-Ching Acupuncture,” “The Balance Method,” or “Distal Point Acupuncture.” Regardless of the name, the effects are nothing less than miraculous. One of the main concepts of Master Tung acupuncture is “imaging and mirroring.” We know imaging and mirroring work from a clinical perspective, this can be seen daily in the clinic. But how and why do they work?

The best example we can use to explain how imaging and mirroring work is the ear. We know in Chinese medicine that hearing loss, especially age-related hearing loss, can be due to kidney weakness, Jing loss, or kidney yin and/or yang issues. It can be other TCM pathologies, of course, but let us just assume it is the kidney (some pathology of the TCM kidney). This is by far the most common type of hearing loss.

If we go to any doctor and tell them hearing loss is due to a kidney deficiency, most of them would laugh us out of their office. If we tell our patients that we need to treat their kidneys to heal their ears, they are likely to look confused. This, though, is not that far from the truth.

The kidney and ear, via embryology, are the only two tissues that at one point were the same. In Chinese medicine, what is another name for the ear? It is called the outer kidney. Why is this? Is it some hookie-dookie mystical, crazy Chinese medicine? The kidney and ear were once the same tissue.

During embryonic development of the kidney, the tissue breaks apart. One part of the tissue moves to your back, and becomes your kidney organs. The other part of this tissue migrates to your head, and becomes your ear. It is amazing that our ancestors already knew this thousands of years ago.
It is interesting to note. How do Western doctors and other Western-minded practitioners treat age-related hearing loss? Typically, they have no answer. The few who are current on their research have recently been prescribing or suggesting the supplement called the “hearing hormone.” This hormone is called Aldosterone. Aldosterone is made in the adrenal glands.

The Chinese were 95 percent correct on anatomy in 2000 BC. The only thing they did not separate out were the endocrine glands. When we treat the kidneys, we are also treating the adrenal glands.

The adrenal glands are endocrine glands, and they are located on the top of the kidneys. When Chinese medicine refers to the kidneys, they are including the adrenals. In Chinese medicine, most would agree that, when it comes to pulse diagnosis, there are two kidney pulses. The right pulse pertains to the “western kidney.” This is the actual function of the kidney—filtration, water metabolism, etc.

The left kidney pulse is known as the “Chinese kidney pulse.” This pulse is typically associated with strength, energy, libido, and reproduction. This pulse represents the adrenal glands and the adrenal function of the kidneys. Though they are separate in Western medicine, they were originally grouped together in Chinese medicine.

So 3,000 years ago the ancients knew that if we stimulate the kidney (i.e., the adrenal and kidney), we can release aldosterone into our bloodstream and thus improve hearing. There are numerous research studies on the effects of aldosterone and age-related hearing loss.

So what does this have to do with image, mirror, and tissue relationships? This helps us understand why it makes sense that the elbow can be used to treat the knee. Or that the foot can treat the face. Or that the lungs are imaged on the biceps, and the heart is imaged on the upper thigh. This helps explain the numerous images and mirrors. Our body is a connected organism. Though you and I may see different “pieces” of our body—an arm, a foot, a face, an ear, or a kidney—it is all related. Our body is a system—a physical, emotional, and spiritual system. When we influence one piece, we cause a reaction on another piece somewhere else. This is what the ancients realized.
As an embryo, we are all one cell. From a zygote, we became a polygote and then four cells, eight cells, sixteen cells, etc., until we eventually become a full-fledged 100 trillion-cell human being. This is important because all the genetic information from that one cell is in all 100 trillion cells in our body.

Granted, the cells are different, but the DNA, the genetic material, is the same in all the cells. Hence, we have the yin/yang theory of the yin within the yang, and the yang within the yin. The micro in the macro, the universe in the human, and the human in the universe.

As we developed, our cells were a tube, in rudimentary terms. As this tube split in two, we had two parts. As the two parts separated again, we had a top and a bottom, although visually we see up and down or left and right. For the brain, the same neural connections that are on the left side are on the right side (they came from each other). The same neural connections are in the top and bottom (they came from each other). The same neural connections in the left, right, up, and down are all the same. They all came from each other.

This is why the human body can be treated in so many places. We can find images and mirrors all over, but the whole human body is also represented on the sole of foot, the hand, the ear, the head, any bone, any finger, and any toe. The body representations are endless. This is why distal acupuncture works.

You and I see a left and right, or a leg bone and an arm bone. The body certainly sees this as well, but it also sees the other as identical. It is like looking at your child as an adult. Your son or daughter might be fully grown, and you see that, but you can also still see the child in them.

We see this theory at work in parents and their children. How many children act like their parents? How many smile like their parents? It is not the same, but it is. This is similar to the theory of images and mirrors on the body. We see different things visually, but the brain has a different visual representation of the human body. If you see a picture of what the brain “sees,” you will see a different-looking human.

The brain sees you and me with a huge head, lips, eyes, nose, and a huge mouth. It sees a very small chest, back, upper arms, and abdomen. It sees a huge genital area, huge lower arms, even bigger hands, and even bigger fingers. It sees the upper legs
as small and the lower legs as huge. It sees the lower legs as bigger, and the foot and toes bigger and bigger. For more detailed information on this, see the book *Mapping the Mind* by Rita Carter.

Why is this important? The fact that the brain sees larger or smaller parts of the body is the representation of the neural density in the brain. So speaking in simple terms, since the brain sees the lower limbs (both arms and legs) as “larger,” a needle placed in the lower limbs will cause a stronger reaction in the brain. This stronger reaction will cause more effects. The stronger the effects, the greater the healing. Or we can needle tissue that is not as dense with nerves. This will typically cause a smaller reaction in the brain, which will reduce the effects and slow the healing.

One of the categories of acupuncture points is called the Transport Points. Similar to understanding algebra in order to understand chemistry, the transport points are a foundational step to higher learning in Chinese medicine.

The five transporting (Shu) points are referred to as follows: Jing (Well), Ying (Spring), Shu (Stream), Jing (River), and He (Sea). These acupuncture points belong to the twelve regular meridians and are located below the elbows or knees. The five transporting (Shu) points start at the tip of the four limbs and continue all the way to the elbows or knees.

Each transport point will have a general definition that includes information on how the Qi flows at the transport point and some general pathology. The movement of Qi is correlated with the movement of water. At the Jing Well point, Qi emanates like a well. The Ying Spring point is the point where Qi glides. The Shu Stream point is the point where Qi flows through. The Jing River point is where Qi flows. The He Sea point is where the rivers join the sea.

So why are the transport points located in the area from the elbows to fingers, and the knees to toes? I do not think it is by chance. Why are they not from the shoulders to elbows, and the knees to hips? The proverbial river of qi could start anywhere or go anywhere, so why is it where it is? Part of the answer is that the more distal we get on the extremities, the higher density of nerves we have. The higher density of nerves we have, the stronger the stimulus that is created by the needle in the mid cortex of the brain. The more the mid cortex is stimulated...
WHY DO IMAGING AND MIRRORING WORK?

(remember the most important thing in Tung acupuncture is to obtain De qi), the faster the healing will occur.

When it comes to distal acupuncture, you will see in the clinic that the more distal you get from the injury, the better your outcome will be. Why is it that in Master Tung acupuncture, the points 77.01, 77.02, and 77.03 are on the ankle? These points treat the neck. The same tissue, bones, muscles, and channels that balance the neck can be found in the lower arm. So why are these powerful points in the ankle and not the wrist?

In my opinion, Master Tung noticed that the more distal he was from the problem area, the better results he had. Even in Tan acupuncture, the main thrust of the system is to balance channels. You are to pick the right image, pick the diseased channel, and then pick a channel to heal the diseased channel.

Dr. Tan even says, “When it comes to fingers treating toes, or toes treating fingers, you can forget the channels.” He continues to say, “Just focus on the image.” The image is so powerful you do not need to worry about which channel balances the affected channel. It is interesting to note that, remembering what channels balance the other channels, can be forgone only when we are dealing with the most distal extremities. On any other part of the body, you need to correctly identify the sick meridian and choose a healthy meridian to fix it.

I think this is true. It is also true that because the images are so distal to each other, the effect is very strong. That is why it works so well. In my clinic, if I have two options to treat one condition, I will always pick the most distal points. This is not to say local points do not work—obviously they do. I am just saying that if you are using a distal method, it is better to always pick the most distal choice.
The mapping, image, and mirror is not a theoretical concept. It is based on the anatomy and the brain. It is reliable, predictable, and consistent. Understanding this aspect takes the magic out, but it makes it much more real for our patients and us. It is also much simpler to explain that it is a “brain” thing and not a “magic” thing. If it were magic, I could cure everybody in one treatment. It is not magic, so I need to treat most patients more than once.
CHAPTER 2

IMAGING AND MIRRORING TECHNIQUES

One for One Image

In Master Tung acupuncture, one of the major theories or concepts is the idea of image, mirrors, or segments. We will discuss the Twelve Segments, and the Three Jiaos. We will also discuss mirrors in detail. Another theory of Master Tung acupuncture is images. There are many different sizes of images, but the one we need to discuss first is the One for One Image. This is probably the most commonly used image in the clinic.

As we discuss mirrors and images, rest assured that for every image I discuss, there are ten more that I do not mention. Learning Chinese medicine is a lifelong process. I do not have all the answers, nobody does. You will need to practice in real life, on real patients, and make real mistakes. You will learn, you will fail, and you will relearn, rethink, and retry. We are all students forever. So as we embark on our journey to understand images and mirrors, keep an open mind.

Mirrors vs. Images

We said earlier that Mirrors are something that you have two of on your body. These mirrors look just alike. Our example was the humerus and the femur. Another mirror is the radius and the tibia, or the ulna and the fibula. We said the ulnar tendon is just like the Achilles tendon. We even said the shoulder is like the hip. These are all ideas of mirrors. So what is our image?

Our first image is made by taking the torso and putting the whole torso on the arm or the leg. There is no part of the body that looks just like a torso, we have only one. Therefore, we must image a torso somewhere. You can obviously do that in scalp, ear, or hand acupuncture.