

Books by Felix Mann M.B.

Acupuncture—Cure of Many Diseases

Atlas of Acupuncture

The Treatment of Disease by Acupuncture

The Meridians of Acupuncture

Acupuncture: The Ancient Chinese Art of Healing and How It Works
Scientifically

ACUPUNCTURE

*The Ancient Chinese Art
of Healing
and How It Works Scientifically*

Completely Revised Edition

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pages 24 and 25). If only a few neurones are involved, the skin area could be considerably smaller than a dermatome.

In most instances no doctor, even an expert in acupuncture, can find an acupuncture point in those areas where there is a big expanse, such as the abdomen, back and thorax. If a group of doctors is asked to locate a specific acupuncture point in such an area, their positions will quite often vary by a considerable amount, and yet all these doctors are able to help or cure a large proportion of their patients, provided they have a disease amenable to acupuncture.

(This suggests to me that small specific acupuncture points rarely exist, and that those researchers who have found specific types of specialised nerve endings or other structures at acupuncture points are mistaken.) The structures found by these histological investigations may well be there, but they do not correspond to acupuncture points, for they do not exist. Stimulation of any layer can be effective, whether it be skin, subcutaneous tissue, muscle or periosteum. Hence one should not speak of a dermatome, but rather of a dermo-myosclerotome. (This poses some problems, for the different layers do not always have the same segmental innervation.)

In a disease of the viscera or other parts of the body there is often a reflex tenderness in the associated part of the surface. This tenderness may include muscle spasm or circulatory changes. It also presumably affects most histological structures throughout the entire depth of the appropriate area, due to their similar innervation.

As far as I know, there are no specific histological elements in McBurney's point, which becomes tender in appendicitis. I think nearly every single part of the body can become reflexly tender, in a way similar to that of McBurney's point. (Hence the number of acupuncture points becomes infinite) indeed some books mention so many acupuncture points that one wonders if there is any normal skin left.

McBurney's point is not a small discrete 'point,' but quite a large area, whose position is somewhat variable. McBurney's point lies in the appropriate dermatome. The remainder of the dermatome is not tender, or only mildly so, for as Kellgrén (Fig. 5) and others have shown, certain areas within a dermatome show greater changes than others.

Some acupuncture points seem to have a constant position and may be tender even in a completely healthy person:

G21 is situated where the trapezius arches over the first rib and hence is presumably under greater tension than other parts of the muscle.

Sp9 is located below the medial condyle, over the lower part of the medial ligament of the knee, where many women have a tender oedematous area. As this usually occurs only in women, apart from those who have injured their knee, it is presumably hormonal. In some women this area becomes an oedematous pad of fat the size of a hand.

G20 is next to the greater occipital nerve where it arches over the occiput, just as B2 is adjacent to the supraorbital nerve where it passes over the supraorbital ridge.

All the above and a certain number of other acupuncture points are nearly always tender, even in the healthy subject. This is probably often due to compressing a nerve trunk against the bone. Other places may be tender due to muscular tension sensitising the area and thus requiring a smaller stimulus from the acupuncture needle to be effective.

H7 is a more effective point than H3, as stimulation of H7 involves the needle piercing thicker skin and a hard ligament. This causes greater pain than needling the fatty tissue around H3 and thus obviously has stimulated more nerve fibres. For a similar reason acupuncture points which involve stimulation of the periosteum have usually a greater effect than those involving only subcutaneous fat, unless the needle is strongly twisted in the skin.

Stimulating a nerve trunk, which produces a lightning pain, is by no means more effective. In patients who have the so-called cervical disc syndrome and allied conditions, stimulation of the transverse process of the 6th cervical vertebra is more effective than trying to needle the adjacent nerves of the brachial plexus.

(In my experience, contrary to classical theory, the type of stimulus used in acupuncture is of little importance, whether it be a needle, a thorn, an electric current, heat, a vibrator or injections. This would agree with the "all or nothing" response of nerve fibres, which either respond or do not respond to stimulation, there being no qualitative difference.) The stronger the stimulus, the greater the effect, due to activation of a larger number of neurones or their repetitive stimulation. The traditional theory that there is a qualitative difference between a hot or a cold needle, or the manner in