

THE SECONDARY VESSELS OF ACUPUNCTURE

**A Detailed Account of Their Energies,
Meridians and Control Points**

by
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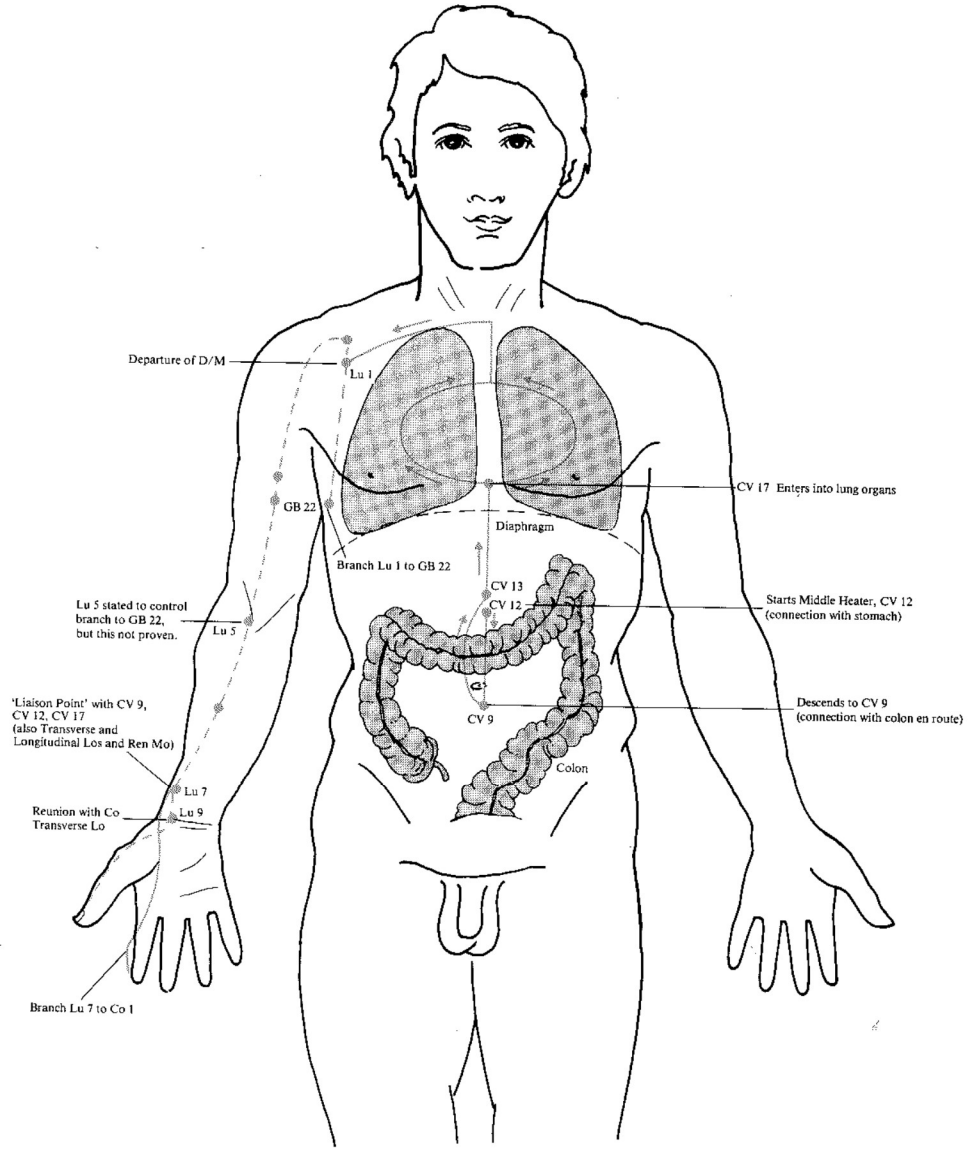


Figure 14. The Lung Meridian (Internal Pathway).

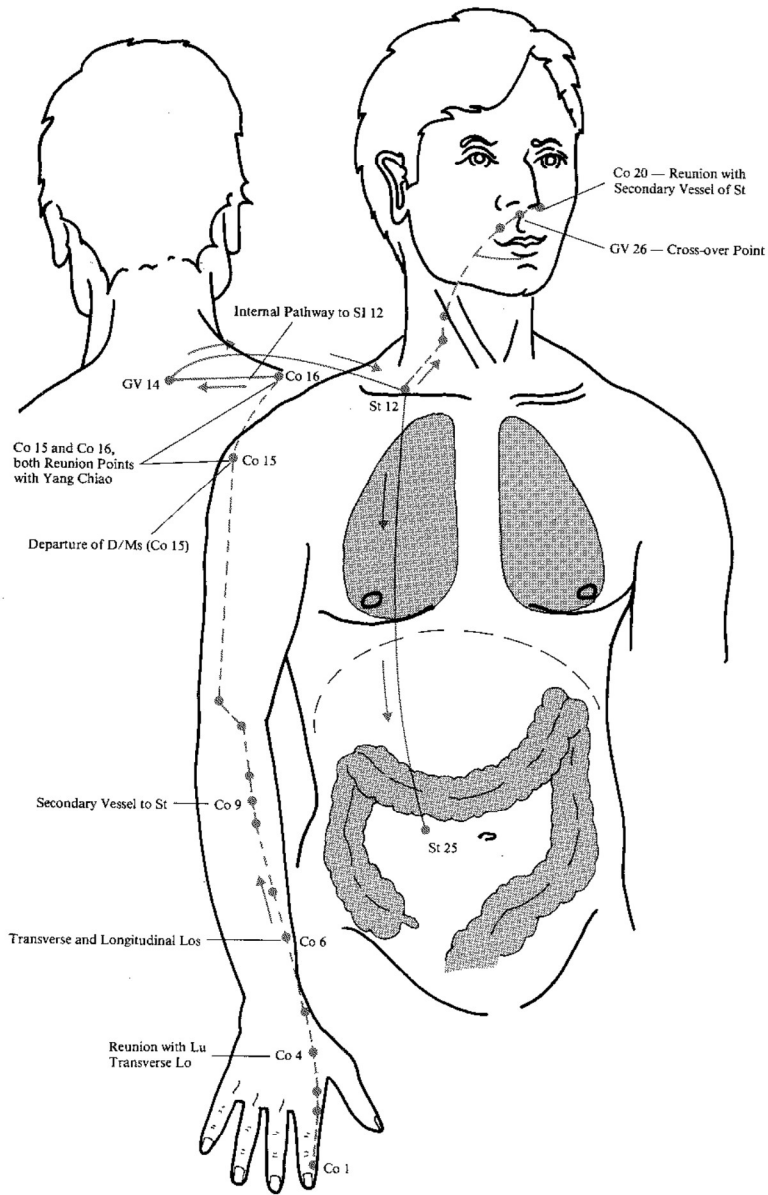


Figure 15. The Colon Meridian (Internal Pathway).

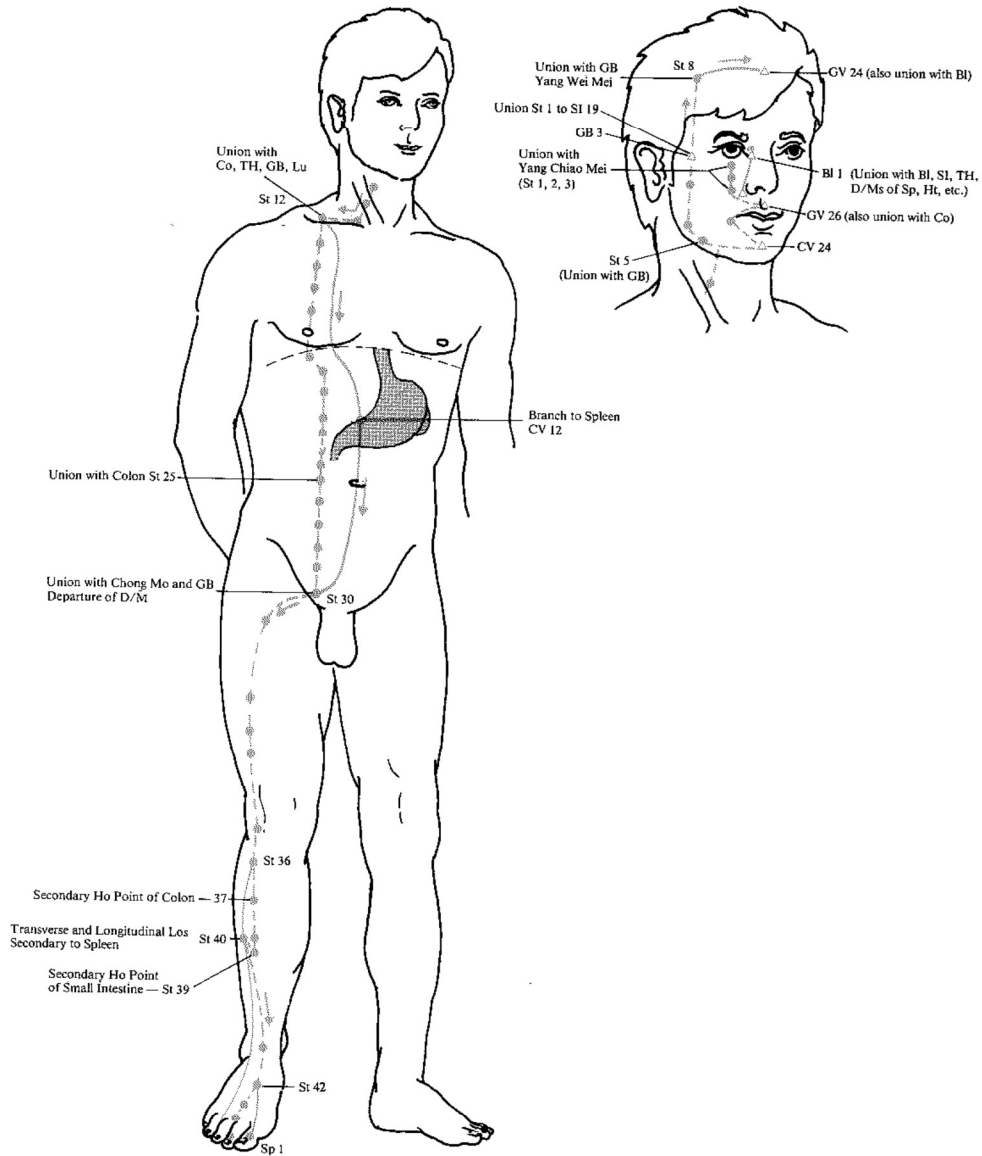


Figure 16. The Stomach Meridian (Internal Pathway).

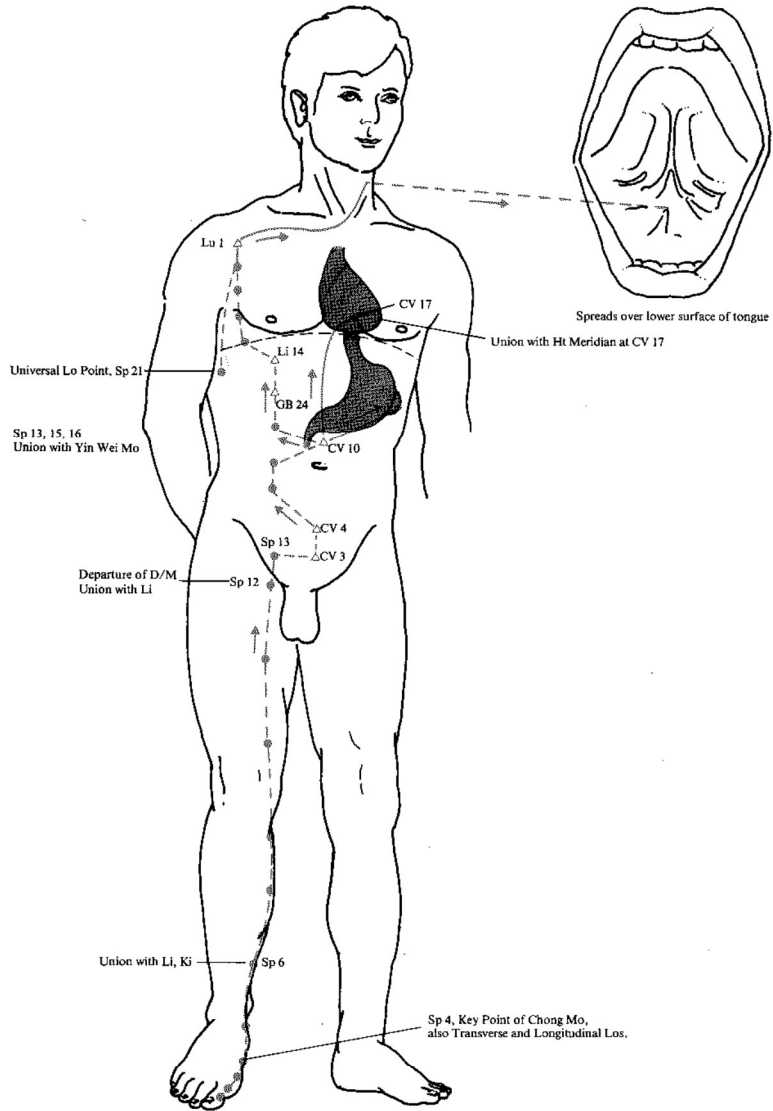


Figure 17. The Spleen Meridian (Internal Pathway).

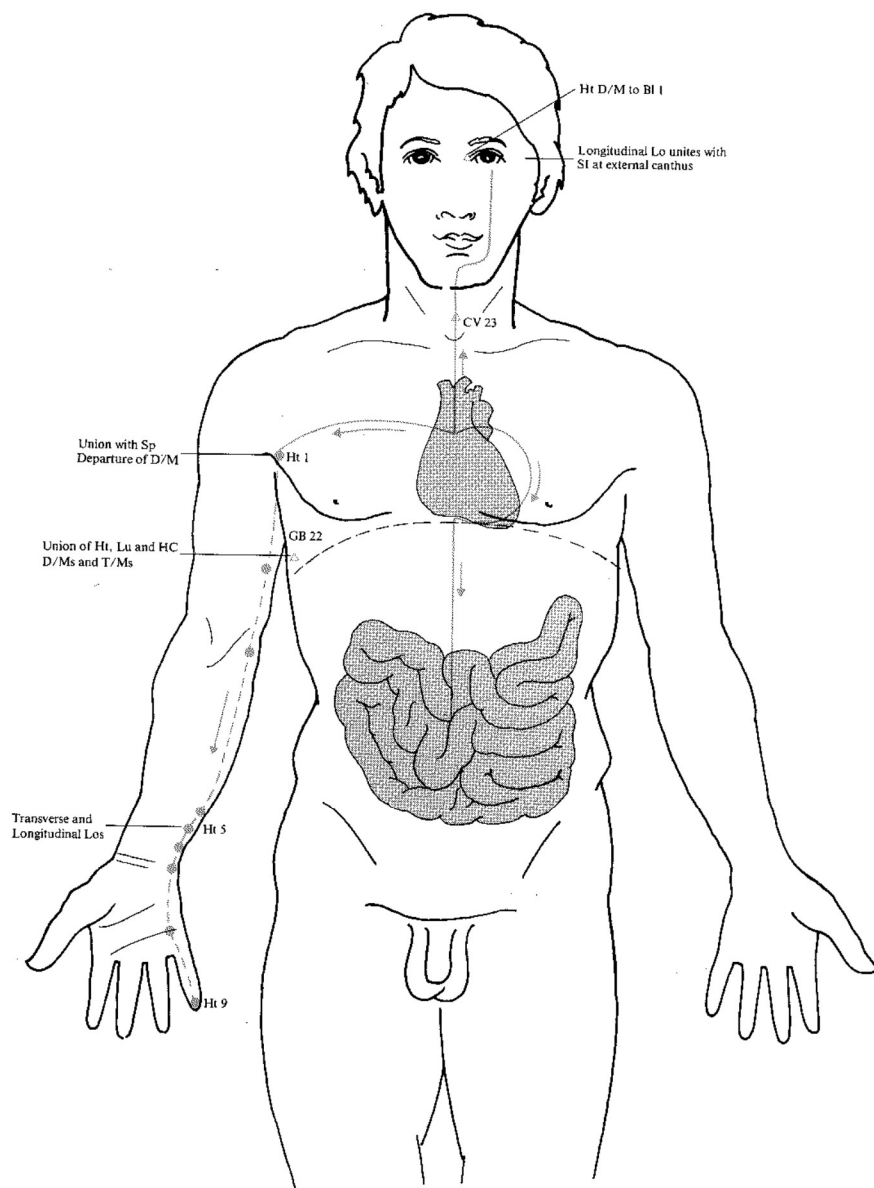


Figure 18. The Heart Meridian (Internal Pathway).

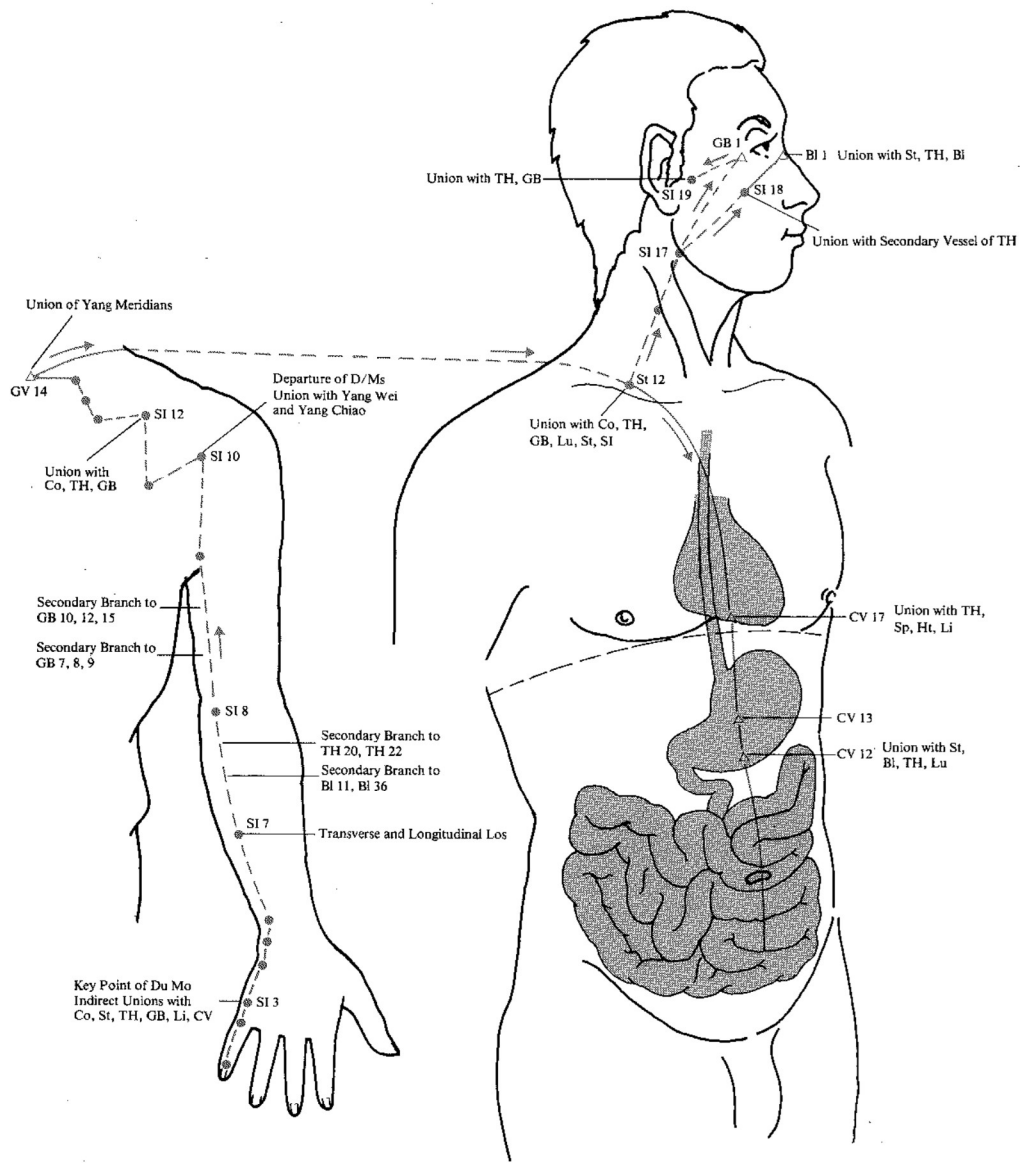


Figure 19. The Small Intestine Meridian (Internal Pathway).

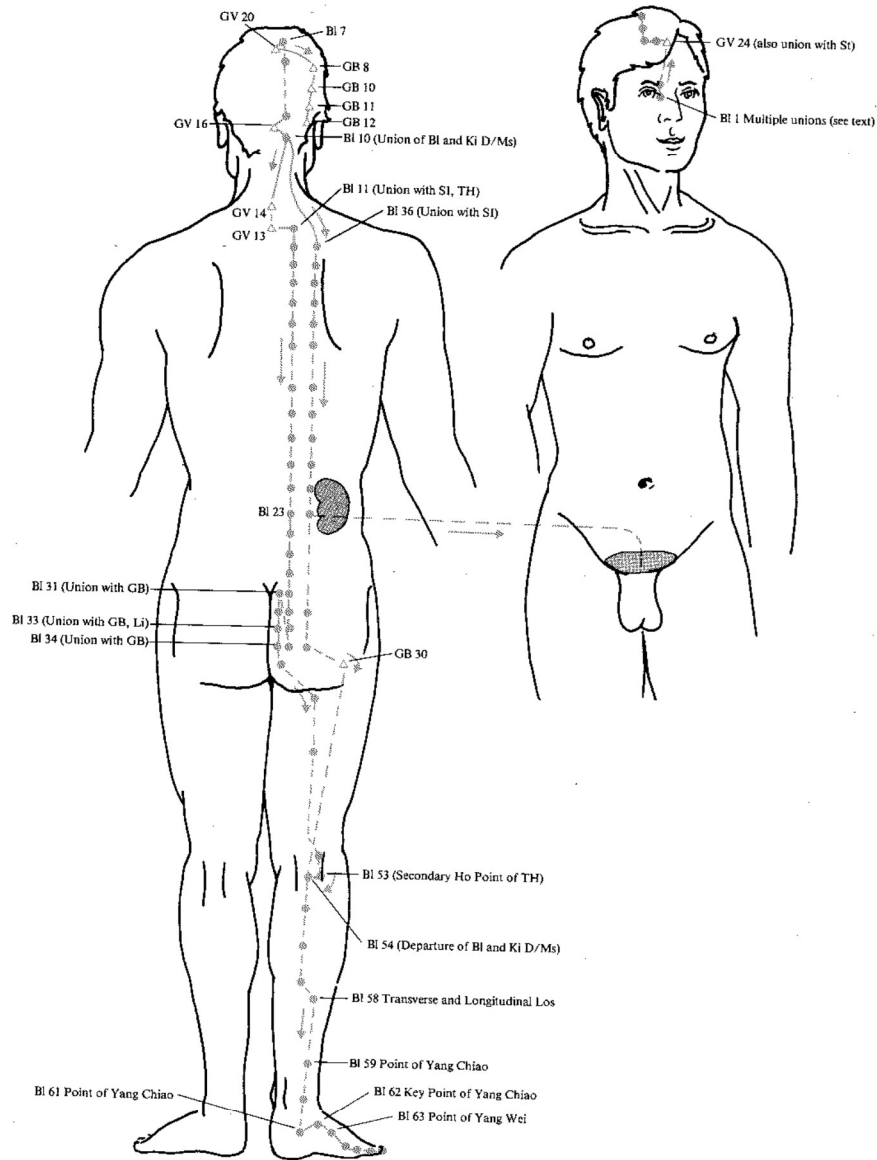


Figure 20. The Bladder Meridian (Internal Pathway)

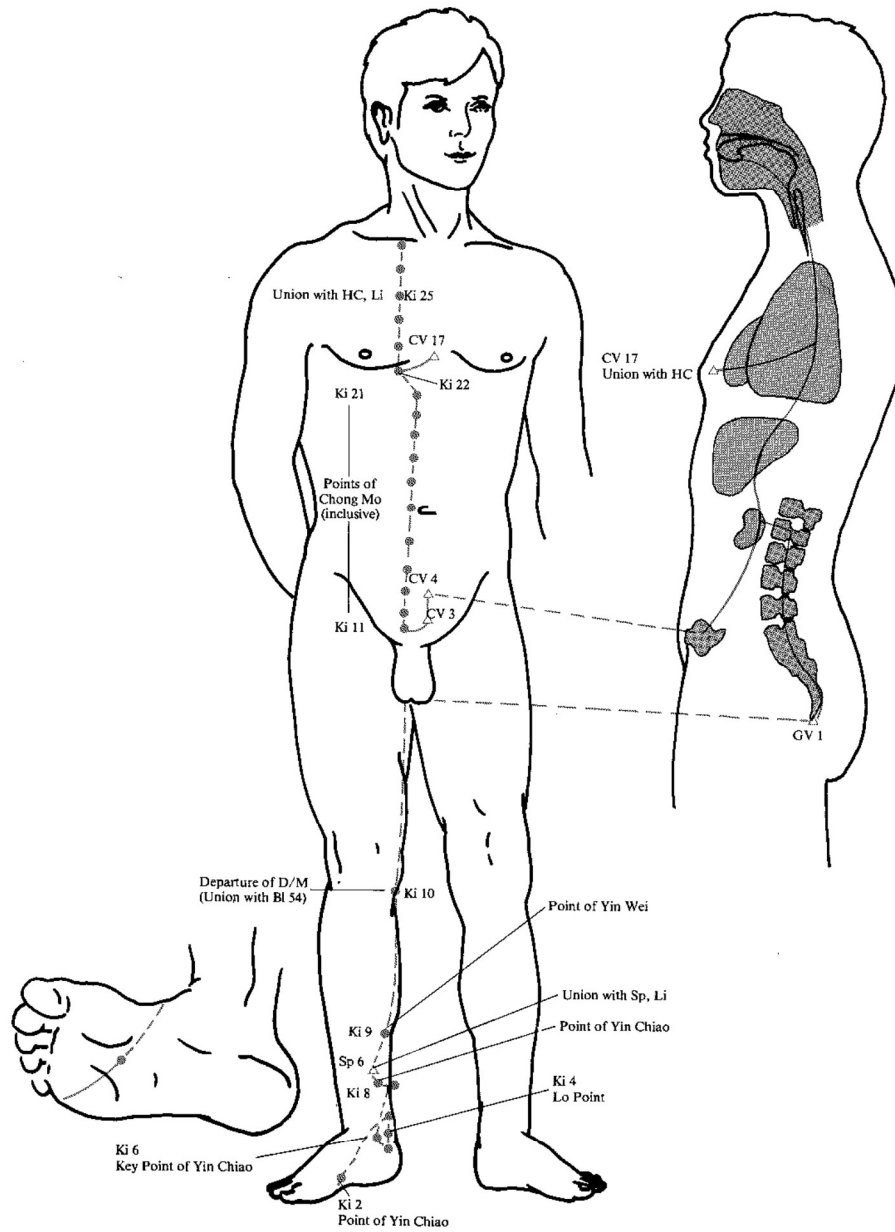


Figure 21. The Kidney Meridian (Internal Pathway).

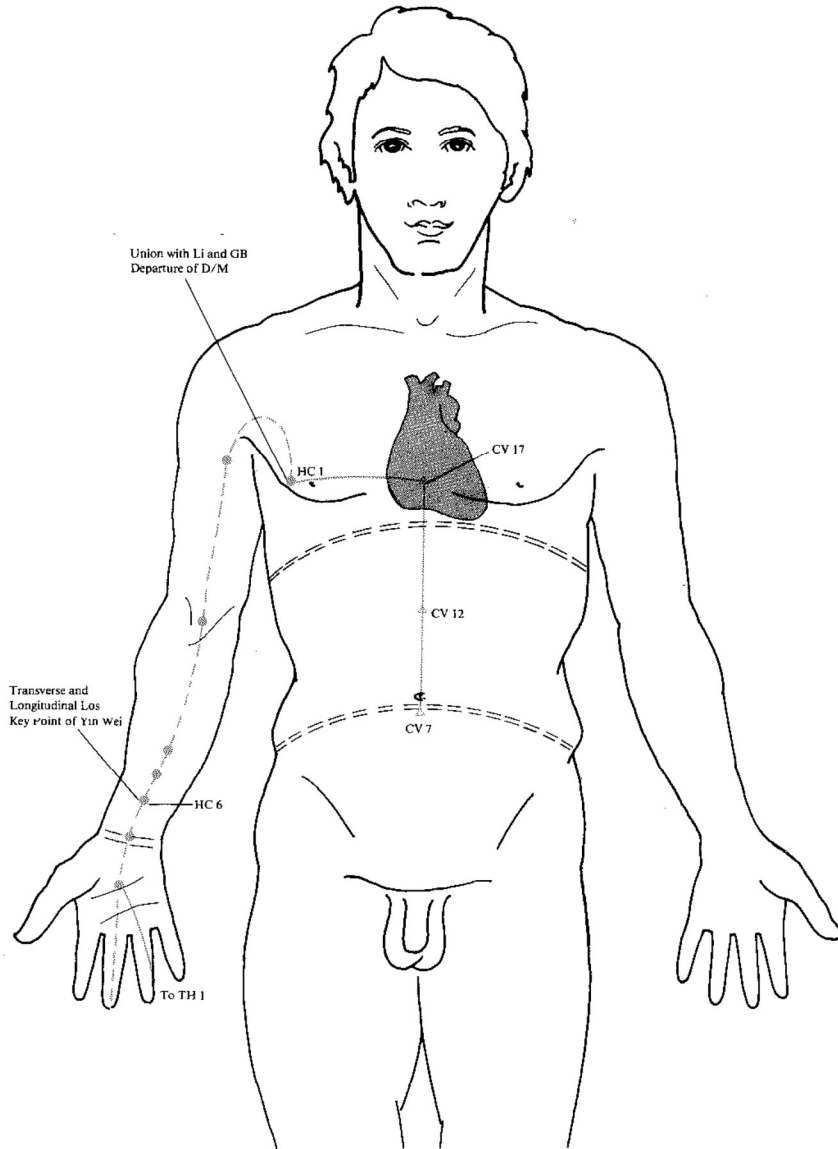


Figure 22. The Heart Constrictor Meridian (Internal Pathway).

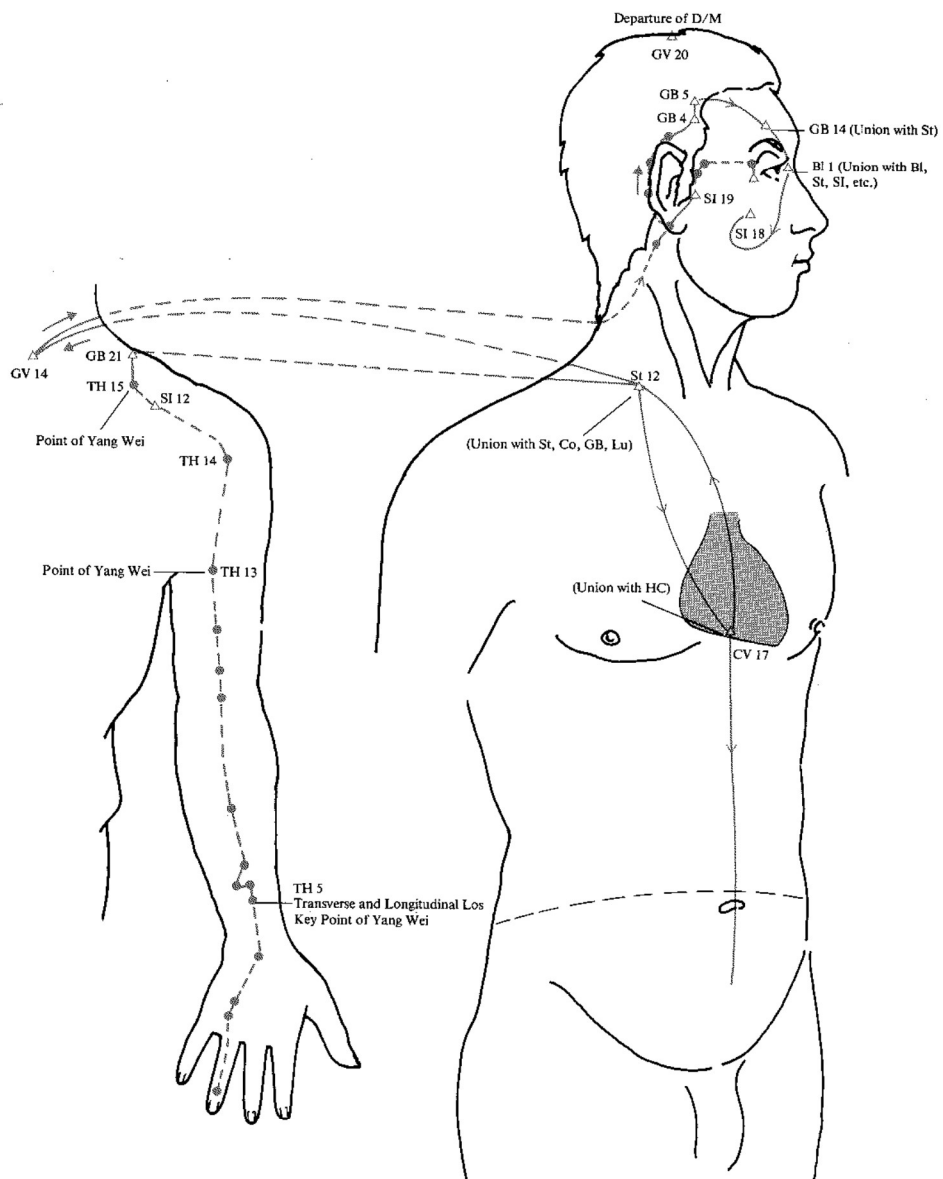


Figure 23. The Three-Heater Meridian (Internal Pathway).

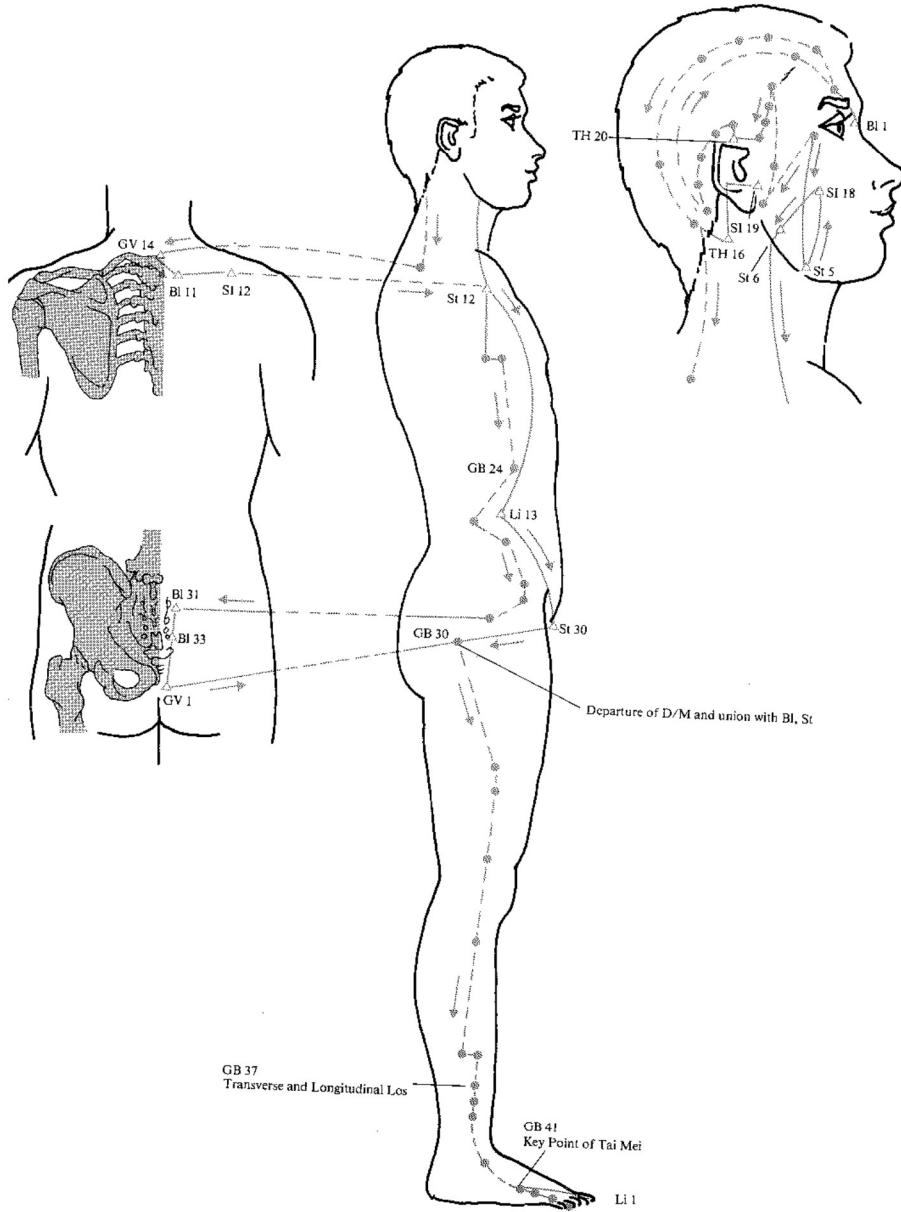


Figure 24. The Gall-Bladder Meridian (Internal Pathway).

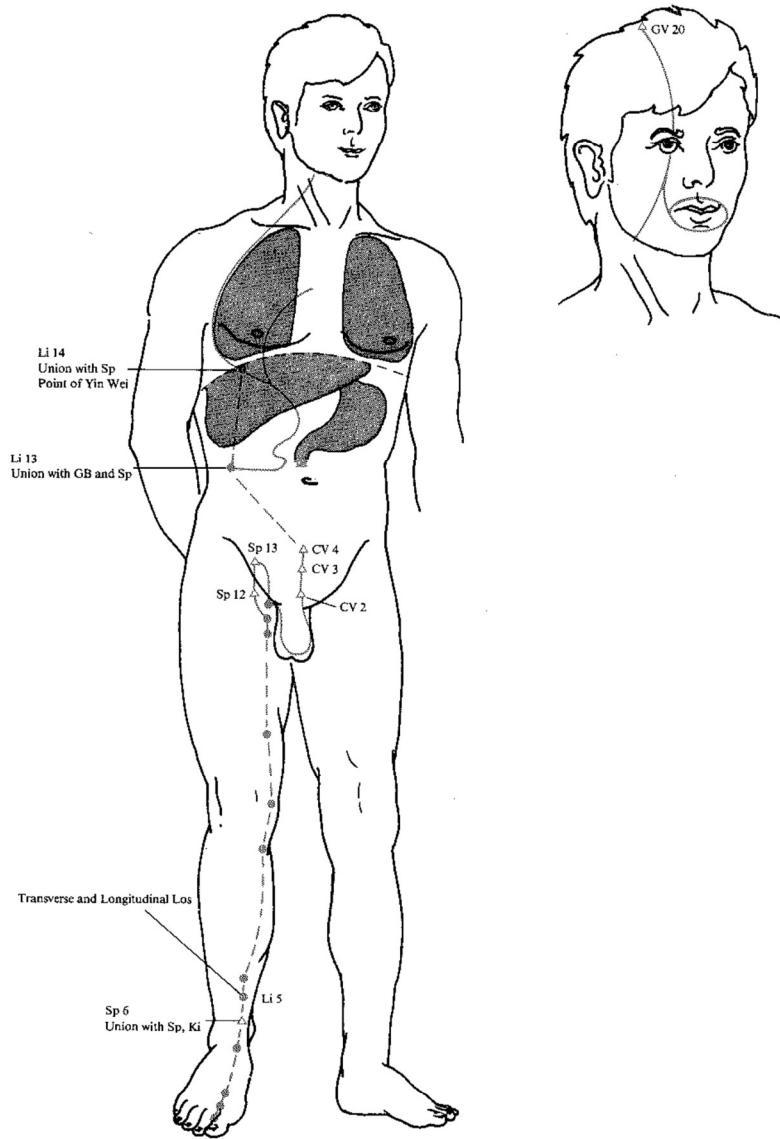


Figure 25. The Liver Meridian (Internal Pathway).

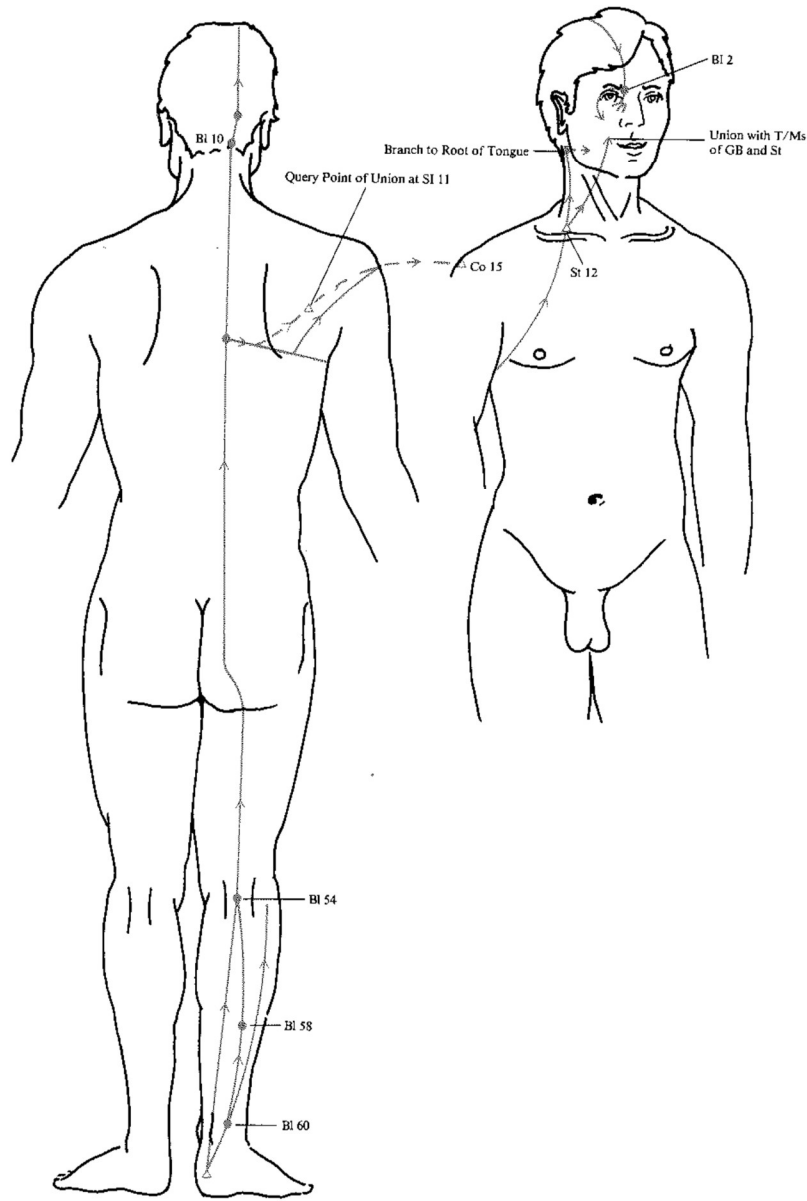


Figure 32. The Tendino-Muscular Meridian of the Bladder.

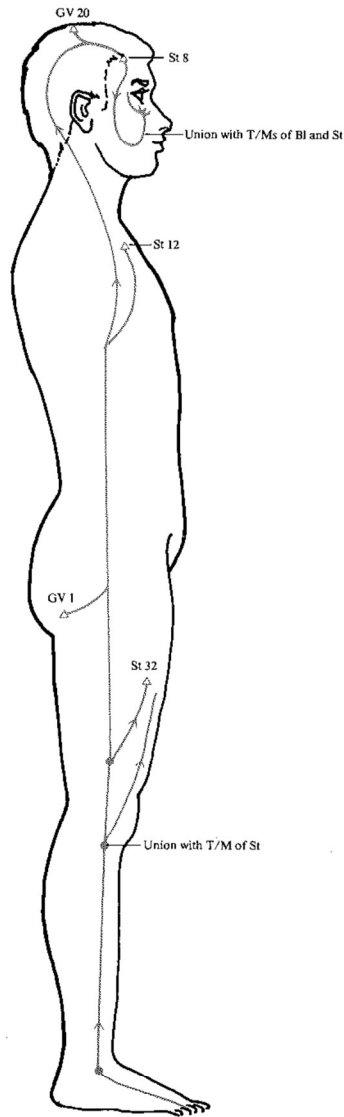


Figure 33. The Tendino-Muscular Meridian of the Gall-Bladder.

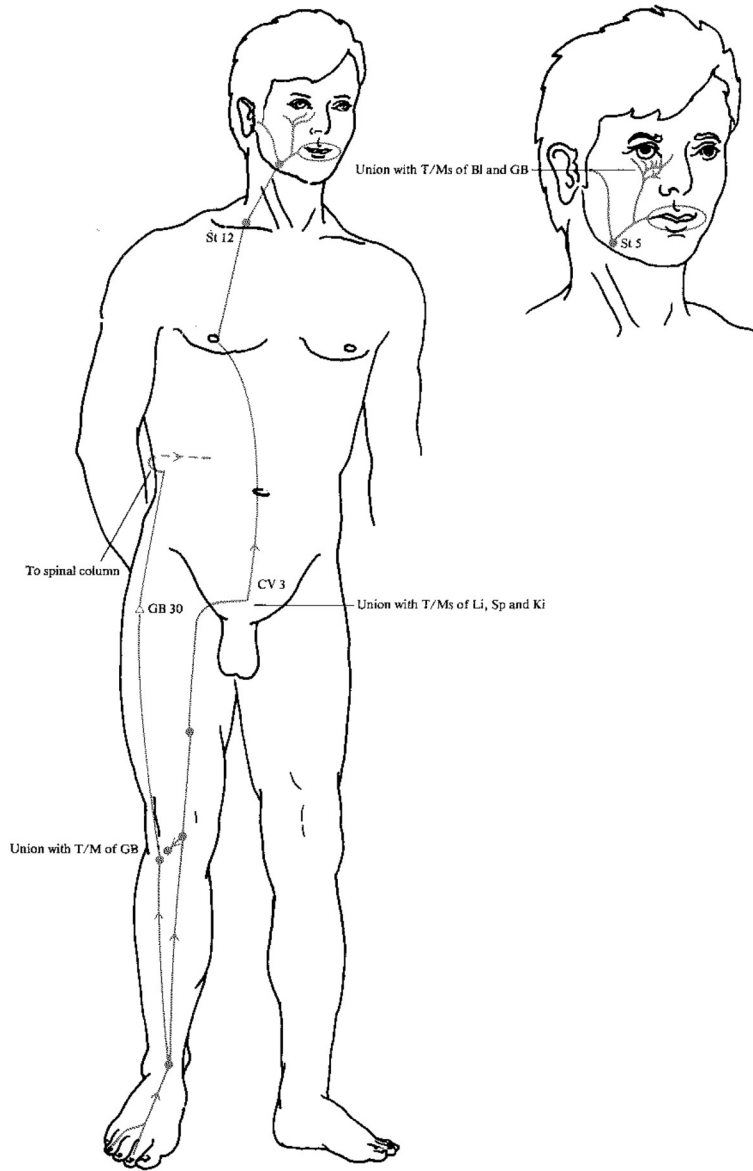


Figure 34. The Tendino-Muscular Meridian of the Stomach.

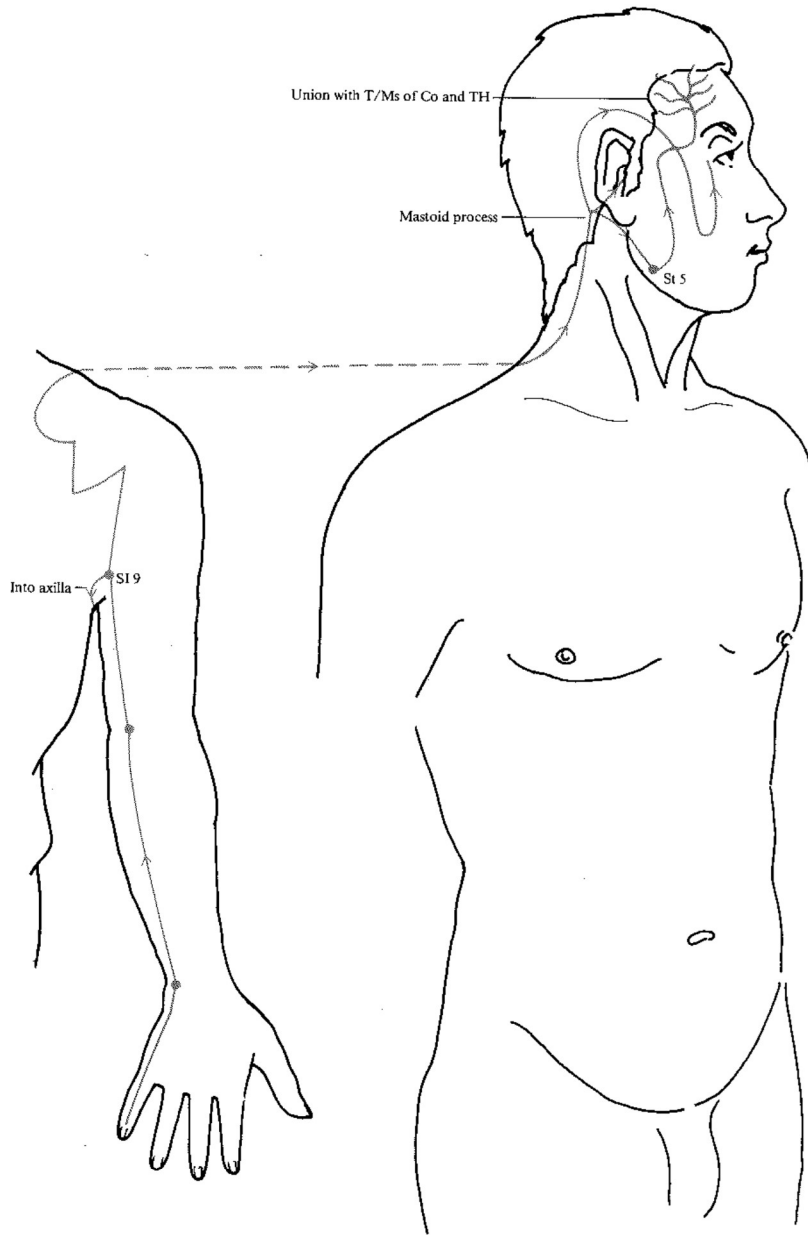


Figure 35. The Tendino-Muscular Meridian of the Small Intestine.

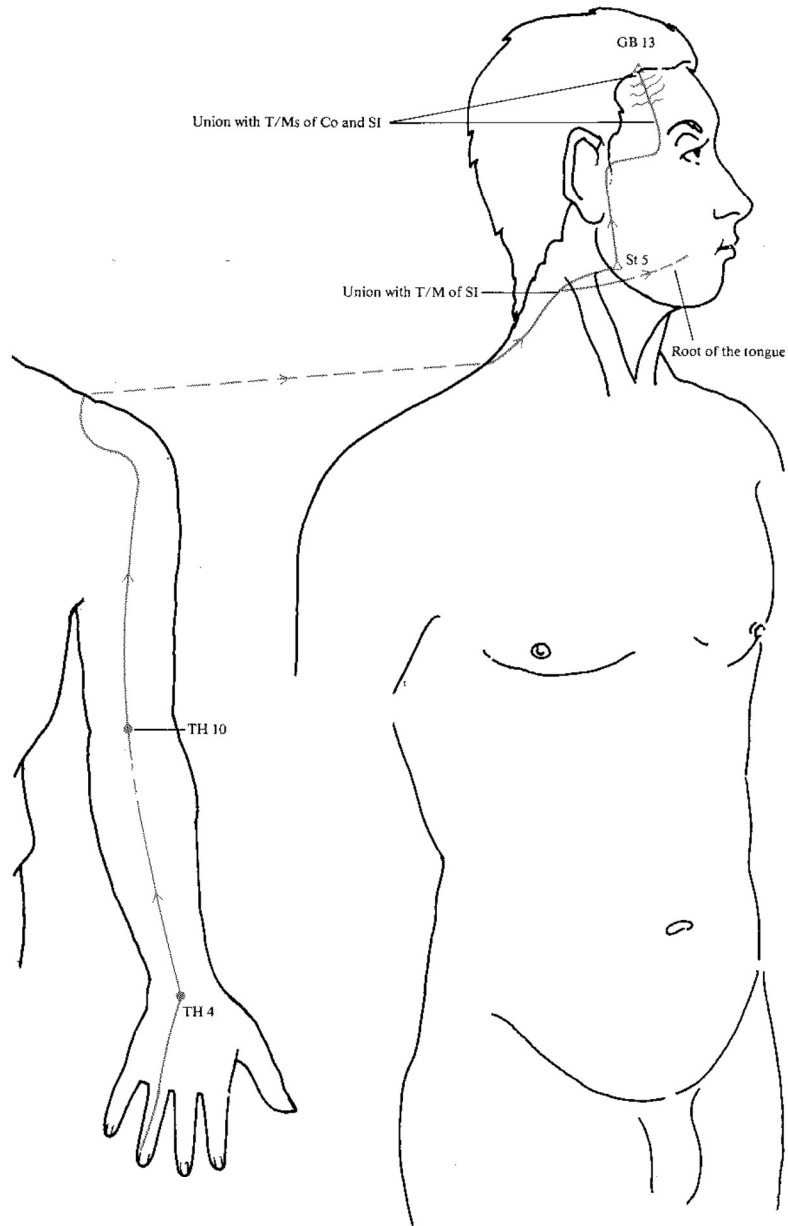


Figure 36. The Tendino-Muscular Meridian of the Three-Heaters.

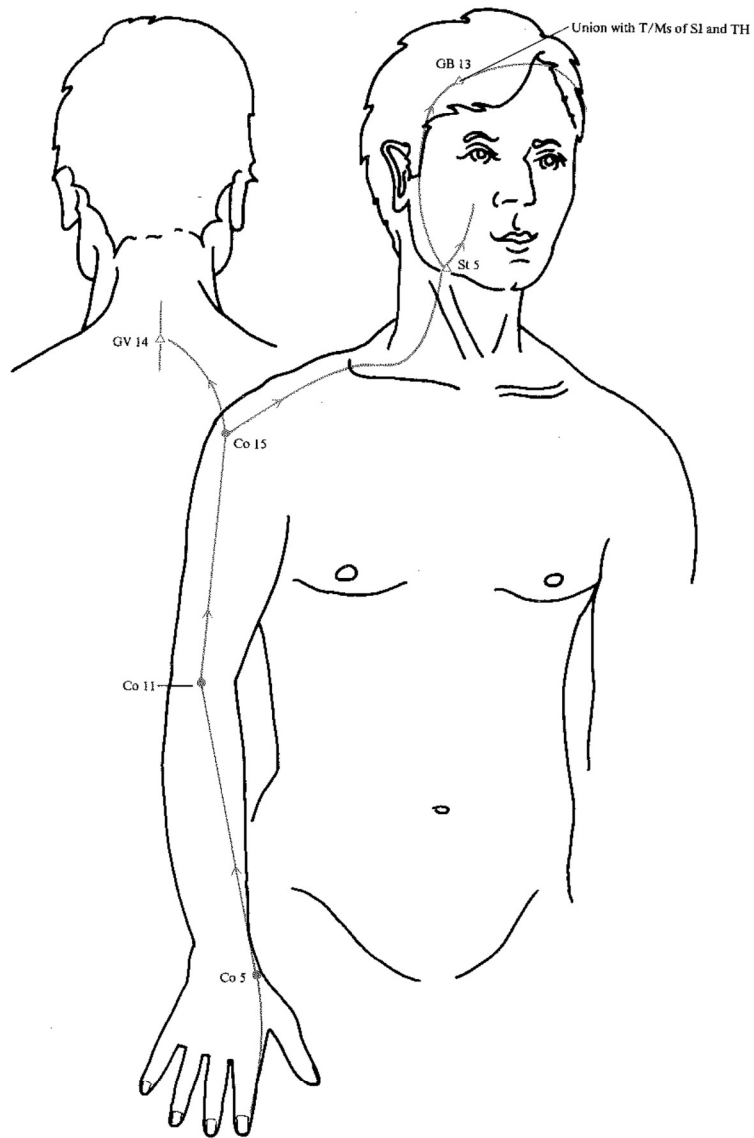


Figure 37. The Tendino-Muscular Meridian of the Colon.

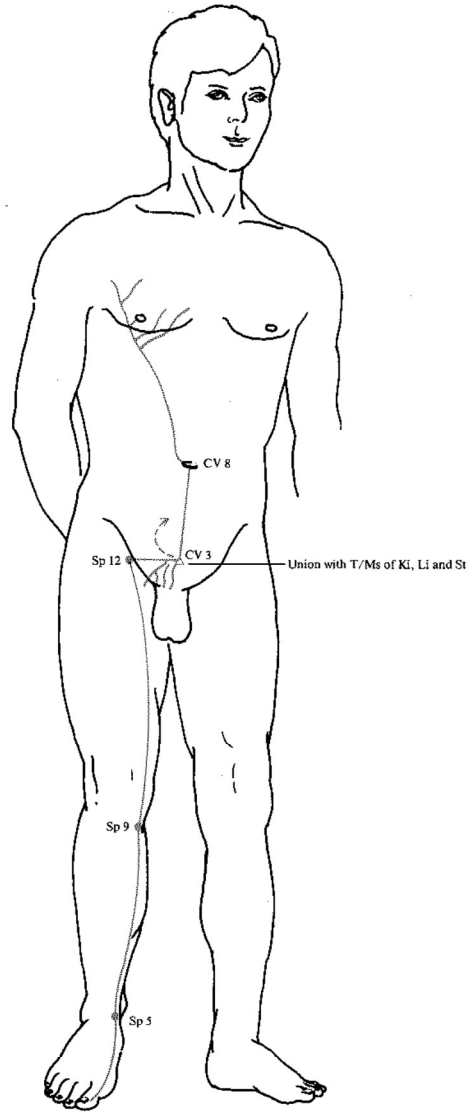


Figure 38. The Tendino-Muscular Meridian of the Spleen.

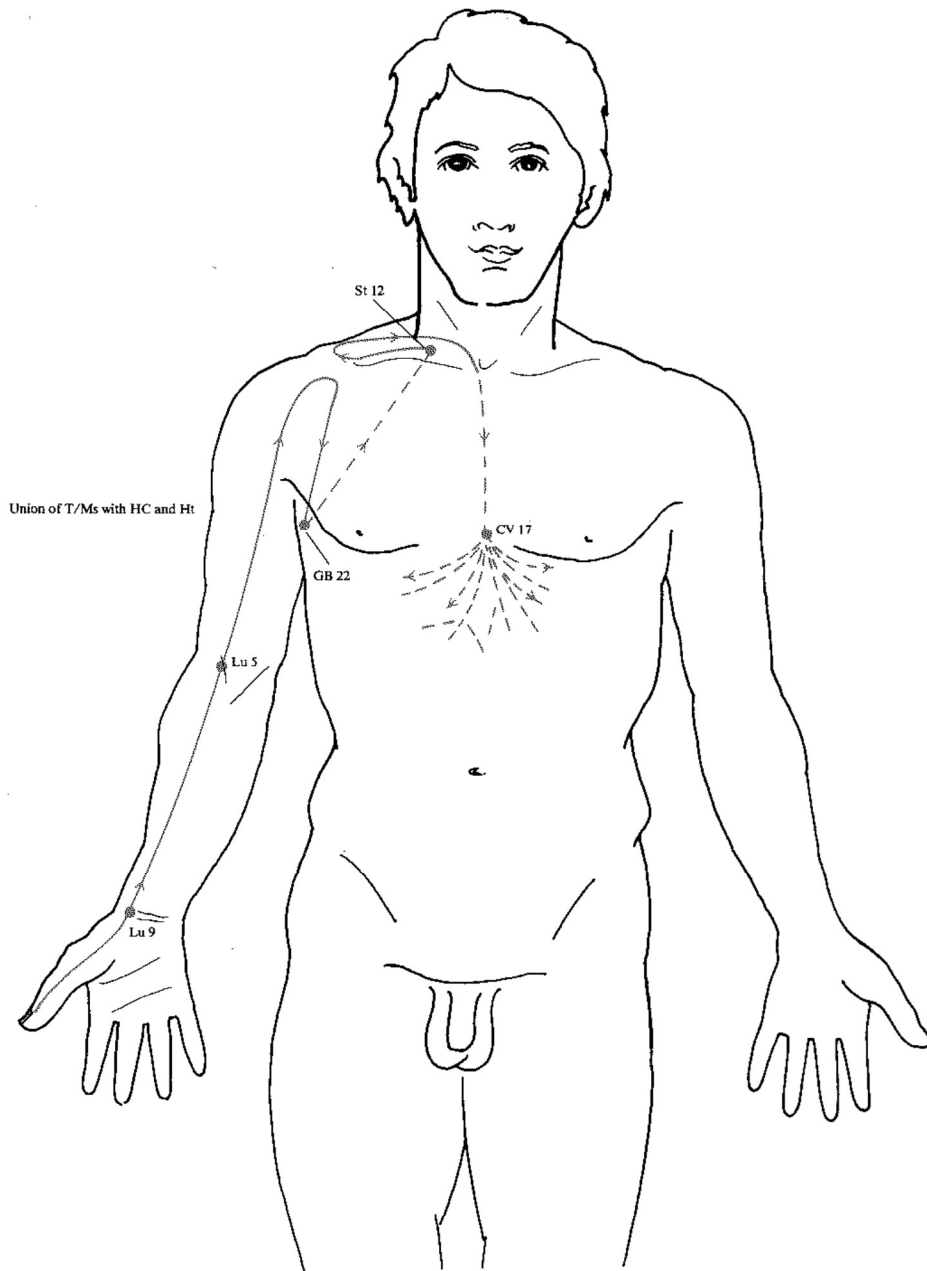


Figure 39. The Tendino-Muscular Meridians of the Lungs.

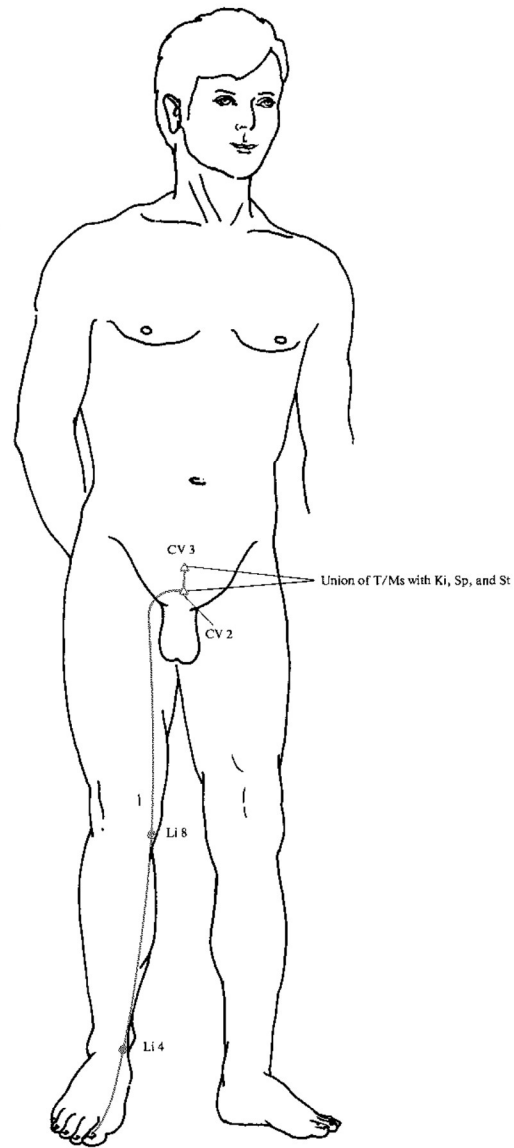


Figure 40. The Tendino-Muscular Meridian of the Liver.

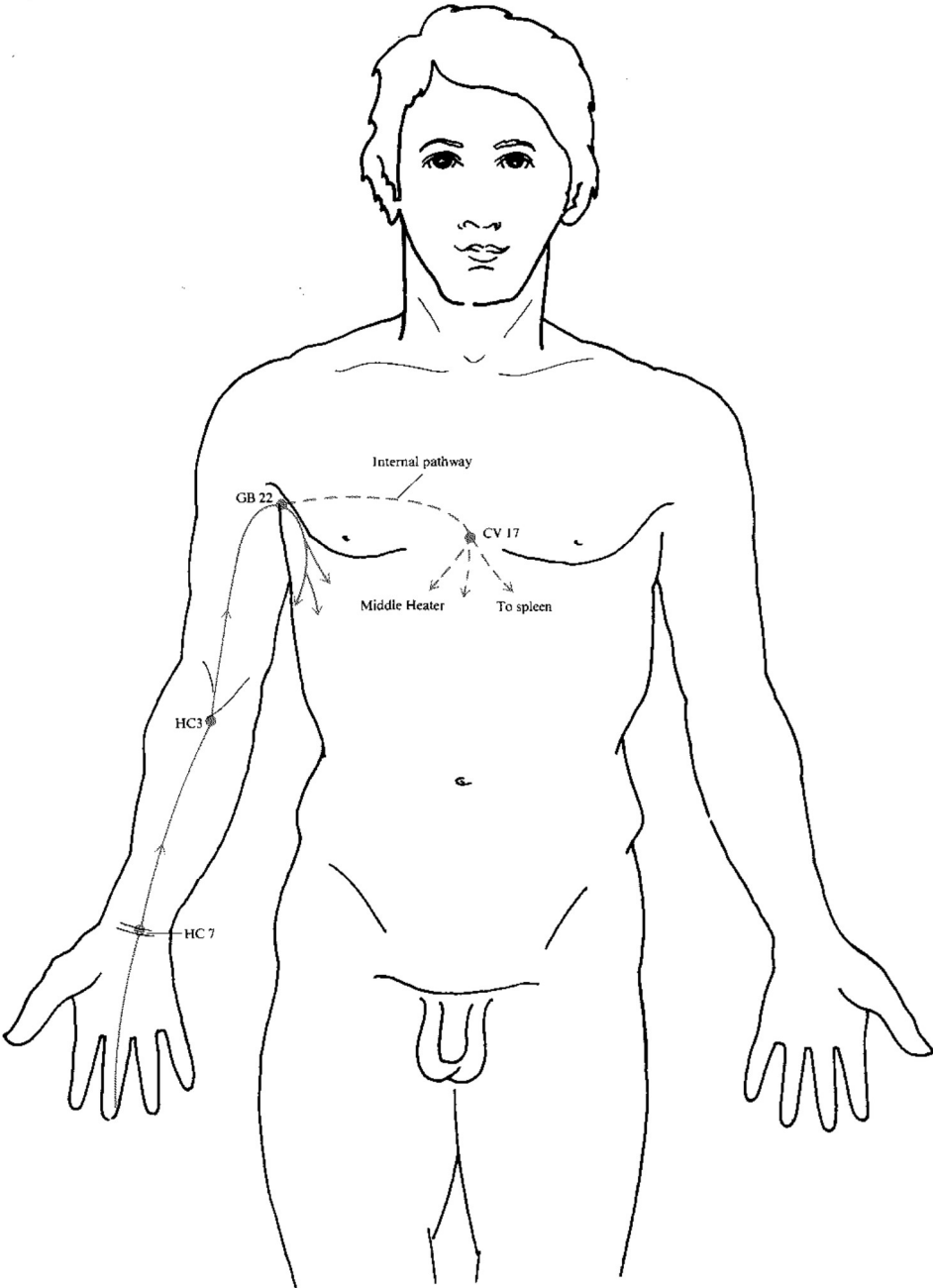


Figure 41. The Tendino-Muscular Meridian of the Heart Constrictor.

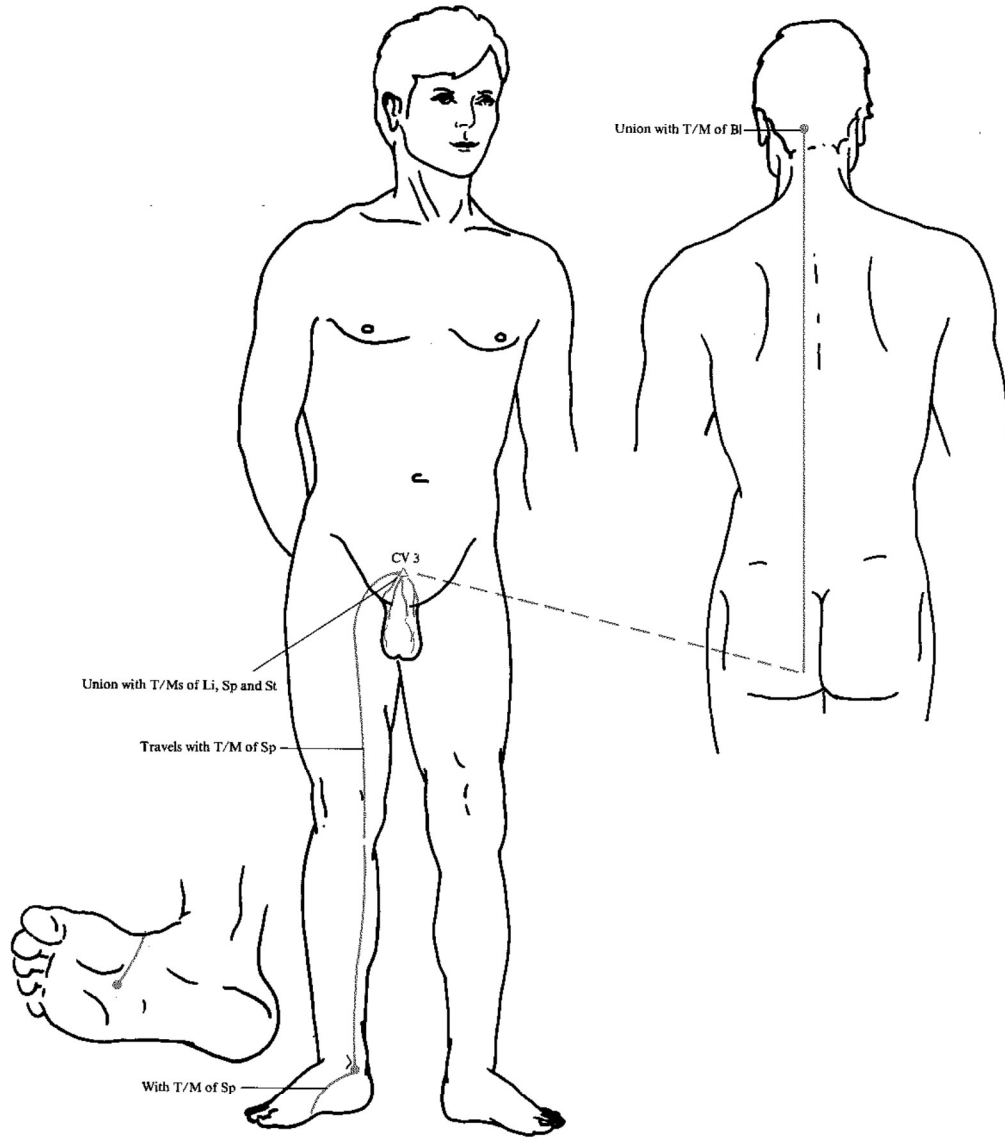


Figure 42. The Tendino-Muscular Meridian of the Kidneys.

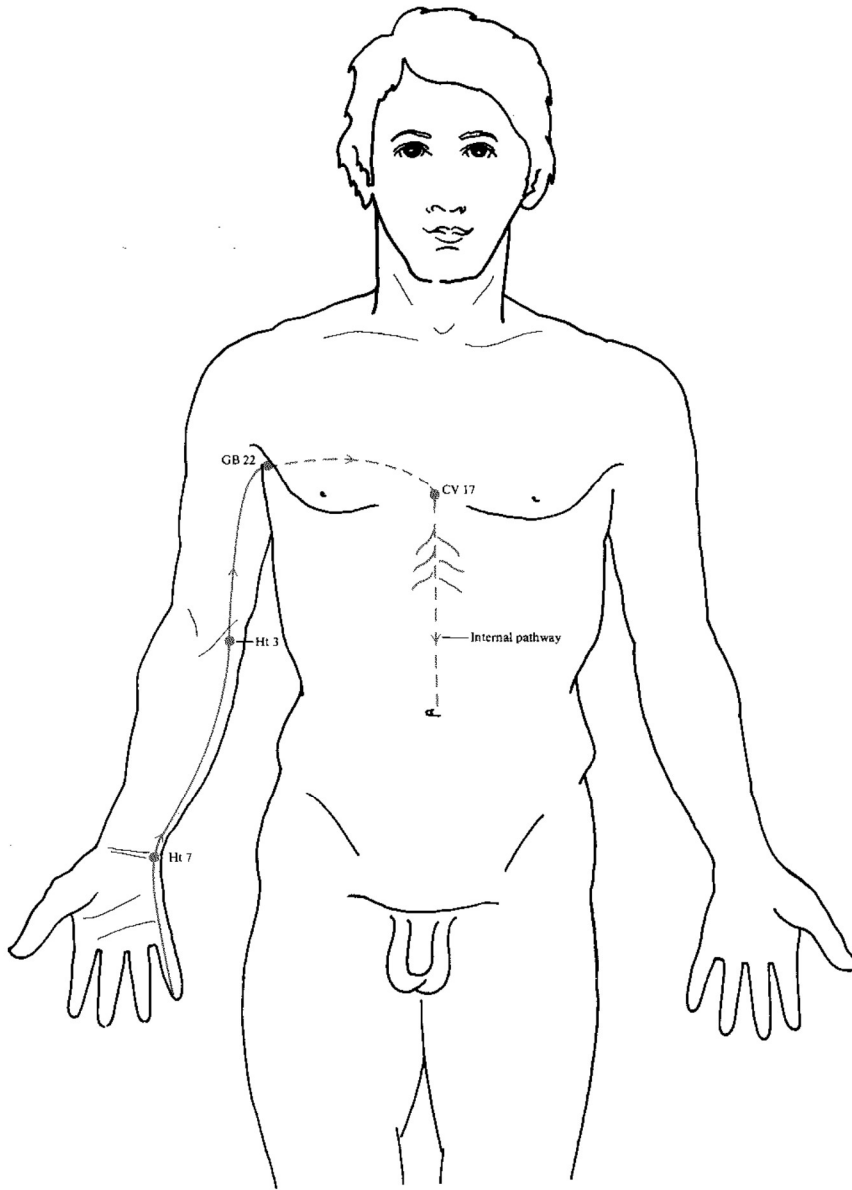


Figure 43. The Tendino-Muscular Meridian of the Heart.

main meridian is full of perverse energy from the longitudinal Lo and the technique advised is that used to transfer energy from a full meridian across that very couple; sedate the Yuan point and 'tonify' the coupled Lo point!

My personal feeling is that the objection could be overcome by remembering the precept: 'Needles transfer the energy, moxa puts energy in', and by using moxa on the coupled Lo point, one would strengthen the coupled meridian without laying it open to invasion by perverse energy.

The treatment of the symptoms of disturbance of the longitudinal Lo vessels can therefore be stated very simply:

If they are full: Sedate their Lo point.

If they are empty: Sedate the Yuan point of the corresponding main meridian, and moxa the coupled Lo point.

With regard to the longitudinal Lo vessels of the Governor and Conception vessels (which are dealt with under 'irregular vessels'), and of the Great or Universal Lo of the spleen, as these vessels have no Yuan point the rule is simply to take the appropriate action on the Lo point alone — sedate if full, 'tonify' if empty.

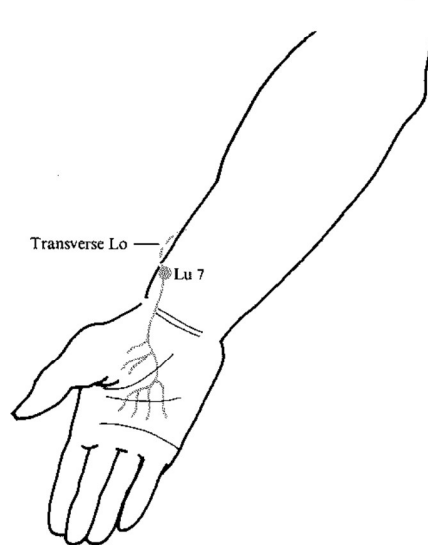


Figure 46. The Longitudinal Lo Vessel of the Lungs.

Pathway: From Lu 7 it travels with the principal meridian of the Lungs for a short distance, and then leaves it to enter into the palm of the hand and spread out around the inner margin of the thenar eminence.

Symptomatology:

Full — Palm of hand feels hot.

Empty — Yawning; frequency of urination.

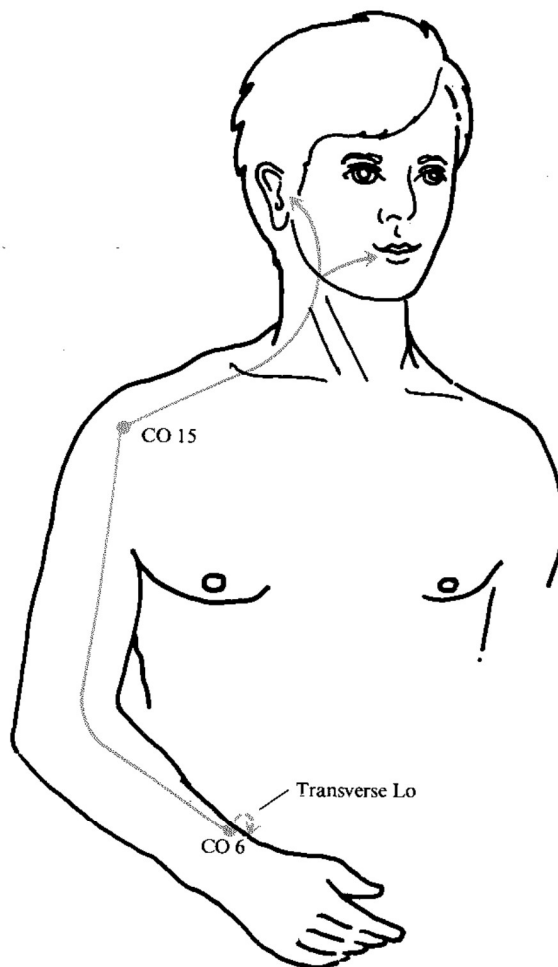


Figure 47. The Longitudinal Lo Vessel of the Colon.

Pathway: Leaves Co 6 to travel up along the arm to the shoulder at Co 15 and then ascends the neck to the lower jaw where it branches into two. One branch slants into the roots of the teeth, the other goes up to penetrate into the ear.

Symptomatology:

Full — Dental caries; deafness.

Empty — Cold sensation in teeth; feeling of oppression and pains in the chest.

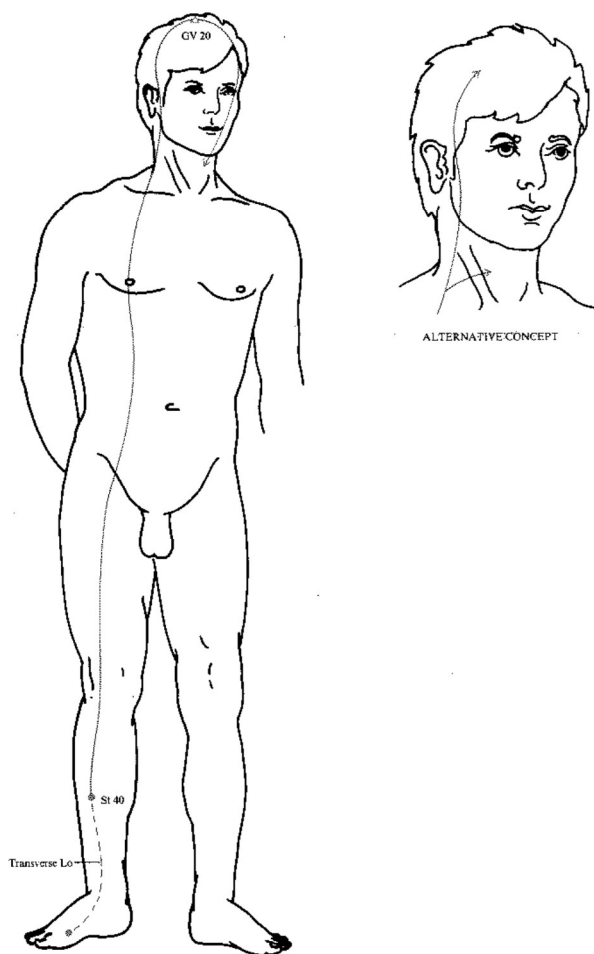


Figure 48. The Longitudinal Lo Vessel of the Stomach.

Pathway: From St 40 it ascends the lateral edge of the tibia, up the abdominal and thoracic areas and ascends to the vertex of the head, where it unites with the energies of the other meridians at GV 20. It then passes downwards to ramify in the throat. (Some authorities consider that it branches at St 13, one branch going up to GV 20 and the other to the neck and throat.)

Symptomatology: When the stomach longitudinal Lo is disordered it will cause an inverse flow of energy which will, in turn, cause a laryngeal blockage and a sudden loss of voice.

Full — Dementia and madness.

Empty — Weakness in the joints of the lower limb causing difficulty in bending the feet; contractions of the muscles around the tibia.

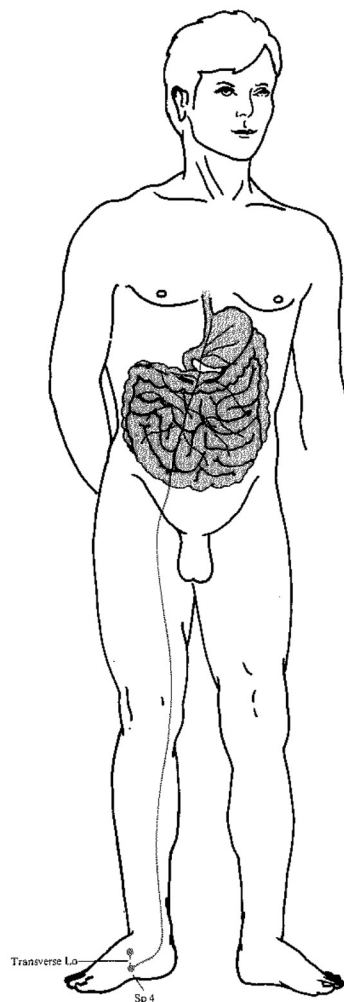


Figure 49. The Longitudinal Lo Vessel of the Spleen.

Pathway: Runs from Sp 4 up the medial aspect of the leg to the abdominal area, where it ramifies into the intestines and stomach.

Symptomatology: When the longitudinal Lo of the spleen is disordered it will cause an inverse flow of energy towards the stomach and intestines which will, in turn, cause cholera (diarrhoea).

Full — Lancing pain in the intestines.

Empty — Intestinal distension; abdomen like a tight drum.

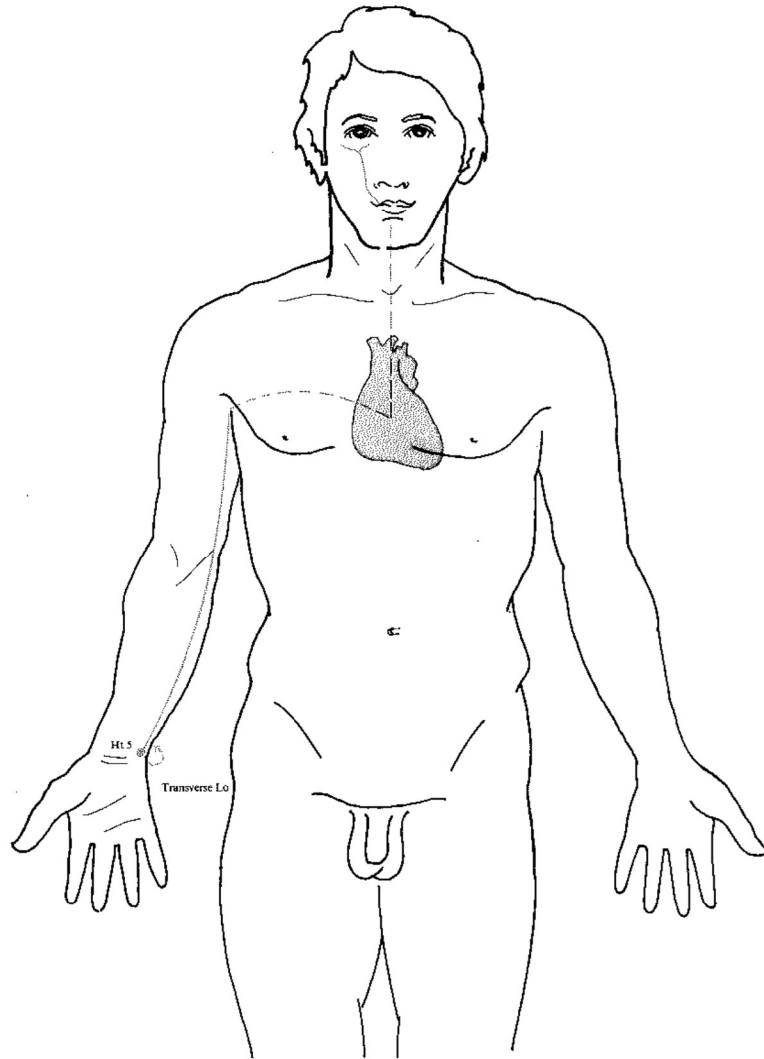


Figure 50. The Longitudinal Lo Vessel of the Heart.

Pathway: From Ht 5 it ascends the arm parallel to the heart meridian, with which it eventually unites to enter into the heart organ. It then emerges to travel upwards to the root of the tongue, and then ascends to enter the reticular system of the eye where it unites with the main meridian of the small intestine.

Symptomatology:

Full — Feeling as of weight on diaphragm, with discomfort and sharp pain in the chest.

Empty — Loss of power of speech.

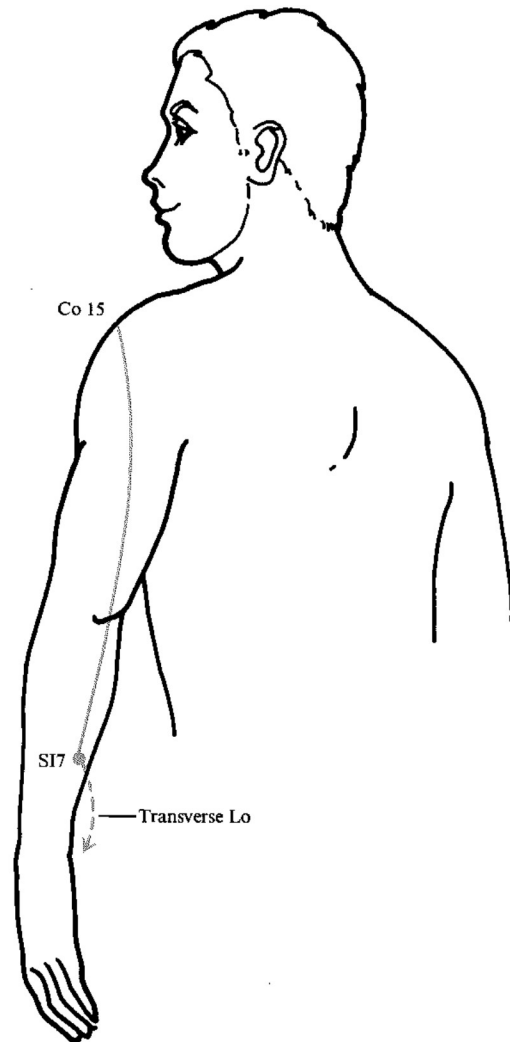


Figure 51. The Longitudinal Lo Vessel of the Small Intestines.

Pathway: From SI 7 ascends the posterior-medial aspect of the arm to the elbow, and on upwards to unite with the main colon meridian at Co 15. (Some Vietnamese sources assert that it then travels down into the heart, but this is not substantiated in the Chinese literature.)

Symptomatology:

Full — Discomfort in the elbow and shoulder joints; stiffening of the elbow.
 Empty — 'Excrescences which could be as small as a scab'. (*Su Wen*)

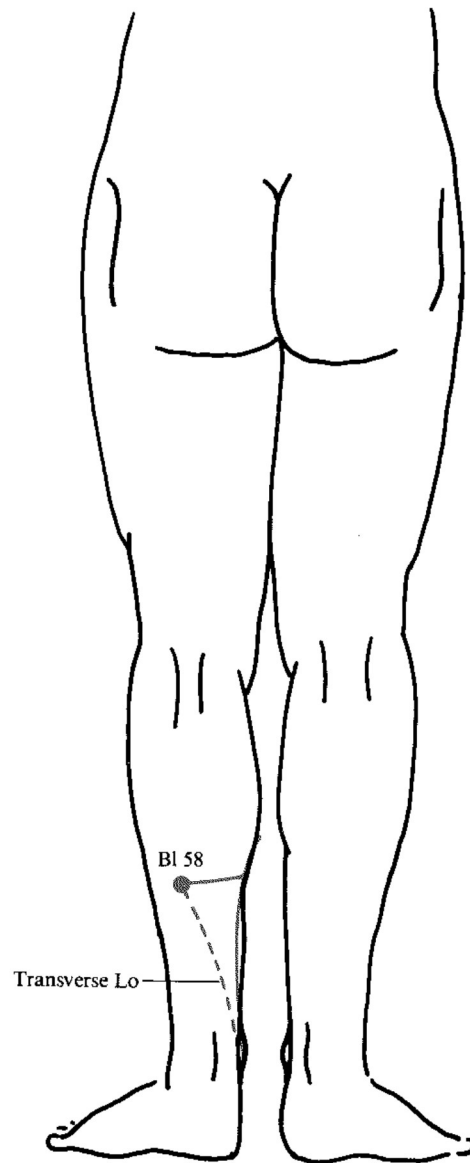


Figure 52. The Longitudinal Lo Vessel of the Bladder.

Pathway: Leaves from BI 58 and runs upwards to the kidney region in union with the longitudinal Lo of the kidneys.

Symptomatology:

Full — Blocked or running nose; headache and backache.

Empty — Running nose with clear fluid; epistaxis.

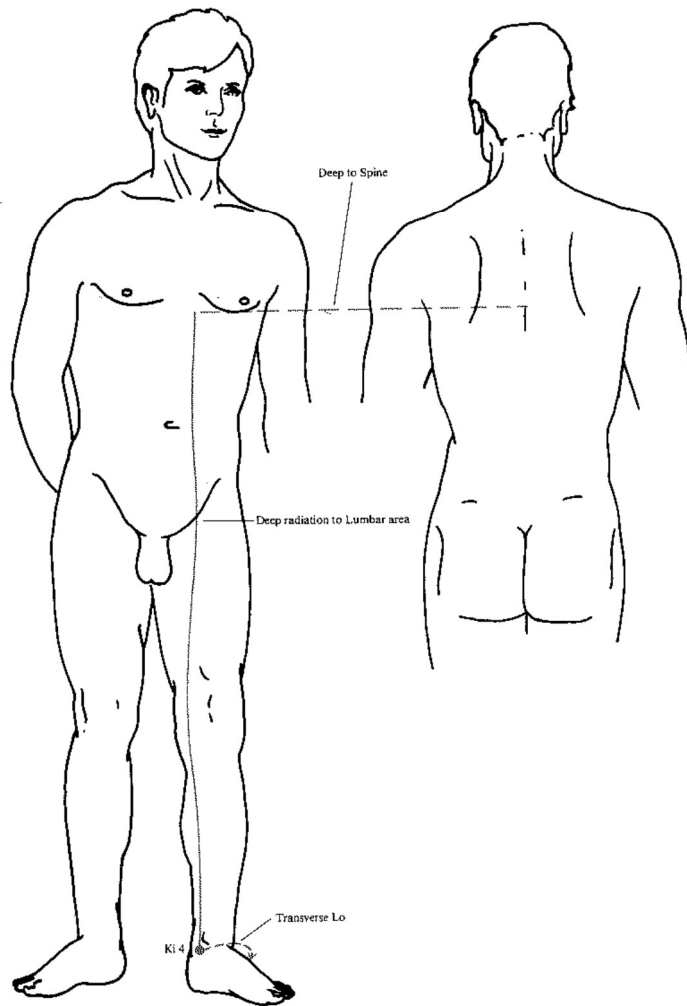


Figure 53. The Longitudinal Lo Vessel of the Kidneys.

Pathway: Runs up from Ki 4 to join with the longitudinal Lo vessel of the bladder. It ascends parallel with the main kidney meridian to the abdomen, where it goes deep to the area below the pericardium and radiates into the lumbar area and spine.

Symptomatology: When the longitudinal Lo of the kidney is disordered it will cause an inverse flow of energy which will, in turn, cause congestion of the chest and also depression.

Full — Constipation and anuria.

Empty — Pain in the kidney area.

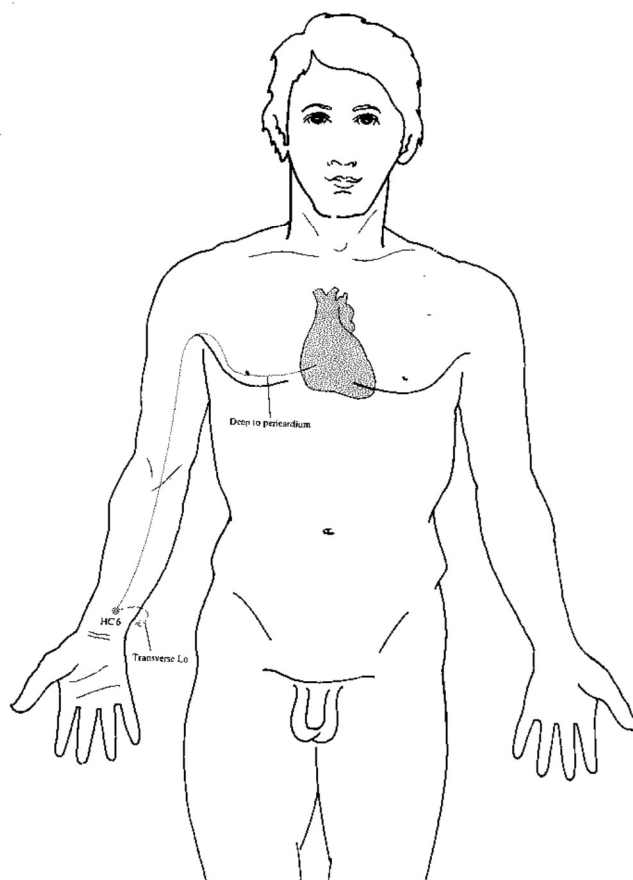


Figure 54. The Longitudinal Lo Vessel of the Heart Constrictor.

Pathway: From HC 6 it runs up the arm with the main meridian of the Heart Constrictor, with which it penetrates deep into the pericardial area and unites with the main meridian of the Three-Heaters.

Symptomatology:

Full — Pains in the heart.

Empty — Pain and stiffness in the neck.

Pathway: Ascends from TH 5 adjacent to its principal meridian, up and over the shoulder to penetrate deep into the chest and unite with the main meridians of Three-Heater and Heart Constrictor in the pericardium.

Symptomatology:

Full — Spasm and stiffness of the elbow joint.

Empty — Weakness of the elbow joint.

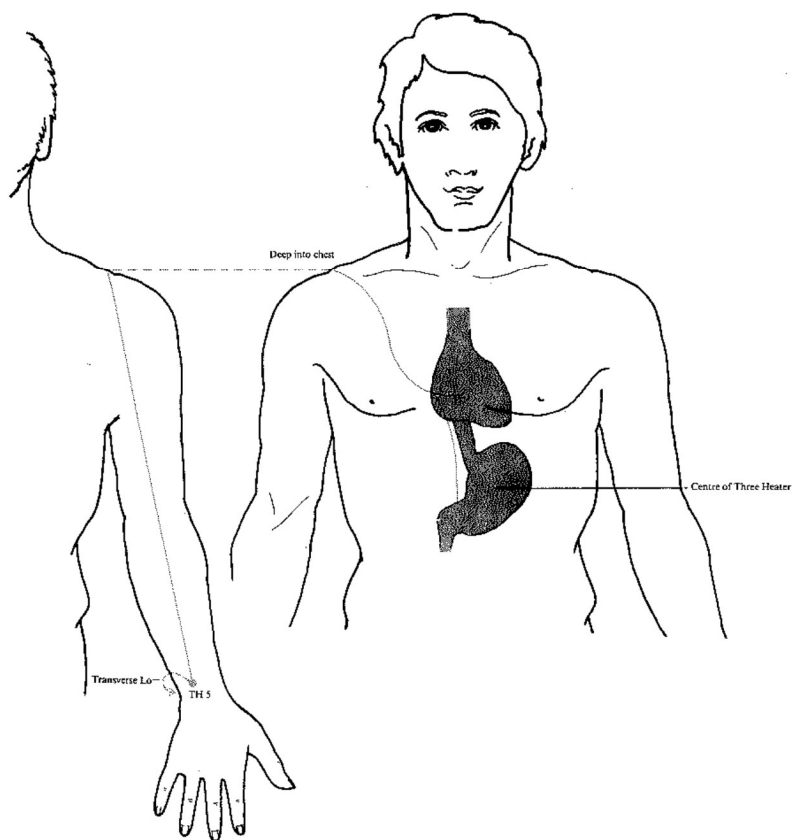


Figure 55. The Longitudinal Lo Vessel of the Three-Heaters.

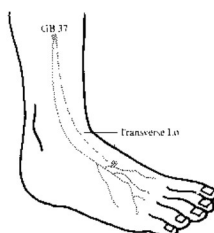


Figure 56. The Longitudinal Lo Vessel of the Gall-Bladder.

Pathway: Travels *downwards* from GB 37 to ramify over the dorsum of the foot.

Symptomatology:

Full — Lower legs and feet icy cold due to an inverse flow of energy.

Empty — Weakening and paralysis of the foot which makes it impossible to stand up from a sitting position.

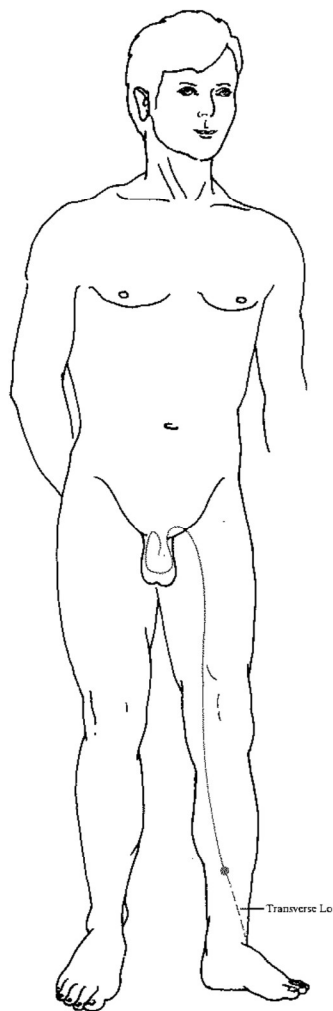


Figure 57. The Longitudinal Lo Vessel of the Liver.

Pathway: Ascends from Li 5 up the inner surface of the leg to spread out around the genitalia.

Symptomatology: Disorder of the longitudinal Lo of the liver will cause an inverse flow of energy which will, in turn, cause a swelling of the testicle, to be followed by colic.

Full — Abnormal erection.

Empty — Sudden and violent itching of the scrotum.

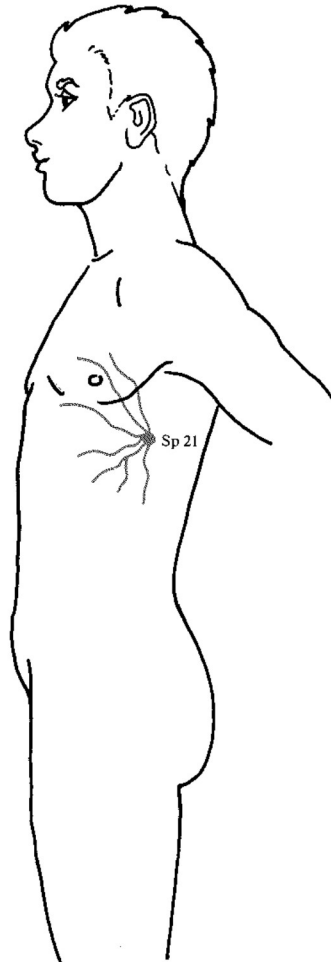


Figure 58. The Great or Universal Lo Point of the Spleen.

Pathway: Is centred on Sp 21, and is a mass of small vessels which branch out over the anterior and lateral thoracic wall, with small branches over the whole body.

Symptomatology:

Full — Diffused pains spreading over the whole body.

Empty — Loosening of all the articulations, with weakness and loss of strength in all joints.

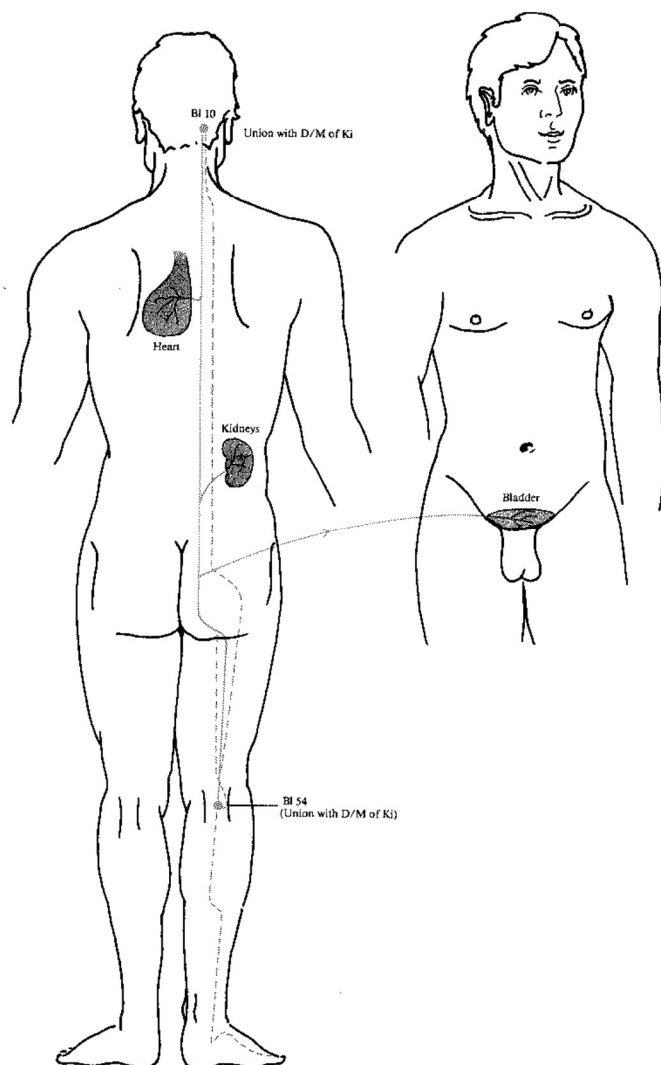


Figure 61. The Distinct Meridian of the Bladder.

This meridian ascends from Bl 54 and runs up to the gluteal area which it reaches at five kuan from the mid-line. Here it turns inwards to the coccyx and penetrates the anus (where it unites with the gall-bladder meridian), and then goes deep to the kidneys and gives off a branch to the bladder. It carries on at a deep level along the side of the spine, spreads out into the heart, then on up the spine to unite with its own Principal Meridian and the Distinct Meridian of the kidneys at Bl 10.

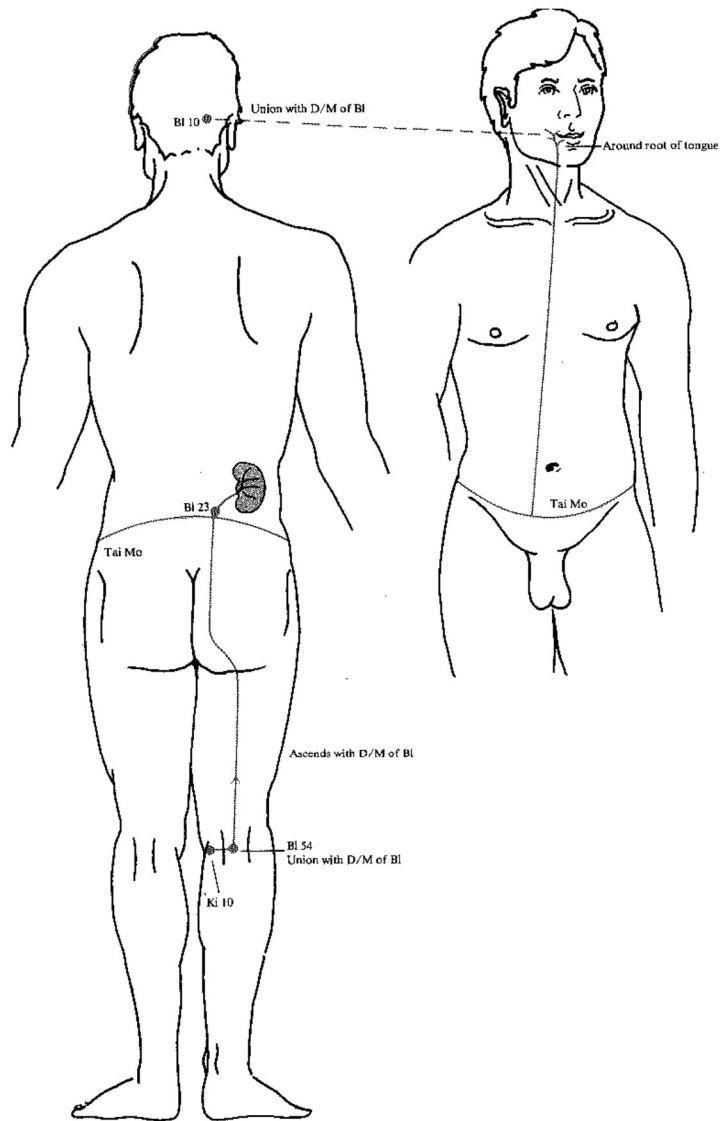


Figure 62. The Distinct Meridian of the Kidney.

This arises at Ki 10, and immediately goes horizontally to Bl 54 where it joins the Distinct Meridian of the bladder to travel up the thigh to the gluteal area and with it penetrate into the deep regions. It enters the kidneys, and then becomes more superficial to Bl 23, where it joins the Tai Mo vessel. It flows with this around to the anterior abdominal wall, when it leaves Tai Mo to ascend vertically to the root of the tongue. It then moves outwards to the posterior cervical area to join up with the Distinct and Principal Meridians of the bladder at Bl 10. This is the first of the six unions.

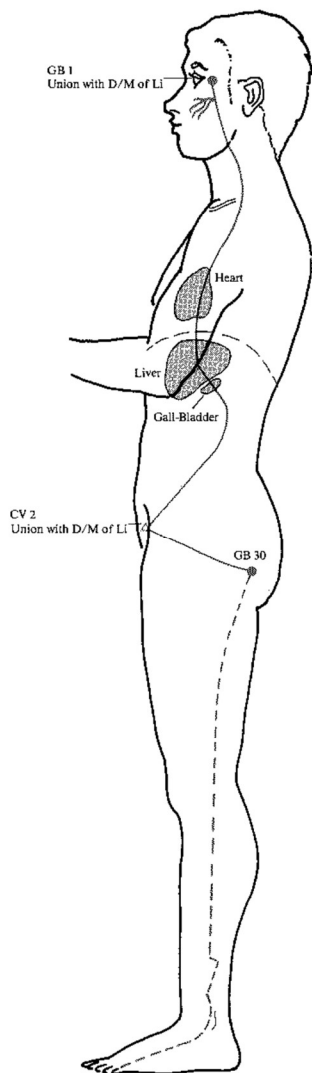


Figure 63. The Distinct Meridian of the Gall-Bladder.

This leaves its main meridian at GB 30 and travels round the greater trochanter to the pubic area to unite with the Distinct Meridian of the liver at CV 2. It then passes vertically and laterally to below the floating ribs, where it goes deep to penetrate into the gall-bladder and liver. It then ascends to penetrate the heart and on upwards to surface at the side of the larynx and then up to spread out on the cheek and unite with the Distinct Meridian of the liver and its own Principal Meridian at GB 1.

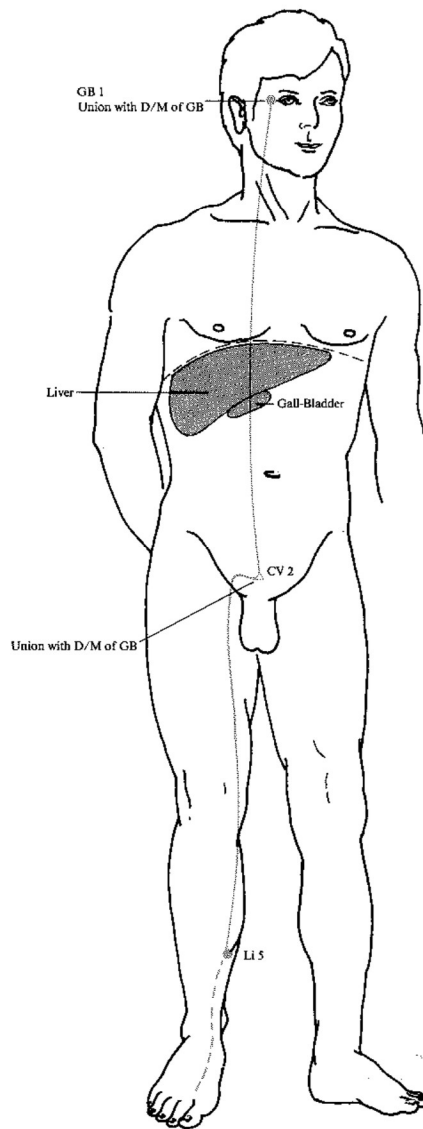


Figure 64. The Distinct Meridian of the Liver.

This separates from the liver main meridian on the medial aspect of the lower leg at Li 5 and travels up the medial aspect of the leg to the pubic area to unite with the Distinct Meridian of the gall-bladder at CV 2. It travels with this meridian to penetrate the gall-bladder and liver, and then ascends parallel with it up to the face, to unite with the Distinct and Principal Meridians of the gall-bladder at GB 1. This forms the second of the six unions.

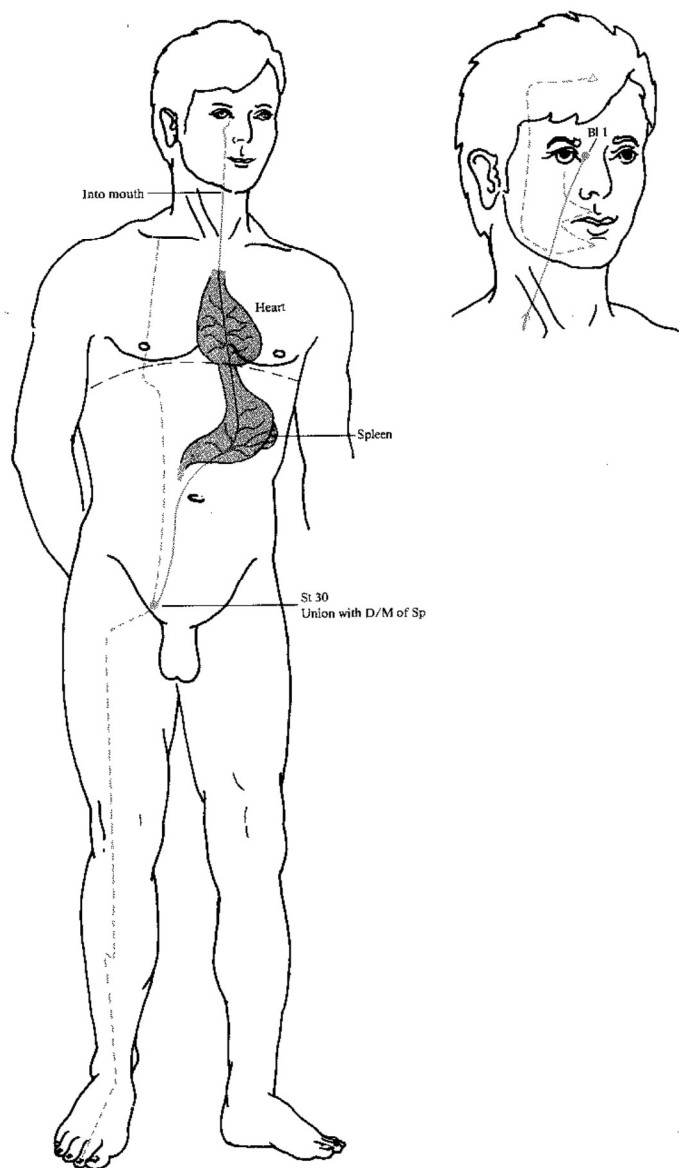


Figure 65. The Distinct Meridian of the Stomach.

This meridian starts from St 30 and immediately goes deep to ascend through the stomach, spleen and heart. It passes upwards along the side of the oesophagus into the mouth, to surface at the side of the nose. It then passes up to the infraorbital region and into Bl 1 at the medial canthus, where it unites with the Distinct Meridian of the spleen and the many other meridians concerned at this point.

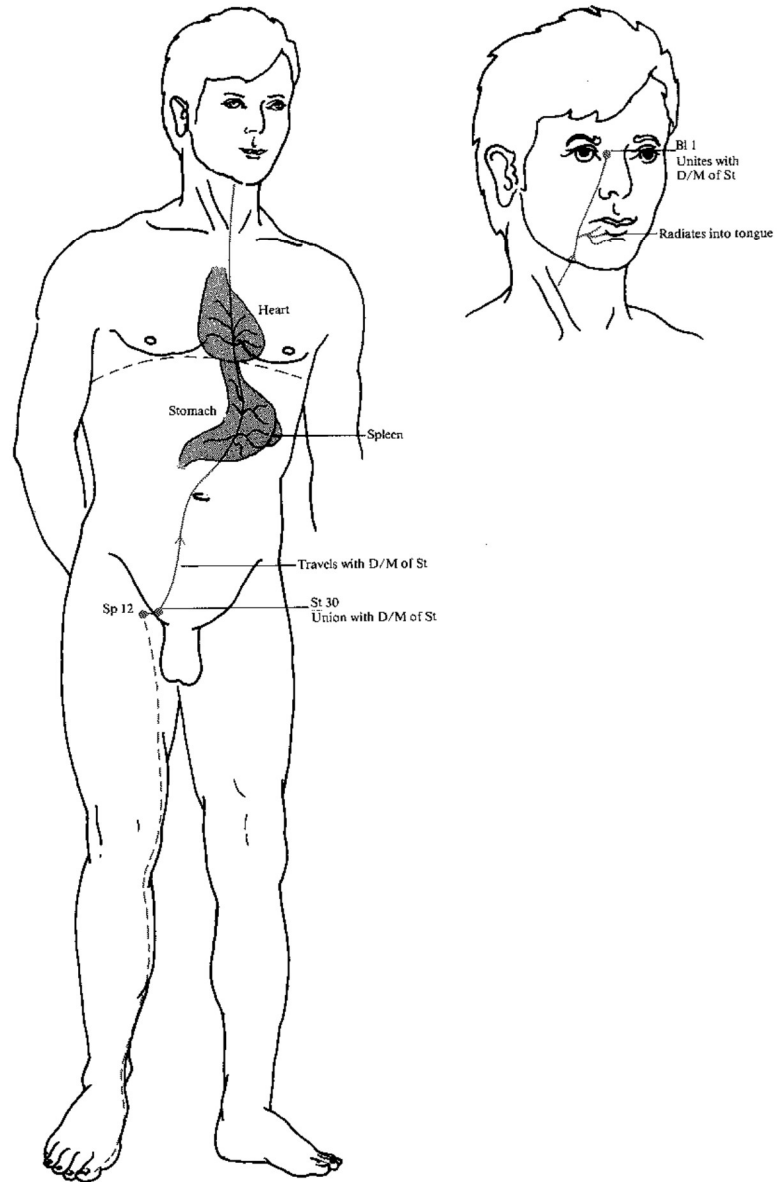


Figure 66. The Distinct Meridian of the Spleen.

This starts from Sp 12 and immediately passes medially to St 30, where it unites with the Distinct Meridian of the stomach. It then travels parallel with this through the same organs of stomach, spleen and heart up to the mouth, where it radiates into the tongue and unites with the Distinct Meridian of the stomach once more. It then passes up to the face to reunite at Bl 1. This is the third of the six unions.

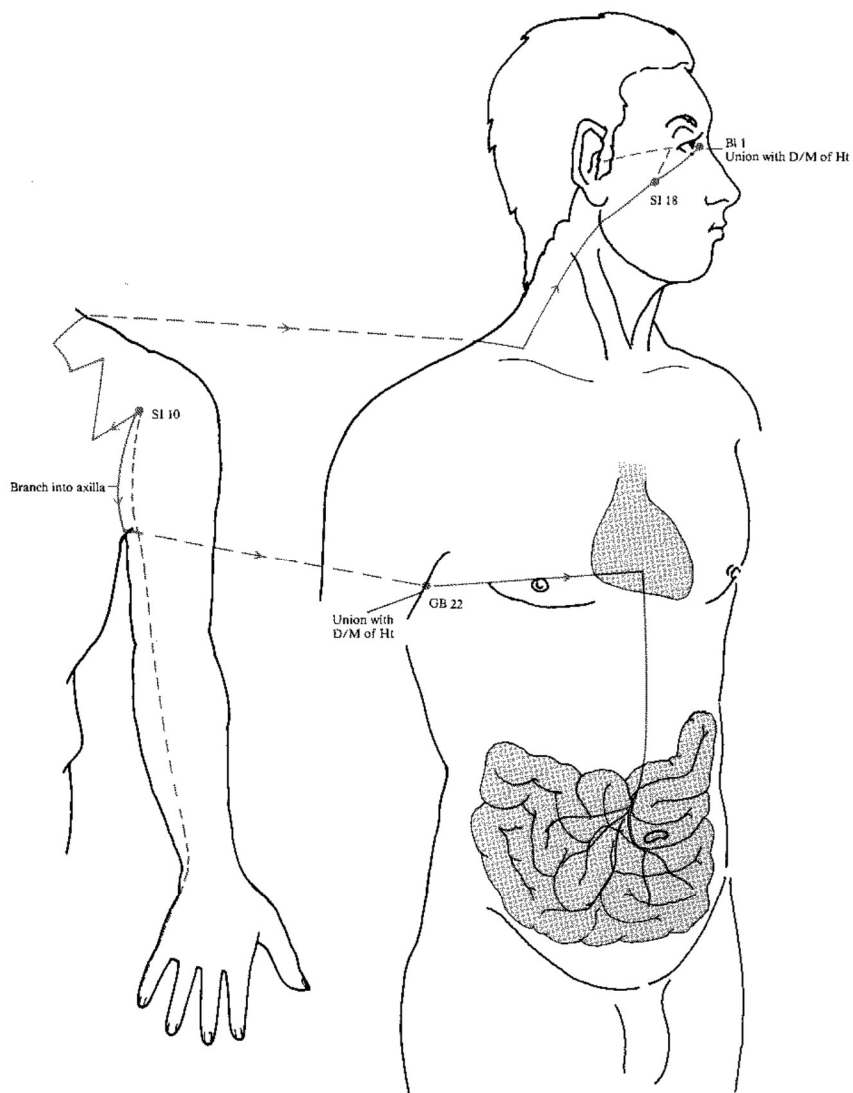


Figure 67. The Distinct Meridian of the Small Intestines.

This leaves from the posterior aspect of the shoulder at SI 10 and immediately passes downwards into the axilla and on to GB 22 where it goes deep to pass into the heart and then downwards to branch into the small intestines. Also from SI 10, an ascending branch follows the pathway of the principal small intestine meridian up to SI 18, when it leaves to terminate at Bl 1 and join the Distinct Meridian of the heart.

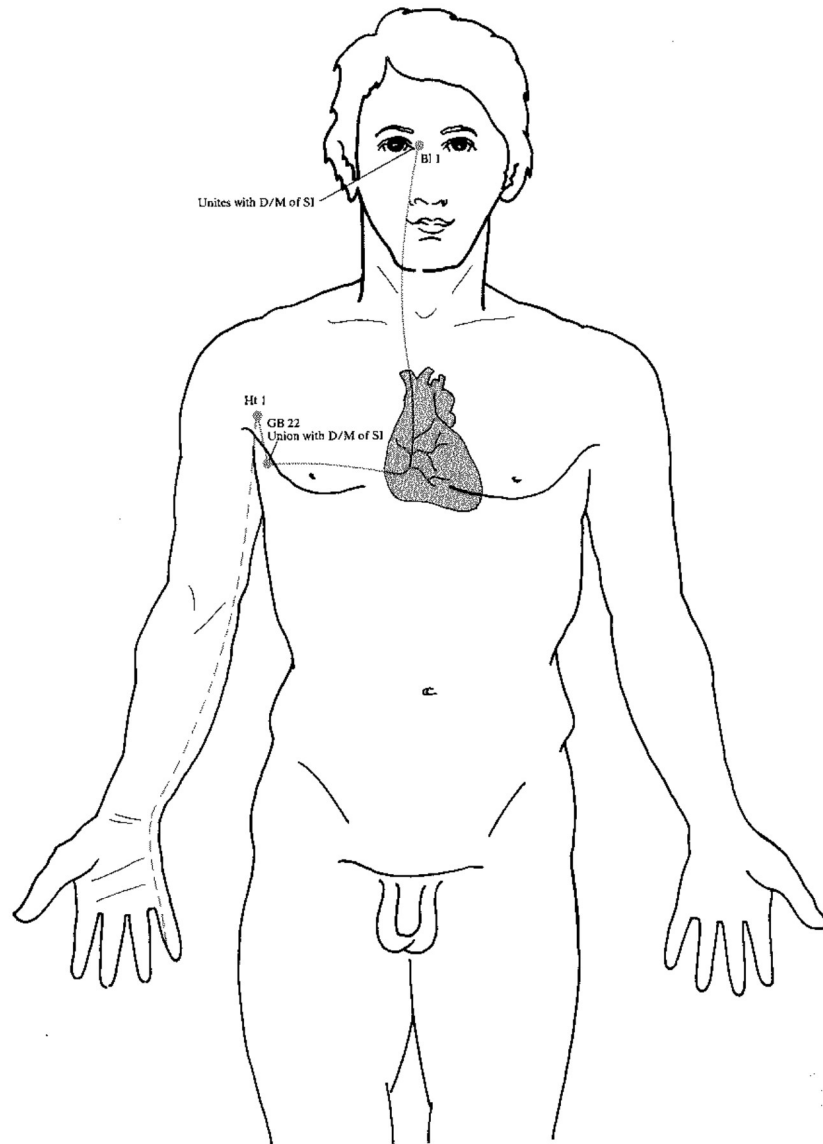


Figure 68. The Distinct Meridian of the Heart.

This meridian arises in the axilla at Ht 1 and travels down to GB 22 (where it unites with the Distinct Meridian of the small intestines) and then penetrates in depth to the heart (organ). It then passes upwards through the throat, surfaces at the face, and joins the Principal and Distinct Meridians of the small intestines at Bl 1 (the union with the Principal Meridian of the small intestines is via an internal pathway of this vessel). This forms the fourth of the six unions.

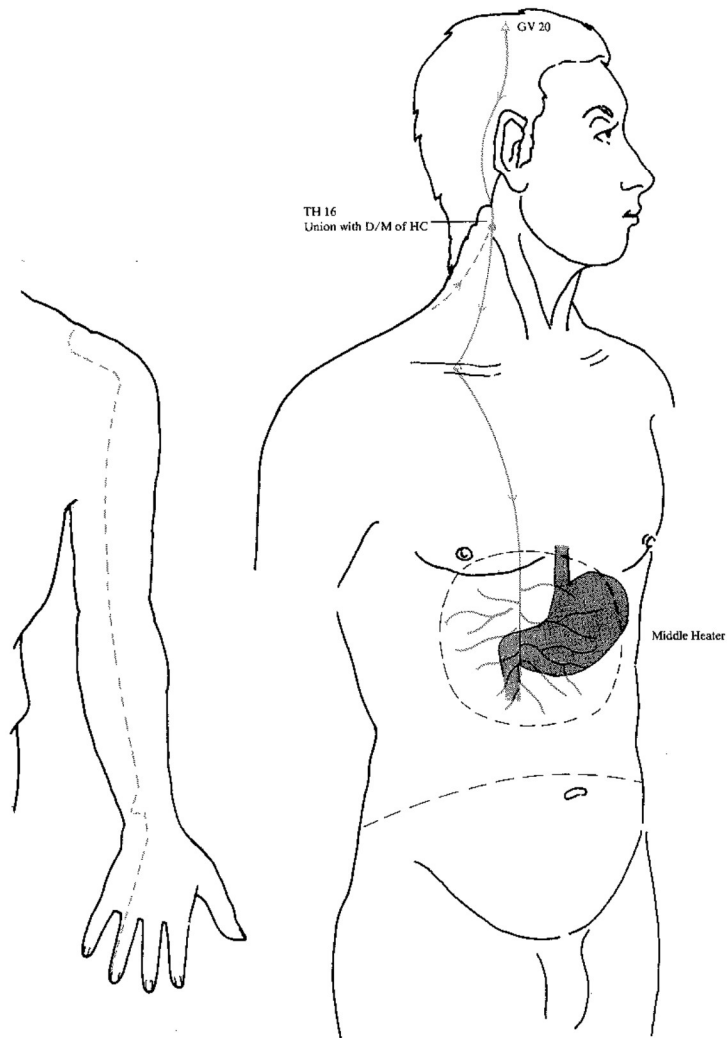


Figure 69. The Distinct Meridian of the Three-Heater.

The main meridian of the three-heater has a secondary vessel which connects to GV 20, and the three-heater Distinct Meridian takes its origin at this point. From here it passes down behind the ear to TH 16 where it unites with the Distinct Meridian of the heart constrictor and also has a connection with the brain. It then travels down to the supraclavicular hollow and penetrates into the thorax, to branch out into the triple heater function.

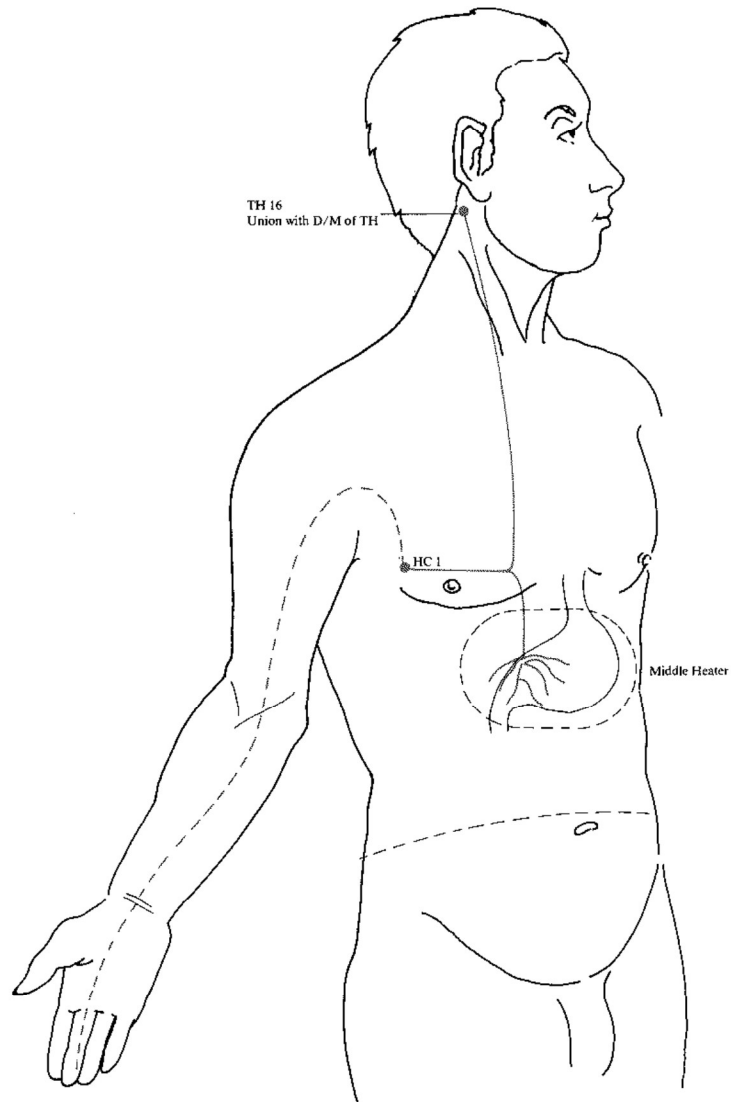


Figure 70. The Distinct Meridian of the Heart Constrictor.

This starts from HC 1 and travels horizontally to the anterior of the chest, where it penetrates deeply and branches into two. A descending branch passes downwards into the middle heater, whilst the ascending branch passes up through the thorax to become superficial at the neck and unite with the Distinct and Principal Meridians of the Three-Heater at TH 16. This is the fifth of the six unions.

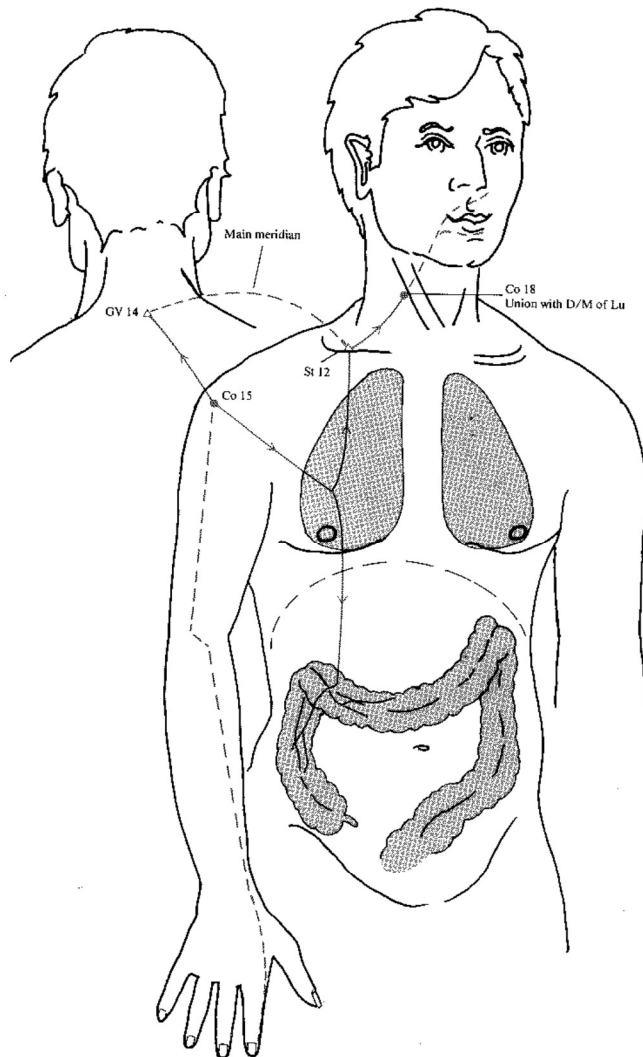


Figure 71. The Distinct Meridian of the Colon.

The Distinct Meridian of the colon starts from the shoulder at Co 15 with two branches. The first travels backwards over the superior border of the scapula to GV 14. The second travels anteriorly to the mammary area where it goes deep and, in its turn, branches into two. One is a descending branch which travels downwards to penetrate into the large intestine; the other ascends through the lungs to surface at St 12 in the supraclavicular fossa and pass up the side of the neck to Co 18, where it unites with its own Principal Meridian and the Distinct Meridian of the lungs.

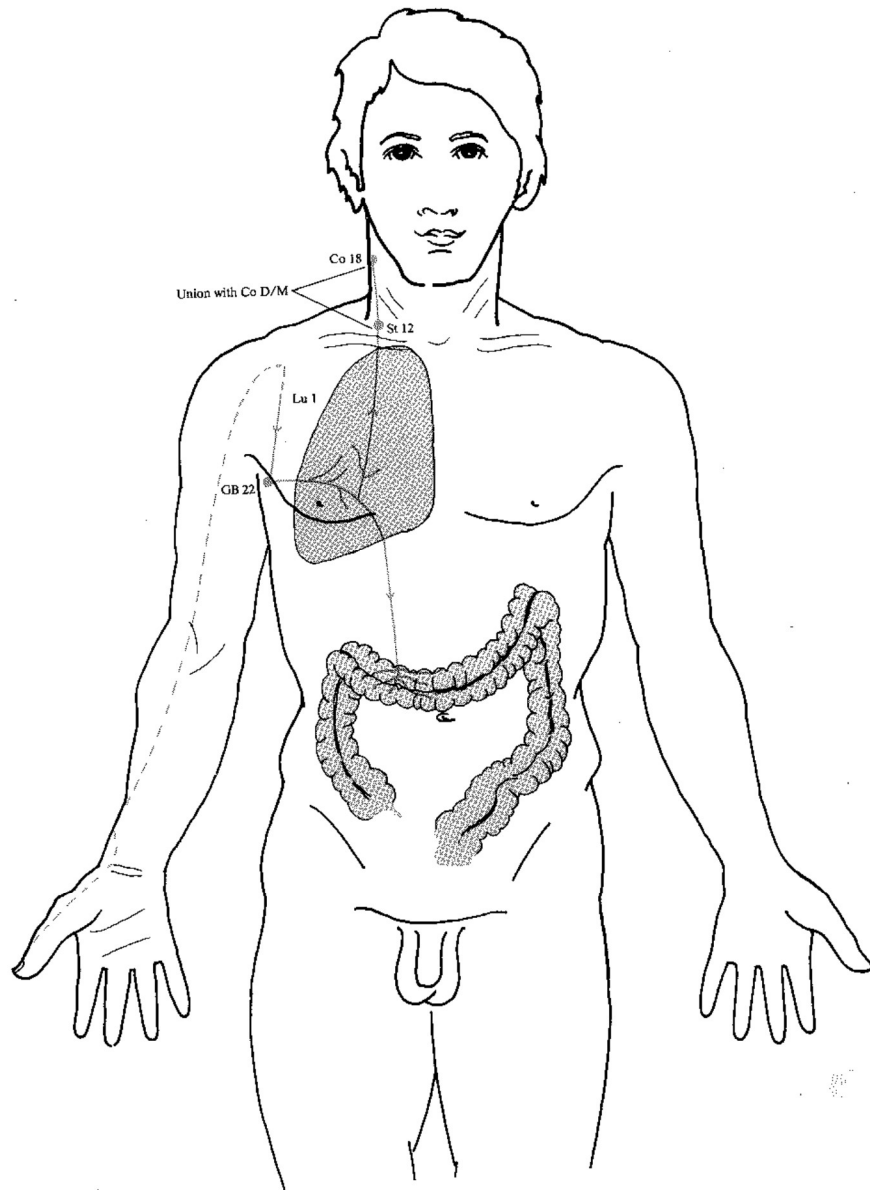


Figure 72. The Distinct Meridian of the Lungs.

This separates from Lu 1 and passes downwards to GB 22, where it penetrates deep to pass into the lungs and divide into two, one branch going downwards to penetrate the large intestine, the other ascending to St 12 and passing up to join the Distinct Meridian of the colon at Co 18. This is the sixth of the six unions.

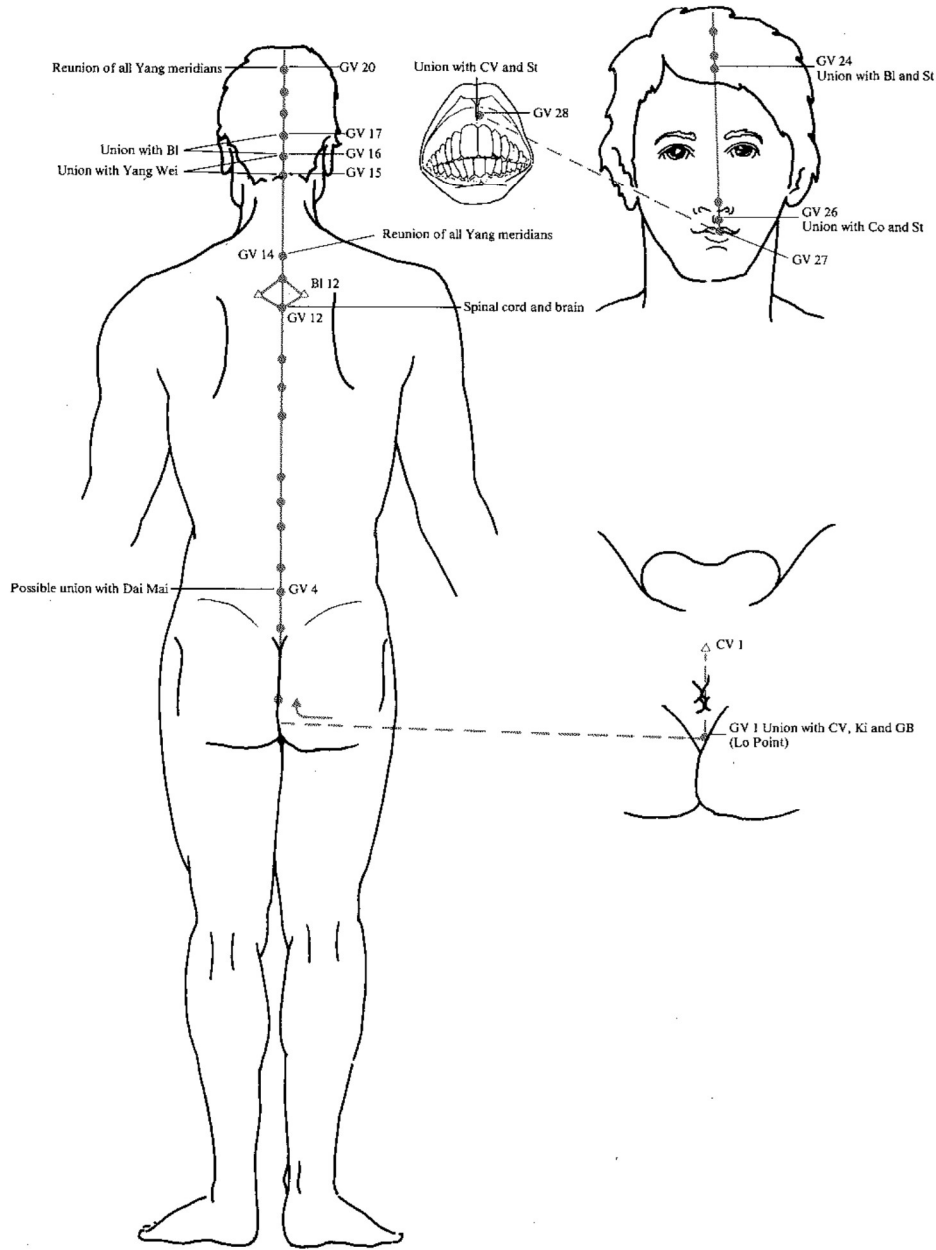


Figure 76. Du Mai (The Governor Vessel).

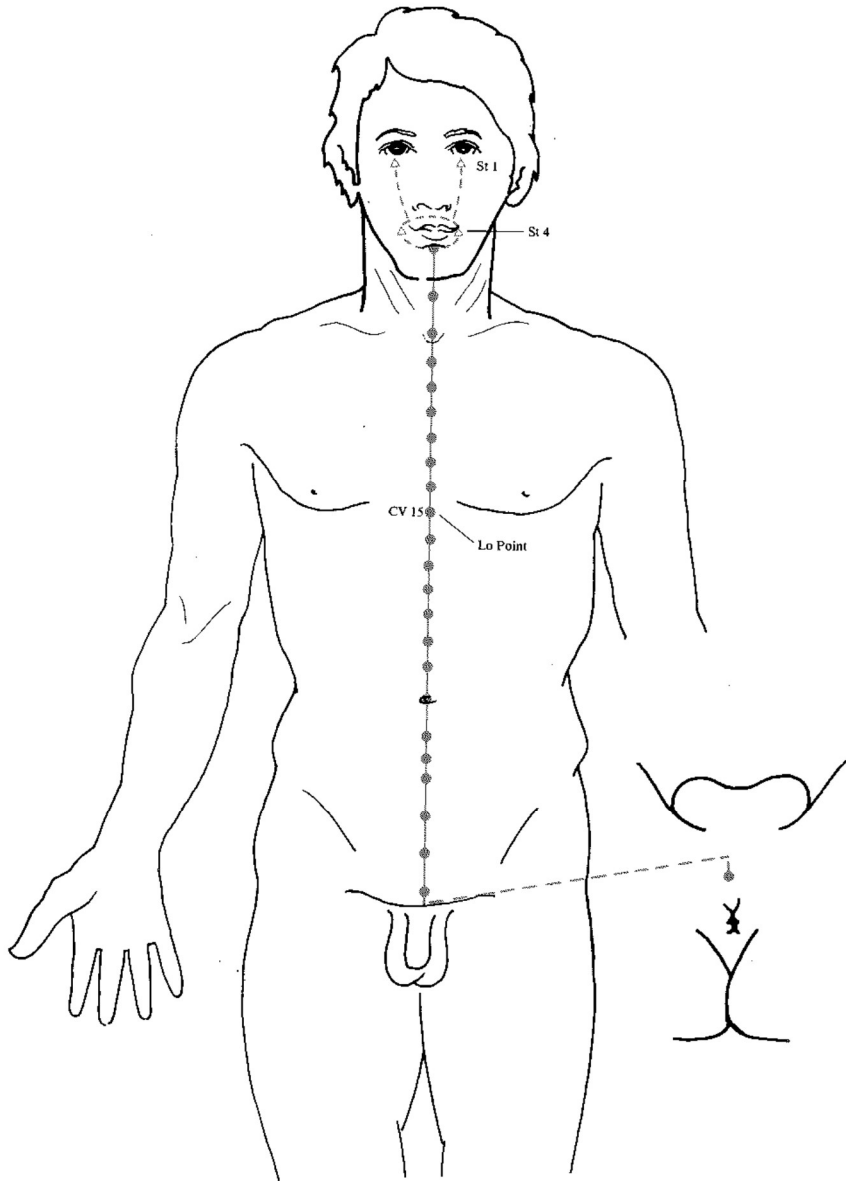


Figure 77. Ren Mai (The Conception Vessel).

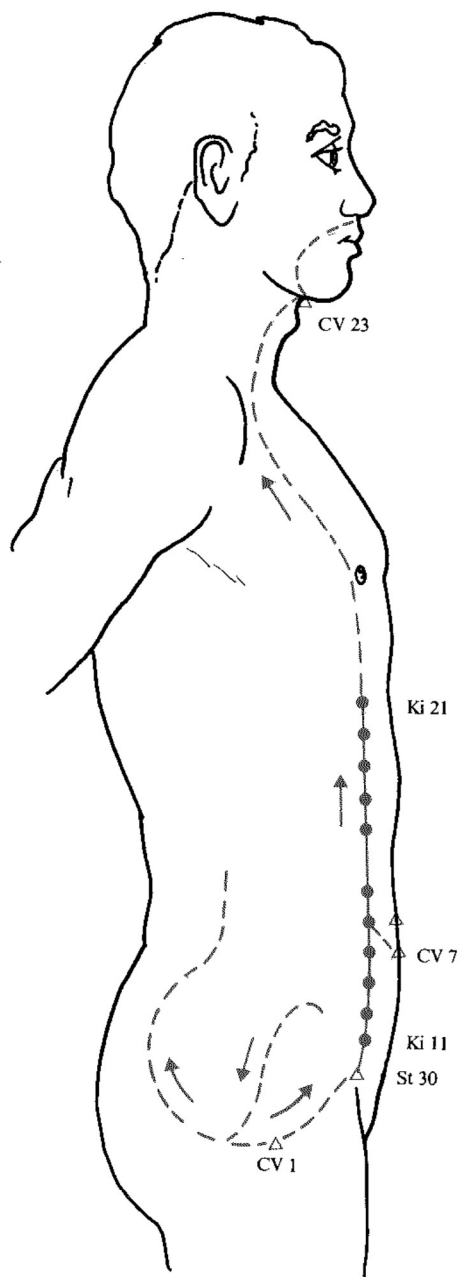


Figure 78. Chong Mai (The Vital Vessel).

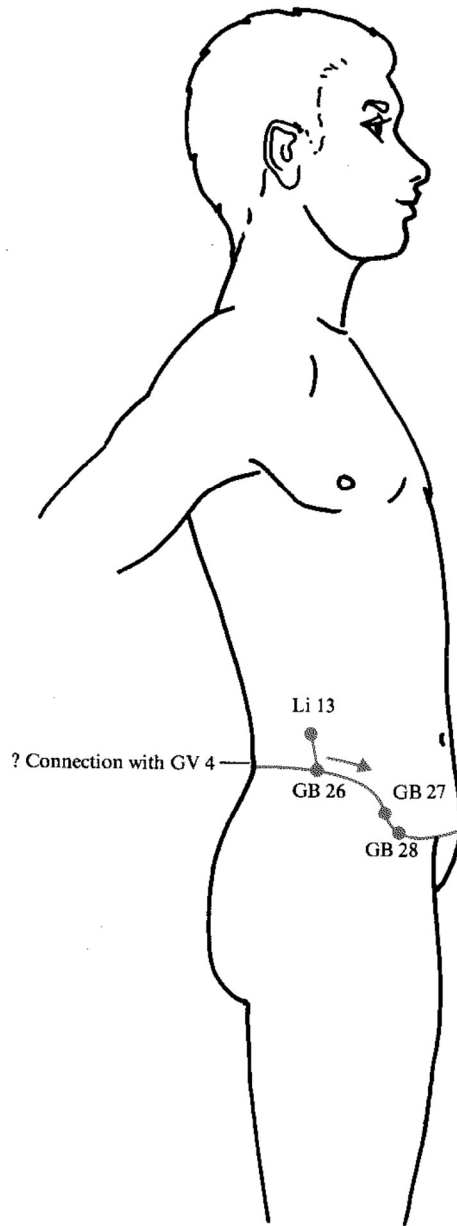


Figure 79. Dai Mai (The Girdle Vessel).

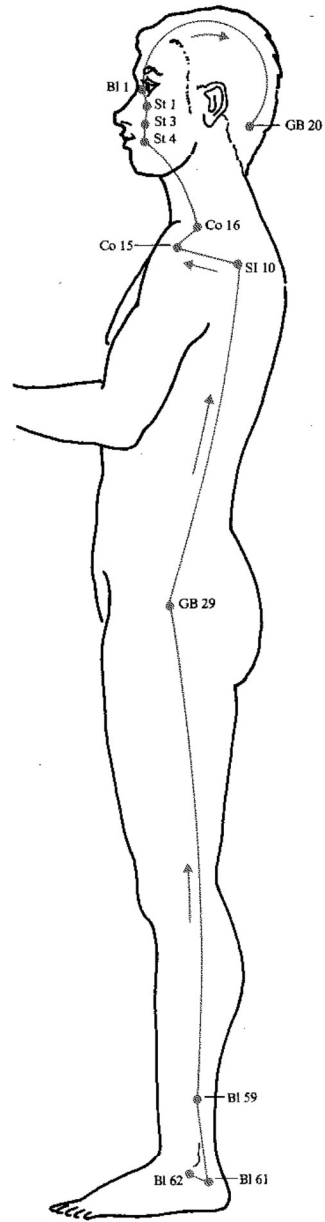


Figure 80. Yang Chiao Mai (Yang Heel Vessel).

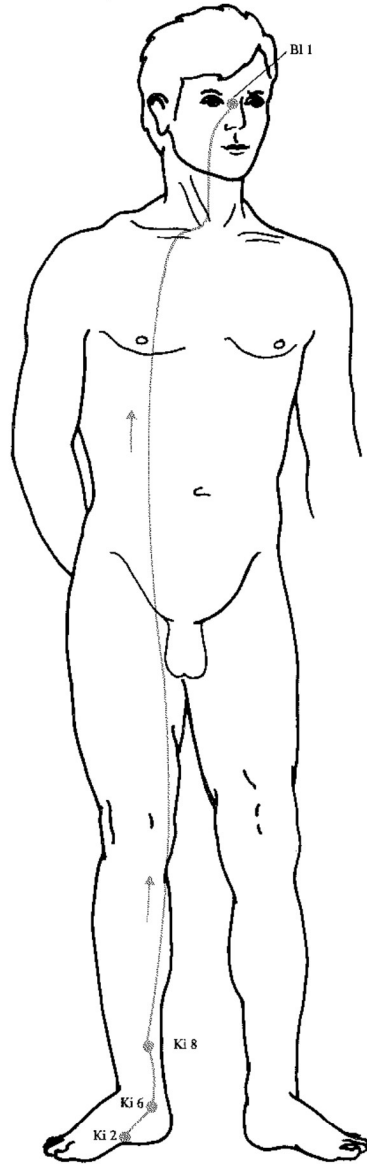


Figure 81. Yin Chiao Mai (Yin Heel Vessel).

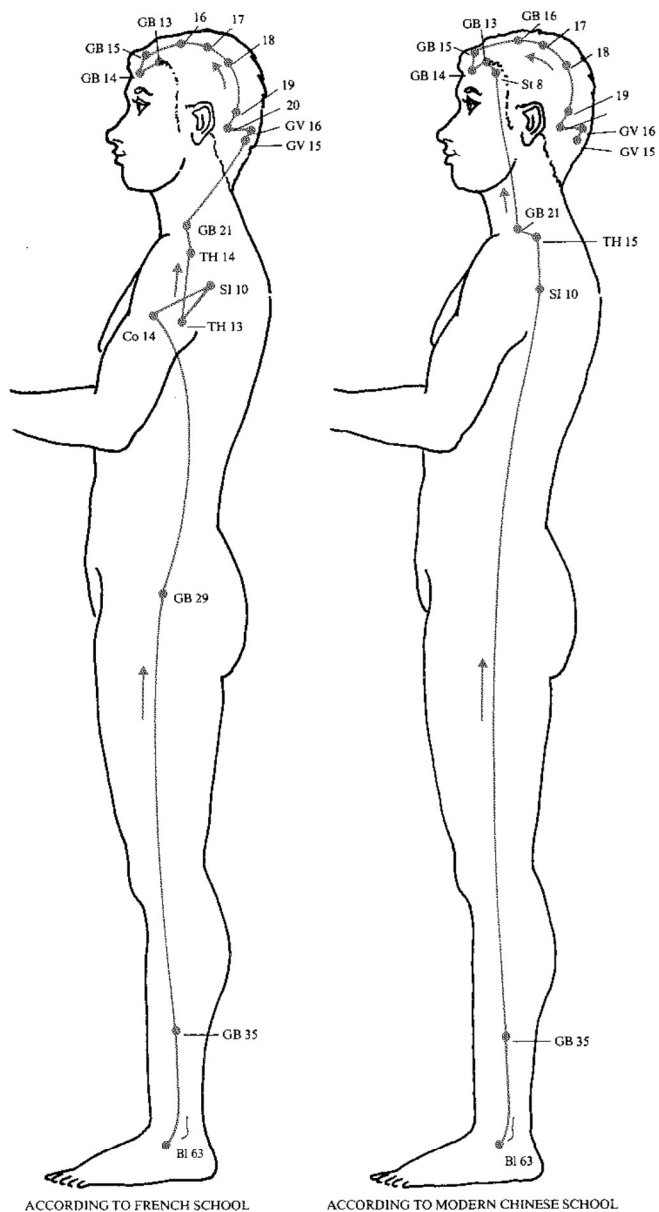


Figure 82. Yang Wei Mai (Yang Regulating Vessel).

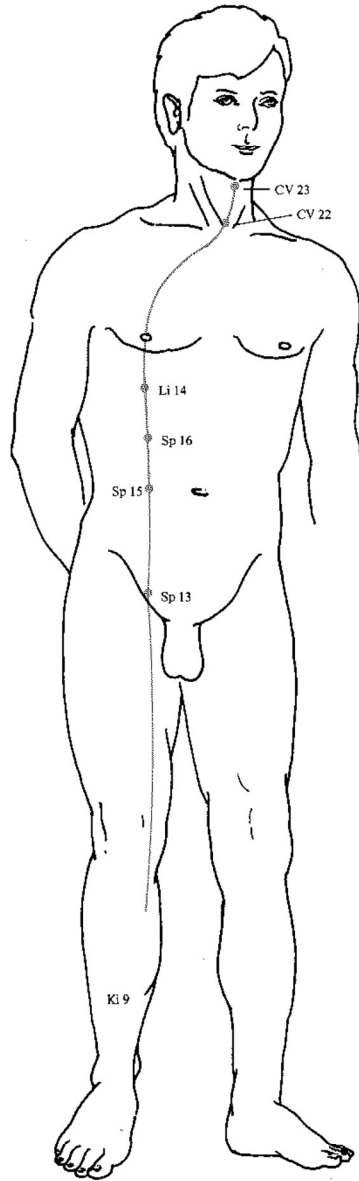


Figure 83. Yin Wei Mai (Yin Regulating Vessel).

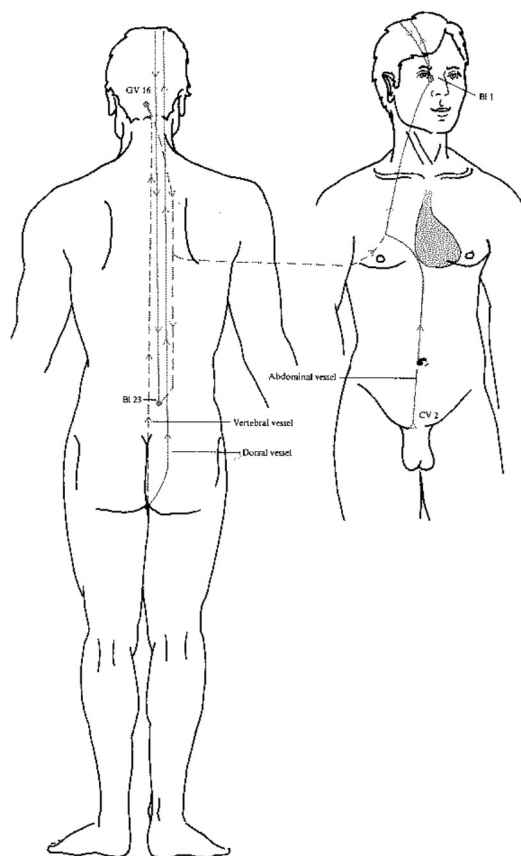


Figure 84. The Secondary Vessel of Du Mai.

produce sterility and difficulty with micturition. There may also be haemorrhoids and urinary incontinence and local pains in the pathway of the vessel.

Treatment would consist of using CV 2 and Ah Shi points along the pathway of the vessel.

The practitioner would do well to remember that we are dealing with almost a corollary of the 'tendino-muscular technique'. I say almost, because, particularly with this abdominal vessel, the symptoms produced are deeper than those of the mere tendino-musculars, and we have to be careful to distinguish between perverse energy which has caused a lack of Yang in this subsidiary of Du Mai, and a relative lack of Yang caused by over-activity of Ren Mai. In either case, drainage of CV 2 would not be inapplicable, but in the former instance we might decide that we need (again as with the tendino-muscular meridians) to call up the Yang energy of the Governor Vessel itself, possibly by the use of CV 1 and GV 1.

The dorsal vessel, when affected, can cause pain at the back and sides

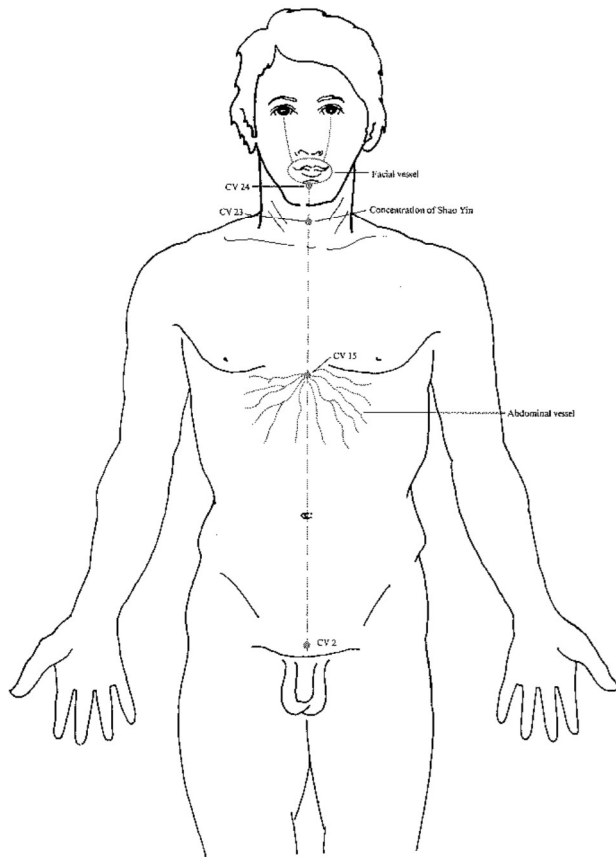


Figure 85. The Secondary Vessels of Ren Mai.

contractures in its pathway, depending upon what part is involved, i.e. vulvar pruritus or pains in the genitalia, uterine congestion, fibroma, bloody discharge (in women), and pains in the renal and umbilical areas. There could also be intermittent perspiration leading to thirst.

From our study of the numerous meridians and vessels which connect with Ren Mai we will realize that there are many possibilities, more especially as there are several tendino-muscular meridians which join up with it, particularly those of Li, Sp, St and Ki at CV 3, and those of HC, Lu and Ht at CV 17 and of Du Mai at CV 2. Treatment would thus depend upon a recognition of associated disorders in the specific T/M concerned, when we would then treat, say CV 3 and the concerned tendino-muscular meridian. (Note that the tendino-muscular meridian of the kidney crosses over at CV 3, so when dealing with a symptom such as pain in the renal area we would needle the opposite side.)

If the perverse energy entered via the secondary vessel of Du Mai the pain would be diffused and spreading over the whole trunk, accompanied by a sensation of energy rising up the spine to the head.

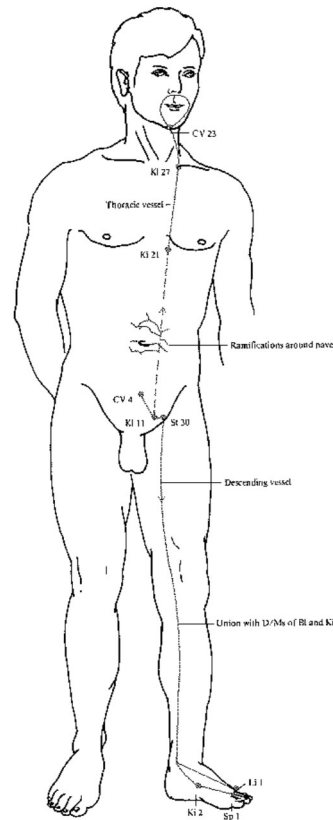


Figure 86. The Secondary Vessels of Chong Mai.

adding the Yong and Yu points of kidney — Ki 2 and Ki 3.

To gain admission via the kidney route, the perverse energy first enters the tendino-musculars of the kidney, thence into the kidney Principal Meridian and into Chong Mai at Ki 11. From here it can either pass upwards giving the same symptoms as in the preceding paragraphs or downwards via St 30 into the descending vessel. If this happened it would produce pains in the groin, pains in the inside of the thigh and calf with a general chilliness, inflammation of the heel, pain on the inner border of the foot or pain in the big toe, with a sensation as if the foot or lower leg were frozen.

Treatment would be directed to St 30 and superficial needling of the Ah Shi points.

Where perverse energy entered via the bladder line, it would gain entrance to the kidneys via Bl 23 and thence travel to Chong Mai. The symptoms produced would be the same, with the possible addition of signs of disturbance of the bladder meridian. One could therefore, in this instance, add the Ho point of bladder, Bl 54, to the points used.

