

10 cases studied with pertech-
 instance could the hypothesis
 started this study, the cases 5
 ut to explain and at this point
 ow accurate our method would
 of the acupuncture meridians.
 B. C. shows a new and unique
 at cannot be explained by our
 physiologic knowledge of wes-

nt: This study was done in the
 Laboratory, Brincovesc Hos-
 t, Romania, with the help of Dr.
 rghe and his assistant, Sister
 whom the author expresses his
 qualified help.

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How to Stop Smoking: Effective New Acupuncture Point Discovered

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Abstract: Coincidental circumstances resulted in the
 discovery of a new acupuncture point which has been
 located on the wrist, between the Lung and Large Intestine
 meridians. Approximately 5,000 patients have been
 treated for nicotine addiction with this new point, resulting
 in a success rate approaching approximately 80 percent.

THE particular treatment to stop the desire to
 smoke cigarettes that I am going to describe is
 quite interesting. I found the location of a new
 acupuncture point, between the Lung and
 Large Intestine meridians on the wrist, com-
 pletely by accident.

I was a heavy smoker since childhood,
 starting at about 12 years of age. For ap-
 proximately forty years I smoked two to three
 packs of cigarettes daily. I previously tried to
 quit smoking "cold turkey" about 18 years ago
 and found it impossible. I gained twenty
 pounds. I had the usual "wall climbing ex-
 perience" and eventually started smoking a
 pipe: it burned my tongue. I threw the pipe
 away and went back to smoking my two packs
 of cigarettes daily; intending never to try and
 stop smoking again because it was too much of
 an effort.
 I have been practicing acupuncture for 12
 years and approximately 10 years ago, I
 developed a case of influenza. I recovered in a
 matter of two or three days. Following the in-
 fluenza, I developed a non-productive cough
 complication which would not respond to

treatment with antibiotics, cough medication,
 or decongestants. This cough was not associ-
 ated with cigarette smoking; however, it was
 with me constantly night and day. After one
 month I decided to try acupuncture as treat-
 ment. I chose the Lung meridian for the treat-
 ment of this cough, using silver needles to
 sedate an overactive lung. I had in mind using
 Lung 5 (sedation) point. I accidentally found
 another point which was between the Lung
 meridian (L-7) and the Large Intestine (LI-5)

meridians on the wrist. The point was quite
 tender to probing with the nose of a Kelly
 hemostat.
 I inserted one Austrian silver face needle
 perpendicular to the skin in each point on the
 right and left wrist. I allowed these needles to
 remain in place for approximately 15 minutes.
 So that the needles would stand straight up
 under their own power and not fall down, the
 depth of puncture was approximately 3 mm. in
 both cases.

After the treatment, I left for the hospital to
 make my rounds. I remember getting out of the
 car in the hospital parking lot and realizing
 something strange had happened to me. I had
 not smoked a cigarette in the automobile! I
 thought that was unusual, because I had al-
 ways smoked while driving. Perhaps it was
 something I had just forgotten to do. I had
 intentions of smoking when I went into the
 hospital to make my rounds. The hospital

thumb. The point is approximately one fingerbreadth proximal to this area. I can find an area that is slightly tender in the exact center of Lung 7 (Liej Chueh), according to Johannes Bischof, M.D.,² lies on the radial edge of the wrist somewhat above the third pulse palpation position. This is two fingerbreadth proximal to the edge of the snuff-box. Large Intestine 5 (Yang Hsi) is in the anatomical snuff-box, distal to the styloid process according to the book *Acupuncture Therapy, Current Chinese Practice*, by Tan, Tan, and Veith.³

I would recommend that silver needles be used in treatment. I have used stainless steel needles with success; however, I feel that silver needles are more effective.

I also note that within the point there is a small indentation that I can feel with the Kelly hemostat. Care must be taken to needle the exact point or failure will occur. (I have tried every point along the Lung meridian as well as along the Large Intestine meridian in the wrist area, and found that none of these points are effective for smoking therapy).

While attempting to locate this point, I tell the patient that I know approximately where this point is located, but I want them to confirm the location. I probe with the hemostat until I locate a small indentation. I then ask them if they feel tenderness or a strange feeling. When the patient agrees that he feels this, I then mark the location with a felt-tip pen and do the same with the opposite wrist. I insist on the patient lying down for treatment. In each case, at the time of insertion of the needle, I would ask the patient to take a deep breath and hold it until the needle was exactly positioned and then release his breath. This is repeated on the opposite side. I find this method enhances the strength of the needles. It is used by many acupuncturists throughout the world.

Some of the side effects patients have described during the use of this treatment have been the following:

1. Most generally, a feeling of heaviness or numbness in both wrists, hands, and arms (Chi),

A photograph shows the exact location of the point involved (Fig. 1). It is somewhat difficult to find because it is not a tender point to palpate. A great deal of patience is required to find the exact point of insertion. I find it helpful to use the curved nose of a Kelly hemostat for pressure on the wrists, using the anatomical snuff-box as a guide with my

Materials and Method

people.

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I have not kept track of the number of cases I have acupunctured for the past ten years throughout the country for smoking therapy, but it must be in the neighborhood of 5,000 people.

I felt that this was a peculiar happening and wondered if this treatment would affect others the same way. For this reason I had to experiment to find out if this treatment really worked. So, as most physicians do, I gathered members of my family who wished to stop smoking. I located the points and found that the therapy was successful.

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my cough disappeared within two or three days following my treatment.

on, I have not smoked a cigarette. Incidentally, a driving desire for a cigarette. From that time normally held my cigarettes, but I did not have My hand moved toward the pocket which was nothing in my brain asking for a cigarette. to bed and woke the next morning to find there I smoke when I went home that evening. I went day I did not smoke during office hours, nor did patients throughout a normal office day. That smoking a cigarette between seeing four or five fifteen or twenty minutes. I was in the habit of smoking one cigarette approximately every cigarettes a day in a ten-hour day, meant I was sible in my case: because, in order to smoke 40 hours without a cigarette was almost impossible without a cigarette. I realized that three time without a cigarette. I realized that three was not accustomed to going that length of acupuncture treatment for the cough, since I began to associate this experience with the had not smoked for nearly three hours.

left the hospital to go to the office and re-membered getting out of the automobile again, in the office parking lot, only to realize that I

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his whereabouts. We call this *oscillation*
loss of orientation and confusion concerning
on both sides and it is not stable. This causes a
hood to the opposite hand, his thinking brain is
handed person. When one is changed in child-
ing brain on the left, and vice versa for the left-
The normal righthanded person has his think-
parking lots, and have difficulty finding places.
These people get lost in shopping centers, have
had difficulty with their sense of direction.
occurred in people who were lefthanded, and
I will mention that most of our true failures

removed.)
I have treated a
total of 535 cases (245 women and 290 men)
from January 1980 through February 1981.
Of those treated, 64 women required repeats
and 71 men needed repeats. I would like to add
that in order to conquer the desire to smoke, I
used the treatment on myself as well as on my
wife only once. These figures amount to ap-
proximately 25 percent repeats and 75 percent
success on the first treatment. Following a
review of the charts, we found nine known
failures of the 535 patients treated. This in-
cludes repeats as well as first treatments,
accounting for a failure rate of 16 percent, i.e.,

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resulting in approximately 84 percent success.
Being lenient with statistics, I must state that I
feel we have had approximately 75 to 80
percent success using the method I have
described for the total number of cases over the
past ten years.

Most of the repeats admitted that they
"blew it." Usually they had no desire to
smoke, but wanted to experiment. Some
smoked due to stress, and some were goaded
into smoking. This was usually the case with
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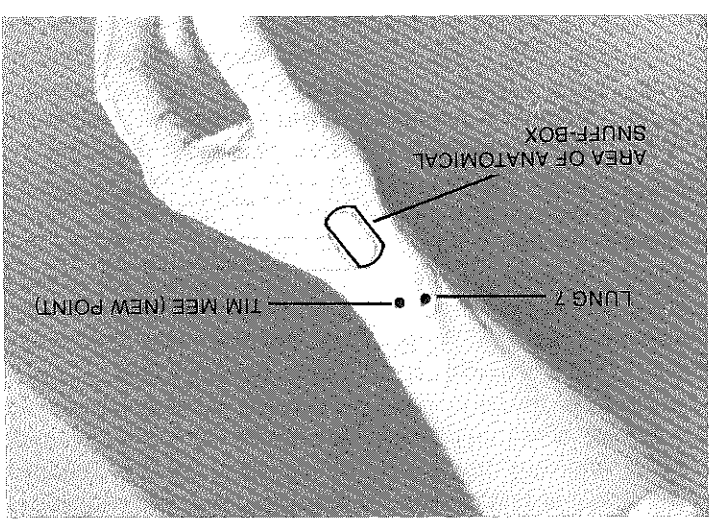
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Results

1. Some have stated they felt sleepy.
2. Some feel euphoric.
3. Some get a metallic taste in their mouths and.
4. Finally, some have a strange taste sensation in their throats.

I have named this extraordinary point *Tim Mee* (Cantonese), meaning Sweet Taste, because it seems appropriate when one can really taste food for the first time after losing the tobacco habit.

Fig. 1. Location of new point Tim Mee for stopping the tobacco habit.



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These people probably were originally left-handed, but an attempt was made to change them over to righthandedness. An *oscillator*, as most acupuncturists know, is extremely difficult to treat for any type of illness or pain. Righthanded people can also oscillate, although not as often as lefthanded people. We find that approximately 80 percent of lefthanded people are oscillators and 30 percent of righthanded people are oscillators.

I would like to introduce those who have inspired me to become an acupuncturist. Namely, Walter Pontasch, M.D., from Graz, Austria, and now practicing in Toledo, Ohio; Johannes Bischo, M.D., Director of the Ludwig Boltzmann Institute for Acupuncture at the Vienna Medical School in Vienna, Austria, and Frank Bahr, M.D., acupuncturist from Munich, Germany, who has trained under Dr. Paul Nogier of Lyon, France.

Dr. Walter Pontasch introduced me originally to the treatment of certain diseases using

acupuncture in 1968. I subsequently studied with Dr. Johannes Bischo in Vienna, and with Dr. Frank Bahr in Munich, Germany, both of whom were a great help to me. I would also like to add the name of Dr. Fred Worley, M.D., of Detroit, Michigan, who prompted me to write this paper. Finally, I would like to thank an associate of mine, Howard Sadowsky, Ph.D., an exceptional acupuncturist, who also studied with Dr. Paul Nogier in Lyon, France. Dr. Sadowsky has been extremely helpful during the past six years in the field of auricular acupuncture.

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