THE

ACTIVE POINTS TEST

Needle Contact Test

in

ACUPUNCTURE MESOTHERAPY
PHYSIOTHERAPY MYOFASCIAL
CONNECTIVAL DICKE ROLF
OSTEOPATHY MASSAGE
AURICULO PUNCTURE
NEURAL THERAPY
SHIATSU TUINA

有效 穴位 测验

yǒuxiào xuéwèi cèyàn

FIRST ENGLISH EDITION

Stefano Marcelli

a clinical test confirmed by over fifteen years of practice in hundreds of cases, for identifying with precision the most effective treatment points for pain and all ongoing symptoms in all western and oriental reflex therapy

With *The Active Points Test in Auricular Puncture* by Marco Romoli

Stefano Marcelli has also published:

Manuale di Mesoterapia con J. P. Multedo (Minerva Medica 1990)
*Medicine Paralle*le (Cortina 1993)
Agopuntura in tasca (Nuova Ipsa 1995-2000)
Il Test dei Punti Attivi (Cortina 1995, first edition)
Libretto giallo contiene istruzioni per morire sani (Erga 1995, LiberLiber 1998)
Il dio femmina stuprato nel bosco (romanzo Fazi 1997)
Der Junge, der die Bäume liebte (Roman Reclam Leipsig 2003)
Madre di tutti (romanzo Fazi 2003)
Il Test dei Punti Attivi (Hoepli 2010, second edition)

Any observations, recommendations and suggestions about the method and the book may be communicated to the author at: stefanomarcelli@meso.it

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 Photographs are by Emanuel Montini, with the exception of those on pages 39 and 40, by Ioan Florin Dumitrescu. Drawings are by Massimo Facchini, with the exception of those in the chapter entitled "Explanation", by Salvatore Marcelli. The translation of the title to Chinese was carried out by Antonio and Riccardo Dong of www.shen-lon.com, and reviewed by Giovanni Maciocia.

For Anna
Francesca
and Gabriel

To my patients
and students

INTRODUCTION

The hope expressed by Dumitrescu in the preface to the first edition in 1994 that the Active Points Test might stand the test of time has been partially fulfilled. Fourteen years after it was first published and fifteen years since its creation, the time has come again for the Test to be presented to the reading public.

Validated in hundreds of cases since its first issue, fundamentally the Active Points Test has not changed. A few small changes, which were already creeping in at the time of the first edition, have been made to simplify the procedure and make it accessible to anyone dealing with illness and with pain and functional impotence in particular.

It is not, therefore, necessary to be an acupuncturist or to have a degree in medicine or surgery to understand and perform the Test. Physiotherapists, kinesiologists, chiropractors, osteopaths, practitioners of shiatsu and tuina, fascia manipulators and experts in every kind of massage, including followers of Rolf and Dicke, provided they have the enthusiasm required to learn and to treat patients, can all use the Active Points Test to enrich their own disciplines.

In the first edition I paid particular attention to gathering data so that my work might be called scientific, within the poor limitations of this word, and produced a clinical-statistical study through evidence-based medicine. In this second edition, I have focused on describing the Active Points Test in the clearest way possible through experience-based medicine.

Enjoy your work,

Stefano Marcelli

Darfo Boario Terme
28th January 2011

FOREWORD

I was surprised but happy to be invited by Dr Stefano Marcelli to say a few words to introduce his book "*The Active Points Test*". I will try to explain the reason for my mixed reaction.

First of all, I am happy to see that modern acupuncture is making clear progress. Italy, a country where a few decades ago I found numerous sources of inspiration when I made my debut in the field of cutaneous electrophysiology research (and if I had to limit myself to mentioning just one text, I would cite Fernando Ormea's monumental book "La cute organo di senso"), remains at the forefront in the research and application of modern reflex therapy. I was also happy to be recognised as a forerunner in cutaneous electrophysiology research and its application, which has resulted in my being given the honour of writing the preface to this book. But I am also happy to discover that not all the new conceptions about parallel medicine are the same, which in essence translates as a coming together towards the "*one great medicine*" that unites us across the centuries. We could formulate an axiom, which would be paradoxical for geometry but real for medicine, to the effect that "*parallel lines can touch each other*".

I felt surprised because, as a supporter of technological testing who has always been faced with elaborate demonstrations, I found myself face to face with an original method, brilliant in its simplicity and effectiveness, which I hope will stand the test of time.

It is not up to me to judge or to give a verdict, but I can, however, encourage any creative initiative that leads to scientific progress in this very exciting field. I am faced with the dilemma of knowing that as a human being my powers are limited by the fact that I have not had sufficient time to observe Dr. Marcelli closely, but I feel obliged to encourage him on this path. Dear Reader, you should commit to following him as well.

The work speaks for itself. It is aimed at all of our colleagues that are able to perform reflex therapy so that they might choose and test the effectiveness of the active points used in a wide range of therapeutic techniques.

So that I might better understand Dr. Marcelli's personality, I asked if I could appraise some of his books from the bibliography indicated by him. Once received, I read them with care and pleasure. I felt profound admiration for his concise and clear style, for the coherence and continuity of his thought processes, in which a physiological and physiopathological interpretation is always present, and for the modern way in which his writing is organised.

So, in writing the preface to his book "*The Active Points Test*", I cannot help but warmly recommend to the Reader that he make the acquaintance of not just one of Dr. Marcelli's works, but of a body of work that can already be described as a collection.

Dr. Ioan Florin Dumitrescu (1937-1999)
written at Ronchin (France)
5th September 1994

CONTENT

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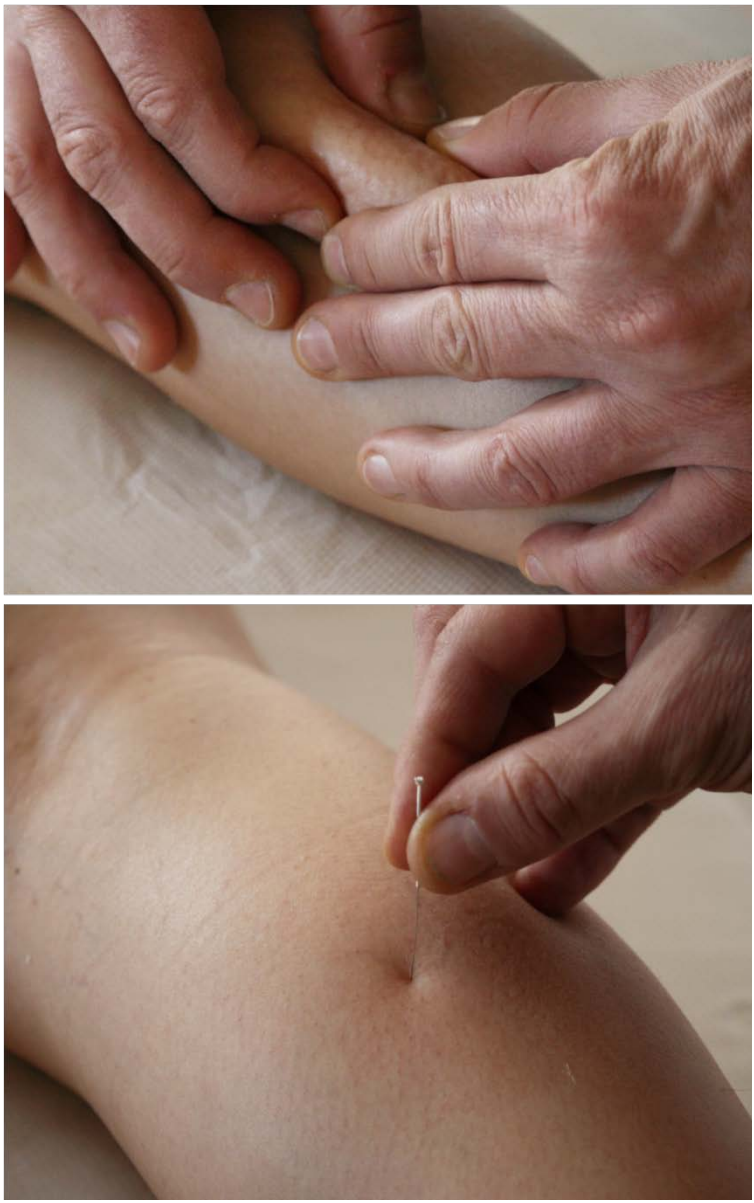

Fig. 1 The Active Points Test executed manually and then with the point of an acupuncture needle on point BL-57 Chengshan of the Bladder Channel.

CHAPTER I – THE

1.1 Definition and particulars

The Active Points Test is a clinical, manual and instrumental test for evaluating the therapeutic potential of cutaneous stimulation.

It is based on the discovery of *the latent awareness of the active point:* the realisation that a patient with an ongoing symptom can be made aware of the capacity of a few points and areas of skin to treat his discomfort, so that he himself takes part in the diagnosis and in the neuroreflex therapy.

Manual pinching or contact with an acupuncture needle (Fig. 1) or with the nib of a ball-point pen (Fig. 11, pag. 29) on certain points of the skin reduces or neutralizes *immediately* most ongoing symptoms, showing itself to be an

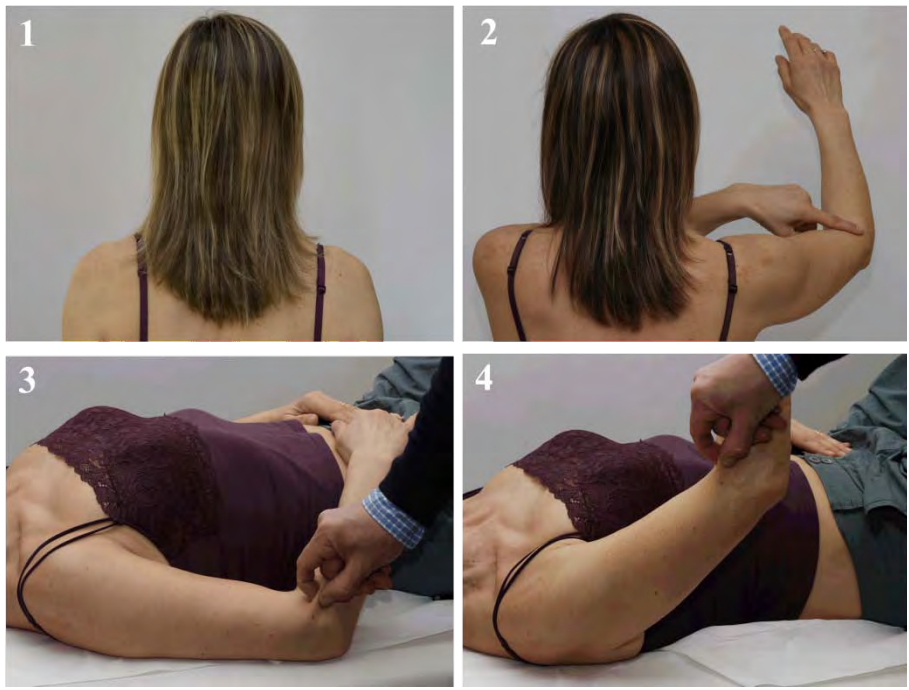

Fig. 2 The Active Points Test performed on a patient with pain in the elbow which appears when the arm is raised, irrespective of posture. 1. At rest. 2. Arm raised and subsequent appearance of symptom. 3. Identification of most painful local point, corresponding to acupuncture point LI-11 Quchi. 4. Test during the movement.

extremely reliable test (96.15%) for evaluating *a priori* the effectiveness of manual or needle therapy, whether it is western in origin, such as mesotherapy, auricular puncture, neural therapy and physiotherapy, or of

oriental origin, like acupuncture, shiatsu and tuina.

The Active Points Test consists in stimulating the skin to the appropriate degree, after asking the patient to notify any change in perception of the symptom from which he is suffering. Therefore, for the execution of the test it is necessary and indispensable *for the symptom to be clearly perceptible.* The range of symptoms for which the test can be used is vast, from articular pain (Traditional Chinese Medicine's *Bi* syndrome) to migraine, from nasal obstruction to tachycardia, and even for borderline cases of asthenia and depression (Table 1, pag. 16). During this exposition, particularly in the practical section, I will often make reference to pain and functional impotence, since these are the most frequently observed symptoms.

The Active Points Tests costs nothing and requires little time and the minimum amount of equipment. Since *an ounce of experience is worth more than a hundred years of theory*, here are a few everyday examples:

- an office worker has a pain in his shoulder which torments him day and night, in all positions;
- a housewife gets a twinge in her wrist every time she turns the key in the lock, wrings out the washing, or grips a bottle to pour a drink;
- a business manager experiences a stinging sensation in the buttock after sitting in a car for ten minutes;
- a climbing enthusiast notices a pain in his elbow when he grabs hold of a rock spur to continue his climb;
- a marathon runner complains that her heel, which she cannot set down without feeling pain, is threatening to interrupt her sporting career;
- a labourer would like to be free of the continuous stomach ache which no ordinary treatment has managed to overcome;
- a shop assistant cannot find a remedy for a chronic cough which sets in when she takes deep breaths.

Irrespective of the core diagnosis: muscular contraction, articular inflammation, tendonitis, neuralgia or any other, a few points of the skin will be subjected to the Active Points Test, either alleviating or neutralizing the symptom (Fig. 2). Near to or away from the seat of the symptom, the skin will be pinched between the thumb and forefinger of one or both hands, or contact will be made with the point of a needle or the nib of an empty ballpoint pen, or with the aid of a glass stick or massager for the points of the ears, searching for a particularly painful point. The patient will then be asked if the pain provoked by these actions alleviates or neutralizes the original pain: the one that motivated him to seek a consultation.

ALL CONTINUING AND ONGOING SYMPTOMS

PAIN	somatic visceral	spontaneous	
		induced	kinetic positional palpatory
ESTHESIC IRRITATIONS OTHER THAN PAIN	pruritus burning / stinging sensation swelling paresthesias noise (e.g. tinnitus, creaking of the joints)		
FUNCTIONAL LIMITATION TO VARIOUS SYSTEMS	respiratory	nasal obstruction, rhinorrhea, cough, dysphonia, aphonia, hiccups, dyspnoea	
	digestive	dysphagia, nausea, vomiting, spasms, feeling of heaviness or knotting	
	locomotive	muscle contracture, limitation and blockage of movement, articular noises, sense of unsteadiness	
	genitalurinary	dysuria, tension, heaviness	
	cardiovascular	alterations in rhythm, palpitation, symptoms of hypotension and hypertension	

Table 1 The Active Points Test indications

1.2 Indications for and limitations of the Test

Indications for the Active Points Test are *symptoms,* both continuing and ongoing, *which are clearly perceptible* to the patient. First of all, these are predominantly *locoregional* affections: muscular, articular and nerve pain, extra-articular, somatic or visceral pain which is easily pinpointed (by sinusitis, phlebitis, or gastritis), irritations of the motor or sensory functions such as regional pruritus (e.g. vaginal, anal) or tinnitus. The Test may also be indicated for symptoms which present periodically, but only if they are regular and close together.

I have also subjected to the Test a few cases of asthenia and psychosomatic tension, some cases of dermatological pathology accompanied by pruritus and pain, and a few involving an irritating creaking in the joints (Fig. 45 pag. 83), all with good results. There is, however, no reason why the test should not also be indicated for other affections of a general nature, as long as the symptoms are clearly perceptible to the patient. The only limitations of the Test are found in cases where it is impossible to obtain information from the patient as to the effectiveness of manual or needle stimulation.

We cannot rule out the idea that an extremely sensitive patient might

derive an immediate benefit from the stimulation of a few points, even when suffering from sideropenic anaemia, "endogenous" depression or other systemic affections.

Table 1 gives a reasoned list of the indications for performing the Active Points Test which, as well as being a test for the evaluation *a priori* of the therapeutic potential of some points on the skin, may also provide indications for the exclusion of some therapies which are based on the stimulation of those points. In the few cases where I ascertained such a condition – *absolute non responders* – acupuncture brought no benefit, and in some cases even caused a temporary deterioration of the symptomatology. A systematic analysis of other reflex therapy maps might, however, reduce the number of cases which do not respond to the Test.

MANUAL TECHNIQUES	PUNCTURE TECHNIQUES
Shiatsu	Acupuncture
Tuina	Auricular puncture
Physiotherapy	Mesotherapy
Applied Kinesiology	Neural therapy
Chiropractice	Cranial puncture
Osteopathy	Hand and foot puncture
Rolfing	Nasal puncture
Deep-tissue massage	Facial injection therapy
Fascia therapy	Puncture of the oral mucosa

Table 2

1.3 Therapies for which the Test is useful

The Active Points Test is a diagnostic test which does not pertain exclusively to one particular methodology, and may be used advantageously in all puncture therapies and in those manual therapies whose objective is the treatment of pain and functional impotence and other ongoing symptoms. Table 2 shows a list, albeit not exhaustive, of therapies which could make the Active Points Test part of their diagnostic armament.

1.4 An ex adiuvantibus criterion

In clinical practice, when there are insufficient diagnostic elements to allow for the use of logical deductive reasoning to orient therapy, recourse is made to the ex adiuvantibus criterion. This is a kind of preliminary to the treatment which gives a clear indication as to whether a drug or any other therapeutic defence is effective against the ongoing pathology. What doctor, physiotherapist, shiatsu or tuina practitioner, or western masseur, during the course of his practice, has never said these words: "Let's try this – a drug, a

muscular exercise, a nutritional supplement – and see what happens"?

The Active Points Test is, therefore, a proper *ex adiuvantibus* criterion for choosing an effective remedy. It gives us the opportunity to find out in advance if the points we intend to use, chosen in accordance with one of the many existing methods of stimulation of the cutis, will have a therapeutic effect or not. Its theoretical assumptions are no different from those of the usual laboratory tests, whose purpose is to orient the diagnosis and specify the therapy to be used. It is similar to allergy tests carried out to check the way the body reacts to certain substances, and on the basis of which a specific therapy is determined. A stronger analogy can be made between the Active Points Test and the antibiogram, performed on a biological sample infected by a bacterial strain, in order to determine, from a fairly wide-ranging list, the most effective antibiotic molecules for combatting its development in the body.

1.5 Kinesiology and Applied Kinesiology

The first name given to the Active Points Test was *Acupuncture Kinesiologic Test* [1], because of its formal similarity with the muscle tests used in Applied Kinesiology. Saudelli included it under this name among the techniques of *Touch Localization* from the same discipline [2].

Briefly, kinesiology (from the Greek *kínesis* = movement) is the branch of physiology which studies the movement of muscles. The areas to which it can be applied are the pathology of the musculoskeletal system and the relationship between the latter's organs and the nervous system. The most modern version, called *Applied Kinesiology*, envisages special diagnostic maneuvers based on a *test for evaluating muscle strength.*

The kinesiologist manually weighs up the strength of a given muscle, defining it as *strong* or *weak*, after which one of the special movements is performed. Then the strength of that muscle is tested again to see if the movement has caused any changes, either by weakening a strong muscle or strengthening a weak one (Fig. 3). If the strength of a weak muscle increases, the movement will be considered useful for therapy, vice versa if it weakens a strong muscle, it will provide a clue to the cause of the disease. The movements are various and can relate to factors which are either internal or external to the patient. The muscle test can be performed in order to discover if a substance (homeopathic remedy, food, synthetic drug…) will lead to an increase in the strength of the muscle tested and if it may be used advantageously in therapy. If, on the other hand, it leads to a weakening in muscle strength, it will be considered indirect proof of an allergy or intolerance. Moreover, the muscle test is used to discover if a point or area of the body, or the nerve segments or energy channels of acupuncture, have any influence on muscle strength and consequently, if they should be stimulated

during therapy (touch localization).

For example, after testing the strength of the humeral biceps and defining it as strong, the patient may be invited to touch the appendicular point with the index finger of his or her other hand. During the movement, the muscle is tested again and if it proves to be weaker, the limb will be presumed to be

Fig. 3 Applied Kinesiology test of the deltoid muscle. The patient tries to raise her arm while the therapist blocks it. The function of the muscle test is to define a particular muscle as *strong* or *weak* in order to evaluate the variations in its strength after special movements.

suffering from a chronic problem which is not evident, but which is capable of having a negative effect on the patient's health. The allergic *potential* of some foods or the therapeutic capacity of food supplements can be evaluated in a similar manner. Speciani, during research into food allergies, computerized and tried to objectify the muscle test by connecting the patient's femoral quadriceps to a dynamometer, so as to evaluate the change in muscle strength after administering certain foods and other diluted substances under the tongue. For further information, see basic texts on classical and applied kinesiology [3] [4]. The views of Stephen Barrett (retired psychiatrist), who accuses kinesiology of charlatanry, and of Tim Bolen (lawyer) who counter-accuses him of falsehood and conspiracy, are curious [5].

As in Applied Kinesiology muscle tests, the Active Points Test also directly correlates the patient's symptom and his or her immediate response to the therapeutic activity on the point being tested. The fundamental difference resides in the fact that in the Active Points Test the patient is included in the test. In actual fact, as a "living sensitive cybernetic machine", the patient's immediate responses through stimulated nerve signals let us know if the point being explored is "active" in terms of regulating the *symptom – therapy – reduction of symptom* circle, and is to be treated.

1.6 Other tests in acupuncture

As well as traditional analysis of the radial pulses and Kenyon's [6] experimental attempt to objectify it through an oscillographic recording, two other tests exist which evaluate the energy state of certain points and the energy channels to which they belong. Their execution presents, however, certain practical difficulties.

Electroacupuncture according to Voll (EAV) [7] [8] is a method of measuring the electrical resistance of acupuncture points. Variations between too much and too little resistance, and a phenomenon known as *a fall in the index*, reveal the pathological states of organs which the acupoints are thought to guard. Due to the high number of points in existence, electropunture analysis is only carried out on those situated in the corners of the nails on the hands and feet, for a total of 40 readings. The other test, also performed on the *jing* points, the corners of the nails, goes by the name of its inventor: *Akabane's Test.* In practice, the patient's resistance to heat is measured with a stick of moxa. The lighted tip of the stick is moved repeatedly, sometimes using a small supporting device, between the *jing* point of the channel to be tested and the centre of the nail. This is called the *Meridian Imbalance Dolorimeter.* A reduction in resistance, measured by the number of times the stick has to be moved before the patient feels pain instead of heat, indicates an excess of energy in the corresponding channel, while the opposite, that is to say an increase in resistance, indicates a state of emptiness. Kazuko Itaya and Yoshio Manata perfected an electronic radiating device for the optimal execution of Akabane's test [9] [10]. Although potentially useful, these tests do not offer the chance to find out "immediately" the extent to which the point examined is related to the patient's current disorder and therefore valid for therapeutic purposes.

1.7 The Acupuncture Energy System

As the Active Points Test originated in the field of acupuncture, it is opportune to set out the general considerations that contributed to its creation.

The acupuncture energy system, with its points and channels, can be compared to a complex communications network with lines underground, above ground and in the air, and equipped with railway stations, airports, junctions and crossroads of varying importance. Working on acupoints is like managing traffic on the network, increasing and decreasing its intensity and frequency. Some points are as central and strategically important to the system as the railway stations in Paris and the airports in London are to Europe. Others are less important and are capable only of influencing small parts of a single route. According to the doctrine of the Qi in Traditional Chinese Medicine (TCM), there are some energy lines whose flow is more or less constant through time and relatively independent of the seasons (the Extraordinary Channels), and some lines which are under the dominion of seasonal, meteorological and cosmic energies (the Principal Channels). This is comparable to the frequency of buses for commuting students being increased in autumn or special trains for the most popular holiday destinations being inserted into timetables in summer. Then there are airports from where aircraft depart to distant regions, creating fast and direct connections that do not affect the overland and underground lines. This is the case with the *opening points* which activate the Extraordinary Channels. From this comparison it is easy to understand how slight alterations to the energy state of some important points can influence traffic on the whole network, while the effect of even serious disturbances at other peripheral or secondary points is indifferent in terms of the general economy of the system. Therefore, if we consider disease as an acute or chronic alteration of the energy system, it is ever more necessary to identify the stations, that is to say the best points, where to intervene to restore the original balance to the system. Chinese energy doctrine, with its numerous philosophical categories and the immense cosmological culture to which it refers, hardly lends itself to a *simple solution* to the problems that are presented daily to those who practise acupuncture. Even an expert can end up applying pre-packaged suggestions and points prescriptions which, while on the one hand are extremely useful and effective with regard to symptoms and diseases that would clear up spontaneously over time, may be completely unsuitable or inadequate for diseases with a complex and original symptomology which tend to be chronic. The knowledge and choice of local points in certain affections, such as those of a locoregional nature, require only an accurate study of the points on the channels that cross the affected region. The choice of points which are far from the seat of the disease is more complicated and unfruitful, yet these are the points which traditional Chinese medicine defines as “causal” and more important for the purposes of a radical therapy.

Being aware of my limits in the difficult application of the diagnostic methods of Traditional Chinese Medicine was one of the driving forces behind the creation of a quick and effective method for determining the most

suitable local and distant points for treating the majority of affections encountered in daily practice. For further information, see classical and modern texts about acupuncture and related techniques [11] [12] [13] [14] [15] [16] [17] [18].

1.8 The difficulties of acupuncture

No acupuncturist, however prepared or conscientious he may be, or reflex therapist can deny that the study of Traditional Chinese Medicine's energy system presents considerable difficulties, whether on a theoretical plane or a practical one. The theoretical difficulties pertain to the concept of the Qi, an energetic entity which, although in part explained through its electrical manifestations (electrodermal points, electrical channels) [19], can still not be proved absolutely nor reproduced, due to its subdivision between the *Yin* and *Yang* poles, its energy currents, and the intricate links between internal organs and superficial paths which it has at its disposal. The education of a graduate in western medicine is largely concentrated on the physio-chemical aspects of the body's functions, and the image the graduate is left with at the end of his or her studies is that of a "machine" which, if compared to modern achievements in robotic engineering, is rather "imperfect". If we then discuss diagnosis through examination of the patient's physiognomy, looking at the tongue and taking the radial pulses, the difficulties appear insurmountable. This is why the doctrinal system on which acupuncture is based cannot be rejected *a priori* by those whose observations are based principally on facts from the physical and chemical world. Doctors involved in acupuncture belong to two distinct categories.

Over 1000 classified points, between ordinary (670) and extra (387), of which at least 50 are in current use.
Approximately 50 energy routes (Principal Channels, Extraordinary Channels, Luo, Secondary and minor Luo).
At least 10 points endowed with therapeutic activity traditionally or "scientifically" accepted for any affection or symptom.

Table 3

In the first are the followers of neurology, who understand and accept the neurophysiology argument about stimulation induced by puncture; in the second category are the ranks of mystics and those disillusioned by the ineffectiveness of academic medicine on the quality of life. To these can be added the doctors who try to reflect more objectively on the constitution of

living beings and of man in particular, and who have supplemented their university studies with philosophical, religious and esoteric texts. These people, especially if they are practitioners of traditional acupuncture, are in the same mental state as those who believe in the existence of life after death and adapt their behaviour to a morality that corresponds to their beliefs, convinced that sooner or later they will succeed in unveiling the mystery.

The practical difficulties (Table 3) are a direct consequence of those theories, as the therapeutic movements in acupuncture are tne completely blind to the points and to the energy paths over which the former are supposed to be situated.

CHAPTER II – PRACTICE

2.1 Initial question

The Active Points Test is the fruit of a few observations made in fortuitous circumstances, following a process of intellectual speculation which lasted at least three years.

Around 1990 I began to wonder why quite different therapies for pain and functional impotence had the same satisfactory results. For eight years I had been a practitioner of mesotherapy, acupuncture, auricular puncture and neural therapy, often in combination. Occasionally I had turned to Tens and IR laser therapy and had been racking my brains to find a valid criterion for deciding when to use one or the other, whether to choose a simple needle or microinjection with anaesthetic, with or without adding an anti-inflammatory. After much reflection, I believed I had identified the common link between my therapies, or at least those related to puncture, as the homeopathic principle [20]. After all, I thought, when a painful area is punctured, an artificial pain is being applied cutaneously to a spot which is already suffering from one that is a pathological and subcutaneous. For this reason, therapy based on puncture, even without drugs, respects the axiom of homeopathy – CURE LIKE WITH LIKE. Doubt remained (and still does) as to whether a gesture, rather than infinitesimal doses of a substance, could be considered homeopathy. To this end, the work carried out by Weihe and his students on the correlation between homeopathic remedies and painful points on the body is of interest [21]. With regard to mesotherapy (punctures + anaesthetic + other drugs), which I was lucky enough to have been introduced to some time before by excellent teachers [22]

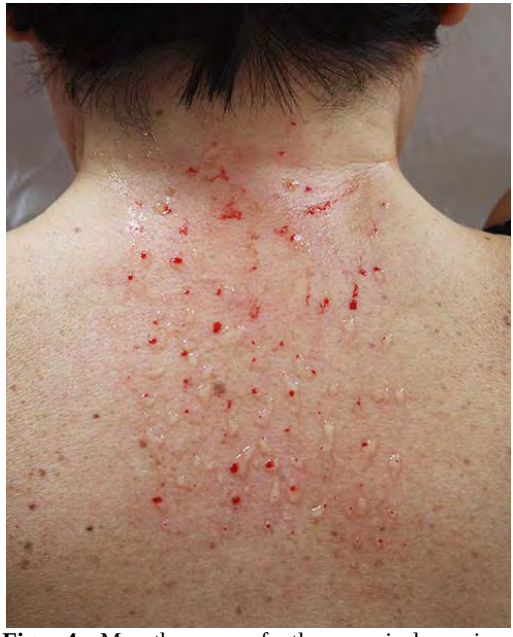

Fig. 4 Mesotherapy of the cervical region. Therapeutic bleeding incidental to the execution of the *nappage* technique.

[23] [24], I had noticed that cocktails containing the most painful drugs (vitamin B12 and chlorproethazine) were far and away the most effective.

It was my opinion that simultaneous punctures with multi-injectors and repeated punctures from nappage [25] [26], sometimes with profuse bleeding (Fig. 4), had an effect which went beyond that of the drugs [27]. During my acupuncture training, I had come across teachers who were "heavy-handed" but acknowledged as very good. I remembered Roccia [28] boasting that the cutaneous infiltration of a few drops of distilled water on the abdominal projection points of the ureter was decisive. Roccia also referred to the astonishing recoveries achieved by Head and MacKenzie through the application of mustard plaster [i] to the reflex skin pain (dermatalgia) of stomach pathologies. In early mesotherapy, Pistor predicted the use of "induced pain" in rebellious cases [ii]. The effects of neural therapy, based solely on injections of the anaesthetic procaine [29] [30], also seemed logical to me. What confused me, though, was how both pain induced by mesotherapy or acupuncture, and neural therapy anaesthesia, which are complete opposites, could have a beneficial effect. Furthermore, leaving aside personal issues, I noticed that every day masseurs, massotherapists, physiotherapists and shiatsu practitioners (tuina was still unknown in Italy) were just as successful at treating pain using methods which were different from my own. At the same time, persistently and with varying results, orthopaedists, physiatrists, rheumatologists and anaesthetists were injecting cortisone into shoulders, elbows, wrists, knees and ankles. During that period, oxygen-ozone injections were also beginning to be mentioned in the field of antalgy. The question remained: was the recovery or improvement brought about by

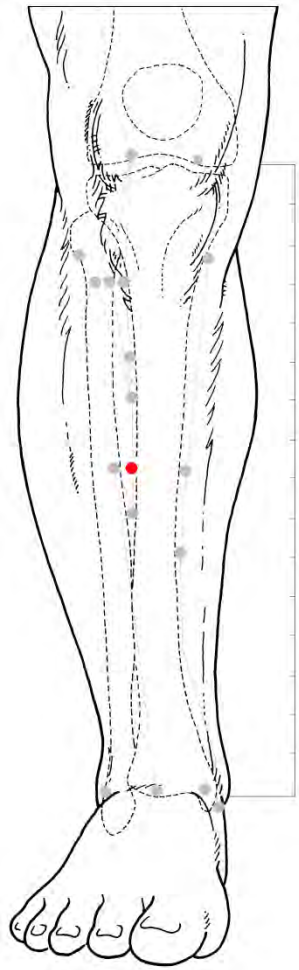

Fig. 5 Point ST-38 Tiaokou on the Stomach Channel.

[i] Revulsive poultices prepared from mustard seed flour, cooked and wrapped in gauze. The term "revulsion" indicated a dilation of the cutaneous blood vessels for the purpose of decongesting the internal organs.

[ii] "Currently in Mesotherapy, when we have to treat a disease in which pain has for a long time been the most important element in the clinical picture, if the cocktails which are usually effective have not been successful, we will turn to these short stimulations which, in many difficult cases, give unexpected positive results. To do this we use the multi-injector to distribute distilled water based cocktails, which are painful injections." (Pistor M. page 55 of cited work [22]).

all of these therapies due to injections of anti-inflammatories, to anaesthetic, to simple, multiple or simultaneous punctures, to stimulation from massage, to bleeding or to something else?

2.2 Final observations

In 1993 I arrived at my final observations, thanks to which I realized that the only factor common to these therapies was that they all involved the cutis. Massages and the *palper rouler* in particular, simple, multiple or repeated punctures, injections of drugs and anaesthetic (including cortisone injections), "pass through" areas of skin that are, anatomically, closely connected to the pain experienced by the patient.

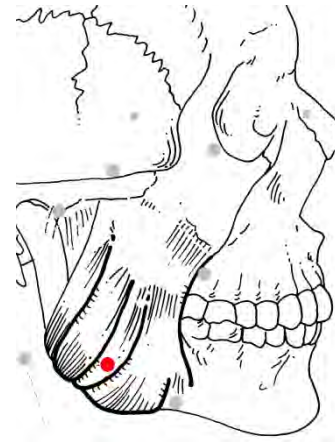

Fig. 6 Point ST-6 Jiache.

The crucial observation was made when I started practising acupuncture. When I was studying the functions of points, in the concluding section of the book *The Foundations of Acupuncture and Traditional Chinese Medicine* [31] dedicated to the therapeutic properties of some of the major points, I had found the following indication relating to point **ST-38 Tiaokou** (Fig. 5) on the Stomach Channel:

> "Special point for acute shoulder problems: the needle is inserted in the direction of Chengshan (BL-57), strong manipulation is performed and the patient is requested to move the shoulder during treatment."

The particular nature of the method had stuck in my mind, because the patient was invited to participate, to help the doctor, just as he is asked to clench his fist repeatedly so as to distend a vein in order for a blood sample to be taken, or to swallow during a gastroscopy to facilitate the insertion of the endoscope. Yet I had never considered using it because I had never seen it performed. The opportunity presented itself when I had a patient who was suffering from an acute pain in the shoulder, on which I had tried every treatment I knew without it having the slightest effect. Once the needle was in but before starting the prescribed manipulation, when I asked the patient to move his shoulder as was indicated in the manual, he replied that the pain had disappeared as if by magic. But how could it have done, if the needle had

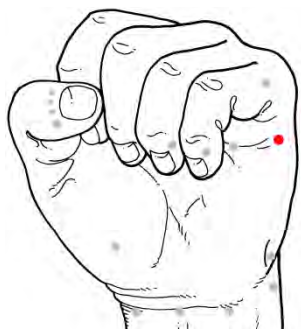

Fig. 7 Point SI-3 Houxi.

barely penetrated the skin?

After therapy, the patient left the surgery free of his problem and satisfied. I was astonished, and overcome by the fanatical enthusiasm of one who believes he has found the philosopher's stone. However, the fire of that emotion was soon put out by attempts to use the puncturing of the same point in successive cases of acute shoulder pain, as it proved effective in few of them. A retrospective study of the medical case histories, which I always take down very thoroughly, of those patients who had benefited from the puncture of *Tiaokou*, revealed that they were all suffering or had suffered from disturbances to the digestive system and, specifically, from functional gastroduodenal disorders, which explained the effectiveness of using a point belonging to the Stomach Channel.

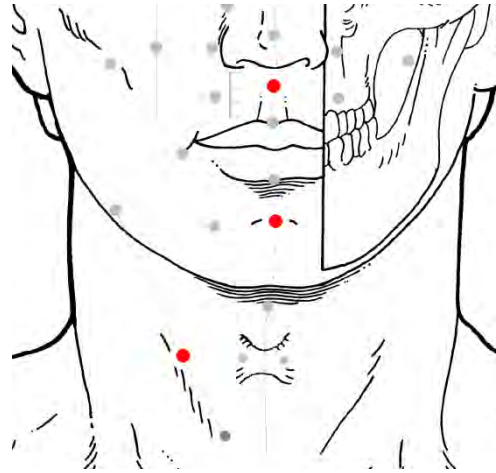

Fig. 8 Points GV-26 Renzhong (labial sulcus), CV-24 Chengjiang (chin fold) and ST-9 Renyin (neck).

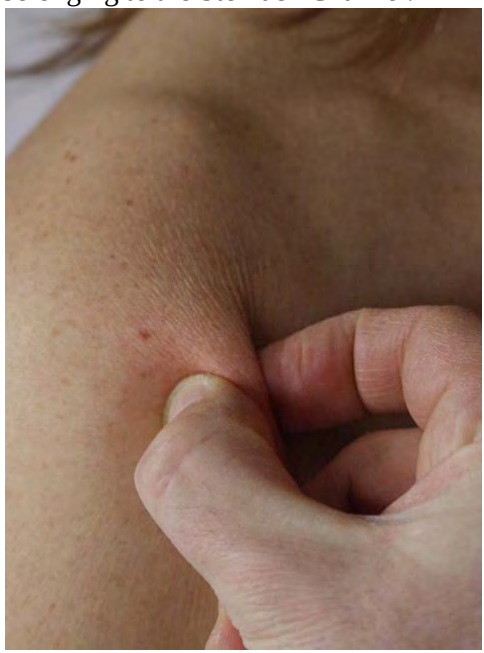

Fig. 9 Pinching of loose skin. The Active Points Test carried out in relation to a spontaneous symptom (frozen shoulder).

Not long afterwards, when I was treating myself for neuralgia caused by a wisdom tooth, during the manipulation of the needles on the points I had chosen, I noticed that only one acted immediately to soothe my pain, the others having no effect at all. The point was ST-6 Jiache (Fig. 6), "by chance" on the Stomach Channel again, but this time right next to the tooth responsible and not far from the injury, unlike Tiaokou in relation to the shoulder. So it was the pain caused by the manipulation that was interfering with my pain and neutralizing it, and not who knows what obscure principle. The next morning, when the sharp pains returned, I tried pinching the skin on point ST-6 Jiache between two

fingers. It worked even without the needle puncture. It was not as effective, but the difference was negligible. It clicked at that moment that I could test how points would work before starting the therapy.

I began systematically to subject all my patients that I considered suitable for acupuncture, mesotherapy and neural therapy to the test, which I initially called the *Acupuncture Kinesiologic Test*, because of its formal similarities with the *Touch Localization* of applied kinesiology. Shortly afterwards, I changed to the more ecumenical name of the Active Points Test.

In traditional acupuncture, SI-3 Houxi Small Intestine (Fig. 7) and CV-24 Chengjiang Conception Vessel (Fig. 8) are also used for an acute stiff neck, in the same way as Tiaokou is used for a painful shoulder. For acute lumbalgia beginning no earlier than 48 hours before treatment, GV-26 Renzhong is suggested and, even though I have never seen mention of it in books, in Nanjing in 1996 I was present at a needle manipulation in point ST-9 Renyin Stomach (Fig. 8) to treat homolateral scialtalgia, while the patient flexed his calves with the aim of exacerbating the pain.

Fig. 10 Testing point GB-14 with a glass stick (*batôn de verre).*

Instinctively, a doubt arose in my mind: was there an the Active Points Test in acupuncture and traditional Chinese massage? If not, why hadn't it been invented? Was it perhaps because the ancient Chinese doctors did not understand the exact function of the nerves, or the cerebral substrate responsible for movement and consciousness? Was it perhaps because there was less interaction then between doctor and patient than exists now? Or was it perhaps because taking a case history was not considered a prerogative of TCM? Considering the surprising number of extraordinary points (Fig. 39, pag. 74) [14], it is possible that something similar to the Active Points Test was common practice, but that no-one had thought to write it down for posterity's

sake. Or else, they had not needed to because some other form of information allowed them to "see" the link between a painful shoulder and the Tiaokou point, between a stiff neck and the Houxi point, and so on.

2.3 One nail drives out another

Knowledge of Melzack and Wall's gate control theory of pain [32] [33] [34] was fundamental in the formulation of the Active Points Test. The work of the two pioneers is well-structured and stretches across several decades. It includes the neuroanatomy and neurophysiology of marrow and of the brain, pharmacology and psychology. The *Gate Control Theory of Pain* will be explored in depth in the chapter which explains the Test (pag. 94). In essence, it tells us that pain transmitted to the brain through fine, slow, unmyelinated A-delta (Aδ), and C fibres (Table 4) is inhibited by the transmission of another stimulus, which could be a needle puncture or an intense heat, travelling along thicker, faster, myelinated A-beta (Aβ) fibres. Metaphorically, it can be described as follows: two trains are travelling on different tracks towards the same destination. At some point along the way they find themselves on a single track. The stronger train (the therapy) will be the one to take over the track. The other train (the pain) will be made to queue or will be cancelled. Neurophysiology apart, the gate theory can be understood by everyone.

SENSORY FIBRES AND CUTANEOUS RECEPTORS

Type	Diameter	Speed	Associated Sensory Receptors
Aβ	6 – 12 μm	33 – 75 m/s	All cutaneous mechanoreceptors
Aδ	1 – 5 μm	3 – 30 m/s	Free nerve endings for touch and pressure Thermoreceptors for cold Neospinothalamic tract nociceptors
C	0.2 – 1.5 μm	0.5 – 2.0 m/s	Paleospinothalamic tract nociceptors Thermoreceptors for warmth

Table 4

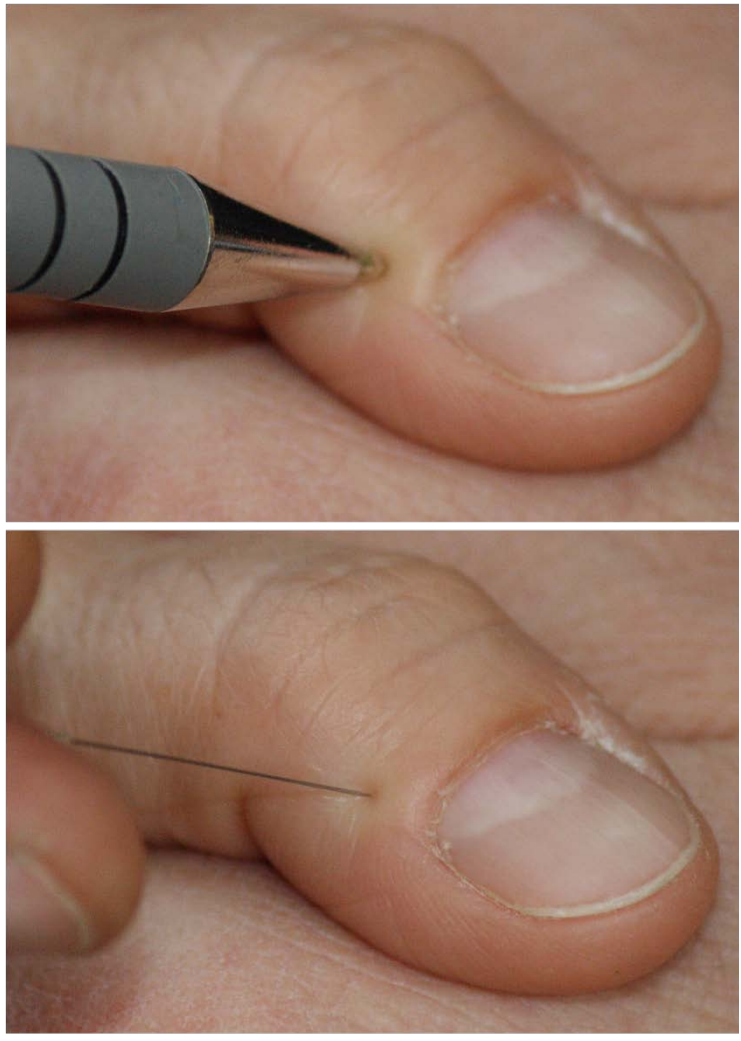

Fig. 11 The Active Points Test using the nib of an empty biro and a needle on unloose skin.

If someone falls off their bicycle in the morning and sustains a *painful* bruise to the knee, and in the evening the same person also starts to suffer from a *very painful* pulpitis due to untreated tooth decay, the pain of the first injury will be cancelled out by the agony of the second. The famous Latin maxim UBI MAIOR MINUS CESSAT, "the weak capitulates before the strong", is also valid here. Bowing to popular wisdom, we can use the incisive proverb: ONE NAIL DRIVES OUT ANOTHER. As for me, I do not believe that any pain exists that cannot be cancelled out if only temporarily by the need to escape from a potentially fatal peril. One day many years ago, a very acute back pain had confined me to bed following a particularly exhausting tennis session. A sudden crash and an inhuman cry from my wife (it's all right, she

is still alive ;-) brought me to my feet, curing me in an instant. A very brief but intense earth tremor had pulled a cupboard from its supports on the kitchen wall. Of course, my back pain was nothing serious and I was very determined to live. The history of medicine suggests that there was an excellent forerunner to Melzack and Wall, no lesser person than Hypocrates.

A careful observer of the sick and of illness, during the first century of our era he had written:

> "WHEN TWO PAINS APPEAR CONTEMPORANOUSLY BUT NOT IN THE SAME PLACE, THE MOST VIOLENT ONE WILL OBSCURE THE OTHER" [35].

2.4 Materials

The Active Points Test requires above all the use of the hands, either one or both, where tissue is "pinchable" (Fig. 9). However, where it is not easy to lift a parcel of skin, such as on the skull, the fingers, the palms, the soles of the feet, the ears and the nose, the glass stick (Fig. 10) or the nib of an empty biro will be used (Fig. 11). The latter will as a rule be used as an alternative to the specific massager on the auricular points, since these are difficult to explore with larger instruments. Those who are licensed to do so may use an acupuncture needle (Fig. 15).

A needle is definitely the most powerful instrument for testing how the active points are, however, many years experience has taught me to look for and test points manually first and afterwards with a needle, for two reasons. The first follows in the footsteps of the old Chinese adage also mentioned by Cracolici (pag.134):

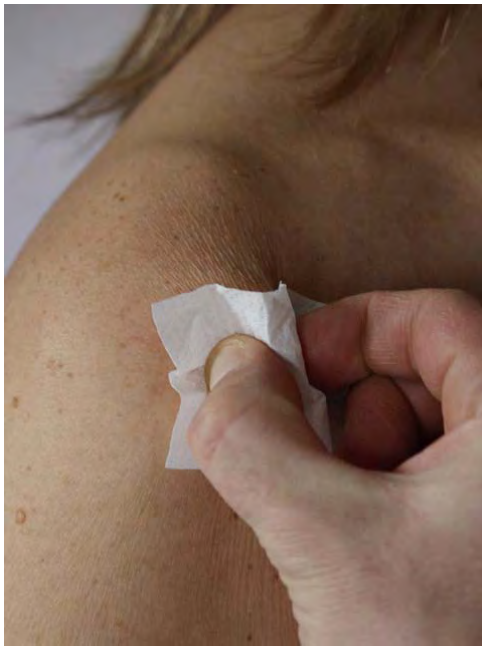

Fig. 12 Using paper on greasy or slippery skin.

"In order to puncture a point well, you first need to knock and if this is done gently, the door will open."

By pinching we prepare the patient for the pain of the puncture. The second reason is that pinching makes the area of the point larger and calls the Qi to the surface, a phenomenon well-known also to acupuncture electrophysiology by the name

fenestration - occlusion [19]. Without exception, pinching the skin is more easily tolerated by the patient than puncture, and it also induces a more "measurable" pain. Lastly, the hands, the stick, the massager and the biro nib never cause bleeding, which sometimes happens when points are tested with needles, and it is always a good idea to take precautions in order to avoid the risk of possible infection. When using needles, they should always be flexible and neither too long nor too short. Those measuring from 0.25 or 0.3 mm x 25mm are the most indicated.

If the patient's skin is greasy or too dry and the fingers slip over it, especially during the execution of the test in the presence of kinetic symptoms (see over), it may be cleaned with an alcohol solution, or a slip of paper of around ten cm² cut from the couch linen may be held between the fingers (Fig. 12).

2.5 Cleaning and disinfection the skin

Washing your hands and cleaning the part of the skin to be searched for painful points is excellent practice. I do not need to write a treatise on it. I must stress one recommendation: if you are considering needle therapy after performing the Test (acupuncture, mesotherapy, neural therapy, etc), it is better to avoid using detergents or disinfectants which contain irritants or worse essential oils, insofar as the needle, even during the test, could carry potentially allergenic molecules into the derma and subcutaneous tissue. The molecules and disinfectant combinations are numerous. I personally use a solution of *clorexidine* and *benzalkonium chloride* suggested by the French Mesotherapy Society, which is available today in many supermarkets. Let us not forget, too, that the tips of the glass stick and the auricular massager, and the nib of the biro must always be disinfected after contact with the patient. Any needles used must be disposed of.

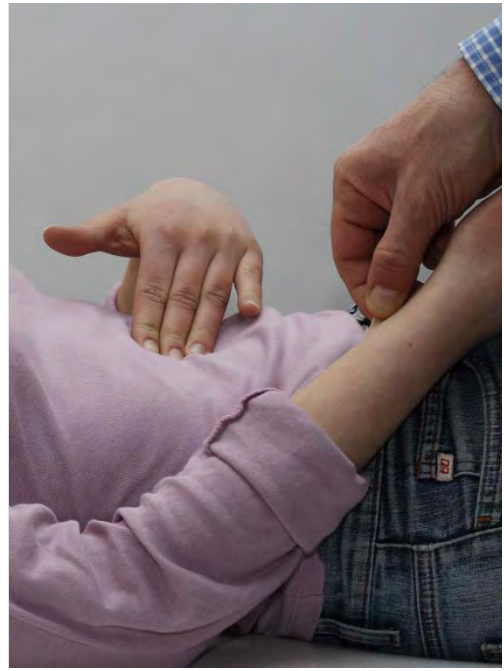

Fig. 13 The Active Points Test performed on point PC-6 Neiguan for a palpatory symptom (gastric colic and nausea).

2.6 Test procedure

The Active Points Test is to be carried out in accordance with a precise sequence of steps:

1. Classification of the symptom
2. Explanations and instructions to patient
3. Search for painful points
4. Execution of the Test

1. Classification of the symptom

Once the pain, functional impotence or other symptom has been verified as *ongoing* and *continuous* (clearly perceptible) [iii], it will be classified as follows:

- *spontaneous*, if it occurs and remains of its own accord, or
- *induced*, if it occurs in determined circumstances. It is characterized as:
  - *kinetic*, occurring during the execution of a movement
  - *positional*, occurring when part or the whole of the body assumes a position [iv] (laterally flexed neck, supination of hand, patient seated, etc),
  - *palpatory*, manifesting or intensifying through pressure applied to a specific area.

Knowing the classification described here is essential for performing the Test correctly. For this reason, I will give examples to illustrate it.

A *spontaneous* symptom may be a recent ankle sprain, acute osteoarthritis in any area (wrist, finger, knee etc), a dental abscess, gastritis, cystitis, a burning sensation from haemorrhoids, a cough, or dysphonia. The organ, the part affected, indicates its malfunction HERE AND NOW, and continues to do so. *Spontaneous* pain means that your ankle hurts even when you do not move it, when you are sitting or lying down, or when you walk on it. It hurts no matter what.

An example of an *induced kinetic* symptom is so-called tennis elbow, when the lateral epicondyle hurts *only when* the hand grips the racket or pours a drink from a bottle, and another is the pain that occurs in a

[iii] The Test cannot be used for non-continuous symptoms, except for those occurring regularly and close together.

[iv] In such a case, it can also be defined as *postural.*

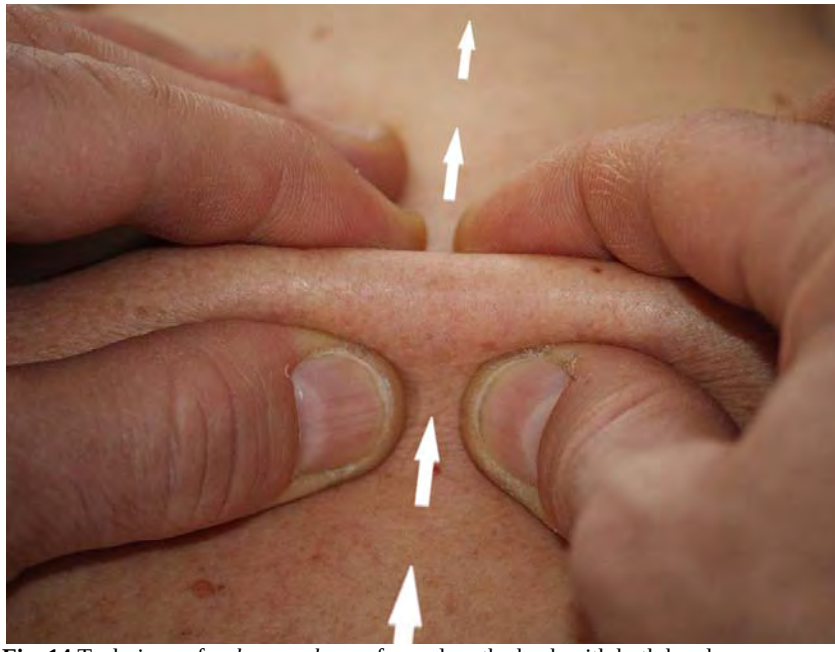

Fig. 14 Technique of *palper rouler* performed on the back with both hands.

housewife's wrist when spraying window cleaner, or that felt by a motocross rider when working the accelerator.

An example of an *induced positional* symptom is a stiff neck caused by a draught of air, occurring when keeping the head turned to the right (caution: not when turning the head, otherwise it would be *kinetic*!) or when keeping the head bent forward (but not when bending it!). Another example is sciatalgia which occurs only when the patient is seated, lying prone or on one side. It could be felt in the knee while crouching or sitting with legs crossed and so on. A combination of *kinetic-positional* symptoms is also possible (Fig. 27).

Lastly, examples of *induced palpatory* symptoms are a sharp pain in the calf muscle which only occurs when pressure is put on the gluteus muscles, or stomach pain induced by the patient or the practitioner putting pressure on the epigastrium with their fingers (Fig. 13). In such case, the patient often touches himself and says: "It hurts (here) when I press here!" Sometimes the two points coincide, which is the case with many visceral pains. As I have already mentioned, it goes without saying that not only pain and functional impotence may be classified according to this model. A cough may also manifest itself when the patient is lying down or takes a deep breath, and in the same way vertigo can be triggered by moving from a sitting to a lying position. With regard to pain and symptoms which are *not ongoing* at the time of the consultation, if the practitioner cannot perform the Test in his surgery nor is he able to visit the patient at home (for example in the case of

symptoms experienced at night or during the weekend), it may be possible for the patient to administer the Test himself (paragraph 6.2, page 118).

2. Explanations and instructions to patient

It will be necessary to explain to the patient exactly what the Active Points Test consists of and give him clear instructions, so that the right result is achieved. Simple comprehensible words and sentences should be employed, avoiding the use of medical "jargon", including that of Chinese medicine, such as *inhibition of neuralgia*, *myalgia*, *arthralgia* etc, *cortical response*, *obstruction of the canal*, *blood stagnation*, and so on. I propose a formula which any practitioner can adapt to his or her particular mode of expression.

> "I will now give you a quick test. Your cooperation is very important, as it will let us know in advance how you will respond to the therapy. Where does it hurt at this moment?" The patient will answer: "It hurts here (touching his shoulder) when I raise my arm to comb my hair". "Fine, now I'm going to pinch a few points on your skin and you should tell me when I find a point which is MORE PAINFUL than the others. Let me know if I cause you too much pain."

As well as verbal responses, other reactions should also be observed. A complaint, a tightening of the shoulder, a change of expression, a turning away reflex, movement of the hands or feet, all these will indicate that the

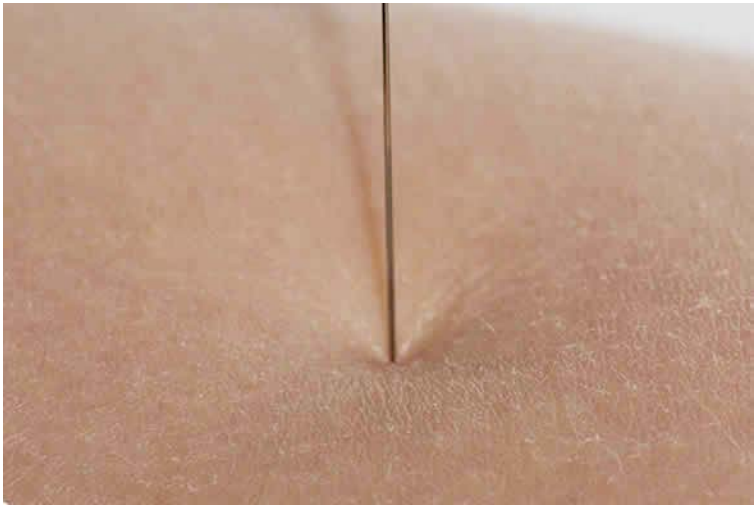

Fig. 15 The Active Points Test with an acupuncture needle.

bearable pain threshold has been broken. The painful point has therefore been found, but it is not yet an "active" point. This title will be appropriate

only when it has been demonstrated as capable of reducing or neutralizing the symptom.

> "Now close your eyes [v], while I pinch the point between my fingers, tell me if the pain I'm causing makes your shoulder pain decrease or disappear. You should also tell me if it doesn't change or if it gets worse. I will try one point at a time (of the painful points found), and out of all the points which improve the symptom, you must tell me which is the most effective."

It is interesting to note that the most self-confident patients will comment: "*Of course the pain has gone, doctor, because what you are doing hurts more"*, thus stating, without knowing it, Melzack and Wall's gate theory.

3. Looking for the painful points

The points to be tested are the most painful ones inside the chosen area of exploration. They will be identified through METICULOUSLY PINCHING the skin in accordance with the massage technique called *palper rouler* or *pincé roulé*, which mean "palpating rolling" and "pinching rolling", and is

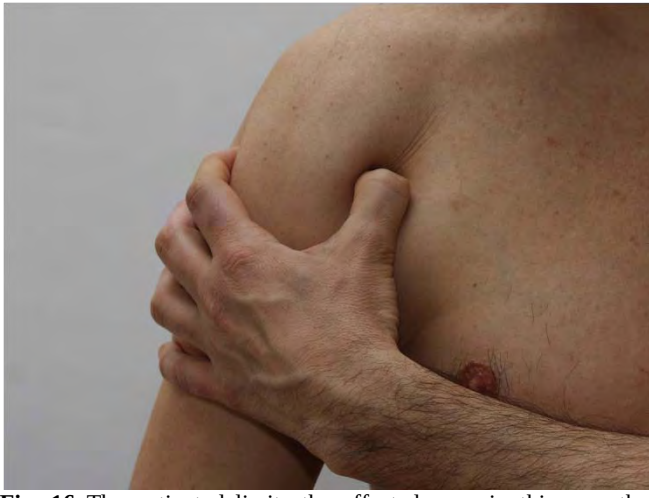

Fig. 16 The patient delimits the affected area, in this case the muscular mass of the right deltoid.

performed by lifting a fold of skin between the thumb, forefinger and middle finger, first with both hands (Fig. 14) and then with one. ONCE THE SEARCH IS OVER, THE SORE POINT TO BE TESTED BETWEEN THUMB AND FOREFINGER OF ONE HAND MUST BE FOUND (see examples in Fig. 1, Fig. 9 e Fig. 13). The size of the area where the points are to be found will vary in relation to the extent of the lesion causing the pain or symptom, as this is where it is projected onto

[v] This trick is optional, useful for directing the patient's attention *inwards.*

the surface of the skin. This is especially true for local points. Small lesions correspond to small areas, large lesions to wide areas. INFORMATION GIVEN BY THE PATIENT IS VERY IMPORTANT. In fact, the patient will be the one to touch the painful area and indicate a single, precise point, for example on the epicondyle (Fig. 2) or at the centre of the epigastrium (Fig. 13), or more points (internally and in front of the knee joint), or he will trace a line, for example along the course of the long head of the biceps, along the sciatic nerve, or he will delimit the area, for example on the muscular gluteus or shoulder mass (Fig. 16). Asking the patient if he can touch the painful area with one finger may narrow down the area to be explored (Fig. 17).

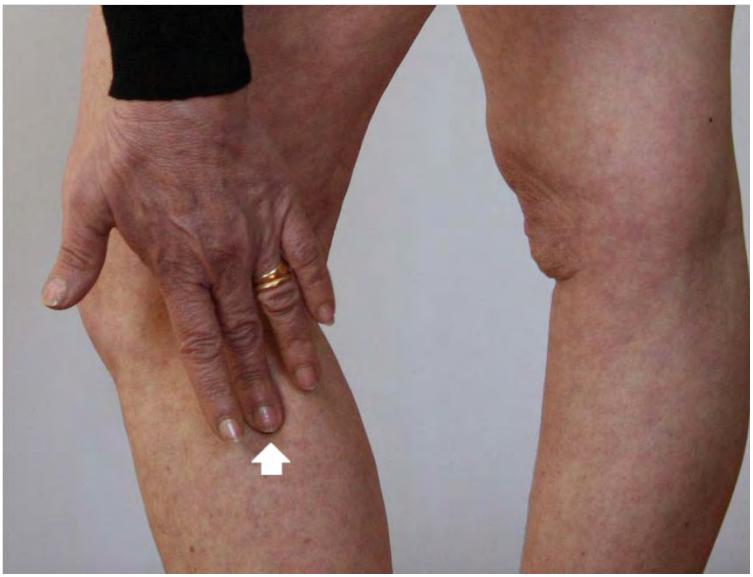

Fig. 17 The patient narrows down the area affected, indicating where to find the points.

Palpation accompanied by pinching the indicated areas will lead to the identification of some particularly painful points. I say again: even though the patient has been asked to say when THE MOST PAINFUL POINT is pinched, it is useful to observe his or her reflexes, any defence muscle contractions or horripilation, as these may happen sooner and have greater significance than words, as well as being an indication that the bearable pain threshold has been broken. We should bear in mind that the individual pain threshold is variable and linked to constitution, upbringing, experience and contingent situations (lack of sleep, physical and psychological stress, menstruation etc). Having taught dozens of students how to perform the Active Points Test, all I can do is caution readers against using too light or too heavy a hand during the examination. The pinching should start with light pressure, which should be increased gradually until the precise “dose” for performing the Test is

determined. The pain required must be sufficient to neutralize another and no more than that. The cure must not be worse than the disease.

With points having subcutanous tissue thick or adhernt we will use the

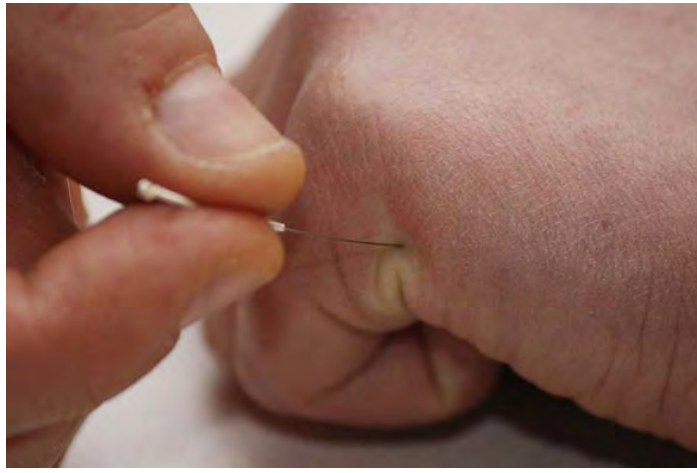

Fig. 18 The Active Points Test performed with a needle on point SI-3 Houxi Small Intestine. The dimple resulting from the equal distribution of pressure from the needle and the tautness of the skin is evident.

glass stick (**Fig. 10 Testing point GB-14 with** a glass **stick (*batôn de verre).***) and/or the needle or te tip of an empty biro (Fig. 11).

4. Execution of the Test and results

Once the painful points have been identified through the *pincé roulé* method, all that is left is to pinch them using constant pressure and wait for the patient to say what effect each one has on the symptom. A few seconds, ten at most, will be enough. Painful points on areas of unloose subcutaneous tissue which have been found by exerting pressure with a glass stick, an empty biro or the auricular massager, will be tested with the same instruments or with a needle. After pinching points on loose skin, if the Test is to be performed with a needle, the tip should be perpendicular to the skin when it makes contact. In this case as well, the patient should be asked to say if the manoeuvre induces any change in his perception of the symptom. The needle should cause a dimple (Fig. 15 e Fig. 18), resulting from the equal distribution of pressure exerted by its point and resistance provided by the skin's elasticity. If no such dimple is produced, it is a sign that the pressure being exerted is insufficient or that it has overcome the skin's resistance and the needle has passed through the epidermis. If this occurs, the patient may experience a more intense pain and the manoeuvre will have failed. If the manoeuvre is carried out correctly, the patient should experience a light superficial prick without the slightest discomfort. I recommend taking extra care, especially with those that are new to this method and with patients who are afraid of

needles and injections.

Based on the results, the points which improve the symptom will be called POSITIVE (+) and those that neutralize it will be called STRONGLY POSITIVE (++). The points which have a small negative effect and those that strongly aggravate the symptom will be called NEGATIVE (-) and (- -) respectively. Lastly, those which fail to change the patient's perception of the symptom will be referred to as INDIFFERENT (Ø).

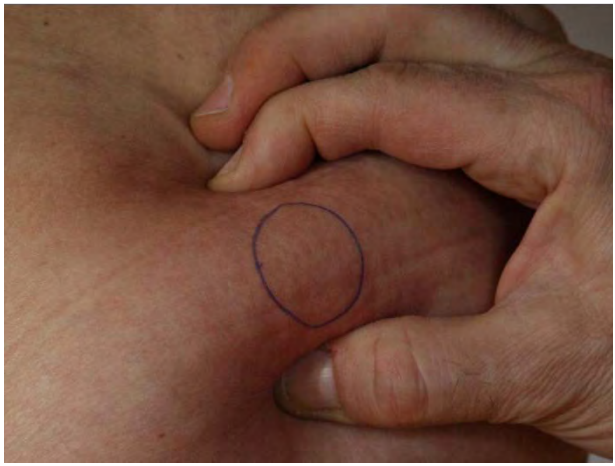

Fig. 19 Circle drawn round the active point.

Classifying the points as *positive, negative or indifferent* is indispensable for clinical-statistical verification purposes, and is important for the therapy that will follow the Test. The *positive points* will be used while the *negative* and *indifferent points* will be ruled out. Further details of this will be given later. In terms of their frequency, finding numerous indifferent points is the norm, while, as was predicted by Maciocia (pag.129) and Natour (pag.131), and confirmed later by Romoli [36], the observation of negative and strongly negative points is very rare both on the soma and on the ear. Positive points, which are essential from the point of view of therapy, are more frequent than negative points but less frequent than indifferent points.

Since it is virtually impossible to remember precisely all the points tested, once the practitioner, especially if he is a novice, has removed his hands and looked away from the patient, it is vital that the points be marked, either with a circle (Fig. 19) or a dot (Fig. 37) using a *skin marker*, or by pressing with the nib of an empty biro, even though the mark left by the latter will be short-lived, especially on young patients.

2.7 The Test's persistent activity effect

Using the Test on a daily basis for over 10 years has repeatedly confirmed the observation made in 1994 by my colleagues Mazzanti (in a personal communication) with regard to somatic acupuncture, and Romoli (pag.145) with regard to auricular puncture. The *persistent activity effect* lies in conserving the therapeutic activity triggered by pinching the point, by

pressing with a pen or with the glass stick or through simple contact with a needle. It can vary from a few seconds, which is the amount of time needed to know if the point tested "works", to a few hours. Sometimes, an improvement in or the disappearance of the symptom are definitive. After noticing a strongly positive point (which neutralizes the symptom) and before moving on to explore other points, it is advisable to make sure that the symptom has regained its initial intensity so as to avoid attributing to other points a therapeutic value which they do not really possess.

The *persistent activity effect* has been studied and used brilliantly by Bassani [37] to test classical or auricular points when both the practitioner's hands have been busy with a manoeuvre intended to evaluate the symptom. In these cases, after performing the manoeuvre once, Bassani lightly inserts a needle into the point to be tested and carries out two quick and full rotations, first in a clockwise direction and then anti-clockwise. Immediately afterwards, he repeats the manoeuvre. An example of such a manoeuvre is one for evaluating the strength of the infraspinatus muscle: one hand holds the patient's elbow, with the arm bent at 90° against his or her side, while the other hand provides resistance to a movement intended to over-rotate the arm.

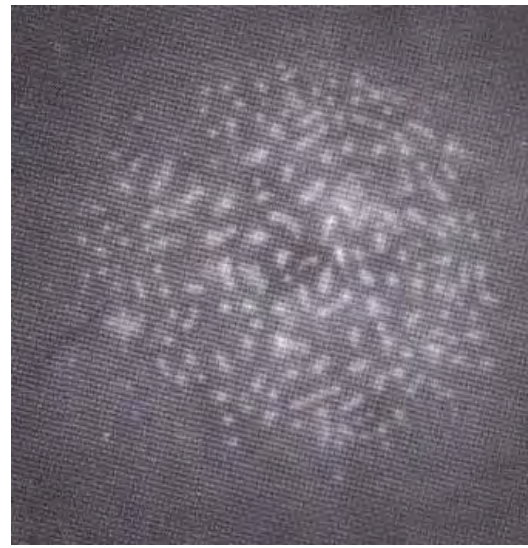

Fig. 20 Electronography of an acupuncture point (from the front).

The *persistent activity effect* is essential when the Active Points Test is to be performed in relation to a kinetic symptom on points which are a long way from where it originated. This happens, for example, when a test must be done on a point on the foot for pains in the cervical or dorsal rachis which manifest or are aggravated by walking. Before getting the patient to walk, the chosen point will be stimulated by brief but intense pinching which breaches the pain threshold, or with a needle using Bassani's method.

2.8 Size and electrical characteristics of the points

It is necessary to mention at this point an important matter in the practice of acupuncture and by extension in the performance of the Test, especially if it

is to be carried out with a needle: the size of the points. Explorations of the cutis using direct current (Podsibiakin, Niboyet, et al.) and alternating current (Dumitrescu, Golovanov, Tintoiu et al.) [19] indicated that the average size of Chinese points was between 1mm² and 1.8mm². Dumitrescu conducted a key studio in which he analysed with the naked eye and under an optical microscope 10,000 images of points taken from the front (Fig. 20) and in profile (Fig. 21) obtained through electronography, which is a technique for recording the emission of electrons from a body onto photosensitive material.

Electronography has allowed the shape of electrodermal points to be defined and has led to a more precise understanding of their size than exploration with electrodes. Results show that the points are made up of a dark central area which is irregular in shape and has an average diameter of 1.87mm (with variations from 0.932mm to 2.66mm), surrounded by a shiny areola formed by broken concentric lines and with an average diameter of 16.28mm (with variations from 8.18mm to 26.20mm). We are faced with an extremely small area, a target into which acupuncture needles, with a diameter of between 0.20mm and 0.40mm, barely fit. This is another valid reason for choosing to pinch the skin rather than stimulate it with a needle, or at least to do this first. Furthermore, as anatomical reference points can vary individually, it is suggested that newcomers who want to use a needle during the Test look for points electronically so that the Test will be more effective. Only an accurate study of the position of the points and clinical experience will make the use of a pointscope unnecessary.

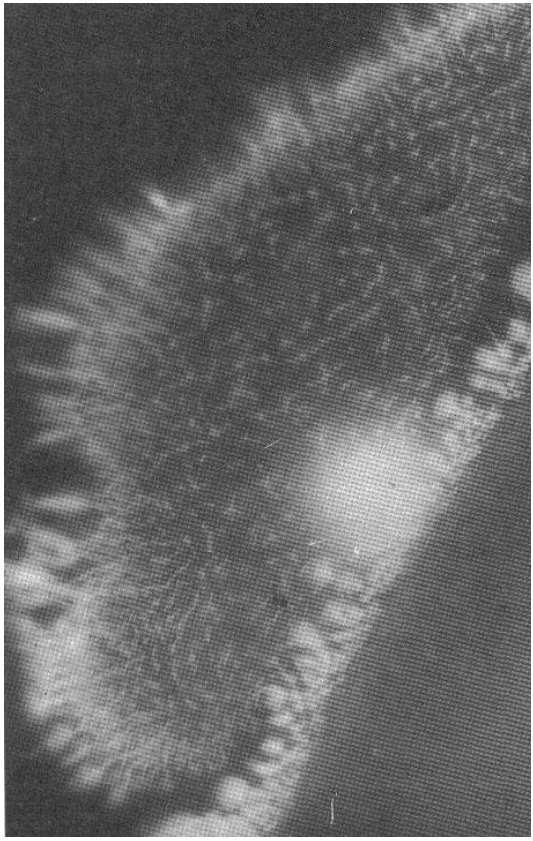

Fig. 21 Electronography of an acupuncture point (profile).

It was Di Stanislao (pag. 122), who observed the link between electrical changes and the activity of points. The author detected a constant relation

between the positive reaction of points to the Test and a decrease in resistance to electrical current passing over these areas, and between negative reactions and an increase in electrical resistance. This should not be interpreted as meaning that every point showing a change in resistance to the passage of electrical current must necessarily correspond to a positive or negative point. Nevertheless, this observation makes us think about how a *clinical sign*, in this case the patient's positive or negative response to superficial stimulation with a needle, can often be measured, if one has the right technology.

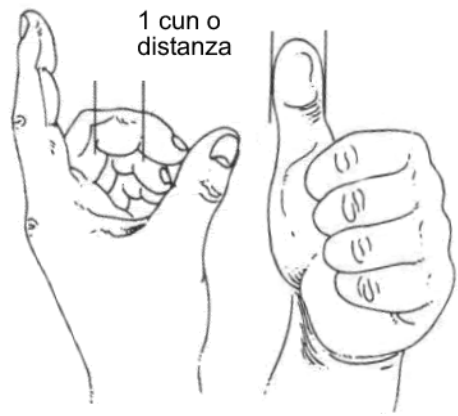

Fig. 22 Acupuncture unit of measurement.

While looking for points using electronic technology, I have personally been able to confirm Dumitrescu's observation about two phenomena which concern them, although I have not correlated activity and electrical change: the *dilation of the point's area* and *multiplication*. The first is an enlargement of the low resistance area to a few centimetres, while the second is an increase in the number of points. Dumitrescu called these changes *fenestration occlusion.* As my priority was to try to confirm my observation and to perfect the Test, I did not explore the points systematically as Di Stanislao and Romoli did before testing them with a needle, since I did not have at my disposal the equipment necessary for evaluating the smallest variations in resistance.

Although haste is the enemy of a good diagnosis and of the right therapy, an investigation should not be overly long, so as to avoid exhausting both the patient and the practitioner. To compensate for the inconvenience, manual techniques can be used in order to look for points: using the tip of the forefinger to look for the point at the centre of the dimple described by classical authors, particularly Soulié de Morant [38], or lightly prodding the small area of the point so as to find the most sensitive part which would correspond to the acupuncture point. In actual fact, the area which is most sensitive to pain is the part surrounding the real point, which most authors consider insensitive. The discovery of a hyperalgesic zone, however, indicates the close proximity of the point.

2.9 Distance between the points

After 1929 the People's Republic of China officially adopted the decimal metric system. The modern (shì) cùn 市寸 is equal to 1/3 of a decimetre, and its decimal submultiple is the fēn 市分. Traditional Chinese Medicine uses the antique Cùn, 寸(pronounced tsun) or "distance", as its unit of measurement. It is an "individual" segment corresponding to the distance between the proximal interphalangeal joint and the distal interphalangeal joint of the middle finger, or rather the maximum width of the thumb at the distal interphalangeal joint (Fig. 22) All distances between one acupuncture point and another, and between one point and its specific anatomical reference, are multiples of the *cùn*, as shown in those pictures which contain a ruler (see Fig. 5, page 24). The measurement of the distance between the points is important where there is no clear reference, such as on the sides, the back and the central areas of the arm, the forearm, thigh and leg. As seen in the previous paragraph, localizing the point can present difficulties especially for beginners, so it is a good rule to use a stick that is the length of the patient's *cùn* or a point protractor (Fig. 23), at least in the beginning.

2.10 Clinical-statistical observation evidence

Any rational spirit, when faced with claims about the discovery of new phenomena capable of changing current opinion in a given field of knowledge, will require evidence as to its truth and repeatability. In this paragraph, I will report the data from my clinical study concluded in 1995, which is still valid today.

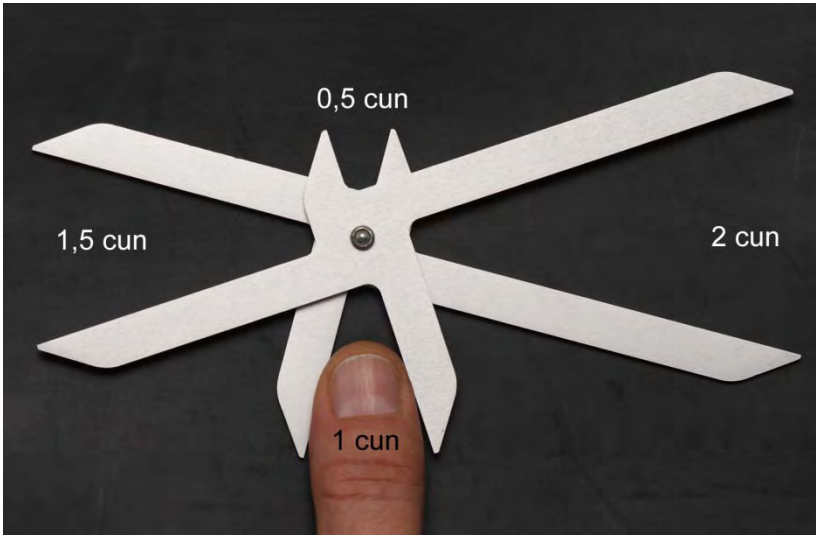

Fig. 23 Cunmeter.

As I have already explained, the Active Points Test makes it possible to find out in advance of therapy if the cutaneous points belonging to classical acupuncture, auricular puncture and other reflex therapy maps are really effective. The patient is an invaluable source of information in terms of the therapeutic regulation of his internal cybernetic circuit: "*symptom → stimulation → change in symptom* ". It is based on the observation of a phenomenon which I have called *latent awareness of the active point*, which means that a patient with an ongoing, continuous and clearly perceived symptom, through palpation or simple contact without penetration by the tip of a needle on cutaneous points, can be made aware of their therapeutic capacity and so pass on an immediate (generally from 2 to 5 seconds) improvement, neutralization or deterioration in the symptom.

After observing the phenomenon for the first time, I devoted myself researching it systematically using a sample of **260** patients, of whom 156 were female F (60%) and 104 were male M (40%), with an *average age* of about 42. Ongoing *symptoms* at the time of the consultation were subdivided according to system:

LOCOMOTIVE SYSTEM, 144 cases (74F and 70M), 55.38%:
29 cases of cervicalgia;
9 cases of cervicobrachialgia (of which 2 were of brachialgia only);
27 cases of shoulder pain;
12 cases of epicondylalgia;
2 cases of medial epicondylitis;
3 cases of wrist pain;
4 cases of chiralgia (1 *carpal tunnel syndrome,* 1 painful *trigger finger*, and 2 *rizarthrosis of the thumb*);
1 case of phantom arm pain;
1 case of intercostal pain;
7 cases of back pain;
10 cases of lumbalgia;
24 cases of lumbosciatalgia;
1 case of coccydynia;
4 cases of coxalgia;
2 cases of gonalgia;
3 cases of foot pain (1 of Morton's neuroma);
5 cases of localized myalgia.

DIGESTIVE AND CHEWING SYSTEM, 32 cases (19 F and 12M), 12.31%:
17 cases of gastralgia;
2 cases of dysphagia;
8 cases of chronic abdominal pain;
1 case of anal pain;

1 case of temporomandibular joint pain;
2 cases of odontalgia;
1 case of burning mouth syndrome.

EAR, NOSE AND THROAT AND RESPIRATORY SYSTEM, 32 cases (19F and 13M), 12.31%:
3 cases of pharyngodynia;
14 cases of nasal occlusion;
2 cases of otalgia;
2 cases of paranasal sinus pain (Picture 24);
2 cases of dyspnoea;
3 cases of coughing;
4 cases of tinnitus;
2 cases of vertigo.

CARDIOVASCULAR SYSTEM, 2 cases (2F), 0.77%:
1 case of tachycardia;
1 case of periphlebitis.

NEUROPSYCHOLOGICAL AND SENSORY SYSTEM, 40 cases (33F and 7M), 15.38%:
1 case of localized paresthesia;
1 case of lower limb palsy;
23 cases of headache;
7 cases of neuralgia (4 of *trigeminal neuralgia*, 1 *pectoral neuralgia caused by influenza*, 1 *herpetic*, 1 *facial "a frigore"*);
1 case of pectoral neuralgia;
1 case of anosmia;
1 case of insomnia;
3 cases of psychomotor agitation;
1 case of intention tremor;
1 case of depression.

VARIOUS SYSTEMS, 10 cases (9F and 1M), 3.85%:
5 cases of pruritus;
4 cases of burning/stinging sensation (2 vaginal, 2 of the eyelid);
1 case of dysmenorrhea.

The *type of symptom* was *spontaneous* (always present during the execution of the Test) in 229 cases out of 260, equal to 88.08%, and *induced* in 31 cases, equal to 11.92%, divided as follows:

a) *kinetic* (present only during the execution of certain movements) in 16 cases, equal to 6.15%,

b) *positional* (present only when assuming certain positions) in 10 cases, equal to 3.85%,

c) *palpatory* (present only during palpation) in 5 cases, equal to 1.92%.

As for the *duration of the symptom* , taking into account how some patients may tend to exaggerate the duration of their problems due to lack of memory, the result was an average of about 16½ months (with 1 month equal to 30 days), with a minimum period of 1 day and a maximum of 50 years.

The distribution of results is as follows:

< 1 week	26 cases, equal to 10.00%
≥ 1 week and < 1 month	54 cases, equal to 20.77%
≥ 1 month and < 6 months	95 cases, equal to 36.54%
≥ 6 months and < 2 years	42 cases, equal to 16.15%
≥ 2 years and < 10 years	30 cases, equal to 11.54%
≥ 10 years	13 cases, equal to 5%

For 141 patients out of 260 (54.23%), the Test was carried out only on *classical points* (PC). For 25 patients (9.62%), it was only performed on *auricular points* (PA), while for 94 patients (36.15%), it was executed on both types of points. Overall, classical points were tested in relation to 235 patients (90.38%) and auricular points in relation to 119 (45.77%).

For the 235 patients in relation to whom classical points were tested, the following were found:

In 41 cases: only positive points (+), equal to 17.45%
In 89 cases: only strongly positive points (++), equal to 37.87%
In 75 cases: positive and strongly positive point (+, ++), equal to 31.91%
In 11 cases: positive, strongly positive and negative points (+, ++, -), equal to 4.68%
In 3 cases: positive, strongly positive, negative and strongly negative points (+, ++, -, --), equal to 1.28%
In 5 cases: positive and negative points (+, -), equal to 2.13%
In 1 case: strongly positive and negative points (++, -), equal to 0.43%;

In 1 case only, negative and strongly negative points (-, --) alone were noticed, equal to 0.473%. Lastly, in 9 cases there was absolutely no response from points to the Test: these are the *"non responders assoluti"*, 3.83%.

Positive points (+ and ++) were found among the *classical points* in 225 cases, with a frequency of 95.74%, while overall, negative points (- and --) were found in 21 cases, with a frequency of 8.94%.

For the 119 patients in relation to whom *auricular points* were tested, the following were found:

In 35 cases: only positive points (+), equal to 29.41%
In 69 cases: only strongly positive points (++), equal to 57.98%
In 9 cases: positive and strongly positive points (+, ++), equal to 7.56%

In one case only (here as well) negative and strongly negative points (-, --) alone were noticed, equal to 0.84%, which also corresponds to the overall frequency of negative points.

Lastly, in 5 cases (all belonging to the 9 mentioned above) there was no response at all to the Test: "*non responders assoluti*", 4.20%

Of the 260 patients, 238 were treated (91.54%). 22 cases were not treated, of which: 6 were from the 9 *non responders assoluti*, 1 gave up for financial reasons, 1 due to an unpleasant effect caused by the Test (an after-effect of puncture in a patient suffering from multiple sclerosis), another 2 because they suffered from needle phobia, and lastly 11 were cases in which the Test was performed as a demonstration during conferences and seminaries to present the methodology. These 11 patients did, however, receive an acupuncture session after the Test, but the results were not checked directly by the author. Of the 9 patients classed as *non responders assoluti*, 2 were treated by acupuncture alone, without appreciable results.

From the body of data reported above, it can be deduced that:

> "*The Active Points Test confirms the therapeutic activity (positive +,and strongly positive ++) of classical acupunture and auricular puncture points in* 250 *cases out of* 260, *equal to* **96.15%**, *which statistically is very reliable.*"

The overall *number of sessions* in which the treated patients took part was 660, with an average of 2.77 sessions per patient, varying from a minimum of 1 session only to a maximum of 11, divided as follows:

In 82 cases: 1 session, equal to 34.45%
In 56 cases: 2 sessions, equal to 23.53%
In 37 cases: 3 sessions, equal to 15.55%

In 22 cases:	4 sessions, equal to 9.24%
In 17 cases:	5 sessions, equal to 7.14%
In 11 cases:	6 sessions, equal to 4.62%
In 6 cases:	7 sessions, equal to 2.25%
In 3 cases:	8 sessions, equal to 1.26%
In 2 cases:	9 sessions, equal to 0.84%
In 1 case:	10 sessions, equal to 0.42%
In 1 case:	11 sessions, equal to 0.42%

Of the 238 patients treated:

214 received only acupuncture/auricular puncture (AP) equal to 89.92%

17 – acupuncture/auricular puncture and mesotherapy (MT) equal to 7.14%

2 acupuncture/auricular puncture and moxibustion, equal to 0.84%

1 AP, MT and electroacupuncture (EAP) equal to 0.42%

1 AP, MT and vetebral manipulation (MV) equal to 0.42%

1 AP, MV and cortisonic therapy by mouth, equal to 0.42%

1 AP, MT, neural therapy (NE) and the application of magnets to acupunture points (AM), equal to 0.42%

1 AP, MT and Carbamazepina, equal to 0.42%

Only the points which resulted *positive* (+) and *strongly positive* (++) were treated; the *negative* (-) and *strongly negative* (--) points were excluded from the therapy so as not to complicate the analysis of data relating to it. Treatment was interrupted when no improvement (even minimal) was seen

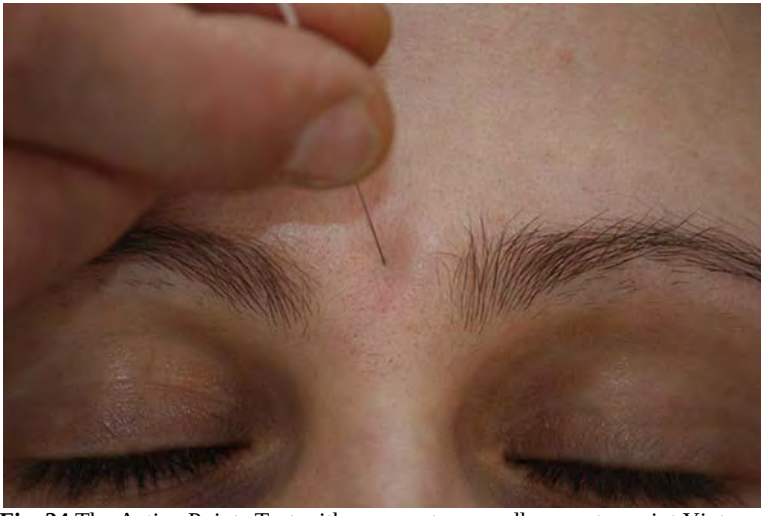

Fig. 24 The Active Points Test with acupuncture needle on extra point Yintang for a frontal headache caused by sinusitis.

for 2 consecutive sessions and in every case where there was complete remission of the symptom. The evaluation of the ***results*** was made by asking the patient, at the first consultation and at the beginning of every session, to express as a percentage between 0% (no symptom) and 100% (maximum intensity of symptom) the "amount" of the symptom, after agreeing to attribute the value of 100% to the symptom as it presented at the first visit. The results of therapy were as follows:

good [vi]	in 154 cases	64.71%
moderate	in 33 cases	13.87%
insufficient	in 16 cases	6.72%
none	in 10 cases	4.20%

Furthermore:

moderate with AP, good with MT	in 1 case, 0.42%
moderate with AP, good with MT and MV	in 1 case 0.42%
moderate with AP, good with AP and Moxa	in 1 case, 0.42%
insufficient with AP, good with MT	in 8 cases, 3.36%
insufficient with AP, good with MT and Carbamazepina	in 1 case, 0.42%
insufficient with AP, good with MV and cortisonic by mouth	in 1 case, 0.42%
none with AP, good with MT	in 1 case, 0.42%
insufficient with AP, moderate with MT	in 1 case, 0.42%
moderate with AP and Moxa	in 1 case, 0.42%
none with AP, moderate with MT	in 1 case, 0.42%
insufficient with AP and MT, moderate with NE and AM	in 1 case, 0.42%
insufficient with both AP and MT	in 3 cases, 1.26%
none with AP, MT and EAP	in 1 case, 0.42%

2.11 *Non responders*

Cases in which the Test fails to register the presence of the active points are called *absolute non responder*. Those in which the Test indicates that the points explored have some therapeutic capacity, but in which therapy does not alter the symptom have been named *relative non responders* by Romoli. I nevertheless treated 2 of the 9 *assolute non responders* with acupuncture and, where this was insufficient, I added mesotherapy and in one case

[vi] *Key:*
good: complete remission of symptom or above or equal to 75%
moderate: remission below 75% but above or equal to 50%
insufficient: remission below 50%
none: no or negligible remission

electroacupuncture as well. The Test's failure to register the presence of the active points may suggest that therapy on cutaneous points is not indicated. Like Di Stanislao, I tested points belonging to other reflex therapy maps (the skull, the hand, the foot, the nose and the oral mucosa) on a small number of patients and verified that the Test is also effective on points other than those of classical acupuncture and auricular puncture.

CHAPTER III – CHOOSING POINTS

3.1 Two criteria for choosing

Just as blood and urine analyses can be requested by any doctor irrespective of his specialization, so the Active Points Test may be performed by any therapist who treats "through" the skin. The type and number of analyses ordered will depend on the experience of the doctor, as well as on the patient's symptoms. Any doctor may request "routine tests": blood count, complete urine etc., and every specialist has his own "specific protocol": hormones, enzymes, peptides, electrolytes etc. In the same way, the type and number of points to be subjected to the Active Points Test will vary depending on the training and experience of the practitioner. It goes without saying that an experienced traditional acupuncturist, after examining the wrists and the tongue, will have in mind some points for treating the onset of the disease and some for treating its root cause. An inexperienced physiotherapist, shiatsu or tuina practitioner, or mesotherapist will instinctively concentrate on the two or three points indicated by the patient.

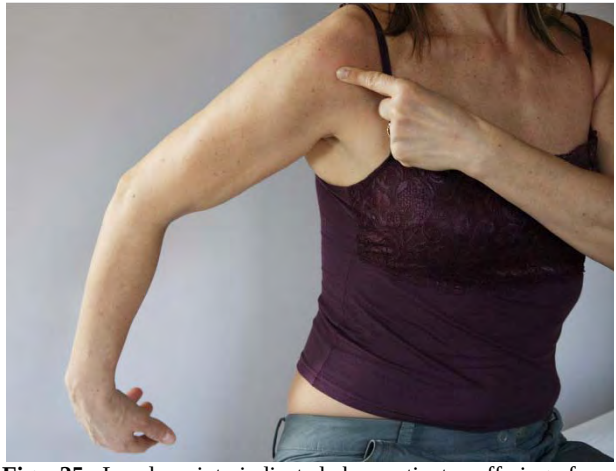

Fig. 25 Local point indicated by patient suffering from tendinitis in the long head of the biceps.

Nevertheless, since the words "villa", "castle" and "tower" cannot be understood if the term "house" is not recognised, I suggest 2 criteria for choosing the points, which will allow anyone to set up the Active Points Test in a way that best suits his or her training and – why not? – intuition.

3.2 Quick choice points

These are the easiest, most obvious points. The amount of time needed to identify them is short or very short, in terms of *speed of decision, intuition, judgement*. Local, paravetebral and spondyloid points are part of this group. More than one point from each of these groups may be found, especially in

relation to chronic, prolonged illnesses, and the most painful ones should be selected for carrying out the Test. The choice of these points is based on a clinical and neurological knowledge of western medicine, even though they often correspond exactly to acupuncture points.

1. Local points

Local points are found on the skin over the symptom site (Fig. 25, Fig. 26 e Fig. 27). This is the point that troubles the patient, that hurts continuously or when he or she moves, assumes a certain position, coughs etc. In relation to epicondylitis pains, the local point is on the elbow. It is found on the

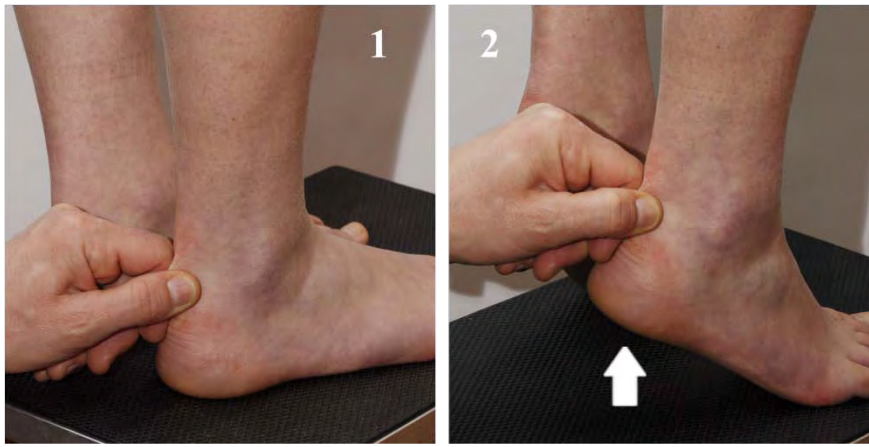

Fig. 26 Local point for inflammation of the Achilles tendon, with kinetic pain manifesting when standing on tip toes. 1. Identification of most painful point. 2. Execution of Test during the movement.

shoulder for periarthritis, on the sternum or the back for a cough, "above" the stomach for heartburn and so on. For an acupuncturist, local points often coincide with traditional "local points". This is also true for mesotherapists and practitioners of connective tissue massage, even though they may not know the Chinese terms. Local points are undeniably those which are less likely to require practitioners to have specialist knowledge of anatomy and acupunture channels. It is worth bearing in mind that no lay person, no matter how *latently aware they are of the active point,* would dream of massaging themselves at point ST-38 Tiaokou for shoulder pain, that no-one would ever think of using a finger to put pressure on the space between the second and third toe, on point ST-44 Neiting, to alleviate toothache or stomach ache. The reason is that these points are simply too far away, physically and conceptually, from the seat of the symptom. However, those who have studied the odd acupunture textbook are aware that the effectiveness of the two points on those symptoms is widely-known and probable. But that is the point – they must have studied it.

The tongue ever turns to the aching tooth: Nature makes us touch the spot that hurts with our hand. The more focalised the injury causing the symptom, the fewer painful points will be found by pinching the skin, down to a single point only.

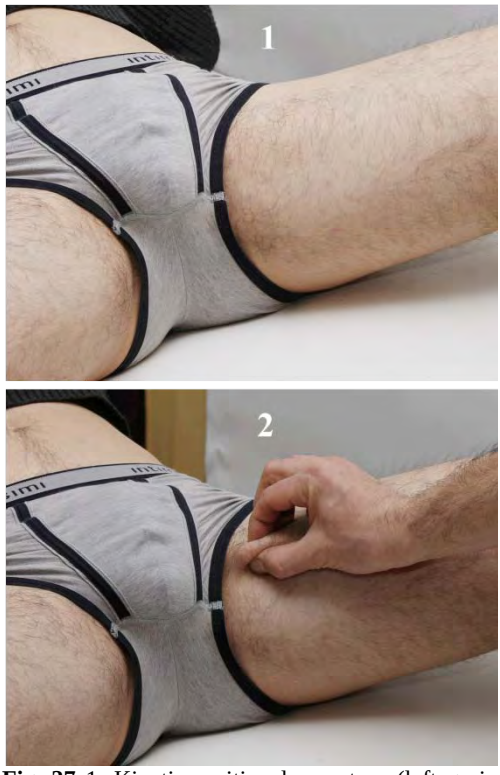

Fig. 27 1. Kinetic-positional symptom (left groin pain which manifests while running and when supine with legs apart). 2. Test of local point on skin projection of pubic insertion of adductor muscles.

2. Paravertebral points

In addition to the local point or points, there are the *paravertebral points* (Fig. 28, Fig. 33 e Fig. 34) They are found along the lines that run parallel to the two sides of the vertebral column, 2-3 cm (the width of two fingers, or 1.5 cun) from the spinal apophysis of the vertebrae. Choosing paravetebral points is quick, provided that a map of dermatomes is available (Fig. 30). A *dermatome* or *segmental field*, as it was called by Sherrington [39 40], who was the first person to define it electrically, is the area of skin innervated by a spinal nerve. Dermatome C is the sensory field of the seventh cervical nerve, dermatome L_2 is that of the second lumbar nerve and so on. In a case of epicondylitis, the most painful local point (above and around the epicondyle) and the most painful paraverterbral point of dermatomes C_5, C_6 and C_7 (Fig. 30) will be located and tested. Due to individual anatomical variations, it is a good idea to explore the dermatomes above and below as well. The paravertebral cutis is suitable for use in learning the *pincé roulé* (Fig. 14) , the massage technique used for locating the painful points which will be subjected to the Active Points Test.

> "The *posterior* or *dorsal* branches of the spinal nerves stimulate the muscles into movement and supply nerves to the skin in the dorsal area of the torso; they are arranged in a regular manner and have common features. The posterior branches are generally smaller than the corresponding anterior branches, with the exception of the first two cervical dorsal branches. After leaving the nerve, the

posterior branches cross the space which separates the transverse processes of two adjoining vertebrae and reach the muscles of the vertebral recesses which are innervated by two branches, the *medial* and the *lateral.* One of the two branches also stretches to the skin above." [41]

The paravertebral points correspond anatomically to the emergence of the posterior branch of the spinal nerve at the point where it separates into the lateral and medial branches (Fig. 29, Fig. 31 e Fig. 32), and coincide with the transporting-shu points on the Urinary Bladder Channel. "Local points" are also relevant to symptoms relating to the vertebral column (cervicalgia, dorsalgia, lumbalgia). I believe I have already explained the reasons why I was persuaded to include them among the quick choice points.

3. Spondyloid points

The spondyloid points are optional and complementary to the paravertebral points, and will be located on the posterior or spondyloid sagittal plane, which touches all the spinal processes (the protuberances) of the vertebrae, from the first cervical vertebra to the coccyx, and is served by the medial branch of the posterior nerve branch (Fig. 29, Fig. 31 e Fig. 32). A dermatome map will used to locate these points. In diseases of the vertebral column, spondyloid points may coincide with local points.

Local points, paravertebral and spondyloid points constitute the Active Points Test protocol for my students of mesotherapy, acupuncture and medical reflexology, and for the courses of shiatsu, physiotherapy and Traditional Chinese Medicine to which I am invited to demonstrate the Test. Fig. 33 e Fig. 34 show two examples of a sequence of movements for executing the Test in accordance with the quick choice criteria, with the exclusion of the spondyloid points.

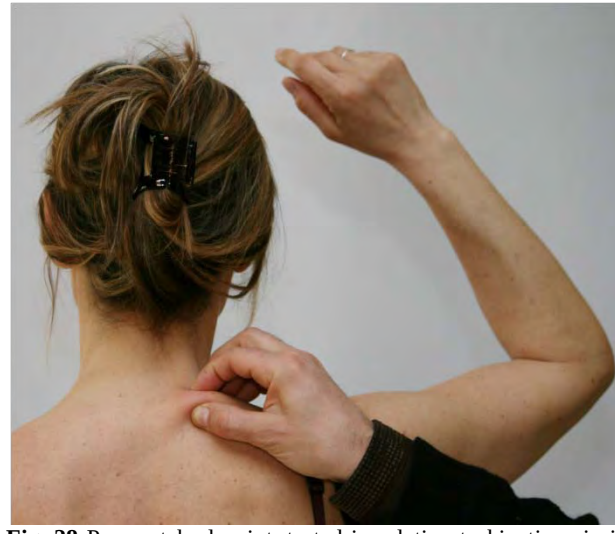

Fig. 28 Paravertebral point, tested in relation to kinetic pain in the elbow which manifests while raising the arm (Picture on page 1).

For practitioners of reflex therapies like auricular puncture,

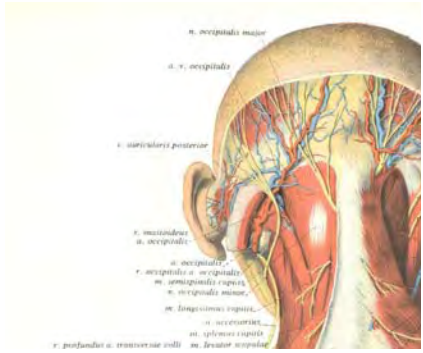

Fig. 29 Cutaneous medial branches of the posterior branches of the spinal nerves. (Drawn by Balboni G. C., et Al. quoted work, modified.)

cranial puncture, nose and facial puncture, hand and foot puncture, and puncture of the oral mucosa [42][43], the quick choice points are those that have the closest somatotopic relationship to the symptom, reported in the relevant reference books (e.g. cough = lungs, lumbalgia = lumbar vertebrae, etc).

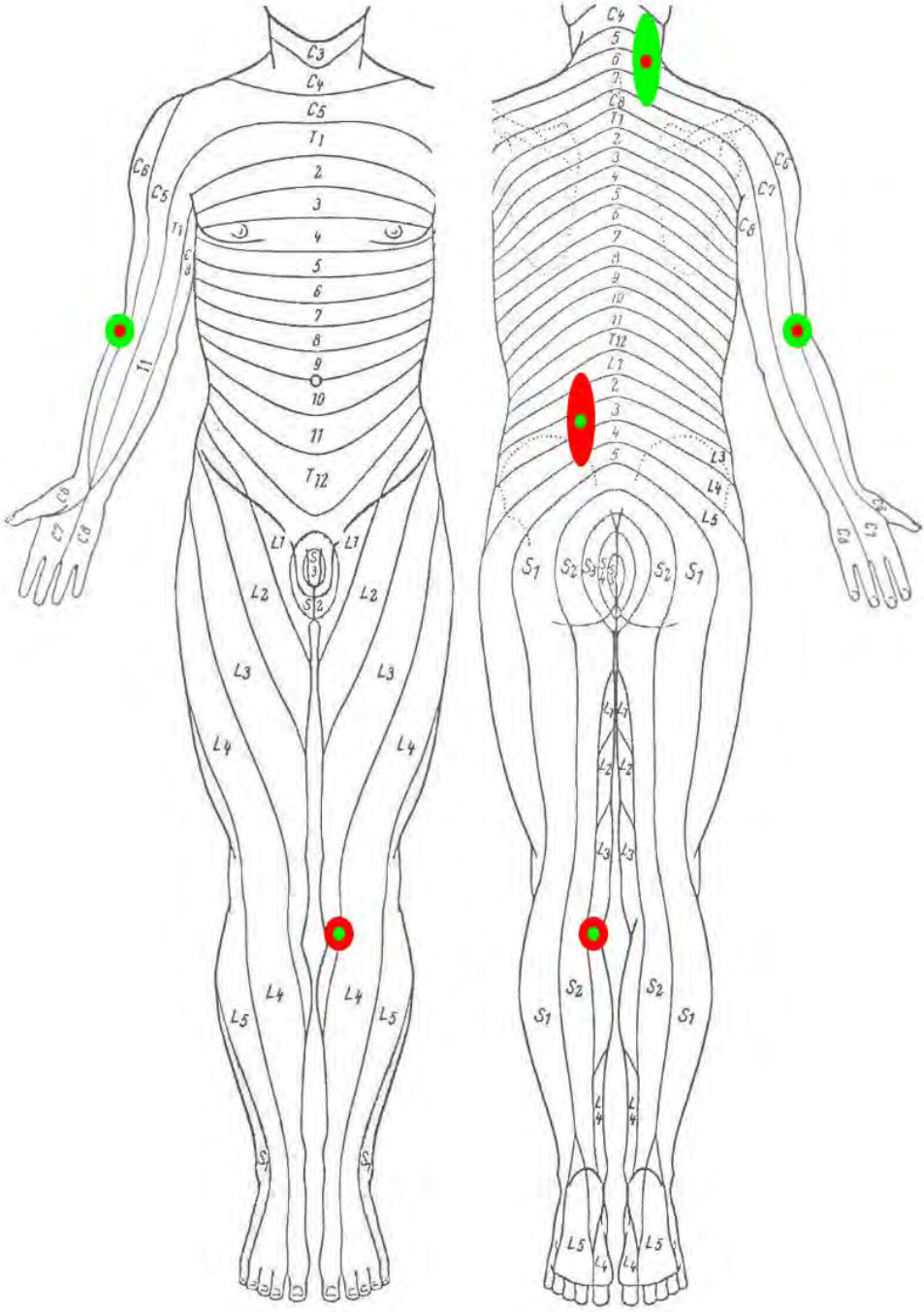

Fig. 30 Anterior and posterior maps of the spinal nerve dermatomes showing the areas to explore in order to locate local and paravertebral points (C_5-C_7 and L_2-L_4) for left knee pain and epicondylitis in the right arm. The internal circles represent the most painful points, which are to be subjected to the Test.

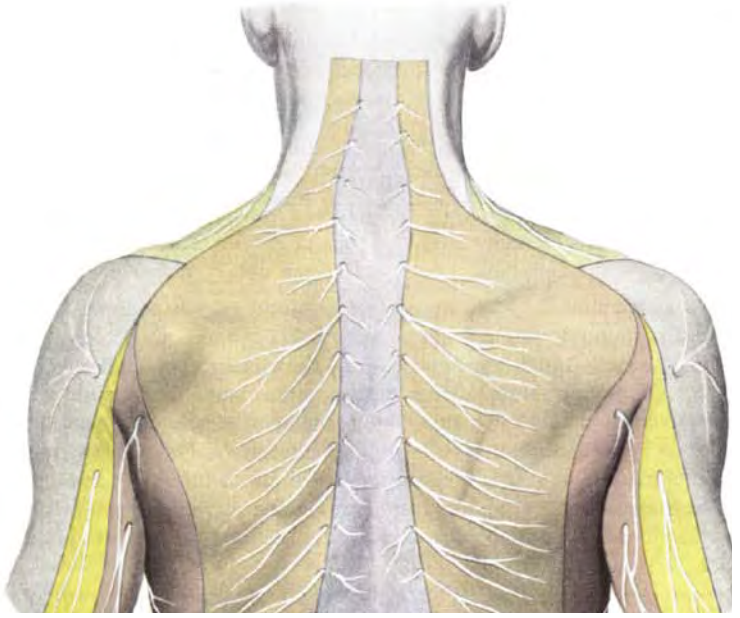

Fig. 31 Lateral branches (innervating the paravertebral points) and medial branches (innervating the spondyloid points) of the posterior branches of the spinal nerves. (Drawn by Balboni G. C., et Al. quoted work, modified.)

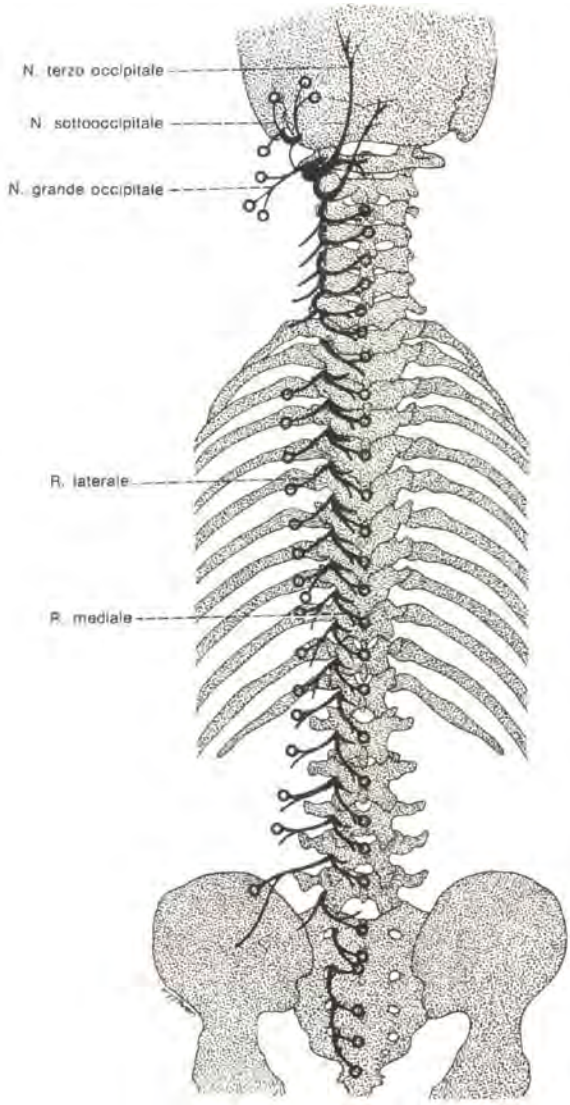

Fig. 32 Lateral branches (paravertebral points) and medial branches (spondyloid points) of the posterior branches of the spinal nerves. It is interesting to note the link between the lateral branches and the acupuncture back points on the Bladder Channel (transporting-shu), and between the medial branches and the points on the Governing Vessel. The bifurcation of the posterior branches into medial and lateral branches coincides

3.3 Reasoned choice points

These are points chosen on the basis of a detailed but not necessarily slow diagnostic reasoning. They are not in contrast with the quick choice points, and one criterion does not exclude the other. More space will be given to

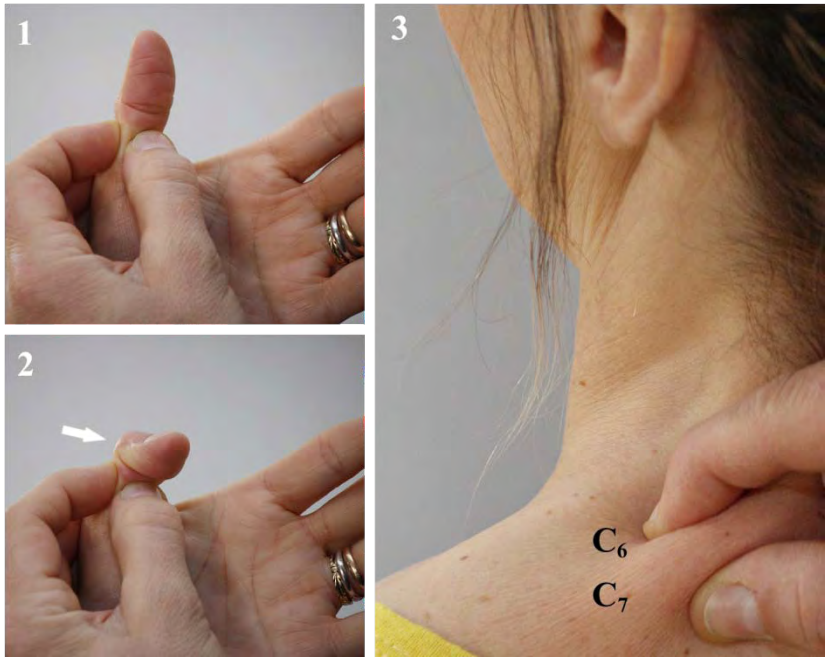

Fig. 33 The Active Points Test in accordance with the quick choice criterion for a kinetic symptom: pain in the distal interphalangeal joint of the thumb, manifesting during flexion. 1. and 2. Pinching the most painful local point. 3. Pinching the paravertebral point at the level of C6-C7, on the same dermatome to which the anatomical seat of the symptom belongs, while the patient flexes her thumb.

techniques based on the principles of TCM because they are more widespread. Other techniques will be described briefly and a few general pointers will be given. Until there is irrefutable proof of the existence of the Qi and the Channels, it is possible that the use of distal points in therapies of western origin will be considered “irrational”. However, since the Active Points Test clearly works on its own even on points inferred from acupuncture maps, better still it often reveals these points to be the most powerful in terms of therapeutic activity, even a western practitioner may feel completely justified in using it. The following paragraphs examine how the reasoned choice points are selected in accordance with the different methodologies.

3.4 Traditional Chinese Acupuncture, tuina and shiatsu

In both classical and modern textbooks, points are organised into formulas or combinations. When it is possible to find the exact seat of a symptom, such as a burning sensation in the lower abdomen when urinating, local and distal points are prescribed. The need to make a distinction does not arise when faced with a symptom which is not easily localised, such as tiredness or dizziness, or pain which spreads or moves around the abdomen. Tradition invests the distal points with greater therapeutical power, although a high number of extra points has the opposite effect. I have randomly taken from contemporary authors a few formulas with a low number of points.

Stiff neck (Geng Junying et al.) [44]

Main points: Laozhenxue (Extra), Xuanzhong (GB-39), Houxi (SI-3), Ahshi points, Yanglao (SI-6).

All the points are treated on the side affected. Usually, Laozhenxue (Extra), Xuanzhong (GB-39) or Yanglao (SI-6) are manipulated with moderate or strong force initially. As the needle is being rotated, the patient is asked to rotate his or her head [vii].

Supplementary points:

Headache: Fengchi GB-20, Waiguan TE-5.

Shoulder and back pain: Quyuan SI-13, Dazhu BL-11, Janwaishu SI-14.

Inability to lift or lower the head: Lieque LU-7, or Dazhu BL-11 and Jinggu BL-64.

Inability to look backwards: Zhizheng SI-17, Jangwaishu SI-14.

Rectal prolapse and hemorrhoids (Ross J.) [45]

The main local point is GV-1, needle inserted at right angles. If necessary the needle may be directed to the right or to the left so that the feeling of penetration irradiates outwards into the anus. Subsidiary local points like BL-30, BL-32, BL-35 and BL 54 may also be used. The main distal point is BL-57 to be used for dispersion.

VARIATIONS

PC-8 dispersion for Heat signs;

SP-10 dispersion for bleeding caused by Heat;

BL-25, ST-37 dispersion for constipation;

GV-20 moxa for hemorrhoids or rectal prolapse due to Qi Sinking, the moxa stick may be used for 15 minutes;

CV-8 moxa for Qi Sinking, moxa cones on ginger slices and on salt.

Ankle (Maciocia G.) [16]

Ankle pain is usually caused by an invasion of Cold and Damp and from a local stagnation of the Qi due to excessive use of the joint. The main points to use are:

SP-5 Shangqiu is one of the two most important points (together with GB-40

[vii] Here too, the patient is instructed to move the neck during manipulation.

> Qiuxu). As well as being a local point, it eliminates Damp and, since it is the Jing point, it acts on the joints. It is usually punctured in combination with GB-40 Qiuxu. GB-40 Qiuxu is used if the pain is in the external part of the ankle, and is often penetrated using a heated needle.
> ST-41 Jiexi is used when the pain is in the neck of the foot. It also eliminates Damp. It should be punctured at right angles [viii], to a depth of at least 1.25cm.

It follows from this that, for traditional acupuncturists (see Maciocia, pag. 60), , the Active Points Test can act as a guide for choosing between a few select points, or for checking whether the hypothetical the active point diagnosis for a given symptom is correct, and if it is not, for directing the search elsewhere. In the example above taken from Ross regarding hemarrhoids, distal point BL-57 Changshan (Fig. 35) and all supplementary points indicated for the patient's feelings of heaviness and burning could be tested first by pinching and then with a needle, before insertion. The same reasoning can be applied to shiatsu and again to tuina, the practice of which is founded on the same theoretical assumptions as traditional acupuncture. There now follow a few suggestions for practitioners of Traditional Chinese Medicine who want to put the Active Points Test into practice. Points chosen which are not located on the median lines may be tested on both sides of the body, first on the right and then on the left, since different responses may result depending on which side is punctured. This observation is reported in ancient and modern treatises and is well-known to practitioners of traditional acupuncture. One example from among many is the puncturing of ST-38 to treat the homolateral and contralateral shoulder [46] [47]. In relation to the Test, it often happens that the same point, even an extra point, is positive on one side and indifferent on the other. In rarer cases, the effect is the opposite. In terms of electric resistance, the same phenomenon was observed by Dumitrescu and his colleagues [19]. Knowledge of the course of the Main and Collateral Channels, the Muscle Regions and the Extraordinary Channels, as well as the correlation between the sensory organs and the endocrine and metabolic organs, are the foundation of a sensible choice. For Bi syndrome in the shoulder, it is essential to know which channels are assigned to the movements limited by the disease. In a case of perverse energy or internal imbalance syndrome relating to the throat it is essential to know that the fauces are controlled by the Lung, Spleen and Liver Channels, and in the area of the ear energy from the Kidneys, Gall Bladder and Small Intestine is expressed, and so on.

[viii] Why is the patient not expected to move the part affected during needle manipulation for problems with the ankle, knee, hip and fingers as well?

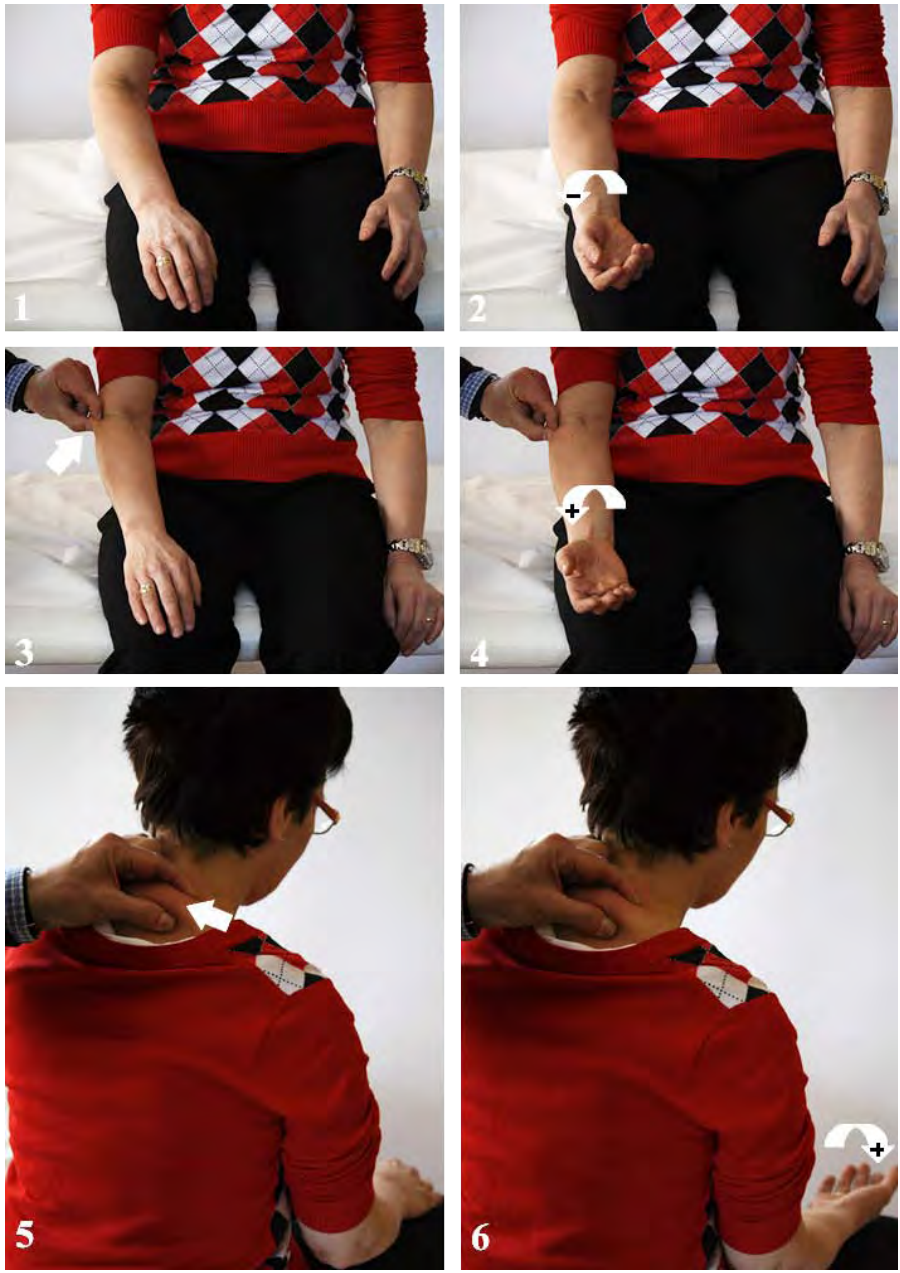

Fig. 34 The Active Points Test used in accordance with the quick choice criterion in relation to kinetic pain in the right elbow (from epicondylitis) which manifests when during supination of the hand 1. At rest. 2. Painful supination of the hand (-). 3. Identifying the painful local point (arrow on elbow). 4. Test on local point: painless supination (+). 5. Identifying the painful paravertebral point (arrow on neck). 6. Test on paravertebral point: painless supination (+).

The Test will concentrate at first on the key points of the Extraordinary Channels, because here the Qi's circulation is not seasonal, but has a relatively constant flow. Their energetic "pressure" depends on the mutual balance and energy of the Main Channels connected to them (Yang and Yin groups of the upper and lower limbs), and whose flow is subject to seasonal rhythms and to daily hourly tides. Once the strategic points of the Extraordinary Channels have been tested, the Test will move on to those of the Main Channels. Meticulous palpation of the entire course of the channels using the pincé roulé and biro methods will lead to the identification of areas of painful cellulite to be tested, even if they do not correspond perfectly to traditional points (Fig. 35).

There now follows a brief description of the Extraordinary Channels and of the "functional" groups of points on both the Extraordinary and the Main Channels, with related lists. The extra points have been missed out due to lack of space. The functional groups of points are arranged in order of the priority that I have attributed to them with respect to the Active Points Test. It goes without saying that any practitioner may change this in accordance with his or her own reasoning. For further details of CTM, the reader is referred to the specified texts and atlases listed in the bibliography [14 15 16 17 31 44 vii 46].

The Extraordinary Channels

With the exception of the *Dumai* and the *Renmai*, the Extraordinary Channels "borrow" points from the Main Channels. *Dumai* and *Renmai* have a collateral (Luo) channel and Luo points.

Dumai "Governing Vessel": this is the Yang channel which rises up along the posterior median sagittal plane, harvesting and balancing the Yang energy of the upper and lower limb. Its points are tested in relation to symptoms concerning the vertebral column and the musculoskeletal system, as well as for visceral diseases, since it acts as a relay to the spinal chord. Testing the points of the "Governing Vessel" is also useful for ailments relating to the head and for mental disorders.

Renmai "Conception Vessel": this is the Yin channel which rises up along the anterior median sagittal plane, harvesting and balancing the Yin energy of the lower and upper limb. It is important to test its points in relation to all symptoms concerning visceral diseases in the organs situated along the median plane: mouth and incisors, tongue, larynx, trachea, oesophagus, bronchial tube, stomach, duodenum, pancreas, transverse colon, small intestine, bladder, uterus, vagina, prostate and penis. The Front-Mu points, otherwise known as "herald", are found on the *Renmai* channel and are to be

tested immediately or as a second option.

Chongmai "Thoroughfare Vessel": Yin in nature, it is also known by the name *vital vessel* or *defence vessel* and runs inside the body on the median plane, uniting the Yin energy of the Conception Vessel and the Yang energy of the Governing Vessel. It also has a small surface area which borrows some points from the Kidney Channel. Its points should be tested for symptoms relating to visceral diseases, for all types of abdominal colic, metabolic disorders, and problems relating to the urinary passage and the menstrual cycle.

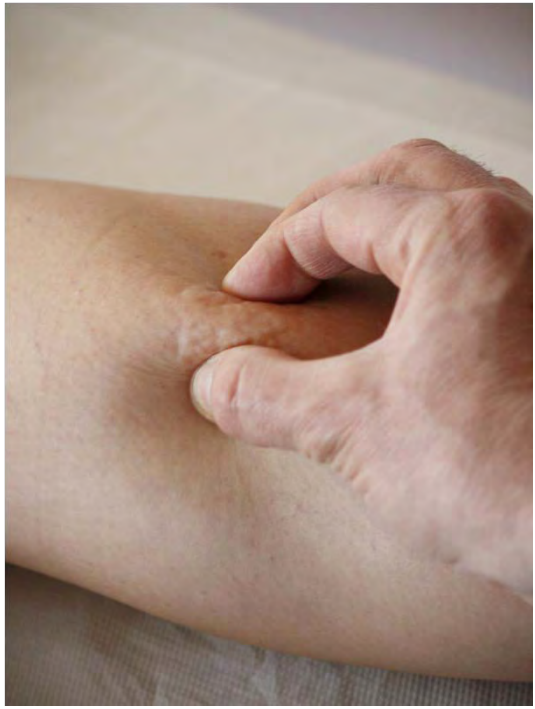

Fig. 35 The Active Points Test in accordance with the quick choice criterion, for burning from haemorrhoids, performed on the most painful point in the area of the BL-57 Chengshan Urinary Bladder, asking the patient to communicate any variations in perception of the symptom. The infiltration of cellulite in the area of skin pinched is noticeable.

Daimai "Girdle Vessel": this channel is Yang in nature and harvests the energy of the Gall Bladder Channel, condensing it, as the name implies, into the form of a girdle. Its points should be tested for all diseases of the pelvis, the liver and the gall bladder.

Yangweimai "Yang Link Vessel": it is also known as the *Yang Regulator Vessel*, and links the Yang channels of the lower part of the body to those of the upper part and to the Governing Vessel. Its points are to be tested for ailments of the thorax and for those in the shoulder and head area.

Yinweimai "Yin Link Vessel": it is also known as the *Yin Regulator Vessel*, and links the Yin channels of the lower part of the body to the Conception Vessel. As for the previous channels, its points are to be tested for ailments of the thorax and for those in the shoulder and head area.

Yangqiaomai "Yang Heel Vessel": it also takes the name *Yang Motility Vessel*, and connects low Yang energy to high Yang energy. Its points should

be tested for articular symptoms relating to the lower limbs and the shoulder, and for diseases of the head.

Yinqiaomai "Yin Heel Vessel": it also takes the name *Yin Motility Vessel,* and connects low Yang energy to high Yang energy. As for the previous vessel, its points should be tested for articular symptoms relating to the lower limbs and the shoulder, and for diseases of the head.

Functional gorups of acupuncture points

The 8 CONFLUENT or OPENING POINTS (*key-opening* points for French authors) of the Extraordinary Channels are to be given absolute priority when performing the Active Points Test in accordance with the quick choice criterion for any symptom, since the imbalance in the Main Channels *always* manifests on the flow of the Extraordinary Channels. The *Yang* channels (Dumai, Daimai, Yangqiaomai,Yangweimai) give information about the energy of the *yang* Main Channels (Large Intestine, Stomach, Small Intestine, Bladder, Triple Heater and Gall Bladder). Likewise, the *Yin* channels (Renmai, Chongmai, Yinqiaomai, Yinweimai) give information about the Main Channels of the same nature (Lung, Spleen, Heart, Kidney, Pericardium and Liver). The opening points, on the Main Channels, "open" the Extraordinary Channels, allowing the former to pour out part of their energy when *full* or to recharge themselves when *empty.*

	YANG		YIN	
Hand	*Dumai* SI-3 Houxi	*Yangweimai* TE-5 Waiguan	*Renmai* LU-7 Lieque	*Yinweimai* PC-6 Neiguan
Foot	*Yangqiaomai* BL-62 Shenmai	*Daimai* GB-41 Linqi	*Yinqiaomai* KI-6 Zhaohai	*Chongmai* SP-4 Gongsun

The 4 GROUP LUO POINTS (the French *Group Luo-Passage*) are bilateral, 2 on the inside and outside of the forearm, and 2 on the inside and outside leg. Each one harvests the energy of the three main *yin* or *yang* upper or lower channels. It is important to test them before other specific points, as finding positivity in just one of them will indicate three of the possible Main Channels implicated in the energetic imbalance and will allow the other nine to be excluded. For example, if point PC-5 Jianshi (group Luo on the yin channels of the upper limb) tests positive, the next step will be to research the therapeutic potential of the points located on three yin channels of the upper limb: *lung, pericardium and heart.*

3 HAND YANG	3 FOOT YANG	3 HAND YIN	3 FOOT YIN
TE-8 Sanyangluo	GB-39 Xuanzhong	PC-5 Jianshi	SP-6 Sanyinjiao

The 15 LUO CONNECTING POINTS (*Meridian Luo-Passage* for French authors) are the specific action points on every single channel, as the Luo

Collateral Channel starts from these, branching off on one side to the surface thus allowing the excess Qi to be diverted and freed when blocked. On the other side it connects to the channel of the opposite nature.

LUO POINTS	CHANNEL	FULL	EMPTY
LU-7 Lieque	Large Intestine	Hot palms and fever	Shortness of breath, frequent urination
HT-5 Tongli	Small Intestine	Fullness in the chest	Language difficulties
PC-6 Neiguan	Triple Energizer	Cardiac pain	Restlessness
SI-7 Zhizheng	Heart	Motor difficulties	Verrucas
LI-6 Pianli	Lung	Odontalgia, deafness	Tooth sensitivity to cold, fullness in chest
TE-5 Waiguan	Pericardium	Spasms in the forearm	Asthenia of the forearm
BL-58 Feiyang	Kidney	Rhinitis, lumbalgia & headache	Epistaxis
GB-37 Guangming	Liver	Syncope	Flaccid paralysis (wei syndrome)
ST-40 Fenglong	Spleen	Sore throat, aphonia, mania	Foot drop
SP-4 Gongsun	Stomach	Abdominal pain, diarrhea	Oedema
KI-4 Dazhong	Bladder	Restlessness, dysuria	Lumbar pain
LR-5 Ligou	Gall Bladder	Uterine prolapse, hernia	Genital pruritis
CV-15 Jiuwei	Abdomen	Abdominal pain	Pruritis of the abdominal region
GV-1 Changqiang	Head	Vertebral rigidity	Dizziness, heavy head
SP-21 Dabao	Hypochondrium	General pain	General Asthenia

Of special importance is point SP-21 Dabao, which provides access to a fine *qi* reticulum enveloping the body like a spider's web: the Great Luo of the Spleen. The luo points of the individual channels will be tested if the group points show positive results, and if the symptom is located in the area of the channels to which they belong.

The 4 REGIONAL COMMAND POINTS are points which have traditionally been used to influence therapeutically 4 areas of the body: the face and mouth, the head and neck, the abdomen and the back. They can be tested for symptoms localised in one of these areas.

ABDOMEN	BACK	FACE & MOUTH	HEAD & NECK
ST-36 Zusanli	BL-40 Weizhong	LI-4 Hegu	LU-7 Lieque

The TENDOMUSCULAR HUI POINTS (Convergence of the Tendomuscular Channels) are indicated for the treatment of dermatosis, neuralgia and muscular problems. They are worth testing since they exercise group control over the three tendomuscular yin or yang channels of the hands and feet, but opinions vary as to how many points should be tested.

ARM TM 3 YANG	YIN TM 3 ARM	YANG TM 3 LEG	YIN TMM 3 LEG
GB-13 Benshen	GB-22 Yuanye	ST-3 Juliao	CV-2 Qugu
ST-8 Touwei	/	SI-18 Quanliao	CV-3 Zhongji

The 5 SHU TRANSPORTING POINTS (the French *Shu- Ancient*) are those with the greatest therapeutic value. They are divided into Yuan-Source points and Element points. There are 6 for each Yang channel and 5 for each Yin channel, because the Yuan-Source Yang point has only one function, while on the Yin channel it also functions as an element point. The Yuan-Source points are considered to be a group on their own and will be discussed shortly. Every element point has the properties of one of the 5 elements of the doctrine of energy: *fire*, *earth*, *metal*, *water* and *wood*. Points that have general toning or dispersing properties are to be tested when the corresponding channel is believed to be full or empty of Qi. The element organ points (e.g. Lung-Metal) are highlighted in yellow in the table. The Mother-Son rule should be applied to them in accordance with the generative cycle: [M]other tones, [S]on disperses. The SEASONAL toning and dispersing points (without a table) are to be tested for the same indications, but during one of the 5 seasons of the Chinese calendar, according to which each is controlled by one of the 5 natural elements: SPRING-wood, SUMMER-fire, END OF SUMMER-earth, AUTUMN-metal and WINTER-water. The fifth season, END OF SUMMER lies between summer and autumn. Illnesses sometimes exhibit a seasonal cyclicity and it is not unusual for a patient to come to the surgery for the same or a similar problem, or for one which is completely different, *at the same time of year* as when he first visited. The 5 shu-transporting points should also be tested for symptoms of a cyclic nature, like pollen allergies or seasonal ailments (springtime ulcers, winter bronchitis, etc).

YIN CHANNEL	JING-POZZO (WOOD-SPRING)	YING-ZAMPILLO (FIRE-SUMMER)	SHU-RUSCELLO (EARTH-END OF SUMMER)	JING-RIVER (METAL-AUTUMN)	HE-SEA (WATER-WINTER)
Lung	LU-11 Shaoshang	LU-10 Yuji	LU-9 Taiyuan - [M]	LU-8 Jingqu	LU-5 Chize - [S]
Pericardium	PC-9 Zhongchong - [M]	PC-8 Laogong	PC-7 Daling - [S]	PC-5 Jianshi	PC-3 Quze
Heart	HT-9 Shaochong - [M]	HT-8 Shaofu	HT-7 Shenmen - [S]	HT-4 Lingdao	HT-3 Shaohai
Spleen	SP-1 Yinbai	SP-2 Dadu - [M]	SP-3 Taibai	SP-5 Shangqiu - [S]	SP-9 Yinlingquan
Liver	LR-1 Dadun	LR-2 Xiangjian - [S]	LR-3 Taichong	LR-4 Ximen	LR-8 Ququan - [M]
Kidney	KI-1 Yongquan - [S]	KI-2 Rangu	KI-3 Taixi	KI-7 Fuliu - [M]	KI-10 Yingu

YANG CHANNEL	JING-POZZO (METAL-AUTUMN)	YING-ZAMPILLO (WATER-WINTER)	SHU-RUSCELLO (WOOD-SPRING)	JING-RIVER (FIRE-SUMMER)	HE-SEA (EARTH-END OF SUMMER)
Large Intestin	LI-1 Shangyang	LI-2 Erjiang - [S]	LI-3 Sanjiang	LI-5 Yangxi	LI-11 Quchi - [M]
Triple Energizer	TE-1 Guanchong	TE-2 Yemen	TE-3 Yangchi - [M]	TE-6 Zhigou	TE-10 Tianjing - [S]
Small Intestine	SI-1 Shaoze	SI-2 Qiangu	SI-3 Houxi - [M]	SI-5 Yanggu	SI-8 Xiaohai - [S]
Stomach	ST-45 Lidui - [S]	ST-44 Neiting	ST-43 Xiangu	ST-41 Jiexi - [M]	ST-36 Zusanli
Gall Bladder	GB-44 Qiaoyin	GB-43 Xiaxi - [M]	GB-41 Linqi	GB-38 Yangfu - [S]	GB-34 Yanglingquan
Bladder	BL-67 Zhiyin - [M]	BL-66 Tonggu	BL-65 Shugu – [S]	BL-60 Kunlun	BL-40 Weizhong

The 12 YUAN SOURCE POINTS belong to the transporting-shu points and link the main channel with its corresponding internal organ, passing through the energy of the Upper, Middle and Lower Energizer. Electronic investigation of these points has often highlighted the channel's charge indicator function. Tradition suggests their use in relation to diseases of the organs, especially the Yin organs, and they should be tested for all visceral disorders.

LUNG	LU-9 Taiyuan	BLADDER	BL-64 Jinggu
LARGE INTESTINE	LI-4 Hegu	KIDNEY	KI-3 Taixi
STOMACH	ST-42 Chongyang	PERICARDIUM	PC-7 Daling
SPLEEN	SP-3 Taibai	TRIPLE ENERGIZER	TE-4 Yangchi
HEART	HT-7 Shenmen	GALL BLADDER	GB-40 Qiuxu
SMALL INTESTINE	SI-4 Wangu	LIVER	LR-3 Taichong

The 12 BACK SHU or BACK TRANSPORTING POINTS (the French *Shu-Assent*) on the dorsal route of the Bladder Channel there are "spy" points relating to the energetic wellbeing of the channel-organ or of its function. Their exploration by means of the Active Points Test is invaluable, as they may reveal information about their respective dermatomes. Indeed, they often correspond to the quick choice *paravertebral points* (see above). The works of numerous authors, particularly Quaglia Senta [48], pioneer of modern acupuncture in Italy, have led to the recognition of a correlation between back-shu points and functions of the vegetative nervous system.

T_3-T_4	BL-13	Feishu	LUNG
T_4-T_5	BL-14	Jueyinshu	PERICARDIUM
T_5-T_6	BL-15	Xinshu	HEART
T_6-T_7	BL-16	Dushu	DUMAI
T_7-T_8	BL-17	Geshu	DIAPHRAM
T_8-T_9	Extra	Weiwanxiashu	EPIGASTRIUM-CARDIA
T_9-T_{10}	BL-18	Ganshu	LIVER
T_{10}-T_{11}	BL-19	Danshu	GALL BLADDER
T_{11}-T_{12}	BL-20	Pishu	SPLEEN
T_{12}-L_1	BL-21	Weishu	STOMACH
L_1-L_2	BL-22	Sanjiaoshu	TRIPLE ENERGIZER
L_2-L_3	BL-23	Shenshu	KIDNEYS
L_3-L_4	BL-24	Qihaishu	PERITONEUM-QIHAI
L_4-L_5	BL-25	Dachangshu	LARGE INTESTINE
L_5-S_1	BL-26	Guanyuanshu	GUANYUAN
foro S_1	BL-27	Xiaochangshu	SMALL INTESTINE
foro S_2	BL-28	Pangguangshu	BLADDER
foro S_3	BL-29	Zhonglüshu	SACRUM
foro S_4	BL-30	Baihuanshu	PROSTATE (and in females?)

The 12 FRONT MU COLLECTING POINTS (*Mu-Herald or Sentinel*) are in some way similar to the back-shu points. They are on the front of the chest and belong to the Lung, Stomach, Gall Bladder and Liver Channels, as well as to the Renmai extraordinary channel. They should be tested in relation to visceral diseases and loco-regional symptoms caused by these diseases, such as cough, gastric pain and colic, hiccups, vomiting, etc.

LUNG	LU-1 Zhongfu	BLADDER	CV-3 Zhongji
LARGE INTESTINE	ST-25 Tianshu	KIDNEY	GB-25 Jingmen
STOMACH	CV-12 Zhongwan	PERICARDIUM	CV-17 Shanzhong
SPLEEN	LR-13 Zhangmen	TRIPLE ENERGIZER	CV-5 Shimen
HEART	CV-14 Jujue	GALL BLADDER	GB-25 Riyue
SMALL INTESTINE	CV-4 Guanyuan	LIVER	LR-14 Qimen

The 16 XI CLEFT [ix] or ACCUMULATION POINTS (the French *Xi–Urgency*, and the Japanese *geki*). There is a given Xi point for every main and extraordinary channel, with the exception of the *Dumai* and *Renmai* channels. According to tradition, these points are located at a greater depth than the others. Here *blood* and *energy* converge. They can even improve energy and blood circulation in the channel itself, as well as being

[ix] Deep crack, slit, chasm

traditionally indicated, and therefore suitable for testing, in acute diseases that affect the main channel and its related organ.

LUNG	LU-6 Kongzui	BLADDER	BL-63 Jinmen
LARGE INTESTINE	LI-7 Wenliu	KIDNEY	KI-5 Shuiquan
STOMACH	ST-34 Liangqiu	PERICARDIUM	PC-4 Ximen
SPLEEN	SP-8 Diji	TRIPLE HEATER	TE-7 Huizong
HEART	HT-6 Yinxi	GALL BLADDER	GB-36 Waiqiu
SMALL INTESTINE	SI-6 Yanglao	LIVER	LR-6 Zhongdu
YANGQIAOMAI	BL-59 Fuyang	YINQIAOMAI	KI-8 Jiaoxin
YANGWEIMAI	GB-35 Yangjiao	YINWEIMAI	KI-9 Zhubin

The 8 HUI INFLUENTIAL or GATHERING POINTS (*Hui-Meeting*) are situated on the course of more than one channel and have a general effect on various organs and functions. They are very useful for the Test, in particular the first three in the list.

LR-13 Zhangmen	*ZANG* VISCERA
CV-12 Zhongwan	*FU* ORGANS
CV-17 Shanzhong	QI - BREATH
BL-17 Geshu	BLOOD
GB-34 Yanglingquan	TENDONS
BL-11 Dazhu	BONES
GB-39 Xuanzhong	MARROW
LU-9 Taiyuan	PULSES (ARTERIES)

The 10 POINTS of WINDOW of SKY. Even though they have no source material in English which mentions this group, Deadman and Al-Khafaji [49], acknowledge the indications that would explain it: all *Jue Qi* disorders (the so-called rebel *Qi*), with alterations or blockages in the flow of blood or energy between the thorax and the head. These points should definitely be tested in relation to sudden symptoms affecting the neck and head (we have seen the use of ST-9 Renyin for acute lumbalgia), all sensory disorders (deafness, anosmia, etc.), vomiting and diarrhoea. The following list is taken from a single source [50] and is not exhaustive.

LU-3 Tianfu	Asthma, epistaxis, brachialgia.
LI-18 Futu	Cough, catarrh, sore throat.
ST-9 Renyin	Hypertension, asthma, pharyngitis, aphasia.
SI-16 Tianchuang	Deafness, tinnitus, sore throat, stiffness and contracture of the neck.

SI-17 Tianrong	Tonsillitis, sore throat, aphasia.
SI-18 Quanliao	Facial paralysis, odontalgia, trigeminal neuralgia.
BL-10 Tianzhu	Occipital headache, locked and stiff neck, insomnia, pharyngitis.
PC-1 Tianchi	Chest oppression, pain in the hypochondrium, adenopathies.
TE-16 Tianyou	Deafness, stiff neck.
GV- 16 Fengfu	Cold, headache, mental diseases, apoplexy.

The 12 ENTRY-EXIT POINTS of the ordinary and extraordinary channels. They do not have the same value as the Luo or Source points. Through them, the extraordinary channels connect with the main channels. They are to be tested if the opening points show indifferent results.

ENTRY	LU-1	LI-4	ST-1	SP-1	HT-1	SI-1	BL-1	KI-1	PC-1	TE-1	GB-1	LR-1
EXIT	LU-7	LI-20	ST-42	SP-21	HT-9	SI-19	BL-67	KI-22	PC-8	TE-22	GB-41	LR-14

The 12 CHINESE HOURS POINTS (The French *Pen – time* points [x]), among the 5 *transporting-shu* points, are those which have the same characteristics as the natural element of the channel to which they belong. So LU-8 Jingqu is the metal-point of the lung channel, an organ which is the equivalent to the element metal, LR-1 Dadun is the wood-point of the liver channel, an organ which is the equivalent to the element wood etc. These points are called "time" points because their activity is more intense when the channel is in the hour of maximum energy according to Chinese time. According to traditional Chinese doctrine, the *Qi* completes one circuit lap of the main channels in twenty-four hours, stopping flowing in each channel for one of the twelve hours in the Chinese day (1 Chinese hour is the equivalent to two of ours). Each organ is considered to be at maximum energy level during its own particular hour and is therefore in the best possible condition for toning or stimulating. Twelve hours later the same channel is considered to be at the minimum energy level and in the best possible condition for dispersal or sedation. The time points can be tested when the symptom manifests during the particular hour belonging to the channel concerned.

Yin Hour	03-05	LUNG	LU-8 Jingqu	metal points
Mao Hour	05-07	LARGE INTESTINE	LI-1 Shangyang	
Zhen Hour	07-09	STOMACH	ST-36 Zusanli	earth points
Su Hour	09-11	SPLEEN	SP-3 Taibai	
Wu Hour	11-13	HEART	HT-8 Shaofu	fire points
Wei Hour	13-15	SMALL INTESTINE	SI-5 Yanggu	
Shen Hour	15-17	BLADDER	BL-66 Tonggu	water points

[x] These points could be considered a French exclusive. I have not been able to find anything about them in English either on paper or on the internet.

Yu Hour	17-19	KIDNEY	KI-10 Yingu	
Xu Hour	19-21	PERICARDIUM	PC-8 Laogong	fire points
Hai Hour	21-23	TRIPLE HEATER	TE-6 Zhigou	
Ci Hour	23-01	GALL BLADDER	GB-41 Linqi	wood points
Chu Hour	01-03	LIVER	LR-1 Dadun	

The EXTRA POINTS are located on the main and extraordinary channels or outside, on their own or in groups. Extra points may be subjected to the Test as well (Fig. 24, Fig. 37 e Fig. 50). I will never be able to say "thank you" enough to Royston Lowe for his book about the extra points in acupuncture [14], as it has made me realize that the search for therapeutic points does not stop at the canons of tradition (Fig. 39). 387 points are illustrated together with

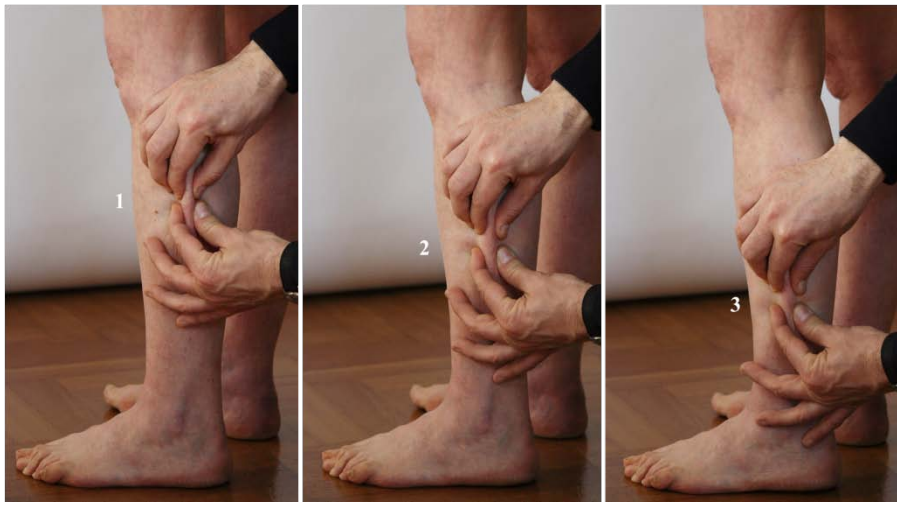

Fig. 36 Skin palpation of the Gall Bladder Meridian on the leg.

their anatomical location, Chinese names and indications, not counting those of the hand, foot, nose, face and scalp, which on their own belong to the reflex therapy method of treatment. The Ahshi points may also number indirectly among the extra points. Their name originates from the expression of pain "Ah!" that the patient gives when the point (shi) is subjected to palpitation. The *Neijing* describes them like this: "A painful point is an acupuncture point" [31]. The Ahshi points may coincide with local points from the Test's quick choice criterion.

3.5 A few more words about palpation

Skin palpation is integral to the teaching of both western clinical medicine and traditional acupuncture. It goes without saying that it must be done properly if the Active Points Test is to give valid results. Both local and

paravertebral points, as well as the spondyloid points, are explored with both hands using the *pincé roulé* method in accordance with the quick choice criterion, while practitioners of Traditional Chinese Medicine carry out palpation on the Channels in accordance with the reasoned choice criterion. This shows how common it is to find points which are extra painful and therefore active in terms of the Test. Fig. 36 illustrates longitudinal skin palpation in a centrifugal direction on the Qi current, as part of a search for painful points to test on the Gall Bladder channel. This relates to a case described later in this book (Fig. 57, pag. 111). Fig. 38, on the other hand, illustrates transverse palpation in the area of the calf muscle (sural biceps) searching for point BL-57 Chengshan, used in the treatment of hemorrhoids (see above, Fig. 35, pag. 63). The infiltration of cellulite into the tissues and the presence of marks, dilated venules and capillaries, lenticular angiomas, nevi and flat or peduncular verrucas are always significant pointers to energetic disturbances in the channels (blood stagnation, damp, dryness, heat, etc.).

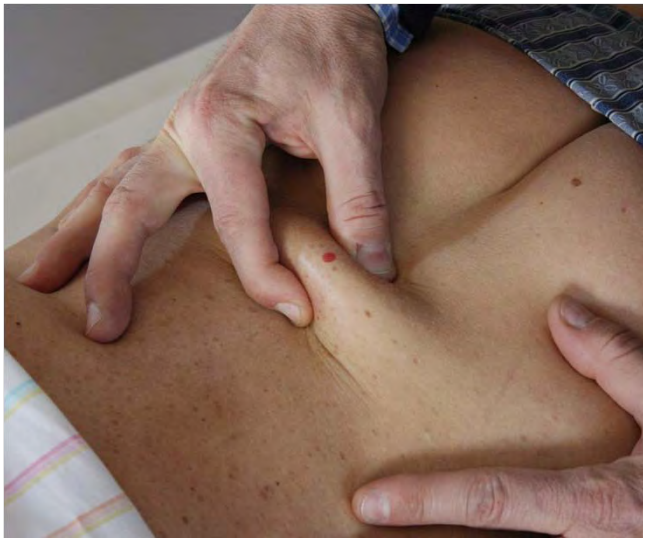

Fig. 37 The Active Points Test with pinching of Extra point Shiqizhui, the *seventeenth vertebra*, for positional lumbalgia in a prone position. The Chinese counted the vertebrae starting from the first thoracic. Located between the spinal apophyses L_5 and S_1, it has been marked with a felt-tip pen.

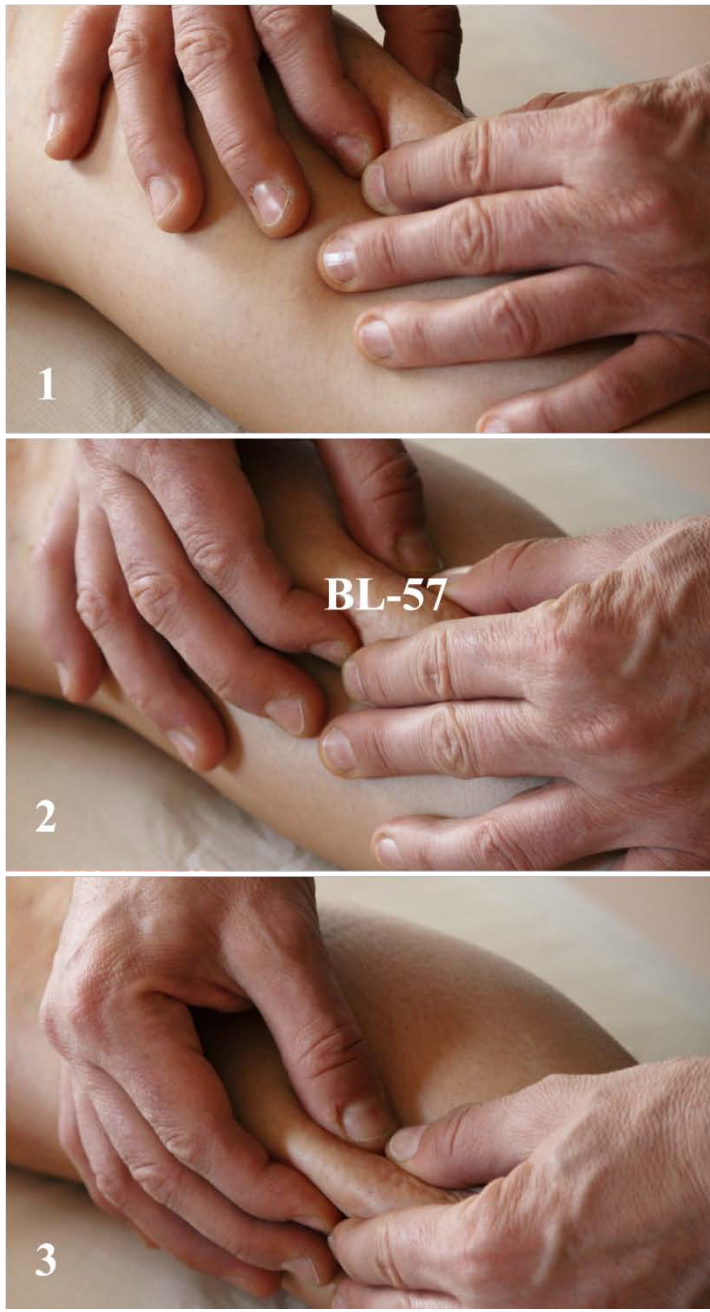

Fig. 38 Transverse palpation of the skin in the area of the sura.

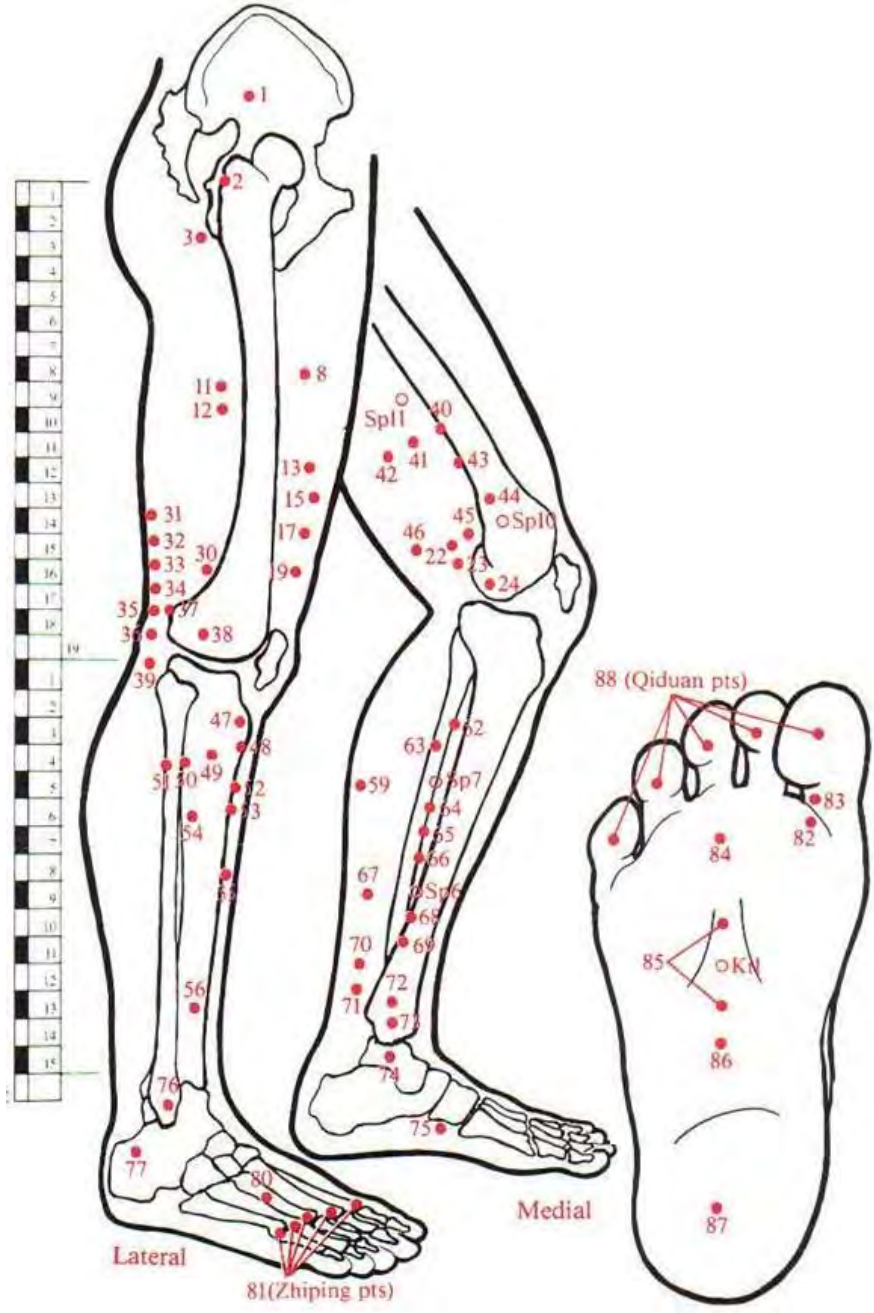

Fig. 39 Extra points on the medial and lateral sides of the lower limbs, and on the sole of the foot (from R. Low op. cit.).

3.6 Auricular puncture

Auricular puncture is based on the application of different shaped needles, metal pins and vaccaria seeds to the skin of the auricle. It is used as a therapy in its own right or as a complement to acupuncture. Auricular puncture theory postulates that there is a somatotopic [xi] relationship between the auricle and an upside-down human foetus (Fig. 40) , with the earlobe corresponding to the cranium, the antihelix to the vertebral column, the cavum conchae to the splanchnic organs and so on, so that any physical activity on the ear points will result in the nervous system provoking a reflex action which will have an effect on the locoregional or general symptom. Thus the shoulder and cervical rachis points will be used for scapulo-humeral periarthritis, the liver and allergy points for pruritus, etc.

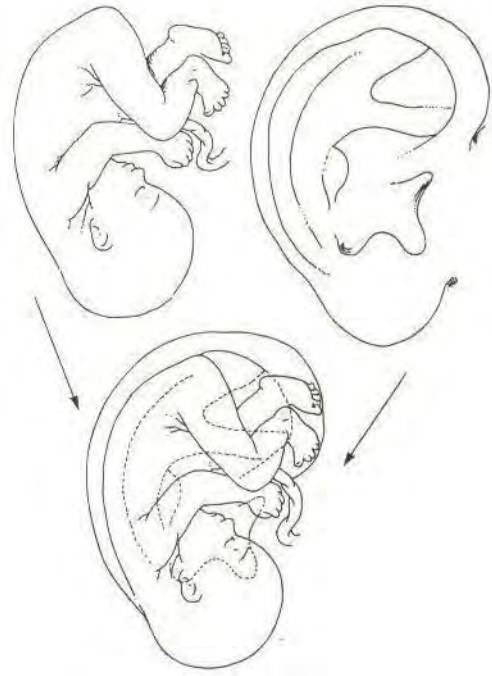

Fig. 40 Similar shape of auricle and upside-down human foetus.

The practice established by Paul Nogier [51], who discovered the methodology, is to explore one ear at a time, beginning with the dominant side, using a spring loaded probe with rounded tip or an electronic detector in the search for painful and particularly sensitive areas. Once the most sensitive areas have been located, needles can be inserted and the appropriate manipulation carried out.

In auricular puncture the Active Points Test is performed before needles are inserted, so as to take advantage of its strong predictive capacity. The nib of an empty biro may be used or the area to be explored may be touched with the tip of a needle (Fig. 41) . It is not necessary to wait for the appearance of a depression mark on the skin as there is very little subcutaneous tissue in the

[xi] somatotopic /so·ma·to·top·ic/ (-top´ik) related to particular areas of the body; describing organization of motor area of the brain, control of the movement of different parts of the body being centered in specific regions of the cortex. Dorland's Medical Dictionary for Health Consumers. © 2007 by Saunders, an imprint of Elsevier, Inc. All rights reserved.

ear, just as there is in the fingertips. The search for reflex zones in the ear may also be carried out using an electronic detector, as it has been demonstrated that cutaneous points show specific resistance changes to the

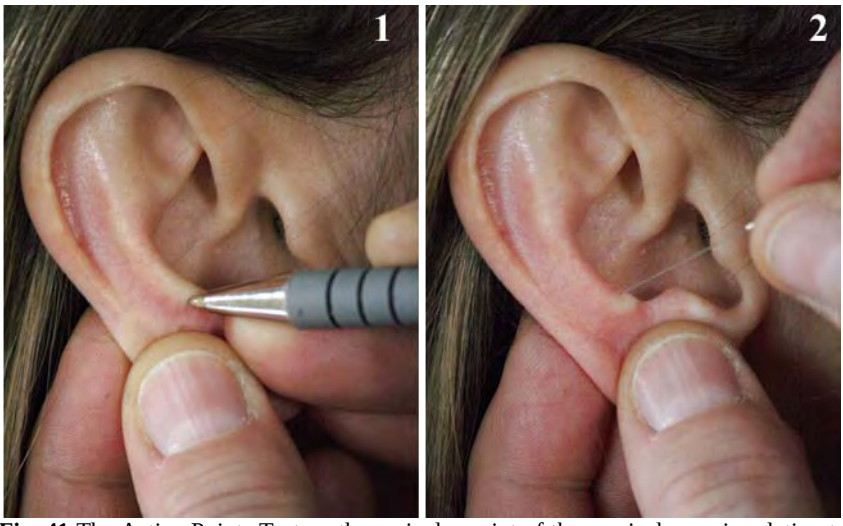

Fig. 41 The Active Points Test on the auricular point of the cervical area, in relation to a case of cervicobrachialgia on the right side. Execution of test 1. with ballpoint pen, 2. with needle.

passage of electrical current.

The Test gives excellent results on auricular points as, in the body's defence system against pain and organ dysfunction, the ear is located at a "higher" level than the rest of the soma, and is nearer to the sensory cortex. For this reason, the control and inhibition of nociceptive afferents (symptoms) coming from spinal and cephalic areas is more effective than for the other areas of the body. In terms of controlling nociception, if we compare the spinal chord (with the somatic points) to the peripheral defences of a castle, such as the moat and the walls, then the thalamus (with the auricular points) corresponds to the citadel and the king's guard, the last and fiercest line of defence (Fig. 42) . At the beginning of an assault (acute disease), if both defensive systems are made to act immediately, the probabilities of fighting off the attack and preventing a siege (chronic disease) will increase. This is a valid reason for linking auricular puncture to classical acupuncture.

I have found positive points (+, ++) in 113 of the 119 cases in which I have performed the Active Points Test on the ear, that is to say 94.95%. As I am not an auricular puncture "specialist", in 1995 I sought the detailed opinion of Marco Romoli. A man with an open mind and much clinical experience, he accepted, making an invaluable contribution and providing a

study of 18 patients which is appended to this volume (pag.137). With his permission, I will quote the paragraph about the Test from the chapter on auricle examination methods from his "Agopuntura Auricolare" (2003) [36]: The Active Points Test or Needle Contact Test.

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"The Active Points Test was put forward by Stefano Marcelli in 1995 as a method for identifying the most effective points for therapy. For the test to be carried out successfully, it is essential that the patient participate by communicating any perceptible change, usually as regards the level of pain, in the symptom. The originality and sophistication of the method lies in the fact that the main point controlling the ongoing symptom can be located through contact with a needle without penetrating the cutis. As will be seen, the test can also be used in relation to non-painful syndromes, and may alter hypertonia in the chewing muscles in sufferers of bruxism. The test is easy to execute and is based on the finding of sensitive points on the auricle with a palpeur. Once the point has been found and marked with a felt-tip pen, contact should be made with it delicately, using a needle that is not overly thin. If the patient has an ongoing symptom, contact with the skin must be capable of altering the intensity and topographical distribution of the pain within 5-10 seconds. If the main point is found at the first attempt, the effect is rapid and noticeable even after 2-3 seconds, frequently accompanied by astonishment on the part of the patient and satisfaction on that of the doctor. It must be said that instant relief from pain has a marked psychological effect on the sick, who believe they have finally found the solution to their suffering. It is advisable to put one's hands up and explain that elimination of the pain does not mean recovery. If contact with the first point does not work, the practitioner must keep searching with the palpeur until a point which has a significant effect on the pain is found. Sometimes 3-4 attempts are necessary, or the first needle can be inserted while the search continues for other the active points in the immediate vicinity of the first one. Marcelli described 4 different types of response to the test depending on whether the point was strongly positive, positive, indifferent or negative. In my experience gained from hundreds of cases, there are essentially two types of response: positive and indifferent. Less frequently, the symptom is exacerbated. Nevertheless, it is striking to see how two points that are often very close together can make the symptom better or worse. As for the "strongly positive" and "positive" responses to the test, the difference may be appreciated immediately afterwards when trying for the complete elimination of the ongoing symptom. It is, however, difficult to know if this distinction will translate into a different therapeutic response in the hours and days which follow. The search for the active points is interesting when the somatotopic diagnosis limited to the organ or joint affected is not successful, and therapy does not give the expected results. Conducting an examination in accordance with TCM of other areas not connected to the syndrome with which the patient presents,

such as those of the mind and the viscera, often produces surprising results. The test can be used in the following ways:

1) for ongoing pain, which has already been discussed,
2) for pain manifesting when pressure is put on tender and trigger points,
3) for pain which is made worse by movement,
4) in reflex dermatalgia,
5) on sensitive areas of the scalp in headache cases.

The second eventuality is possible when the practitioner manages without an assistant to touch the auricular point with a needle and exert constant pressure on specific tendomuscular and periarticular points. It is interesting when soreness is induced, for example at the trigger point of the supraspinatus muscle or where the forearm extensor muscles are attached to the epicondyle, before or after contact with the needle on the shoulder or elbow point of the ear. If neutralizing the sensitivity of these points is not enough, it will be

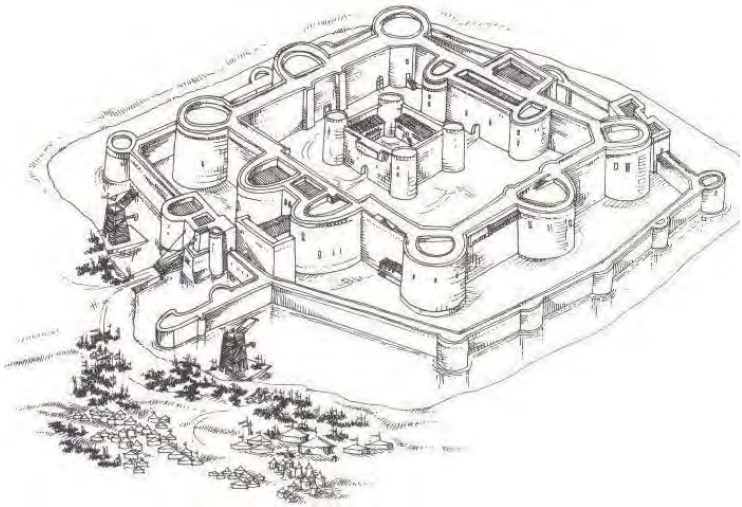

Fig. 42 The concentric castle suggests an analogy with the different levels in the neuroreflex regulation of nociception.

necessary to resort to point 3), that is the eliciting of pain during movement. It is possible for the shoulder point to ameliorate the elevation of the joint without altering its intrarotation and extrarotation movements. It will then be necessary to proceed with the therapy in stages, inserting one needle after another.

The final result must be a significant reduction in spontaneous pain and an improvement in the more limited movements. In reflex dermatalgia, the Active Points Test allows for intervention even in cases of visceral and mental dysfunction where there is no pain. Thoracic and abdominal areas of reflex dermatalgia are identified with Jarricot's "palper rouler" manoeuvre. It is worth marking the zone with a felt-tip pen and then continuing to search for the auricular point in what is believed to be the corresponding area. If the area is non-responsive, it is worth looking for the point which will eliminate the dermatalgia among the other sensitive points of the ear on the same side

of the body. For example, I have identified with this method dermatalgia and abdominal acupuncture points in the Shenmen area that respond again and again to the test. In relation to hyperalgesic zones of the scalp in migraines, the Active Points Test represents a variation of the method I have just described and was developed together with Dr. Gianni Allais from Turin. My colleague had for some time been aware of these zones, which are particularly extensive in chronic migraine cases and very painful when palpated manually or with a glass stick. The idea of neutralizing these hyperalgesic zones through the points test came to us while visiting migraine patients in the women's headache clinic at the Gynaecological Clinic III run by Professor Chiara Benedetto. The painful areas were marked with round coloured adhesive paper 1cm in diameter. Once the areas had been located, which in some patients were as many as 20-30, we went on to identify the auricular points sensitive to the 250g blue palpeur. The Active Points Test performed on points one at a time succeeded in neutralizing from at least 1 to a maximum of 6 areas on the same side of the head as the auricle that was stimulated."

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3.7 Mesotherapy

Mesotherapy is a technique of injecting medical cocktails, usually: *procaine*

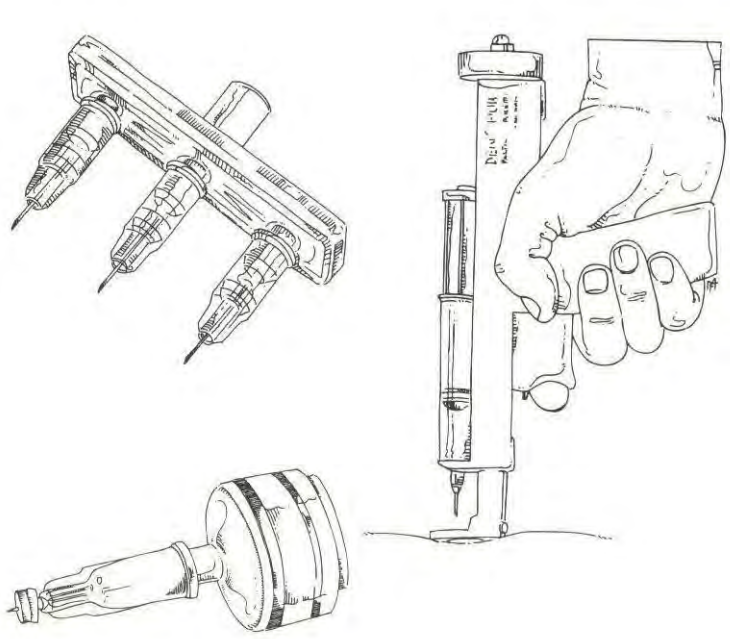

Fig. 43 Mesotherapy instruments: 3 needle linear multi-injector, shortened needle for nappage and Den' Hub mechanical pistol.

or *lidocaine + other* allopathic or homeopathic *drugs* diluted with a saline solution in the ratio of 1:10. Special instruments are used: short needles (0.30-0.40mm x 4-6-13), multi-injectors and automatic pistols (Fig. 43). The advantages of this therapy are that it combines the actions of puncture, bleeding, anaesthetic and other drugs, which reinforce each other and often give immediate and lasting results. Devised by Dr Michel Pistor in the 1950s, its practise has become more and more widespread in Europe and throughout the world. Mesotherapy consists essentially of *localised microinjections* and *nappage.* The former are administered intradermally or subcutaneously, in painful points or in points which are located on the orthogonal projection of the problem that requires treatment. The latter consists of tapping larger areas with a short needle, pressing simultaneously on the piston of the syringe to deliver the drugs.

Mesotherapy is an elective therapy for pathologies occurring locoregionally, whose indications range from the field of rheumatology to that of aesthetic medicine, particularly in the treatment of cellulite. Most mesotherapists administer microinjections not only in local points, but also in those which are further away from the seat of the pathology but related to it according to the concepts of reflexology [52] [53] and traditional Chinese acupuncture.

Mesopuncture, injections of allopathic drugs into acupuncture points, was advanced as a therapy at the beginning of the 1980s, but with very little following. The injection of homogenous homeopathic remedies into acupuncture points suggested by Ballesteros [23], is still supported today by Le Coz for the treatment of muscle pathology [54]. The injection of complex homeopathic remedies can only weaken the rationale of a methodology which already has more than one reliable mode of action. This is a personal opinion, and in medicine Paracelsus's aphorism is always true: "He who cures is right!"

Mesotherapists can make use of the Active Points Test, referring to the quick choice criterion on *local*, *paravertebral* and *spondyloid* points for direction. Those mesotherapists who are familiar with acupuncture points will be able to test the points they choose according to the reasoned choice criterion.

In this same paragraph from the first edition I suggested that mesotherapists should test points with an acupuncture needle, adding:

> "I want to emphasise […] that it is not at all rare to observe a symptom, which is only alleviated when an acupuncture point is tested with a needle, disappear completely while pinching the area where the point is located, since the surface area affected by the neurosensory stimulation of the "pinch" is much larger than that of the point itself and may therefore prove to be more active as a whole".

I was setting out in a nutshell the simplest version of the Test to date. Further suggestions on what action to take will be given later, in the section which deals with post-Test therapy. In conclusion, let us consider the opinion of Multedo, one of the most well-known French mesotherapists and my own teacher:

> "In our opinion this will provide assistance of an original nature and is an important step forward for everyday practice. It allows us to know if we should treat or not treat, if we should inject without hesitation or not inject a product that could be uselessly painful; hence the advantages are that it is effective and saves time. I therefore believe that Doctor Marcelli's method should be incorporated into our therapeutic practices in so far as we consider mesotherapy to constitute not just a simple form of local therapy but also a form of wet reflex therapy."

3.8 Neural therapy

Neural therapy [29] is a technique of German origin devised in 1925 by the brothers Ferdinand and Walter Huneke and practised a great deal in English-speaking countries. It is based on the injection of the local anaesthetic *procaine*, with or without caffeine, in the dermis or near the peripheral nerves and into ganglions. Its aim is the neutralisation of afference caused by the disorder, and its main indications are diseases of the musculoskeletal and neurovegetative systems. It includes intradermal and subcutaneous injections (papules), which go by the name of *segmental therapy* [xii], and deep injections which penetrate as far as the peritoneum or the suprarenal pole with the purpose of treating deep ganglions. It is also used for the neutralisation of so-called *interference fields*, the inflammatory "chronic foci" (pulpitis and dental granuloma, tonsillitis, appendicitis, salpingitis, etc.) and the cicatricial "foci" which are of either traumatic or surgical origin, considered responsible for the genesis and retention of various disorders. If a cause and effect relationship really exists between the suspicious "focus" and the distal pathology, such as chronic articular pain for example, the injection of procaine produces *Sekundenphänomen* [xiii], that is to say the disappearance of the symptom in a second. Another way of administering therapy is the rapid intravenous bolus, used primarily for the treatment of headaches.

[xii] Here *segment* is a synonym of dermatome.
[xiii] The second phenomenon.

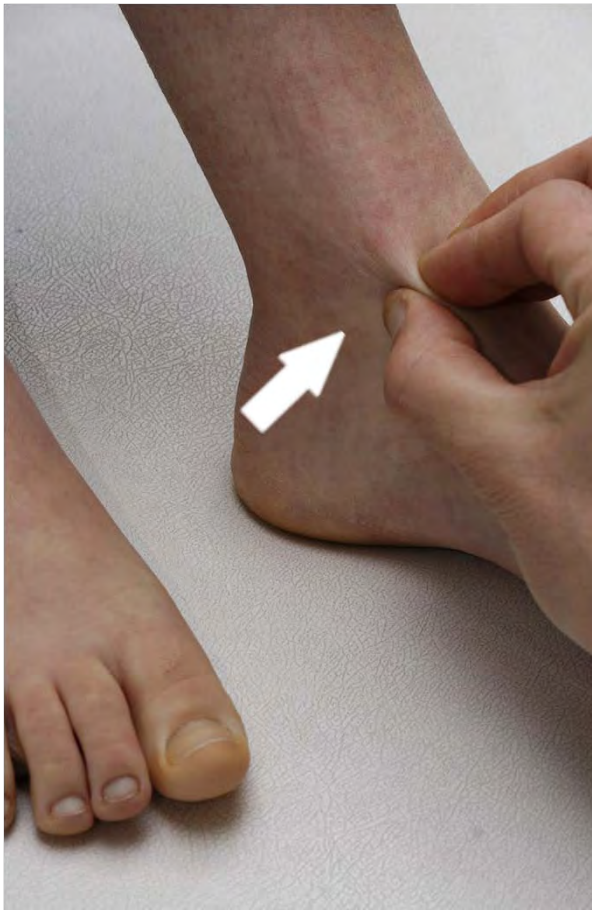

Fig. 44 The Active Points Test on point LR-4 Zhongfeng for dysphonia. This symptom is not traditionally among the specific indications for this point. The patient was invited to talk while the point was being pinched and then touched by the needle, and to report any changes in the symptom.

Neural therapy can make use of the Active Points Test in accordance with the rapid choice criterion. *Local*, *paravertebral* and *spondyloid* points may in this way become the favoured first site for injections of procaine. As will be seen from the section dealing with therapy, neural therapy is considered to be a remarkably effective medium for soothing the very few points which respond negatively to the Test.

3.9 Western manual therapies

Methodologies belonging to this group are manual treatments of western origin, ranging from physiotherapeutic massotherapy to Dicke's connective tissue massage, Rolfing and myofascial release therapy, from Maigne's vertebral manipulation to those of osteopathy and chiropractice. Here too the Active Points Test can be used to point to a diagnosis. As these methodologies have little to do with TCM, the rapid choice criterion is useful both for pain and for functional limitations to the locomotive apparatus, where it can help to decide which vertebral level to work on.

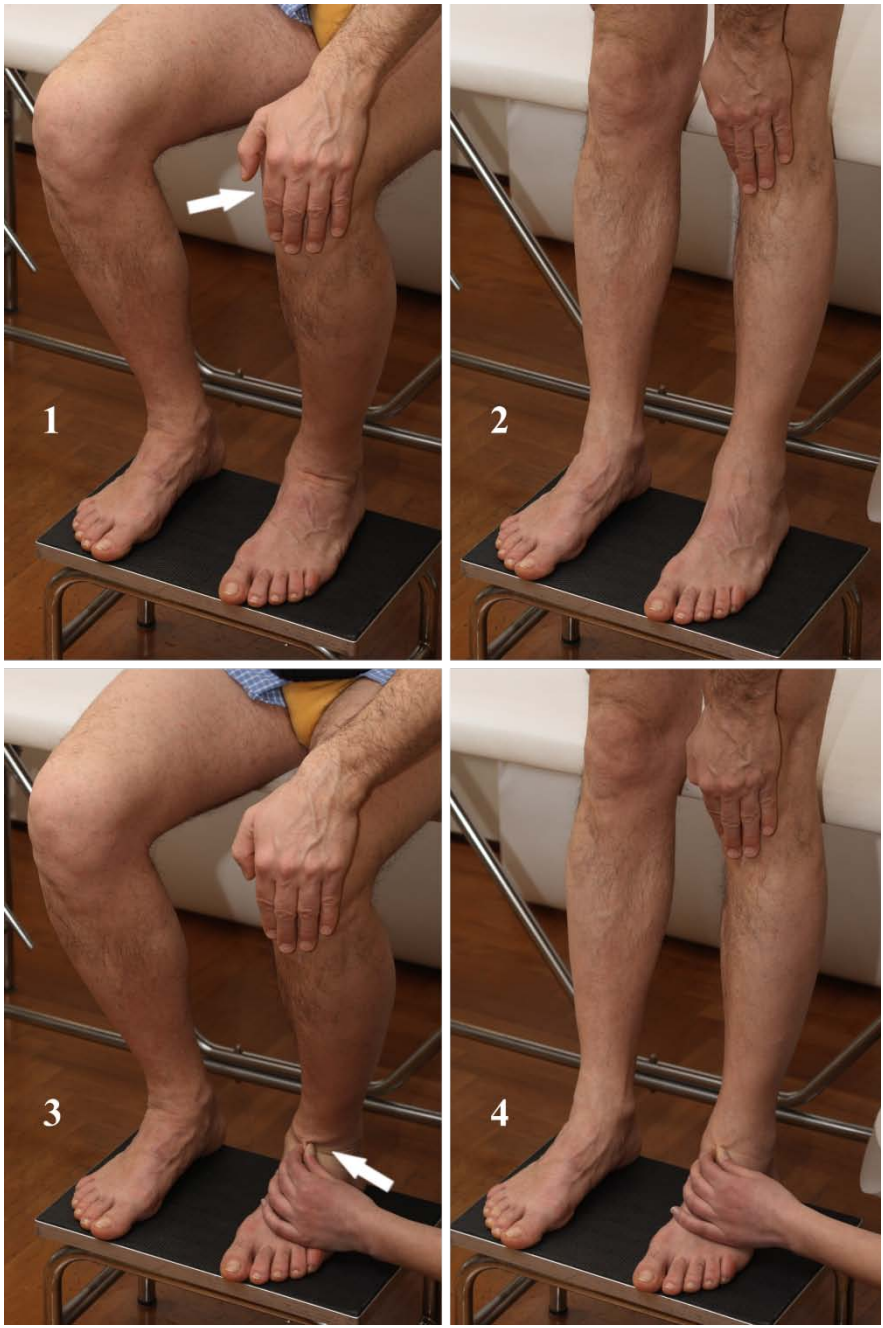

Fig. 45 Execution of the Test for "cracking" in the knee joint, already treated with injections of hyaluronic acid. The most painful point during palpation, which later proved to the most effective in eliminating the symptom, was ST-41 Jiexi, a fire point on the Stomach Channel. The hypomobility of the knee numbers among this point's secondary indications. 1. Resting the hand on the bent knee so as to feel the cracking. 2. Extending the leg. 3. Identifying the most painful point. 4. Eliminating the symptom. It is worth noting that the patient was suffering from gastritis, which is a main indication of point ST-41.

3.10 Medical history and blind acupuncture

Western medicine first of all, and then TCM, have taught me that, from conception to disintegration, our bodies complete the journey with their baggage full of predispositions: to health as regards some organs and to disease as regards others. Observing myself and patients over the course of the years, I have ascertained that these predispositions do not change easily, and that organs and systems preserve the same relationship of strength and weakness, even though it may lessen with age and the occurrence major events. The means common to both forms of medicine for investigating these predispositios is an interview with the patient to discuss any illnesses he or she may have suffered. In western medicine this is known as the *medical history* of past illness.

I have already explained how, beginning with the therapeutic activity of point ST-38 Tiaokou, making the link between past and present stomach problems in patients who benefited from puncture of that point was fundamental for devising the Test. For this reason I suggest considering the possibility that symptoms which the patient is suffering from today may constitute a different form of expression of a past illness that was apparently cured. The remarkable power of modern drugs to counteract all sorts of disorders must be taken into account, and the symptoms "subtracted" by drugs from the overall disease reduction should be added to the ongoing symptomatology. A patient who is taking proton pump inhibitors no longer suffers from a burning sensation in the stomach, but that suppressed "heat" could have moved to the shoulder. A patient taking diuretics has an "assisted spleen" but the damp suppressed, for example, by the lungs (through cardiac insufficiency) might have moved into the knees. Any homeopaths reading this would accuse me of stating the obvious.

The fact that the same organs and systems have a tendency to suffer from illness over time is also linked with spontaneous and surgical trauma. During the examination of patients' skin before inserting the needles, I have often found - and now it is the neural therapists' [29] turn to be happy – traumatic and surgical scars next to or in the vicinity of points and on channels that I was on the verge of choosing. Despite being very wary of the superstitious aspects of TMC and the blind faith of some followers and teachers, I came up with the idea that the *latent awareness of the active point* might be extended to the channels. The *latent awareness of the active channel* would make the "suffering" channel, and no other, predisposed to natural trauma. A channel might be overly full of blood, and so the patient might injure a finger, apparently "by accident". I have happened to cut my index finger (large intestine meridian) "inadvertently" many times after eating too much meat, and have seen the same thing happen to others. I have seen scars from cuts to the middle finger (Triple Energizer meridian) in women with dysmenorrhea or suffering from a difficult menopause, wounds to the

forehead and nose (lung linked areas) in children suffering from chronic heat diseases of the throat and the bronchial tube, and much more besides. From a scientific point of view, this is not the proper time and place for a fascinating discussion of hypotheses that are better suited to a conversation at a dinner party, but it might be worth looking again at traumatology in the light of the theory of Qi and the Channels. The type of pain in the channels creates a predisposition to various types of trauma: so, if an excess of blood predisposes towards or even "tries to find" a bleeding wound, a Qi deficiency in a particular channel could "invoke" a contusion or a fracture, and an invasion of Cold could cause a burn. I have called this phenomenon "blind acupuncture". The aim of these considerations is to persuade the reader to put to the Test points chosen on channels that have already been affected in the past by trauma, for which scars are visible.

I would like to reflect briefly on the medical history of illnesses which have thankfully been treated through surgery. The surgical removal of gall stones puts an end to colics, but does not solve the cause of the problem (cold, dryness, catarrh etc) which thickens bile and encourages salt precipitation. Unless there are critical changes in diet and behaviour, years later the patient's bile will have thickened again, and the surgical history will give an indication as to a reasonable series of points that should be tested. This may be taken to apply to the majority of surgical pathologies, with due consideration for the differences between individual cases.

3.11 Duration of the Test (how many points should be found active)

During the first evening presentation of the Active Points Test to colleagues of the ASSOCIAZIONE MEDICI AGOPUNTORI BOLOGNESI (oggi FONDAZIONE MATTEO RICCI), Dr. Giovanardi asked how many the active points, both positive and negative, needed to be found in order for an appropriate therapy to be carried out. I gave then an answer which is still true today.

A traditional acupuncturist, a chiropractor and a mesotherapist will all behave differently. While the first may use the Test to confirm whether the points chosen according to the eight rules, and pulse and tongue examination are really "active", for the others the Test may be a tool of prime importance for the diagnosis. If the Test has shown that a single point is enough to eliminate the patient's symptom, that point will be enough for the therapy. On the other hand, if it has indicated more points with weaker positivity which are each incapable of eliminating the disorder when punctured individually, it is likely that simultaneous puncture will strengthen the effect. Successive sessions will indicate whether other points should be tested or "treated" or whether the medical protocol should remain unaltered.

In general, the search for the active points will stop at 5 or 6 units. This will be enough, particularly if they are not only local points but also belong

to groups which are traditionally endowed with great therapeutic value, such as the *transporting-shu* points.

3.12 Acupoint formulas

There now follows an overview of the principle affections for which the Active Points Test is indicated, with the relevant acupoint *formulas.* I cannot repeat often enough that the Test must be executed at a time when the patient's symptom is present, and care should be taken to look for possible movements and positions that aggravate it. I personally take advantage of every opportunity when a symptom is ongoing to use the rapid choice criterion. It is always interesting for us as practitioners and for the patients to discover that we possess simple instruments for guiding therapy: SENSITIVITY.

For every symptom listed I have suggested a few of the *Local points* traditionally considered to be the most effective, and the main and extraordinary *Channels* where the distal points for the Test should be searched for using the palper rouler method. It is precisely at the distal points that the illness shows its character, determining often original combinations of "the active points" (Fig. 44). Let us be clear: there is no such thing as a "formula" which is effective every time. It should be remembered that points in the head area cannot be considered local points, and *if points on the feet treat the head, then points on the head treat the feet.*

The search for *distal* the active points is necessary when dealing with channels that are considered to be the cause of a given symptom, like the lung and kidney channels in cases of dyspnoea. Nevertheless, the indication does not exclude the possibility of finding positive points on other previously unsuspected energy paths.

RESPIRATORY SYSTEM, PHARYNX AND THROAT

Rhinitis e sinusitis

Local points: EX-1 Yintang (Fig. 24) , EX-3 Yuyao, EX Bitong, EX Neiyingxiang, EX Shangyingxiang, BL-1 Jingming, BL-2 Zanzhu, LI-20 Yingxiang.

Channels: Dumai, Chongmai, Lung and Large Intestine, Liver, Kidney, Pericardium.

Asthma, cough

Local points: CV-17 Shanzhong, LU-1 Zhongfu, LU-2 Yunmen, KI-26 Yuzhong, KI-27 Shufu.

Channels: Renmai, Chongmai, Lung, Large Intestine, Liver, Bladder and Gall Bladder.

Dysphonia and aphonia

Punti locali: ST-9 Renyin, ST-10 Shuitu, LI-17 Tianding. All "Window of the Sky" points.

Channels: Renmai, Chongmai, Lung, Large Intestine, Stomach, Spleen, Liver (Fig. 44).

Pharyngeal and tracheal pain, tonsillitis

Local points: ST-9 Renyin, ST-10 Shuitu, CV-17 Shanzhong, LU-1 Zhongfu, LU-2 Yunmen, EX-11 Zengyin, CV-20 Huagai, CV-21 Xuanji, CV-22 Tiantu.

Channels: Renmai, Yinweimai, Chongmai, Lung, Large Intestine, Kidney.

CHEWING AND DIGESTIVE SYSTEM

Toothache – top arch

Local points: ST-2 Sibai, ST-3 Juliao, ST-7 Xiaguan, SI-18 Quanliao, SI-19 Tinggong, TE-21 Ermen, GB-2 Tinghui, LI-19 Heliao, LI-20 Yingxiang, EX Neiyingxiang, EX Shangyingxiang, GV-26 Renzhong, GV-27 Duiduan, GV-28 Yinjiao.

Channels: Dumai, Chongmai, Yangweimai, Large Intestine, Stomach, Bladder.

Toothache – bottom arch

Local points: ST-4 Dicang, ST-5 Daying, ST-6 Jiache, CV-24 Chengjiang, CV-24 bis, EX-5 Jiachengjiang.

Channels: Renmai, Chongmai, Yinweimai, Stomach, Large Intestine.

Gastroduodenal pain and ulcer

Local points: CV-9 Shuifen, CV-12 Zhongwan, CV-13 Shangwan, CV-15 Jiuwei, KI-19 Yindu, KI-20 Tonggu, KI-20 Chengman, ST-21 Liangmen.

Channels: Renmai, Chongmai, Stomach, Large Intestine, Heart, Gall Bladder.

Appendicular pain and colitis

Local points: ST-25 Tiantu, ST-26 Wailing, ST-30 Qichong, ST-15 Daheng, KI-15 Zhongzhu, KI-16 Huangshu, CV-4 Guanyuan, CV-5 Shimen, CV-6 Qihai.

Channels: Chongmai, Daimai, Renmai, Large Intestine, Stomach, Small Intestine, Gall Bladder, Liver.

Hemorrhoids (pruritus, feeling of heaviness and pain caused by contracting the anal sphincter)

Local points: GV-1 Changqiang, BL-35 Huiyang, CV-6 Qihai.

Channels: Dumai, Chongmai, Renmai, Large Intestine, Stomach, Liver.

GENITO-URINARY SYSTEM

Kidney and urethral pain

Local points: BL-23 Shenshu, KI-16 Huangshu, LR-13 Zhangmen, GB-25 Jingmen.

Channels: Chongmai, Daimai, Yinweimai, Kidney, Bladder.

Bladder pain and cystitis

Local points: CV-2 Qugu, CV-3 Zhongji, CV-4 Guanyuan, CV-6 Qihai, KI-11 Henggu, CV-12 Dahe, ST-29 Guilai, ST-30 Chongmai.

Channels: Chongmai, Renmai, Daimai, Bladder, Kidney, Spleen.

Pelvic pain and adnexitis

Local points: CV-2 Qugu, CV-3 Zhongji, CV-4 Guanyuan, CV-6 Qihai, KI-11 Henggu, CV-12 Dahe, ST-29 Guilai, ST-30 Chongmai, LR-10 Wuli, LR-11 Yinlian, LR-12 Jimai.

Channels: Chongmai, Renmai, Kidney, Liver, Pericardium.

CARDIOCIRCULATORY SYSTEM

Alterations in cardiac rhythmn, chest pain, palpitation and angina pectoris

Local points: CV-17 Shanzhong, KI-22 Bulang, KI-23 Shenfeng, KI-24 Lingxu, HE-1 Jiquan, PC-1 Tianchi, SP-21 Dabao, ST-18 Rugen, ST-19 Burong.

Channels: Renmai, Yinweimai, Chongmai, Heart, Small Intestine, Stomach, Pericardium, Spleen.

Superficial phlebitis and thrombophlebitis

Local points: Search for the active points through careful pinching of painful areas, also through the use of a pointscope, near to the adventitia of the vessel concerned as well as: SP-6 Sanyinjiao, SP-9 Yinlingquan, BL-40 Weizhong, LR-7 Xiguan, LR-8 Ququan, ST-30 Chongmai, LR-10 Wuli, LR-11 Yinlian, LR-12 Jimai.

Channels: Chongmai, Yinqiaomai, Yinweimai, Kidney, Liver, Spleen, Bladder.

Hypotension, circulatory asthenia

Local points: LU-9 Taiyuan, KI-3 Taixi, PC-6 Neiguan.

Channels: Chongmai, Dumai, Yangweimai, Stomach, Pericardium.

LOCOMOTIVE SYSTEM

Ample space is dedicated to the locomotive system because of the excellent results achieved with it using the Active Points Test.

Myalgia

Local points: With a pointscope, search for points near the painful muscular region as well as points located on the proximal and distal insertions.

Channels: TMM, Stomach, Bladder.

Acute and chronic stiff neck

Local points: GV-14 Dazhui, GV-15 Yamen, GV-16 Fengfu, BL-10 Tianzhu, BL-11 Dazhu, GB-20 Fengchi, CV-24 Chengjiang, EX-17 Dingchuan, EX-18 Wuming, EX-26 Luozhen, EX Hinshi, EX Bailao.

Channels: Dumai, Renmai, Large Intestine, Small Intestine, Bladder, Triple Heater, Yangqiaomai.

Cervical and cervicobrachial pain

Local points: GV-14 Dazhui, GV-15 Yamen, GV-16 Fengfu, BL-10 Tianzhu, BL-11 Dazhu, GB-20 Fengchi, GB-21 Jianjing, TE-15 Tianliao, SI-14 Jianwaishu, SI-15 Jianzhongshu, EX-17 Dingchuan, EX-18 Wuming, EX Xinshi, EX Bailao.

Channels: Dumai, Yangqiaomai, Bladder, Large Intestine, Small Intestine, Triple Heater, Gall Bladder.

Shoulder pain

Local points: The same points as those used for cervical pain as well as LU-1 Zhongfu, LU-2 Yumen, EX Xiaokuai, EX-22 Jianzhong, LI-13 Wuli, LI-14 Binao, LI-15 Jianyu, LI-16 Jugu, SI-9 Jianzhen, SI-10 Naoshu, SI-11 Tianzong, TE-13 Naohui, TE-14 Jianliao.

Channels: Yangqiaomai, Yangweimai, Stomach (ST-38 Tiaokou), Small Intestine, Large Intestine, Triple Heater, Gall Bladder.

Tennis elbow and golfer's elbow

Local points: LI-7 Wenliu, LI-8 Xialian, LI-9 Shanglian, LI-10 Shousanli, LI-11 Quchi, LI-12 Zhouliao, LI-13 Wuli, LU-5 Chize, SI-6 Yanglao, SI-7 Zhizheng, SI-8 Xiaohai, TE-10 Tianjing, TE-11 Qinglengyuan, HE-3 Shaohai, PC-3 Quze.

Channels: Yangweimai, Yinweimai, Large Intestine, Small Intestine, Triple Heater, Gall Bladder.

Dorsalgia

Local points: The transporting-shu Bladder points as well as GV-3 Yaoyangguan, GV-4 Mingmen, GV-5 Xuanshu, GV-6 Jizhong, GV-7 Zhongshu, GV-8 Jinsuo, GV-9 Zhiyang, GV-10 Lingtai, GV-11 Shendao, GV-12 Shenzhu, GV-13 Taodao, EX-18 Wuming, EX-21 Huatuojiaji.

Channels: Dumai, Yangqiaomai, Yinqiaomai, Bladder, Kidney, Stomach,

Triple Heater.

Lumbosciatalgia, discal hernia pain, sacralgia

Local points: The lumbar and sacral transporting-shu Bladder points as well as GV-3 Yaoyangguan, GV-4 Mingmen, GV-5 Xuanshu, GV-6 Jizhong, EX-21 Huatuojiaji, EX-20 Yaoqi, BL-31 Shangliao, BL-32 Ciliao, BL-33 Zhongliao, BL-34 Xialiao, BL-35 Huiyang, BL-36 V Chengfu.

Channels: Dumai, Yangqiaomai, Yinqiaomai, Bladder, Kidney, Stomach, Triple Heater.

Coccygodynia

Local points: EX-21 Huatuojiaji, EX-20 Yaoqi, BL-31 Shangliao, BL-32 Ciliao, BL-33 Zhongliao, BL-34 Xialiao, BL-35 Huiyang, BL-36 Chengfu.

Channel: Dumai, Yangqiaomai, Yinqiaomai, Bladder, Kidney, Stomach, Triple H.

Coxalgia

Local points: The same points as for lumbalgia as well as GB-27 Wushu, GV-28 Weidao, GB-29 Juliao, GB-30 Huantiao, GB-31 Fengshi, ST-30 Chongmai, LR-10 Wuli, LR-11 Yinlian, LR-12 Jimai, SP-11 Jimen, SP-12 Chongmen.

Channels: Dumai, Yangqiaomai, Gall Bladder, Bladder, Stomach, Kidney.

Gonalgia

Local points: ST-32 Futu, ST-33 Yinshi, ST-34 Liangqiu, ST-35 Dubi, ST-36 Zusanli, ST-36 bis, ST-36 ter, SP-9 Yinlingquan, SP-10 Xuehai, GB-33 Xiyangguan, GB-34 Yanglingquan, LR-7 Xiguan, LR-8 Ququan, BL-38 Fuxi, BL-39 Weiyang, BL-40 Weizhong, KI-10 Yingu, KI-10 bis.

Channels: Dumai, Yangqiaomai, Yinqiaomai, Stomach, Gall Bladder, Kidney, Liver, Spleen.

Tibiotarsal strain and painful foot conditions

Local points: SP-3 Taibai, SP-4 Gongsun, SP-5 Shangqiu, BL-60 Kunlun, BL-61 Pushen, BL-62 Shenmai, BL-63 Jimen, KI-3 Taixi, KI-4 Dazhong, KI-5 Shuiquan, KI-6 Zhaohai, GB-4 Qiuxu, GB-41 Linqi, LR-4 Zhongfeng.

Channels: Yangqiaomai, Yinqiaomai, Dumai, Gall Bladder, Bladder, Kidney, Liver, Spleen.

Achilles tendinitis

Local points: BL-60 Kunlun, BL-62 Shenmai (Fig. 46) , KI-4 Dazhong, EX

Genping, EX Quanshengzu, EX Nuxi.
Channels: Yangqiaomai, Yinqiaomai, Dumai, Gall Bladder, Bladder, Kidney, Liver, Spleen.

NERVOUS SYSTEM

Headache
Local points: EX-1 Yintang, EX-2 Taiyang, EX-3 Yuyao, EX Erzhong, EX Bitong, EX Neiyingxiang, EX Shangyingxiang, BL-1 Jingming, BL-2 Zanzhu, BL-3 Meichong, BL-4 Quchai, LI-20 Yingxiang, GV-14 Dazhui, VG-15 Yamen, GV-16 Fengfu, BL-10 Tianzhu, BL-1 Dazhu, GB-20 Fengchi, GB-21 Jianjing, TE-15 Tianliao, GV-20 Baihui.
Channels: Chongmai, Dumai, Renmai, Stomach, Liver, Bladder, Gall Bladder, Yinweimai, Yangweimai.

Migraine
Local points: On the Gall Bladder Channel, search for points which are painful on their own and during palpation as well as 1 EX-1 Yingdang, EX-2 Taiyang, EX-3 Yuyao, EX Bitong, EX Neiyingxiang, EX Shangyingxiang, BL-1 Jingming, BL-2 Zanzhu, BL-10 Tianzhu, BL-11 Dazhu, LI-20 Yingxiang, GV-14 Dazhui, GV-15 Yamen, GV-16 Fengfu, GB-20 Fengchi, GB-21 Jianjing, TE-15 Tianliao, GV-20 Baihui.
Channels: Chongmai, Dumai, Renmai, Stomach, Liver, Bladder, Gall Bladder, Yinweimai, Yangweimai.

Pain in the central and peripheral nervous systems, neuritis
Local points: Use a pointscope to look for the active points that are closest to the seat of the disorder. For neuralgia and neuritis of the head use the same schema as for headache and toothache, for other areas follow the schema for musculoskeletal disorders.
Channels: TMM, Renmai, Dumai, Bladder, Stomach.

Nervous twitching, shaking and tremors
Local points: Use a pointscope to look for the active points that are closest to the seat of the disorder. For twitching muscles in the head use the same schema as for headache and toothache.
Channels: Renmai, Dumai, Spleen, Lung, Gall Bladder, Liver.

Anxiety and depression, nervous asthenia
Local points: It is not accurate to talk of local points for these disorders, nevertheless use GV-20 Baihui, EX-1Yingdang, EX-2 Taiyang, KI-3 Taixi, LU-9 Taiyuan, PC-6 Neiguan.
Channels: Chongmai, Renmai, Dumai, Stomach, Pericardium, Kidney.

CUTANEOUS SYSTEM

Pruritus

Local points: For localized pruritus use a pointscope to look for the active points in the area affected. Also test GV-20 Baihui, BL-40 Weizhong.

Channels: Chongmai, Daimai, Bladder, Gall Bladder, Stomach, Pericardium, Kidney, Triple Heater.

Localized inflammations

Local points: Use a pointscope to look for the active points in the area affected.

Channels: Renmai, Chongmai, Lung, Stomach, Kidney.

EARS AND EYES

Acute and chronic otalgia

Local points: SI-17 Tianrong, SI-19 Tinggong, TE-16 Tianyou, TE-17 Yifeng, TE-20 Jiaosun, TE-21 Ermen, GB-2 Tinghui.

Channels: Chongmai, Kidney, Small Intestine, Pericardium.

Tinnitus, vertigo and presbycusis

Local points: SI-17 Tianrong, SI-19 Tinggong, TE-16 Tianyou, TR-17 Yifeng, TE-20 Jiaosun, TE-21 Ermen, GB-2 Tinghui.

Channels: Chongmai, Kidney, Small Intestine, Lung, Pericardium, Gall Bladder, Triple Heater.

Migraine and ophthalmic headaches

Local points: GB-1 Tongziliao, EX-1 Yingdang, EX-2 Taiyang, EX-3 Yuyao, EX Bitong, EX Neiyingxiang, EX Shangyingxiang, BL-1 Jingming, BL-2 Zanzhu, ST-2 Sibai, ST-3 Juliao, BL-3 Meichong, BL-4 Quchai, LI-20 Yingxiang, GV-14 Dazhui, GV-15 Yamen, GV-16 Fengfu, BL-10 Tianzhu, BL-11 Dazhu, GB-20 Fengchi, GB-21 Jianjing, TE-15 Tianliao, GV-20 Baihui, EX-7 Yimen.

Channels: Dumai, Liver, Yinweimai, Yinqiaomai, Gall Bladder.

Blepharitis and blepharospasm, myopia, presbyopia

Local points: GB-1 Tongziliao, EX-1 Yingdang, EX-2 Taiyang, EX-3 Yuyao, EX Bitong, EX Neiyingxiang, EX Shangyingxiang, BL-1 Jingming, BL-2 Zanzhu, ST-2 Sibai, ST-3 Juliao, BL-3 Meichong, BL-4 Quchai, LI-20 Yingxiang, GV-14 Dazhui, GV-15 Yamen, GV-16 Fengfu, BL-10 Tianzhu, BL-11 Dazhu, GB-20 Fengchi, GB-21 Jianjing, TE-15 Tianliao, GV-20 Baihui, EX-7 Yimen.

Channels: Liver, Gall Bladder, Kidney, Chongmai, Renmai.

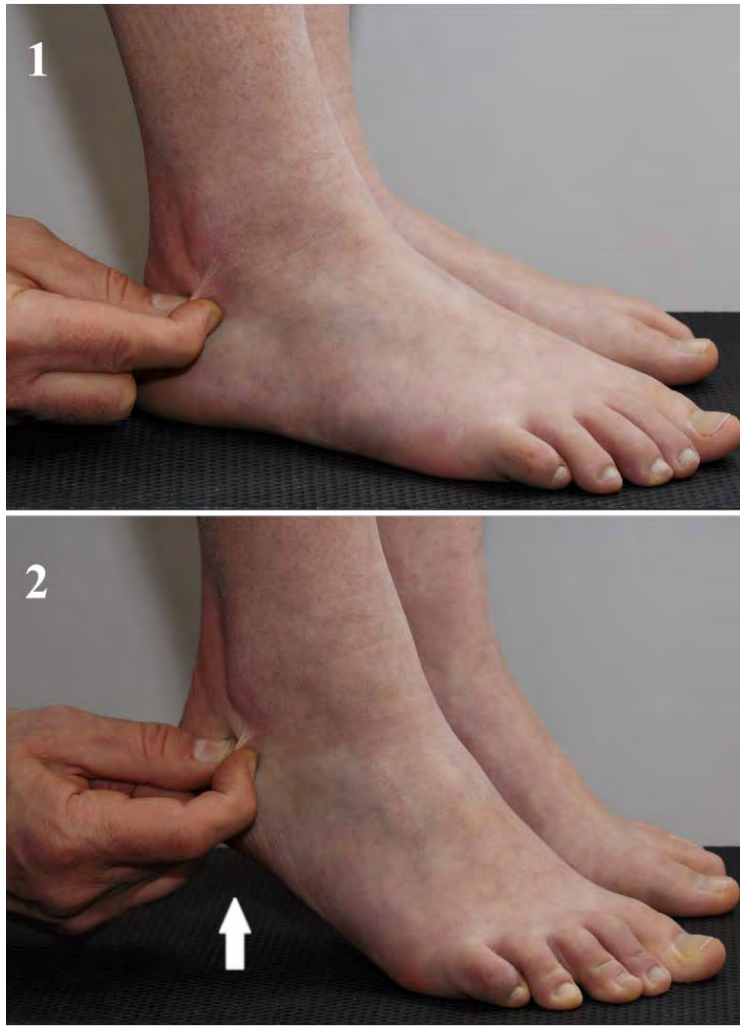

Fig. 46 The Active Points Test in accordance with the reasoned choice criterion for Achilles tendinitis pain on point BL-62 Shenmai, *opening point* on the Yangqiaomai channel. The patient is invited to push on to the balls of the feet to highlight the symptom (same case as Fig. 26, pag. 51).

CHAPTER IV – EXPLANATION

4.1 Neurophysiological interpretation of the Test

The Active Points Test can be interpreted in the light of the "Gate control system theory", which Melzack and Wall conceived in the 1960s to explain the antalgic effect of the electrical stimulation of the cutis. If it were ever necessary, the Test constitutes clinical confirmation of this theory and in some

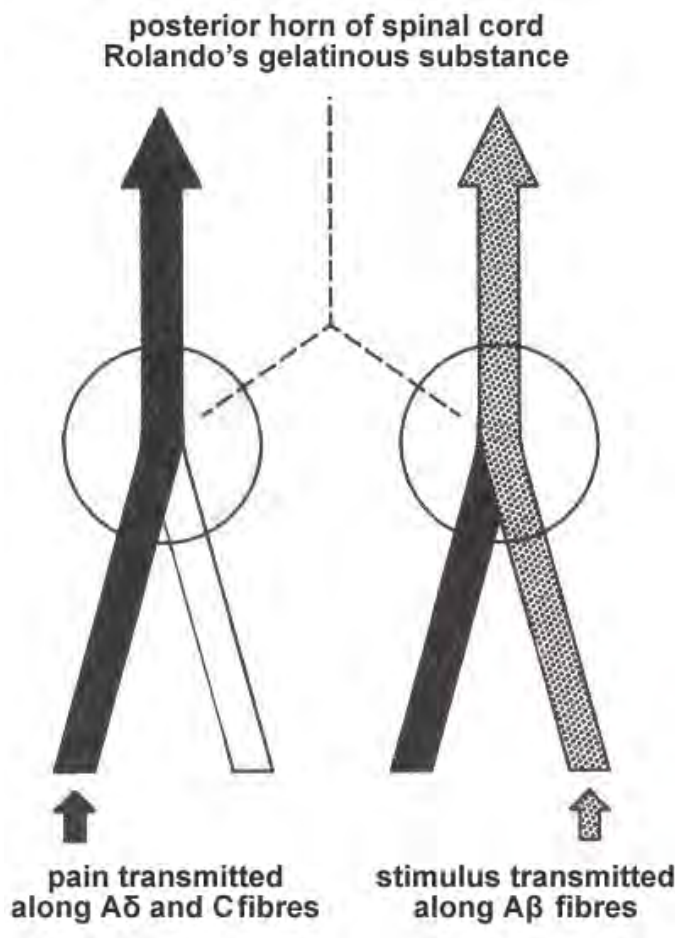

Fig. 47 Melzack and Wall's Gate control system theory.

ways its completion, even though it raises new questions in the relationship between acupoints from the Chinese tradition on the one hand, and modern anatomy and neurophysiology on the other.

According to the theory's authors, the nociceptive stimuli that travel through the pain sensitive pathways along the small-diameter Aδ and C afferent fibres can be inhibited by other stimuli of various kinds (electrical, mechanical, chemical), which are transmitted along the large-diameter Aβ fibres (Table 4, pag. 16). These two groups of fibres form synapses with the central neurons, sending collaterals to the gelatinous substance of the posterior horn of the spinal chord (Fig. 47). The current which runs through the large-calibre fibres transmitting therapeutic stimuli has an essentially inhibitory effect on this nervous structure. The "gate" would therefore be closed to the painful afferents transmitted via the other fibres, due to mutually exclusive competition. The "gate" can only be concerned with one kind of transmission at a time: nociceptive or tactile (mechanoreceptive-nociceptive).

To quote Hippocrates: [35]: *"Of two pains occurring together, not inthe same part of the body, the stronger weakens the other."* Originating in the peripheral receptors, the nociceptive signals will travel to the sensory cortex and thus make the individual aware that the body is under a potentially damaging attack. Pinching and superficial puncturing of the skin performed as part of the Test cause pain which, although temporary, is recognised by the sensory cortex as being "more violent" than any other pain resulting from a medical condition, and so the latter is eclipsed by the former. The Test generates pain sensations similar to those of an animal or plant sting, which trigger strong defence mechanisms because the associative brain, shaped by ancestral experience, immediately identifies them as related to *poisoning, violent immune reaction, lacerations to organs* and consequently to *death.* These sensations instinctively cancel out any other ongoing sensation in order to prepare all systems for the prevention of any organic damage that might threaten survival.

The sensory pathways responsible for transmitting tactile and proprioceptive information stretch through the spinal chord along the lemniscus system. Those responsible for thermal and nociceptive signals travel along the spinothalmic tract. For stimuli applied to the head region, the pathway begins at the level of the medulla oblongata, the pons or the mid-brain where the sensory nuclei of the cranial nerves are situated. Since the Active Points Test may be effective with just one pinch, as we have already seen, and since stimulation of both the mechanoreceptors and the nociceptors is also inevitable with needle puncture, the impulse will be transmitted via either somesthetic method.

From neurophysiology we know that the lemniscus system inhibits the spinothalmic tract on more than one level: from the spinal chord to the thalamus and the sensory cortex. The Active Points Test quickly identifies which spinal or cranial segment is more suitable for inhibiting transmission of the symptom. If the active points are put to the Test, a galaxy of stimuli capable of opposing the patients disorder on more than one level will be

created.

To complete the neurophysiological interpretation, it should be remembered that there is also a synaptic link and a convergence in the somatosensory and viscerosensory conduction pathways. This explains the effect of the Test on symptoms which are not exactly somatic, even though the points being punctured are somesthetic. If the full extent of the sensory pathways is analysed, it can be deduced that there are various ways of interfering with the

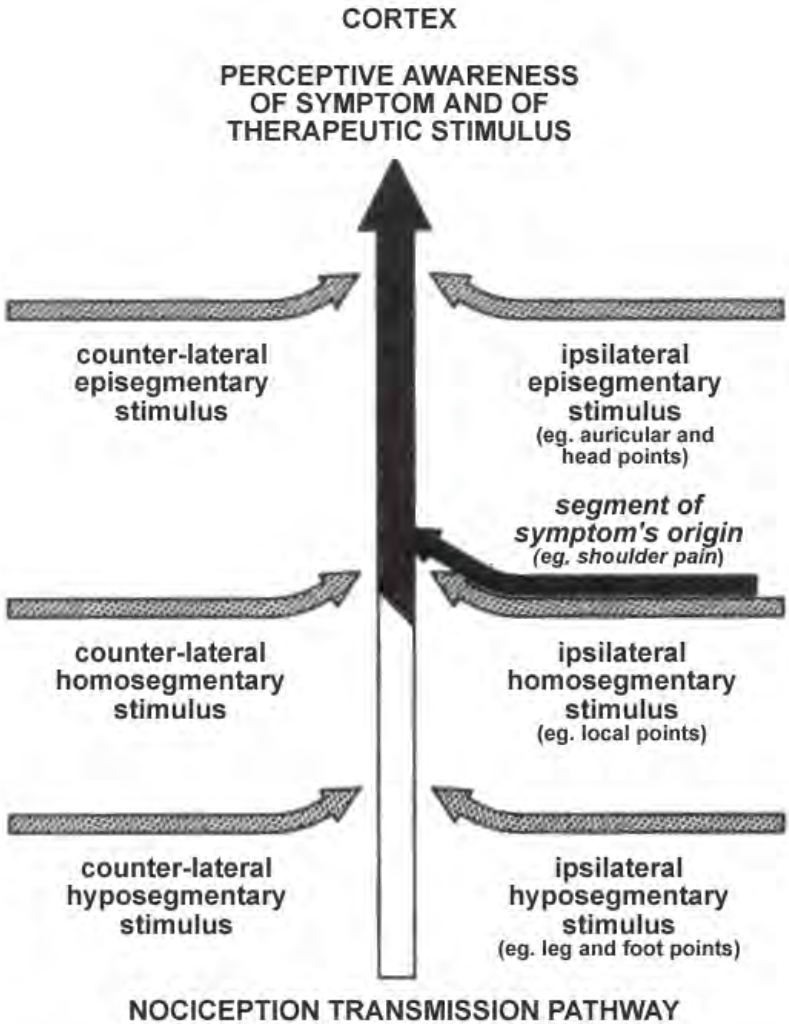

Fig. 48 Segmental fields (dermatomes) and side on which to choose points and therapy zones after The Active Points Test.

transmission of the symptom, since each afferent fibre converges and connects with other pathways, ascending and descending, at least at the three levels

already mentioned: *spinal chord, thalamus and sensory cortex*. The problem is which segment should be chosen in order to counter the symptom, as there is nothing to show that the conduction pathways which are most effective therapeutically originate in the same segment which the symptom in question belongs to.

The Active Points Test is useful for the diagnosis itself because (Fig. 48) it allows the practitioner to decide if the optimal level for stimulation is to be found:

- *above the segment where the symptom originated* (episegmentary);
- *at the same level* (homosegmentary);
- *at a lower level* (hyposegmentary).

Furthermore, it helps to decide whether the most effective side for treatment is:

- *the same side as the symptom* (ipsilateral)
- *the opposite side* (counter-lateral).

It is now time to interpret the point activity results (Fig. 49).

It is easy to explain the existence of local negative points (-), exploration of which causes a worsening of the symptom since, in the presence of a given locoregional symptom such as neck pain or toothache, the sensory fibres of the segment where the diseased zone is situated have a consistently high discharge frequency (from the ordinary receptors, due to the presence of specific inflammatory substances, etc.). Saturation may not be the most suitable term, however the physiological solutions in which those fibres and receptors are immersed contain without doubt an elevated quantity of pain-generating molecules and mediators. All other stimuli (mechanical, thermal, etc) will be transformed into painful stimuli, intensifying awareness of the symptom. The famous pain threshold is much lower at this point, and explains why some of the points tested will prove to be *negative*.

It is more difficult to explain the presence of *negative* points (-) on distal segments and of positive points (+ and + +), both on the same segment and on distal segments. It may be assumed, however, that some segments, together with their relative sensory conduction pathways, have, in a manner of speaking, been "forgotten", and send few signals to the thalamus and the cortex. Consequently, they are able to compete more easily with the transmission originating in the diseased area and can alter the perception of the symptom. In any case, as stated by Ceccherelli (pag. 125):

> "We should not forget that the therapeutic effect of acupuncture has long been proven to be largely due to the stimulation of nociceptive mechanoreceptors whose central afference is mediated by Aδ fibres. These nociceptors have a high threshold and slow or no adaptability; this means that the receptor discharges when energy that is potentially damaging to the body begins to be

applied, and stops discharging only when the tissue is destroyed. In the Active Points Test, external stimulation using the tip of a needle, perceived by the patient as a soft prick followed by a slight pain, constitutes nociceptive stimulation of these kinds of receptors. So it is perfectly understandable for the symptom to show a brief and fleeting subjective variation in intensity."

4.2 The Qi interpretation

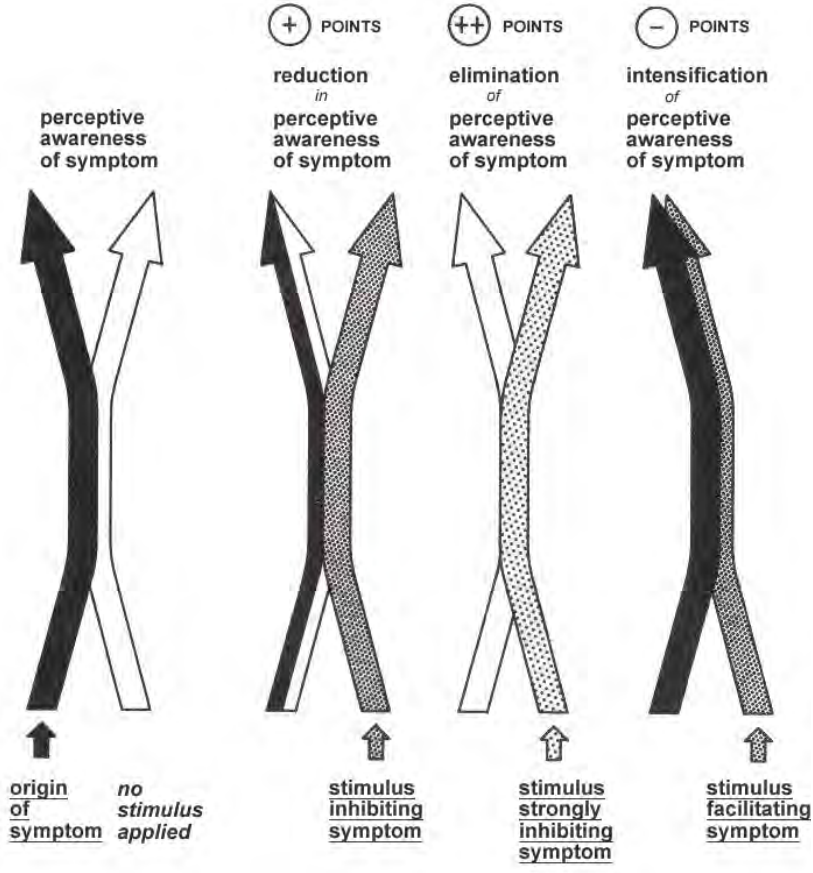

Fig. 49 Neurophysiology of the Active Points Test.

The Active Points Test may also be explained according to the principles of Traditional Chinese Medicine, which envisages the channels as being in a state of *fullness* or *emptiness*. The pinching and superficial puncturing with a needle of the point being explored causes defensive *weiqi* energy to enter the channel. Depending on the quantity of *weiqi*, this will result in an attempt to fill or in the complete replenishment of an *empty* channel. This is the reason why points situated on *empty* channels will give *positive* results. Vice versa, if defensive *weiqi* energy enters a full channel, it will become overly full and

so the points belonging to it will give *negative* results. Superficial puncturing of channels in a state of equilibrium, which may dilate or contract, will cause the points situated on them to give *indifferent* results.

I do not believe it is coincidence that ancient Chinese doctors categorised some points as *accumulation* points [xiv] and others as *hours* points, since they would have observed in them sudden, random or cyclical "volumetric" manifestations of *qi* flow. The patient's involvement in being asked to observe and judge the value of our manoeuvres falls within the sphere of *Shen* which, according to tradition, presides over all forms of consciousness of time and space. It is during the course of the Test between *symptom → needle puncture→ alteration of symptom* that the *Shen* of the *latent awareness of the active point* will show itself.

I will conclude by quoting the authoritative opinion of Maciocia who, when asked specifically about stimulation resulting from the Test, replied:

> it plainly acts on the secondary "luo" channels, which are nearer to the surface of the skin than the main channels. It is therefore likely that a point will be found to be "positive" when the "luo" channel is full, and "negative" when the "luo" channel is empty (while the main channel is full)".

4.3 Placebo e nocebo effects

It is useful at this point to mention two factors which can influence the results of the Test. The *placebo* and *nocebo* effects are the two faces of the power of suggestion, and consist of the subjective experience of a good" or "evil" result. This happens during any medical process, whether it is diagnostic or therapeutic.

All of us are susceptible, in varying measure, to the power of suggestion, which brings with it the conviction that whatever has been predicted (even via non verbal signals) will happen, and causes us to behave in such a way that the prediction will be born out. For example, if we are told that a certain drug is effective in treating the ulcer from which we are suffering, and the person who tells us is someone we consider to be authoritative, competent and "positive", the probability of being our cured will increase in proportion to our suggestibility, even though the pill being administered actually contains "nothing". In reality, this "nothing" does in fact pass on some information, particularly about the "positivity" of the person who made the suggestion and the faith we have in that person, and that is no small thing! In medicine, the components of a particular therapy which are neither pharmacological nor neurological are known as the *placebo* effect. The *nocebo* effect is the exact opposite and consists in the appearance of unpleasant and "negative" symptoms (again, neither pharmacological nor

[xiv] The Xi-Cleft points.

neurological) following on from therapy which someone has convinced us will cause sickness.

I do not deny that suggestive factors may play a role during the execution of the Active Points Test, and that the patient might be encouraged to identify the points being explored as positive rather than negative or indifferent. I know of no experiments that have studied a combination of the two opposite types of reaction to suggestion, but I suspect that, given that we are asking the patient a two-fold or three-fold question (with regard to positive, negative and indifferent points), there is much less chance that his or her answers will be influenced by suggestion. I also believe that the Active Points Test may increase the *placebo* effect of therapy, since the fact that we are able to counter the patient's symptoms during the diagnosis itself, through the discovery of positive points, strengthens his or her faith in our diagnostic and therapeutic abilities.

Milani argued [55] that in the field of acupuncture research, because of its many different spheres of action (chemical, physical, psychological…), it is not possible to talk of *placebo points*, even when they are selected in areas which are far from the paths indicated on ancient and modern acupuncture maps. That notwithstanding, attempts to create a technically valid "*sham acupuncture*" still continue. The most recent authors to do this were Streiteberger and Kleinhenz [56], who introduced into acupuncture research a device that acts as a needle without causing the sensation of the skin being punctured.

4.4 Psychological implications

Giovanardi (pag. 125) states:

> "What impressed me the most about Dr Marcelli's therapeutic, diagnostic method is the cooperative relationship that is formed between doctor and patient. Asking the patient during the search for "positive" points if there is a change in the symptom, makes him a part of the process and effectiveness of acupuncture."

Times have changed and the doctor-patient relationship is becoming ever more equal, with the aim of restoring lost balance. Such balance is greatly sought after by those who practise reflex therapy, especially of a traditional nature, and must be interpreted as belonging not only to the patient, but also to the doctor and society as a whole. Psychoanalysis teaches that unconscious, selfish urges may lie hidden behind every action. In the case of a doctor, behind a façade of willingness to help a sick person he may be hiding *aspirations to dominance over others*, in order to use the patient as a faceless statistic in any one of a thousand *businesses* in the healthcare

market.

Doctors must go back to preventing rather than treating. I do not consider it to be a coincidence that my little invention, a rough copy of which had already been traced out by some ancient or modern-day enthusiast of Traditional Chinese Medicine, has been completed by a doctor with as much "biological" training as "psychological", and who has chosen the *Natura Medicatrix* as his chief advisor, in harmony with the recent advancements of the last century and millennium.

Rogora, one of the first of my colleagues to whom I had passed on my observations and whose opinion I had sought, told me that my idea reminded him of the method used by the master Quaglia Senta [48], whose final lessons he had been lucky enough to attend. The master's practice was to manipulate the needles he had stuck into those points considered as "active" and to immediately ask the patient to tell him how he was feeling, after which he extracted those needles that were causing discomfort and left only those which eased the symptom. So, when the patient is asked to concentrate on the sensations caused by the diagnostic movements carried out on his body in order to identify the "active" points, we are in fact increasing his awareness of the energy – it matters little whether we call it *neural current* or *Qi* -, however subtle, which we mean to guide towards giving him back his health. And there is great value in the fact that it is the patient who directs us onto the right path.

CHAPTER V – THERAPY

5.1 Therapy following the Test

Although the procedure for performing the Active Points Test remains the same for all forms of therapy, I would like to offer [to the reader] some suggestions for making the best possible use of its results. Since *negative* points (which make the symptom worse) are rare and *indifferent* points are inactive, I will concentrate principally on the *positive* points (which weaken or neutralize the symptom). Any practitioner may decide in any case to treat the negative and indifferent points as well if they fall within the sphere of those which are considered effective according to the doctrine on which their particular therapy is based. It is worth considering the example of point ST-36 Zusanli, which may be indifferent when tested in relation to gastric pain, but which a traditional acupuncturist may still consider useful for "strengthening" the Yang or [the] Earth of a patient with the characteristic signs of cold and catarrh [plegm]

Acupuncture and the cross-shaped pattern

Ignoring the distinction between reflexologists and traditionalists, whoever is competent in the use of needles and has legal permission to practice this therapy will be able to make use of a cross-shaped pattern based on the model inspired by the Sishencong Extra points and modified by me (Fig. 50) . In the area[s] corresponding to the points which showed positive results in the Test, a needle is inserted into the *Centre* in as vertical a position as possible and another four needles are placed at *North*, *South*, *East* and *West* respectively [xv]facing obliquely towards the *Centre*. The ends of the five needles should be close to one other but should not make contact. The distance between the external points and the central point will vary from a few millimetres where the cutaneous tissue is thin (e.g. on the face and hands), to one

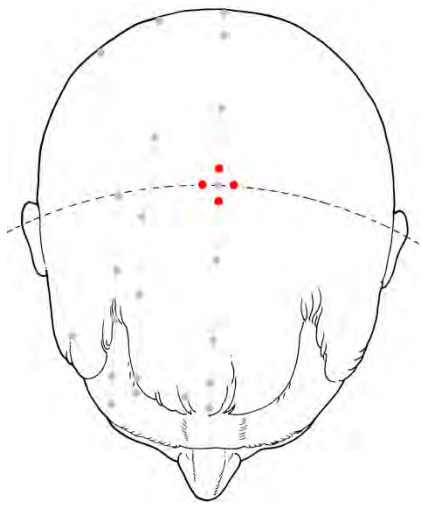

Fig. 50 Sishencong (Four Intelligence). Extra points in the form of a cross around GV-20 Baihui.

[xv] Respectively above, below, to the right and to the left of the central point and the practitioner.

or two centimetres where it is thicker (e.g. on the shoulders and gluteal muscles). The needles must stay in position for between fifteen minutes to half an hour, and be rotated clockwise and anti-clockwise every four to five minutes. The manipulation will end when *deqi* is achieved and the outcome of the Test is maintained (Fig. 51). The most important thing during the consultation is to try and follow the lead of the patient, who – as a *sensitive cybernetic organism* – will know if and how his symptom changes. I get my bearings by asking him if the symptom is eliminated or at least alleviated while the needles are in position. I find out if it has come back by adapting to treatment, in which case manipulation will be required to return to the condition achieved by the insertion of the needles, perhaps by inserting them even deeper or pulling them out, or by repositioning them by a few millimetres.

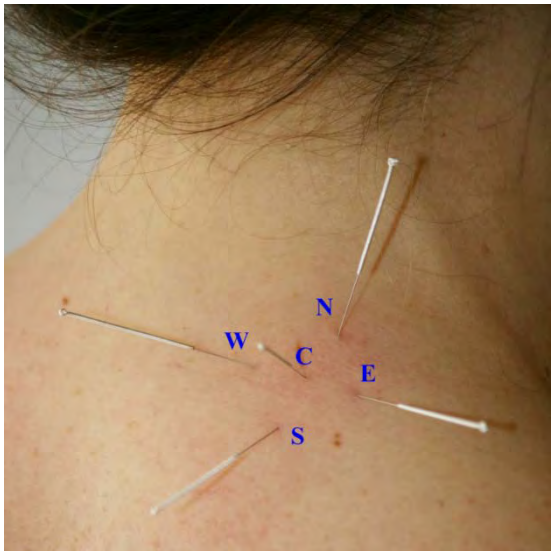

Fig. 51 Cross-shaped acupuncture pattern used after Test.

An aphorism states: "No result without *deqi*". I will take this opportunity to explain to those who have little experience of acupuncture that the phenomenon consists in what the French call *saisie de l'energie*, literally "capturing the energy". If we have "got" the point, the skin around the sharp tip of the needle will tighten with such force that it will make extraction difficult (Fig. 52). The intensity of *deqi* is linked to individual vitality, to the Qi in the channel and to the metal that the needle is made of [xvi]. If *deqi* is not produced spontaneously, it is advisable to instigate it by patting the end of the needle or rotating or flexing it repeatedly or by heating it. I have always managed to find *deqi* in points that showed positive results during the Test, and this is a further sign of its usefulness in the practice of acupuncture. Moxibustion with moxa-cigars or a heated needle may also be used on positive points (Fig. 53). The effect of moxa on positive points lasts longer than the effect of a needle, since first degree burns caused by this method generate a slight persistent burning sensation that prolongs the stimulation of

[xvi] Before the introduction of single use needles and the ever more frequent allergies to nickel, it was common practice at least in the French school to choose needles of gold alloy (and nickel) for toning, and needles of silver alloy for dispersion.

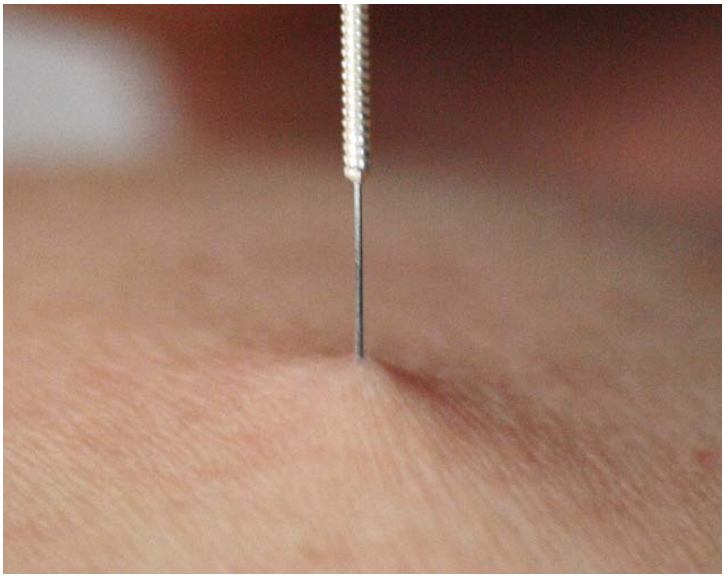

Fig. 52 The *deqi* phenomenon.

the Test.

Blisters from second degree burns, which are rare but possible when using a moxa-cigar, especially where there is reduced sensitivity to pain, and above all third degree necroses are generally to be avoided. They may be useful only in chronic and rebellious cases, and should be kept to a minimum by using the smallest possible quantities of moxa. Another useful technique is to apply suction cups to *positive* points, which are as effective for the Test as pinching or needling in cases of blood stagnation. This is also true of bloodletting performed with a triangular needle on dilated capillaries found next to or near *positive* points. I am sure that one of the reasons why mesotherapy is so effective in the treatment of pain can be traced back to the extensive bleeding induced by nappage (see below). In my opinion, this is not the place to linger over the age-old question of the dispelling, toning and harmonising effects of the techniques described, as they only make sense in a discussion purely about TCM [xvii]. In my experience, only a few of the cases that were sensitive to the Test did not respond to needle stimulation (*non responders relative*). In two of these, the symptom was essential neuralgia of the trigeminal nerve (*sic!*). After a few acupuncture sittings, during which

[xvii] Moxibustion is generally considered to be toning, while the application of suction cups and bleeding are thought to have a dispelling effect. The effect of moxa is considered to be dispelling if it is applied to the stem of a needle that has already been inserted. The question is considered to be as controversial by the traditional school of thought as it is by contemporary authors. Through arduous application during the Test, I have noticed that points which respond positively to needles do so also to moxa, and this is explained by the notion that the stimuli induced by both puncturing and heating over and above a certain threshold are nociceptive and follow the same nervous conduction pathway, despite activating two separate receptors.

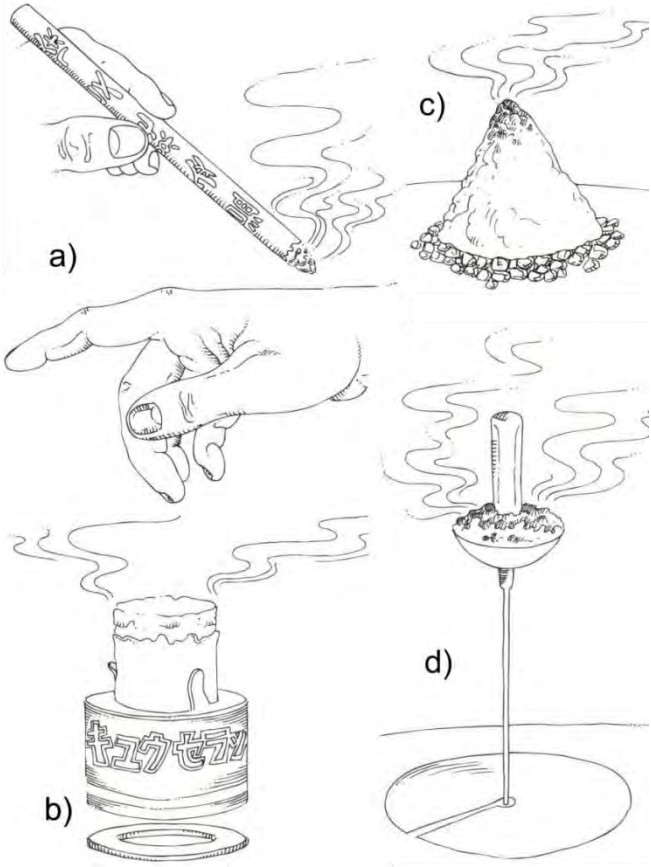

Fig. 53 Moxibustion with a) Artemisia cigar, b) ceramic burner, c) moxa wool on salt, garlic and ginger, d) in the hilt of a needle.

the benefit lasted a few minutes after the extraction of the needles, the symptom gave in to intradermal injections of 0.1 ml of the cocktail *Procaine 2% 1ml, Clorproetazine* [xviii] *1 vial, physiological solution 4ml* into each the active point. This is a classic mesotherapy cocktail for articular pain.

Auriculo puncture

This will almost seem to be a continuation of the above discussion about moxa and bleeding. With the permission of the publisher, I will quote a few passages by Paul Nogier, who devised the method, which refer to "evidence of practices in which a rudimentary form of auricular therapy can be picked

[xviii] Clorproetazine is a neuroleptic myorelaxant that acts on the motor end plate, which was used in anaesthetic premedication until 10 years ago, but is no longer available today (Neuriplege ®). It can be replaced with vitamin B12 (Dobetin 5000), vitamin C, or with bidistilled water, which are just as painful when injected.

out" [57].

"In actual fact, the origins of these practices are lost in the mists of time. Does the Tradition come from Egypt, Persia or China? No-one will ever know for sure. On the other hand, we do know that the Egyptians used the stimulation of a few points on the auricle to alleviate certain pains. Hippocrates refers to healing impotence by inducing small amounts of bleeding on the ear. Throughout the centuries, documents have been found which talk about similar treatments for curing various illnesses.

In 1637, a Portuguese doctor called Zacutus Lusitanus described the usefulness of cauterising the ear in the treatment of sciatic nerve neuralgia.

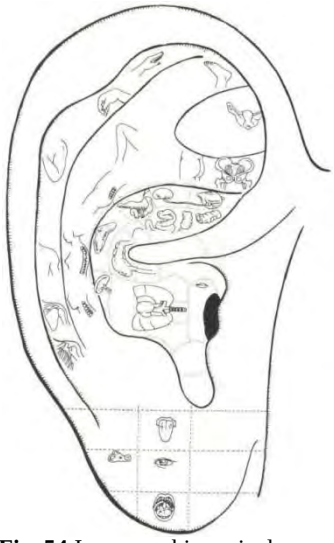

Fig. 54 Iconographic auricular puncture map

In 1717 in a written work entitled: "De aura humana tractatus", Valsalva identifies on pages 11 and 12, paragraph 15, the area of the auricle which would be burned to treat bad toothache. In 1810, a doctor from Parma, Professor Ignazio Crolla, described the case of a man who, after being stung by a bee on the ear at the level of the antihelix, was temporarily unable to walk. In the same publication, he mentions cases of retroauricular cauterisation, successfully carried out on his advice by a fellow surgeon, Dr Lecconi, for the treatment of sciatic nerve pain. In 1850, Dr Rülker from Cincinnati referred to a good outcome in a case of sciatica obtained by cauterising the helix. Following this, in the same year in a series of observations and documents, Dr Lucciani di Bastia recommended the cauterisation of the helix as a radical treatment for sciatica. In the same period, Professor Malgaigne from the Saint Louis Hospital pointed out in his clinical bulletin the rather surprising results obtained with this technique. Between 1850 and 1857, numerous publications talking about this treatment and expressing the amazement of the physicians of the time came out in France and a real infatuation for this method caught on, although it was rather short-lived due to the fact that it was not supported by any scientific basis. In spite of everything, a century later around 1951, doctors from the area around Lyon found they were being consulted by a few patients with strange cauterisations on the auricle, who claimed they had been cured of sciatic neuralgia thanks to this kind of operation [xix]".

[xix] The cicatricial results of an identical practice were also observed by me in the 1980s in patients from the countryside near Cremona, carried out as treatment for sciatica by "a local healer of gypsy origin".

Lateral face

1) Lower palate
2) Upper palate
3) Tongue
4) Maxilla
5) Mandible
6) Eye
7) Ear
8) Tonsil
9) Cheek
10) Analgesic point for dental extraction
11) Parotid gland
12) Asthma
13) Testicle
14) Cerebral point
15) Occiput
16) Forehead
17) Great Yang
18) Cranial Vertex
19) Subcutis
20) Stimulating point
21) Clavicle
22) Finger
23) Shoulder joint
24) Shoulder
25) Elbow
26) Wrist
27) Nephritis point
28) Appendix point
29) Urticaria point
30) Cervical vertebrae
31) Sacral vertebrae
32) Thoracic vertebrae
33) Lumbar vertebrae
34) Neck
35) Thorax
36) Abdomen
37) External abdominal wall
38) Colon point
39) Thyroid
40) Breast
41) Appendicular abdominal point
42) Lumbalgia point
43) Big toe
44) 5th toe
45) Ankle
46) Knee
47) Hip
48) Knee joint
49) Coccyx
50) Sympathetic nervous system
51) Sciatic nerve point
52) Uterus-prostate
53) Shenmen sedation
54) Pelvic excavation
55) Hypotensive point
56) Asthma point
57) Coxofemoral joint
58) Constipation point
59) Hepatitis point
60) Mouth
61) Stomach
62) Oesophagus
63) Cardia
64) Duodenum
65) Small intestine
66) Large intestine
67) Appendix
68) Diaphram
69) Centre of the ear
70) Bladder
71) Kidney
72) Ureter
73) Prostate
74) Liver
75) Pancreas
76) Pancreatitis point
77) Ascites point
78) Drunkeness point
79) Heart
80) Spleen
81) Lung
82) Bronchial tube
83) Tuberculosis point
84) Bronchiectasis
85) Trachea
86) Cirrhosis zone
87) Hepatomegaly zone
88) Triple heater
89) Hepatitis zone
90) New eye point
91) Upper nose point
92) Throat
93) Corticoadrenale point
94) Apex of the tragus
95) Wings of the nose
96) Thirst point
97) Hunger point
98) Hypertensive point
99) Eustachian tube
100) Endocrine point
101) Ovary
102) Eye 1
103) Eye 2
104) Hypertensive point 2
105) External ear
106) Cardiac point
107) Cerebral trunk
108) Soft palate
109) Toothache point
110) External genitals
111) Urethra
112) Rectum
113) Anus
114) Apex of the ear
115) Punto of blindness
116) Tonsil 1
117) Tonsil 2
118) Tonsil 3
119) Liver 1
120) Liver 2
121) Helix point 1
122) Helix point 2
123) Helix point 3
124) Helix point 4
125) Helix point 5
126) Helix point 6
127) Small occipital nerve
128) Thyroid
129) Lower abdomen
130) Upper abdomen
131) Deaf and dumb point
132) General nervous system
133) Neurasthenia

Medial face

134) Spinal chord 1
135) Spinal chord 2
136) Hypotensive point
137) Lumbosacral column
138) Thoracic and lumbar column
139) Cervical and thoracic column

Table 5

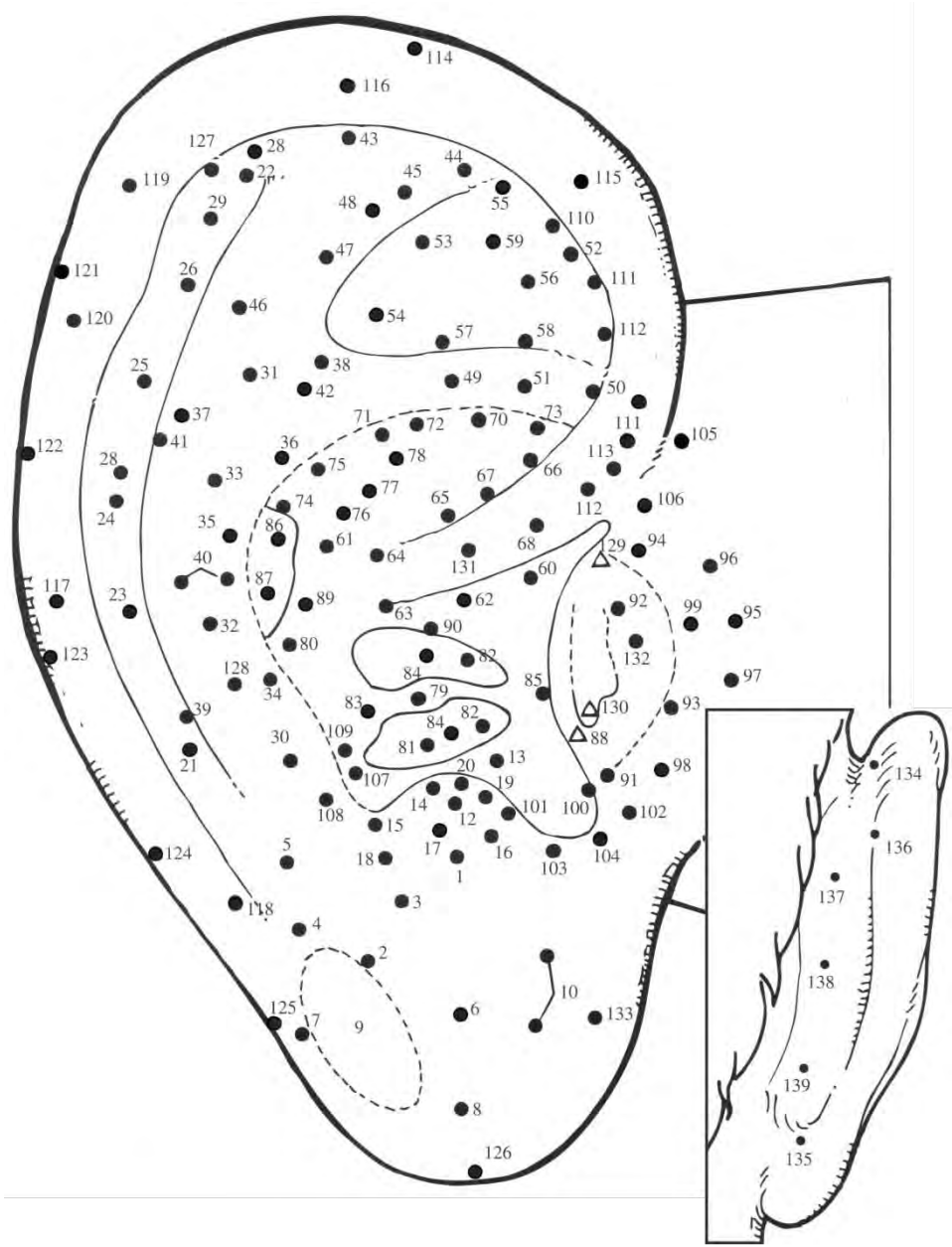

Fig. 55 Centrographic auricular puncture map. Lateral and medial face (bottom right corner) of the auricle. The points marked by a triangle are covered by the tragus. Legend in Table 5.

As striking today as they are unfeasible, even though we should *never say never*, these cauterisations show that the treatment of *the active point*s in auricular puncture is nothing new. Needling will be performed with auricular puncture needles, possibly using semi-permanent ones or fixing vaccaria seeds to the ear with plasters. It is advisable to keep an auricular map close by the couch [examination bed], so that it may be consulted during the sitting. Below are depicted both an iconographic map showing drawings of the organs to help the beginner identify zones and points to be subjected to the Test and to therapy (Fig. 54), and a centrographic map with points and legend (Fig. 55 e Table 5). Practice will gradually bring familiarity with most of the important points. Beginners and those who are not legally permitted to use needles may avail themselves of a specific massager or an electrical stimulator. For further tips, they should consult the works of Romoli and other entries in the bibliography.

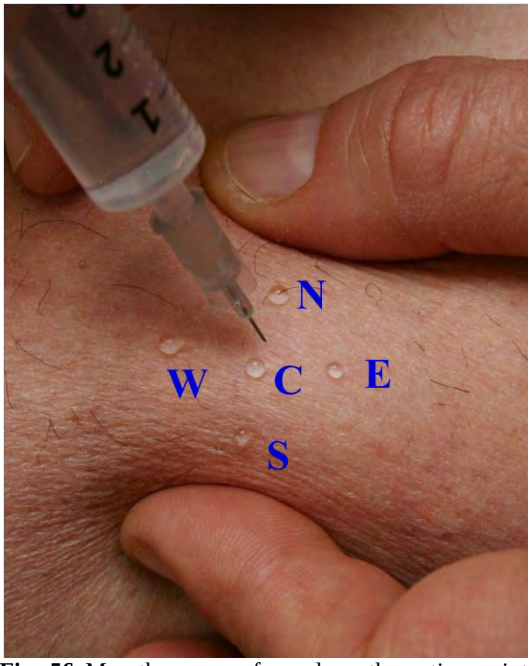

Fig. 56 Mesotherapy performed on the active point after the Test, microinjections administered in the form of a cross.

Mesotherapy

The effectiveness of mesotherapy can be traced back to the five action mechanisms [27]. The first is SUGGESTION, which is common to all therapies in varying degree. The second is PUNCTURE, shared by all methodologies involving needling and multiple injections. The third is BLEEDING, which has not been greatly emphasised by the big names in mesotherapy, perhaps because of the ban on bloodletting in modern medicine [xx]. The fourth is ANAESTHETIC. The fifth and final one relates to the specific properties of the other DRUGS present in the cocktails. Despite being a drug, anaesthetic is considered to be a therapeutic factor in its own right insofar as it is common in neural therapy and is an indispensable component of the cocktails. Mesotherapeutic treatment of points which show positive results

[xx] It should be pointed out, however, that the use of leeches has made a come-back in the field of cosmetic surgery and articular pain.

to the Test will follow the cross-shaped pattern indicated for acupuncture. In lieu of needles, microinjections of 0.2ml of the cocktail, prepared previously, will be administered in each of the five points: *Centre, North, South, East and West*, taking care to direct the needle towards the central point (Fig. 56). The microinjections will be followed by *nappage* (Fig. 4), with a distance between the punctures of 1-3mm, striking the area already explored during the search for points and concentrating most of the punctures on the point at the centre. If there is no clear perception of the symptom, treatment will proceed according to the classic method: microinjections and nappage in the affected areas indicated by the patient and by a clinical examination performed manually and with instruments. After mesotherapy, treatment can be performed with acupuncture needles using the cross-shaped pattern.

Neural therapy

As already stated, neural therapy consists in the superficial or deep injection of the anaesthetic *procaine*, which is administered in a concentration of 1% or 2%, and in doses of 10ml or 5ml respectively per sitting, hence not in the modest quantities used in mesotherapy. If the Test is interpreted only according to the Gate Control Theory, then neural therapy must be directed exclusively at negative points. Nevertheless, I have been able to ascertain that injections of anaesthetic (procaine or lidocaine) in positive points are as effective as inserting a needle in chronic cases, while the effect *may* be stronger in acute cases but is certainly more enduring. The injection of anaesthetic is, in my opinion, an indispensable tool for achieving an effective treatment for the few points which give *negative* results to the Test, especially if treatment of *positive* points has produced unsatisfactory results.

Due consideration must be given to the fact that it is difficult to establish the exact place of anaesthetic in the neurophysiological interpretation of the Test, because the Gate Control Theory does not contemplate the possibility that neutralising cutaneous afferents can act to inhibit pain as much as stimulating them. The difficulty derives from the fact that, unlike accidental puncture, local anaesthetic does not exist in nature, although it is in some ways similar to a cold compress, often used to treat painful conditions and particularly useful for acute traumas of the locomotive system.

Manual techniques

Massotherapists, like practitioners of shiatsu and tuina, physiotherapists, chiropractors, experts in Rolfing or connective tissue massage, will be able to manipulate *positive* points using the standard procedure of their specialty. There would certainly be no conflict if they were to give greater attention to points resulting *positive* to the Test than to those which they would usually treat, just as there would be no conflict in using the *pincé roulé* to improve

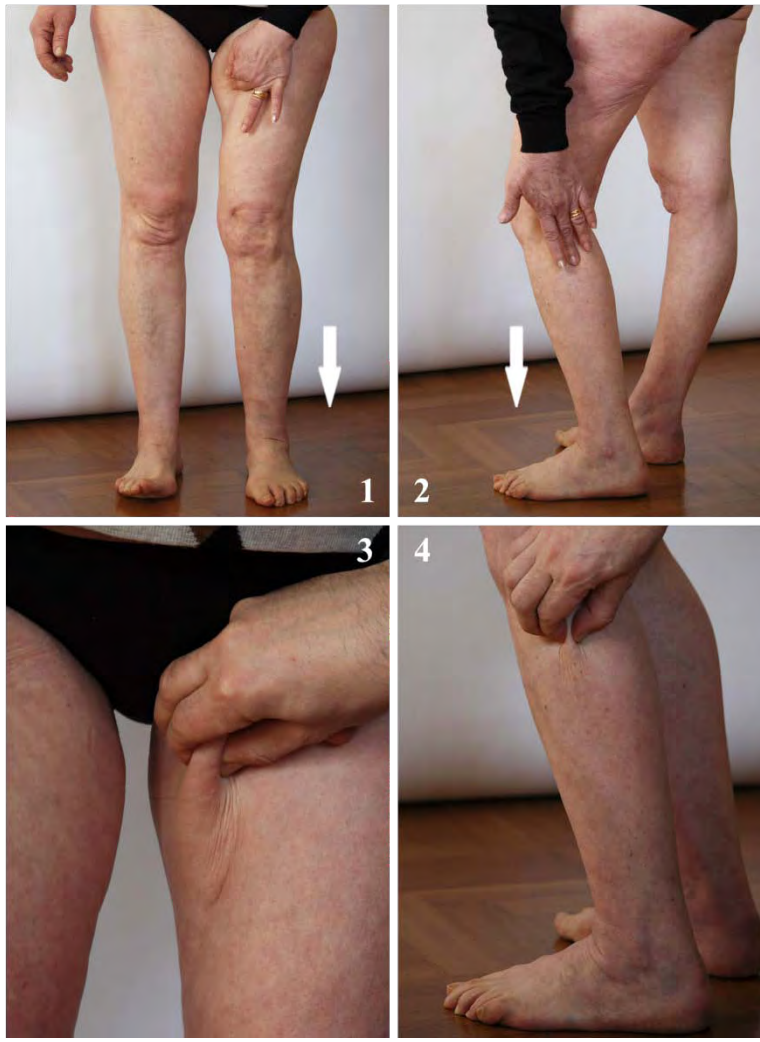

Fig. 57 The Active Points Test performed in relation to a kinetic symptom (sciatica). The patient communicates that: "When I put my weight on my left foot it hurts 1. here, and 2. here. 3. and 4. Execution of the Test on the most painful local points – while the patient performs the movement which triggers the pain – corresponding to extra points Jiaoling (Liver channel) and Zuyicong (Gall Bladder channel)**.**

circulation and break the fibrous bonds which bind the *positive* points to certain areas and to the subcutis. *Positive* points can be treated using the cross-shaped pattern described below, obviously through manual stimulation.

5.2 In summary

I have compared the Active Points Test to the antibiogram, and it can rightly be said that the choice of an antibiotic made in accordance with the results of an antibiogram has a favourable influence on therapy. Nevertheless, just as the antibiogram gives no indication as to the dose of the specific antibiotic, or to how and for how long it should be administered, so the Active Points Test gives no information as to how therapy on the active points should be carried out. The only clear indication seems to be to stimulate the *positive* points. How to do this is of little importance. The important thing is that it works, and that the effect lasts as long as possible. Experience will suggest the most opportune method. Here are the stages I generally use in mine:

1. In the first two sittings, I only treat the *positive* points with classic acupuncture needles using the cross-shaped pattern described above. If these are effective and there is steady improvement, I continue with the treatment until the problem is cured. However, I never have more than 4-5 sittings, carried out once or twice a week or even daily depending on the severity of the symptom.
2. If at the first sitting, or at most the second, the points prove to be ineffective, despite their obvious positivity (the *non responders relativi*), I move on to pharmacological mesotherapy, still using the cross-shaped pattern.
3. If even that is not enough, I administer superficial and deep anaesthetic to the active point*s* using the same method as described for the previous point but using only a 2% *Procaine* solution [xxi].

Acupuncture was not effective only in the cases of trigeminal neuralgia mentioned earlier, whose symptoms were later alleviated through injection, and in the few cases of arthritic pain with serious joint degeneration, which I decided to treat with mesotherapy or neural therapy after realising that, although stimulation worked, its effectiveness was short-lived. It was incumbent on me not to deprive the patient of immediate, lasting relief from the symptom, and to limit the cost of treatment. If I evaluate my protocol according to TCM, I think that stimulation with needles or drugs is preferable in *cold* subjects, the depressed and asthenic suffering from numb pain (the Yin ones of the Tradition), while anaesthetic injections are more indicated in *warm* subjects, the euphoric and hyperstenic suffering from acute pain (the

[xxi] Practitioners of mesotherapy and neural therapy are strongly advised to carry out a tolerance test before every sitting and with the same cocktail. This is performed by putting a small drop of the product on the skin of the inside of the forearm, then passing through it with the needle without putting any pressure on the pump of the syringe and avoiding the vessels. Itching, the appearance of spontaneous papules, broken capillaries, horripilation, perspiration, alterations in cardiac rhythm or a general feeling of malaise will lead to the suspension of the operation.

Yang [ones of] tradition).

5.3 Clinical cases

The results of the Active Points Test and of the therapy that followed it in some cases from clinical practice will now be shown. The first three refer to regional affections, while the other two relate to general affections. In order to make it easy to understand, I have chosen to show only cases where I could not find negative points and where therapy was carried out using only acupuncture needles and not in conjunction with injections and other reflex techniques.

Walter A., aged 38, a building contractor who also drives an excavator. He had been suffering for a year from bilateral epicondylitis, which at that time was more painful in the right elbow. He had had surgery on the left elbow one month prior to consulting me.

Case history: Appendectomy, fracture to the right radius, operation to reduce a fracture to the left tibia and fibula, gastroduodenal ulcer since age 25 affected by seasonal changes, with worsening of condition in spring and autumn (cimetidine when necessary).

Therapy and results: CV-12 Zhongwan (on which were found lipoma-like formations of a few centimetres in diameter) and BL-62 Shenmai bilaterally were strongly positive, BL-60 Kunlun bilaterally and KI-6 Zhaohai were positive, as was the auricular elbow point bilaterally. Pain and functional limitation disappeared after 6 weekly sittings. Pain disappeared when pressure applied to tested points.

Jonathan L., aged 46, builder. He had been suffering for two months from continuous pain and functional limitation to the right shoulder which set in after lifting an excessively heavy weight.

Case history: Appendectomy, fracture of the internal right malleolus following a road accident, chronic bronchitis caused by smoking (constant use of mucolytic agents for insistent chronic cough), eczema occurring during the summer months on the back of the hands with small blisters and honey-like secretions.

Therapy and results: LU1-Zhongfu, LU2-Yumen and BL-62 Shenmai on the right side only, were positive. At the second sitting the pain was no longer continuous but set in only during arm abduction, with a noticeable reduction in functional weakness. Point BL-62 Shenmai was no longer positive, LU1-Zhongfu and LU2-Yumen were slightly positive. Points LR-2 Xiangjian and LV-3 Taichong were strongly positive. At the third sitting, pain and functional weakness both disappeared. The patient complained of thoracic dorsalgia in the median line. GV-14 Dazhui and

GB-21 Jianjing, TE-15 Tianliao and SI-3 Houxi, all on the right side, were positive during the Test. All symptoms disappeared at the fourth weekly sitting.

Renée F., aged 46, textile worker. He had been suffering from acute pain in the neck and right shoulder with irradiation at the wrist for a few days (the first half of March). Mobility in the upper limbs and neck was very limited. No painful points during palpation. No clinical or instrumental investigation.

Case history: The only relevant fact was a gastro-duodenal ulcer 20 years previously, treated through diet, antacids and receptor-antagonists. No further digestive disorders experienced following this treatment.

Therapy and results: Being a case of acute pain, I immediately analysed the most the active points on the extraordinary channels whose upper passages cross the area of the neck and shoulder: the Yang and Yin Vessels of the ankle, discovering that point BL-62 Shenmai gave strongly positive results to the Test. Because the case history showed previous occurrence of a gastric condition, I explored the stomach channel and discovered that point ST-41 Jiexi was positive during the Test (still in relation to the patient's acute pain). Striking and immediate disappearance of symptoms at the end of the one and only sitting carried out immediately after the examination.

Gabriele S., aged 45, school teacher. She had been suffering for ten years from erythematous lesions on her eyelids (betamethasone or fluocortolone ointment applied every evening), intense itching, redness and swelling extending to the zygomatic region. Periodic appearance of scaly, intensely itchy eczema behind the auricle and also intense pruritus in the ear passage. She wanted to free herself of her dependence on drugs, especially cortisone treatments, suspension of which would, however, aggravate the dermatological picture.

Case history: At age 20, operation to reduce a fracture to the right femur sustained in a road accident, at age 35 serious depression treated with psychopharmaceuticals (fluvoxamine and etizolam, which she was still taking in reduced doses) and psychotherapy, persistent oxyuriasis since adulthood, current insomnia (previously treated with flunitrazepan and then with zolpidem before bedtime), headaches brought on by foods such as chocolate, mayonnaise, fried food, butter and fatty cheese. She had been taking sexual hormones for a year (ethinylestradiol / desogestrel) to treat delays in her menstrual cycle.

Therapy and results: I asked the patient to avoid applying the cortisone cream for one evening and to come and see me the next day. The lesions were very ugly to look at, extremely red, swollen and itchy. Point GB-43 Xiaxi gave strongly positive results to the Test in relation to the pruritus. I asked

her to go back to using the ointment, but to reduce its concentration by half by mixing it in equal proportions with a neutral cream. At the next sitting a week later, the lesions showed noticeable improvement, she had not had any more headaches and even her insomnia had improved. There was strong pruritus on the head and dandruff. She suffered from such problems periodically and used an anti-dandruff shampoo. A stye had appeared on her upper right eyelid. At the third sitting a week later, point GB-43 Xiaxi was still strongly positive. At the fourth sitting, everything had improved and the patient was using the cortisone cream at half its original concentration just once a week. She now had, however, a stomach ache with feeling of gastric heaviness from which she had previously suffered in the past (treated with antacids). GB-43 Xiaxi, GB-1 Tongziliao and TE-23 Sizhukong were positive in relation to the itching from the eczema on the eyelid, GB-43 Xiaxi and LR-3 Taichong were positive in relation to the gastralgia. After a week, all the dermatological lesions had disappeared (she had stopped using the cortison ointment), as had the stomach ache. The insomnia had also gone (use of hypnotic drugs suspended). Treatment concluded after 4 sittings.

Ange G., aged 38, a foreman working in the metal alloy die casting industry. He was suffering from a recurring frontal headache and a sensation of blockage in the digestive system, with belching, a bitter taste in the mouth, alterations in his sense of balance, nausea and slight problems with his sight which was tired and blurred. Sleep was unsatisfactory. These problems would last for approximately a week to ten days, but at other times his health was just about normal, except for diffuse lumbar pain which became more intense with changes in the weather conditions.

Case history: Nothing in particular, except for the detection by X-ray of long radius left-convex thoracic scoliosis and the calcification of a right paravertebral lymph node. A gastroscopy performed approximately one year earlier showed diffuse gastropathy with slight erosion of the duodenal bulb. In the same period, a Holter monitor recorded numerous benign extrasystoles.

Therapy and results: At the first sitting a week after the consultation, the patient presented complaining of lumbalgia. Palpation of the abdomen revealed pain in the epigastric and mesogastric region. I invited him to exert pressure on the painful areas and at the same time to indicate to me which of the points I was testing brought about an improvement in the symptom. SI-3 Houxi on the right (opening point of the Governing Vessel), CV-15 Jiuwei, CV-12 Zhongwan and GB-14 Yangbai, in the area where his headache was localised, were all strongly positive. GV-3 Yangyaoguan, BL-60 Kunlun and BL-62 Shenmai on the left only were all positive for the lumbar pain. At the second sitting a week later, the patient reported that the

lumbar and gastric pains had disappeared and that there had been improvement in his digestion and related symptoms. Palpation of the epigastric and mesogastric region still caused pain and only points CV-15 Jiuwei and CV-12 Zhongwan gave positive results. At the third sitting, the patient reported that he was completely healthy and examination by pressing hard on the abdomen provided objective proof that the gastric pain had disappeared.

5.4 Discussion e conclusions

An analysis of the cases described shows how the points giving positive results to the Active Points Test are always found on energy passages that have already been disturbed in some way, as in the case of Giovanni's chronic cough and Gabriella's digestive disorders. In the first case, there was an energy imbalance in the lung channel which affected the way the shoulder functioned. In the second case, the eczema was simply one of the manifestations of a disturbance in the gall bladder channel, as were the insomnia (the channel's energy peak is between 23:00 and 1:00) and the headache which set in after the consumption of fatty foods. Here, the medical case history also reported a fracture of the femur, a sign perhaps of premature weakening or a predisposing physical cause of the disturbance in the channel (blind acupuncture?). In the case of the last patient, Angelo, it was obvious that the pre-existing cause of the stomach condition was the vertebral scoliosis. And it was precisely SI-3 Houxi, the opening point of the Dumai Extraordinary Channel, which is the Governing Vessel of the vertebral column, that tested positive in relation to the patient's symptoms.

The case of Renato deserves special attention. In acute cases such as this the Test is invaluable since it almost always leads to the discovery of strongly positive points and allows the ongoing problems to be dealt with in a short period of time. As a matter of fact, channels related to an acute disease show clear alterations in energy. This case demonstrates the importance of using the Test to experiment with the seasonal reducing and reinforcing points in relation to acute diseases and flare-ups. This is yet another empirical demonstration of the truth of the Chinese doctrine which states that some points possess more seasonal energy than others. Point ST-41 Jiexi is in fact the *fire-point* of the stomach channel and puncturing it in spring disperses *wood* energy, a characteristic of this season, in accordance with the law of the five elements.

CAPITOLO VI – PERSPECTIVES

6.1 Use of the Test in borderline cases

Many diseases present in an insidious way, giving the patient a general feeling of malaise without a clear perception of it. Neurologically, this corresponds to an imprecise localization of the symptom somewhere on the body, ineffectively projected onto the cerebral cortex which is assigned to receiving and processing sensory afferents.

The Active Points Test can be carried out even when there is no clear perception of the symptom. The difficulty resides in stimulating the patient's sensitivity and ability to make observations. If we decide to subject a patient suffering from hypochromic anaemia to acupunture, we will naturally choose from those points which are known to increase the number of red blood cells, or which "invigorate the blood", like points ST-36 Zusanli and SP-10 Xuehai. Generally speaking, the active points for hypochromic anaemia (a form of blood deficiency) are those that, whether directly or indirectly, increase the number of red blood cells. These points take effect at a slower rate than those which alleviate pain in joints, since their ultimate target is not the nervous system. During testing in relation to an easily localized symptom such as epicondylitis, the information transmitted to the patient's consciousness telling him that a point is positive travels at the conduction speed of the nerve fibres, which is never less than 5-10 m/s. The patient receives the stimulus in a few hundredths of a second and his response arrives after a few seconds, which is the time needed to process the effect of the stimulus from the symptom.

Conversely, pinching or contact with a needle on a point acting on the stomach to increase the absorption of iron, or on the bone marrow to boost the production of red blood cells, or on the liver and spleen in order to slow down damage, takes effect at a much slower rate, in the order of hours or days. With these kinds of diseases, therefore, it is difficult if not impossible for the patient to communicate how he is feeling immediately after the Test. I have used the Test in relation to diseases such as hypochromic anaemia and endogenous depression, with good results. I asked the patients to concentrate intensely so as to perceive even the slightest difference in the symptom after the needle made contact with the points (this is the most effective method). In the anaemia cases, I asked the patients to pay attention to any changes in their overall strength, to any feelings of increase in muscle strength. In the cases of endogenous depression, I tried to relate the Test to ideation and imagination, as well as to positive feelings since, as every traditional acupuncturist knows, psychic forces are also controlled by acupoints.

6.2 Self-administration

Self-administration of the Active Points Test is to be applied in cases where symptoms do not occur on a continuous basis, or in those where the circumstances are such as to make its execution by the practitioner impossible. That is to say for patients who live a long way from their usual doctor, who are suffering from symptoms which only set in at night or during the weekend (weekend headache), during wet weather or when the north wind is blowing, or which recur on an irregular basis. In such cases, the patient will be asked to administer the Test when the symptoms appear, before taking any medication, even herbal or homeopathic. I give drawings of the points that should be tested when the symptom is ongoing, with orders to pinch the skin in accordance with the pincé roulé method, to those of my patients whom I consider capable of administering the Test by themselves. For older or less "practical" patients, I mark their bodies with a skin marker at the points which, according to my diagnosis, are more likely to be active. The mark left by a common dermagraphic pencil will only last a few days, so it is important to remind the patient to redraw it so as not to lose the position of the acupoint.

Instructions for execution of the Test can also be entrusted to a close relative if points on the back or the ear have to be examined. In any case, the practitioner will have the results communicated to him so that he will be able to carry out therapy along the lines of the invaluable information given to him.

6.3 Towards a more rational therapy

The Active Points Test makes acupuncture more rational, because its practices are subjected to a veracity test. Let's take again the example of desensitization therapy using specific allergens in the field of allergy prevention, which is logically indicated only after the execution of a RAST or other test which will objectively demonstrate the occurrence in the body of a reaction to a determined allergen. If, then, the appearance in spring of rhinorrhea with conjunctivitis, which gets worse on clear, windy days, and the presence of poplars in the vicinity of the patient's house, are sufficient elements to arouse suspicion of a seasonal allergy and to establish a specific symptomatic treatment, whether natural or chemical, they are not sufficient to diagnose *an allergy to poplar pollen* and undertake a specific therapy of desensitization using dilutions of that particular allergen. But neither would it be right to prescribe antihistamines without the certainty of an actual reaction to histamine in the body. Nevertheless, because antihistamines are relatively innocuous, they are often prescribed despite the lack of any evidence in advance (other than clinical suspicion) that they are necessary.

Another example which has already been mentioned is the antibiogram, an *in vitro* test which controls therapy with antibiotics. Whenever possible, antibiotics should be administered on the basis of a diagnostic test – culture

plus antibiogram – which indicates if a germ really is present and which molecules it is most sensitive to. However, they are often used in a superficial way. This has led to their indiscriminate use, more along the lines of a consumer model than a scientific one, which over time has weakened their therapeutic effectiveness, giving rise to numerous kinds of resistant micro-organisms. The equivalent of this conduct in the field of acupuncture is the overuse of points which have a strong general effect and the neglect of those which are "causal".

By making it easier to diagnose effective points, the Active Points Test makes any traditional or reflex methodology's therapy more rational, regardless of whether diagnostic models belonging to modern neurology are being used or whether the patient is being examined according to the rules of Traditional Chinese Medicine. To illustrate this, I need to refer to an important clinical case.

When I was presenting the Test to my colleagues from the Associazione Medici Agopuntori Bolognesi, at the end of the conference I proposed to give a practical demonstration. The volunteer was a fellow physiatrist who had been suffering for two weeks from cervicalgia with intense pain when flexing and turning the head, with significant limitation in his range of movements on both sides of the neck. He had undergone manipulation of the rachis and mesotherapy with non steroidal anti-inflammatory drugs **(**NSAIDs), both without results. The only detail worthy of note revealed in the case history was that he had been suffering from seasonal rhinitis brought on by allergy for two years. During the Test, SI-3 Houxi on the right was mildly positive and GV-26 Renzhong was strongly positive. The Huatuojiaji between C_4 and C_5 on the left were positive, as was GB-21 Jianjing on the left shoulder, while the counter-laterals were negative. GV-14 Dazhui was indifferent. EX-1 Yingdang was also positive. On the lung channel, tested in relation to the seasonal rhinitis, LU-10 Yuji, spring dispersion point of the lung channel, was positive (it was in fact a spring evening). I asked my other fellow traditional acupuncturists to indicate to me a point which, according to the law of the five elements, should have been negative and should have aggravated the neck symptom. SP-3 Taibai was suggested by one of them, but the result of the Test was indifferent. Another colleague pointed out that Traditional Chinese Medicine traces a stiff neck back to the liver-gall bladder lodge and suggested that I test LR-3 Taichong. Well, that point proved to be *the most active of all* tested points, as well as being quite painful when I pressed on it with my index finger while trying to locate it. My colleague's problem was relieved almost completely during the demonstration by the insertion of needles into the *positive* points. When I telephoned him a few days later, he told me that just by puncturing point LR-3 Taichong again the afternoon following the conference, the results obtained the previous evening had been stabilised.

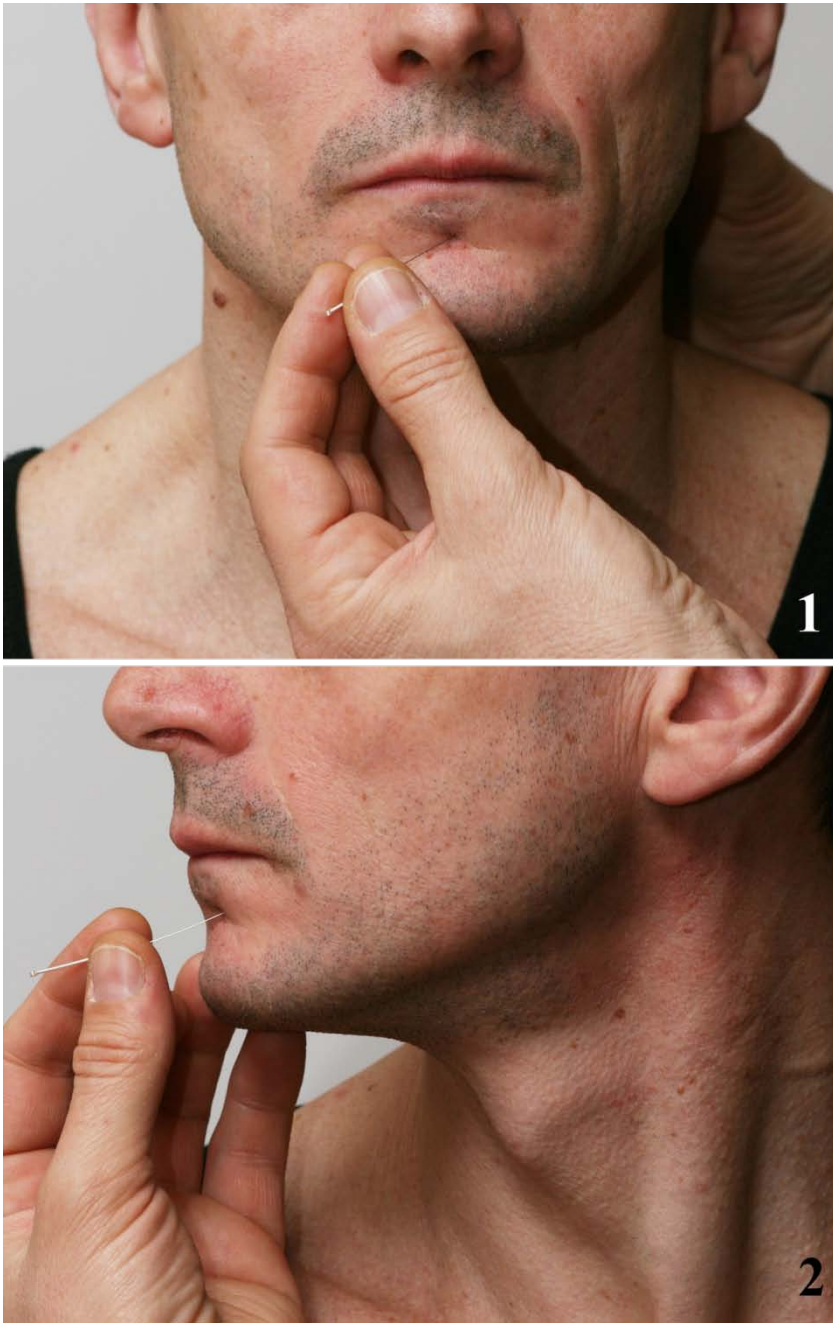

Fig. 58 The Active Points Test performed by a needle (*Needle Contact Test*) in a kinetic symptom: acute neck sprain with pain and movement block. The needle is only put in contact with 1) CV-24 Chengjiang point, while the the patient to do the movement 2) provoking or exalting the symptom, in this case the head rotation to right, and to refer any change in pain perception and rotation limitation.

CHAPTER VII – EXPERT OPINIONS

7.1 In order of arrival

In this chapter are quoted the opinions of a few of my colleagues given when the first edition of the book was published. I am happy that I belong to a group of doctors who have "actively" humble, open minds, since almost all of those whom I approached were willing to "verify" my claims and to "experiment" the Active Points Test on their own patients.

Although I have chosen the names on the basis of my present or past association with them, I apologise to anyone – Italian or otherwise – who may be unhappy that they were not consulted. I renew my thanks to those who responded.

The salient parts or those that have already been quoted are highlighted in yellow.

★ Carlo Di Stanislao; *an eclectic acupuncturist, dermatologist and author of numerous publications of value in the field of acupuncture. He was a co-editor of the Italian edition of Merk Manual and is a teacher at the Italo-Chinese school of acupuncture. Here is his learned opinion:*

> "Men consider what they know and do not notice that knowledge begins only when, on the basis of what is well-known, one considers what is not known."
> Zhuangzi (369-286 a. C.)

Three times in my life have I felt really embarrassed, that is to say self-conscious, worried, confused, overcome by my inability to react quickly and skilfully.

The first time was while reading, as an adolescent, the erotic verse of Gibran *(Locked in a violent embrace. The mystery of the womb that you can penetrate. You penetrate me, you are powerful, you are happy, but after this each moment will be mine).* The second time was a few years ago, facing my father, who was gravely ill, and being unable to communicate my affection for him about which I had kept silent for too long. And now, after reading *"The Active Points Test"*, I am embarrassed by the unpretentious intelligence of the text, the fresh clarity of the concepts, the brevity and rigorousness of the chapters, the clear and never dogmatic language, and the virginal transparency of the content. Using a speculative methodology, the work analyses in depth and interprets a thousand-year-old science whose archetypes and assumptions have eluded us since time immemorial.

To have realised that the "kinesiologic" key could act as a guide to diagnosis and reflex treatment is both banal and extraordinary: a reality within the reach of all but missed by everyone else.

Let's be clear, Marcelli's work cannot be called strictly phenomenological, since it is not a simple and aesthetic description of phenomena as they present themselves in an experience: rather it is a Hegelian or Husserlian work: a method (or path in the Conradian sense of the word) along which the reader is able to achieve (progressively) a kind of absolute self-consciousness. In other words, the subject develops like phenoplastic condensation a chemical reaction**,** overcoming empirical or overly individual conclusions (through objective data), to arrive at "different" and "palpable" interpretations of the truth of Chinese acupuncture."

However, my practical tests (repeated more than once) have demonstrated the total accuracy of Marcelli's observations (above all in the fields of dermatology and allergology). I was able to verify (using two different bioelectronic tests, one from vibrational medicine and the other a bioelectrical impedance analysis) the local variation in electrical energy in the active points, with energy surges in the case of "negative" points and falls in relation to positive points. It is very also helpful in the field of auricular diagnostics and therapy. I used the Test on various occasions on points outside the channels (rhinofacial puncture points, hand points and foot points) and I noticed how they corresponded to indications reported in both Chinese and European treatises.

Ultimately, the argument is so logically consistent and so well articulated that one could have an inkling (reasonable suspicion) of fraud. The internal secretion point (apex of the anti-tragus) is very important in existing conditions of chronic dermatosis (eczema, atopic dermatitis, psoriasis, vitiligo), as are the gall bladder point (on the top edge of the actual nose bone) in relation to ongoing urticaria and relapsing herpes, the lung point (on the bridge of the nose) for recent dermopathy and the kidney point (tip of the nose) for chronic dermopathy.

I have also verified the presence of the active points (positive and negative) on the auricular points (identified by Nogier and Bourdiol) of the upper limbs (scaphoid recess) and lower limbs (fossa navicularis) for ongoing chronic nummular eczema localised, as said, on the upper and lower limbs. Among the canonic points (not mentioned by Marcelli) I have often noticed the positivity of SI-7 Zhizheng (5 cun above the wrist, along a line connecting Yanggu with Xiaohai) in cases of chronic dermopathy linked to anxiety or relational disorders, and also of various Jueyin points (especially LR-3, LR-6 and PC-6) for ongoing "lichen ruber planus" (three observations). Furthermore, I have been able to confirm (thanks to the Test)

the hypothesis that the yuan and luo points are particularly indicated for mental disorders: the former for senility and/or disorders caused by reaction to the environment, the latter for predominantly juvenile endogenous situations.

In conclusion, after resigning myself to the idea of constantly having to pursue the truth without ever reaching it (the scepsis of doubt that Seneca talked about), Marcelli's book has brought me over to the side of "positive doubt", of the Zeteticism of Bryson of Heraclea and of the *epoché*, which consists in a "healthy suspension of judgement". Books like this one allow us to discriminate between truth and untruth, between research and magic, between science and shamanism. In truth, magic and medicine were closely related or even identified with each other in the past, so much so that the mystery which surrounds life and its rules has been linked to all those traditional and passionate practices that were the foundations of magic and alchemy.

But in his book, Marcelli reminds us how a scientist must behave even when dealing with "energy": before dividing up the various scientific fields, he should deal syncretically with physics, chemistry, philosophy and thus conduct a broad-ranging analysis of the multi-faceted, indefinable essence of biological phenomena.

The ultimate goal (and I can confirm that it is wholly reached) is not so much to find "the philosopher's stone of sacred oriental medicine", but rather to elaborate a theory (by practical deduction) born of direct observation and experimentation, a formula which explains (in a wise and balanced way) the (dis)function of "energy points".

If it is true (as medical historians have noted) that from 1500 onwards science has moved ever farther away from magic to become its "antithesis", it is moreover true that medical people remain firmly linked to "magical-esoteric" subjects, which toss and turn in them like "ghosts from an arcane and unconquerable past". Marcelli's book gives us peace, puts our ghosts to rest and makes us understand a phenomenal truth which is at once humanist and scientific, a truth which supports (no less than other important western studies by Potigny, Pomeranz, Cantoni, Dumitrescu, Ionescu-Tergoviste, Bossy, etc) that which the Chinese classics had intuitively understood 30 centuries ago. To paraphrase Claudine Brelet-Rueff (an anthropologist from WHO and an expert in "traditional medicine"), if it is true that the sacred medical arts contain the most ancient knowledge, the fruits of a search for harmony between inner life and external reality, this centuries-old experience must now be analysed in the light of more modern knowledge. Only in this way can that which might seem anecdotal, curious or the stuff of legend be classified (or re-classified) as scientific.

I wish the best of luck to this illuminating, courageous book, invaluable for its transparent simplicity, and like Tertullian I conclude: "Habent sua fata

libelli - Books have their destiny."

Carlo Di Stanislao – L'Aquila, 31st August 1994

★ Umberto Mazzanti; *a traditionally trained acupuncturist, physiatrist and sports medicine practitioner, Vice President of the Associazione Medici Agopuntori Bolognesi, formerly Vice President of the Società Italiana di Agopuntura, teacher and head of the Italo-Chinese school of acupuncture in Bologna.*

The diagnostic-therapeutic method devised by Dr. Marcelli and called the Active Points Test is characteristic of all empirical discoveries: it is simple, easy to use and effective.

On the one hand, it solves many of the problems of differential diagnosis when identifying a symptom's main aetiology, allowing us to verify the most important acupoint for solving the problem. On the other hand, it also provides us with the best point combinations so as not disturb the energy balance established by the initial penetration of the needle. Indeed, points that are found to be "positive" during the first examination do not always remain so if they are put in combination with each other; in fact, they can become "neutral" and even "negative". In my experience, these are the two fundamental aspects of the Test.

The Active Points Test demonstrates another important fact: it recognizes in the skin, even when touched lightly, the ability to distinguish and evaluate, like a group of peripheral terminals connected to a central computer, not only the kind of sensation experienced, but also its hidden information, that is to say the true deeper message, and to decide on the most appropriate course for resolving the body's disorder.

This confirms our conviction, moreover shared by all those who practise acupuncture, that our bodies are always conscious of their own health status and often possess the instruments needed to combat the conditions that afflict them. Our job is to input, using a needle, the initial information that will activate their own capabilities.
With respect and gratitude.

Umberto Mazzanti – Bologna, 4th November 1994.

★ Carlo Maria Giovanardi; *a traditionally trained acupuncturist, President of the Associazione Medici Agopuntori Bolognesi and of the Fondazione Matteo Ricci, a teacher at the Italo-Chinese school of acupunture, he has made numerous contributions to acupuncture research, including those of a modern scientific nature.*

The thing that struck me most about Dr. Marcelli's method is the collaborative relationship that is created between doctor and patient. Asking the patient if the symptom changes during the search for "positive" points makes him a part of the process and contributes to the effectiveness of acupuncture.

The information which the practitioner gains from the Test is just as important.

Establishing a strategy for choosing the points to be used is fundamental to the success of therapy. I have personally noticed that, after selecting points on the basis of an energy diagnosis according to the rules of Traditional Chinese Medicine, this Test allows the practitioner to reduce even further the number of points, thus choosing only the most effective and discarding those that would "disturb" the therapeutic effect. By this I mean that the Test takes on a clarifying role in many cases where it is extremely difficult to propose a definite diagnosis. The concurrence of points which are found to be effective by using both the Active Points Test and a traditional diagnostic process is also suggestive. This is confirmation that, rather than one model being more valid than another, what is often more important is the strictness with which it is applied.

Dr. Carlo Maria Giovanardi – Bologna, 4 November 1994

★ Francesco Ceccherelli; *a researcher at the Istituto di Anestesiologia e Rianimazione dell'Università di Padova, an acupuncturist and neuroreflexologist, Vice President of the Associazione Italiana per la Ricerca e l'Aggiornamento Scientifico (AIRAS), and author of numerous works of great scientific value.*

Dear Marcelli,

Please allow me to give you my first impressions concerning the use of the so-called "The Active Points Test" that you recently proposed to me.

I want to make it clear first that, at this moment in time, I am not able to give you a proper structured account of my experiences showing false positive and negative results. Obviously, while using surface stimulation to search for distal points which modulate the patient's symptomatology, I have not explored all the points contained in the table you sent to me.

In view of the experimental model I chose, almost obligatorily given the nature of the test, I systematically explored some of the so-called command points, some extra points and the contralateral homometameric segmental points. The patients examined using this method were suffering from pain due to deafferentation caused by nerve damage, postherpetic neuralgia or traumatic amputation. These are all forms of damage which cause severe, chronic pain that is always present. I was able to verify the differences in the

patients'clinical history relative to the location of one or more the active points.

It appears that there are some points (the so-called the active points) that produce a fleeting, momentary but real improvement in the medical condition, even when they are only stimulated at the surface, while stimulation of the majority of points does not produce any variation at all in the symptomatology.

As for the Test's mode of action, I do not believe it is necessary to rack one's brains to find an imaginative explanation; puncturing even the surface of the skin is certainly capable of activating the mechanonociceptors which are at the heart of the acupuncture effect when needles are inserted and stimulated in the usual way. Light and momentary stimulation of this kind, although it may not seem to be therapeutic in itself, is capable of generating interference at the posterior horn at a level somewhere between algogenic afferents and acupuncture afferents. If the point is "active", or rather therapeutically useful, the patient will notice a slight variation in the symptom and this will allow the doctor to understand or rather foresee that stronger stimulation of the same point may have a role to play in therapy.

We must not forget that it has been proved for years that the therapeutic effect of acupuncture is principally due to the stimulation of the nociceptive mechanoreceptors whose central afferent is connected via the Aδ fibres. These nociceptors have a high threshold and adapt slowly or not at all; this means that the receptor discharges when energy that is potentially damaging to the body is applied, and stops discharging only when the tissue has been destroyed.

In the case of the Active Points Test, external stimulation with the tip of a needle, which the patient perceives as a light puncture and a slight pain, is in fact nociceptive stimulation of such receptors. It is, therefore, perfectly understandable for the symptom to show a subjective variation in intensity, albeit brief and fleeting. From my limited experience of this test and with carefully selected patients, it seems to me that it is particularly effective for identifying the "active" segmental points. In my opinion, it is a little less certain when distal points are to be identified. However, I have already stated that I have limited experience with patients who are particularly demanding from a clinical point of view. This test is certainly innovative in terms of a clinical procedure for determining a set of acupoints to puncture during therapy.

Assuming that it proves its validity in a more robust and definitive experiment, the test could represent an alternative to classical, traditional theory, which is based on an obsolete, theoretical and non scientific corpus, or even the consolidation of the reflex therapy model of acupunture which since its birth has been based on the individualisation of a point's "activity" through manual manipulation: pinching a fold of skin, exerting pressure or

through its reaction to pain etc. The only intrinsic limit to the Active Points Test lies in the need for the patient's symptomatology to be present at the moment when the test is carried out, as otherwise it is not possible to do it. This restricts its use to the more acute conditions or to those which are chronic but experiencing a flare-up at the time in question. It remains an interesting working hypothesis that all fellow acupuncturists should examine, verify and subsequently use in their clinical practice.

Dr. Francesco Ceccherelli – Padua, 30th January, 1995.

★ Luciano Bassani; *a physiatrist, neuro-reflexologist and colleague of Bourdio. In Italy he is an authority on vertebral manipulation, the author of some noteworthy articles and books and a teacher at the Centro Studi Terapie Naturali e Fisiche in Turin.*

In his work *The Active Points Test*, Dr. Marcelli has developed a diagnostic methodology which is of great interest and easy to learn.
Confronted with a patient, once the practitioner has gone through the traditional diagnostic procedure, he or she must move on to a programme of therapy; if neuro-reflex treatment is chosen, the choice must be directed towards what is suitable for the patient in question, as there is no doubt that therapy cannot be (and must never be) standardised, since not all patients will find treatment of the same areas and points effective.

Generally speaking, a comprehensive diagnostic approach should be used, taking into account all useful methods of investigation, in order to arrive at the right therapy plan. It is therefore necessary to subject the patient to an anthropometric examination to evaluate his constitution and to examine his iris in order to determine diathesis from its texture and sympathetic or parasympathetic dominance from the angle of Fuchs. Once these and any other diagnostic tests that are considered necessary have been carried out, and if neuro-reflex therapy is decided on, the next problem will be to choose the most appropriate neuro-reflex points.

It is for this particular reason that I consider my colleague Marcelli's *The Active Points Test* to be a quick and helpful method that does not require the use of sophisticated equipment. When indicated, this test will finally help the practitioner to avoid savagely inserting needles in a search for those few points that are useful and sufficient for treatment. And this is very important as it is a further step towards attributing to acupuncture, and to other reflex therapies in general, the scientific value they deserve.

I would like to say a sincere thank you to Dr. Marcelli.

Dr. Luciano Bassani – Milan, 14th February, 1995.

★ Secondo Scarsella, *an odontostomatologist and maxillofacial surgeon, traditional acupuncturist and reflexologist. He organises courses in Traditional Chinese Medicine held by recognised and reputable teachers, and is the Science Director of the professional journal YI DAO ZHA ZI.*

Dear Marcelli,

I am happy to inform you about the success of the test which you devised.

I can imagine how, like all innovations, it must have met with scepticism from some quarters and with approval from others: please consider me among the latter.

Those of us who come from the Chinese school of acupuncture, like yours truly, are well aware that a lucky touch for acupoints is fundamental for obtaining optimal therapeutic results, but the same argument is considered to be of main importance in reflexology as well. I am therefore convinced that this "intuition" of yours will be of great help to those of our colleagues who are new to the field and, as such, have understandable doubts; consequently it would not be a bad idea to introduce it into the syllabus of acupuncture courses. As far as my own specific field is concerned, I can report that I have experimented with your test in relation to acute dental conditions and facial algia and have found it to be reliable.

I wish you all the best while I await further developments.

Dr. Secondo Scarsella – L'Aquila, 21st February, 1995.

★ Adolfo Panella; *a specialist in Hygiene and Preventive Medicine, an acupuncturist trained in reflexology and a member of SIRAA.*

Dear Stefano,

In my opinion, your *The Active Points Test* has the potential to be a very useful method for investigating the correct course of therapy for conditions which are both kinesiologic and otherwise. It seems to me that two points should be underlined: the importance of the patient's clear perception of the symptom and the necessity of restricting to a minimum the number of points to be tested. On average, I believe that the limit should be 4-5 points at any one time. My impression is that if this limit is exceeded, even though he may still be collaborating, the patient will no longer be able to provide any useful answers. I believe that this is our cue for experimenting with and improving the Test's methodology.

I congratulate you and await future updates.

Best regards,

Adolfo Panella – Salerno, 22nd February, 1995.

★ Julian N. Kenyon; *a lecturer in anatomy and embryology at the University of Liverpool and founder of the British Medical Acupuncture Association, author of meticulous research intended to demonstrate the correctness of TCM and of the book "Modern Techniques of Acupuncture", which has been translated into many languages.*

I read Stefano Marcelli's work about the Active Points Test with interest. It is clearly a very practical and sensitive test which may be of enormous benefit, as long as the patient has symptoms which can be communicated while it is being performed. It may be widely used for these kinds of disorders. It could be carried out more effectively if taught directly, and for this reason I am happy to learn that Dr. Marcelli organises training courses on it.

Dr. Julian Kenyon – Southampton, 27th February, 1995.

★ Giovanni Maciocia; *a very experienced British TCM acupunturist and herbalist. He has taught in numerous schools in Europe and the United States, and is the author of some highly educational books about Traditional Chinese Medicine.*

I have tried the techniques of the Active Points Test proposed by Dr. Marcelli and have discovered that they give good results. I have personally used them to differentiate and choose one point from a limited group of two or three. For instance, the technique can help to choose between two similar points such as *TE-5 Waiguan* and *TE-8 Sanyangluo* in relation to shoulder bursitis. In my tests I have found very few "negative" points in comparison with Dr. Marcelli's findings, but this might be due to the fact that the points were chosen from an already limited group, itself selected in accordance with the principles of traditional acupuncture.

From the point of view of energy circulation, the stimulation proposed by Dr. Marcelli obviously acts on the secondary "luo" channels, which are closer to the surface than the main channels. It is therefore likely that a point will be found to be "positive" when the "luo" channel is full, and "negative" when the "luo" channel is empty (while the main channel is full).

Giovanni Maciocia – Amersham, 7 March 1995

A few months later (in a fax dated October 1995), G. Maciocia responded to my question as to whether, and in what way, he was still using the Active Points Test: "*Yes, I use your method above all for cases of* Bi *syndrome and*

it appears to work (except that, as I said, I rarely find any negative points).”

★ Alberto Lomuscio; *a cardiologist and traditional acupuncturist, Secretary of the Società Italiana di Agopuntura (SIA) and President of the Associazione Lombarda Medici Agopuntori (ALMA).*

Dear Dr. Marcelli,
I was very pleased to receive your interesting book about the Active Points Test, which I read with great care. With regard to this original method of non-invasive acupuncture diagnosis, I am happy to report the following:
1) The Test shows a solid connection with Traditional Chinese Acupuncture, whose most traditional rational principles it never distorts, and has been conceived in line with the main classical texts of TCM;
2) The fact that it is extremely easy to use makes it accessible to any practitioner capable of practising acupuncture, without adding at all to the average time required for a sitting but notably enriching those diagnostic abilities which derive from the traditional methods currently in use (energy case history, tongue or wrist examination etc.);
3) I have personally tested the effectiveness of the Test on dozens of patients, affected by a wide variety of energy conditions, and I have noticed a high level of correspondance between the results of this Test and a diagnosis obtained using traditional methods: in the cases that I studied this correspondance was close to 100%. Furthermore, I noted that the more positive the point’s reaction was to the Test, the more effective this point proved to be in subsequent needle therapy;
4) Given the Test’s excellent sensitivity, I would like to propose a further improvement to the Test itself, that is the future possibility of “grading” its diagnostic sensibility with the aim of creating a priority treatment scale for acupoints should many of them react positively to the Test at the same time.
Best regards,

Dr. Alberto Lomuscio – Milan, 15th March 1995.

★ Natour Mohammad; *a specialist in general haematology and an expert in acupuncture, homeopathy and iridology. He is the Founder and President of the Associazione Medici Agopuntori Liguri (AMAL).*

I learned of the Active Points Test technique in December 1994 and I immediately started to use it, selecting the most complicated cases I had in my surgery up to 15th March 1995. I employed the method in 250 cases, divided as follows:
100 cases of cervical syndrome and/or stiffness of the neck;
50 cases of lumbosciatalgia and/or disc herniation;

30 cases of coxalgia from arthrosis and/or osteoporosis;
30 cases of headache and/or migraine;
12 cases of allergic rhinitis and/or allergic asthma;
10 cases of tachycardia (anxiety-depression syndrome);
10 cases of neuralgia (trigeminal, Zoster and intercostal);
5 cases of gastralgia;
3 cases of nausea and vomiting;

Based on my personal experience, I can confirm the validity of the method of choosing so-called ++ points.

When carrying out the Test, I have come across very few negative points and a considerable number of neutral points (which, unfortunately, I did not count). I have employed this method with great enthusiasm as it has given me the chance to involve the patient himself, not only by making him concentrate on the symptom which affects him, but also by getting him to notice in a tangible and subjective way how valid and effective the acupuncture therapy with which he is being treated really is.

In conclusion, I invite all my colleagues who are experts in energy medicine (especially Traditional Chinese Medicine) to explore this methodology in order to develop it, as I am sure that we are only at the inception of a safe method for confirming the diagnosis of the *Traditional Chinese Medicine* "specialist".

Dr. Mohammad Natour – Genoa, 17th March 1995.

★ Stefano Crispini; *a traditional acupuncturist, student of Prof. Nguyen Tai Thu, and Scientific Director of the Associazione Medici Agopuntori Liguri (AMAL).*

After using it numerous times I have concluded that, if performed correctly, the test proposed by Dr. Marcelli will always give true results.

It will help those who are a little too eager and assume that twenty acupoints might be useful when they can use only five, and it will help the less able or decisive, who really do not know which path to follow. In any case, the test will provide reliable support to all practitioners in terms of both diagnosis and therapy.

Its true value lies in its semplicity.

Dr. Stefano Crispini – Genoa, 21st March 1995.

★ Gérard Guillaume; *a rheumatologist, traditional acupuncturist and reflexologist, teacher at various schools and author of some important research, numerous articles and books about acupuncture, and a*

prominent member of the Association Française d'Acupuncture (AFA.).

Dear Dr. Marcelli,

I have just finished reading your manuscript. I am sorry I was not able to do it earlier but, due to my many commitments, I have very little time available. I want to congratulate you on your work, which bridges the gap between acupuncture and reflexology and which brings with it interesting opportunities. It demonstrates, if there were any need to do so, that research is still a topical issue in a thousand-year-old medical tradition. A more circumstantial opinion would require an experimental evaluation to be conducted systematically, which I believe to be possible. Please let me know if you wish to publish this work in France.

Best regards,

Dr. Gérard Guillaume – Paris, 26th March 1995.

★ Jean-Pierre Multedo; *a French mesotherapist, author of books translated into Italian and Spanish,"maître de stage"of the Societé Française de Mésothérapie, and President of the Groupe Méditérraneen de Mésothérapie.*

My colleague Dr. Stefano Marcelli, as a sign of friendship, has done me the honour of asking my opinion as a mesotherapist on his *The Active Points Test.* As I have no specific qualification in Acupuncture, it is difficult for me to appreciate fully the Test's value in this field. Nevertheless, reading his work has allowed me to further my understanding of the neurophysiological processes of the various reflex therapies. Dr. Marcelli possesses such an ability to summarize and writes with such clarity that I was immediately tempted to try out his Test in mesotherapy.

As its inventor, Dr. Michel Pistor, said, mesotherapy is a "*new therapeutic idea that allows us to move the location of therapy nearer to the location of the disease*". It is a localised pharmacological form of therapy, performed on a vertical line from the diseased area, intradermically or in the upper layer of the subcutis.

Ma, con la pratica, ci si è accorti che la mesotherapy is also a very important means of treating certain medical conditions that are further away from the site of the injection. For this reason it would fall within the definition of reflex therapy: *"A method that consists in the distal treatment of disease, using the skin as a switch and inducing stimulation or anaesthesia at the cutaneous projection regions of the organs affected."*

So, like Dr. Marcelli, we believe that it is possible to include mesotherapy

among the reflex therapies and to apply to it the general principles that govern those practices, that is to say the search for and treatment of so-called "active" points.

In mesotherapy we have listed a certain number of specific points and areas for each condition. They are:

- first of all, those indicated spontaneously by the patient;
- next, those which we locate using palpation or the *palper rouler*;
- then, those that are stimulated by active or passive counter-resistance manoeuvres;
- lastly, points which can be distal indications of disease, and whose topography is borrowed from other therapies (Valleix points, acupuncture points, auricular points, etc.).

There is no reason not to treat these points when the situation merits it, and it seems to us that the Active Points Test is an originally helpful method for testing them and will constitute an important step forward in our daily practice.

For my part, I have begun to use it successfully in relation to certain common conditions, such as sciatic or cervicobrachial neuralgia. It allows us to know if we should treat or not treat, if we should inject without hesitation or not inject a product that could be uselessly painful; hence the advantages are that it is effective and saves time. I therefore believe that Doctor Marcelli's method should be incorporated into our therapeutic practices *in so far as we consider mesotherapy to constitute not just a simple form of local therapy but also a form of " wet reflex therapy"*.

Dr Jean-Pierre Multedo – Le Cannet, 26th March 1995.

★ Vito Marino; *a traditional acupuncturist, President of the Associazione Culturale "Qi"and Head of the"Scuola di Medicina Tradizionale Cinese"in Palermo.*

Dear Stefano,
I have recently had the opportunity to try your *The Active Points Test* and, despite the exiguity of my case study, my impression is that of a fairly reliable technique capable of "predicting" the effectiveness of selected points.
In two cases in particular, one of back pain caused by paravertebral contracture and one of migraine crisis, the Test was so effective that I was able to select a group of acupoints which brought about the nullification of the symptomology as soon as the needles had been applied.
Best regards,

Vito Marino – Palermo, 5th October 1995.

★ Franco Cracolici; *a traditional acupuncturist and Head of the Scuola di Agopuntura Tradizionale in Florence.*

Dear Marcelli,
I must tell you that I have tried the Active Points Test and I have found your book to be intuitive and to provide the kind of classification that many acupuncturists probably had at heart but were not able to formulate.

In my opinion the following points are very important: the difference in the way the symptom is perceived, the testing of distal points and the doctor-patient relationship, in which the skin acts as intermediary between the two energy levels (Doctor and Patient).

The Active Points Test*'s* greatest contribution to Medicine is, in fact, that it does not rush in blindly. It represents the rediscovery of the Art of Medicine, based on the location of THE ACTIVE POINTS (whether they are negative, positive or indifferent), which should be operated on with patience. In my opinion, an example of this is the opening of the Key Points on the Curious Channels and of the Window of the Sky Points, which require particular attention.

I have also noticed that sometimes the *palper rouler* may be useful as a precursor to the needle test. In any case, as is written in the ancient texts: *"In order to puncture a point well, you first need to knock and if this is done gently, the door will open."*

So, Marcelli, I thank you for your contribution to Traditional Chinese Medicine.

Franco Cracolici – Florence, 12th October 1995.

And, *dulcis in fundo*:

★ Alessandra Gulì; *a traditional acupuncturist and herbalist and a teacher at numerous schools throughout Italy and abroad. She is a prominent member of various acupuncture and Chinese phytotherapy associations, as well as an honorary professor at the College of Traditional Chinese Medicine at the University of Nanjing.*

Dear Stefano,
I am sending you, as promised, some notes on my brief experience with your acupuncture examination method. My response has not been delayed by disinterest but rather by my busy lifestyle. I try to follow the harmony of Chinese philosophy and do fewer things than I would like, so as to protect the quality of my work and to reduce stress to a minimum, because, if *we* live frenetic lives, how can we be convincing when we encourage patients to

regulate *their* lives? I will now describe some of the impressions I gained from using the test you introduced me to and which you have asked my opinion about, and I want to thank you for your faith in me.

I was able to use the Active Points Test in 9 cases, but without verifying it over time or making a comparative analysis with similar cases in which it was not used. These few cases were, nevertheless, all quite significant. It was possible to identify "positive points" in all of them and "negative points" in many. So, these points exist in my experience as well, and the reaction to their stimulation was quite evident. The symptomology of the patients concerned did not only include pain, but in some was quite different, for example: intense dizziness, feeling of emptiness in the stomach and gastrointestinal hypermotility not caused by hunger etc.

I found a great deal of agreement between the response of the points (positive, negative and indifferent) to the Test and the energy diagnosis, and at times stimulation of the points indicated by the Test can settle any doubts as to the diagnosis, whether related to the channels affected by the energy imbalance or to the sort of condition that is affecting them. The point's nature (positivity, negativity, indifference) could be a precise reflection of the condition of the body in accordance with the "full-empty" contradiction, but I have not yet had an opportunity to go into this analysis in detail as regards the ambiguous cases. If this were really the case, then the population of Italy is in more of an "empty state" than it appears to be, and much could be said and done about this.

When points which gave "positive" results to the Test respond to actual puncture by significantly reducing symptoms during and at the end of the session, this is without doubt, as you yourself have suggested as regards the first sessions, an immediate and beneficial result. However, not having been able to follow up with these patients over time, I am not in a position to quantify the results with regard to the sessions during which the Test was not used (without the Test, the points varied by one or two units, but gave good results at the time and fair results with hindsight).

I have used "positive" points with the toning method and the uniform method (of harmonization), depending on the type of disharmony from the point of view of energy, but I have promised myself to use the toning method in future (even in those cases where the uniform method might seem more appropriate to me). I have never used dispersion on a positive point, even in a case where I suspected it that it might be the best technique to adopt.

From the facts I have set out here, I can draw the following conclusions: when the surface of the skin is punctured, "positive", "negative" and "indifferent" points really exist, and their puncturing provokes a precise reaction in the patients' symptomatology. The selection of these points rather than others during therapy constitutes an extremely interesting method which is worth experimenting more widely and in ways which are closely

linked to the energy aspects of Traditional Chinese Medicine. In this sense it would be desirable to explore in more detail the relationship between the nature of the point (positive, negative or indifferent) and the needle manipulation technique.

So, "Marcelli's Test" could be of great significance, not only as a guide to the choice of points, but also as a refinement of the diagnostic aspect of Traditional Chinese Medicine. For the moment, it will push us towards study and research, thus favouring an exchange of scientific ideas among those who are concerned with this medical "discipline" and who practise it on a daily basis.

Best regards,

Dr. Alessandra Gulì – Rome, 12th October 1995.

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THE ACTIVE POINTS TEST IN AURICULAR PUNCTURE

By Marco Romoli

Preface to the second edition

I have drawn great satisfaction from my continued use of the Active Points Test over the years and I always offer it as part of my teaching courses. The Test is mentioned in chapter five of my book "Agopuntura auricolare", UTET 2003 (pages 60-63), as "The active points or Needle Contact Test". In my article about the use of the technique for identifying the most effective point for a migraine attack the Test is called the "Needle Contact Test". This will be the title of chapter seven of my book "Auricular acupuncture diagnosis", due to be published by Churchill-Livingstone (Elsevier).

Outline

I willingly accepted to examine some of my patients using my colleague Marcelli's test. From my very first observations I have considered it to be a very interesting method:

1) It is easy to execute even for acupuncturists who are just starting out;
2) It adapts very well to acupuncture of the ear because the whole body can be examined from a limited surface area like the auricle;
3) Using Marcelli's categorization method (strongly positive, positive, indifferent and negative points) priority can be given during the examination to the most effective points for therapy. In this way, the number selected will be limited to those which are indispensable (from 1 to a maximum of 3 according to my observations);
4) Patients who resort to acupuncture often present with an intricate symptomatology that dates back over time. In my opinion, Marcelli's method is excellent for "breaking down" the clinical picture, implementing therapy in stages and for following up the patient's response to it over time. For example, I consider it to be very useful in the field of physiatry: at least one point resulting positive to the test should correspond to each limited and painful movement (see case 1 below);
5) Furthermore, as Marcelli has already mentioned, it appears that the Active Points Test will allow the identification of cases that are "non responders assoluti" to acupuncture (rare) or that give a relative response (more frequent), when the test works and there is a response to therapy but it is limited over time and does not show a progressive increase in well-

being during successive sessions. (See below in the discussion);
6) Last but not least, as Marcelli has pointed out, is the active participation in the diagnosis and therapy of the people we are examining. I have noticed that in general patients immediately grasp the significance of the test and cooperate well. This participation is fundamental for their recovery and has a positive influence on the doctor-patient relationship.

Before talking about the method used in my case study which was limited to 18 patients, I should mention *Auricular Therapy*, which is the term used by French authors, or more simply *Ear Acupuncture* as it has been called by the Chinese.

As we know, ear acupuncture is a recently developed method which is generally agreed to have been discovered by Dr. Nogier (his first publications date from 1957) [1]. The method found fertile ground in China where in the 1970s and 1980s there was great interest and an eagerness to study it, which led progressively to an increase in the number of points studied [2, 3]. The ensuing 30 years of study and practice of the method have led to the consolidation of two schools, the French and the Chinese, which have both adopted auricle maps that partly overlap each other but that also vary in some aspects. There are no real contradictions only different interpretations of the points [4]. While the western school insists there is a close relationship (possibly one to one) between the points and the structure of the anatomy, the Chinese, who in my opinion are more flexible, pay particular attention to the symptoms of bodily dysfunction which precede the appearance of the actual disease. There are those who argue that the Chinese could not help but be influenced by their traditional medicine. There is no doubt that, while western maps show one liver point, the Chinese ones have at least four, depending on whether the point relates to acute hepatitis, chronic hepatitis with hepatomegaly and/or cirrhosis, or to functions of the liver that regulate the production of marrow in the red corpuscles in cases of anaemia, muscle tone in musculoskeletal disorders or the health of the eyes.

Ear acupuncture has, in my opinion, great advantages:

1) simplicity of execution;
2) speed and power of effect;
3) as an emergency therapy it can be carried out in different locations and situations without the need for the patient to undress, saving time and space.

These advantages have often persuaded our colleagues to use the method together with somatic acupuncture. The method's difficulties are essentially as follows:

1) positioning on the ear; the points and reflex areas are concentrated in a small space and there are not many anatomical trace reference points, unlike on the soma. That is why the Chinese have adopted simple maps using the names and depictions of anatomical parts.
2) point size; points are smaller and distances of less than a millimetre can have an influence on the therapeutic effect. That is why points must be located carefully using the two methods available: electrical detection and pressure palpation.
3) the significance of finding a positive point with the two methods mentioned above. Initially, we will only be able to make a "topographic" diagnosis; for example if the stomach point is found to be sensitive, we will know that this area has a problem whose ethiopathogenesis we are unaware of, but we will know that we must evaluate it using every means at our disposal (medical case history, laboratory tests, Rx of the digestive system, endoscopy, etc.). On the other hand, referring to the stomach point on the map as the direct projection of the viscera on the auricle may lead to error. In the opinion of some authors such as Jarricot, the auricular points are the projection of the nervous system of that organ or of the plexus or ganglion that innervates parts it [5, 6]. The above-mentioned author has proposed an interesting diagnostic method which consists in making reflex dermatalgia disappear by stimulating the tip of the auricle through massage or the use of electrical current of low intensity;
4) last but by no means less important for diagnosis and therapy is the notion of laterality. In somatic acupuncture it is not often taken into consideration because, save for a few exceptions, channels are usually punctured bilaterally. On the auricle, however, curious phenomena of unilateral point distribution are often observed and do not only appear in the stress response [7]. For example, in cases of cervicalgia, headache or pharyngitis which present with clear bilateral pain distribution, we may find sensitive points on one auricle only. Treatment of that side alone will be enough to reduce bilateral pain.

Examination of the auricle and application of the Test

Dr. Marcelli examined the ear using the most well-known method, that is to say locating points that are sensitive to pressure with a probe, an empty ballpoint pen or a spring-loaded *palpeur* calibrated to a constant pressure of between 150g and 400g, depending on which instrument is used.
This is a valid method in which the point to be punctured can be located with precision. Once the point has been found, the test is performed and positive

or strongly positive points are selected for therapy (see below for action regarding negative points). I have always considered the search for a sensitive point and its subsequent massage to be of great diagnostic importance: in order to correlate clearly a symptom to an auricular point, it must be possible to alter the intensity and topography of somatic or visceral pain, the contraction of a muscle group or the sensitivity of reflex dermatalgia by massaging the point for 30-60 seconds with an instrument.
This type of massage is always quite painful. I have noticed that the Active Points Test is quicker (by 2-3 seconds) and does not generally cause pain. The tip of a needle is more effective, therefore, than the rounded end of a palpation instrument.
The other method of studying the auricle is through electrical detection. As all acupuncturists know, this consists in exploring the cutis with low intensity electrical current in the search for points which are less resistant to electricity than the skin which surrounds them; these generally correspond to the points which are classically situated on the acupuncture channels.
The ear behaves in a similar way and there are always a few positive points that can be detected even in apparently healthy subjects. These combinations vary and will depend on the ongoing symptomatology and medical history of the patient being examined. Electrical detection is not an absolutely conclusive method and is affected by a few factors that are not unimportant, such as dampness of the skin, emotional tension in the patient etc. Despite these limitations, it remains an irreplaceable method for the work of acupuncturists. In research that I have been pursuing for some time, I have been using a combination of both methods to examine my patients, starting with electrical detection and following this up with palpation. This gives me the following possibilities for each point:

a) the point gives a positive result to electrical detection and a negative one to palpation;
b) the point gives a positive result to both electrical detection and palpation;
c) the point gives a negative result to electrical detection but is sensitive to palpation.

Groups a) and b) occur with the same frequency but in my opinion have different meanings; while the points in group a) refer to prior medical conditions and/or symptoms of secondary importance, the points in group b) are characteristic of an ongoing condition and are useful for therapy (and also frequently give positive results to the Active Points Test). Group c), which is much less frequent, generally appears at the end of a session during which part of the symptomatology still persists. So careful palpation of the entire area of the auricle relating to pain symptoms must be repeated. If necessary,

the sensitivity of auricular points corresponding to the internal organs that may cause related pain in that area or on the acupuncture channels that cross it should be checked. In this way, a final point which is very sensitive to palpation and often gives strongly positive results to this Test can be highlighted. So with regard to gonalgia with no real clinical indications that the joint is involved and with very few or no indications from radiology, the knee point (if positive) will be treated first. If the symptoms persist, even to a lesser degree, a careful check will be carried out of the sensitivity of the area of the lumbar rachis, the hip, the ovary, the spleen, the gall bladder etc. On this last sensitive point I often apply a permanent needle for a period of not less than 7-15 days.

In those cases where the Active Points Test was performed, presented below, I chose to use the electrical detection method only. Considering the delicate nature of Marcelli's Test, and the need for the patient's full cooperation, I wanted to eliminate all painful sensations during the course of the examination. Furthermore, given the complicated nature of the auricle's nervous system and its distinctive "reflex genicity", I thought it would be a good idea to avoid using two different stimulation methods so that its sensitivity to the Active Points Test would not be changed excessively. One auricle must be completely explored with the detector before passing on to the other. Every positive point must be marked with a marker pen. The best way to explore the auricle is from the top to the bottom, for example in the following order: the antihelix, (superior and inferior root), the antihelix to the posterior auricular groove, the groove or recess of the helix from the top to the bottom, the helix from the top to the bottom towards the tail, the cymba conchae, the root and ascending branch of the helix, the cavum conchae with the intertragic notch, tragus, anti-tragus, the lateral and medial surface of the lobe and the entire medial surface of the auricle from the top to the bottom.

Particular attention should be given to the hidden areas, especially to the cymba and cavum conchae, the elective projection seats of the internal organs which often give positive results to electrical detection, as does the intertragic notch onto which important structures related to the hypothalamus and hypophysis are projected.

Case study

I examined 18 patients with this method: 8 males (with an average age of 41) and 10 females (with an average age of 44.9). The symptomatology presented was as follows:

2 patients with acute lumbalgia (back strain)
4 patients with chronic lumbalgia; 2 of these also suffered from headache, primarily related to tension in 1 case and due to miscellaneous

causes in the other (Case 3);
2 patients with sciatica (Case 4)
2 patients with chronic tendonitis (thumb abductors, supraspinatus muscle in the shoulder);
1 patient with metatarsalgia;
2 patients with cervicobrachialgia from discal uncoarthrosis and narrowing of the C5-C7 lower vertebral foramens (Case 1);
2 patients with neck pain and subjective vertigo as after-effects of cervical whip lash;
1 patient with esophagitis (Case 2);
1 patient with acute sinusitis;
1 patient suffering from the after-effects of an operation on popliteal cysts on the knee (troubling hyperesthesia of the popliteal hollow when lightly touched with a finger, excellent result with the Test);

The patients were examined during a minimum of three sittings a week for a total of 21 days. The results were as follows: a good response in 13 cases, with the same points also giving typically positive results to the Test in successive sittings. The response to therapy was good during the first week with the patient feeling better after 4 – 6 days and showing continued improvement during successive sittings. In 1 case of acute lumbalgia there was no response to the Test or to therapy (a young person of 23). The Test achieved no response from 4 different points, both before and after manipulation of the lower vertebral column. In 4 other patients the Test gave positive results but response to therapy did not last longer than a few hours (up to a maximum of 24 -36 hours) after the first sitting and successive sittings did not prolong the period of wellbeing.
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The positive nature of the points tested proved to be inconsistent during successive sittings (it was maintained in only 2 cases out of 4). The medical case histories of this group, which I call the *non responders relativi*, were

examined with a view to discovering any possible causes of interference such as septic foci in the dental arches or in any part of the cephalic area (paranasal sinuses, ears etc), malocclusion, dysmetabolic states, food intolerance, the presence of “active” scars etc.
In 2 cases, interference from the stomatognathic system was found (malocclusion in Case 4 and pericoronitis of the lower eighth, ipsilateral to cervicobrachialgia which was resistant to treatment with drugs. The Test achieved a positive response from the lower jaw point and the symptomatology responded well to the extraction of the tooth).
In 2 other cases which were similar to each other, lumbalgia and headache, intolerances to different foods were found (Case 3). A total of 70 points were examined with the Active Points Test. On a limited group of patients such as mine, I made the following observations:

1) An average of 3.9 points were tested for each patient, and at least 1.9 of those gave positive or strongly positive results. They typically remained positive when retested and the sequence of points was varied, they maintained their localization in successive sittings and tended to become less positive as therapy took effect;

2) There were a slightly more limited number of indifferent points (1.5 per patient) and painful points (1.3 per patient). The latter appear with some frequency on the auricle and are useful for therapy. Looking for the most sensitive point has always been considered useful by Chinese authors and is achieved by lightly pricking one area of the auricle (see the reference to Soulie de Mourant on page 27) or by withdrawing the needle slightly and inserting it again at different angles. In my case study, the painful points were counted but not subjected to the Test, so as not to interfere with the patient’s perception of the pain caused by his symptoms;

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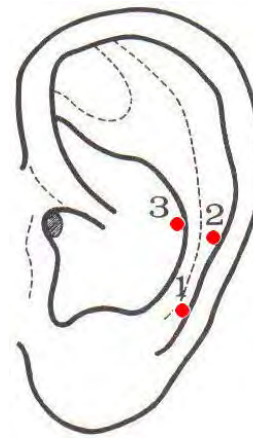

Fig. 59

3) There were certainly a more limited number of negative points (0.4 per patient) but in general they were clearly noticeable. Sometimes electrical detection may find two symmetrical points (although symmetry is not the rule in auricular puncture) which during the Test turn out to have the opposite polarity to the negative point which is ipsilateral or contralateral to the painful symptomatology, as in the case of lumbalgia in Case 3. I preferred not to puncture the negative points because the Chinese and French masters of auricular puncture do not describe toning and dispersion techniques. It cannot be ruled out that these points might also be effective if we consider how responses to non pharmacological therapies and to non conventional methods of care can fluctuate. Doctors who are experts in this field know that these fluctuations are important and useful for achieving the patient's mental and physical wellbeing.

4) As for the points about which there is some doubt, when the patient says nothing or is slow to respond, more often than not it is because the points are indifferent.

In my opinion, though, other ambiguous points can be found, especially after a ++ point: if the strongly positive point is found at the end of the examination, there will obviously be no problems with its evaluation, but if a point turns out to be ++ at the beginning or half way though the examination, in some cases the effect tends to continue for a while and to extend its positivity to the next few points (see Case 3).
For this reason it is a good idea to wait for a few minutes, then locate the position or painful movement of the patient again and continue testing the remaining points. This delayed effect may be characteristic of the auricle and of its "reflex genicity". As a matter of fact, small stimuli from touch, heat and light etc are capable of varying the flow of sensory afferents towards the nerve structures of the encephalic trunk and the thalamocortex.

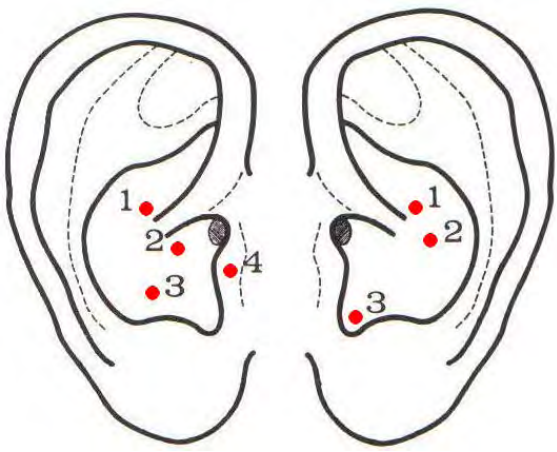

Fig. 60

The four cases that follow are, in my opinion, the most interesting. Since we can all learn something from failure, I decided to recount the story of 2 of the Test's *non responders relativi* (Cases 3 and 4).

CASE 1: C. Piero, age 67, businessman.
No illnesses worthy of note. Suffered cervical whiplash two and a half years ago. At that time he had not been advised to wear a collar. After 7-8 months he started to suffer from recurring cervicobrachialgia with pain in the shoulder and in the left scapula. The symptoms were worsened by prolonged periods in the driving position, but responded well to NSAIDs.
He had been suffering from frequent neck pain with subjective vertigo without headaches for one year. The patient complained of constant soreness and contracture of the trapezius muscles and of the elevator muscle of the left scapula. Doppler US of the neck arteries within normal limits, standard and oblique projection X-rays of the cervical spine show discal uncoarthrosis of the lower cervical metamers with narrowing of the C_5-C_6, C_6-C_7 foramens, above all on the left side. I examined the cervical spine in movement: anteroflexion and lateroflexion on the left were noticeably limited and painful, less so on the right. Electrical detection found 3 points, on the left side only.

Numbers 1 and 2 are located immediately behind the helix and, according to Nogier, belong to the segmental distribution chain of the sympathetic spinal marrow nuclei (from C2 to Th11) [8], point number 3, on the other hand, in my opinion corresponds to the vertebral bodies of C6-C7 [4]. Point 2 was positive (+), but the point that stood out (++) was number 3: resting the needle on it and following the patient's movement led to freer anteroflexion and lateroflexion on the left (Fig. 59). Pain persisted in right lateroflexion after the needle was inserted. I rested the needle on point 2 and this movement became unobstructed as well.

Acupuncture on these two points gave the patient relief that lasted ten days. This combination was repeated in the two successive sittings with excellent results over time.

Case 2: B. Primo, age 57, bricklayer.

Operations on a left and right inguinal hernia 25 years before. He had been suffering from sero-negative rheumatoid arthritis for 20 years. At various times he had been treated with gold salt therapy, metothrexate and recently with cortisone and NSAIDs. Gastroduodenitis for 3-4 years (X-ray diagnosis); 3-4 month history of epigastralgia and retrosternal burning with little response to gastroprotective therapy with antacids and anti-receptors. The patient had already completed a few courses of auricular puncture with good results in relation to the painful symptoms, oedema in the hands and mobility of the metacarpal-phalangeal joints. I examined the patient's auricles with the electrical detector and found points on the cymba and cavum conchae (4 on the right and 3 on the left) which I subjected to the Test (Fig. 60). However, when he was examined, the patient was asymptomatic; I then asked him to locate a painful point in the area where his symptoms usually manifested. The patient located one which responded painfully to pressure on the midline corresponding to the xiphoid process. I explained the Active Points Test to him; while I examined his auricles with the tip of a needle, he should indicate to me whether there was any variation in the pain response to pressure. I expected point number 1, the bilateral point relating to the duodenum, to be positive but, contrary to my expectations, it was indifferent. Points 2 and 3 on the right (the esophagus and the adrenal gland according to the Chinese) and 2 and 3 on the left (stomach and Triple Heater to the Chinese) were also indifferent. Only point 3 on the right gave a clear response (++).

I waited for a few minutes and then I re-tested the points in a different sequence: point 3 was still the only positive point. On the maps there is no mention of points that are connected to the digestive system in that area of the auricle, but Jarricot [5, 9] links it to dermatalgia of the 5th dorsal dermatome which includes point 1, the area relating to anxiety. In my experience [10], point 3 should relate to gastroesophageal reflux and/or incontinence of the LES with distal esophagitis. As often happens when different maps of the ear are consulted as in this case, there do not appear to be real differences of opinion but simply different interpretations. Inserting the needle into this point eliminated completely the painful reaction to pressure on the xiphoid process. Extracting the needle produced a moderate amount of bleeding, which to the Chinese is an important sign that the therapy is effective. The improvement in the patient's condition lasted all week and at the second sitting I discovered that point 3 on the right and point 2 on the left (stomach) were still positive. After 20 days the symptoms were in remission but another few sessions were still required.

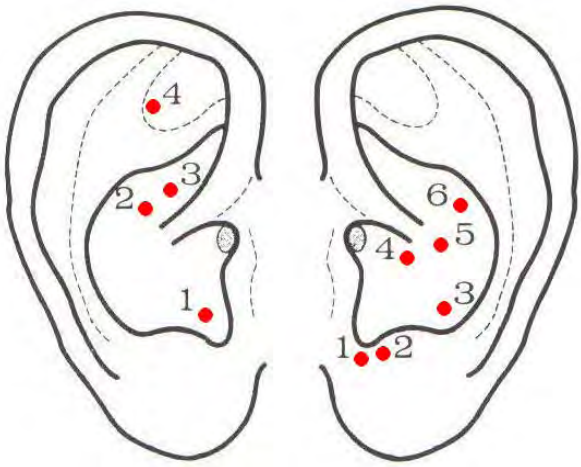

Fig. 61

CASE 3: M. Gabriella, age 50, office worker.
This patient's medical history is full and includes: familial hypercholesterolemia and diabetes, operation on an umbilical hernia and appendicitis at age 7, tonsillectomy at age 9, cholecystectomy at age 29 for cholesterol stones. In addition, she had had 3 miscarriages when she was 31, an ovariotomy and left tube resection due to an ill-defined adnexitis and tubo-ovarian abscess, an operation on an anal fistula at age 38, and phlebitis in the right leg at age 40 with residual venous insufficiency. She was allergic to nickel and to some medications such as aspirin and Novalgin. She had been suffering from migraines for 20 years; at first they had been very intense and frequent (every 2-3 days) accompanied by vomiting and photophobia. However, during the last ten years they had improved and at the time were occurring, without vomiting, only once or twice a month, above all during menstruation. Pain from the migraines had always been located in the temporal region, in the parietal, mastoid

and nuchal regions.

The patient had tried acupuncture twice and had found it beneficial. However, for a few months she had been suffering from a different headache which she described as a continuous feeling of heaviness on both sides of the vertex and the forehead, which forced her to close her eyes often and made it difficult to concentrate. The physiological medical history showed that the patient had complained of colitis and episodes of diarrhoea, dyspepsia with a bitter taste in the mouth and post-prandial abdominal distension. It was interesting to note that, in the morning on an empty stomach, she felt fine and her problems began only when she started to eat something. Initially the patient was requesting acupuncture treatment for gonalgia, the after-effect of a distortion injury which had occurred one year before, and for rachiodynia at the level of the cervix and above all at the lumbar spine with lower back pain and sciatica on the left side, all of which had been troubling her for at least 10 years.

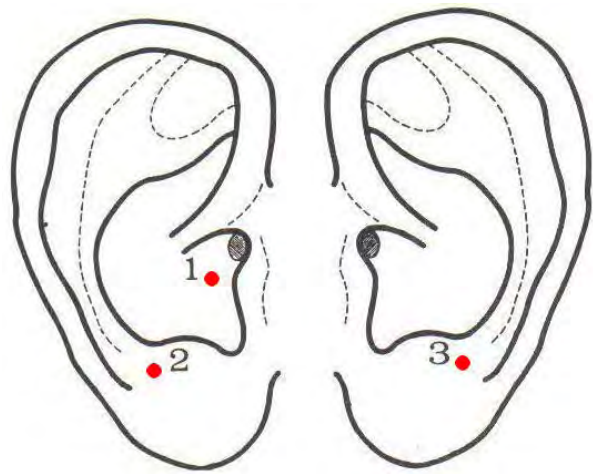

Fig. 62

An X-ray of the lumbar spine showed a slight scoliotic deviation with discopathy at L_4-L_5.

I examined the whole of her vertebral column and in particular the lumbosacral spine: osteo-tendon reflexes present and symmetrical, Lasègue sign was negative, sensitivity was normal. The patient did not complain of sciatica but of lower back pain which occurred during stretching movements while standing. Using the electrical detector, I found 2 symmetrical points on the lower branch of the antihelix corresponding to the projection of the gluteal muscles (according to the Chinese) or of the sacroiliac joint (according to the French).

Resting the needle on the point on the left side, I followed the patient's lumbar spine extension movement. The pain worsened and the patient's sciatica returned. I repeated the manoeuvre on the contralateral side, which was usually asymptomatic, and the pain disappeared (++). I punctured the right side only and the effect was maintained for the whole of the session; at the end of it I performed lumbar spine flexion manipulation in accordance with Maigne's no-pain rule. The patient was

well for the whole week and I repeated the same manoeuvre during the second session, stabilising the effect.

At the third sitting, the lady was complaining of a headache and a sensation of heavy-headedness extending from the crown to the forehead and eyes. Using the detector, I found 6 points on the left and 4 on the right (Fig. 61). The Test gave the following results in this order: on the left, point 1 was negative, 2 was indifferent, 3 was indifferent, 4 was indifferent, 5 was +, 6 was indifferent; on the right, point 1 was painful, 2 and 3 were ++, 4 was impossible to evaluate (ambiguous).

During the testing of points 2 and 3 on the right (liver and gall bladder according to Jarricot) the patient's headache eased considerably and inserting the needles prolonged this effect. The patient began to feel drowsy and the headache moved to the left temple (the usual site of her migraine). I repeated the Test on point 5 of the left auricle (stomach according to the Chinese, celiac plexus for Jarricot) which now gave me a ++ response and the pain in her temple disappeared. The effect of this therapy was strong and was maintained for about 2 days. It is interesting to note that points 1 and 2 on the left (eye and forehead area for the Chinese), which are generally useful for the treatment of migraines, were not so for this particular headache. On the contrary, point 1 actually made it worse.

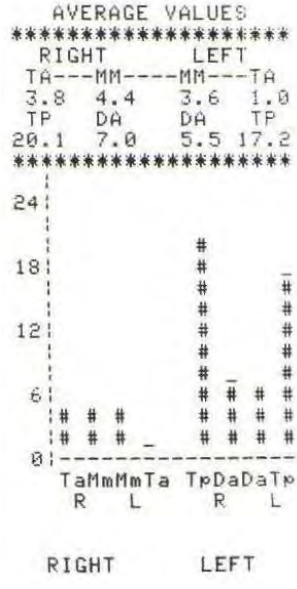

Fig. 63

The patient returned for the next session with the same headache. The Test achieved the same response from the usual points. This was repeated at the third session. The therapy worked but its effect did not last for the whole period between one session and another, which is one of the basic parameters for evaluating the effectiveness of acupuncture treatment. Given that the three effective points all belonged to the digestive area and taking into account the chronic nature of the dyspepsia and irritable colon, I suggested to the patient that it would be a good idea to conduct some research on food intolerance using a variation of the method of Gianfranceschi and colleagues [11].

Tests showed a marked intolerance to beef, milk and dairy products, less for eggs, wheat and maize. I suggested to the lady that she give up these foods for 2-3 months. After 20 days, the patient's digestive problems and headache showed a marked improvement and menstruation with regular blood flow had occurred without being accompanied by migraine, which

had not happened for a long time. In this case, the Test was useful principally as an instrument of differential diagnosis.

CASE 4: P. Monia, age 25, secretary.

She worked for long hours at the computer with her head rotated to the right. Hepatitis A at age 8. No other serious illnesses or symptoms worthy of note. At age 20 she suffered an injury to her right knee following a fall from a scooter. There were no apparent lasting consequences. For 2-3 years the patient had been complaining of almost continual bilateral rigidity of the cervix with hypersensitivity to cold and draughts. Cervicalgia was accompanied by a tension-type headache with aching and tension in the masseteric, periauricular and bilateral temporal region. These disorders were worse in the evening after a day's work and were periodically accompanied by a feeling of disorientation. The patient slept regularly and did not seem particularly anxious. She sometimes had a tendency to clench her teeth. Her first episode of right-sided sciatica was 4 months earlier. She had been well over the summer. At the end of September, the sciatica had returned together with lower back pain which would manifest just before daybreak. She slept on an orthopaedic mattress and used a high pillow. At the consultation she presented with negative Lasègue sign, osteo-tendon reflexes of the lower limbs were present and symmetrical, there were no sensitivity disorders. The lumbar spine was painful when extended and during left lateroflexion, the neck seemed stiff and painful when palpated, especially on the right side. Left lateroflexion was limited and painful. Electrical detection highlighted 3 points, 2 on the right and 1 on the left (Fig. 62). For the French, point 1 on the right in the cavum conchae corresponds to the cardio-pneumonic-enteric nucleus of the vagus nerve and in my opinion is frequently relevant in cases of allergy and defective metabolisms (the young woman's two grandmothers were both glucose intolerant and took oral antidiabetics). I often find that points 2 and 3, symmetrical and situated in the proximity of the posterior auricular groove (near the occipital point according to the Chinese) are relevant in cases of malocclusion and dysfunction of the temporomandibular joint. I used the extension and left lateroflexion movements of the lumbar spine as a reference for the Test. Point 1 was indifferent, point 2 was +, while point 3 gave a clear ++

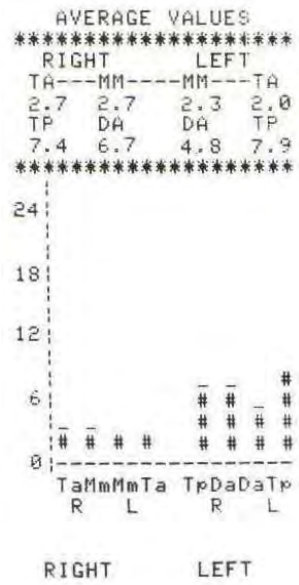

Fig. 64

response. I limited myself to puncturing point 3 and the patient was able to move freely and reported that the pain was reduced by 95%. Extraction of the needle caused moderate bleeding. At the next session the patient reported that she had been well all week and that she had continued to sleep with a high pillow without suffering from lower back pain in the early morning. Contracture of the neck muscles persisted and there was no change even during the third session. I suggested to the young woman that she consult a specialist and I saw her again together with Dr. Renzo Ridi, an odontologist and expert in the correlation between dental occlusion and posture [12, 13, 14, and 15].

The stomatognathic examination showed a complete set of teeth and ample reconstructions of the occlusal surfaces of many posterolateral teeth with composite materials. Tendency to Class II, division 2 malocclusion (retroinclined upper central incisors). An orthopanoramic X-ray showed an impacted lower left wisdom tooth which was not painful when palpated and a bilateral flattening of the superior anterior part of the condyle. The patient, who had never undergone orthodontic therapy, exhibited a lateral deviation of the mandible to the left and a clicking in the left temporomandibular joint on opening the mouth. Palpation caused aching in the left temporomandibular joint, the medial temporalis muscles and the left lateral pterygoid muscle. A kinesiograph examination showed instability in the resting position of the mandible. The closing trajectory of the mandible showed posterior displacement; a steep anterior bite curve along the anterior wall. An electromyography using Myotronics' EM2 (Fig. 63) showed tension at rest in the submandibular muscles (DA), the left anterior temporalis muscle (TA), the right and left masseter muscles (Mm) and extreme tension in the sternocleidomastoid muscles (TP) bilaterally. Using the detector, I located point 3 which I had punctured during the previous sessions. I massaged this point with the tip of the palpeur, thus reducing tension in the SCM by 300% and in the submandibular and left anterior temporalis muscles by 50% (Fig. 64). These changes remained stable for the whole period of observation (30 minutes). It was suggested to the patient that she undergo TENS and acupuncture to normalise tension in the above-mentioned muscles. Once equilibrium in the muscles had been obtained with the mandible at rest, the patient would undergo bilateral isotonic stimulation of the elevator muscles of the mandible in order to record the muscle (not dental) closing point of the two arches of the jaw. Construction of the orthoptic device or neuromuscular bite would be based on this record (monitored by kinesiograph and EMG). The patient was also advised to improve the position of her head during sleep by using a pillow of the appropriate thickness. At the same time she was advised as to her overall posture in order to normalise myofascial contracture and to correct the misalignment of body segments.

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WEB LINKS AND BIBLIOGRAPHY

Those who wish to learn about or broaden their knowledege of the "topographic anatomy" of the Channels and Points in acupuncture, a field which is coming increasingly under the spotlight of science and health care practices, may find useful the free educational resources offered by the following English-language sites:

www.acupuncture.com.au
www.yinyanghouse.com
www.acupuncture.com

Practical application of the Active Points Test is taught as part of the mesotherapy and acupuncture courses run by the author: www.meso.it

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