

Digital Acupuncture

Decoding the Natural Healing
System
of the Body

by Peggy Creelman DOM



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To all those fine pioneers in the acupuncture and muscle testing professions: Dr. Mikishima, Kiko Matsumoto, Dr Walter Schmidt Jr. DC, Harry Eidener Jr. DC., Dick Versandahl, DC. In memory of my beloved Uncle John, who graces these pages as my primary model.

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Introduction

The ancient Chinese did not have the energetic tools to devise a completely accurate rendition of the energetic body. The Chinese were able to discover the rough outlines of the meridians, the pulses, the divisions, and the energetics of some individual points. Their acupuncture maps should be honored as an amazing accomplishment for their time. In retrospect though, it seems illogical to assume that a medieval construct of a healing art would be largely correct. Archimedes' screw is not considered to be the latest word in engineering.

These new acupuncture charts are the results of decoding the existing energetic patterns of the body created by frequencies and colors. The digital and color maps created in this way are much more extensive and logical than the traditional ones. Pattern after pattern will emerge and reinforce each other. I have been doing digital acupuncture almost exclusively for more than eight years and can attest to its efficacy.

The digital acupuncture points create very clear trajectories of each meridian. Point by point, dot by dot, these digital frequencies will create a new map. More meridians appear like invisible ink markings revealed with a wash of vinegar. A modern reconstruction of the acupuncture meridians based on ancient Chinese scaffolding.

This is a digital world, so if digital acupuncture is possible, then it will be done. This book will show you what digital acupuncture is, and how it changes the traditional map of acupuncture. I will then try to share with you what I know of how digital acupuncture can function.

This book was originally mostly about digital acupuncture, but in the last year I have become much more interested in how color can be used to treat the meridians. I will expand more into the possibilities of treatment with color at the end of this book.

Any acupuncture point can be stimulated with a specific hertz frequency instead of needle. The result of the qi stimulus is the same. The correct low level hertz frequency will stimulate a single point, and only that point, even if the emitter is not touching that location. If St 36 is the optimal treatment point for the Stomach channel, then three minutes per day of the frequency 2.595 Hertz applied in contact anywhere on the body, will keep the point, the pulse, and the organ quite strong.

The advantages of digital acupuncture are that it is painless and programmable. Anyone, anywhere, could get a portable nightly digital acupuncture program that runs while they sleep. A series of frequencies emitted through a pad placed under the pillow will stimulate a series of points. The qi increases overnight.

The proof of this acupuncture method is empirical: the frequencies work. Tennis elbow can be treated with a frequency instead of a needle, as can most anything else. Every known traditional acupuncture point can be translated into a low level frequency. Here is a list of perhaps the top 20 point locations in acupuncture translated into Hertz frequencies.

point	Lv 3	Sp 3	Sp 6	K1	GB41	Lv 5	Sp 9	St 36	GB 34	K10
freq.	3.241	2.216	8.453	8.282	5.282	7.471	7.595	2.595	4.595	9.595
point	Lv 8	LI 11	HT 7	Lu 9	Lu 7	LI 4	PC 6	SJ 5	Ht 3	SJ 3
freq	6.614	12.595	20.404	16.404	13.434	12.325	18.434	14.434	19.595	15.241

One could translate the remaining traditional acupuncture points, and there are enough digital junkies in this world, so that eventually someone could create a digital acupuncture device that just treats those traditional 300 or so points. Manufacturing such a device would completely bypass the revolution that digital acupuncture is capable of fomenting. This book is not about the translation of traditional acupuncture into digital frequencies. It is about a new design of the acupuncture charts that digital acupuncture creates. The digital location of points on their channels will shatter the traditional maps of acupuncture.

Of those 20 points on the above chart, only St 36 as 2.595 Hz will stimulate both its traditional channel and its traditional pulse. The rest of those point frequencies will stimulate their traditional location, but most will neither strengthen their traditional pulse, nor their traditional organ. It is then high time for a digital reformation of the acupuncture system.

The intellectually curious should be delighted by the consistency and the beauty of the patterns revealed. Those adventurous enough to try it will be impressed by its effectiveness. As someone who has watched the appearance and development of acupuncture in America over the last 50 years, I see no reason for us to be alarmed that the old patterns could give way to a more logical digital acupuncture map. After all, the traditional map is nearly 2000 years old. I was raised in Silicon Valley, where constant revisions of data and theory gave rise to another sort of revolution. Computer programmers may pay homage to the computer languages of 50 years ago, but they do not feel bound to them. There is no reason to continue to uphold traditions that cannot withstand energetic verification.

Whether the digital acupuncture revolution initiates from this book or from somewhere else, it is an innovation that has found its time.

Chapter 1 Frequencies

About a decade ago I happened upon the possibility of digital acupuncture. I had been toying with a device that emitted pulsed electromagnetic frequencies, when an Israeli colleague suggested that the frequencies under 50 HZ seemed to access the nervous system. The frequencies 1.2 and 1.5 Hz seemed to have an effect on the Du governing channel, and then I was off and running.

The basic outline of digital acupuncture is that each channel is represented by the frequency of a cardinal number. Du is 1, Stomach is 2, Gall Bladder is 3, etc. Each point on a given channel is then represented by the 3 decimals that follow the cardinal channel number: 1.282 for UB 63, 2.595 for ST 36, and 3.595 for GB 34.

Each acupuncture point frequency will stimulate one point, and only one bilateral point on the body. The Hertz frequency 2.595 will stimulate only the acupuncture point ST 36. Whenever the body perceives that particular frequency, the magnetic field around that point will become stronger. If the point is stimulated for three or more minutes with that frequency, then the effects will be lasting. That frequency, St 2.595, will also stimulate the pulse for the Stomach channel.

The machines that produce these frequencies are called Pulsed Electro-Magnetic Field devices (P.E.M.F.): also known as Rife machines. Most of these devices run a given Hertz frequency through an emitter that is in contact with the body. If the Hertz frequency happens to be that of an acupuncture frequency, then the body perceives the frequency as such, and translates it into a stimulus of the point. There are many such devices on the market, but most are designed to send out higher frequencies in the 1000-300,000 Hz range.¹ For digital acupuncture, the emphasis needs to be on accuracy for the smaller side of the range. All acupuncture point frequencies are found between 1-41 Hz. Any useful digital acupuncture device will need to be strong and clear in this low range, and accurate to 3 decimal points after each cardinal number frequency. Not many

¹ Originally, Rife machines were designed to attack bacteria. The idea was that if you hit the right frequency for a particular bacteria it would explode, somewhat like an opera singer hitting the sound frequency that will shatter a glass. The FDA is not wild about this antibacterial use of Rife machines, and acupuncture Hertz frequencies have nothing to do with this original use of the machine. Rife PEMF machines use many other frequencies that are supposedly anti-inflammatory or calming. I have never investigated the validity of these types of frequencies, as investigating the possibilities of acupuncture is a large enough task.

P.E.M.F. devices are accurate in that range, nor are there many that will allow you to run fifty frequencies in a program.²

Hopefully once the techies discover the possibility of digital acupuncture, they will fight it out to develop the best possible digital acupuncture machine.³ Frequency machines and apps can only legitimately be used for research, which is exactly what digital acupuncture is at this point in time. However, it is not necessary to own such a device, in order to appreciate the implications of what it reveals. Just continue to read this book.

Energetic Verification

If you want to know whether a certain frequency affects a certain point, channel or a pulse, you must be able to test it energetically. Muscle testing provides the energetic tool that allows a practitioner to evaluate the effect of a frequency. Muscle testing measures the magnetic fields that acupuncture meridians and points produce. All the evidence for better channels and point locations rely on the premise of energetic verification through muscle testing. Most people are only aware of muscle testing in very crude forms, so it needs to be given more legitimacy.

Acupuncture meridians conduct and respond to electromagnetic current. If you place a strong magnet on a channel, you can either strengthen or inhibit it, depending on which pole is up on the magnet. To determine the effect on a patient, you perform a muscle test. Place a strong magnet with the south side facing up on an uninjured channel of a patient, and then push down on that patient's raised arm. That raised arm will lose strength and you should be able to push it towards the body, reflecting the newly created weakness of the channel. This is called muscle testing a channel. (I refer to meridians mostly as channels throughout this book.)

Each acupuncture point also seems to have a small electromagnetic field surrounding it. Place a finger over a depleted point, and it will cause the patient's strong right arm muscle to weaken. The

² Cheap frequency apps like those that run off phones, can distort the hertz frequency considerably. A hertz frequency that reads as 12 might register on the body as 14; accessing an entirely different meridian. This is also true of the emitters used with some of the more accurate PEMF machines. A good PEMF machine like the Spooky 2 will get the frequency right to the 3 decimals right after the channel, but you will have to adjust your channels for the 2 Hz distortion from the emitters. So treat the Gb channel as 5 instead of 3, or perhaps find a more accurate emitter for your machine.

³ The wonderful Israeli machine that I have used for 15 years to do this research has been modified, and the new model will no longer treat 3 decimals after the channel number, and so cannot be used for digital acupuncture. An Indian colleague is working on an app called which will eventually be available on Google play. I have tested a preliminary model for accuracy and will let people know through my website when it is available for Android phones. The emitters that will work with this app are available as Quad Coil from miramate.com. Meanwhile use color to treat points as explained in Chapter 9.

electromagnetic field around the point is not strong, so the muscle of the patient reflects that weakness. Stimulation of that weak point by needling it, placing a sesame seed on it, or marking it with the appropriate color, will all cause that arm muscle to strengthen when the point is touched. Digital acupuncture works the same way as these other forms of point stimulation, and will create a strengthening response of the muscles.

Most of what we do in traditional acupuncture is simply to restore strength to weakened magnetic fields on the points through needling. While an experienced acupuncturist can feel the depletion of the magnetic fields in certain points and pulses, he or she can't measure that weakness, nor measure quantitatively the effect of a treatment. The experienced muscle tester is able to measure the weakness of a pulse or point, and then calculate the effect of a potential treatment. If you want to know whether traditional Sp 6 is the optimal point on the Spleen channel, you measure that frequency's effect on the Spleen pulse. If you want to know if GB 41 falls on the GB channel, then you check to see if the frequency of that location stimulates the GB pulse. Competent muscle testing is the crucial interface for energetic verification.

Measurement of the relative strength of a point is a fairly nuanced procedure; not for beginners. Digital acupuncturists will eventually have to acquire competence in muscle testing, but for now just follow along mentally. Place your finger over a depleted point, and then push down on the patient's strong right arm. This time "pulse push" on the arm until it falls. That means you repeat a gentle push: one, two, three, four or more times, until the arm weakens and falls. If the arm falls at zero or one, it is a very weak point; if it doesn't fall until you reach the count of eight, then the electromagnetic response is pretty strong. This scale between 0 and 10 is an artificial one, just like a musical scale is artificial, but it can still be relied upon. After some practice it becomes possible to measure the electromagnetic strength of a point, or a pulse, or an organ before and after treatment. This objectifies treatment results on an energetic basis.

Competent muscle testing is a skill. The ability to pick up electromagnetic wave energy is a talent only gradually acquired. Before there were radios, people like my grandmother would not have believed in the existence of radio waves. Tuning in to the magnetic fields of points and pulses is much like tuning into a radio station; once you are connected, it is impossible to deny the existence of those waves. Reading the strength of those magnetic fields is a reasonable objective for all students of acupuncture, and I would argue that it is a crucial one. The energetic measurement of electromagnetic fields allows for the verification of most of what we do as acupuncturists. Electronic point detectors are able to read crude levels of electromagnet energy in some depleted or inflamed points, but they are not nearly sensitive enough to give the kind of

information we need to make informed decisions for treatment. As practitioners, we need to measure much more subtlety how the body is responding.⁴

So yes, muscle testing is fallible, and can be influenced by projected beliefs and attitudes, but so can traditional pulse reading. These projections can usually be overcome by the careful cross checking of results. Even if you initially have no faith in muscle testing as a method of detection, I would urge you to read on and see the incredible consistency of the patterns it reveals. Eventually there will be other more scientific methods to confirm the findings in this book, but until that happens, the development of a more accurate acupuncture system depends on the ability to muscle test. The skill of a digital acupuncturist is based on being able to feel and measure the strength of magnetic fields, and verify the effects. It is already a wonderful part of the acupuncture trade to be able to touch people and read their energy fields through the pulses; muscle testing merely enhances these perceptions.

Definition and Location of Points

A digital acupuncture point is a frequency that will affect its channel's pulse and organ and make it stronger. Stomach 2.595 Hz will strengthen the electromagnetic field around the traditional point St 36, and also strengthen the Stomach pulse. A close but inaccurate frequency, 2.587 Hz, will find a location on the Stomach channel but have much less effect on the Stomach pulse.

Over the years, I have come to realize that each acupuncture frequency must also elicit a response to a color. Points that responded to the pulse, but not to color, did not turn out to be functionally useful on patients. I will devote a whole chapter to the relationship of acupuncture to color, but suffice to say that all clinically effective frequencies will also create a strong response to a bandwidth of color on a spectrum.

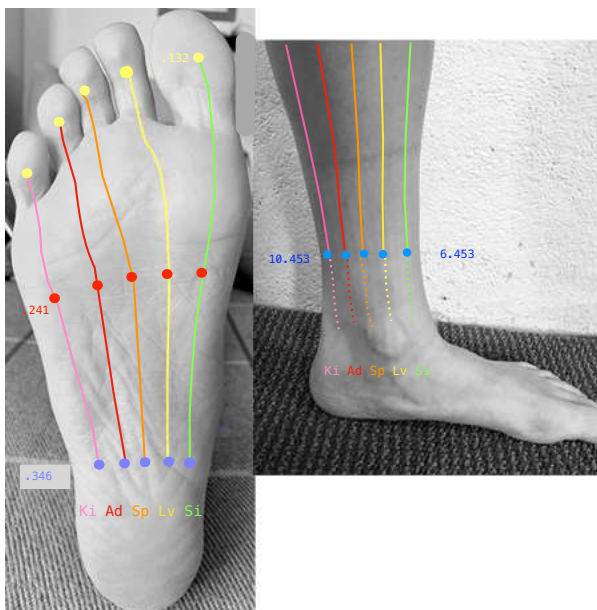
Each digital acupuncture frequency consists of four numbers. The whole number before the period is the meridian number. Each meridian or acupuncture channel is a different cardinal number and will respond to a different color. These are the 20 channels. Yes, there are 20.

Du/Co	St	Gb	SJ	Ot	SI	Lv	Sp	Ad	Ki	Ub	Pan	Ma	Tm	Tr	Ht	Lu	Pa	Pt	Sk
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

⁴ The Applied Kinesiology 100 hour course is the gold standard for muscle testers. It gave me great confidence in the integrity of the system and its practitioners. That course is designed for chiropractors, and the muscle skills we need as acupuncturists are somewhat different. The pulse push test comes from CRA Contact Reflexology classes. Online courses of basic muscle testing can surely be found to learn the basic sensitivity.

These are the number and colors by divisions.

Colon/ Du	Stom.	GB	San Jiao	Ovaries Testes	Small Intestine	Liver	Spleen	Adrenal	Kidney/ Ren
1	2	3	4	5	6	7	8	9	10
UB/ Spine	Pancreas	Mam- mary	Thymus	Thyroid	Heart	Lung	Para- thyroid	Pituitary Sinus	Skin/ Sg. colon
11	12	13	14	15	16	17	18	19	20



All decimal fractions following the period after the channel number refine the location. The first decimal of an acupuncture frequency indicates the general location of the point on the limb. Small Intestine 6.1 will fall on the toe, 6.2 and 6.3 on the foot, 6.4 at the ankle, 6.5, at mid calf, 6.6 at the knee 6.7 mid thigh, 6.8 lower torso, and 6.9 upper torso.

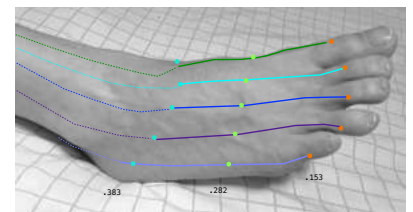
The second decimal number further refines the location on the channel. That second decimal frequency will also register on the pulse. Plotting a line of those third digit locations will create the trajectory of a channel: 6.132, 6.241, 6.346, and 6.453 form the Small Intestine channel on the lower leg and foot. (The Small Intestine channel lines are

the yellow green ones on these charts.)

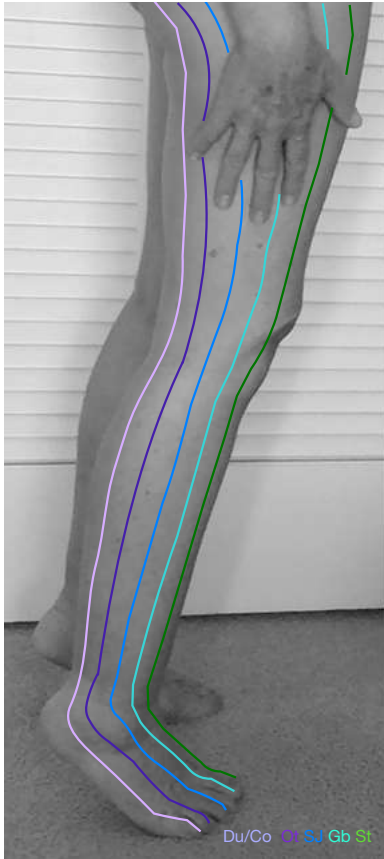
The third decimal of the frequency tunes it more precisely to the pulse, to the organ, and to a location color. 10.240 will not strengthen a red band on the color spectrum, but 10.241 will.

I look at these point frequencies as post office addresses. The cardinal whole number is the channel or street address, the second digit is the block, and the third digit is the house address.

The fourth digit, which is the third decimal after the cardinal number, situates the house on the lot.



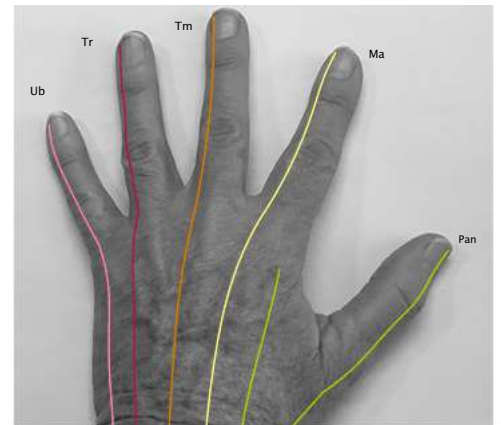
On each channel there are 7 second digit block locations on each limb after the cardinal number: 1.2, 1.3, 1.4, etc. The third and fourth digits are the more precise house locations: 1.282, 1.383. These house locations will form horizontal bands or half rings on the limbs.



The digital footprint of each point leaves a trail of crumbs that will define the channel. Each digit has two electro-magnetic trails of crumbs: a yin and a yang trail. 20 channels for 10 digits.

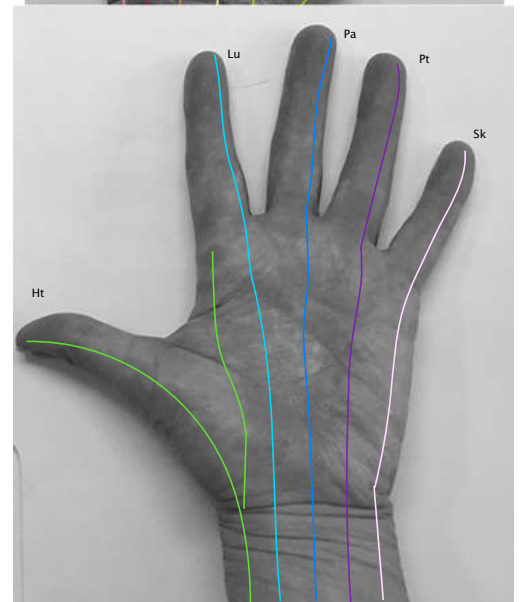
The cardinal numbers 1-5 all create yang leg channels that extend through the top of each of the toes. The numbers 6-10 create leg yin channels that run through the bottom of the toes and along the sole of the foot. In traditional Chinese acupuncture there are 6 leg channels, yet all 10 cardinal numbers will find a locations on the lower limbs and on a toe. This physically creates two more channels on the lower leg.

The cardinal numbers 11-15 will create a series of arm yang channels that run down the back of the hand.

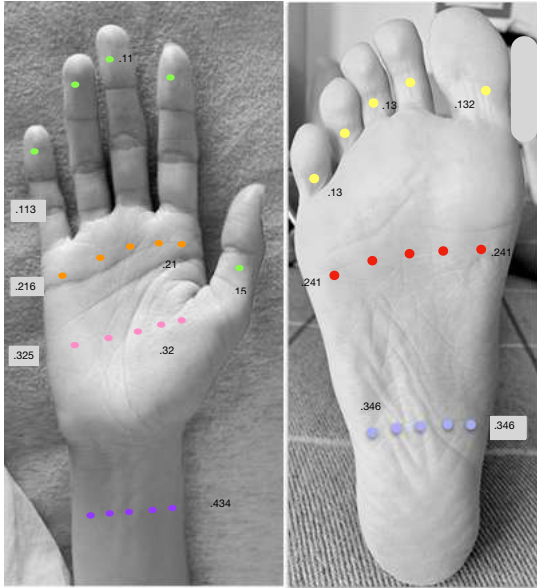


The numbers 16-20 will each create an arm yin channel that runs through the palm of the hand and out one of fingers.

The other major criteria for acupuncture meridians is color. You will notice that each of the meridians above is depicted as a different color, and that the colors on the hand and legs form a rainbow array: violet, purple, blue, turquoise and green for the palm and outside of leg; yellow-green, yellow, orange, red and infrared for the back of the hand and inner leg. Each of the these meridians respond only to their



particular color. If you place a turquoise lens over a flashlight, and then muscle test over the Lung meridian, you will see that the arm remains strong only when you follow the true trajectory of that meridian. The color pathway is always the same as the digital pathway.

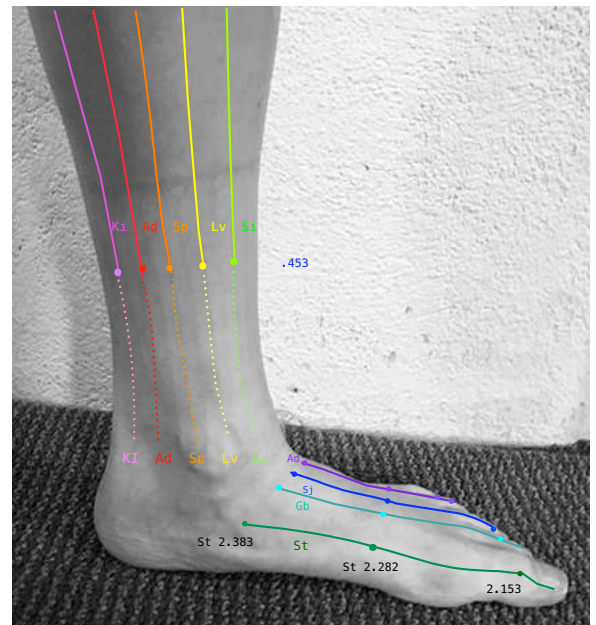


Color is also the major determinant for each horizontal frequency band of acupuncture points. Each band that crosses the limbs or torso will also relate to a specific color. These bands also form a rainbow sequence, but that rainbow sequence alternates between arm and leg points: 10.132 for foot (yellow), 20.216 for hand (orange), 10.241 for foot, (red).

Many of the traditional acupuncture point locations will fail the criteria of responding to a specific color band. If you look at the inner leg illustration, you will notice that the traditional location of Ki 3 does not appear. Ki 10.404 will strengthen the field at the traditional location of Kidney 3, but it does not strengthen a band for a color, nor the color

of its meridian; therefore it cannot be not a true acupuncture point in the new charts. The traditional location is where the channel emerges from the foot, and is far less painful to needle than the often more optimal Ki 10.346. Many traditional points on the old chart are therefore effective, and will strengthen a pulse and an organ, but not a color. I have not had the clinical means of proving that the horizontal frequency points that respond to color are more effective, but they will definitely better strengthen the magnetic fields of the pulses.

Much of the argument for the reformation of the acupuncture channels lies in the logic of simple design. Each finger now has a yin and yang channel. Channels follow the bones and don't deviate. Each number between 1-20 finds a channel. Each meridian responds to a color. Each set of specific frequencies forms a half ring that responds to a specific color.



It will be the sheer number of these consistent patterns that will form the strongest argument for a complete revision of the acupuncture charts.

Revealing the Organ Connection to a Channel

There are now twenty channels, so new organs had to be recruited to associate with the new channels. First though, there needs to be a reliable way to associate the points on a channel with an organ.

Tradition may say that a point belongs to a particular channel, but energetic verification may show quite another. The traditional location for Sp 3 on the side of the foot could appear as Stomach 2.216. This is the closest frequency that will strengthen that traditional location on the side of the foot. This point strengthens digestion to be sure, but how to prove which channel it falls on?

There are several ways to associate points on a channel with a specific organ. The first is to place your hand over the patient's stomach and run the frequency St 2.216. The frequency should increase the strength of the magnetic field around the stomach itself. Test the patient's extended arm and it should remain strong. Move your hand to the patient's spleen and that arm will weaken; which means that traditional Sp 3 is not a Spleen point. The frequency St 2.216 will also register on the Stomach pulse, and not the Spleen pulse. Test it the same way, or just feel it in the pulse.

Another method to show correlation is to use energetic vial testing. You can purchase energetic vials for the organs that will also reflect the effect of a frequency.⁵ If you place the two vials for the Stomach and Spleen organs on the patient, and touch the vial for the Stomach when running the frequency 2.216, the magnetic field around the vial will strengthen. Touching the vial for the Spleen will have no strengthening effect on a test arm. For those of you that can't quite believe that vials can reliably reflect energy, try downloading photos of the actual organs to test with. The correct frequency on the Stomach channel will strengthen the magnetic field around the image of the stomach. Compare your tests with the photographic images to the tests for the vials for the organs. Both can reflect the electromagnetic fields of the organs.

If you look at the above inner leg chart though, you will see that the traditional location for Sp 3 does not appear. That is because the closer location of St 2.216 frequency will not strengthen a color bandwidth for either the channel or the horizontal house location; therefore it does not qualify as a true point in the new charts. Color is the final determinant for inclusion in the acupuncture charts. The closest Stomach point that strengthens either color is 2.282, which is closer to traditional Sp 4. You should also find that it better strengthens digestion and local injury than traditional Sp 3.

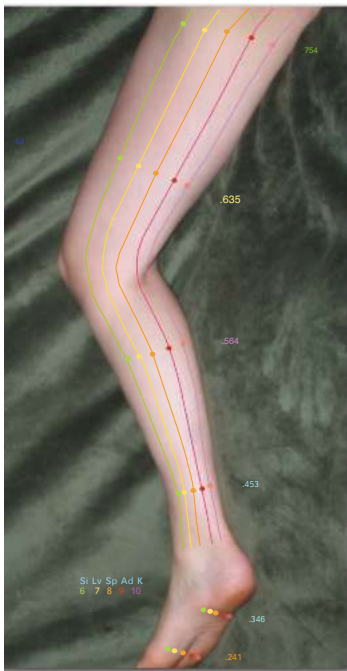
⁵ Vials can be obtained from Allergies, Lifestyle and Health at www.alhvials.com.

Each organ connects to its proper channel. If you tap on the Kidney channel, the kidneys themselves should weaken for a few seconds. Tapping the new Heart channel will cause the heart area to weaken; tapping the Liver channel will weaken only the liver. The stress briefly weakens a magnetic field.

Any valid point on a channel should stimulate both its organ and pulse; a test that many a traditional point will fail. For example, if you tap on traditional Kidney 6, it will weaken neither the organ nor the pulse. The frequency that accesses that location, 2.383, is a yang point that falls on the Stomach channel. St 2.383, near traditional K 6, will strengthen the physical Stomach area and the Stomach pulse. Of the traditional Kidney leg points, only K3, K7, K9 and K10 are more or less found on the Kidney channel, and thus may stimulate the Kidney organ and pulse, but none are true acupuncture points that strengthen a bandwidth for color.

The New Channels

Twenty physical arm and leg channels now need to find their proper organ associations. The next chapter will flesh out more of the details of the channels, but I begin with an overview.⁶



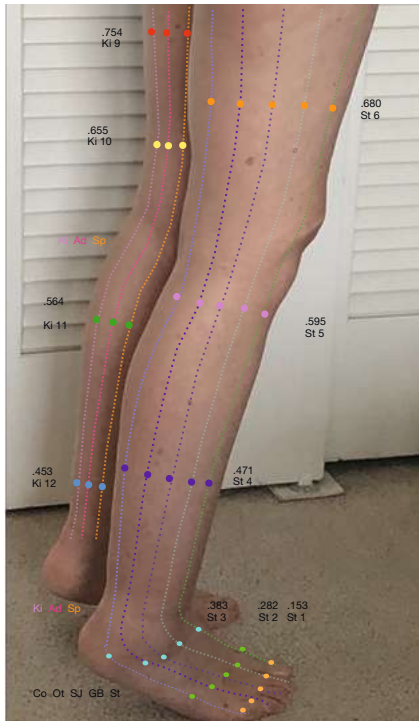
The first new leg channels examined are the extensions of the Ren and Du torso channels. The traditional torso Ren channel had no leg extension. The leg portion of the Kidney channel connects to the Ren. It runs down the center back of the calve like the seam line on an old silk stocking, but slightly medial. If you tap on this leg channel, you will weaken the kidney area, but also the Ren torso channel. Its digital number is 10.

The extension of the Du channel on the leg is what we traditionally call the leg Bladder channel. If you tap on the traditional foot Bladder channel it will weaken the Du Spine channel, and vice versa. They are one channel. Stressing any part of that meridian will not weaken the area over the bladder though; it is the colon area that will weaken. This makes the Du channel a Colon channel as well. Folks with diarrhea and bowel issues are far better treated with this leg channel than with the traditional Large Intestine channel points on the arm.

⁶ Most of the major charts in this book are available as free downloads on my website: digital-acupuncture.com.

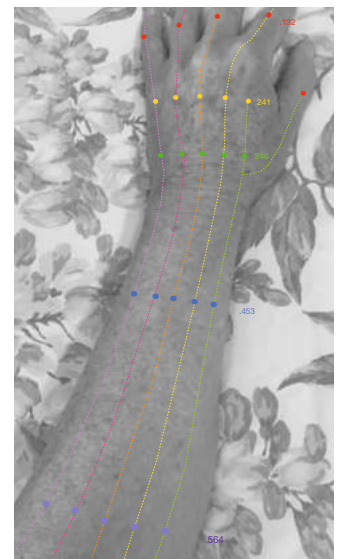
Thus begins the great rearrangement. The channel that responds to the bladder organ runs through the traditional Huato lines, and its arm extension is the traditional Small Intestine meridian.

A capsule vision of the leg channels is to imagine an ancient hunter, running in the sun. The areas on the side of the leg exposed to the full brunt of the sun are the yang channels, while the more shaded inner leg is the yin.



The Stomach, Bladder and the Gall Bladder meridians are roughly where the Chinese put them on the exposed side of the lower leg. A new San Jiao channel that will register with the traditional San Jiao pulse is found lateral to the GB channel. An Ovaries Testes channel is now found lateral to this new SJ channel on the outer leg.

The sun sheltered yin aspect of the leg adds a yin Small Intestine channel, and an Adrenal meridian to the traditional yin leg channels. The Small Intestine channel adheres close to the inner leg bones, medial to the Liver Channel. Traditional Sp 9, a major digestive point, would be found on this SI channel.



The traditional arm trajectories now serve different organs and pulses. The

traditional San Jiao arm trajectory corresponds to the thymus organ. The traditional Pericardium location treats more notably the parathyroid and throat. The traditional Large Intestine trajectory stimulates the Pancreas. Other arm channels relate to endocrine organs, which is a concept the ancient Chinese could not have imagined. Endocrine organs such as the thyroid, parathyroid and pituitary have immense regulatory power, and so deserve a pulse and a pathway. The Pituitary channel fills the space of the traditional Heart channel, and a Skin gland channel passes to the lateral side of it.⁷ The true location of the Heart

⁷ The pituitary gland is found inside the cranium and so belongs more properly to the cranial channels that will be introduced later. I empirically decided to name this body channel for its cranial channel of the same color, because it sounds better, and it is a powerful endocrine organ. The Pituitary channel could just as well have been called the Salivary, Sinus or Uterus/Prostate channel. You see what I mean. The Skin channel is not a great name either. Calling it the Sigmoid Colon channel, which it also serves, would not have helped.

channel is medial to the Lung channel, and follows along the radial bone. Stress any of these channels by tapping them, and they will show a correct connection to an organ, and of an energetic organ vial.

If you try and corroborate channels with the pulses though, you will run into difficulty; as most of the traditional pulse locations are also less than accurate. Of the original 12 pulse positions, only the Stomach and the Lung pulses correctly reflect their traditional channel locations.

The Pulses

Let us imagine a primitive organism in the ocean: a tube rooted to a rock with a bunch of feelers. The tube itself is the digestive tract. The sensory feelers at the top of the organism help the tube worm to find its food, and detect its enemies. On the pulse, these sensory organs become the top position, what I call the Uber Jiao. After eons of time, these sensory organs evolve onto the upper parts of a head.

The second part of the tube is the mouth and throat of the organism. As the organisms evolve, this area will contain mechanisms that interact with the food, and help decide whether the food is toxic or not. On the tube of the pulse positions, this is the location of the traditional upper jiao. On the human body, this the area of the throat, tonsils and salivary glands; leading down into the chest and thymus area. The right pulse in humans is the Mammary for the yang, and the Lung for the yin. The lung filters the environment and feeds the organism oxygen. The breasts feed the baby.

	Left Hand yang/yin	Right Hand yang/yin
1st	Spine Tongue 11/ Mouth Skin 20	Thyroid 15/ Sinus Salivary 19
2nd	Thymus 14/ Parathyroid Throat 18	Mammary 13/ Lung 17
3rd	Pancreas 12/ Heart16	Stomach 2/ Sm Intestine 6
4th	Gall Bladder 3/ Liver 7	San Jiao 4/ Spleen 8
5th	Ovaries Testes 5/ Adrenal 9	Colon 1/ Kidney10

The middle part of the tube is the digestive system. The yang Stomach organ empties into the yin Small Intestine, and this becomes the third pulse position on the right. The left third position is the Pancreas and the Heart pulse: the body's pump and producer of enzymes. The fourth position on the left is now the Liver and the Gall Bladder.

I remember long ago, some visiting Chinese doctor saying that he found the pulse position for the heart to be found a bit lower on the left wrist; but in fact, several of the traditional yin pulse positions on the left hand are better found a pulse notch lower. Move the fingers on the left wrist down one position, and you find the true location of the Heart, Liver and Gall Bladder pulses. If you think of the Adrenal channel as Kidney Yang, then that traditional pulse position slides down a notch as well. These lower left pulse positions better reflects pathologies of these organs, such as hepatitis, heart disease and gallstones.

The last part of the tube is dedicated to reproduction, elimination, and the cleansing of the organism. The fourth position right has the Spleen/ San Jiao to cleanse the blood, and the fourth position left is Liver/GB, which also clears toxins. The fifth position on the right is Colon and Kidney: cleansing and elimination. The Adrenals reflected on the left pulse also help to clean toxins.

There are now twenty digital channels requiring five pulse positions. Five yin and five yang: 10 pulses on each hand. Add a pulse position on either side of the traditional ones, and that will create the five pulse positions. The first pulse position is now found on the hand, just at the base of the thenar eminence, and the new 5th position is found one position proximal to the traditional Kidney/Pericardium positions. I find that the yin pulse positions are not deeper than the yang, but more interior or medial. If you run a yin frequency on the Small Intestine channel, you will find it registers medial to the Stomach pulse, not underneath it.

Each of the acupuncture channels creates a response on a pulse. If you tap along the leg Stomach channel, only the Stomach pulse will weaken in response to the stress. It is rather disgraceful to observe that the only other traditional pulse location that responds to a traditional channel is the Lung. It seems that the several of the traditional Chinese pulse locations were correctly but laxly observed, e.g., Heart, Liver, Kidney yang and Bladder are pulse positions on the left, but they could not be properly organized into a limited 12 channel system. A lot of jostling and rearranging was required to bring back order to the pulse arrangement.

This simple five position pulse model above connects each of the 20 channels to a pulse. Tapping on each of the above channels or organs will create the correct response on the pulse. There are many more organs than channels though. Each organ finds a pulse relative to its location on the grand tube of the body, and its vertebrae Shu position. Many different organs can use the same channel. The uterus, salivary glands and appendix will be treated by the Pituitary channel, the bladder by the Spine Huato channel. The pulses for these organs are found outside this basic five position template. An expanded pulse chart will be presented once the concept of color is pursued more deeply.

Chapter 2 A Plethora Of Patterns

The ancient Chinese were astute observers of the energy patterns they could perceive. One of their greatest ideas was that each division pair of arm and leg channels are tributaries of a single river. The Liver and the Lung formed the Tai Yin river; the Heart and Kidney formed the Xiao Yin division of the riparian territory. The traditional six divisions were not always correctly paired, but the idea of associated channels following along similar anatomical landmarks on both the legs and arms was quite remarkable.

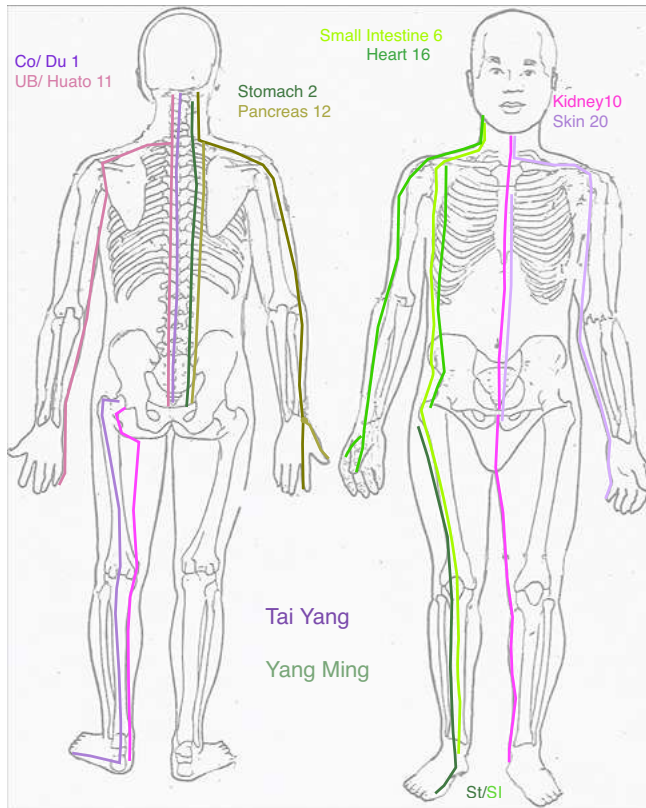
These six divisions have now expanded into ten. Each arm and leg division is a numerical pair: 1 for Du/Colon pairs with 11 for Urinary Bladder as Tai Yang; 2 for Stomach pairs with 12 for Pancreas as Yang Ming. These divisions create a physical blueprint, as each pairs slices through the same arm/leg angle of the body. These are the perfect numerical pairings of the ten divisions.

1 CO/DU	2 ST	3 GB	4 SJ	5 OT	6 SI	7 LV	8 SP	9 Ad	10 KI
11 UB	12 Pan	13 MA	14 TM	15 TR	16 HT	17 LU	18 Pa	19 PT	20 SK

Note that each division is paired numerically, and enters or exits through a single paired digit. Tight consistent patterns both on the body, and numerically. Intelligent design indeed!

All yang channels run up, and all yin channels run down. Yang energy ascends, so it enters through the toes; yin runs down, so it exits through the toes. The Chinese anatomical model depicts a man with arms raised, like an ape hanging from a tree. Arm yang thus exits through the fingers, and arm yin begins with the fingers extended up. Brushing up on any yang channel will strengthen a testing muscle. Brushing down on the yin channels follows the flow of energy, and thus strengthens an energy field.

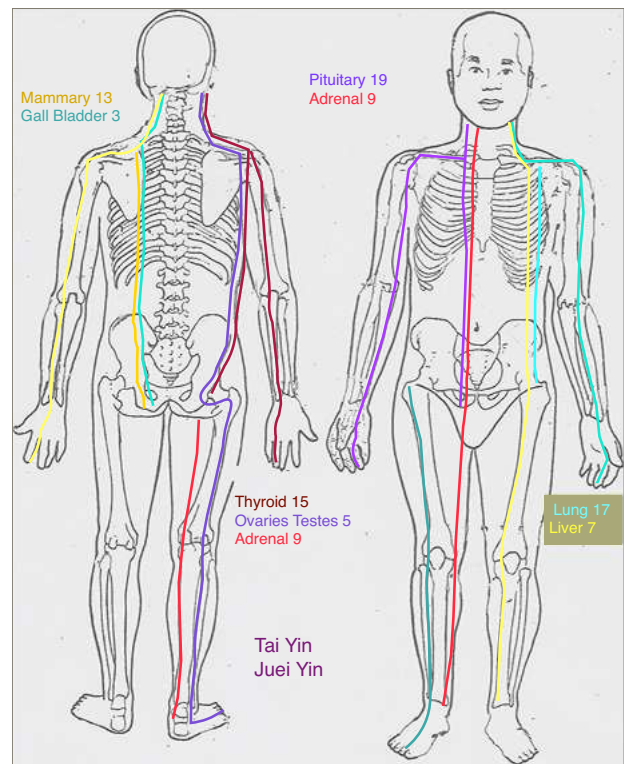
The first division pairs the Du of the spine with the Spine/Huato channel that lies next to it. The traditional Du did not have a leg channel extension, but you will find that it responds to the traditional Bladder channel location on the foot and calf. This entire Du channel will function as the Colon channel. Tap on the outside of the foot and see that the colon area on the body will weaken, not the bladder. Why should the Colon be the number 1 channel? Think again of the tube worm sitting on the rock; the original organisms were just tubes, so perhaps the first channel reflects a digestive tube that evolved into a spine. The division partner to the Du/Colon (1) is the Spine/Bladder (11) channel.



These spine Huatos must connect to an arm channel, which turns out to be the traditional Small Intestine channel location. Traditional SI 3 is such a good point for back pain because it accesses the Huato line of points. This Huato/Spine arm channel also serves as the true Bladder channel for the bladder organ. Both Colon and Bladder are major organs of elimination. You can observe on yourself how these channels and pulses weaken around daily

eliminations. Both meridians pass through the fifth toe and finger.

The second division is Stomach 2 paired with Pancreas 12. They both enter or exit through the big toe and thumb. The traditional trajectory of the Stomach channel on the leg is largely correct, only it does not veer off course to include St 40.



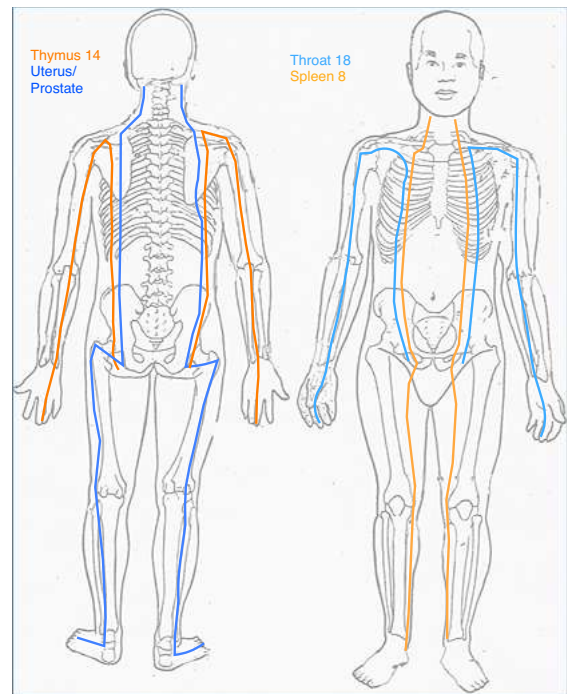
This new Stomach channel is a yang channel, and so on the torso it moves to the yang back. It takes the place of the traditional first Bladder line, under the heads of the vertebrae, and forms the nurturing channel for the Shu points. On the foot, it is found on the edge of the first metatarsals and includes traditional Kidney 6. The division partner to the Stomach is the Pancreas channel, which roughly follows the old Large Intestine channel. These division partners are both involved in the initial stages of digestion.

The third division is Gall Bladder 3 paired with Mammary 13. Gall Bladder and Mammary both pass through the 2nd toe and finger. The Gall Bladder channel on the back torso follows the

position of the traditional second Bladder line. The lower leg traditional GB channel is accurate, but on the foot it passes through the lateral side of the second toe. The Mammary channel lies on the arm between the Pancreas and Thymus channels on the arm. The Mammary channel also seems to govern the lymph system. Traditional Lung 7 is a Ma point.

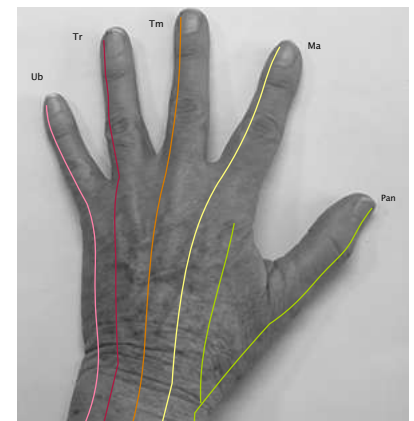
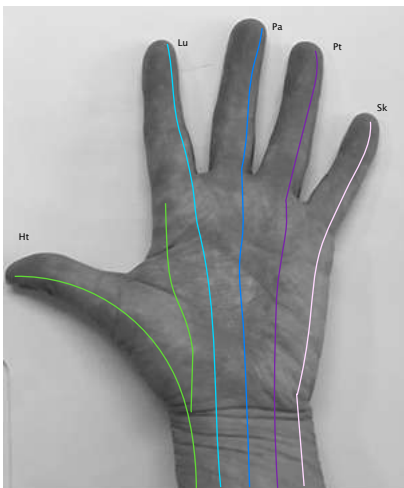
The fourth division is Ovaries Testes 5 with Thyroid 15. The Ovaries Testes OT channel is first of several reproductive channels. It enters through the fourth toe and ascends. Traditional Gb 41 is an Ot point. The Thyroid channel starts on the sacrum and passes through traditional SJ 3 on the hand, and then exits on the fourth finger.

The fifth division consists of San Jiao 4 and Thymus 14. These channels both lie smack in the middle of the yang side of the leg and arm. They enter and exit through the third toe and finger. The traditional San Jiao location on the arm now becomes the Thymus meridian. If you stress the traditional San Jiao channel, it will not reflect on the traditional San Jiao pulse; but its leg division partner will. Both of these 4th division channels exit or enter through the middle finger and toe. Both of these channels seem to be deeply involved in immune function: the Thymus channel with thymus functions, and San Jiao with the marrow and blood immunity. The Xiao Yang, as a division, had a protective aspect, so perhaps these last two meridians are the best candidates for Xiao Yang.



The five yin division partners to these channels

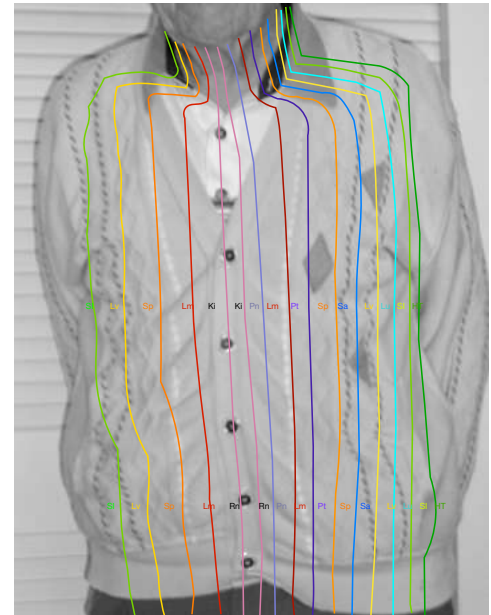
The sixth division is Heart 16 and Small Intestine 6. The Heart meridian starts on the palm side of the thumb, has a second branch on the medial side of the palm, and then slides down the forearm alongside the radius. On the torso it lies on the side, where the seam of shirt would fall.



Note how the Heart and Pancreas channels occupy the same anatomical location on the front and the back of the hand and arm. Each yang division has a matching yin division that pairs on the pulses.

Both Heart and Pancreas split at the base of the thumb and then recommence on the side of the hand. This is because the thumb attaches lower on the hand than the other fingers, so the hand extension of the channel moves the interior side of the hand. The Pancreas channel contains most of the traditional locations for the traditional Large Intestine points.

All the yin leg channels extend down from the neck and traverse the entire front of the torso before connecting to their traditional leg trajectory. All yin arm channels begin on the palm side of hand, and end on the front of the torso. All division partners sit next to each other on the torso. The arm channel of the division always lies lateral to the leg channel on the torso.



The new Small Intestine meridian is the division partner to the Heart, and lies close to the traditional Spleen channel of the foot, but on the sole. The Small Intestine is considered a yang meridian in traditional Chinese medicine, but anatomically, the stomach empties into the small intestine; thus making it the yin receptacle of the yang function. On the leg, this channel is found medial to the Liver meridian, closer to the leg bones. On the torso, it is found lateral to the Heart meridian, on the side edge of the torso; slightly medial to the seam line for a shirt.

The Liver and Lung channels form the seventh division. Both hew to the yin sides of the leg and arm bones, forming a single division, perhaps Tai Yin. On the upper thigh, the Liver channel remains closer to the femur bone than on the traditional trajectory. The Lung meridian passes through the lateral palm side of the second (index) finger, the Liver exits through the lateral edge of the second toe, sole side.

The eighth division consists of the Spleen (8) and Parathyroid (18) channels. The traditional Spleen channel location on the lower leg is correct. On the center bottom of the foot, it now passes through traditional Ki 1 and the third toe. On the torso, the true Spleen channel is an orange meridian that crosses down and through the breast. The Spleen meridian traditionally dealt

with blood disorders, and I find that it also treats the arteries. On the traditional map, the arm channel that traverses the same anatomical region as the leg Spleen is the traditional arm Pericardium meridian, which runs through the ventral middle of the forearm and the middle finger. This is the territory of the new Parathyroid channel, which regulates bone function. We will discover that the Spleen channel can also govern lower body bone function as the Parathyroid division partner. This Parathyroid channel will treat the bones, and also the areas of the throat and upper respiratory tract: the trachea, and the bronchi. You will see it active in colds and flu. Since it is also the channel that passes through the nipple, it is active in cases of mastitis.

For a long time, I thought that there was no connection of this Pa channel to the pericardium, because points on the channel seemed to treat the throat organs more than the heart. Then I remembered that the Chinese translation for the pericardium was the heart envelope, and I realized they could be talking about the arteries surrounding the heart area. Points on this new Parathyroid channel, which mostly follows the old Pericardium channel, do strengthen vials and images of the arteries of the heart and upper body arteries. It will also strengthen images of the pericardium itself, and the SA node of the heart. This electrical conduction area of the heart is affected in atrial fibrillation. Damage to this area of the heart will reflect on the traditional first left pulse position.⁸

Note how on the last division chart, Thymus and San Jiao, and Spleen and Throat, all mirror each other's locations. The colors of these meridians also form reciprocal pairs, as is apparent in all of the above charts. These reciprocal pairs become important in treatment.

The ninth division is the Adrenal (9) paired with Pituitary/Uterus (19). The Adrenal channel treats depletion of the adrenal glands. It also treat the fallopian tubes which receive the eggs from the yang Ovaries. The traditional Chong reproductive channel was supposed to lie beneath the traditional Kidney torso channel, and this Adrenal channel that lies next to the Kidney turns out to address the fallopian tubes as well. The fallopian tube is where the egg ripens and so certain hormones like progesterone can be affected by this channel. The channel starts at the neck end of the traditional Kidney channel and follows that meridian down the torso. It then pursues a medial line down the thigh. At the heel bone, it moves internally, and comes out on the internal side of the ankle. It exits at the fourth toe on the sole of the foot.

The uterus and prostate organs are treated by the Pituitary arm channel that forms the other half of this division. This Pituitary/Uterus channel is active in pregnancy and labor. I named this

⁸ I only recognized this connection of atrial fibrillation to the traditional Heart pulse recently; so in truth the channel could have remained as a Pericardium or Pacemaker channel, but I had already reconfigured it as primarily a Parathyroid/Throat channel. It treats all these areas.

channel the Pituitary channel because the 1st pulse position reflects an organ above the neck, but it could just as well be called a Uterus channel. If you really want to treat the Pituitary gland itself, then you use the cranial division of this channel. This channel also governs the venous system of the body. On the body, this Pituitary channel also treats the salivary glands. The Pituitary/Uterus meridian starts at the fourth finger, and will roughly follow the traditional Heart channel trajectory on the forearm. It nestles alongside the Adrenal channel on the torso.

The tenth division is Kidney/ Skin. The Kidney meridian begins as the traditional Ren Channel on the torso, and ends at the fifth toe. On the back of leg, it follows close to the midline, and on the sole of the foot it follows the edge of the fifth metatarsals. The partner to the Ki/ Ren (10) is the Skin channel (20), which starts at the fifth finger palm side, and follows down the side of the hand and the internal lateral edge of the arm and forearm.

There are many more organs than channels, so this Skin channel treats several organs that are related by color and pulse. This 20 Skin channel will also treat the mouth, the sigmoid colon, and the rectum. It seems that the whole colon organ is functionally two parts. The major long part of the colon is yang, and is governed by the Du/Colon 1 channel, but this yang colon seems to empty into a yin receptacle in its final sigmoid portion. This yin sigmoid portion of the colon is governed by the Skin 20 channel. It is interesting to note that the skin, the colon, the sigmoid colon, the bladder and the kidneys all function to eliminate toxins. They also form reciprocal divisions: 1 and 11 for Colon and Bladder; 10 and 20 for Kidney and Skin.

The above trajectories are all rather simplified, just a rough sketch. Fortunately, when you are actually treating a patient, the digital frequency will always stimulate the point location, letting you know exactly where you are on the channel.

Numerically, 1 and 11 are Tai Yang, and 2 and 12 are Yang Ming. Xiao Yang is now 4 and 14. The yin divisions are murky, but Tai Yin might be 7 and 17, Jue Yin might be 8 and 18, and Xiao Yin may be 10 and 20. The numerical sequence from yang to yin somewhat reflects the traditional six division pairings. Possibly there is a protective function as yang moves towards yin.

The pulses also reflect the pattern of division pairs. On the pulse chart in the last chapter, you can see that the Spine as 11, in the first position on the left, pairs with Colon as 1 on the fifth position right. Their pulse partners also form a division across the wrists.

The fact that the physical locations of the divisions also form numerical pairs has to be more than coincidence.

Chapter 3 - Color: Shu, Mu & Chakras

The Chakras

Where do the colors of the meridians come from? I discovered that the meridians responded to colors after playing around with the colors of the chakras. The chakras, you might recall, are the little vortexes of colored energy purported to be shining from centers in the torso. The Indian yogic system found seven chakras; but if you shine different colored flashlights over the centerline, you will discover that there are ten. These chakras commence with infrared at the base chakra over the genitals, and follow the color spectrum, ending with ultra violet over the crown chakra at the top of the head. Each of these chakras will strengthen to their proper color, using a straight arm muscle test. Turn to the backside, and another series of 10 chakras will appear, but this time the rainbow is reversed, with ultraviolet at the sacrum. To test the far ends of the spectrum, you will need to purchase an infrared and an ultraviolet flashlight.



Each of these chakras relates to an organ, and each of those organs will respond only to the color of its chakra. My first quest was to determine which system was more correct: the organ colors of the Indian chakras, or those of the Chinese five elements.

The heart chakra is green. If you shine a green light over the heart area itself, the testing arm will show a strengthening response; if you shine a red light over the heart, the arm will weaken. The Chinese five element theory held that the heart energy was red, but the physical response is to the color green. A red light will not strengthen the area over the Heart meridian, but a green light will. The five element colors are a part of a metaphysical theory that ties organs to elements and seasons, but the organs themselves respond to different colors. The light that strengthens over the Kidney organ

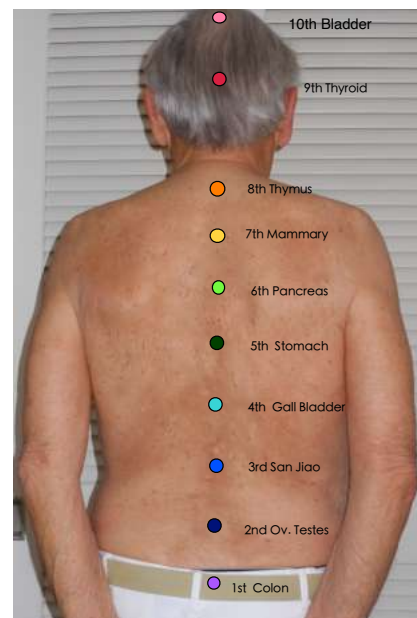
area is infrared, and that of the Liver is yellow, which leaves the color aspect of the five element theory in tatters.

Another way to show the association of an organ with its chakra is by stressing the organ. Tap over an organ area to lightly stress it, and see which chakra weakens in response. If you tap over the liver area, the front yellow chakra will weaken. A third way to show association is to download

live pictures of the organs themselves, found on the internet. If you shine colored lights on these photos of living organs, they will again respond only to their chakra color.

When all the colors of the organs and the chakras are lined up, you will see that the yin organs have chakra associations on the front, and all the yang organs have chakra associations on the back. An ascending rainbow sequence of colors on the back, and a descending rainbow on the front.

The rainbow sequence itself shows a direction. If you download a color spectrum from the internet, and turn it to make a vertical stack of colors, you can swipe up, and then perform a muscle test. The stack will only test strong in the upwards direction, from ultraviolet towards infrared. Perhaps this is because ultraviolet nanometer frequencies are higher than infrared. This vector towards infrared is the direction of the ascending yang chakras. Turn the rainbow stack over, and the energy will strengthen in the yin descending direction. The chakras descend on the front because that is the vector that strengthens that rainbow. The

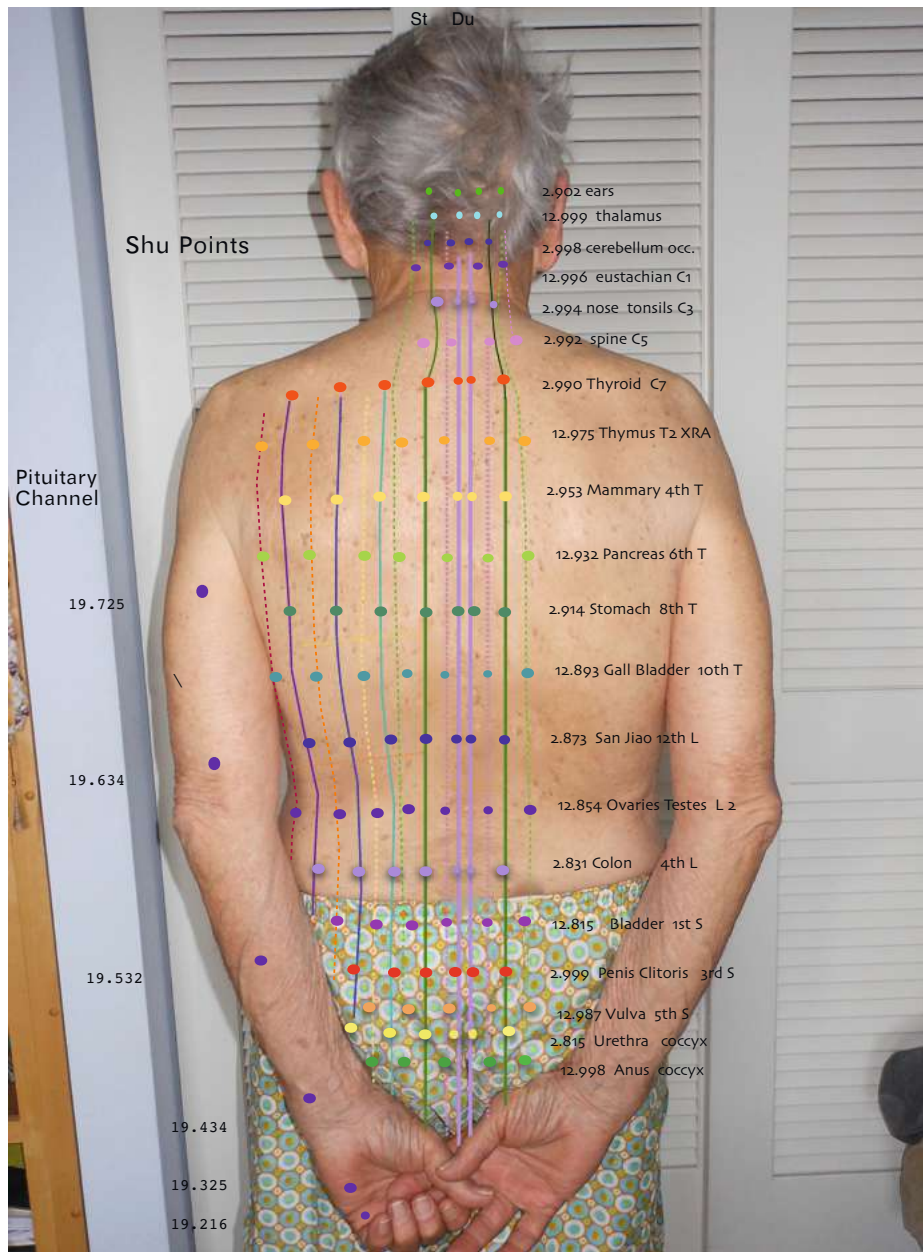


Indian yoga system presented the sequence of the chakras as ascending; yet if you test for direction on the front chakras, they descend.

Front Chakras	Chakras	Back Chakras
10.812 Skin, Sigmoid colon	10th crown	Bladder 1.902
20.865 Uterus Salivary	9th	11.999 Thyroid Sex
10.893 Bone Parathyroid	8th	1.994 Thymus
20.902 Lung	7th	11.975 Mammary
10.921 Heart	6th	1.953 Pancreas
20.943 Sm Intestine	5th	11.932 Stomach
10.991 Liver	4th	1.914 Gall Bladder
20.993 Spleen	3rd	11.815 S.J. marrow
10.999 Adrenal	2nd	1.999 Ovaries Testes
20.831 Kidney	1st base	11.998 Colon/Du

Once I had determined that each of the organs related to a chakra, I wondered whether the meridians themselves had colors. I guessed that the Lung meridian might respond to the turquoise color of its chakra, and that proved to be the case. Over time it became clear that each of the twenty meridians aligns itself with a single chakra and its color. Yin meridians with yin chakras. The color coding of the meridians helps to confirm the digital locations of the channels. The same color coding of chakra colors extends to the Shu and Mu points, and the pulses. Does this mean that the color of the meridians derives from the chakras? Probably not, but the colors serves to unite the Chinese and Indian system of energies in a coherent way.

Colon/ Du	Stom.	GB	San Jiao	Ovaries Testes	Small Intestine	Liver	Spleen	Adrenal	Kidney/ Ren
1	2	3	4	5	6	7	8	9	10
UB/ Spine	Pancreas	Mam- mary	Thymus	Thyroid	Heart	Lung	Parathyr- oid	Pituitary Sinus	Skin
11	12	13	14	15	16	17	18	19	20



The Shu and Mu Points

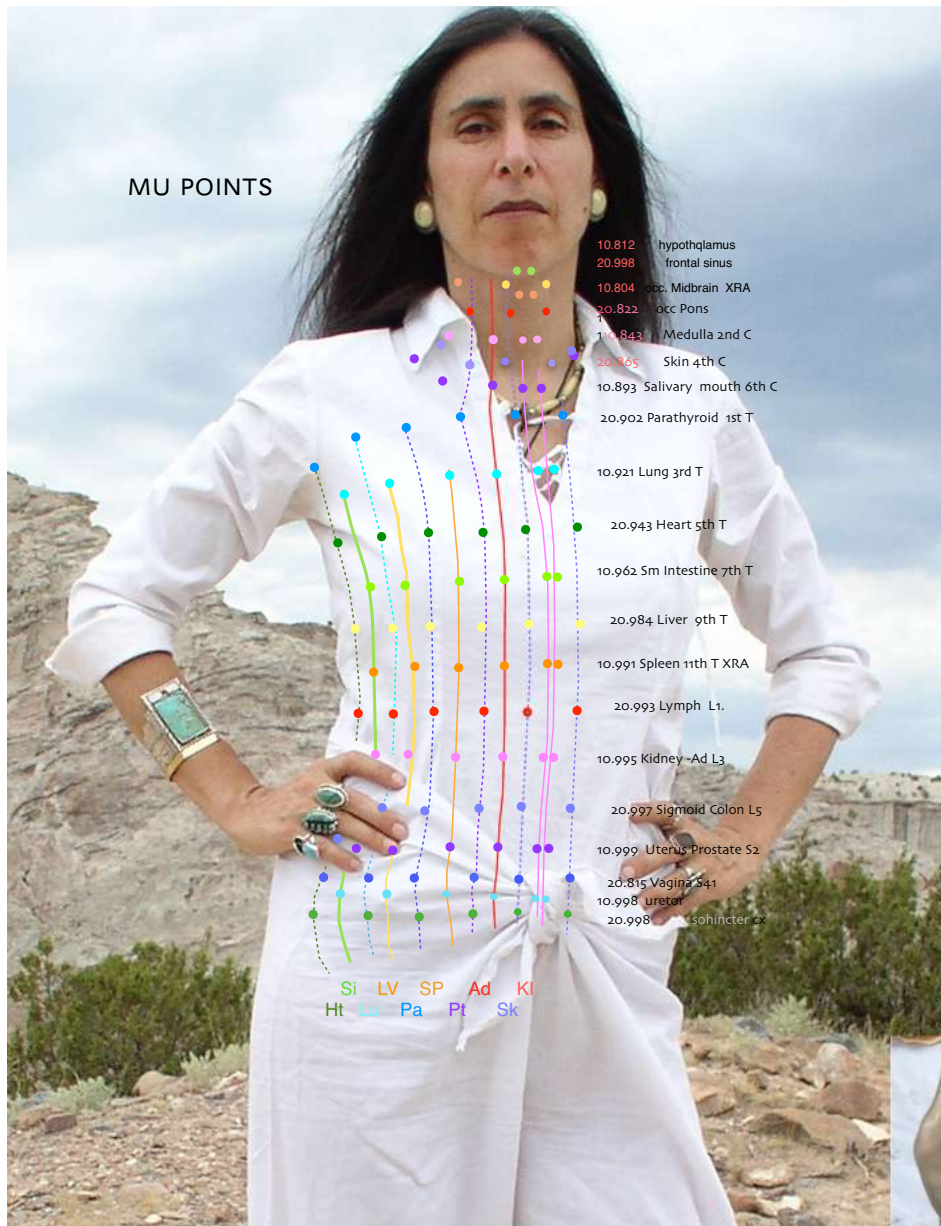
The traditional Shu points were a series of yin and yang organ points associated with a single Bladder line along the back. In the new charts, every vertebrae now has an organ association, and every yang meridian along the back has a Shu point, creating five Shu points for every organ.

Each of the yang Shu points responds to their chakra organ color, and they form a rainbow sequence of color cascading down the back.⁹

The traditional location of the Shu points was under the tips of the vertebrae, on the traditional first Bladder line. This traditional first Bladder line has become the Stomach channel. The Stomach is a yang channel, and is therefore

⁹ Note that on all my charts, the XRA means prohibited for treatment in certain autoimmune conditions such as rheumatoid arthritis (XRA). Autoimmune will be further explained in the sixth chapter.

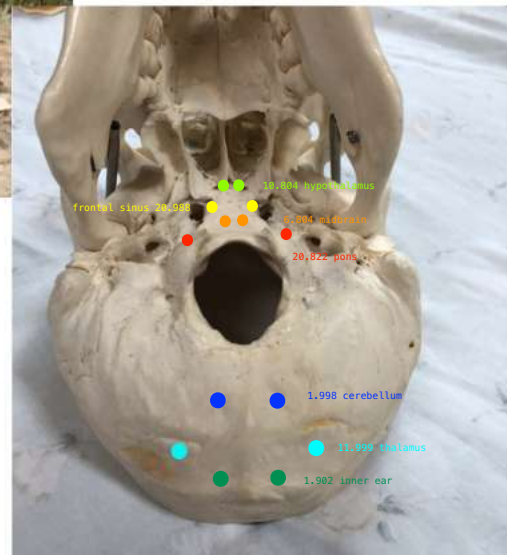
found on the back. The location of the leg Stomach 2 Shu line pairs with its division partner the arm Pancreas 12 channel, which runs alongside it on the back.



The Chinese put the yin Shu points on the back: Lung Shu at T3 and Heart Shu at T5. These traditional locations are clearly functional, but I have found that they are best treated at Mu locations on the front of the torso. The vertebrae locations were correct, but these yin organs respond much better to yin frontal frequencies at T3 and T5. These yin frequencies are the only ones that will stimulate a colored band for each yin organ. These new Mu points form an anatomical and functional complement set to the Shu points. The colors form a descending rainbow

sequence. These new Mu points bare no resemblance to the traditional locations of the Chinese Mu points, which were ineffectual when translated to digital. The old Mus were discarded in favor of these more functional Mus.

Every vertebrae now has an organ correspondence. There are 20 acupuncture channels but 33 vertebrae on the back



and neck, so a few more organ associations needed to be found. On the neck, the vertebrae are associated with organs of the throat, nose, mouth and outer ear. The bones that form the base of the occiput respond to yang Shu frequencies continuing up from the neck. The corresponding Mu points are located in the inner part of the skull and sinuses. The tailbone and ischium have their own set of Shu and Mu frequencies.

Vert	Organ	Shu	Mu	Indication -hormones	Vert	Organ	Shu	Mu	Indication
occ- iput	hypothal. ethmoid, eyes, lacrimial		6.812	satiety, palate, orexin, IGD	7th T	Small Intestine		6.962	sucrase CCK secretin
occ- iput	ears, cochlia	2.902		EMFs,IGG, mid cere. peduncle	8th T	Stomach	2.914		gastrin, pepsin grhelin, HCL
occ- iput	fr. sinus sub nigra vestibular		16.998	IGM, infer. cerebellar peduncle sup. collic	9th T	Liver		16.984	glycogen
occ- iput	subthalm. nuclei, eustach- ian tube	12.999		anterior cerebellum, inferior colliculi	10th T	Gall Bladder	12.893		bile
occ	Midbrain		6.804 XRA	tentorium cerebellum	11th T	Spleen, arteries		6.991 XRA	macrophage
occ	Cerebellum sweat glands	2.998			12th T	San Jiao, Diaphragm marrow	2.871		platelets
occ. con- dyle	sphenoid sinus, pons 3rd ventric.		16.822		1st L	Adrenals, fallopian veins		16.993	cortisol, aldosterone
1st C atlas	outer ear eardrum & ossicles	12.996			2nd L	Ovaries, Testes	12.854		norepineph, estrogen, testosterone
2nd C axis	Medulla		6.843		3rd L	Kidney		6.995	
3rd C	nose, dors. root ganglia	2.994			4th L	Colon	2.831		

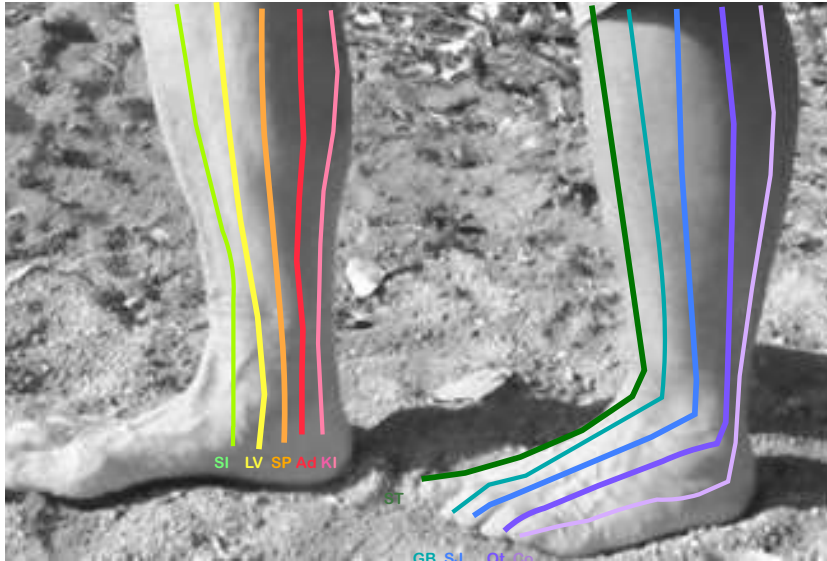
4th C	Skin, tonsils		16.865		5th L	Sig. colon, mucosa		16.997	
5th C	mouth tongue	12.992			1st S	Bladder	12.815		
6th C	Salivary, max. sinus		6.893	amylase	2nd S	Uterus, prostate		6.999	
7th C	Thyroid, Sebaceous, larynx	2.990		T3, thyroxin	S 3	Penis, Clitoris	2.999		
1st T	Parathyroid bone		16.902	osteocalcin	S 4	pelvic bowl		16.815	
2nd T	Thymus	12.975 XRA			S 5	hip socket vulva	12.997 XRA		
3rd T	Lung		6.921		ischi um	Uretor		6.932	
4th T	Mammary Lymph	2.953			cocc yx	Urethra, hip socket	2.815		IGE foreskin
5th T	Heart		16.942		ischi um	anal sphincer		19.831	IGA vagina
6th T	Pancreas	12.932		pancreatin insulin	cocc yx	anus	15.998		kinin

There are a number of patters associated with these Mu and Shu points.

- Each vertebra has 5 channel acupuncture points of the same frequency that follows each cardinal number. The traditional charts just had a Du channel, the Huatos and then the two Bladder lines. Traditional torso points such as Sp 20 and Lu 1 will fall on these new channel lines.
- Vertebrae frequencies alternate between yin and yang. There is a further pattern of leg yin followed by leg yang; then arm yin followed by arm yang, that repeats up the whole spine.
- The Mu frequencies form a descending rainbow sequence of color, and the Shu frequencies an ascending one.
- Vertebrae pairs form pulse partners. The yang pulse partner always follows the yin; one vertebrae lower. The traditional yin Liver Shu point at T9 is found one vertebrae above the yang Gall Bladder Shu at T10. This pair of traditional pulse partners sent me in pursuit of a consistent pattern: what is true for one set of vertebrae, should be true for all.

- The location of the Shu and Mu points roughly reflects anatomical organ locations on the body, and their sequence through the jiaos. The neck cervical Shu/Mu points reflect organs and areas in the brainstem and throat. The Lung, Heart, Colon and Bladder Shu/Mus are found close to their respective organ location.
- On the chart above, each Mu or Shu point is paired with an organ of the same colored frequency on the opposite side of the chart. These same colored pairs work together functionally. If the lime green Small Intestine organ is deeply compromised on a patient, then a point on the lime green hypothalamus Mu opposite will test to strengthen Small Intestine function.
- There seems to be a clinical sequence between all of these sets of restorative points to the organs. When a deficiency in one of the yang organs is mild, then a traditional Bladder line Shu point will signal to be appropriate. These Bladder line points now fall on the Stomach/Pancreas meridians. If it is a yin organ that is weak, then one of Mu points on the yin torso Small Intestine or Heart channels will show to strengthen it. A person that is just beginning to cough will want Si 6.921 for the lungs; a kidney that begins to feel the cold will respond to Si 6.995. If the deficiency is more pronounced, then the 9.921 or 9.995 Mu points may test to be the better for the same symptoms. If a cough turns into pneumonia, then the optimal point will migrate to 10.921 Mu, or even to the chakra point.

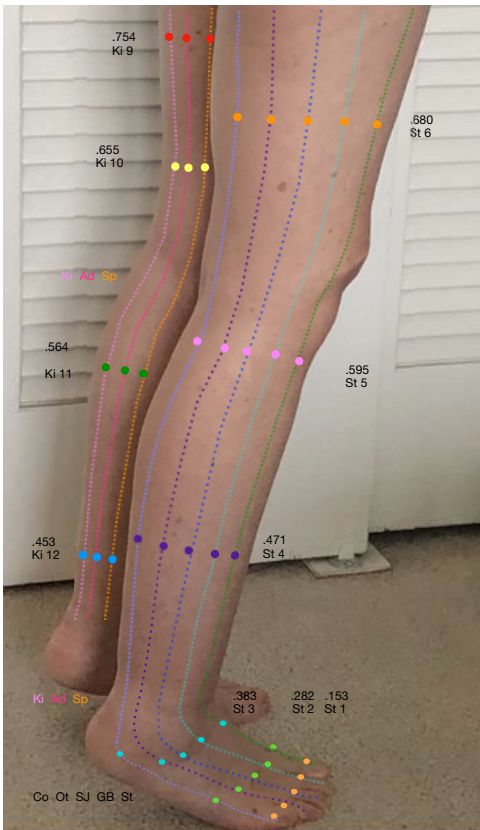
Chapter 4 - Delving Deeper into Color



Meridians respond to color, and these colors form a series of rainbow arrays on the limbs and torso.

The shades of the colors on the arm and leg bands differ slightly. The Ovaries/Testes and Thyroid meridians both respond to red. I used different shades of red theatre gels to compare the effect on leg meridian versus arm. The OT leg meridian responded to a slightly darker shade of red than the Thyroid. All of the leg channels responded to slightly darker

shades of color than their arm channel counterparts. The few cranial channels that I have tested also respond to slightly different shades of their body channel colors. When it comes to treatment, the precise shade of blue does not seem to make a major difference: any point on a blue meridian can be treated with a blue marker.



Another colorful pattern is in the pairing of the divisions. Each of the ten divisions is distinguished as a pair of different colors: the yellow of the Liver pairs with the turquoise of Lung. Their yang pulse partners will have the same pair of colors, but in reverse: yellow for Mammary, and turquoise for Gall Bladder. These matching colored divisions of paired colors lie over one another on the hands and feet: GB and Liver pass through the second toe, Ma and Lung through the second finger. Go back to chapter 2 and look at the 10 division charts to observe the reciprocal color schemes.

Each of the acupuncture frequencies on the arm and legs can be treated by a specific color. Traditional Sp 6 as 8.453 Hz will respond to the color blue, and will be strengthened by it. The horizontal line of points above the ankle, 6.453, 7.453, 8.453, and 9.453 will all respond to blue, and to no other

color; except that of their respective meridians. Each acupuncture frequency creates a half ring of color. These half circles on the limbs again form rainbow sequences, but alternating between the

arm and leg frequencies. The color sequence is ascending for yang, and descending for yin.

Element	Color	Acupuncture frequency	The Working Chart		
sodium	red	11.132 10.754			
carbon XRA	orange	1.153 20.725	Front Chakras	Chakras	Back Chakras
hydrogen	yellow	11.241 10.655	10.812 Skin, Sigmoid colon	10th crown	Bladder 1.902
manganese	lime	1.282 20.634	20.865 Uterus Salivary	9th	11.999 Thyroid Sex
potassium	green	11.346 10.564	10.893 Bone Parathyroid	8th	1.994 Thymus
nitrogen equilibrium	turquoise	1.383 20.532	20.902 Lung	7th	11.975 Mammary
water zinc equilibrium	blue	11.453 10.453	10.921 Heart	6th	1.953 Pancreas
magnesium	purple	1.471 20.434	20.943 Sm Intestine	5th	11.932 Stomach
calcium	ultraviolet	11.564 10.346	10.991 Liver	4th	1.914 Gall Bladder
iron	infrared	1.595 20.325	20.993 Spleen	3rd	11.815 S.J. marrow
phosphorous	red	11.655 10.241	10.999 Adrenal	2nd	1.999 Ovaries Testes
chromium XRA	orange	1.680 20.216	20.831 Kidney	1st base	11.998 Colon/Du
sulphur	yellow	11.754 10.132			
chlorine	lime	1.786 20.113			

In the left half of this working chart, you see the limb points paired by the color of their frequencies. These pairs turn out to be the functional partners most used in treatment.

The Working Chart just presents the Tai Yang/Xue yin divisions (1/11, 10/20), but each of the division pairs can be accessed by just changing the cardinal numbers of the frequencies - 1.383 with 20.532, becomes St 2.383 with Ht 16.532.

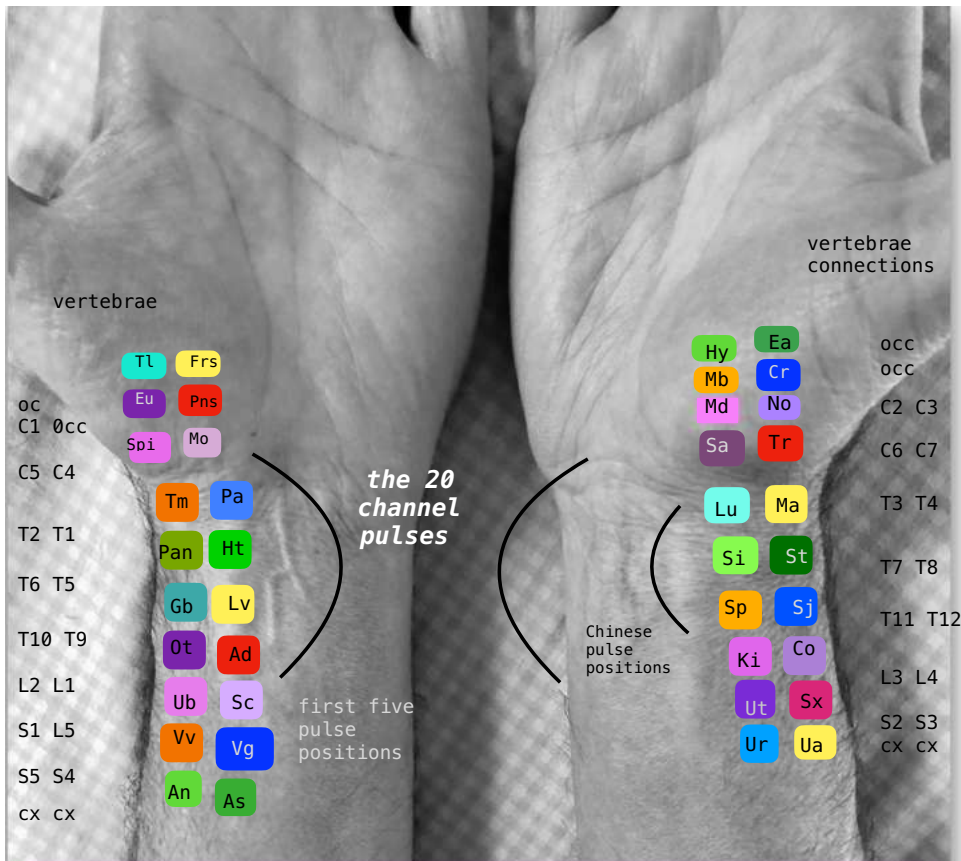
The chakra points do seem to be limited to the Du/Ren sets.

The Pulses - Revisited with Colors

Each of the pulse positions will respond only to the color of its meridian and its chakra. Shine a turquoise LED light over the right hand pulse positions, and only the Lung position will respond. A rainbow color sequence snakes back and forth between right and left pulses. One rainbow sequence for the yin pulses, and another for the yang.

However, those rainbow sequences do not end with the five pulse positions. I began to notice that if a patient had a bladder infection, or genital herpes, the active pulses were found proximal to my 5th position. If a patient had a frontal sinus infection, then pulses deeper into the palm of the left hand were reactive. It finally struck me that the pulse positions were reflecting the entire set of Mu or Shu vertebrae positions. *It is the Shu/Mu location of the organ that will determine the pulse position.* As on the Shu chart, the brainstem and sinuses will be found the top pulse positions; the

bladder and sex organs at the bottom. This led to yet another discovery related to color: *It is the color of each pulse position that allows one to determine their channel connection.* If the uterus pulse position and Mu respond to purple, then the channel associated with the Uterus must also be a purple one. Since the uterus is a yin organ; then it must belong to the purple yin 19 Pituitary channel.



The original five pulse positions in this new chart are the template where I paired the 20 channels to numbers and to colors. Each of the organs in this template reflects its position in the 5 jiaos. Arm channels above, leg channels below. All arm channels do have an organ in the upper body that they treat, but the UB and Skin channels were named for a lower jiao organ that also shares the same channel.

The Bladder meridian is an arm channel, when logic would have it be a lower jiao leg channel; so look to the colors for the explanation. Both the Bladder pulse and Bladder Shu respond to infrared, and therefore the channel that treats the Bladder must also be infrared. There is only one infrared yang meridian channel, and that is the Spine/Huato channel along the outside of the

yin chakras & meridians	yang chakras & meridians	yin chakras & meridians	yang chakras & meridians
20: mucosa, sigmoid colon: L5, mouth, sphen sinus, skin:C4	1: Du, colon: L4 tonsils, nose: C3	6: Small intestine T7	12: Pancreas: T6
19 Pt maxillary sinus salivary:C6 uterus/prostate:S2	5:lacrimal glands, ethmoid sinus, cerebellar ped.: C1 appendix. adrenal cortex, OT, L2	7: Liver: T8	13: Mammary: T4
18:Parathyroid, bone bronchi, SA node, pericardium T1	4: San Jiao, marrow: T12 diaphragm,cerebellum	8 Spleen, arteries: T11 midbrain, frontal sinus: occ	14: Thymus, urethra, vulva T2 S5
17 Lung: T3	3: Gall bladder: T9	9: Lymph, fallopian veins L1. pons: occ	15: Thyroid sex and sebaceous
16 Heart: T5	2 Stomach: T8	10: Kidney, Adrenal medulla: L3/ brain stem medulla: C2	11: Bladder S1, spine,tongue, sphenoid sinus: C5

arm, which used to be called the Small Intestine meridian. This channel must therefore serve the Bladder organ as well as the Huatos; you can confirm it by tapping along the side of the hand, and see how the bladder organ area weakens momentarily. I could have called the channel the Mouth channel, which is the upper jiao infrared organ associated with the 11 channel; but the Chinese tradition requires a Bladder channel, and it is the more prominent of these infrared organs.

These colored division pulse pairs may also reflect function, as can be seen with the sex organs. The division partner to the Pituitary/Uterus (19 purple) is the Adrenal/Fallopian channel (9 red). The Ovaries and Testes will in turn be treated by another purple channel; this time the yang Adrenal (5). Their division partners are red. Observe how the yang sex organ pulse at S3 is red; so the sex organs must be treated on the 15 red Thyroid channel. Who would have guessed that the penis would be a yang organ? Hence half the reproductive channels are treated by a pair of arm channels, and the other half by leg channels. Half are yin, half are yang. All pertain to a single pair of channel divisions and pulses.

How then to explain the gross inaccuracies of the standard Chinese pulse chart? The Chinese had undoubtedly observed over many centuries that problems of the heart, liver, kidney (yang) and bladder were reflected on the left pulse, but when it came time to fit them into a twelve pulse model, it wasn't possible to do it accurately, so they fudged, and moved the left hand pulses up one position.¹⁰ My initial five pulse model accurately reflected the 20 channels, but it didn't encompass and reflect the disorders of all the body organs. An expanded pulse chart based on color and vertebrae position was required.

Some of the chakra color associations can also be explained by this expanded pulse position chart. The Bladder is yang, so it will be found on the back set of chakras. The Bladder pulse and meridian respond to infrared light, so its chakra will be the top yang infrared chakra on the yang back of the crown. The Uterus/Prostate pulse is purple and yin, so the Uterus/Prostate chakra will be the purple one between the eyes. The sex organ chakra for the penis and clitoris will be the red Thyroid one on the back.

In an idle moment, I began to wonder if the chakra organs of the front and back were connected in any significant way. Each front and back chakra pair turned out to be pulse partners. You just can't make this stuff up.

Five Elements

¹⁰ Eventually I realized that there are actually two heart pulse positions, the upper traditional one for the pacemaker electrical area, and the second for the heart itself. That must have really confused the ancients.

Element	Color	Acupuncture frequency
sodium	red	11.132 10.754
carbon	orange	1.153 20.725
hydrogen	yellow	11.241 10.655
manganese XRA	lime	1.282 20.634
potassium	green	11.346 10.564
nitrogen equilibrium	turquoise	1.383 20.532
water zinc equilibrium	blue	11.453 10.453
magnesium	purple	1.471 20.434
calcium	ultraviolet	11.564 10.346
iron XRA	infrared	1.595 20.325
phosphorous	red	11.655 10.241
chromium	orange	1.680 20.216
sulphur	yellow	11.754 10.132
chlorine	lime	1.786 20.113

Several of the traditional five element points are situated on a one of the colored half bands crossing a hand or foot. Naturally I began to wonder whether each half band of points on the new charts could have a relationship to one of the five elements. If you download images of thirsty people and test the different frequencies of the Kidney channel, you will find that the blue frequency Ki 10.453, will best strengthen the kidney vial on those images. It will also strengthen the magnetic field of a small bottle filled with water, if you place it over the photos of those thirsty people, while at the same time you run the frequency. The strengthening of the field around the water bottle isn't so noticeable if you run this water frequency on someone who isn't thirsty.

I began to look for other element connections. The word for matches in Spanish is fosferos, so I thought that phosphorous might be a good stand in for the fire element. (Phosphorous is the igniting element of matches.) The yang arm frequency 11.655 created a strengthening response to a picture of the element phosphorous. So far so good.

Finding equivalents for earth, air or wood was more difficult. An infrared half ring that encompasses the traditional earth point St 36 at 2.595 Hz responds to images and nutritional supplements of the element iron. It is certainly possible that traditional Stomach 36 might increase the absorption of iron into the blood, and thereby strengthen Earth. Such things would be worth looking into. Iron is a metal, but stronger Stomach qi would translate into more iron and a stronger body; i.e. stronger Earth. Well maybe.

It seems pretty clear that there are too many channels for the traditional five element theory to hold much traction. On the Working Chart above, I found a series of connections of raw elements to frequencies that have little to do with the five element theory. Many of these associated periodic table elements are, however, essential to the formation of life. (I used photographic images of these elements to test resonance.) Much more work would need to be done to prove such associations. Water is a compound, while the rest of the associations are simple elements. Why is that?

Regardless of the accuracy of these five element associations, these sets of colored working pair frequencies prove to be the cornerstone of digital acupuncture treatment. Each element box contains an arm and a leg frequency location that will respond to the same color. The cardinal

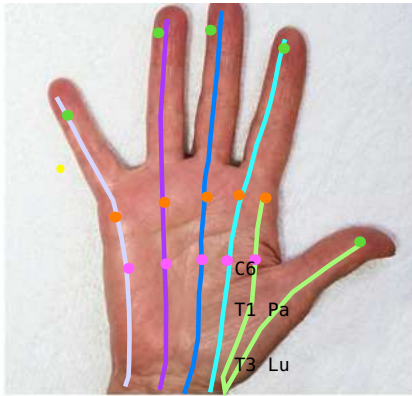
numbers can change, depending on which channel needs treating, but the color location frequency will remain the same.

Acupuncture points can be stimulated either with the color of the meridian, or with the color of the frequency band. It seems that we have photoreceptors at each acupuncture point, just like little octopuses. Any point on the Stomach meridian could be treated with a green light because that is the color of the meridian. Stomach 36 can also be treated with infrared, because that is the color of its frequency band. Either color will strengthen the point, but I have not seen that treatment with any other color will alter the energy. Treating a blue frequency point with orange, or a green point with red, will not tone or sedate the point; it will simply not register energetically at all. There must be only two specific photoreceptors for each location, or so one would think.

Is responsiveness to color a true physical phenomena beyond that of meridians and chakras? If you shine different colored lights on a feather, only the light that are the colors of the feather will elicit a strong muscle test response. After reading an article about the color of dinosaur eggs, I downloaded pictures of petrified dinosaur eggs from the internet, and turned my colored flashlights on them. Sure enough, one picture of a dinosaur egg responded to turquoise, another to brown, while a third reflected orange with spots of blue. Proof of the correct color of dinosaur eggs can only come with its chemical confirmation, but it is possible to download a black and white photo of a robin's egg in order to confirm that it will only respond to turquoise light. I downloaded an image of an aquatic dinosaur fossil with a fingered flipper pad. Each set of finger bones reflected the same set of colors as the human hand: lime for the first digit, yellow for the second, orange for the third. Reflected light illuminates the invisible ink of nature's charts, and I find this astounding and wonderful.

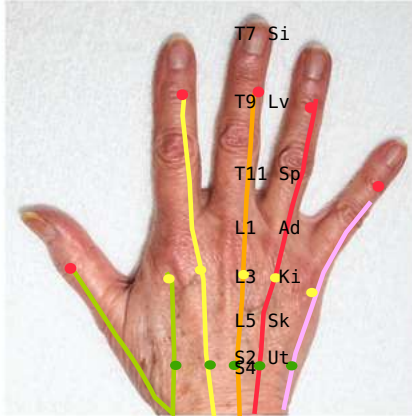
Color is a crucial part of the web that has no weaver. It is perhaps the defining requirement in the definition of an acupuncture frequency. Color connects a channel to its organ, to its pulse, and to a chakra. Color locates a point on a meridian and maximizes its stimulating function. Color acts as a major organizing principle in nature's healing system. The colors themselves are, of course, just another set of frequencies.

I wrote this book originally about digital acupuncture, but it may turn out that color is actually a stronger way to treat the acupuncture system. Points that cannot readily be needled on the palms and soles can be treated with colored marking pens, or with cheap LED flashlights covered homemade colored lenses. Patients could be given colored markers to continue home treatment of a particularly important treatment point. Children could be treated with washable colored markers. Treatment with color is certainly possible, and will be addressed in chapter nine.



.11
.21
.32

Sk Pt T5 Ht

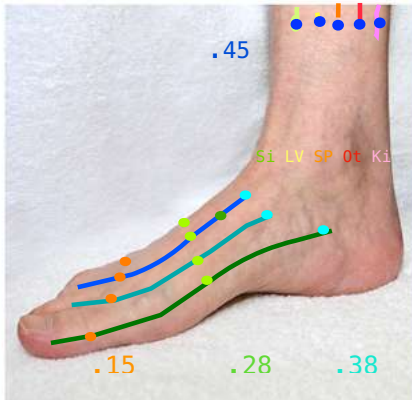


.13
.24
.34



.13
.24
.34

Ki Ad Sp Lv Si



.45
.15 .28 .38

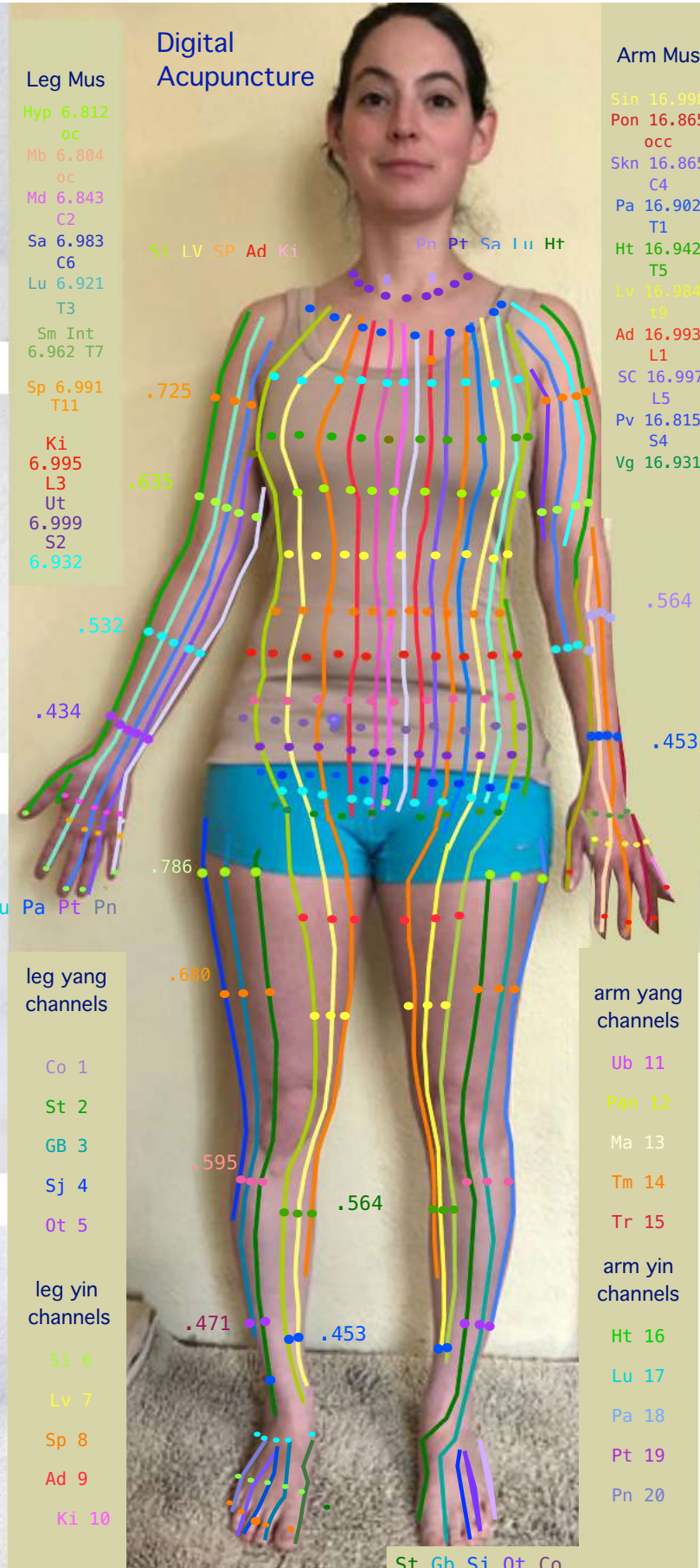
Leg Mus
Hyp 6.812 oc
Mb 6.804 oc
Md 6.843 C2
Sa 6.983 C6
Lu 6.921 T3
Sm Int 6.962 T7

Sp 6.991 T11
Ki 6.995 L3
Ut 6.999 S2
6.932

leg yang channels
Co 1
St 2
GB 3
Sj 4
Ot 5

leg yin channels
Si 6
Lv 7
Sp 8
Ad 9
Ki 10

Digital Acupuncture



Arm Mus
Sin 16.998
Pon 16.865 occ
Skn 16.865 C4
Pa 16.902 T1
Ht 16.942 T5
Lv 16.984 T9
Ad 16.993 L1
SC 16.997 L5
Pv 16.815 S4
Vg 16.931

arm yang channels

Ub 11
Pan 12
Ma 13
Tm 14
Tr 15

arm yin channels

Ht 16
Lu 17
Pa 18
Pt 19
Pn 20

St Gb Si Ot Co

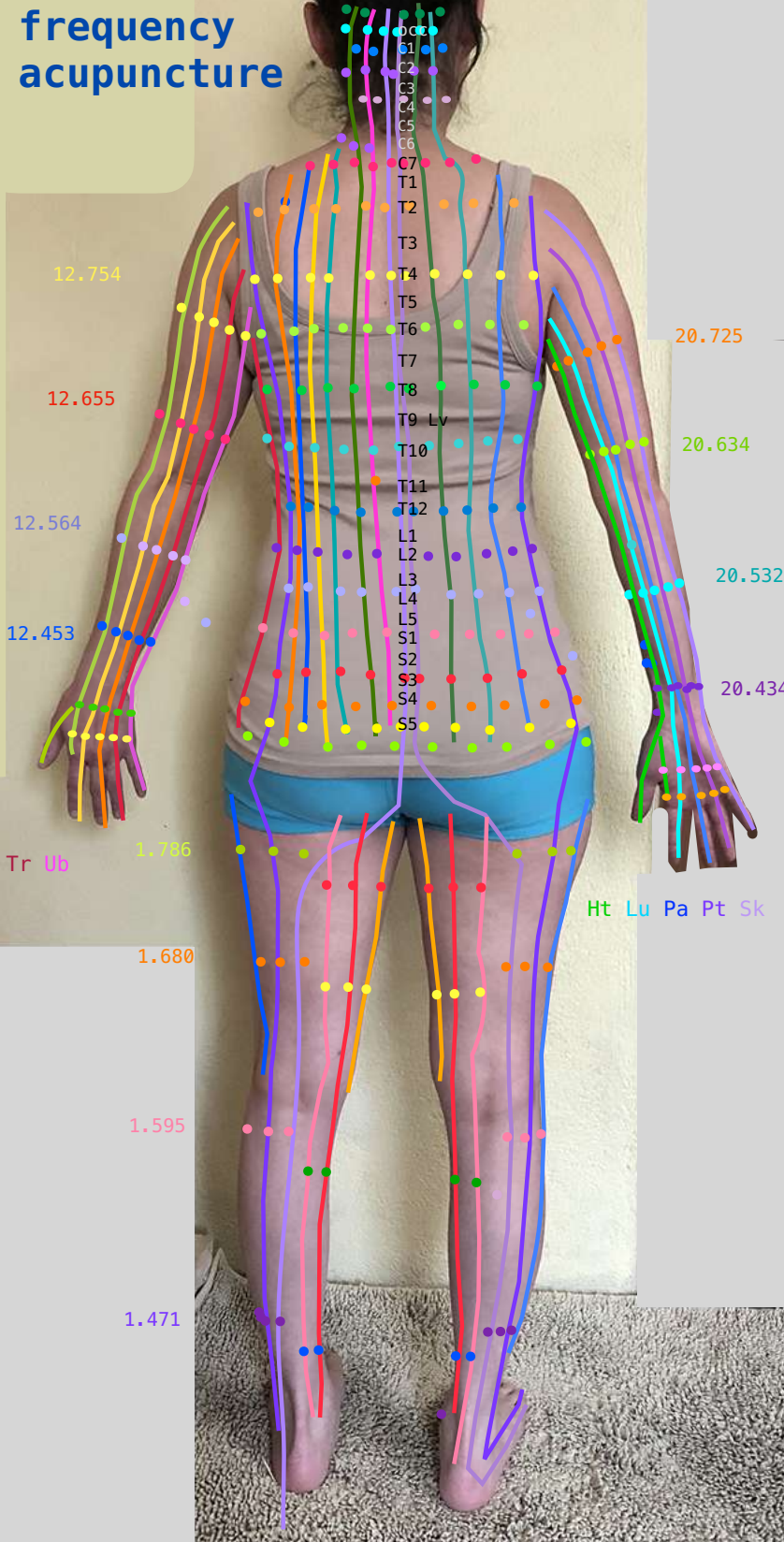
frequency acupuncture

Arm Shus

- 12.999 occ
- tent 12.996 C1
- mouth 12.992 C5
- Tm 12.975 T2
- Pan 12.932 T6
- Gb 12.983 T10
- Ot 12.854 L2
- Ub 12.815 S1
- hip 12.997 S5
- An 15.998

Leg Shus

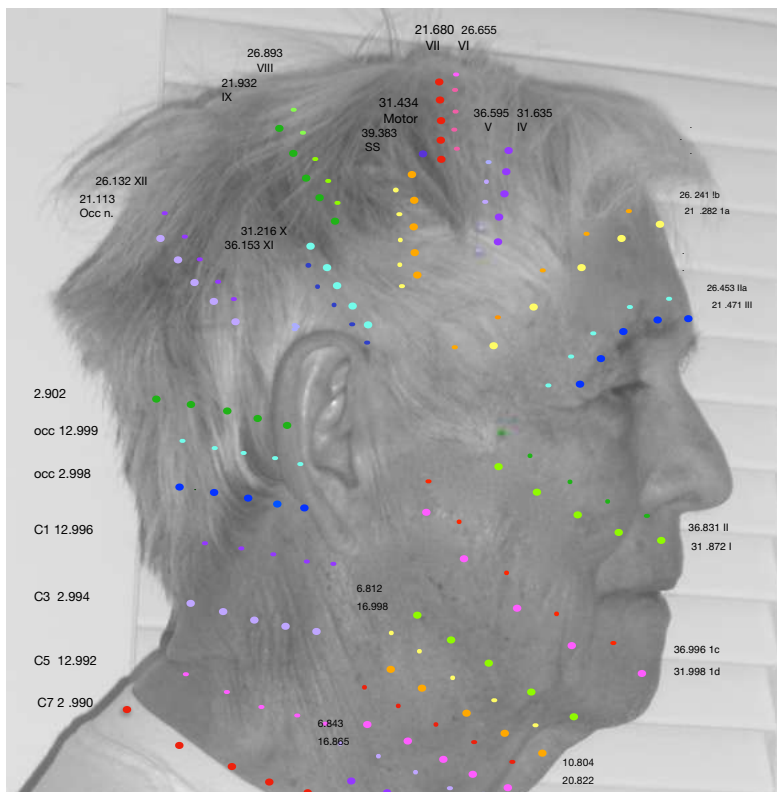
- Ears 2.902 occ
- Cer 2.998 occ
- Lac 2.994 C3
- Tr 2.990 C7
- Ma 2.933 T8
- St 2.914 T8
- SJ 2.871 T 12
- Co 2.831 L4
- Sx 2.999 S3
- Ur 2.815 occ



The cranial channels locations are paired as divisions down the side view of the head: first 21 as DU followed by 26 as UB; next 22 as Stomach paired with 29 as Pancreas; followed below by 23 GB paired with 28 Ma, and so on. Yin cranial rays alternate with yang ones. The facial rays also pair as a sequence of divisions.

Co	St	Gb	Sj	Ot	Ki	Si	Lv	Sp	Ad
21	22	23	24	25	31	32	33	34	35
Ub	Pan	Ma	Tm	Tr	Sk	Ht	Lu	Pa	Pt
26	29	28	27	30	36	39	38	37	40

Cranial Nerves



Originally, I had made a guess that the points on the traditional Stomach channel on the face might have some relationship with the cranial nerves. I imagined that traditional Stomach 1 might treat the first cranial nerve, and that Stomach 2 might treat the second cranial nerve. There were 12 traditional cranial Stomach points and 12 cranial nerves. That direct correlation did not prove to be the case, but it sent me sniffing in the right direction.

Most of the cranial rays decimal frequencies do indeed associate with a cranial nerve. The cranial map on this page is arranged by the color of the decimal frequencies, instead of by the color of the channels. Cranial nerves IV

through XII are found on the side of the head, CN I-III are found on the face. Each cranial decimal frequency is the same across all 5 cranial channels. The hertz frequencies 21.471-25.471 will all

There are several acupuncture rays on the head that do not connect to the cranial nerves. The beginnings of the cranial sequence appears to belong to the deeper structures of the olfactory and limbic system of the brain. On the side center of the cranium there is a motor ray and a somatosensory ray. These rays fall over those motor and sensory anatomical regions of the brain, and they seem to roughly correspond to the traditional scalp acupuncture motor and sensory lines.



Each of the frequencies of the cranial rays will map out a physical area on the skull and a region inside the brain. The cranial channels will also respond to the color of their body meridian. On the first map of this cranial chapter, the colors and locations of the cranial meridians can be confirmed with colored flashlights. You can shine different colored LED flashlights over each cranial channel to map its trajectory.

These cranial points will form a series of digital rungs in this coronal section image of the brain. Are these colored dots a more accurate representation of where the points are actually

found in the brain? If so, then it is likely that the traditional and new points found on the surface of the cranium are just external avatar locations of these internal ones.

Note that there is a similar sequence of leg yin, arm yin, arm yang, leg yang to that which occurs on the torso. I had thought of the cranial nerves as an analogue to the ladder of the spinal vertebrae, and here you see the literal image of that.

On an image of a sagittal section of the brain, these same points will appear as beads along the corpus callosum; as if that part of the brain was an extension of the spinal cord.

Neurological digital acupuncture practice will undoubtedly fill entire books in the future, so this chapter just lays the basic physical ground work. Chapter 8 will go into much more detail of how the cranial frequencies work.

Connection to the Spinal Tracts

Is there a connection between the ten divisions and the spinal tracts of the nervous system? I think so. Traditionally in Chinese medicine, there were 12 meridians- six ascending and six descending. In human anatomy, there are six major ascending spinal tracts that carry sensory information to the brain, and another six descending tracts that carry information to the muscles.

Years before discovering the full array of channels, I sought to establish a correlation between the spinal tracts and the 12 meridians. I purchased a set of vials relating to the spinal tracts, and started tapping the channels. If you tapped along the new Adrenal and Thyroid meridians to stress them, only the spinothalamic tract vials would weaken in response. Frequency points on the Adrenal channel (5) of the leg would strengthen only the vial for the anterior spinothalamic tract, and points on the Thyroid channel (15) would strengthen vials for the lateral spinothalamic tract. That response never deviated.

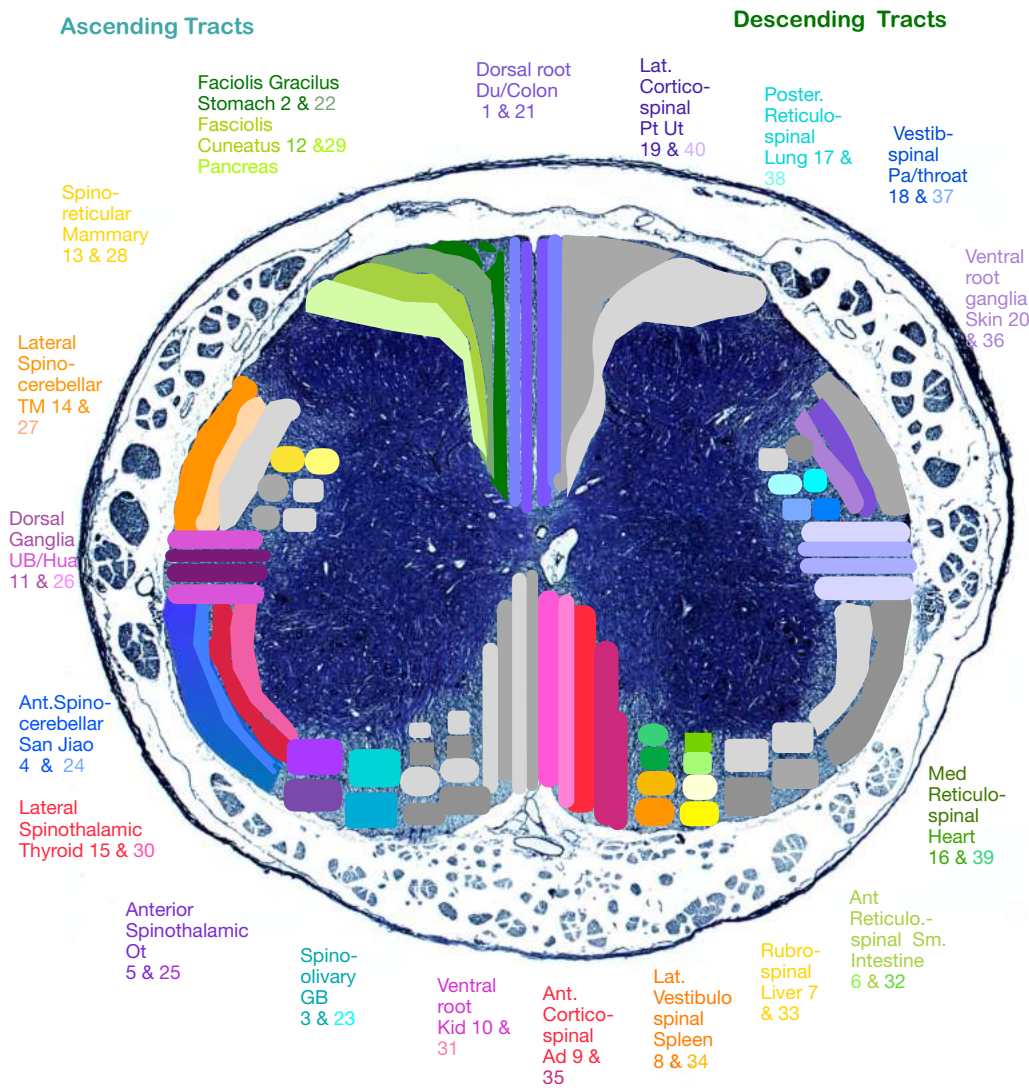
Further exploration showed that yang channels relate to ascending tracts, and yin to descending. Anterior tracts relate to leg channels, posterior or lateral tracts to arm channels.

Spinal Tract	Body Channel organ and no.	Cranial No. & color	Spinal Tract	Body Channel organ and no.	Cranial channel no.
Dorsal Horn	Du/Colon 1	ultraviolet 21	a. reticulospinal	Sm Intestine 6	yellow-green 32
Dorsal Root ganglia	Bladder 11 Huato	infrared 26	m. reticulospinal	Heart 16	green 39
Fasciculus Gracilis	Stomach 2	green 22	Rubrospinal	Liver 7	yellow 33
Fasciculus cuneatus	Pancreas 12	lime-green 29	p. reticulospinal	Lung 17	turquoise 38
Spino-olivary	Gall Bladder 3	turquoise 23	Vestibulospinal	Spleen 8	orange 34
Spinoreticular	Mammary 13	yellow 28	Vestibulospinal	Throat 18	blue 37
Spinocerebellar anterior	San Jiao 4	blue 24	Corticospinal anterior	Adrenal 9	red 35
Spinocerebellar posterior	Thymus 14	orange 27	Corticospinal lateral	Pt/Ut 19	purple 40

Spinothalamic anterior	Ovaries Testes 5	purple 25	Ventral Horn	Kidney 10	infrared 31
Spinothalamic lateral	Thyroid 15	red 30	Ventral Root ganglia	Skin 20	ultraviolet 36

This is not a perfect fit. There are only six major spinal tracts, and there are now 10 acupuncture divisions. How to get to ten sets of tracts then? Ren and Du seem to cause reactions on vials for the ventral and dorsal horns of the spinal cord, so that accounts for another two sets of the divisions. In the table below, there are plausible connections to all of the meridians.

Most spinal tracts have two branches which link to an acupuncture division pair. The anterior and lateral corticospinal tracts link to the Ad 9 leg channel with the arm Pituitary 19 channel; which together form a division. The anterior spinothalamic tract corresponds with the Ot meridian 5, and the posterior spinothalamic with Thyroid 15. Not all spinal tracts will come in pairs that fit these



acupuncture divisions though. The GB/Ma division is represented by two single tracts: the Spino-olivary and the Spino-reticular. The Rubrospinal tract as Liver pairs with the posterior Reticulospinal tract as Lung. All acupuncture divisions find a clear and consistent location on this cross section map.

While all the known spinal tract areas are clearly carrying acupuncture frequency signals,

these spinal tracts are not meridians. The tracts have their own signaling functions that are not related to specific organs. What is certain is that if you stress any meridian, the corresponding spinal tract will weaken. If you run any frequency on a meridian, the associated tract location on the map above will also respond and strengthen.

It does make one wonder whether the meridians themselves are some sort of electromagnetic projection of these spinal cord pathways and their connections to the muscles and the organs. More likely the meridians are just fellow travelers on the same neurological train tracks.

On the cross section image of a spinal cord above, each of the connections the common locations of the spinal tracts are illustrated, along with the meridian connections. I constructed this cross section map partly to see if all the acupuncture colors and frequencies would find a specific spinal tract location, and they did. The construction of this map takes a bit of liberty with the accepted anatomical locations of the spinal tracts. The major body spinal tracts do not have specific pathways within the brain, and yet this map of the spinal tract image shows areas that relate only to cranial acupuncture frequencies. These cranial areas are found above, or next to, their body spinal tract locations. Cranial areas of the spinal tracts respond to cranial frequencies; body areas to the regular meridian frequencies. The physiology of this chart is not provable by the like of your lowly clinician; but energetically it is too consistent to ignore.

Spinal tract locations on this chart will reflect the color of their meridians. Shine a purple light over the image of that anterior spinothalamic cross section area, and it will strengthen precisely its contours. Shine an orange light over the lateral spinocerebellar tract area of the chart, and your resonator will register a strong response, because orange is the color of the Thymus meridian. The lighter colored areas relate to the cranial channel frequencies.

Another curious pattern to note on this chart is that the location of the yin body channels on this cross section map also roughly follow a numerical sequence: 10, 9, 8, 7, then 6; and to the side: 20, 19, 18, 17.

To confirm the tract locations on this map, you would use the equilibrium point frequencies on a healthy person. Place a copy of the above spinal tract image on the stomach of that person, and run the frequency Ot 5.383. This Ovaries Testes channel equilibrium frequency will strengthen a vial for the spinothalamic tract on the person, and also this location of the spinothalamic tract on the image. The *cranial* Ot equilibrium frequency is 25.471, and it will strengthen the cranial spinothalamic area that lies above it on the photo.

It is one thing to see a vial a spinal tract respond to a specific frequency, and it is quite another to feel the connection take place over the image of nerve location itself. Along with the cranial nerve connections to the brain points, this image speaks to a deeper involvement of the nervous system with the meridian system.

This cross section map might just be spurious if it were not necessary to have several reliable methods for testing cranial channel involvement. If you place this spinal cross section map over the stomach of a patient with neurological disorders, then it becomes easy to see which cranial channels are weak. Touch each of the cranial areas in turn, and see which weaken the strong arm of the patient. There are no energetic vials for the cranial channels, so this spinal cross section photo offers a clear cut way to figure out which head channels need treating.

Chapter 6- Treatment: Infections and Immunity

It is rather presumptuous to overturn 2000 years of treatment procedures for a new set based on energetic verification alone, but it is high time for such a major overhaul. Traditional acupuncture is based on series of fixed points with specific energetics, yet most major traditional points are not even found on their assigned channels. Traditional Spleen 9 is a good digestion point, but it falls on the Small Intestine channel. Traditional Lu 7 is found on the Mammary channel, GB 41 on the Colon channel. Traditional Spleen 2, 3 and 4 are found closer to the Stomach channel. This necessarily alters the perception of their functions.

Then there is the matter of the colored frequency bands. The majority of the great functional points in Chinese acupuncture: Lv 3, Ki 3, Sp 3, Lu 7, Lu 9, TW 5, Ht 7, Li 11, and Sp 9 are not found on a decimal frequency color band. All of these traditional points will need to be moved onto a proximal decimal color band; and all except Lu 9 and Ki 3 will also need to be converted to a different channel.

Chinese medicine was always empirical, in the sense that what works confirms the diagnosis. Muscle testing simply allows one to preselect a set of frequencies that are more likely to be effective.

When your acupuncture book says use PC 6 for pain; try it out energetically before selecting it. The digital location of PC 6 might work for stomachache, but not for tooth pain. This will be demonstrated by testing the location of the pain while running the PC 6 location frequency, Pa 18.434, or seeing the effect on the pulses. An effective frequency for pain should also strengthen the field around a nociceptor (pain receptor) vial. Assume the ancient Chinese figured out a thing or two, but always verify the given energetics.

Faulty logic about how meridians work can confuse perceptions. If a test is done to compare traditional SJ 5 or SJ 9 in the treatment of influenza; one location might statistically produce better results than the other. It is my observation though, that the optimal flu points will change during the course of the viral invasion. A recently infected person will be treated with the point closer to the traditional SJ 5: Tm 14.453; once the virus has moved deeper, use SJ 9: 14.564. Both of these points are located on the Thymus channel, so effectiveness depends upon stimulating the correct immune response. There is no single optimal flu point.

Energetic medicine requires energetic verification. Energetic confirmation in a clinic will mean using points that strengthen the pulse, the target area of treatment, and vials related to the issue

at hand. Twenty years of energetic testing has confirmed for me that the points that work to relieve symptoms will also register to strengthen the magnetic fields of relevant vials and target areas. There are not enough clinical trials out there to verify the energetics of every traditional point. These new charts create dozens of new points that can only be assessed initially through energetic means. Clinical trials will need to be done, but meanwhile there are patients to treat. My claim is that muscle testing is the crucial interface for discovering how these new points function. Then do the clinical trails.

Realistically though, the majority of practitioners who read this tract will have only a minimal ability to muscle test at best, and will need to be convinced of the validity of these propositions beyond testing the location of the chakras. In this chapter I will try to provide the outline of how treatments are analyzed. In Chapter 10 I will try to provide a number of protocols that practitioners can use to see results on patients, and thereby be motivated to embrace this newer model for our profession.

If we can get better results treating back pain, headaches and allergies with this model, then it will be wildly disruptive, but it should be done. If people can make digital apps for knee pain or drug addiction, then that will interest people to validate or disprove my discoveries. There is so much to learn by moving in this direction.

Review of Basic Muscle Testing of an Area or a Point, or a Channel.

The basic goal in digital acupuncture treatment is to strengthen the magnetic field around the area being treated. To design effective treatments means being able to measure probable effects. What follows is a review of the basic muscle testing skills necessary for assessing magnetic field strength. Much of this was outlined in the first chapter, but it bears repeating, this time for real use.

Have the patient lie on their back, and extend one of their arms perpendicular to the table. Touch a particular point with one your hands while pushing firmly but gently on the patient's extended forearm, while they resist the pressure. If there is a pronounced weakness in a point, then the patient's forearm will collapse. A weak channel, or touching over a weak organ or pulse will also cause the arm to collapse. The goal of treatment is to strengthen that weakness.

If a patient has a bad shoulder or an injury, and complains when you push on the forearm, then use the other arm to test. If both shoulders are weak, have the patient hold the arms out to the side, like a penguin, and push one arm in towards the torso. This is easier on the shoulders. Sometimes you may have to use another limb muscle, such as a leg muscle, to perform the muscle test.

The correct treatment can be a frequency, a needle, a colored marker, a seed, an antibiotic, an herbal formula, or a surgery. A correct treatment will make the field of injury and the patient's arm strengthen. This book was originally about digital acupuncture, but all these locations will work with colored markers or needles as well. A couple of Danish practitioners introduced me to the possibility of treatment with colored marking pens on points, and it has completely changed my way of treatment. Throughout this treatment section, I will present first the digital locations and logic, and then will show how that can be converted to color treatment.

The other non digital, no needle treatment is to use seeds to stimulate points. For those of you working in the third world, a sesame seed placed on a point overnight will work as well, or better than a 15 minute needle, and would be much cheaper and more sanitary. Sesame seeds are cheap, and are about the same size as a stainless steel pellets, so they are ideal to tape on points to gauge the energetic effect. If a patient has an ankle injury, the practitioner can try out various possible local needle or digital locations with sesame seeds. The best location is that which will give the strongest response. Move the seed around on various possible locations until the weak arm response becomes strong. Sesame seeds are great for mocking out hand and foot treatment locations for traditional needling as well.

An organ or a point will cause an arm to outright collapse if it is significantly weak, but a more subtle approach to measurement is required. The magnetic field around a pulse or a point needs to be tested for relative strength. You will want to know if point A is stronger than point B when treated.

To measure the quantitative field strength of a point or organ, have the patient extend their right arm. Touch the point or organ with your right hand, and use your left arm to push gently but firmly in small repeated pushes or "pulses" on the patient's extend arm. Count the number of pushes it takes until the patient's arm collapses. If it collapses on the third push, you have a magnetic field strength of 3, if it collapses on the 6th pulse or push, then you have a field strength of 6.

Run the frequency for point A, and measure the effect on the magnetic field of the pulse or the target area. Stomach 2.282 may strengthen the area over the stomach and Stomach pulse to a field strength of 4, but point B, St 2.383, may bring those field strengths to an 8. Choose the point that makes areas stronger. If using sesame seeds to test the field strength, place the seed first on point A to measure, and then on point B. Compare the effects on the target magnetic fields. When using washable colored markers, mark point A with the color of the meridian and measure the effect; wipe off the color, and then mark point B.

Field strengths give a quantitative measurement to pulses and organs. You can note them in your patient charts from treatment to treatment to assess progress. The optimal field strength for a point, pulse or organ is 8-10, but if the patient is in their 80's or 90's, optimal will be closer to 6-8. A person who has a cold may see their Lung energy drop to 1, but quickly recover to 7-9 as the virus leaves. Very weak fields on the Colon are common in cases of diarrhea, but it doesn't necessarily measure the gravity of the condition. The field around the Colon pulse may recover in a few days without treatment. On the other hand, if the Mammary pulse is testing at zero, and an area on the right breast is also testing at zero, then it is time for a mammogram.

One of the many advantages of digital acupuncture is that it allows you to construct comprehensive programs that can then be self administered by the patient on a daily basis. This goal can also be accomplished with colored marks on a glove as will be outlined in chapter 9. In the third world where digital machines may not be economically feasible, the practitioner can create simple programs with seeds or colors that could be reproduced by the patient.

A Device to Aid Testing

Strong arm testing is a wonderful way to demonstrate to the patient some dramatic effect. Place a sesame seed on the side of the patient's hand, and suddenly the whole sciatic nerve weakness disappears. Strong arm testing instills confidence that the treatment can work, but such muscle tests will tire a patient if performed constantly. The clinical practice of digital acupuncture will review the data from many different fields in a single hour, so a more efficient method of measuring magnetic fields is required.

Chiropractors have pioneered the idea of the practitioner using their own body as a conductor for the energy of the patient. The doctor touches the patient's sciatic nerve and then tests the patient's energy field employing a device attached to their own body. One can assess the energy fields without tiring the patient's arm.

The device I use to accomplish this feat is called a resonator.¹¹ This device is a round piece of plastic film on a metal disc that slides onto a belt. You rub on the plastic film in quarter size circles, and if your finger sticks, it is the equivalent of a strong muscle test. Touch a strong pulse, and the finger will stick. Touch a patient's weak sciatic nerve, and the circles will become loose.

¹¹ The device is available from Tom Conroy tconroy13@gmail.com or from lightshealingresonation.com. If you don't want to invest in this device, you can glue a piece of silk to an old campaign button, and pin it to your shirt as a cheap substitute. An old discarded mobile phone might also be taped to a belt, so that the screen could be used as a resonator. The real resonator may work better, and looks more professional. Nowadays I often just rub circles on my pants leg or shirt. If I were teaching this in the Peace Corps, I would teach them to do just that.

Find a patient with a weak Liver pulse, and place your left hand over the area of the Liver. Rub the plastic in a series of circles until the circle no longer sticks. If the circles slacken at three, then you have a field strength of 3 for the Liver organ. Check the field strength for the Liver pulse the same way; the pulse should also slacken after three or so circles.

Next, look for the correct Liver point on the sole of the foot or leg. Scan with your left hand along the Liver channel, and find the weakest point with your resonator. Place a seed on this Liver point and touch the liver again; the circles should stick at a much higher number. Remove the seed and run that Liver frequency. The correct Liver frequency will make the circle stick at a higher number while holding the Liver pulse.

If the field strength of a particular organ gets stronger after a month's treatment with a digital frequency, then you know you are headed in the right direction. If it gets weaker, you made a mistake somewhere, or the patient got slammed with some additional stress factor. Usually only one point on the channel will significantly strengthen the field of the pulse. This strongest frequency point will calm an excess pulse and strengthen a weak one.

If you are looking for symptoms to clear- say a rash - and the skin area originally tests at 1, then the rash won't begin to clear until you can keep it at a field strength of 6 for a couple of weeks. When the rash is gone, the skin area should be testing somewhere between 8 and 10.

It takes quite a bit of time to develop this kind of skill with a resonator. It will take at least 3 months to gain minimal competency, once you have already mastered basic muscle testing of field strength on the body itself. While you are learning, you must continually compare your results with the more clearcut arm tests. Once you get the hang of it, though, it is invaluable. Using a resonator eliminates having to constantly strain the muscles of your patients. It frees the practitioner's hand to hold the pulse while assessing the pulse strength, or while choosing a digital location.¹²

In the old days, any acupuncturist worth their salt was required to develop a sensitivity to the pulses. This is a bit of a joke, considering how inaccurate the pulses are. The digital acupuncturist will need to be able to assess the magnetic field response to points, pulses, and areas of treatment. Just as a wine taster must develop their palate, a digital acupuncturist must develop their tactile ability to assess energy fields. Developing competence with a resonator should be part of our basic skill set as acupuncturists.

¹² My hand sweat quite a bit, so I always wear a shirt over the resonator, and run my circles through the cloth. This also prevents wearing away the whorls on the fingerprint.

Some acupuncturists have expressed misgivings about losing the hands-on experience of needling with digital acupuncture, but muscle testing is a very hands-on experience. Instead of fine tuning the acupuncture needle, you are fine tuning the frequencies, and the interaction with the patient is still a joy. The pleasure of this tactile reading of the body will hopefully not soon be replaced by machines that can read energy fields.

Finding the Optimal Point on a Channel- Balancing Meridians

Our basic task as acupuncturists is to balance the meridians. The optimal point on a channel is that which best strengthens the pulse and the organ itself. If there is a weakness in the Lung, the best Lung meridian treatment point is often found on the hand part of the channel. When the Lung upper arm area makes the testing arm collapse, then test run those frequencies: Lung 17.325 and 17.216. When Lu 17.325 Hz is the optimal frequency, that frequency will make the qi course more strongly through the Lung pulse. That frequency will also make the area over the lung itself, and a vial representing the lung energy both strengthen to a magnetic field measurement of 6 or 8 or higher. The actual location of that point on the Lung channel could alternatively be treated with a needle, a magnet, or a turquoise mark of the channel color.

The general rule seems to be that in deficiency, the points move against the direction of the channel, down for yang and up for yin. In Lung deficiency, that Lung point will move up the upraised arm, because that is against the direction of the Lung channel in the anatomical position of an ape hanging from a tree. A weak Stomach pulse in an older person will show the optimal points moving against that channel's direction onto the foot.

In excess, the points will move in the direction of the channel. Your infected Lung patient will show an excess point on the channel, even though the pulse may show as weak. A different example would be an enraged person with high cortisol. That person will need to calm those adrenals with a point on the foot: Ad 9.241 or Ad 9.346. The red Adrenal channel descends, so quelling that fire will require moving down with the channel onto the foot. If those adrenals have been completely burned out, then that rage will move the adrenal point higher up the leg, against the channel, to Ad 9.564 or Ad 9.634; to stem the deficiency. No matter whether the excess or deficient, the optimal point for treatment is always that which best strengthens the appropriate pulse.

How Channels Work in Infection

Acupuncture channels can be the battlefields for infections. You fight the enemy on the battleground of the channel, and pursue it as it flees. You move the point as the enemy weakens, and then fight on until it is vanquished.

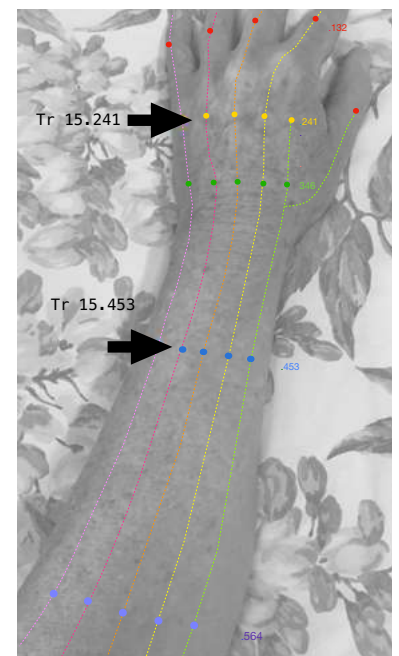
If the patient has a sore throat, you might choose the Parathyroid/Throat channel to treat it. Arm yin points move in the direction of the meridian in when there is heat; so let's say the Pa point 18.634 tests as the strongest point to strengthen the throat. Run that point for five minutes 3 times a day for two days, and then re-evaluate the location. The optimal Throat point should have moved back down to the forearm location of Pa 18.532.

If the acupuncture channel is a battlefield, it occurred to me that there must be a place on each channel where the battle is fought to a standstill, and the enemy drops the sword. This point would be where the channel finds its balance, a place of equilibrium or homeostasis. In a throat or bronchial infection that point is Pa 18.532, on the upper forearm. Once the body chooses that point as the optimal one, you treat it until the symptoms subside. It will move no more.

Chinese medicine is about restoring balance, so a balance or homeostasis area on each channel makes sense. This area of calm and equilibrium is found as a half band of blue or turquoise points, just above the wrists and ankles on all of the channels. On the arm yang, and leg yin channels, this blue equilibrium frequency is represented by .453. These are the points where a peace agreement is reached on the channel. The equilibrium points for the leg yang channels all respond to the turquoise frequency decimals .383; and those for the arm yin channels with turquoise .532.

When an infection begins, it is this equilibrium point that will also function as an alarm point. When your ancient Chinese soldier got an infected battle wound, a point near traditional SJ 5 Waiguan would be the first point to activate. This is the equilibrium point for the Thymus immune channel, TM 14.453, but it is also the first to register imbalance. This Thymus immune point will be the first to activate the Wei qi to fight infection. Blood immunity, the ability to muster macrophages and neutrophils in response to an infection, will manifest first at the equilibrium location of traditional Sp 6 - now Sp 8.453. In ancient times these two alarm points must have sounded quite often.

The infection point will move away from equilibrium in the direction of the channel as the organ becomes inflamed. The infection has created a sort of excess heat in the channel. An ear infection will show that Tr channel moving onto the hand back, to remove that excess heat, then back to equilibrium on the wrist. You can think of infection as a train moving the points further down the track of the meridian. If the acupuncture force prevails, then the infection abates.



An acute bladder infection might first strengthen with the point Bladder 11.346 on the side of the hand. That optimal Ub point has moved up the raised arm in the direction of the meridian. If the Kidney then becomes infected as well; the optimal Ki point will move down to the foot; in the yin downwards direction of the Kidney meridian. As the infections subside, the optimal UB point will eventually revert back to equilibrium at UB 11.453; the optimal Kidney point to Ki 10.453.

If the organs are not out of balance, and the person is healthy, then no points on the channels will test to have a weakness. On a normal pulse, it will be these equilibrium frequencies that then have the strongest response on the magnetic fields of the organ pulses. With chronic infections that may not completely resolve, these equilibrium points may require constant treatment to keep the infection in check.

Digital daily treatment makes acupuncture a more effective weapon. Needling twice a week in an office is never enough for resolving an infection. Nor is treatment through fixed points. The traditional acupuncture repertoire has numerous fixed points for earache, toothache and bladder infections, but I have found that the best points to treat infection are never fixed. The optimal point will move up or down the channel, depending on the depth and duration of the infection.

Using Color Partners from the Ten Divisions

In the above examples, I used a single point to illustrate how to find a frequency, but in practice I almost never treat single points. Adding a partner channel point will always enhance treatment effectiveness. The best partner point is the one linked by its channel and frequency color. The Du channel points always partner with Sk 20 on the Working Chart because both meridians respond to ultraviolet, and they both pass through the 5th digit of the hand or foot. Du 1.282 is also linked to Skin 20.634, because they both respond to the same lime green frequency color.

Each box in these columns from the Working Chart contains an arm/leg pair; each linked by the frequency color to its reciprocal division partner: Du 1 with UB 11 of Tai Yang, partners with Ki 10 and Sk 20 of Xue Yin. These are all displayed as central channels frequencies in the boxes, but you will want to change the channels as befits the condition.

To use this Working Chart, first determine your treatment channel, and then switch the cardinal number to the appropriate one. When treating the

Color	Acupuncture frequency
red	11.132 10.754
orange	1.153 20.725
yellow	11.241 10.655
lime	1.282 20.634
green	11.346 10.564
turquoise	1.383 20.532
blue	11.453 10.453
purple	1.471 20.434
ultraviolet	11.564 10.346
infrared	1.595 20.325
red	11.655 10.241
orange	1.680 20.216
yellow	11.754 10.132
lime	1.786 20.113

Lung, the Lung is arm yin; so convert the 20 channel to Lu 17. When Lu 17.434 is the optimal Lung point, then GB 3.471 becomes the optimal partner point, because they are both turquoise reciprocal division channel points of the same color frequency.

Originally, I believed that a ten division partner should be the optimal point: a Liver point on the 7 channel might enhance a Lung point on the 17 channel, for example. This did not prove to be the case, probably because the Liver meridian is yellow and the Lung Meridian is turquoise. The strongest partners are those on the reciprocal division meridians, because these show to be of the same frequency color. The ten division partner will come into play in the treatment of pain, which we will get to further on.

If a patient has an acute asthmatic cough, the Parathyroid-Throat pulse may show as excess; so the optimal Pa points for this cough may test as Pa 18.634, partnered with Sj 4.282. The bronchi are governed by the blue 18 throat Pa channel, and its reciprocal blue partner channel is the blue leg San Jiao. To test the effect of adding this partner, run each of the main channel point for four minutes, and then measure the magnetic field strength of the Pa pulse. If Pa 18.634 increases the field strength of the PA pulse to 6, then try adding four minutes of Sj 4.282. That might bring the Pa pulse magnetic field to an 8.

Notice that as the effective arm yin points moves down the channel towards the elbow, the same colored partner points on the yang channels move down on the foot, away from the balance equilibrium point. The deeper the infection, the greater the disparity between yin and yang. The job of the acupuncturist is to herd all these lost and strayed points back to equilibrium. As yin and yang converge at equilibrium, the fight goes out of the infection, and the weakness leaves the channel.

Each of the partnered points will also respond to a colored light or colored marker. The Parathyroid and San Jiao points will respond to the blue of their channels, but also to the lime green light of these two frequencies as well. Either color can be used to treat the point with a colored marker or flashlight. For simplicities sake, I usually just treat with the color of the meridian. Adding a colored partner point will always make the pulse and target organ immediately test as stronger.

Let us examine a case of a duodenal ulcer. The yin Small Intestine channel is the primary channel affected, so you look for weak SI points on the medial sole side of the foot. The organ is in pain and excess, and Yin descends. If SI 6.241 tests to be the strongest point to strengthen the SI pulse, then it should also strengthen a vial for the ulcer bacteria, *Helicobacter pylori*, and the local

area on the abdomen. The partner point in the Working Chart box will be Pancreas 12.655; which will reinforce the effect.

The pulse partner to the Small Intestine is the Stomach. If the primary lesion of the ulcer is in the stomach, then the point location emphasis for the channels will reverse. Yang ascends, so Stomach ulcer will find points closer to traditional Stomach 36- St 2.595. The optimal pairing becomes the green channel pulse partner to the Small Intestine: Heart 16.325.

If the optimal point for the ulcer has moved after two weeks, but your patient only comes in once a month; then the current point will still have some beneficial effect. If the patient is young and strong, it may just push it all the way to equilibrium. I have sometimes found that just starting a treatment with the equilibrium point will bring the channel to equilibrium within a month. This can be a good strategy for mild chronic infections, where the patient is just seen once a month, and where you think the patient can reach equilibrium pretty soon. Accuracy is important, but the body just wants to heal itself. In most cases it is best to treat the optimal point on the channel, but you can use both the acute and equilibrium point at the same time, to nudge things along.

Continue to strengthen these channels with those equilibrium points for several weeks, which keeps the organs vigilant for bacteria. If the patient is prone to chronic stomach or bladder issues, you might need keep these equilibrium points in their daily program, to prevent recurrence.

If a bladder or bronchial infection is more severe; supplement with herbs, or encourage the patient to use their antibiotics. The herbs or antibiotics will also aid to move the points more quickly toward equilibrium. Frequency and time can also be increased. If you hit a point really hard, say 7 minutes 3 times per day, then the point might move up the channel to the next point in a day. Most patients don't want to come in for an adjustment that often, so 4 - 5 minutes twice a day will move the digital needle, so to speak, quite rapidly. If the patient is old, and the infection is strong, then the time and frequency must be increased.

Traditional Locations

Many of the traditional Chinese points are not in fact found on a colored location on the new charts, so how are they effective? If a person is hot and feverish with a flu, then needling traditional SJ 5 will work just fine to reduce heat; even though TM 14.453, located just above it, would work a bit better. Even if the optimal Thymus point has moved up nearer to the elbow, then the traditional location of SJ 5 will still pull the immune system in the right direction, and may be sufficient to drag the channel back to equilibrium. Points that are not the optimal ones might still be functional as long as they are found on the correct channel, and lie close to the actual point.

Organ Weakness

A second way to assist treatment is through the Mu and Shu points. In bronchitis, check for which Mu option strengthens the pulse: Ht 16.902 or Pa 19.902 for the bronchi. If a cough is chronic and deep, then add a Lung channel point and a Lu Mu: 9.921. Adding the same color partner Mu from the Shu Mu chart may also assist: 19.815 for bronchi and 9.932 for lung.

In traditional Chinese Medicine, the Shu and Mu points were often used to treat organ weakness and dysfunction. In the new order of perceived patterns, there is a sequence of Shu and Mu points to follow as the function of an organ deteriorates. In the case of a stomach ulcer, the Shu point may move from the regular Stomach Shu at 2.915 to the Stomach Shu at Ot 5.915 if it is not dealt with; then later the weakness will move to the Du channel Stomach Shu at 1.915. If that ulcer then becomes cancerous, the optimal point will move to the Stomach chakra: Ub 11.932.

Is the Shu point or the channel more important to slow the deterioration of function? Both need to be treated, but I think of the Shu or Mu as the underlying structure of the organ, while I think of the channel as treating the organ function, but that is probably simplistic.

Chakras

As organ function deteriorates, the Shu or Mu points will move through a series of points, but eventually the weakness will move to the chakra. The Chakra frequencies show to be the most active points for any sort of frank cancer. The affected chakra on the front or back will always test weak when a cancer is progressed. If you download images of many types of cancers, and then compare its chakra frequency to that of a Mu or Shu, you will find that it is always the chakra frequency that best strengthens a vial for tumors. This was extremely useful in helping to determine the organ associations of the chakras and the channels. The picture of a cancerous uterus would only respond to the light of the purple flashlight; therefore its chakra and meridian must be purple.

I have also seen chakra points active in non cancerous benign tumors, so a weak chakra point does not necessarily signal the presence of cancer. These chakra points will also

Front Chakras	Chakras	Back Chakras
10.812 Skin, Sigmoid colon	10th crown	Bladder 1.902
20.865 Uterus Salivary	9th	11.999 Thyroid Sex
10.893 Bone Parathyroid	8th	1.994 Thymus
20.902 Lung	7th	11.975 Mammary
10.921 Heart	6th	1.953 Pancreas
20.943 Sm Intestine	5th	11.932 Stomach
10.991 Liver	4th	1.914 Gall Bladder
20.993 Spleen	3rd	11.815 S.J. marrow
10.999 Adrenal	2nd	1.999 Ovaries Testes
20.831 Kidney	1st base	11.998 Colon/Du

manifest in the extreme weakness of an organ, as in pneumonia.

The chakra frequency is not found at the vertebrae Shu or Mu location for the affected organ. The Skin Mu point at C4 is ultraviolet, so the skin chakra must therefore be ultraviolet. The chakra for a skin cancer patient will be found on the forehead, because that is the location of the only yin ultraviolet chakra. In skin cancer images, that is the chakra that will test as weak. Running the frequency point for this forehead chakra will strengthen the local skin lesion, and also an ultraviolet band on a downloaded color spectrum. On a normal patient that 10.812 frequency will just strengthen the orange color of the Mu; but on a skin cancer patient, it will strengthen the violet or ultraviolet band. Once this patient has been successfully treated for their cancer, then the Skin Chakra point 10.812 will no longer test to strengthen tumor and immune vials. At this point, the skin Mu points at C4 19.865 or 20.865 will better test to strengthen the skin, and the vials for immunity. This would seem to indicate that keeping the Mu and Shu points strong should inhibit the tendency toward cancer and tumor formation.

The same colored chakra point, but on the opposite side of the torso or head, will often also have some effect on immune vials in photos of cases of untreated cancer. In the case of skin cancer, the ultraviolet base chakra on the sacrum will also boost immune vials.

I have noticed that the chakras respond to sunlight. Go out early in the morning and you will find that the infrared and then red chakras have the strongest magnetic fields. As the day progresses the field strength moves through the chakras; at 12:00 noon the strongest chakra is the Heart one, just as the Chinese had noticed with their meridian clock. In the evening before sunset, the ultraviolet crown chakra will strengthen, but also the violet root chakra on the sacrum. Both front and back chakras seem to respond to the same color strengthening by the sun's rays.

Streptococcus and Sinus Infections

It is time to introduce treatment by pathogen, rather than by location. Sinus and ear infections are most often caused by a streptococcal infection. This particular bacteria seems best treated by the purple 19/5 meridians: Pituitary and Adrenal. These channels work better to treat the pathogen than whatever local channel might show to be implicated.

A child gets an ear infection. The optimal point that will best strengthen an energetic vial for the streptococcus is one on the body Pituitary channel. As the infection moves deeper, the Pituitary points move toward the elbow, while the Ot partner points move onto the foot. If the infection moves deeper still into the cartilage, then the optimal points may also move to the Pt and Ot cranial locations. Either partner channel will strengthen the energy around a vial for strep, but the

effect of the Pituitary point is stronger. The Ot channel partner point will better strengthen vials related to the inflammation that accompanies the ear infection. The point we were taught to use for ear infections, SJ 3, is a pain point. More about that in the next chapter.

Strep infections are always treated with this Pituitary/Ot combination, whether they appear in the throat, the sinus, the ears or the kidney. Lower body strep infection in the kidney will show the Ot channel to be primary, upper body streps in the ears and throat will show the Pituitary as primary for the bacteria. I cannot clinically claim to treat any infection with acupuncture, but symptoms do clear. The Chinese theory for infection was to just treat the terrain with the organ channel; i.e, the Stomach channel for stomach problems. Sometimes however, the optimal treatment channel will be the one associated with the pathogen.

Herpes Infections

Herpes infections are another case where treating the infection channels is more effective than treating by location. The multiple varieties of herpes virus infections respond best initially to a couple of yellow meridians: Ma 13 with Liver 7, no matter which area of the body they infect. In school, I was taught that the best point for herpes was the traditional location of Liver 5 on the lower leg; but it depends on the location of the infection. The Liver is the primary herpes channel for lower body infections, but it is the arm Mammary channel that consistently best strengthens the vial for the herpes of the upper body and lips. The direction of the Ma channel is toward the upraised arm; so you will find that the appropriate points for cold sores move up to the back of the hand. The Working Chart Liver partner to that Ma point will be the one that best strengthens the vials related to the resulting inflammation. All herpes viruses: Epstein-Barr, Shingles, CMV, Herpes Simplex 1,2 & 6, seem to be best treated with these two yellow meridians. Bell's Palsy and cranial nerve outbreaks of these herpes viruses are treated with the *cranial* Ma and Lv meridians, and will be addressed further on, as will the pain that results from some of these viruses.

Sedation and Tonification in Deeper Infection

In traditional acupuncture, each channel had a tonification and a sedation point in a fixed location. To my way of thinking, the tonification point should always be the one that best strengthens the magnetic field of the pulse. As conditions change, this optimal point will move up and down the channel. As we have seen with a conventional bronchial infection, the best points will usually move initially against the direction of the bronchial Pa and Lu channels towards the fingers; no matter whether the pulses are excess or deficient. If the cough is barking and excess, the calming effect is produced by strengthening the magnetic field around the Lung and bronchial channels,

not weakening them. I have yet to see any reason to weaken the magnetic field around the lungs or bronchi.

The effect of sedation will also be produced by stimulating the correct point. During the 1918 influenza epidemic, an overstimulated immune system ended up destroying the lungs of some of its victims. The same is true of the current coronavirus. In pictures of those 1918 flu victims and in pictures of acute Covid patients, it shows that the proper response is to calm the Lung channel by moving the arm points towards the elbow, nearer to the area of traditional sedation point Lung 5. In the chart below, I compare bronchitis points to Covid ones. In bronchitis, first you treat the pathogen, whether it is bacteria or fungal, with the channels and points that best strengthen those vials. The strongest point in the chronic bronchitis pictures is on the Parathyroid channel that treats the bronchi themselves, and this deficient Pa 18 channel moves in the direction of the fingers.

Regular bronchitis frequencies	immune vials	acute Covid bronchitis frequencies -severe	immune vials
Pt 19.434 or best, Sk 20.434 fungi	bacteria or fungi, humoral immunity	Sp 8.241	macrophage, humoral immune system, vascular
Ot 5.471 or Du 1.471	B lymphocytes, antibodies	Tm 14.655	T killers, adaptive
Pa 18.434	bronchi, oxygen, adaptive immune	Pa 18.634	bronchioles, alveoli, O2, cytokines, vascular
SJ 4.471	T regs, platelets, adaptive	SJ 4.282	interferon, platelets
GB 3.471	supports lung tissues	GB 3.282	humoral immune
Lu 17.434	neutrophils, inflammatory T cells	Lu 17.434	T regulatory cells, humoral immune

In pictures of patients with acute Covid, the strongest point for the coronavirus vial is on the Thymus channel. This Thymus channel presents as excess on the pulse, but deficient in function, as the optimal point moves against the channel towards the elbow. In acute Covid the strongest point for the inflamed bronchi may move past the elbow in the direction of this Parathyroid/bronchi meridian. The Lung can respond either as excess, or as deficient when it is deprived of oxygen. Whether a channel responds as either deficient or excess depends on the impact of the disease.

There are no magic switches that automatically turn up and down the function of the channels. The traditional Lung sedation point location at Lung 5 will not weaken the magnetic field of the lungs on a healthy patient. Once the infections have vanished, the Lung and bronchial channels must be brought back to equilibrium and then strengthened. The correct frequency will always

strengthen the field around the organs and the pulses; even in these extreme cases, it will never weaken them.

Immunity

In the above examples you can see my general strategy for treatment of infections: First address the pathogen, next treat the terrain, and then add support for the immune system. Each bacteria will often be affected by a specific set of channels. Viruses are often strengthened with the Ma/Lv combination, or solely by the immune channels.

There seem to be two meridians obviously associated with immunity: the Spleen and the Thymus. I think of the Spleen as blood immunity, and the correct point on that channel will reliably strengthen a vial for macrophages. Spleen points will also usually stimulate vials for antibodies and humoral immunity. The Thymus organ in physiology serves to train and enlist the T cells for the adaptive immune system, so it would seem most likely to stimulate vials for adaptive or cellular immunity and T cells. In my practice I often see that it is the Spleen's division partner, the Parathyroid meridian, that will best strengthen the vial for the adaptive immune system. All these assertions would require real studies, the vial testing just points us in a certain direction.

The division partner to the Spleen 8 meridian is the Parathyroid/Throat 18 adaptive immune channel. The division partner to the Thymus 14 channel is the leg San Jiao 4, which might also have been called the bone marrow channel. The bone marrow vial will strengthen with SJ points on photographs of children with leukemia; and their pictures will always register a marked weakness over the San Jiao Shus.

It is impossible to know from testing a vial, whether the immune system is down-regulating or up-regulating; all that you can know is if the proper frequency will make the magnetic fields around certain immune vials test stronger. Immunity is not a one way street. The immune system in the cytokine storm stage of coronavirus needs to be calmed, while in the deficient bronchitis patient it needs to be amped up. I trust the body's immune system to perform the correct action, but have no clinical proof of the matter. It would seem that the immune functions of the points and channels depend very much on the situation and the response needed.

The following examples of two deeper infections are taken from pictures. All the body's information is reflected in the magnetic fields of the photos. The vials for the organs, the Shu and Mu locations, and a picture of the pulse locations will all weaken in response to a photo of the patient. Hundreds of vials can be scanned while holding a photograph, without needing to place those vials on a patient's body. It does take years of practice to be able to be able to accurately read the

magnetic fields of photos, but they do provide valid energetic evidence how that person will respond to magnetic fields. You have to spend years comparing results between photos and actual people; but once you can read photos, it is pretty impossible not to admit them as evidence. I realize that this sort of energetic information strains the credulity of many a practitioner, but I would guess that within 20 years, photographic imprints will be able to be scanned mechanically for far more than just personal identification. The information is all there.

infection and immune Shu Mu frequencies	immune vials	MRSA frequencies	immune vials
Ot 5.282	strep targets: kidney, sinus, lungs, heart, adrenals	Skin 20.634 or 20.725	staph, skin, T killers, neutrophils
Pt 19.634	strep, humoral immune	Co/Du 1.282 or 1.153	staph, humoral immune
Sj. 4.595	T helpers, adaptive	Sj. 4.595	adaptive: T cells,
Pa 18.325	bronchi, macrophage, inflammatory cytokines	Pa 18.325	humoral, blood vessels inflammation
Ki 9.995 Ki Mu	Ki Mu	Pt 19.865 C4	Skin Shu, adaptive immune
Pt 19.993 adrenal	adrenal Shu	Pn 20.902 T1	ulcerations, humoral imm., Parathyroid mu
Ki 9.999 S2 Mu	S2 Mu IGG	Pa 18.865 C4	skin abscess
Ot 5.831 L4 Shu	IGA	Pa 18.997 L5	skin abscess partner

The first two columns of points in the chart above is taken from a picture of JFK as a young man. The former president was plagued with illness as a youngster, and ultimately lost the function of his adrenal glands. From the photo, many areas of organ weakness show to strengthen with a resistant strep vial. When there are so many organs infected, how do you know which organ and channel is primary? You don't; so simply check to see which pulse or spinal tract location is weakest. Hold the photo over the box of vials or the Spinal Cross Section chart, to see that the Ot channel tests weakest. Both the Ot and Pt points treat this resistant strep infection; but it is the Ot channel frequency that will strengthen the most infected organs. A series of Mus and Shus would also have been needed to boost the function of those infected organs. Immune support from the Sj and Pa channels could have been recruited. All of these points would have been needed to quell and control such a deep, longstanding infection; most probably in addition to herbs or antibiotics.

The second set of frequencies is from an internet picture of someone with a resistant staph or MRSA infection. Note that in this deeper infection, the Shu and Mu points have moved mostly to

Pa/ Sj channels that address ulcerations of tissues. Adding the Shu/Mus for the immune channels: Tm, Pa, Sp & Sj, would be useful, if there is no autoimmune involved.

Autoimmune Response

Treating the immune system is a double edged sword: it can either greatly improve treatment results, or create a massive inflammatory response. The ancient Chinese probably had no experience of auto-immune disease. According to Moises Velasquez-Manoff's wonderful book, *An Epidemic of Absence*, there are no auto-immune conditions in third world rural regions even today. Early exposure of children and infants to a wide range of bacteria and parasites keeps the immune system from turning on itself. A strongly developed gut immune system would then seem to be a key to preventing autoimmune reactions.

Ancient Chinese gut conditions were probably similar to those found in the rural third world today. The Chinese acupuncture books have no forbidden points for autoimmune disease, most likely because they never encountered it. It has been my regrettable discovery that certain acupuncture points will seriously exacerbate the inflammatory response in modern day autoimmune conditions. Massive inflammation can occur from the inclusion of a single inflammatory point in a digital acupuncture program. Your patients will not readily forgive errors that cause them great pain.

Working with rheumatoid arthritis patients, I discovered that there were two distinct sets of limb points that would set off an inflammatory response. These are both pairs of orange decimal frequencies (.680 with .216, and .725 with .153) that will respond to an orange colored light on their respective channels. Orange is also the color of the Thymus and Spleen channels, so it is likely that these points enhance the immune function in some specific way; which is not what you want to do in autoimmune disease. An overactive immune response in autoimmune disease just makes the body attack itself more. Orange frequency limb points that will set off autoimmune reactions are marked as XRA in the Working Charts and throughout this book; meaning: Not (X) for Rheumatoid Arthritis. Do not use these orange decimal frequency points initially on Rheumatoid, Lupus or MS patients, no matter how much they may protest that their autoimmune is no longer active, or that they have no symptoms at this time. These frequency points will inflame joints and other organs on these untreated autoimmune patients. Images of people with other types of autoimmune conditions such as scleroderma and multiple sclerosis, show that they too will react negatively to this same set of orange XRA points.

A second set of orange Shu and Mu frequencies for the Thymus and Spleen, will also elicit an inflammatory autoimmune response. All five decimal frequencies on the torso at T2 (Thymus) and T11 (Spleen) will cause adverse reactions in active autoimmune conditions; so these are also

marked with the XRA. The S5 and Midbrain orange partners to these Shu and Mu points are also forbidden. All these XRA frequencies seem to cause the immune system to over respond, and attack its own tissues. The Shus and Mus to these channel's division partners, the blue Parathyroid and San Jiao, seem to have no adverse effect, and even seem to calm that inflammatory response.

A third set of autoimmune forbidden points are found on the Cranial Working Chart (chapter 8). These points are found in the orange frequency boxes on that cranial chart. These points weaken vials for astrocytes and microglia, which are immune markers for the brain. They too must be avoided in autoimmune patients.

Autoimmune conditions will also respond negatively to immune building supplements. If an autoimmune patient is given immune enhancing herbs such as ginseng and astragalus, it will likely increase the attack on their own tissues. The energetic fields around the affected organs will test as weak when you place astragalus or ginseng over the photographic images of these patients. Glandular pork thymus will also weaken those energy fields.

For a long while I was afraid to use any immune channel points on patients with Rheumatoid Arthritis, thinking that any Thymus or Spleen channel frequency would be inflammatory. While the wrong points on those channels might indeed be inflammatory, those channels can be safe and useful in treating infections in autoimmune patients. The Thymus and Spleen channels regulate immune response; they don't necessarily provoke it. The optimal point on the Spleen channel can have a soothing effect on a Rheumatoid patient, and will not further inflame his or her joints.

In chapter 10, I will address in more detail the treatment of specific autoimmune conditions.

How Long To Treat, and the Number of Points

In Traditional Chinese Medicine, and certainly in Japanese needling techniques, the goal is to search for the minimum amount of points to treat a condition. In digital acupuncture my goal is, on the contrary, to maximally strengthen as many areas of weakness as possible. Most of the time my patients not only have a toothache, but a bad hip and knee, and a chronic heart condition or diabetes. The advantage of digital acupuncture is that instead of being limited to say 10 needles, because you don't want to drain energy from the patient, you can do 30-40 digital frequencies of shorter treatment duration. In this manner you can adequately address a whole range of conditions.

30 frequencies per treatment may seem like a lot of stimulation, but the actual stimulation time is less than that of a regular acupuncture treatment. If you leave 10 needles in a patient for 20 minutes, that would be a total of 200 consecutive minutes of needle stimulation - if you were treating the points one at a time. Digital acupuncture treatment is sequential, so 30 consecutive frequencies of 3 minutes each; results in 90 minutes total treatment time. In digital acupuncture, it is imperative to treat points one at a time, because otherwise the frequencies would block each other out. Or so it would seem, I have not tried that experiment.¹³

Digital acupuncture is highly conducive to daily or nightly treatment. You construct a program of points for your patient, and have them place the frequency emitting pad under their pillow at night, running the program while they sleep. If a patient has a serious toothache or a fractured bone, then increase the treatment time on the relevant points, and have them repeat that part of the program sometime during the day.

Patients that are very fragile will need to start with a short program of less than 20 minutes, and then build from there. Any person would be ill-advised to start a yoga or exercise program with a 2 hour workout, and the same applies for acupuncture. Aging patients with serious chronic illness will often ultimately require 2-4 hour programs to address all their conditions. Start them on much shorter programs, and then work up the time.

Once you have a possible treatment strategy, it will still be unclear how many minutes to treat, and muscle testing cannot help to decide that variable. With an acute problem like a flu virus, the treatment points and pulse may become weak again after three to four hours, as the virus reasserts itself. Frequent repeated digital treatment every few hours, in addition to herbs, can be very useful in these situations. Once the symptoms resolve, the virus point frequencies can be removed from the patient's general program.

Mostly my patients deal with chronic issues, and I advise digital treatment of once per day, three to eight minutes per point frequency. Three to four minutes, once a day, for the majority of the points, and five to six minutes for the more important symptoms, and seven to ten minutes for a couple that are acute or crucial. If someone has an acute problem like a toothache, then I put those points at the top of the program, and tell them to run that first part several times per day, until the pain stops. Another way to repeat frequencies is to create a second shorter program of what I call "the greatest hits". Patients run the first program at night when they go to sleep, and the second at 2:00 in the morning, when they wake for a bathroom call.

¹³ The digital app that I am recommending, but that is not yet on the market does treat two frequencies at a time, and with the minimal testing that I have done on that app, I did not see any interference. Whether that can be extended to more points at a time remains to be seen, especially if the points are located close to each other.

Chapter 7: Treatment of Pain & Injury. Degeneration of Bones and Organs.

How to treat injury

Back in the 1980s, Dr. Tan pioneered the idea of using reciprocal or mirror points to treat the pain and damage of an injury. If a patient had a twisted ankle, the doctor would needle a point on the opposite wrist. A bad knee would be treated with the opposite elbow. In the books he wrote, Dr Tan espoused a series of fixed points for these injuries, but it makes more sense to use the ten division pairs. If the ankle injury is found near traditional GB 40, first translate that to the closest digital point: Ot 5.383. The mirror treatment point for that ankle will be found on the opposite wrist division pair: Thyroid 15.453. This frequency will strengthen vials both for ligaments and for pain. Dr. Tan would have put the point at the same level on the wrist as on the ankle, but in digital acupuncture the closest wrist point is located above the ankle. Dr. Tan is no longer with us, but his method can be found on the Web, as the Mirror Method of treatment.

Having 20 channels to map out reciprocal injury areas is far more accurate than using 12. The way Dr Tan taught the method, you would first determine which channel is covering the injured area. If the medial collateral ligament is weak, covering the Liver 7 meridian, theoretically one would find the treatment point on the its division pair, the Lung 17 channel. This method was correct in that you do use division pairs, but it is not just the location of the injury that determines the channel; it is also the nature of the injury. Ligament injuries are treated with one division of channels; bones with another.

A medial collateral ligament injury falls into the category of ligament and tendon injuries, and all such injuries are better treated with the red and purple channels: 9/15 and 5/19. The Liver meridian where the MCL injury occurs simple lets you know its a leg yin channel. The leg yin ligament channel is Ad 9 and its mirror ligament channel is Pt 19. The optimal treatment point for the MCL damage is Pt 19.634; on the opposite limb near the elbow. Any knee tendon or ligament injury will use a set from this combination of yin or yang division channels. An ACL injury will be treated with the same Pt channel on the lower side of the elbow: 19.532. Lateral collateral ligament injuries will be treated a point on the yang mirror division channel: Tr 15.564. The posterior cruciate will be treated with Tr 15.655. The local points on the channels that cross the injuries may bring qi and blood to the area, but they do not strengthen the injury location or vials for the pain.

The type of injury determines the channels used, regardless of the injury location on the limbs. All ligament injuries are treated best with the 9/19, 5 /15 channels. Broken or degenerative bones are

treated with the 8/18, 4/14 channels. Nerve injury pain would be treated with the 10/20, 1/11 channels. Skin abrasions are treated with the 6/16, 2/12 channels. Muscle injuries are treated with those 7/17, 3/13 channels. All are treated by the division channels on the opposite limbs, at the points nearest the reciprocal location of the injury. Muscle testers can verify that each particular injury is only strengthened by the division partner of the appropriate channel.

There is often collateral damage to the muscles when the bone is injured. This damaged patella bone will often cause a weakness of the quadriceps thigh muscle, due to the poor attachment of the muscles to the inflamed bone. The TM 14.655 bone point for the patella will often be the best point to strengthen the quadriceps muscle and vial. If it is the patella ligament on the knee that is injured, then use the yang knee ligament frequency: Tr 15.655.

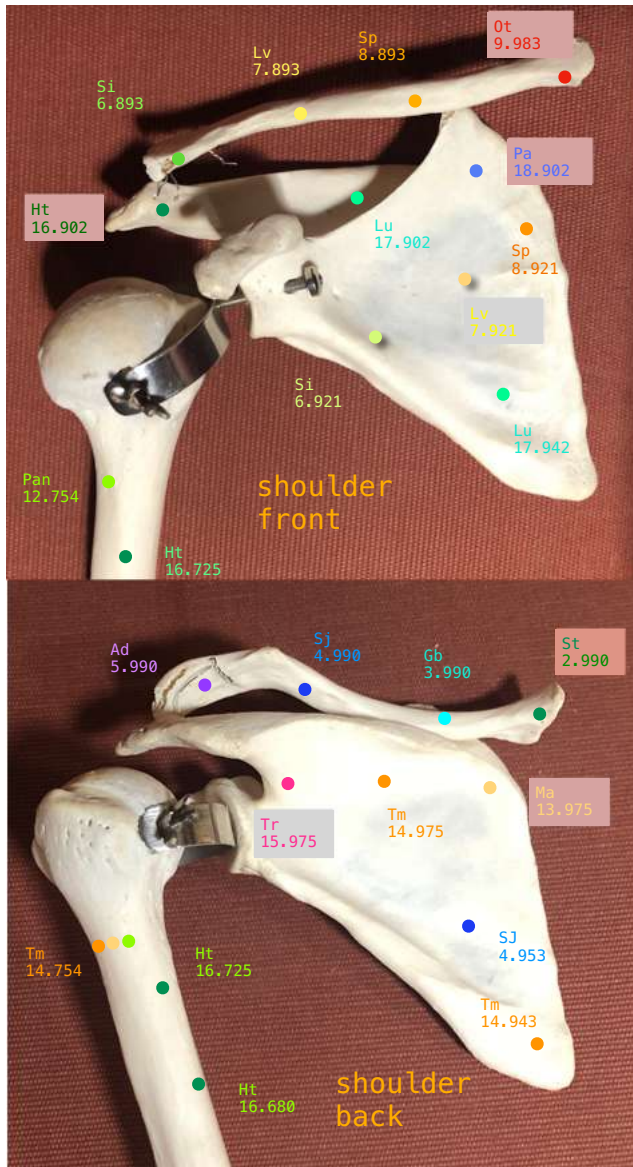
If the leg quadriceps muscle itself has just been banged or bruised, then use the arm muscle channel Ma 13.655 to treat it. If there is an ulcerous lesion on the outer upper thigh, then the arm 12.655 would treat it; if there is nerve damage to the area, then Ub 11.655 might be the strongest point to strengthen a nerve vial. Most often you will want to use both ligament and bone points for the knee. Points for ankle injury are found on Pt and Tr channels near the wrist, or on the hand.

knee location	mirror-pain	inflammation	knee & leg location	mirror-pain	inflammation
medial meniscus	Pa 18.532	Sj 4.383	patella & ligament	Tm 14.655 Tr 15.655	Ad 9.241
lateral meniscus	Tm 14.564	Sp 8.346	femur distal head djd	Pa 18.635	SJ 4.383
ACL anterior collateral	Ht 19.634 XRA	Ot 5.282 XRA	psoas ligament	Lu 17.725	
MCL medial collateral	Pt 19.634	Ot 5.282	quadra-ceps muscle	Ma 13.655	Lv 346
lateral collateral	Tr 15.564	Ad 9.346	Femur head neck	Tm 14.725	
posterior cruciate	Tr 15.655	Ad 9.241	lateral ankle break	Tm 14.346	Sp 8.564
fibula head break	Tm 14.655	Sp 8.241	ant tibials	Pt 19.325	Ot 5.282
tib plateau break	Tm 14.564	Sp 8.346	post tib	Tr 15.241	Ot 5.595

Dr. Tan was very insistent that one should only use the opposite limb point, and not the local point. The local point does not seem to be optimal either for pain or repair, but of course it brings qi to the area, so it does have some beneficial effect. If you are a traditional acupuncturist working with needles and treating an injured biceps muscle, you may not feel comfortable working on the upper thigh as a mirror treatment. Digital or Korean Hand treatment of thigh points removes the issue of modesty, but one can understand the tendency to use local points in some cases. Even with broken bones though, the only vials that strengthen the damaged location are the ones on the opposite limbs. I verified these rules though looking at dozens of pictures of many different types of injuries; but of course, a real study of the matter should be run.

The strongest frequency for the pain or nociceptor vials in limb injury will always be the mirror point on the opposite limb of the same division. Once you have that mirror point, you can look for

a partner points on the Working Chart. These partner points are not the division partners, but frequency partners of the same color. They will always test to treat the inflammation from the injury. Adding the working chart partner point should hasten the repair process.



Shoulder pain

Once you have the idea of mirror points you can apply them to other types of injuries. Above is another table for shoulder and arm pain. Notice that a leg channel point is always the primary shoulder point for the muscle, bone or ligament pain; even for torso muscles like the Teres Major.

Some of the frequencies are listed by muscle frequency, some by a tendon, others by both. The last two columns show the frequencies for bone damage to the shoulder. These are local points; not necessarily leg channel frequencies. These bone

muscles	freqs.	muscle	freqs.	bones	freqs
biceps: short head	Lv 7.754	scalenes	Lv 7.893	acromion & pain	Sj 4.990 Tm 14.754
biceps: long head	Ad 9.754	serratus	Ad 9.921	clavicle & pain	Pa 18.902 Sp 8.241
brachio-radialis	Lv 7.564	splenius cap & cerv	Gb 3.994 Lv 7.893	corocoid process & pain	Sp 8.893 Pa 18.834
anterior deltoid	Lv 7.754	sub-scapul. lig.	Ad 9.754	glenoid fossa & pain	Tm 14.971 Sj 4.595
post. deltoid	Gb 3.786	supra-spinatus	Gb 3.786	scapula	Sp 8.921 T3
infra-spinatus	Ot 5.786 Gb 3.953	tennis elbow	Gb 3.655 Ot 5.655	inf angle scapula	Sj 4.953 T4
latissimus dorsi	Gb 3.915 T8	teres major	Ot 5.953	head humerus	Sp 8.754
levator scap	Gb 3.990 C7	teres minor	Ad 9.921	elbow spur	Sp 8.564
rhombooid	Gb 3.953	triceps XRA	Gb 3.680 Ot 5.680	head ulna	Sj 4.383
SCM	Gb 3.998	trapezius	Gb 3.994		

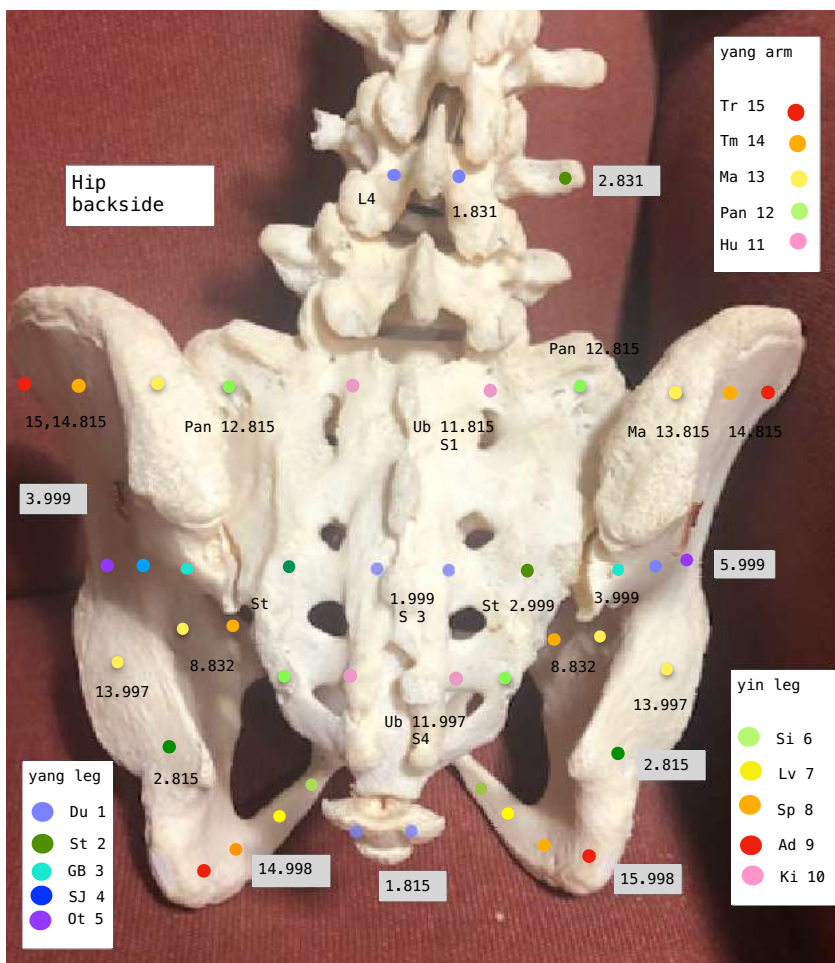
frequencies often strengthen many arm muscles in older patients, presumably by strengthening the attachments at those locations.

It is good to mock out the potential effectiveness of any mirror treatment before treatment. Place a sesame seed on the opposite limb point, or mark the point with color of the meridian, and then measure the field effect on the muscles or joints through pulsed muscle testing. If the location is

optimal, you can needle the point or find the frequency. If you are making a digital program, leave on the seeds or marks on as a starter treatment.

Back and Neck Pain

The most common traditional acupuncture points for back pain are two points on the Tai Yang division: SI 3 and BI 62. Traditional SI 3 falls on the 11 Huato/Bladder channel, and so it will naturally treat that corridor of the spine. Traditional BI 62 is now found on the 1 Colon/Du channel, and treats the central meridian down the back of the spine. The traditional locations on these channels can be effective, but optimal treatment is a lot more complicated.



I downloaded a series of pictures of ruptured lumbar discs from the internet, and then tested which points best strengthened the nociceptor vial for the pain, and which for injured vertebrae. If your patient injures the left side of L4 while skiing and is in serious pain, then the optimal pain point is going to be our traditional SI 3; now Ub 11.241. If the pain was less severe, the optimal point would more likely be traditional Si4, or UB 11.325. As the injury improves, the optimal UB pain point moves towards the wrist.

degree of injury	pain	inflammation
serious	UB 11.241 (Si 3)	Ki 10.655
moderate	UB 11.346	Ki 10.564
milder	UB 11.453	Ki 10.453

If you are treating with needles, you can test for which arm it is better to needle this Huato point on. Place seeds on either side of wrist point, and test which best strengthens the back. If the injury is on the left lower back, the right UB/ Huato point will test best. This opposite limb location channel for the pain turns those traditional points into yet another mirror point treatment.

The partner point for this disc pain is not found on the yang foot Du channel (traditional UB 62), but on the yin Kidney channel. In acute pain, this Working Chart partner point will strengthen vials associated with inflammation of the lower spine.

Unfortunately, this set of 11 channel Ub/Huato points does not work for all back pain. It works only when the ruptured disc is impinging on the spinal cord. Moreover, since the 11 channel is an arm channel, it will only work for lower back discs associated with a yang leg channel like L4: whose Du channel Shu location is 1.831. Ub11 is the division partner to Du 1. The Huato/Bladder channel is treating the pain from the spinal cord impingement, and not from the disc itself. If the upper spinal cord is damaged or impinged upon then traditional Ub 62 on the Du channel would be more suited to treating thoracic and neck pain.

Back injuries are treated by different channels depended on the type of injury. Injuries to the spinous process, or to the spinal cord itself are treated by these central channels: 1/11, 10,20. If the injury or damage is to a disc, then the resultant pain is treated by a different set of channels: 9/19 and 5/15. Transverse process injury pain is in turn treated with 3/13, 7/17 channels; facet injuries with 6/16, or 2/12. Crushed vertebrae are treated with the bone channels: 4/14, 8/18.

injury	disc	pain	inflammation	injury	disc	pain	inflammation
C3	5.994	15.346	9.564	L2	15.854	5.595	19.325
C4	19.865	9.241	15.655	L3	9.995	9.241	15.655
C6	9.983	19.434	5.471	L4	5.831	15.241	9.655
T6	15.932	5.595	19.325	L5	19.997	9.241	15.655
T12	5.871	15.241	9.346	S1	15.815	5.595	19.325

Let's see how this works. An L5 disc is injured while lifting a heavy load. The disc Mu point at L5 is treated by an arm yin point: Pt 19.997. This Mu point is the best for vials relating to the disc repair. This is an arm channel Mu, so the best point to treat

the pain from the disc must be on an (opposite) leg channel of the same division. The division channel pair to 19 is 9. The optimal pain will most likely be either Ad 9.346 or Ad 9.241. Pain is excess, so the point moves in the direction of the meridian. The more severe the pain, the further the point moves in the direction of the meridian away from the equilibrium point, in this case towards the fingertips. The inflammation in the disc is treated with the Working chart pair to this pain point: Tr 15.655.

Another example might be a L4 vertebrae damaged in a car wreck. The leg San Jiao bone channel will treat the broken vertebrae itself at the Shu point: Sj 4.831. If the disc is also damaged, then add the disc channel Mu: Ot 5.831. The strongest points for the pain of each of these injuries will be a point on the division partner channel: possibly Tm 14.241 for the vertebrae, and Tr 15.346 for the disc. If the injury is pressing on the spinal cord, then your 11.241, traditional Si 3,

might come into play. Which is the strongest point for the pain? My bet would be on the point that best strengthens the energy of the nociceptor vial, but I might well use two of these pain points.

Vertebrae	yin disc	yang disc	pain	vert. damage	pain	Vertebrae	yin disc damage	yang disc damage	pain	vert. damage	pain
Occiput	9.812		19.216	8.812	18.216	7th T	9.962		19.216 XRA	8.921	18.216 XRA
Occiput		5.902	15.346	4.902	14.346	8th T		5.915	15.241	4.915	18.241
Occiput	19.988		9.346	18.998	8.346	9th T	19.984		9.241	18.984	8.241
Occiput		15.999	5.471	14.999	4.471	10th t		15.893	5.595	14.893	4.595
Occiput	9.804 XRA		19.325	8.804 XRA	18.325	11 T	XRA 9.991		19.634	XRA 8.991	18.634
Occiput		5.998	15.346	4.998	14.346	12 T		5.871 XRA	15.241	4.871 XRA	14.241
Occiput	19.822		9.132	18.822	8.132	1st L	19.993		9.132	18.993	8.132
1st C		15.996	5.595	14.996	4.595	2nd L		15.854	5.680	14.854	4.595
2nd C	9.843		19.325	8.843	18.325	3rd L	9.995		19.325	8.995	18.325
3rd C		5.994	15.346	4.994	14.346	4th L		5.831	15.346	4.831	14.346
4th C	19.865		9.241	18.865	8.241	5th L	19.997		9.346	18.997	8.346
5th C		15.992	5.595	14.992	4.595	1st S		15.815	5.471	14.815	4.471
6th C	9.893		19.634	8.893	18.634	2nd S	9.999		19.634	8.999	18.634
7th C		5.990	15.325	4.990	14.325	3rd S		5.999	15.241	4.999	14.241
1st T	19.902		9.241	18.902	8.241	4th S	19.815		9.346	18.815	8.346
2nd T		15.975 XRA	5.680 XRA	14.975 XRA	4.680 XRA	5th S		15.997 XRA	5.680 XRA	14.887 XRA	4.680 XRA
3rd T	9.921		19.634	8.921	18.634	coccyx	9.932		19.325	8.932q	18.325
4th T		5.953	15.132	4.953	14.132	coccyx		5.815	15.241	4.915	18.241
5th T	19.943		9.241	18.943	8.241	ischium	19.931		9.241	18.984	8.241
6th T		5.932	15.241	4.932	14.241	ischium		15.998	5.595	14.893	4.595

Above is a complete list of the disc and vertebrae Mu and Shu points and their possible pain points. The pain point listed is only one of 3 or 4 possible ones on the appropriate channel. If the L2 disc is the damaged and causing pain, then if you need to figure out which of the Adrenal mirror channel points is optimal. If you don't muscle test, then check along the back of the lower

calf or leg to find the sorest point, and then needle it. If the appropriate pain point is on the bottom of the foot, as for an L5 injury, then you can mark the point with the color of the meridian, or just put it into your digital program.

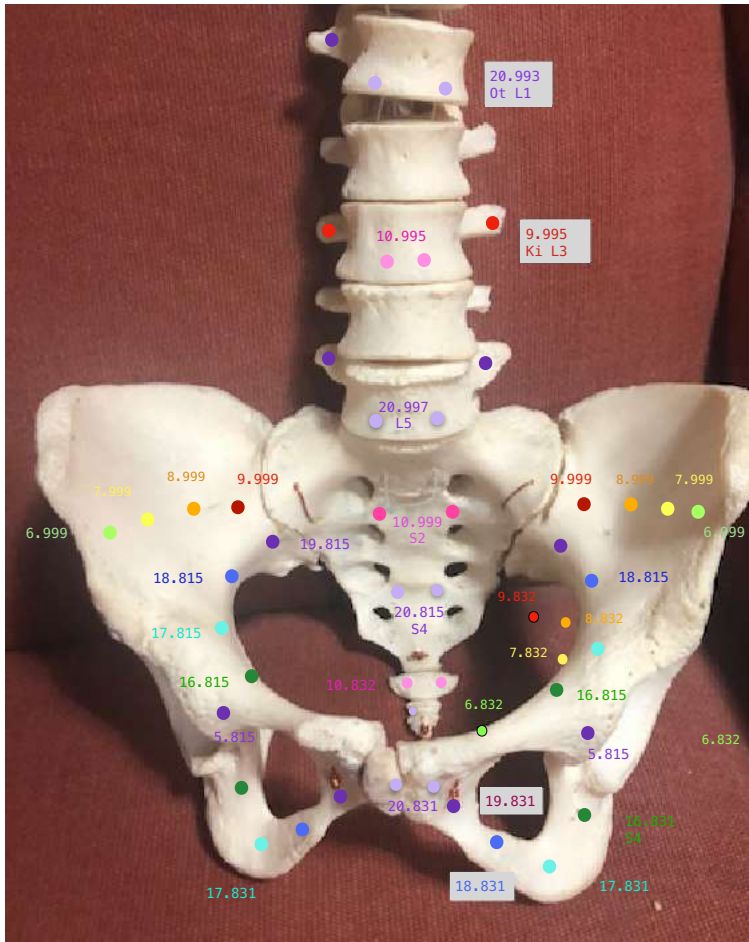
Transverse processes that are damaged or broken will be treated by changing these Shu and Mu points to the turquoise and yellow channels: 3 & 17, 7 & 13. A broken transverse process at L3 will be treated by Lv 7.995. In this pelvis picture, the broken L4 transverse process is best treated by Gb 3.831. With facet joint injuries, the Mu and Shu channel numbers are switched to the 6/16, or 2/12. A T1 facet break will be treated by Ht 16.902, at the edge of the collarbone. A more complete chart of back injury points is found in Chapter 10.

In chronic back injury, it is these local points that come to the fore. It is very helpful to procure yourself a set of vertebrae vials from alhvials.com. If the vial for L4, the fourth lumbar, tests weak, you can run the five possible frequencies at that L4 frequency to see which one best strengthens the vial: 2.831, 3.831, 5.831 or 1.831. It is not always possible to determine if the injury is to the disc, the transverse process, the vertebrae, or the facet without x-rays; so the frequency itself will offer some indication of which of the four structures has been damaged. (It can be more than one.) Always double check your results on the back itself. Run the frequency, or mark the point with the color of the channel, and then test to see that it strengthens the weak vertebrae.

The pain from each of these distinct injuries will be treated with the division partner channel of each of the primary Mu or Shu. The pain from the broken transverse process at L4 would be treated with Ma 13.241 or 13.346, because that is the division partner to the break at GB 3.831. The local point for a crushed vertebrae at C7 will be treated at Sj 4.990; but the pain will be treated on the Tm 14 channel at 14.345 or 14.241. Yang arm pain points move up the channel towards the fingers. The Working Chart partner point to these pain points will always strengthen the inflammation vials.

The central channels are only effective for disc pain where the bulging disc is squeezing the spinal cord. To test if there is a protruding disc involved, move the legs to first one side of the treatment table, and then to the other. If a disc is protruding on the left side, then when you create a C curve of the body to the left, it will pinch and weaken the disc on the left side; which will make a strong arm test as weak. If you move the legs to the opposite side, it will relieve pressure on the disc; the weak area will now strengthen. For cervical injuries on the neck, move the head and ear towards each shoulder, and perform the same test.

It is curious that on the limbs; both pain and the damage itself will be treated by the mirror point. On the torso; the bone damage is treated locally by the Shu or Mu, while the pain is managed by



the division partner of that Shu or Mu. It is probably some quirk of evolutionary development, but it does confuse the rules a wee bit.

Deterioration of Function

An aging spine will want core support. The discs will shrink and degenerate. If the pain of the back is just degenerative, and there is no injury, then those central channel points cannot be used to treat for pain. As we have just seen, where there is no pressure on the spinal cord from a bulging disc, the degenerative pain of disc is better treated with one of the red and purple channels: 9, 19, 5 & 15. The repair for the disc will be local at Ot 5.831, and the pain will be treated with the division partner Tr 15.241 or Tr 15.346.

Degenerative disc pain at L5 might be treated with Ad 9.346; at L3 by Pt 19.634.

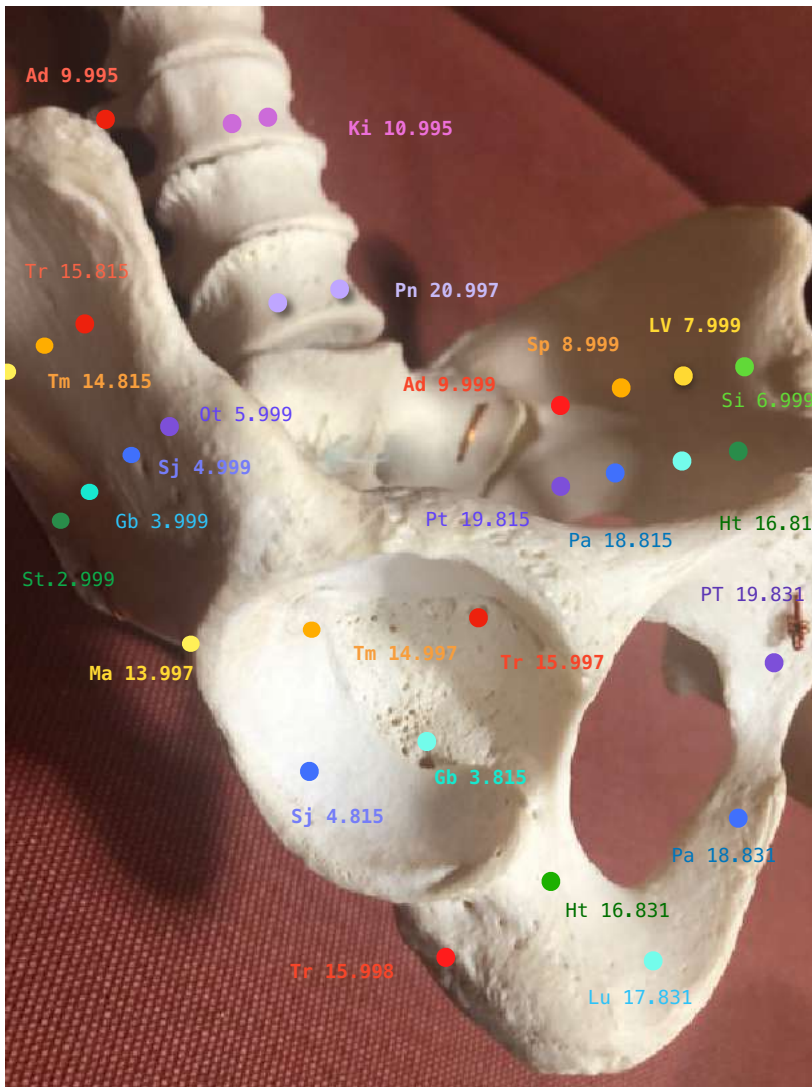
If a number of discs are degenerated, find

the weakest purple or red channel and see if its optimal pain point best strengthens the vials for pain.

In aging bodies, the loss of bone and calcium is paramount, so therefore the Parathyroid channel, which governs bone, and its partner the San Jiao, may test as strengthening the whole spine. These bone channels test not so much for pain as for the general weakening of the the bones, and also for inflammation. In degenerative discs of the upper back and cervical vertebrae, this Parathyroid bone arm channel is the primary channel, and it will move in the direction of the channel towards the elbow as the bones degenerate. This channel will strengthen vials for glucosamine and osteoclasts. Its partner the San Jiao will treat osteoblasts, synovial fluid, and hyaluronic acid. If you are treating the lower back, then those channel energetics are reversed.

As the bones age, a mycoplasma arthritis bacteria seems to move into both the spinal vertebrae and discs, increasing the inflammation of the bones. Most of the time, the primary channel to treat this mycoplasma will be the Kidney meridian. Just as the ancient Chinese had observed, the

weakened Ki qi hastens bone aging. If your patient is 90 years old and it all hurts, treat the mycoplasma, treat the local damage, treat the bone channels, and the best set of channels that speak to the pain..



Bones age. The cartilage of the knees and hips, along with the heads of the femur and humerus bones, will all erode. Mirror bone points on the opposite limbs are used for both deterioration and the pain of leg and arm bones. On the torso though, the damage is treated with the local bone channel points. The bone of the upper hip socket itself will best be treated with a yang point: Tm 14.997. The lower part of the socket where it articulates with the femur is best treated with Sj 4.815. These points are Shu points, so the hip pain from a deteriorated socket at 4.815 will be treated on the division partner channel: either Tm 14.346, or 14.241.

If there is pain from a sacroiliac disorder, then the local damage point might be Tr 15.815 at S1; but the pain will be then treated on its division partner 5 channel. The best points for

nodules and spurs on the fingers will be found on the foot Spleen or San Jiao bone channels, but they don't eliminate them. As the bone deteriorate, the ligaments and tendons and sometimes nerves that attach to them will also weaken and need treatment. Rib heads that are out would seem to want the central channel's support. Exercise and good nutrition is also required for repair.

	major bone degeneration	ligaments & tendons	pain
knee: meniscus and patella	Pa 18.634 Tm 14.655	Pt 19.634, Tr 15.655	Sp 8.241 or Sp 8.346
head of femur	Pa 18.786	Pt 19.786	Sp 8.241

	major bone degeneration	ligaments & tendons	pain
head of humerus	Sp 8.754	Ad 9.754	Pa 18.325
sacroiliac joint	Tm 14.815	Tr 15.815 disc	Sj 4.680
hip socket	Tm 14.999 Sj 4.815	Ad 9.999, or perhaps Ki 10.999	Pa 18.325
fingertip nodules	Sp 8.132	Ad 9.132 or Ki 10.132 if numb	Pa 18.325

A Theory of Pain

The mirror method uses division partners to treat the pain of physical injury to muscles and bones, but what about other types of pain? One might also think to block pain perception through treating the spinothalamic channels that send pain signals to the brain: Ot 5 and Tr 15. Two of traditional acupuncture's common pain points, SJ 3 and Gb 41, are points on these pain blocking channels. Can those pain blocking channels be effectively used to directly block signals of pain to the brain?

I looked at dozens of pictures of all sorts of types of painful conditions and then checked to see which of the spinothalamic channel vials tested as weak for a specific organ pain. It seems that if the Shu or Mu point for an organ was a leg point, then the anterior spinothalamic 5 channel would weaken. A stomach ulcer has a leg Shu: usually 2 or 5.914, so the anterior spinothalamic vial will weaken. If one were to pursue this theory, then a point near traditional Gb 41; 5.282, might be thought treat the Stomach pain, but it does not turn out to be the optimal point.

The strongest point for strengthening the nociceptor pain vial will be another division partner point. If it is the Stomach Shu, Ot 5.914, that best strengthens the Stomach pulse and stomach area, then the optimal pain point will be on its 15 Thyroid division partner channel. If the ulcer is milder, then the Shu point point may be 2.914, and the pain point might then be Hoku at Pan 12.346. If the active organ point is a chakra, then the pain point will be on the chakra division partner. Pain from stomach cancer will show on the 1 Du/Colon channel, because the chakra is 11.932.

In cases from ulcers to tooth pain, the optimal pain channel is most likely a division partner channel point to the active Shu or Mu. Find the active channel through the Shu or Mu point, and then use that channel's division for the pain. In endometriosis, the Uterus Shu point is most likely to be 8.999 on the Adrenal channel, so the Pa 18.241 foot point might treat the pain. Liver pain would be treated with a division partner point from whichever Mu point is testing as optimal. All these pain points move in the direction of the channel depending on the severity of the pain.

We can now return to explain why traditional SJ 3 can be used for ear pain. The most common Shu point for the painful inner ear is 5.902. The division partner to this Ot 5 channel is Tr 15, and there you will find your traditional earache point: Tr 15.241.

Can the pain blocking channels be used as adjuncts to reduce pain? It looks like that might be the case, though I have not been able to prove it clinically. In the case of battle wounds, severe burns or a car accident with multiple broken bones, it does appear that blocking those incoming signals of incoming pain would be more effective than just treating several damaged locations. Ideally you treat the local area and a general pain point; treat the black eye after the boxing match, but also a general spinothalamic pain blocking point. It would be nice if there were a series of fixed points that would duplicate the effect of opioids, but I am not seeing any such combination.

Treating the Stomach channel for ulcer pain, or the Liver channel for a hangover, does not test to be immediately effective for the resulting pain. Naturally one always looks to correct the underlying cause of the pain, and that will of course eliminate more thoroughly the roots of the problem. If you step on a tin can on the river bottom and slice your 7 Liver channel, then the pain would be better treated with the 17 Lung division partner. In this case it is the channel itself that is injured.

Phantom Limb Pain

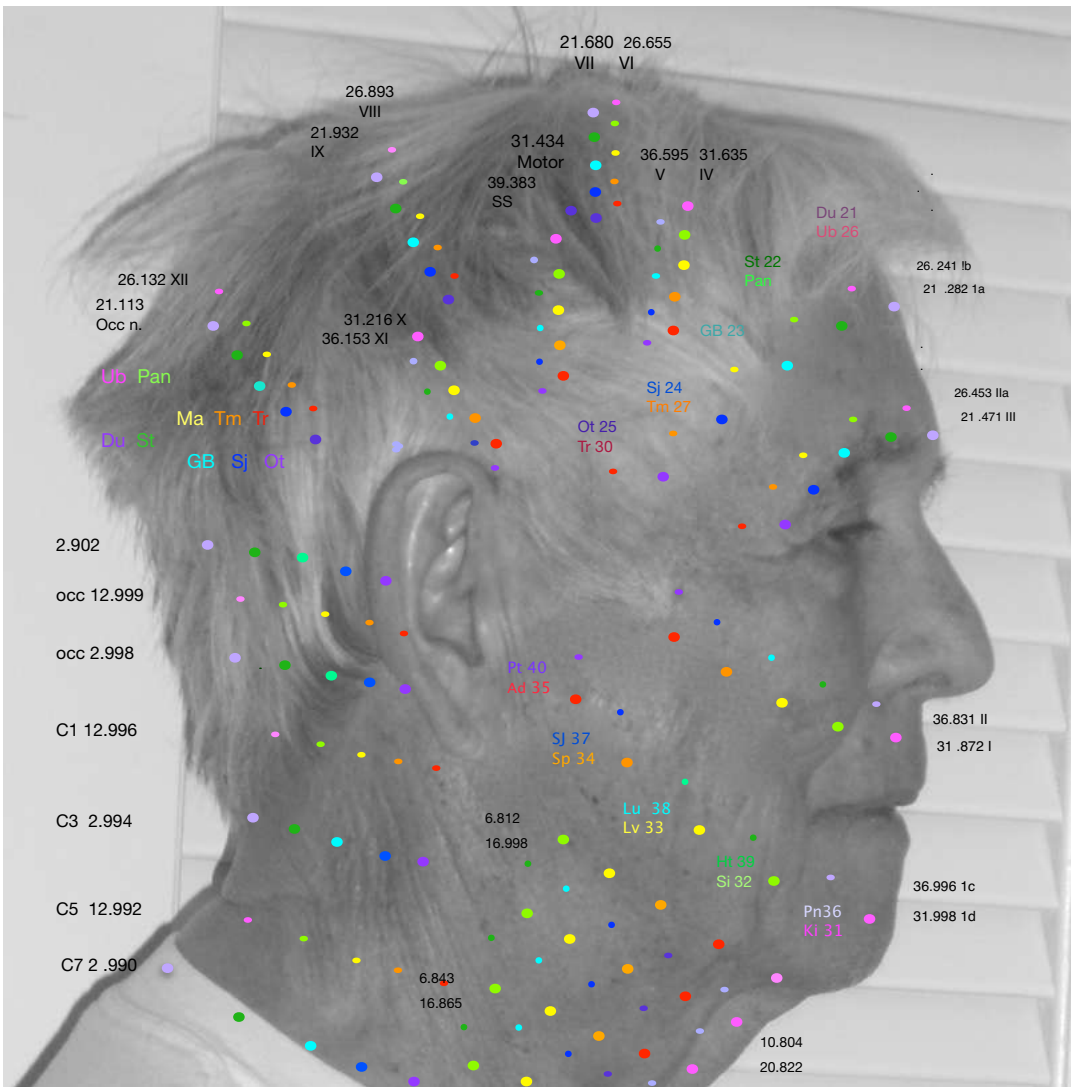
A different approach on how pain might be treated with acupuncture comes from examining pictures of patients with phantom limb pain. In these cases the strongest points for strengthening the nociceptor pain vial placed over the phantom limb area are not on the spinothalamic meridians, but on their cranial corticospinal division partners: Ot and Pt. Since the pain in these cases literally originates in the brain and is sent down to where the absent limb would be, then blocking these descending pathway channels might be a promising treatment. Pain from lower body amputations show activity on the cranial leg Ot channel, while upper body amputations show a primary weakness on the arm Pituitary channel. These descending points strengthen pain related vials on pictures of these patients.

phantom limb	pain channel point mild	pain point moderate	pain channel point severe
leg	Ad 35.434	Ad 35.655	Ad 35.893
Leg SS1 touch receptors	Tr 30.383	Tr 30.282	Tr 30.872
arm	Pt 40.595	Pt 40.655	Pt 40.932
arm SS2 touch receptors	Ot 25.113	Ot 25.282	Ot 25.893

Chapter 8 - Neurological Acupuncture

This topic is perhaps the most exciting new direction for Digital Acupuncture, because the new cranial map just begs for exploration. Modern cranial acupuncture is based largely on western anatomy, where one simply needles over the anatomical motor, sensory, or visual areas associated with the damage. Digital neurological acupuncture is more precise, and has the possibility of being so much more comprehensive.

To review: the underlying threads that organize the cranial map are the cranial nerves (CN). Most of the cranial frequencies link to these cranial nerves, though there are also links to the meninges and motor areas.

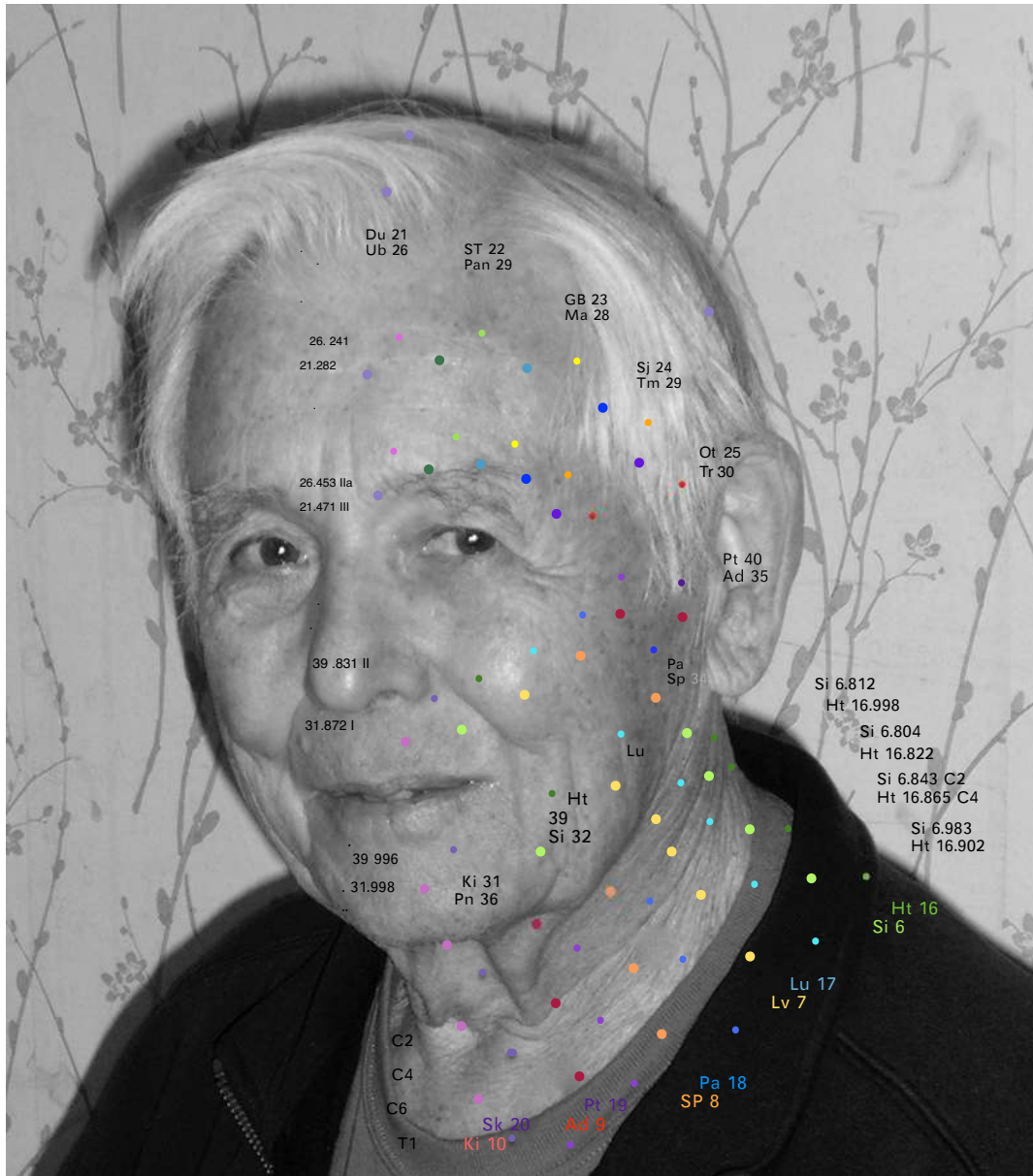


These CN decimal frequencies form rays along the side of the head, and circles surrounding the eyes. These CN frequencies can access one physical location on the bones of the cranium, and another within the brain.

The natural progression of the cranial decimal nerve frequencies generates a map of the skull and brain regions. As you scan through these frequencies, there is a strengthening first of the facial bones

and frontal lobes, next of the temporal and parietal areas, and last of the occiput and brainstem. The cranial nerve IV frequency 34.634, seems to access the anterior temporal bone. The cranial

for the olfactory cortex, this become CN 1b. The last olfactory circle relates to the vomeronasal olfactory organ (VMO), which is what a hound dog uses to sense its prey. This VMO organ (CN 1c) is the most ancient olfactory sensory organ, and seem to be linked to long term memory and the emotional areas of the brain. Proust and his madeleines. This extra olfactory circles is found on the periphery of the face. The last circle around the face (1d) represents the meninges and cortex of the brain. Those points will show a weakness in people who are electromagnetically sensitive, so they may be linked to some sort of magnetic field sensory perception.



Vision is also vitally important, and so it governs two pairs of rays: the optical CN II nerve ray, and a second ray, which I call CN IIa. This second ray of optic frequencies seems to access certain parts of the eye, and the prefrontal areas of the brain. CN III & IV frequencies govern the muscles to the eyes. These visual points circle the eyes, except the CN IV ones, which begin the rays on the side of the cranium.

A couple of cranial rays in the center of the range relate not to cranial nerves, but to the motor and

sensory areas of the cortex. The .434 ray seems to coincide with the motor area of the brain, and the .383 ray with the somatosensory area.

The last ray on the side of the cranium over the occipital area does not relate to a cranial nerve. It responds to a vial for the occipital nerve, but it also strengthens the area of the sella turkica on the base of the skull, and therefore accesses the pineal gland as well. I call this ray CN XIII, though there is no known thirteenth cranial nerve.

When the rays around the face are imaged as channels and not frequencies, as in the initial chart in this chapter, then each of the facial ray pairs forms an arm/leg division of frequencies. Cranial

Liver 33 pairs with its division partner Lung 38 down the cheek. Cranial Stomach 22 pairs with its division pair Pancreas 29 on the forehead. On the side of cranium, these same channels pair with their pulse partners: St 22 lies next to Si 32.

cranial yang	cranial yin	associated brain areas and cranial nerves	cranial yang	cranial yin	brain areas and cranial nerves
	31.998	CN 1d: mandible, meninges, corpus callosum	26.655		VI: ant parietal lobe, ang. gyrus, mastoid, septum pellucidum
	36.996	CN 1c: vomeronasal, VMF, lower teeth, medial frontal lobe	21.680		VII: facial. premotor, parietal lobe, parietal bone
26.241 XRA		CN 1b: olfactory cortex, nose, cingulate, VMA, hippocampus, ant gyrus		31.434 XRA	Motor: inferior parietal lobe, post. parietal cortex
21.282		CN 1a: olfactory bulb, cells endorhinal, DMF, medial frontal lobe, caudate		36.383	Somato-sensory: superior parietal lobe post. central gyrus
	31.872	CN 1: olfactory. maxilla, lateral frontal lobe	26.893		VIII: auditory nerve & cortex, dorsal super. parietal, earhole
	36.831	II: optic nerve. orbit, zygoma, upper teeth, ant. temporal lobe, cuneus	21.932		IX: glossopharyngeal nerve, putamen, sup. marginal gyrus, Exner's
26.453 equil-ibrium		Ila: optic chiasm, Broca's forehead, upper medial temporal lobe		31.216 equilibr.	X: vagus nerve ant. pituitary, VA 6, parasympathetic NS
21.471 equilibr.		III oculomotor: temporal bone, orbitofrontal, inferior temporal lobe, nucleus accumbens		36.153 equilibr.	XI: accessory. VA1 fusiform, occ lobe, lat. ventr, p.pituitary, globus pallidus
	31.634	IV: trochlea.: ant. insula, p temp lobe, amygdala	26.132		XII: hypoglossal VA 4, 3rd ventricles,
	36.595	V: trigeminal. Wernikes, superior temporal sulcus posterior insula	21.113		CN XIII: occipital nerve, pineal, VA 8, thalamus

This Cranial Working Chart is a general chart of the energetics related to the cranial nerve connections, and it also records the cranial bone locations. It was mapped using a human skull, endless images of brain damage areas, and a box containing some 150 brain area vials. The cranial bone locations are pretty clearcut, but the energetics of the deeper and more hidden regions of the brain are not. Many neurological areas such as the hippocampus are fairly broad areas, crossing several cranial rays location. Nonetheless, I have found that most people strengthen the hippocampus vial with one of the five frequencies for cranial nerve Ib.

The frequencies on this chart naturally form two rainbow sequences. Frequencies of the same color are functional partners, the same as with the Working Chart for the body. The numerical sequence is that of alternating arm/leg channels; 2 yin and then 2 yang decimal frequencies.

Neurological acupuncture is about circuitry, and just because a frequency accesses a certain brain location, it does not mean that it governs it. If you short out the electrical circuit to the kitchen, it might also knock out the lights in the hallway. Changing the bulb in the hallway will not fix the kitchen circuit. Damage to the visual cortex in the occipital lobe might impede perception by the frontal lobes. Brain frequency locations can thus be deceptive, but at least this chart can give tentative connections to the various brain regions.

In order to treat a neurological problem, the first order of business is to find the areas of damage. A neurological practitioner should own a large box with energetic vials for as many areas of the brain as possible. Vials in this box that test as weak can indicate which brain areas show damage. You can also place your hand over various areas of the cranium to confirm that weakness. If an MRI shows a parietal lesion, you can place the side of your hand over the parietal area the head, and observe that it weakens the strong arm of the patient.

The points on the cranium are very closely spaced. These close locations obscure the correct choice of points, and this is doubly true when trying to needle. Muscle testing for a weakness over the general area of a brain lesion will often not be precise enough. Treatment requires finding the exact spot where the correct cranial nerve ray and cranial meridian cross each other. This cross location of the cranial frequency and the cranial channel needs to be clearly delineated. Several approaches are possible.

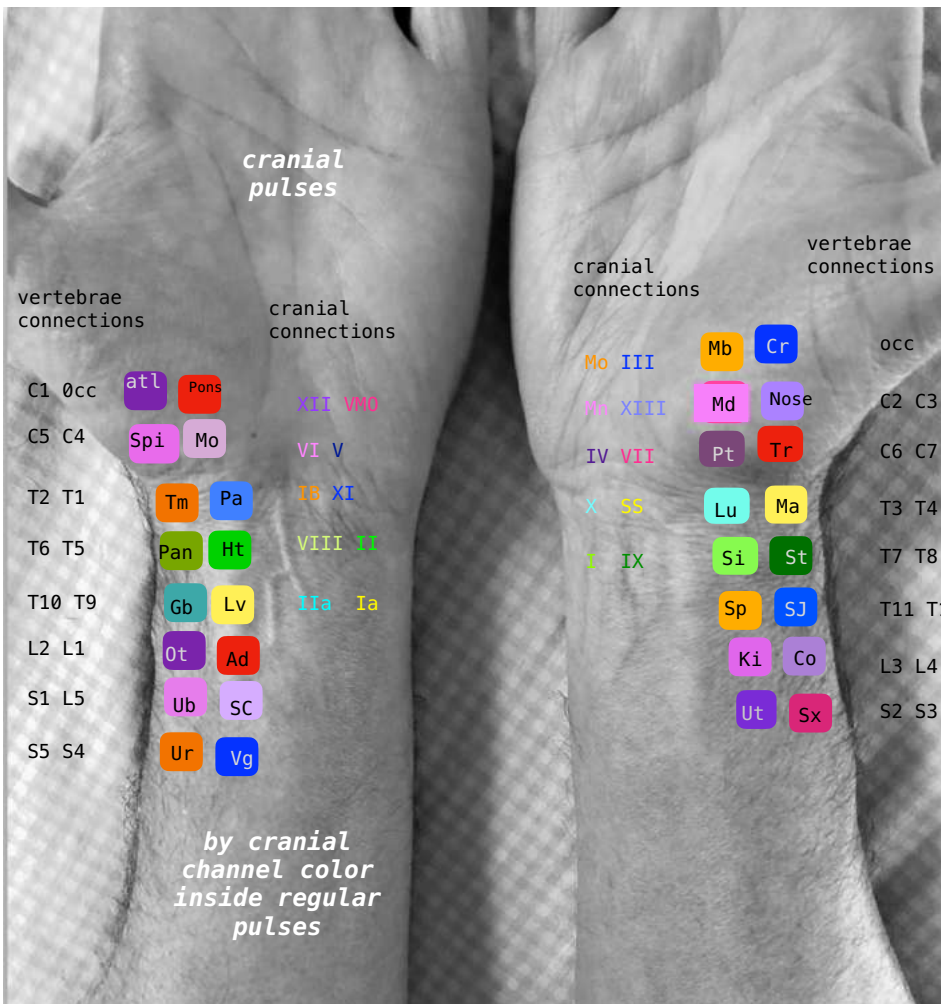
First determine the frequency. If there is a parietal lesion, you can physically test each one these decimal frequency rays, by placing the side of the hand along the rays and pushing down on a strong arm to reveal a weakness. It is often easier just to use a box of vials for the cranial nerves. Place this box on the patient's abdomen, and strong arm test each cranial nerve vial. Each weak cranial nerve vial indicates a possible cranial frequency to be treated. This second box of vials should contain all of the cranial nerves, plus vials for the olfactory bulb, the olfactory cortex, the vomero-nasal organ, the motor and somatosensory areas, and also the meninges.

Say the vials for CN VIII, motor and CN I test as weak. The next step is to attach these decimal cranial nerve ray frequencies to a cranial meridian. The simplest way is to run through each of the channel numbers. There are only five possible correct channels for each frequency. If the CN VIII vial tests weak, then run each of the channel CN VIII frequencies: 26.893, 27.893, 28.893, 29.893,

or 30.893. Only one should strengthen that CN VIII vial. The same might be done for the other weak vials in the cranial nerve box.

The most accurate way to determine the physical location of the weak brain channels is to use the map of the spinal tracts. Place a copy of the Spinal Tract Cross Section map somewhere on the patient's body, and then test to see which upper cranial colored areas are weak, by touching them, one at a time. This is how I figure out which cranial channels are needed.

The traditional approach to choosing the correct channel would be pulse diagnosis. The cranial pulses are found more interior or deeper to the regular body pulses, on the interior half of the block marked on the wrists below.



The Heart cranial pulse is found medial to the regular Heart pulse position, on the fourth pulse position on the left. Check the pulses. Feel and test with your resonator the cranial pulse positions. If the internal Heart channel pulse tests weak, then test run a cranial Heart frequency, say 39.153 and see if it strengthens the pulse, and a target area vial for the brain. If it does, then that would be your main treatment channel and point.

The problem with using cranial pulses is that it is often hard to distinguish them from the regular body pulses. Our cranial patient will most likely have heart disease in addition to a

stroke. Is it the cranial Heart pulse that is testing weak, or just the regular Heart pulse? I read the

cranial pulses for confirmation, but not for diagnosis. If someone has Bell's Palsy affecting CN VII, I want to see that reflected on the inside of the Thyroid pulse.

You might think that you could obtain meridian vials that would aid one for testing. Unfortunately, the majority of such vials that you might purchase would not reflect their true meridian, so this would just add to the confusion. In addition, a weak Liver meridian vial might reflect a second margarita imbibed the night before, and have nothing to do with a weak cranial Liver meridian. The best solution is to use the Cross Section map of the spinal cord for testing these cranial areas.

Once you have treated all weak cranial frequency vials you should have your treatment. It is often a little more nuanced though. Here are a few outlines of how to think about treatment.¹⁵

Strokes and Concussions

Strokes and concussions are caused by blood vessel damage to the cerebral arteries. The channels that treat the cranial arteries come from two divisions: the Spleen channel and Parathyroid division, or the San Jiao and the Thymus one. The cranial divisions of these channels treat the blood vessels of the brain. The locus of the damage is going to be where these blood vessels are damaged or ruptured. Local blood stagnation points are needed to treat the area of damage and help repair the blood vessels. As the blood clears from the area, these blood stagnation frequencies will move towards the cranial equilibrium points. The equilibrium points on the cranial Working Chart are the blue and turquoise ones, the same as those on the body.

The danger with these blood stagnation points would be the potential to loosen a blood clot, or rupture an embolism. Cranial needle acupuncture for strokes is prohibited during the first few weeks after the stroke, to prevent excess blood flow to an already weakened area. Caution would suggest following the same rule with digital acupuncture.

It is the lack of blood flow from a stroke that kills the local brain neurons. Early intervention can sometimes increase the flow of blood and qi to the area, and thus rescue beleaguered brain neurons. Running cranial frequencies on weak points caused by an older stroke do seem to strengthen the damaged locations, but only on the uninjured side of the brain. Can digital acupuncture recruit the uninjured side to take over functions? It would be nice, but that would require a major research study. One advantage to digital acupuncture would be that all cranial

¹⁵ Originally this book was just about theory of treatment, but it then evolved into to a larger discussion on practice. I moved the treatment of headaches to the protocol chapter 10, where it could be explored in more detail.

frequencies will send energy to both sides of the brain, which then perhaps might aid to recruit neurons from the healthy side.

In any sort of stroke, first place the box of brain vials over the patient, and remove to the side all the vials that test as weak. For example, let's say that vials for the left parietal lobe, the orbitofrontal lobe, Broca's area, the hippocampus, the cuneas, the somatosensory and motor areas test as weak. Find the cranial artery channel that will strengthen a vial for arteries: Spleen, Parathyroid, San Jiao or Thymus channel.¹⁶ It is easiest to just use the spinal tract image: place it on the body, and test all four cranial artery channel locations by touching each one and pushing on the arm of the patient. If it is the cranial San Jiao that is weakest, then take the side image of the side of the cranium and check all five possible cranial San Jiao locations. Only one will test weak. Run that frequency and confirm that it strengthens a vial for arteries. Next find its cranial color partner on the cranial working chart. The red frequency SJ 24.680 will partner with the red Pa 37.996. The San Jiao cranial point is probably the locus of the stroke. That frequency should strengthen a great portion of the weak brain vials. The partner channel should strengthen at least partially the rest. If your muscle testing skills are not good enough to test a picture, then test the actual equilibrium points of the four channels on the patient's head, to determine which is the weakest.

cranial frequency	effect	cranial frequency	location	cranial frequency	
TM 27.893	strengthens arteries	Ad 35.434	Motor, leg	Pt 40.831	CN II optic DMF prefrontal
Sp 34.872	strengthens arteries	Tr 30.241	Olf cortex, arm motor	Ot 25.932	CN IX fusiform, substantia nigra
Ren/Ki 31.216	CN X locus parietal lobe	Ub 26.132	CN XII hippocampus	Pt 40.383	Somatosensory
Ub 26.453	CN IIa Broca's cuneus VMA	Ki 31.634	CN IV ant temp. lobe	Ad 35.282	CN Ia: cingulate, endorhinal, MFL

The paralysis from strokes probably needs to be treated with a separate motor area frequency. A frequency for the arteries and the parietal lobe may strengthen the motor area on the cranium somewhat, but the motor area will need its own frequency in the majority of strokes. In regular cranial acupuncture it is the anatomy of the underlying motor areas that governs the treatment. A right leg is treated with a point on the left cranial motor leg region on the upper part of the motor strip, while damage to the arm and face are treated over the lower part of that motor strip. In digital acupuncture, if the motor leg area strengthens with Lv 33.434, then the motor area for the

¹⁶ Yes, these are same channels as the bone channels for the vertebrae. Different circumstances, different effects.

arm will strengthen with its cranial same color frequency partner: Ma 28.241, which is found on the forehead. All motor frequencies belong to the orange ray, so their partner points must also belong to an orange ray in the Cranial Working Chart. I most often found the strengthening point for the motor area to be on the Liver channel, who knows why. This leg motor channel can treat paralysis in either the upper or lower body, and the partner will treat the other same side limb. If other damaged areas in the brain are not strengthened completely with the artery frequency, then they will also need local treatment. If the artery point Pa 37.996 only somewhat strengthens a vial for Broca's area, then add the weakest point from that CN IIa ray that governs Broca's area to your program.

The correct set of points should strengthen all the cranial vials, the cranial pulses, the spinal tract vials, and the weak areas found on the head itself. Treatment of strokes is not my bread and butter, so I am just noting the patterns that seem to appear from images of stroke patients.

Concussions differ in that you would often want to treat several local areas of impact. A boxer after a fight, or person after a car wreck can show several bruised areas on the head. Look for a cranial artery frequency that will strengthen the general blood stagnation, and then find a series of points that will strengthen the areas of damage. The chart below is composed from several different concussion pictures. Impact areas are the last set of columns.

frequencies	target	frequencies	target	frequencies	target
Sp 34.872	cerebral arteries	Sj 4.471	inflammation on neck and body	Ad 25.471	orbitofrontal CN III
Tm 27.893	vascular endothelium	Pa 18.434	inflammation on body	Tr 30.453	CN IIA cuneas cingulate
Sp 8.346	body arteries, bruises on body	Sj 24.932	NFKb, IL6, brain inflammation	Ad 25.972	CN IX sub nigra, VA 8
Tm 14.564	immune	Pa 37.831	PGE2, pain	Tr 30.893	auditory, parietal
Sp 8.991	Sp Mu arteries			Ad 25.282	prefrontal, endo-rhinal cortex CN IIa
Tm 14.975	Tm Shu thymopoetin			Tr 30.241	VMO corpus call

If the primary damage is on the Sj brain channel, then the energetics are reversed: the Sj will treat the cranial arteries, and the cranial Spleen will treat the inflammation. Pain from a concussion would be treated on the cranial division partner channel of the main area of impact.

Bell's Palsy and Cranial Herpes

This is another example of a combination of local points and infection treatment, where an eye or mouth twitch is most often caused by a cranial herpes virus. The herpes virus itself is treated with the same Mammary and Liver set of channels as on the body, but this time in their cranial versions. The Mammary channel is the primary virus channel for treatment on the face. Find the best Ma cranial channel point to strengthen the herpes vial. If you are not a strong muscle tester, you can just see which of the five cranial Mammary frequencies best strengthens either the pulse or the local area on the face. The herpes channels on the body may also need treatment. Chase these Mammary points and their Liver partners back to equilibrium over several sessions of your digital or color protocol.

Cranial nerve V has 3 branches, any which of can be invaded by several of the herpes viruses. The twisted mouth common to Bell's palsy is the result of lower CN V invasion; the splitting headaches and eye twitches are caused by an upper CN V branch invasion. The cranial V nerve location will be most affected at the turquoise Mu: Lu 38.595; but the central channel 36.595 may also need treatment. Cranial nerve VII, the facial nerve, might also show damage; first to the turquoise Gb 23.680 point, and then to the 21 or 25 cranial VII Shu. The pain from these nerve infections can be intense and are treated by the cranial division partner to the primary herpes Mammary channel, which would mean a point on the cranial Gb channel that strengthens a pain vial. The primary Mammary channel division partner -13 to 3, becomes 28 Ma to 23 Gb on the cranium. The pain points on the chart below all reflect Mu and Shu points on the primary herpes turquoise and yellow Gb/Lu, Lv/Ma channels. If the damage has moved to the central channels then the pain points will fall on the division partner to that Mu or Shu.

bell's palsy	herpes	cranial nerve	pain
mild	Lv 33.434 w Ma 28.241 XRA	CN V Lu 38.595 CN VII Gb 23.680 CN II Lu 38.831	Lv 33.434 CN V XRA Ma 28.893 CN VII Lv 33.434 CN II
severe	Lv 33.634 w Ma 28.132 Lv 33.872 w Ma 28.893	CN V Lu 38.595, Sk 36.595 CN VII 23.680, Du 21.595 CN II Lu 38.831	Lv 33.634 CN V Ma 28.893 CN VII Lv 33.872 CN II

A cold sore on the lips caused by a herpes simplex virus will be treated by the body Liver and Ma channels, because the mouth has a neck C5 Mu point; but the twisted mouth from a herpes invasion of the lower branch of the trigeminal nerve will be treated with cranial channels.

The Neurological Puzzle Game

I entertain myself on weekends by downloading images of patients with unusual neurological syndromes, and then attempt to find frequencies that will correct their weak brain areas. I have never seen a patient with Capgras syndrome, but I can hold an image of a Capgras patient in one hand, and then crosscheck for cranial rays, vials and frequencies. Just the fact that so many neurological mysteries lend themselves to this type of energetic sleuthing says something. My weekend forays have lead to possible sets of points for a host of obscure conditions, never to be seen in practice. The following table is offered simply as groundwork for possible treatments. If someone with Alien Hand syndrome would happen to appear in my office though, it would be reassuring to me to have previously scoped out the condition. This book is all about theory, and what might theoretically work. The procedure is complicated, but the satisfaction from solving these neurological puzzles is immense.

The difficulty in neurological acupuncture is circuitry, not just general location. The majority of the time there is a shortage somewhere in the communication between one part of the brain and another; the problem is finding the break in the circuitry. A weakness in one brain area may be treated by a point on the other side of the brain, where the break in the circuitry occurs. A person afflicted with the obscure ailment of Capgras syndrome cannot recognize his mother, because of damage located between the emotional and the facial recognition areas of the brain. If you then take vials for both the fusiform facial recognition area and the emotional amygdala areas, you can search for the frequency that corrects the break in the circuit. The correct pair of frequencies should strengthen all vials related to the syndrome.

condition	points	areas affected	partner point(s)	vials for area
Alien Hand syndrome	Pt 40.595 CN5 or 39.595, 36.595	left parietal lobe, somatosensory, fusiform gyrus	Ad 25.113 CN XIII or 22.113, 21.113 Pt 40.996	VA6, occipital lobe, hippocampus VMF
Capras syndrome- (can't recognize family)	Ad 25.282 Olfactory bulb or St 22, or Du 21	cingulate, MFL, orbitofrontal lobe	Pt 40.383 SS (Somatosensory) or Ht 39, or Sk 36	inferior colliculi, somatosensory
Capras syndrome- (can't recognize family)	Ma 28.132 CN XII	hippocampus, emotional center	LV 33.634	fusiform, superior colliculi, anterior temporal lobe
Cotard's (thinks self is dead)	Gb 23.282 Olf. bulb	amygdala, septum pellicidum, a. insula	Lu 38.383 SS (Somatosensory)	somatosensory
Cotard's (thinks self is dead)	Tr 30.132 CN XII	amygdala, VA 6	35.634 CN IV or 32 or 31	ant. temporal lobe sup. colliculi

These potential neurological treatment points do not tell you how the impulses ricochet around the brain. Just because a frequency strengthens a vial for the anterior insula, does not mean that the frequency is directly treating that brain area. The damage may be in the visual area that connects through the insula; in which case the local insula frequency listed in the Working Cranial chart will not strengthen the insula vial. If there is a frequency that corrects all the vials relates to the optic nerve, say Ma 38.831, you can guess that the short in the wiring is closer to that visual area; but the circuitry remains imprecise. For this reason, many of the physical locations of brain regions in my neurological chart are still tentative.

Sometimes you will see that pairs of cranial points mutually strengthen specific brain areas. In obsessive compulsive disorder (OCD), the frontal part of the brain is overactive and literally caught in a brain loop. Strengthening the alternative brain pathways may help to calm the anxiety and break the pernicious circuitry. These first cranial pair of Shu Mu points will shift to a lime green or green as the condition improves.

In children, OCD can sometimes be directly linked to a strep infection; but strep shows its presence in all the photos of persons with OCD that I have examined. The third row on the chart below is for the underlying strep or perhaps its antibodies. Only one possible set of strep locations is presented, and the cranial points will move towards equilibrium as infection subsides. The last row is comprised of points that will negatively affect the brain circuits in OCD, emphasizing circuits that are already over amped. Don't use them.

obsessive compulsive disorder - OCD	enegetics	partners with	energetics
21,22, or Ad 25.932	CN IX: putamen to caudate to VMO	Pt 40.831 (or Ht 39.831, Sk 36.831)	VMO to caudate Shu Mu
Ub 11.999 or Tr 15.999 (neck point)	subthlamic nuclei to amygdala, calms anxiety	11.893 or 15.893 GB	calms anxiety
Pt 40.680 (possible location on Pt channel)	strep in mastoid bone	Ad 25.996 (possible cranial Ad point)	strep in mastoid area. partner to Pt.
21, 25, or 22.282 CN IIa	aggravates anxiety	36, 39 or 40.383 CN SS	worsens anxiety- don't use

A different case where negative points appear is with PTSD. In pictures of PTSD, post traumatic stress disorder, oftentimes there is a point on the auditory nerve ray that will weaken the vials for anxiety and norepinephrine, much as a loud noise might trigger that same response. The correct treatment points below should help to repair those frayed nerves, but any CN VIII auditory point will weaken the damaged areas on the brain.

PTSD post traumatic stress syndrome	energetics	partners with	energetics
21,22, or Ad 25.932 CN IX	putamen to caudate to VMO, anterior cingulate VA6	Pt 40.831 CN II (or Ht 39.831, Sk 36.831)	anterior insula, DMF, auditory cortex, GABA
Ad 35.998, or 35.634 CN II	ACTH, cortisol: calms	Tr 30.634 or 30.132	noradrenaline
CN VIII 29.893 XXXX don't use in PTSD	weakens anxiety vial, blocks GABA?	CN 1 35.872 XXXX don't use in PTSD	weakens PTSD areas

As in all acupuncture, the diagnosis and treatment are only correct if there is symptom relief. It will take decades of clinical practice to determine the true validity of potential neurological treatments. These sketches only point the way.

A cautionary note: with epilepsy or any other neurological disorder, some patients are too electromagnetically sensitive to do electromagnetic treatment of any kind. If the digital treatment causes a worsening of the symptoms, then desist.

Genes

One way to approach hereditary defects is to download an image of the 23 human chromosome pairs. If a person has a hereditary illness that affects a certain chromosome, the picture of that chromosome will test weak when you place the photo of the chromosome sets over the body. A picture of a known sufferer of Huntington's disease, like Woody Guthrie, will show a weakness on the image of chromosome 4, where the gene for Huntington's disease is hidden. One can then search for a set of cranial frequencies that will strengthen the picture of that chromosome, and vials relating to the symptoms of that disease.

Several patients with a hereditary tendency towards diabetes showed a weakness on chromosome 8. The cranial Parathyroid and San Jiao channel points: Pa 37.595, with Sj 24.113, will strengthen the vials for the pancreas and insulin on these patients. They will also strengthen the picture of the weak chromosome 8. These points do not eliminate diabetes, but they may help control the downward spiral of the disease.

These chromosome connections are not so easy to figure out, and should not be tried by those without considerable muscle testing skills. If you do know that a person has a gene affliction found on chromosome 16, then place the picture of the set of human chromosomes on their torso, and

confirm that weakness. Touching the picture of chromosome 16 will make their arm weaken. With their finger still on chromosome 16, place the photo of the spinal cross section on their torso, and check each of the cranial nerve locations with your fingers. If the cranial anterior corticospinal tract tests as weak, then check each of the five cranial Ot points on the side chart of the cranium, and find the weak one. Find the cranial same colored pair, which will also test as weak. Run these selected frequencies to make sure they both strengthen the image of the chromosome, and the vial weaknesses associated with the condition.

It would then be interesting to explore how to keep these genes from expressing themselves in young people born with a hereditary condition. The potential for this line of work is breathtaking, but would require enormous clinical studies.

Addictions

Another possible cranial treatment of great use would be for addictions. Body points don't seem to have much of an impact on the addiction circuits, but cranial points stimulate a lot of the required brain target areas. I downloaded a number of pictures of addicts. Frequencies on the cranial Liver and Mammary channels strengthened the vials for the particular drug involved; be it meth, cocaine, fentanyl, alcohol or nicotine. The deeper the addiction, the further away from the Lv/Ma cranial equilibrium points as the addiction progressed. The cranial Ma 28 channel point works as a brain lymphatic channel to clear the drug toxins but it is also test to clear other neurotoxins from the brain. Use the cranial Liver and Ma frequencies that test to strengthen a vial of the implicated drug, and then gradually move those points towards equilibrium.

frequencies	targets	frequencies	targets
Ma 28.655 (to equilibrium)	detox, neurotoxins, lymph	Lv 33.996 (to equilibrium)	detox drug, TNF@, IL17
CN IX: Ot 25.932, later St 22.932	putamen	CN II: first Pt 40.831, (Sk 36.831 if extreme) last Ht 39.831	anterior cingulate, caudate nucleus GABA
CN IV: first Ren 31.634 or Ot 35.634, Si 32.634	anterior insula, amygdala in withdrawal	CN XII: Ub 26.132 or Tr 30.132, last Pan 29.132	nucleas accumbens
Occ: first 9.812, then 6.812	hypothalamus, satiety, endorphins	Occ: first 9.902 then 6.902	?
occ: first 19.998, then 16.998	substantia nigra, dopamine	occ: Tr 15.999, then Pan 12.999	subthalamic nucleus, a. cerebellum, dynorphin

While these Liver/Mammary frequencies should prove useful as detox points, they do not seem useful for treating the cravings of addiction. When I used these Lv/Ma frequencies on patients who

smoke cigarettes, treating them four minutes per point a day, there was no reduction of smoking, even once treated to equilibrium. They probably needed to be treated in conjunction with the points that address satiety, and the addiction brain circuitry; such as the putamen and the caudate. The idea would be to enforce new patterns in the brain that might also be being pursued with other types of cognitive therapy.

One salient aspect of addiction is the vortex of reinforcing negative brain circuits, mediated through the anterior insula region of the brain. Surprisingly, damage to either part of the insula greatly increases the success in quitting cigarette smoking in several studies.¹⁷ This is apparently because the damage to the insula shorts out these negative feedback loops. Conversely, the insula will show damage or shrivel in long term addicts; in this case making it harder for them to exercise self control. One would think then that the frequencies that stimulate the insular region of the brain directly could have a strong impact on addiction.

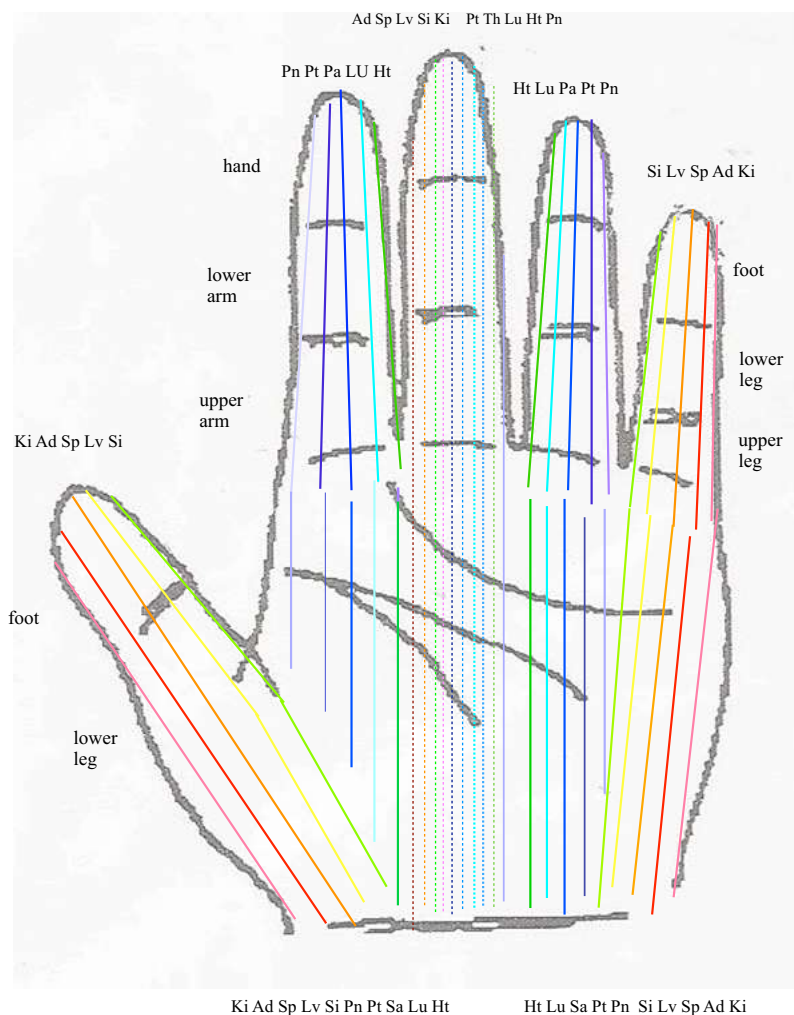
Once an addiction has been treated there is still the tendency to relapse, partially perhaps because there is diminished production of dopamine and other neurotransmitters. Several of these points speak to dopamine and other neurotransmitter levels in addiction. These cranial Shu Mu points may hopefully serve to restore some function to the damaged addiction circuits of the brain. My guess is that addiction points would have to be run very frequently during the initial stages of withdrawal, and for several months afterward. Still, the mere possibility of a solution to this horrendous problem would be a godsend.

¹⁷ **The hidden island of addiction: the insula - NCBI - NIH**
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698860>
by NH Naqvi - 2009

Chapter 9: Korean Hand: Color Acupuncture

The traditional Korean Hand chart is a mini system of acupuncture, based on the premise that the whole set of acupuncture meridians are reflected in the hand.

My initial interest was to use this mini system just as a confirmation of the digital arrangement. If the digital meridians were correct, then all 20 channels must be mirrored on the hand. Much later, I found that the Korean Hand holds the far greater promise of treatment through color acupuncture.

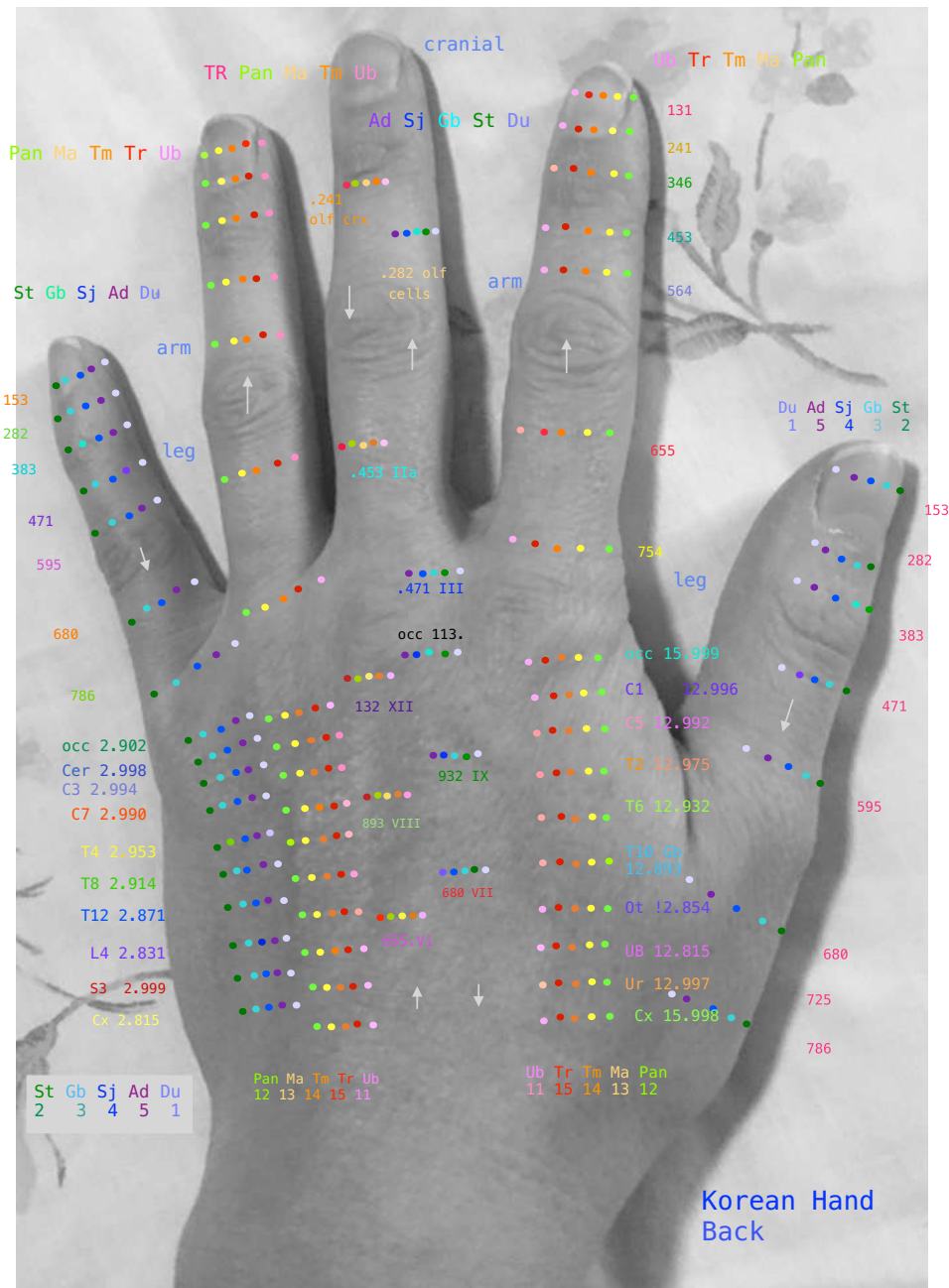


This is a book mostly about digital acupuncture though, so let us first start with a digital overview of the Korean Hand.

There is indeed a complete mini system reflected in the hand, and the basic traditional Korean Hand acupuncture anatomical outline proved to be correct. The thumb and pinkie represent the legs, index and ring fingers the arms, and the palm is the torso.

The Koreans purportedly needed these points on the hand (horrors), but most modern practitioners use magnets or pellets to treat the Korean hand points. I started out by plastering these new Korean meridian lines with sesame seeds to plot out possible digital treatments on the body and on the cranium. Recently, I discovered they could also be treated with colored markers.

In both the new and traditional Korean Hand charts, the most distal joints on the fingers treat the hands and feet. The area to the second joints on the fingers treats the ankle to knee on the pinkie



The whole digital map had to be correctly mirrored on the mini Korean hand model, or much of my concept was wrong. The traditional Korean hand chart places the head on the tip of the middle finger, and all 50 cranial yin points were certainly not going to fit there. It took a number of years to figure out that the cranium is now the whole middle finger area, straight through the palm, front and back. The cranial points found on the face are situated on the middle finger itself, while the rest of head is reflected down the centerlines of the palm and the hand back. (Gray arrows indicate the direction of the meridian flows.)

Yang cranial frequencies are found on the back of the hand, yin on the palm side.

Mu points are seen on the palm of this chart, leg and arm points on the fingers. All Korean points can be accessed by their digital acupuncture frequencies; and indeed, that is how this map was constructed.

Korean hand points can be hard to locate precisely, as they lie so close together. One way to verify the location of a Korean point is to run a regular acupuncture frequency, and then see where it strengthens on the Korean meridian. If you are trying to locate traditional Sp 6 on the



Korean hand, run the frequency Sp 8.453, and feel how the area just above the distal little finger joint strengthens on your resonator. Alternatively, one can just tap on the real Sp 6 and see its avatar jump.

Korean Color Treatment

Korean Hand points can be stimulated with sesame seeds or mini magnets taped overnight to the points, but the best and easiest way to treat is with color. Color is the natural medium of the acupuncture meridians and their frequencies, and their treatment with color seems to be stronger than that of magnets or seeds. A couple of Danish acupuncturists¹⁸ turned me on to the possibility of using colored markers to stimulate points, and since then I have been experimenting with using them on thin white cotton gloves. The results have been so impressive that I have mostly abandoned digital acupuncture in favor of this new Korean Glove method.

Each acupuncture point is only stimulated by two possible colors: that of the frequency, and that of the channel. Either can be stimulated with a colored light or a colored marker. Sp 8.453 can be stimulated with the orange color of the Spleen meridian, or the blue color of its frequency on that meridian.

Before discovering the colored marker treatment, I used low lumen penlights, covered with colored gets to stimulate the acupuncture points. These colored light pens are invaluable to test out the trajectories of the meridians and chakras; and can treat points as well. Direct stimulus with light on points is wonderfully strong, and I often just feel the qi filling the treatment area.



well
can

One of these orange colored penlights got me through my first round of Covid, by treating the equilibrium points on the orange Thymus and Spleen immune channels. Every time the Thymus pulse showed a weakness, I would stimulate those Korean equilibrium points with an orange flashlight for 10-15 minutes. The flashlight lens covers a whole series of Korean points, but only needed ones on the orange meridians would respond. The result was that virus never went deeper into the lung pulse or kidney pulse, or such was my perception at the time. For treatment of an aggressive virus or pathogen, this strong stimulus with a colored penlight seems to be stronger than the colored marker treatment. Colored flashlights are still my personal go to treatment for any sort of respiratory virus.¹⁹

¹⁸ Many thanks to Michael Ulrik Wiberg and Klaus Oliver Miller of Denmark.

¹⁹ This is not to suggest that this treatment will suffice for most patients with Covid. It is a very dangerous virus and should be treated by all methods possible.

Colored markers are the other major option to treat Korean or regular body points. They can be used to directly stimulate Korean Hand points, but they too easily wash off the skin. If you place the Korean marks on a thin cotton glove though, the color stimulates the points through the glove. A whole series of points can be treated each night when the glove is put on. Slow cooking rather than stir fry.

The great advantage of a glove treatment is that all the points are treated simultaneously for several hours at a time, while digital points must be treated in sequence for only a limited number of minutes. While ten minutes of a digital point is much stronger than ten minutes on a glove, the patient will wear the glove all night. If a typical reluctant patient remembers to wear their glove twice a week at night, they are still getting two free acupuncture treatments that are quite strong. Patients with with chronic degenerative disorders can simply wear a glove nightly, and treat many more points than would be feasible with regular acupuncture or a digital acupuncture phone app.

Digital acupuncture is more convenient, and is crucial for researching the effects of points; but with a glove you get eight hours of treatment per point instead of 4 minutes. For many people, that is a better way to treat.

I love my old Israeli PEMF machines, but many of my patients have programs that are over four hours long. Until another fully digital portable acupuncture machine becomes available, this color method of treatment may be the best option to make use of these new acupuncture maps. Digital acupuncture is probably the future; but for now, acupuncture with color is a natural extension of our practice. Needles may provide a more immediate sense of well being and pain relief, but daily treatment through color hugely expands what we can treat. The major drawback is that you must be able to muscle test the Korean Hand locations.

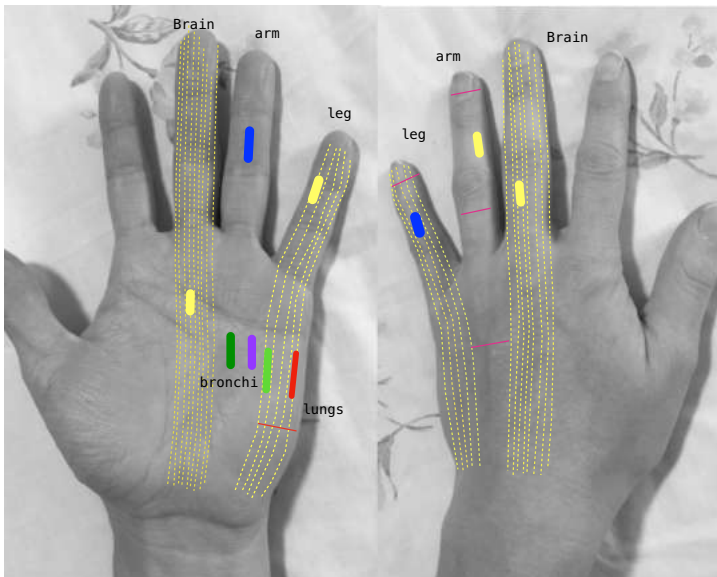
Buy a larger set of the Crayola children's washable colored markers. (I have found that the maroon and lavender in the larger sets of the Crayola brand access the infrared and ultraviolet spectrum, and I don't know if other brands will do that.) Use a thin white cotton glove, like those used for document handling or moistening lotions. The colors will seep through the cloth sufficiently to stimulate the underlying Korean acupuncture points, even if it seems that the penetration of the colors is not so deep.

If the hand sweats a lot, then use permanent markers. Go down to your local art supply store with a printed copy of a full color spectrum and a sheet of paper, and test to see which lavender, pink or reddish permanent markers will stimulate the ultraviolet and infrared lines on your spectrum. (Touch the line that the ultraviolet marker makes with one finger, while at the same time touch the

ultraviolet spectrum line with your other finger; then self test for strength on your disc with the other hand. A violet marker that has ultraviolet tinges will strengthen your hand circles on the disc.)

Have the patient put on the glove, then mark each of the joints on the last three fingers with a dot of your black marking pen. This will help orientate you on the Korean Hand maps, and will ensure that the glove is fitted correctly when they put it on at night. If the patient tends to run too hot for the glove, then cut off the thumb and the index finger to make it cooler.

Determine which acupuncture points are required for your protocol, and then translate them to the Korean hand as colored marks. If there is low back pain, you can first test the various possible points on the actual channels with sesame seeds, or with colored markers. If the location is wrong, move the seeds, or simply erase the marks on the body with a wet paper towel. Once you have the actual correct point for the channel, then translate that location to the Korean Hand glove.



These hand illustrations show a cold virus protocol, where the cold has moved into the lungs and bronchi.

The protocol can be emailed to a friend for self treatment. Points could then either be placed directly on the hands, or transferred to the surface of a cotton glove, and worn in 2-8 hour spurts until the symptoms resolve.



The difficulty with the Korean hand is accuracy, especially if you do not muscle test well. I fudge by drawing short vertical lines along the Korean meridians that will easily encompass the precise location of the points. If I draw a horizontal line across a series of equilibrium points, I make sure that horizontal line is very thick, so that it is certain to cover the needed points. Exact placement is overly optimistic, and the glove may move around on the patient at night.

Beginners will want to test for the weak points on the body itself. If the traditional St 36 (2.595) area tests weak on the body, then translate it to its Korean hand location on a glove. Mark a series of points on the body and your charts to create a strong protocol, and then transfer it to the hand.

Verify your treatment with the pulses, because that is what our profession trains us to do. A correct Korean location marked with a correct color should significantly strengthen the field of the correct pulse position. It must also strengthen the weak target area of the back, the shoulder, or lung.

I use the Korean Hand charts placed directly over the body to determine the weak points, and then verify using the Cranial or Shu Mu charts. It will take a lot of time to build to that skill level, but studies of neuroplasticity show that one grows more neurons in certain brain areas the more you practice a skill. The more one plays a musical instrument, the more neurons are created in that hand dexterity area of the brain to help you. The more you test magnetic fields, the clearer your results will become. It may take years of practice to develop the sensitivity to magnetic fields to be able to read weaknesses from charts and photos, but I don't believe it is an innate skill. It is certainly a useful one. You don't develop skill on any sort of instrument without years of practice.

Most often I treat Korean points with the color of the channel. When testing a series of possible Lung or Pa bronchial meridian points on the body, I will use a washable turquoise or blue marker to test the effects of the points on the pulse magnetic field, or on organ vials. I can easily wipe off the points that don't adequately stimulate the pulse. On the Korean Hand, I can stimulate a whole series of degenerated back vertebrae points with a single vertical stripe of blue through the Korean Mu points on the palm.



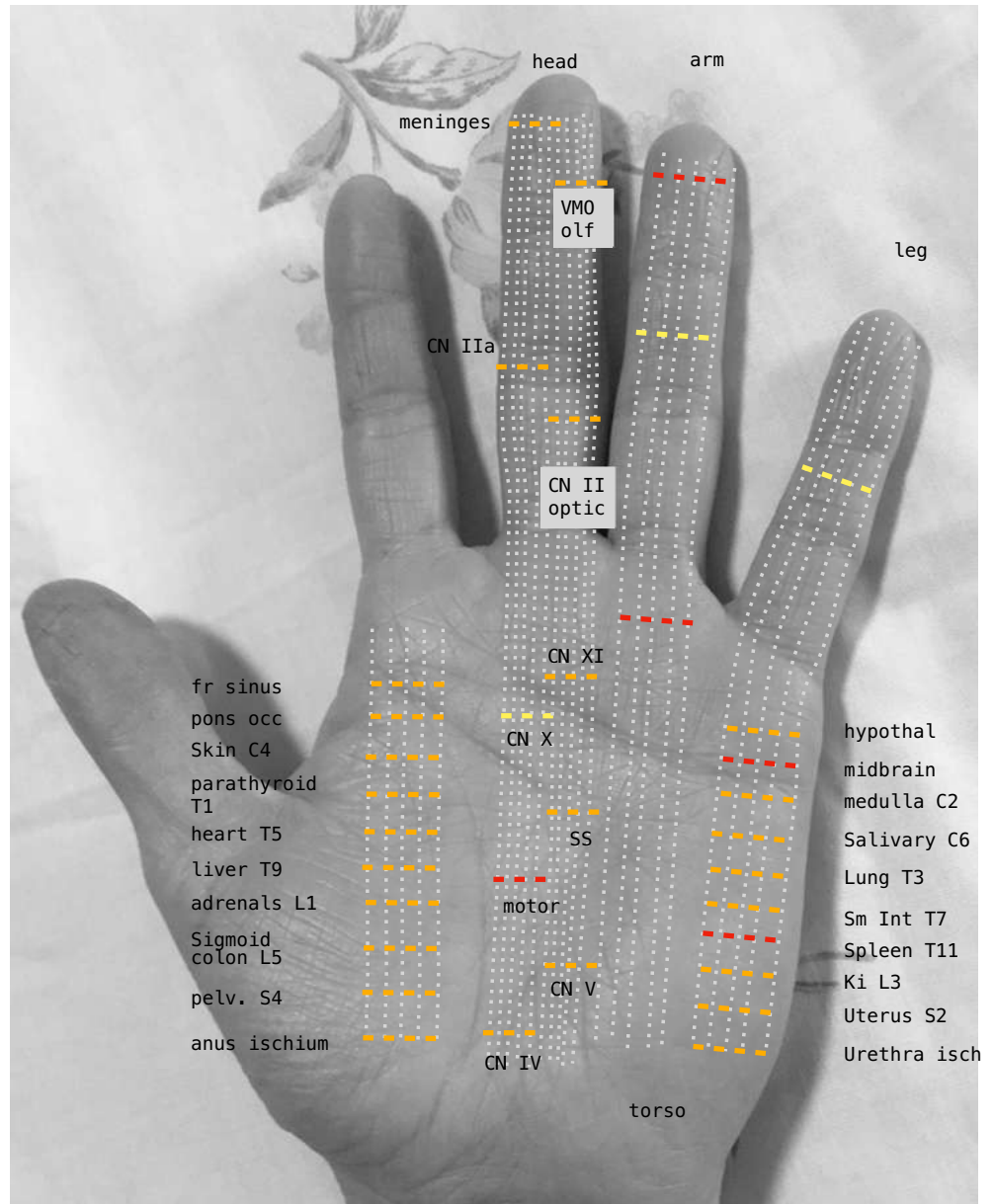
Sometimes treating with the color of the frequency makes more sense. When treating chronic Lyme disease there are commonly four different tick infections that need to be treated with four different sets of meridians. Once each of these pathogens has been brought to equilibrium, I will always mark a frequency horizontal swipe across the equilibrium points of all the channels. This serves to help contain the ill effects of all these tick borne pathogens. The equilibrium or balance points also serve to keep the meridians strong in aging patients, once they have been brought into balance.

Strong external pathogenic factors such as a flu, Covid, or a herpes virus can overcome these equilibrium barriers. Any acute invading infection may want an additional digital program, or be supplemented with a flashlight or herbs.

Once you have created a protocol, make sure the patient takes a picture of their hand, front and back, with a phone; in case the glove gets wet and the colors are smeared. (The programs do still work even if the lines are somewhat smeared from sweating hands.) When you are ready to

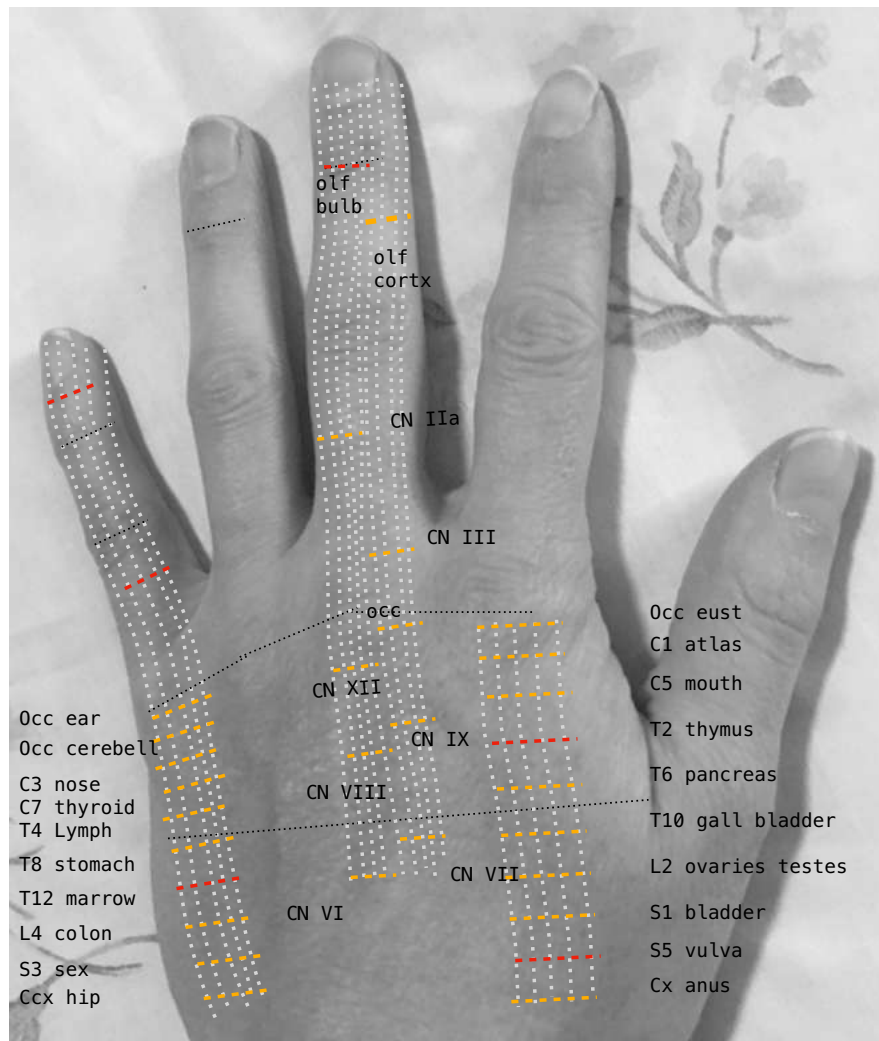
change the program, use a new glove, or wash the old one. The Crayola markers are labeled as washable, but require a lot of soaking in soapy water or bleach, and I have found that the turquoise color does not wash out completely.

The major danger in treating the Korean Hand is the possibility of hitting one of the autoimmune points on autoimmune patients. These autoimmune points can be found either on the Korean Hand, or the the regular arm acupuncture meridians that flow through the hand. A patient with autoimmune tendencies would react negatively if



the colored marks touched any the prohibited points on the Korean Hand, or a prohibited point on the full sized meridians that cross through the hand. Caution must be exercised with these patients to get the exact location of the colored lines, and not let them overlap onto prohibited points. If a colored mark lands on a Thymus or Spleen Shu Mu on an autoimmune patient, their joints or certain immune vials will immediately test as weak. Patients who have autoimmune psoriasis or vitiligo will test weak over their damaged skin area; with MS it will be the myelin sheath vial that weakens. If you then add an XRA point to a glove on one of these patients, those already somewhat weak areas will weaken dramatically.

There is a tendency to treat too many points initially on a Korean glove. Beginning any sort of acupuncture protocol with too many points will just overwhelm the system. Some sensitive patients have found the glove overstimulating, with too many points overburdening their circuits, and prefer the sequential treatment of a digital device. That said, the optimal number of points that can be treated on most people either digitally, or with colored acupuncture, is much higher than what we were taught in school. Many of my digital patients treat upwards of 50 weak points per night, and my glove patients sometimes more. If your car needs a tune-up, you adjust all the systems. We can do the same with acupuncture points, even though we were taught to treat sparingly in school. Patients will have to build up to that amount of treatment though, either with digital acupuncture or with the Korean glove.



Each of the Korean acupuncture points is a very small finite location that can be easily missed, especially by those who do not muscle test well. Using vertical meridian lines that will encompass a range of locations seems to be the best answer to this problem. If the Lung Mu point on the red Ot channel needs stimulation, then an half inch vertical red line through that area will be sure to get the needed point. If that line moves into the C6 or Spleen point areas above or below; that will not hurt most people. If the patient has an autoimmune condition, though, then you will have to test to make sure your line has not overstepped into that XRA Spleen Mu territory.

On the cranial Korean points along the middle finger and palm, it can be especially difficult to find the exact location, since there are large spaces in between the points. Half inch vertical lines are

therefore crucial for covering possible point locations, especially where there is nothing to accidentally stimulate in the space between, as with the Korean cranial locations.

Many times a whole line of Shu or Mu points will need to be stimulated. An aging spine may have a number of vertebrae that need to be stimulated with the blue or orange bone channel points. An older spine may want several vertebrae and disc points stimulated at the same time.



Points for weakened or damaged organs are treated at their individual Mu or Shu locations on the gloved hand. These Mu and Shu locations will often need to work through two or three channels to fully strengthen it. A Kidney Mu will often first test as a red Ad 9.995 point, and then two weeks later require treatment on the lime green Si 6.995 point. A red and lime vertical colored line drawn through each of these points on the initial treatment will allow the energy to soak into both channels in sequence. The patient will not have to return for a revised treatment after two weeks, but can wait for a month to reschedule.

If three or more points on a single horizontal frequency line need stimulating, then I normally just treat with a single color horizontal frequency line across that whole line.

Conclusion

The entire structure of the acupuncture system is in need of a major revision. Anyone with a flashlight and some colored filters can prove that the Yellow Emperor is wearing no clothes. Extend the beam of a colored flashlight along the length of a few meridians, and prove to yourself that the traditional meridians are either incomplete or run astray.

This is not to knock entirely the perceptions of ancient Chinese. I have spent more than ten years revising these maps, and have come to see them resemble much more closely the original Chinese plan. My original point locations on the channels were far less accurate than theirs, until I finally figured out the alternating arm/leg sequences for the colors. The Chinese discovered the meridians, the pulses, the Shu points, and a whole slew of correct energetics for each of these points. This was a huge advance over the Chakra system of the Indian yogic system of medicine, or any other system of medicine at the time.

The structure and scaffolding of the meridian and pulse systems presented in this book are solid. Both frequency and color can be used to generate the exact same point locations. The treatment ideas outlined here are just speculative icing, fueled by my continually evolving clinical practice.

Digital acupuncture will probably have the future because it is painless, more sanitary, more accurate, and more convenient. Daily pain-free digital acupuncture programs can be of sufficient length to address a whole list of patient symptoms. This is clearly an advantage over ancient practices. Using muscle testing to verify the probable effect of a point is a vast improvement over the speculative mumbo jumbo we were taught in schools.

Before the movement towards digital can gain traction though, someone will have to come up with a reputable FDA approved device, or an app, that is adapted solely for the use of digital acupuncture.

Color, then, is the present pathway for a more accurate acupuncture practice. Simple muscle testing with colored lights can be used to verify meridian and point locations to prove the essence of these reforms. A few colored markers on a glove, or on the body itself, worn for a couple of weeks at night, should serve to convince any acupuncturist is of the efficacy of the method. Use the new pulse chart to test the immediate response of the points, and then go on from there. Verify, verify, verify.

Digital acupuncture is still crucial for figuring out the effect or location of a particular point. If I need to figure out which points reduce the histamine response in allergies for example, then I need to run several frequencies and test them against numerous pictures of allergy sufferers. I could not have figured out the majority of the patterns in this book without it. The body does respond beautifully to color though, and 8 hours of nightly glove treatment versus 8 minutes per point with a digital device, clearly gives an advantage to the glove.

It has been my great pleasure to help decode the structure of this acupuncture healing system of the body. It has been an 18th century style semi-scientific exploration in the 21st century. It will be interesting to see how the science of acupuncture develops once a new generation takes to the waves. There is still so much to explore.

Summary of Patterns

The intellectual argument for the adaptation of digital acupuncture is the consistency of the patterns. Here is a summary of those numerical and physical patterns.

- All channels are represented between the number 1-20, all cranial channels between the number 21 and 40.
- Body divisions of channels pair numerically: 1 with 11, 2 with 12, etc.
- These divisions pairs are maintained across the pulses: 7 as Liver pairs across the hands with 17 as Lung.
- Pulse partner meridians are located on top of one another on the hands and feet: Gb atop Lv.
- Any decimal frequency that strengthens a color will be consistent against five body or cranial channels. 1.383, 2.383, 3.383, 4.383, and 5.383 will all strengthen and be strengthened by the color turquoise.
- Pulse partners form the sequence of the Shu and Mu points as vertebrae pairs. T3 and T4 serve Lung and Mammary, which form the traditional first right pulse position.
- The numerical sequence of decimal frequencies alternates between leg division and arm: 6.241 for the leg, and then 16.325 for the arm, and then back to the leg at 6.346.
- Shus, Mus and cranial points also alternate sequentially between arm and leg frequencies.
- On the cranium, the sequence of the channels down the side of the head are division pairs: 21 and 26, followed by 22 and 29, etc. Yang pairs alternated by yin.
- The rays of channels that circle the face are paired by division: yang on the forehead and yin on the lower face.

These are the color patterns:

- All meridians respond to a single color, which can be used to track its trajectory.
- Each point location on a channel responds to a single frequency color, but also to the color of its meridian.
- There are ten chakras on the front that form a descending rainbow, and ten chakras on the back that form an ascending rainbow. Each chakra has a direct meridian color correlation.
- The organs themselves respond to their chakra and meridian color association.
- Each front and back chakra at the same level form a pulse pair.
- Chakras of the same color can be use to strengthen the treatment effect.
- The meridian colors form a rainbow array around the arms and legs.
- The frequencies of the limb points form another rainbow sequence, this time alternating between arm and leg divisions, as horizontal bands.

- The pulse positions respond only to the color of their meridian. There is a rainbow sequence of colors snaking back and forth across the pulse sequence.
- The pulse color helps determine the channel and chakra locations.
- The division colors of the pulses form pairs. Yellow for Liver pairs with turquoise for Gall Bladder: their pulse partners are yellow for Mammary and turquoise for Lung. All these paired meridians cross through the second digit.
- Shu and Mu points respond to the color of their chakra, organ, meridian and pulse.
- The Shu and Mu points of the same color frequency and chart position, also relate functionally. Lv Mu 19.984 may help frontal sinus Mu 19.998, if the damage is deep. Both are yellow frequencies that sit opposite each other on the chart.
- Cranial channels reflect the same colors as their body meridians counterparts. The cranial Liver meridian and the body Liver meridian are both yellow.
- Cranial frequencies for each cranial nerve stimulate a single color. The cranial rays of these frequencies form a rainbow sequence across the side of the cranium.
- Cranial points of the same color frequency relate functionally. Du 21.282 can strengthen the function of Sk 36.383 because they both respond to yellow.

Each of the channels has 8 Shu or Mu points on the torso, and another 7 on the limbs. 15 points per channel, times 20 channels, creates 300 acupuncture points below the head. Another 100 cranial points, creates a total of 400 bilateral digital acupuncture points.

Patterns are not proof, but they are indicative of a more coherent structure.

Chapter 10 - Protocols

Here is an alphabetical listing of a few common treatments. I present them in part for those who do not muscle test and need a reason to learn how to do so. Many of these protocols might be attempted simply by checking pulses and pain areas. The correct points are most often the tender or painful ones on a treatment channel. These protocols are not so much a reflexion of years of experience as a call for further investigation. Most are derived from photographic images, and are what simply looks to be effective from my muscle testing. My clinical experience is only a small sampling and irrelevant statistically. Some of these point charts are repeated from the main body of this book for the convenience of an alphabetical listing.

Addictions

The explanations for this treatment are reviewed in more detail in the main text. Add the adrenal stress points listed on the following chart.

frequencies	targets	frequencies	targets
Ma 28.655 (to equilibrium)	detox, neurotoxins, lymph	Lv 33.996 (to equilibrium)	detox drug, TNF@, IL17
CN IX: Ot 25.932, later St 22.932	putamen	CN II: first Pt 40.831, (Sk 36.831 if extreme) last Ht 39.831	to anterior cingulate, caudate nucleus GABA
CN IV: first Ren 31.634 or Ot 35.634, Si 32.634	anterior insula, amygdala in withdrawal	CN XII: Ub 26.132 or Tr 30.132, last Pan 29.132	nucleus accumbens
Occ: first 9.812, then 6.812	hypothalamus, satiety, endorphins	Occ first 5.902 then 2.902	?
occ: first 19.998, then 16.998	substantia nigra, dopamine	occ: Tr 15.999, then Pan 12.999	subthalamic nucleus, a. cerebellum, dynorphin

Adrenal Stress

As the adrenals become more exhausted, the direction of the channels will change. Older patients will tend to be chronically deficient as well.

adrenal stress	acute	chronic	Mu points
mild or recovering	Ad 9.453 equilibrium w Tr 15.453 mild	9.453 equilibrium w 18.453 mild	Ad: 16.993 w pons 16.822

medium	Ad 9.346 w Tr 15.564	Ad 9.564 w Tr 15.346	Ad: 19.993 w pons 19.822
severe	Ad 9.241 w Tr 15.655	Ad 9.655 w Tr 15.241	Ad: 19.993 w pons 19.822

Allergies/ Asthma

The oversensitive nerves from the gut or the nose seem to be instrumental in triggering the allergic response to foods, chemicals, or pollens; so my emphasis is in treating the appropriate Mus and Shus that gut and local nerves, and a vial for histamine or eosinophils. Several of these Mu and Shus for each location will likely need to be treated in sequence. I find that allergies are not so much a channel problem. For regular allergies, the strongest points are the frontal sinus Mu with its gut same color Mu partner, followed by the second blue gut Shu at the hip and its yellow mammary partner. I check to see which frequencies strengthen target vials for the pollens or chemicals, and then see which other inflammation or immune vials also respond.

pollen, dust or chemical allergies	gut Shu and partner IGE &	frontal sinus Mu: IGM with Liver Mu: eosinophils	lung Mus with gut Mu: diaphragm	bronchial channel (Parathyroid) & San Jiao	Stomach channel : histamine Ht channel: IGE
mild or prevention	2.815 hip 2.953 T4	16.998 Sn 16.984 Lv	6.921 Lu 6.932 ccx	18.532 w 4.383 eq	2.383 16.532
medium	5.815 hip 5.953 T4	19.998 Sn 19.984 Lv	9.921 Lu 9.932 ccx	18.434 w 4.471	2.282 16.634
severe	5.815 hip 5.953 T4	19.998 Sn 19.984 Lv	9.921 T3 w 9.921 ccx	18.325 w 4.595	2.153 16.725 XRA

The leg Stomach channel seems somewhat capable of reducing the histamine response; whether this results from a type 2 histamine food allergy, a series of insect bites, or a respiratory reaction to dust. I seem to recall protocols with immense amounts of vinegar or HCL for the treatment of allergies, which by some measure would enhance the Stomach qi.

Damage to the olfactory nerves themselves may also confuse the body's response to chemicals and dust. In many of my Lyme patients, I will also see allergic sensitivity on all four of the Olfactory nerve rays of the cranium. This is probably due to the significant damage visited upon the nervous system by the spirochetes. On these patients, you will also see that the eye and ear Mu and Shu points on the neck will strengthen vials for pollens and histamine. Covid is also notorious for causing injury to the olfactory nerves, and so might increase the allergic response.

Food allergy reactions seemed to be centered on a confused immune response stemming from a weakened Pancreas Shu. This Pancreas Shu always shows itself initially on the Mammary channel in a food allergy reaction; so one might guess that there is an underlying herpes virus creating this abnormal sensitivity. Sure enough, one often sees the active presence of the Epstein-Barr virus in the pictures of those afflicted. Once the acute stage has passed, the Pancreas and Skin Shu points will move either to the 15 or 12 channels. The Skin, Bladder, Ear or Tongue Mu or Shu and their partners can be added if the allergic response extends to those organs. Hereditary issues are often a factor in allergies and asthma. Add adrenal Mu support if necessary.

food allergies	gut Shu and partner IGE	Pancreas Shu with tailbone Shu	fr sinus: IGM Liver Mu: eosinophil	Skin & Mucosa Mu C4 and L5	IGA gut with Ht Mu	EBV Ma & Liver channels	adrenal channel cortisol	Stomach channel histamine Ht channel
mild or recovering	2.815 hip 2.953 T4	15.932 or 12.932	19.998 16.998	16.864 C4 16.997 L5	16.831 16.943	13.453 7.453	9.453 15.453	2.383 16.532
medium	5.815 hip 5.953 T4	13.932 Pan 13.998 ccx	17.998 17.984	17.864 C4 17.997 L5	19.831 19.943	13.346 7.564	9.346 15.564	2.282 16.634
severe	5.815 hip 5.953 T4	13.932 Pan 13.998 ccx	17.998 17.984	17.864 C4 17.997 L5	19.831 20.831 20.943	13.453 7.453	9.241 15.655	2.153 16.725 XRA

Asthma

The allergic response in asthma seems to be more pronounced than in regular allergies, and the Shu and Mu points have moved originally to the yellow 7/13 and turquoise 3/17 channels. The primary set of Mu points is the frontal sinus, where the damaging chemicals or dust contacts the nerves. You will want to strengthen gut and frontal sinus points first to quell the reaction, but also support the bronchi and lungs. The primary pair of allergic reaction Shu points are again the IGE and eosinophil points in the gut with its Mammary partner: 3.815 with 3.953. The Parathyroid meridian is the bronchial channel, in an acute asthma attack it shows to be in excess; points will move above the elbow. Most of the time though, the Pa channel will test as deficient on asthma patients. The San jiao leg partner point to the Parathyroid shows to strengthen the constricted diaphragm area. Always treat the Mu or Point with its same color partner to boost effectiveness. Mycoplasma pneumonia often tests to reside in the lungs of patients with asthma; whether it is a cause of the sensitivity or just an opportunistic infection of weak lungs is not determined.

In pictures of occupational asthma from exposure to chemicals or small particles, I do not see any infection. If the damage is extensive enough, the olfactory nerves on the cranium may also show damage in these patients.

asthma	gut Shu and partner IGE & lymph	gut Mu: IGA and Ht partner: cilia, O2	bronc Mu arach. acid w S4: IL10 histamine	fr sinus Mu: IGM Liver Mu: eosin-ophils, IL6	lung Mu gut Mu: mucosa, diaphragm	bronchial channel w San Jiao	lung channel w Gb	infection channels mycopl. pneumoniae
repairing	5.815 hip 5.953 T4	16.831 gut 16.943 T5 Ht	19.902 brc 19.815 gut	19.998 fr sinus 19.984 Lv	9.921 Lu 9.932 ccx	18.532 w 4.383 eq	17.532 w 3.383	20.532 w 4.383 equil
medium	3.815 hip 3.953 T4	19.831 gut 19.943 Ht	17.902 w 17.815	19.998 fr sinus 19.984 Lv	7.921 Lu 7.932 ccx	18.434 w 4.471	17.325 3.595	20.434 w 1.434
severe	3.815 hip 3.953 T4	17.831 gut 17 17.943 Ht	17.902 w 17.815	17.998 fs 17.984 Lv	7.921 T3 w 7.921 ccx	18.325 w 4.595	17.216 3.680 XRA	20.325 w 1.595

The Chinese approach we learned in school for asthma was particularly useless. My Essentials book recommended LI 4 and Lung 7 to clear heat, but the traditional Lu 7 is not even a Lung point. Traditional Li 4 is a Pancreas channel point, but deep needling might reach the Lung meridian on the other side of the hand, which might be effective when the Lung is particularly weak. Neither point addressing the allergic tendencies of the syndrome.

Arthritis

The damaged bones and pain will be treated through the mirror treatment of opposite limbs; the right elbow will be treated for the left knee. The damage is primarily to the bones so use the 8/18, 4/14 bone channels to treat. The infection or inflammation of the bones will be treated on the Kidney channel, which is usually deficient in these cases, so move up the channel towards the knee to find your point. Add the Parathyroid bone Mu point to strengthen bones: 19 or 16.902.

arthritis	Kidney w Ub channels	area of damage	area of damage
mild	10.453 equilibrium w 11.453 mild	meniscus 18.634 patella 14.655	fingers 8.132,8.346
medium	10.564 w 11.346 med	hip 4.815 w 14.997 XRA	sacroiliac joint 14.815
severe	10.655 w 11.241 strong	shoulder 14.975 XRA 8.893	L4 4.831 L5 18.997

Autoimmune

In autoimmune conditions there is a mislabeling of the defense mechanisms. The immune system sees certain tissues or organs as the enemy, and then pursues them. It is not solely a matter of down-regulating the immune response, but also turning off the neon signs that say "attack me". This part of the mislabeling should be addressed through the Shu and Mu connections to the gut.

In every picture and patient that I have examined with an autoimmune disease, you will also see an active Epstein-Barr virus. From an acupuncture standpoint, it appears that this particular herpes virus affects the Shu and Mu points to the organs in a way that will confuse the signals between protecting the body, and attacking its own tissues. Epstein-Barr is a herpes virus, so it is the yellow Ma and Liver channels that treat the virus itself. It should not be surprising then to find that it is the yellow and turquoise Mu and Shu points that best treat these damaged nerve roots along the spine.²⁰ In rheumatoid arthritis, it is the turquoise 17.977 Mu at L5, matched with the turquoise 3.815 Shu at S1 that best seem to initially regulate the aberrant immune response. Once those channels have been adequately treated, then other damage to those same Mu and Shus will also be revealed. If the disease has moved deeper, then the 19.997 and 5.815 pair will want treatment, or even 20.997 with 1.815. The Mu and Shu at L3 and 4 may also show involvement. All weak sets will need to be treated, but first treat the yellow and turquoise sets that best strengthens the vials related to the autoimmune disfunction.

In autoimmune conditions I almost always see a gut pathogen that is stirring the flames of inflammation, combined with this active Epstein-Barr virus. In classic Rheumatoid Arthritis the associated gut bacteria seems to be *Prevotella copri*. In psoriasis there is a weakened reaction to the *Streptococcus pyogenes* vial; MS shows a reaction to acinetobacteria; Sjogren's shows *Klebsiella pneumoniae*; and childhood diabetes the presence of a coxsackie virus. Lyme disease can mimic any of these autoimmune disorders, because its various pathogens are attacking the nerve channels and confusing the signals. Each of these pathogens must be pursued by an appropriate set of channels, as well as the yellow ones for the Epstein-Barr. Chasing any pathogens that may be provoking this autoimmune response is a great idea, but it will not alone quell the heat. The relevant Shu and Mu points must first be addressed; and then the immune channels must also be regulated.

The immune channels that seem most responsible for down-regulating an autoimmune response show to be the blue Parathyroid and San Jiao channels. The Parathyroid channel strengthen vials

²⁰ If the location of acupoints on the torso is actually reflecting signals within the spinal cord, then the attack of certain spinal tracts and channel by a particular virus would make sense.

relating to Inflammatory T cells and cytokines, and also strengthens the joints. The San Jiao channel strengthens vials relating to T regulatory cells and cox 2; the optimal point moves up the ankle and leg, the greater the inflammation.

I haven't worked with enough varieties of autoimmune patients to discover whether acupuncture points would completely eliminate the condition. Once the pathogen and gut have been adequately treated, then it is probable that the orange decimal frequencies will no longer elicit an inflammatory response. I have found this to be the case with my Lyme patients who initially show autoimmune tendencies. In more entrenched conditions, it may well be that a healthy gut, resistant to autoimmune, requires a broad spectrum of bacteria that are simply not present in modern first world guts. Good gut immunity may be like early language learning, something that must be acquired very early in life, or prenatally. The upshot seems to be that the immune response needs to be carefully monitored to avoid an inflammatory response.

The triggers for the autoimmune condition seems to start with an inflamed set of Shu or Mu points, possibly set off by the presence of an active Epstein-Barr virus, along with a pernicious pathogen. The first table gives a detailed example of how to treat an autoimmune Rheumatoid Arthritis. Note that after the patient has had the disease for a number of years, the channels to control it move in a deficient direction. If deformities are present, it is usually in the deficient stage. The Shu or Mu point always initially presents on the 3/13 or 7/17 channels, presumably because the Epstein-Barr virus concentrates on those channels.

Rheumatoid	pathogen	pathogen channels	Epstein-Barr	Shu or Mus	immune channels
mild or recovering acute-equilibrium	Prevotella Copri	20.532 or 20.434 1.383 or 1.471	Ma 13.453 w Lv 7.453	Colon Shu 2.831 with C3 Shu 2.994	Pa 18.532 Sj 4.383
medium acute	Prevotella Copri	Sk 20.532 w Colon 1.471	Ma 13.564 w Lv 7.346	Colon: first 3.831, then 5.831; with 3.994 then 5.994	Pa 18.434 Sj 4.564
strong acute	Prevotella Copri	20.634 w Du 1.282	Ma 13.655 w Lv 241	Colon Shu: 3.831 then 5 or 1.831 C3 Shu: 3, 5 or 1.994	Pa 18.241 Sj 4.595
deficient medium	Prevotella Copri	20.454 w Du 1.471	Ma 13.346 w Lv 7.564	Colon Shu 3 or 5.831 C3 Shu 3 or 5.994	Pa 18.434 Sj 4.564

deficient strong	Prevotella Copri	20.325 w Du 1.595	Lv 7.564 w Ma 13.346	Colon Shu 3, 5 or 1.831 with C3 Shu 3, 5 or 1.994	Pa 18.434 Sj 4.564
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Here is a selection of Autoimmune syndromes and their possible treatments. The pathogen channels are listed in a single acute direction, but perhaps the majority of longstanding autoimmune conditions will present as deficient. The Epstein-Barr channels are listed as their most common deficient location, but they will move up or down the channels towards equilibrium.

autoimmune	Pathogen	Channels	Shu or Mus	Shu/Mu indications	Epstein-Barr
Hashimoto's	Helicobacter pylori	St 2.471 w Ht 16.434	Tr 3.990 with 3.999 St 5.914	MHC LFA infl Ts IL 6 & 17 T regs	Ma 13.346 w Lv 7.564
Lupus	Mycobacteria ulcerans	Sk 20.434 with Du 1.471	Ki mu 7.995 w C2 mu 7.843 19.831 19.942	MHC LFA infl Ts IL 6 & 17 T regs IGA blood vessels	Ma 13.346 w Lv 7.564
MS	Acinetobacter Calbio Aceticus	Sk 20.434 w Du 1.471	L5 Lu 17.997 C4 Sk 17.865	MHC LFA infl Ts IL 6 & 17 T regs IGA	Ma 13.346 w Lv 7.564
Psoriasis	Strep Pyrogenes	Sk 20.434 w Du 1.471	Colon Shu 3.831 or 5.831 Skin Shu 3 or 5.865	MHC LFA infl Ts IL 6 & 17 T regs	Ma 13.346 w Lv 7.564
Raynauds	Mycoplasma pneumoniae?	Ki 10.346 w Ub 11.564 or Ki 10.564 w 11.346 deficient	C5:13.992 w Ub: 13.815	MHC LFA inflammatory Ts Cox 2 IL 6 & 17 T regulators	Ma 13.346 w Lv 7.564
Scleroderma	Mycoplasma incognitas?	Sk 20.434 with Du 1.471	L5 Lu17.997 C4 Sk 17.865	MHC LFA infl Ts IL 6 & 17 T regs	Ma 13.346 w Lv 7.564
Sjogren's	Klebsiella pneumoniae	Sk 20.434 with Du 1.471	L5 Lu17.997 C4 Sk 17.865	MHC LFA infl Ts IL 6 & 17 T regs	Ma 13.346 w Lv 7.564
Vitiligo	Corynebacteria anaerobis	Si 6.564 w Pan 12.346 (deficient) Sk 20.434 with Du 1.471	Sm Int Mu 7.962 Hypoth Mu 7.812 Skin Shu 19.685 Colon Shu 19.997	MHC LFA inflammatory Ts Cox 2 IL 6 & 17 T regulators	Ma 13.346 w Lv 7.564

Note that Lyme Disease spirochetes are known to provoke and mimic a number of autoimmune conditions such as Hashimoto's or MS, and do so without the presence of these other instigating

pathogens. All that seems to be needed to create autoimmune symptoms in Lyme Disease are the Lyme spirochetes combined with the Epstein-Barr virus, and perhaps a mycoplasma.

Back pain

This table will allow a practitioner to plug in findings from an Xray or chiropractor to treat specific back pain issues. The pain point listed is a single possibility on a channel, because that point will move depending on the gravity of the injury. Remember that acute pain moves in the direction of the channel; up for yang and down for yin.

Vertebrae	Organ	Disc	Disc pain	Vertebra damage	Vert. pain	Transverse process	Transv. process pain	Muscle	Muscle pain	Spinous Process	Sp Pr pain
Occiput	hypothalamus	9.812	19.216	8.812	18.216	6.812	16.346	7.812	17.325	10.812	20.325
Occiput	ears	5.902	15.346	4.902	14.346	2.902	12.346	3.902	13.346	1.902	11.241
Occiput	fr. sinus	19.998	9.346	18.998	8.346	16.988	6.241	17.988	7.241	20.988	10.241
Occiput	eustachian tube	15.999	5.471	14.999	4.471	12.999	2.282	13.999	2.153	11.999	1.153
Occiput XRA	mid-brain	9.804	19.325	8.804	18.325	6.804	16.325	7.804	17.325	10.804	20.325
Occiput	cerebellum	5.998	15.346	4.998	14.346	2.998	12.346	3.998	13.241	1.998	11.346
Occiput	pons	19.822	9.132	18.822	8.132	16.822	8.241	17.822	7.241	10.241	20.113
1st C		15.996	5.595	14.996	4.595	12.996	2.471	13.996	3.595	11.996	1.595
2nd C	medulla	9.843	19.325	8.843	18.325	6.843	16.325	7.843	17.434	10.843	20.434
3rd C	nose	5.994	15.346	4.994	14.346	2.994	12.564	3.994	13.346	1.994	11.346
4th C	skin	19.865	9.241	18.865	8.241	16.865	6.346	17.865	7.241	20.865	10.241
5th C	tongue	15.992	5.595	14.992	4.595	12.992	2.471	13.992	3.595	11.992	1.471
6th C	salivary	9.893	19.634	8.893	18.634	6.893	16.325	7.893	17.325	10.893	20.325
7th C	thyroid	5.990	15.346	4.990	14.325	2.990	12.346	3.990	13.346	1.990	11.346
1st T	parathyroid	19.902	9.241	18.902	8.241	16.902	6.346	17.902	7.241	20.902	10.241
2nd T XRA	thymus	15.975	5.680	14.975	4.680	12.975	2.595	13.975	3.471	11.975	1.595
3rd T	lung	9.921	19.634	8.921	18.634	6.921	16.325	7.921	17.325	10.921	20.434

Vertebrae	Organ	Disc	Disc pain	Vertebra damage	Vert. pain	Transverse process	Transv. process pain	Muscle	Muscle pain	Spinous Process	Sp Pr pain
4th T	breast	5.953	15.132	4.953	14.132	2.953	12.346	3.953	13.241	1.953	11.241
5th T	heart	19.943	9.241	18.943	8.241	16.943	6.241	17.943	7.241	20.943	10.241
6th T	pancreas	15.932	5.595	14.932	4.595	12.932	2.471	13.932	3.471	11.932	1.595
7th T	small intestine	9.962	19.216	8.921	18.216	6.962	16.325	7.962	17.325	10.962	20.216
8th T	stomach	5.914	15.241	4.915	18.241	2.914	12.346	3.914	13.241	1.914	11.241
9th T	liver	19.984	9.241	18.984	8.241	16.984	6.346	17.984	7.346	20.984	10.241
10th t	gall bl.	15.893	5.595	14.893	4.595	12.893	2.471	13.893	3.471	11.893	1.595
11 T XRA	spleen	9.991	19.634	8.991	18.634	6.991	16.325	7.991	17.325	10.991	20.325
12 T	San Jiao	5.871	15.241	4.871	14.241	2.871	12.346	3.871	13.346	1.871	11.346
1st L	adrenal	19.993	9.132	18.993	8.132	16.993	6.241	17.993	7.241	20.993	10.346
2nd L	Ot	15.854	5.680	14.854	4.595	12.854	2.471	13.854	3.471	11.854	1.595
3rd L	kidney	9.995	19.325	8.995	18.325	6.995	16.325	7.995	17.434	10.995	20.434
4th L	colon	5.831	15.346	4.831	14.346	2.831	12.241	3.831	13.241	1.831	11.241
5th L	sigmoid colon	19.997	9.346	18.997	8.346	16.997	6.241	17.997	7.241	20.997	10.346
1st S	UB	15.815	5.471	14.815	4.471	12.815	2.471	13.815	3.595	11.815	1.471
2nd S	ut/pros	9.999	19.634	8.999	18.634	6.999	16.634	7.999	17.634	10.999	20.634
3rd S	sex	5.999	15.241	4.999	14.241	2.999	12.241	3.999	13.241	1.999	11.241
4th S	pelvis	19.815	9.346	18.815	8.346	16.815	6.132	17.815	7.132	20.815	10.241
5th S XRA	vulva	15.997	5.680	14.887	4.680	12.997	2.595	13.997	3.595	11.997	1.471
ischium	uretor	9.932	19.325	8.932q	18.325	6.932	16.634	7.932	17.634	10.932	20.634
coccyx	urethra	5.815	15.241	4.915	18.241	2.815	12.346	3.815	13.241	1.815	11.346
ischium	anal sphinct	19.931	9.241	18.984	8.241	16.931	6.346	17.931	7.241	20.931	10.241
ischium	anus	15.998	5.595	14.998	4.471	12.998	2.471	13.998	3.471	11.998	1.595

Bell's Palsy

Usually associated with a herpes virus attack. Various cranial Mu and Shu channel points for each of the damaged nerves will need to be treated as the repair process proceeds.

bell's palsy	herpes	cranial nerve	pain
mild	Lv 33.434 w Ma 28.241 XRA	CN V Lu 38.595 CN VII Gb 23.680 CN II Lu 38.831	Lv 33.434 CN V XRA Ma 28.893 CN VII Lv 33.434 CN II
severe	Lv 33.634 w Ma 28.132 Lv 33.872 w Ma 28.893	CN V Lu 38.595, Sk 36.595 CN VII 23.680, Du 21.680 CN II Lu 38.831, Sk 36.831	Lv 33.634 CN V Ma 28.893 CN VII Lv 33.872 CN II

Common Cold

A common cold can be caused by a rhinovirus, an adenovirus or a coronavirus. The traditional points are Lieque Lung 7 and Hoku Li 4. The traditional location of Lu 7 is not found on the Lung channel but on the Mammary channel. It is quite effective as an antiviral point at the beginning of these non influenza infections. This Mammary equilibrium point will strengthen the Lung pulse in a the beginning of a cold, and may well be the reason that the ancient Chinese considered it a Lung point. If the cold moves deeper, then the optimal point moves against the Ma channel up the arm towards the elbow. The traditional location of Hoku (Pan 12.346) seems to strengthen an anti-inflammatory response in these patients. Also effective in colds is Neiguan: Pa 18.434 on the bronchial channel. The Parathyroid meridian also serves as an immune channel that has become deficient, so the pathogens move against the flow of the channel. The Lung pulse may feel weak in a cold, but it is best treated by these points on its neighboring channels

common cold	strong-extreme	medium-most	just starting-equilibrium
virus	Ma 13.655 Lv 7.241	Ma 13.564 Lv 7.346	Ma 13.453 (Lieque) Lv 7.453
immune	Pa 18.325 SJ 4.595	Pa 18.434 SJ 4.471	Pa 18.532 SJ 4.434

Headaches

It is often difficult to determine whether a headache is caused by a sinus infection, stress or hormones. Once you determine the underlying reason, then the pain points are essentially a mirror treatment. If it is a stress headache, you will use a division partner channel point of the

appropriate Adrenal Mu. The table below just gives a broad outline of some of the common headache types. Most of these headaches are treated with Shu or Mu points on the body. If the damage is deeper and the points have moved to the cranium, then those points are listed under the migraine chart. I listed the most common Shu or Mu for the underlying weak organ, but these points will shift to the 6/16 channels as the body heals. The infection points are just one example of possible locations on those channels. Pain and infection points will move back to equilibrium as the issue resolves. If the patient is old, or the underlying organ is exhausted, then the pain point will move in the opposite direction on the channel.

type of headache	mu or shu	mild pain	moderate pain	strong pain	deficient organ pain	infection or channels
blood sugar	Tr 15.932 (Pan)	Ot 5.434	Ot 5.471	Ot 5.595	Ot 5.282 (trad GB 41)	
hangover	Pt 19.984 (Lv)	Ad 9.346	Ad 9.241	Ad 9.132	Ad 9.564	Lv 7.346 w Ma 13.564
concussion	Tm 27.241		Sj 24.282			
frontal sinus	Pt 19.998 Ht 16.998	Si 6.453	Ad 9.346 Si 6.346	Ad 9.241 (trad GB 41 deep)	Ad 9.564	19.634 w 5.282
hormonal	Tr 15.854 (Ot)	5.471	OT 5.471	Ot 5.595	Ot 5.282	
tension	Pt 19.993 (Ad)	Ad.9.346	Ad 9.241	Ad 9.132	Ad 9.564	
thyroid	Ot 5.990 (Tr)	Tr 15.346	Tr 15.241	Tr 15.153	Tr 15.564	
TMJ	38.595 (CN V)	Lv 33.634	Lv 33.872	Lv 33.998		Lv 33.634 w Ma 28.655

Hormonal headaches seem to be best treated with a pain point on the Ot 5 channel. The Shu point for the Ovaries is usually 15.854, so that puts the pain point on the Ot 5 spinothalamic channel; which will also balance the hormones. Traditional GB 41 falls on that Ot channel, but most of the hormonal headaches will require a point further up the meridian, such as 5.471 or 5.595. Yang rises, so the pain point moves up the channel as it gets worse. If the headache is caused by declining hormone levels in menopause or exhaustion, then the optimal point may indeed be 5.282 or traditional GB 41.

Pictures of patients with stress headaches show a weak set of adrenal vials. The 19.993 Adrenal Mu point will initially test as weak; so the pain point then falls on the 9 Adrenal channel itself. If the adrenals are excess, then the point moves with the channel to the bottom of the foot at 9.241. If the adrenals are exhausted or deficient, then the pain point will move above equilibrium to 9.564.

Sinus Headaches

The sinuses all have body channel Mu or Shu points, so the pain points will also fall on body channels. The underlying infection is most often treated with the 19/5 pair of meridians, unless the infection is fungal; in which case use the 20/1 set of meridians.

The sinuses are organs found in the head, but the various sinus Mus and Shus are found on the neck; so the infection for the sinuses is treated with first with body channels. Any strep sinus infection is treated with this Pituitary/Adrenal combination for the infection itself. The strongest pain point for treating the pain will be on the division partner to the Shu or Mu for the sinus. If the headache is severe, you may want to add one of these spinothalamic channel points. If the infection is chronic and longstanding, then either pain or infection points, or both, may move against the direction of the channel.

The frontal sinus Mu is a yin one: usually 19.822. The sphenoid sinus Mu is treated 19.865. These are arm channel Mu points, so the auxiliary points that help block pain transmission will be on the arm Thyroid channel. If the sinus infections move deep into the cartilage of the nose, then the infection and pain points move also to the cranial channels.

sinus	mu or shu	division pain point	pain spinothalamic	infecton
frontal	19.998	9.241 moves on channel	15.346 mild 15.241 strong	19.434 w 5.471 defic. 19.634 w 5.282 strong, acute
ethmoid	9.812	19.634 moves	15.346 mild 15.241 strong	19.434 w 5.471 def 19.725 w 5.153 strong
maxillary	9.893 (C6)	19.634 moves	5.471 mild 5.595 or 5.680 strong	19.434 w 5.471 def. 19.725 w 5.153 strong and acute
sphenoid	19.865 (C4)	9.132 moves	15.346 mild 15.241 strong	19.434 w 5.471 defic 19.634 w 5.282 strong

Migraines are very different in that they can be the result of ingesting a food or inhaling a chemical that sets off an inflammatory reaction in the cranial arteries. While there are many potential triggers for migraines, some are clearly due to ingestion of aged cheeses, chocolate, red wine or some other offending substance. These migraines seem to be caused by damage to digestive nerves that then trigger an inflammatory reaction in the arteries of the brain. This reaction is called a kinin pain reaction, and it is akin to an allergic response in the brain. While

regular headaches are treated mainly by body channels, migraine treatment is primarily cranial. The initial location for the relevant Shu and Mu points will be on the yellow 33/28 and turquoise 23/28 channels. Damage to the Shu and Mu points on these channels seem to provoke this strong inflammatory response in the arteries.

The pain points in migraines will be the division partner to the main offending digestive Shu, but this time on the cranial channels. On the chart below you will see the cranial Shu and Mu points listed. The Pancreas responds to lime green, so the cranial Shu must be lime green: 28, 29 or 30.893. In a migraine, one of these points will strengthen a vial for the pancreas. If the Ma 28.893 point is the initial correct Shu point for the cranial Pancreas, then the pain point will be somewhere on the division partner to 28; which will be a point on the Gb 23 channel. (Ma 13 on the body becomes 28 on the head, and Gb 3 becomes 23.) Each of the different types of migraines listed have different Shu or Mu trigger points. The pain point always derives from the Cranial Shu.

The pain points will move towards equilibrium on the cranial channels as the headaches become milder, but before they reach there the optimal Shu/Mu and pain channels should have changed. In addition to the particular Shu and Mu points listed below, you will need to add the gut/mammary Shu pair of 3.815 with 3.953, to regulate the IGE response in the gut. Their partner points on the Cranial chart seem to target the inflammation of the arteries.

type of migraine	Shu or Mu body	Shu or Mu kinin partner	Shu or Mu cranial	Shu or Mu cran partner kinin	strong pain	inflammation + arteries	moderate pain	inflammation + arteries	mild pain	inflammation + arteries
migraine from food - Pancreas	13.932 15.932 T6	13.998 13.998 ischium	28.893 30.893 CN VIII	33.872 32.872	23.932	38.831	23.68	38.996	23.282	38.383
migraine Small Intestine	7.962 9.962 T7	7.812 9.812 occiput	33.871 35.871 CN I	28.893 30.893 CN VIII	38.831	23.932	38.595 40.595	23.113 25.113	38.383 40.383	23.282 25.282
Cluster headache alcohol	17.984 19.984 T9	17.998 19.998 fr sinus	38.383 40.383 SS	23.282 25.282 CN 1a	33.998	28.655	33.872	28.893	35.634 32.434	30.132 29.241
migraine stress adrenals	17.993 19.993 L1	17.822 19.822 occiput	38.996 40.996 VMO	23.680 25.680 CN VII	33.872	28.893	33.634 35.634	28.132 30.132	33.434	28.241
migraine hormonal	13.854 15.854 L2	13.996 15.996 VMO	28.132 30.132 CN XII	33.634 35.634 CN IV	23.932	38.831	23.680	38.996	23.282	38.383

Presumably these cranial points only become active after the body digestive Shu and Mu points have become significantly damaged, so all weak Shu Mu points must eventually be strengthened. As the damaged nerves begin to heal, all these Shu and Mu points will shift location to their milder treatment channels. Treating the digestive channels themselves: Pancreas, Small Intestine, Adrenal or Liver, does not seem to strengthen vials for pain or inflammation.

Heatstroke

The hypothalamus organ helps govern the body temperature, so a channel must be found to regulate it. The hypothalamus Mu is a lime leg channel Mu, so it is the lime green Small Intestine channel that strengthens the vials for hypothalamus vial and the brain thirst center. In pictures of children and the elderly, the Si channel moves in a deficient direction. The kidney also suffers in heat, so the Kidney channel and Mu need to be treated as well. On pictures of older adults, the Kidney channel moved in a deficient direction. On pictures of children stressed by heat, it shows the Ki channel moving down onto the foot.

heatstroke	Ki Mu and partner (inflammation)	Hypothalamus Mu and partner	Kidney channel	Small Intestine Hypothalamus ch.
mild or prevention	6.995 Ki w 6.843 medulla	6.812 Hypoth. w 6.962 S.i.	Ki 10.453 w Ub 11.453	Si 6.564 w Pan 12.346
medium	9.995 w 9.843 medulla	9.812 w 9.962	Ki 10.564 w Ub 11.346	Si 6.655 w Pan 12.241
severe	9.995 w 9.843 medulla or 10.995 w 10.843	9.812 w 9.962 or 10.812 w 10.962	Ki 10.655 w Ub 11.241	Si 6.754 w Pan 12.132

Heart Valves and Arteries

There are not a lot of fixed location points, but a select few are useful for structural problems. Here is a set of frequencies that often strengthen vials relating to the heart. Notice how several valve and artery points seem to be found on the Spleen 8 channel and its division partner, the Parathyroid 18 channel. The SA node governs the electrical system of the heart, and because it is a nerve bundle, it can only be treated with a nerve channel- Sk 20. The other nerve channel is the Du, so the division Du partner to 20.902 would have to be 1.953 at T4. In cases of a-fibrillation, that point strengthens a vial for the right ventricle.

Heart location	Frequency	Heart location	Frequency
pulmonary valve	Pa 18.902	bicuspid valve	Sj 4.953
coronary arteries	Pa 18.943 and Tm 14.932	mitral valve	Sp 8.921
left ventricle	Lu 17.943 or Pt 19.943	aorta	Sj 4.953
right ventricle	Ot 5.953 or Du 1.953	aortic arch	Pa 18.865, Sp 8.893
SA node (electrical)	Sk 20.902 with Du 1.953	carotid artery	Sp 8.843

Insomnia

I am writing this in the middle of the night, so obviously I have not solved the problem, but can offer an examination of various points derived from pictures of fellow insomniacs. Basically you can divide the issue into two camps: adrenal stress, and old age with pineal weakness.

Caffeine seems to stress the adrenals and blocks the production of adenosine, which causes drowsiness. If your person is strung out on Speed or Caffeine, then you would want to clear that toxin from the brain and body with the appropriate Liver/Lymph pairs of points. My guess is that such treatment would only be partially effective. Running a mere detox frequency after several cups of coffee is not likely to deactivate the blockage of adenosine. The strongest points on pictures of these caffeine drinkers are the Adrenal channels points. These strengthen vials related to sleep, GABA, adenosine, Delta and Theta waves. The weak Adrenal Mu points will also stimulate vials for adenosine and are a perpetuating factor in this type of insomnia. Stress or allergies can often contribute. A blood sugar drop may also cause the adrenals to spike, so if a handful of nuts at 2:00 AM is helpful in getting back to sleep, then add a Pancreas Shu point to the mix.

Old age insomnia shows the lack of melatonin produced by the pineal gland, and deterioration of the connective glial cells in the brain; cranial points will be the essence of this treatment. The cranial channel that stimulates the pineal gland is the Du channel, and points on this channel are the strongest stimulus for the melatonin vial. Traditional Shenmen is on another ultraviolet channel, near Sk 20.434, but I don't see that it has any effect on sleep vials on pictures of the woke. Pineal Shu points will also stimulate a vial for melatonin in these patients and seem to be somewhat important for this type of insomnia. The glial astrocyte cells associated with the cranial Pituitary channel points also test strongly to strengthen delta waves.²¹ Hypo-adrenal function can be part of the problem as well. Insomnia is a difficult problem with no easy solutions, especially as

²¹ <https://www.ucsf.edu/news/2021/03/420106/healthy-sleep-may-rely-long-overlooked-brain-cells>

the whole neural network begins to unravel in old age, but I think that these cranial points have the strongest potential. The lack of sleep will also prevent the cranial lymph glands from clearing toxins from the brain, so all insomniacs can use some cranial Lymph points on the Ma channel.

Pineal and Old Age Insomnia	cranial channels Pineal	Cranial Pineal Shu and Skin partner	Glial Astrocytes deeper sleep	Blood Sugar Insomnia Pancreas Shu and partner
mild or recovering	Sk 36.153 w Du/Co 21.471	Du 22.113 w Sk 39.595	Pt 40.153 w Ot 25.471	Pan 12.932 w Pan 12.998
medium	Sk 36.996 w Du/Co 21.680	Du 25.113 w Sk 40.595	Pt 40.595 w Ot 25.113	Tr 15.932 w Tr 15.998
severe	Sk 36.831 w Du/Co 21.932	Du 21.832 w Sk 36.831	Pt 40.831, Ot 25.932 Pt 40.996, Ot 25.680	Tr 15.932 w Tr 15.998
Adrenal Stress Insomnia	Cranial Adrenal w Cranial Thyroid channels	Glial Astrocytes deeper sleep	Adrenal body channel & Thyroid partner	Liver/Lymph channels
chronic deficient or mild	Ad 35.434 w Tr 30.241 deficient	Pt 40.153 w Ot 25.471	Ad 9.564 w Tr 15.346	Lv 7.564 Ma 13.346 LV 33.998 Ma 28.655
medium	Ad 35.595 w Tr 30.241	Pt 40.595 w Ot 25.113	Ad 9.346 w 15.564	Lv 7.346 Ma 13.564 LV 33.434 Ma 28.241
severe	Ad 35.872 w Tr 30.893 or Ad 35.998, Tr 30.655	Pt 40.831, Ot 25.932 Pt 40.996, Ot 25.680	Ad 9.241 w Tr 15.655 excess cortisol	Lv 7.241 Ma 13.655 LV 33.872 Ma 28.893

Knee Pain

Here again is the chart for knee pain injuries. The pain and repair point is found on the opposite limb of the injured area. That pain and repair channel depends on the type of injury: ligaments are treated with the 9/19, 5/15 channels. Bones are treated with 4/14,8/18 channels. Muscles with 3/, 7/17 channels, and nerves with 1/11, 10/20 channels.

knee location	mirror-pain	inflammation	knee & leg location	mirror-pain	inflammation
medial meniscus	Pa 18.532	Sj 4.383	patella & ligament	Tm 14.655 Tr 15.655	Ad 9.241
lateral meniscus	Tm 14.564	Sp 8.346	femur distal head djd	Pa 18.635	SJ 4.383
ACL anterior collateral	Ht 19.634 XRA	Ot 5.282 XRA	psaos ligament	Lu 17.725	
MCL medial collateral	Pt 19.634	Ot 5.282	quadra-ceps muscle	Ma 13.655	Lv 346
lateral collateral	Tr 15.564	Ad 9.346	Femur head neck	Tm 14.725	
posterior cruciate	Tr 15.655	Ad 9.241	lateral ankle break	Tm 14.346	Sp 8.564
fibula head break	Tm 14.655	Sp 8.241	ant tibials	Pt 19.325	Ot 5.282
tib plateau break	Tm 14.564	Sp 8.346	post tib	Tr 15.241	Ot 5.595

OCD obsessive compulsive disorder

In children, OCD can sometimes be directly linked to a strep infection; but strep shows its presence in all the photos of persons with OCD that I have examined. The third row on the chart below is for the underlying strep or perhaps its antibodies. Only one possible set of strep locations is presented, and the cranial points will move towards equilibrium as infection subsides. The last row is comprised of points that will negatively affect the brain circuits in OCD, emphasizing circuits that are already over amped. Don't use them.

obsessive compulsive disorder - OCD	enegetics	partners with	energetics
21,22, or Ad 25.932	CN IX: putamen to caudate to VMO	Pt 40.831 (or Ht 39.831, Sk 36.831)	VMO to caudate Shu Mu
Ub 11.999 or Tr 15.999 (neck point)	subthalmic nuclei to amygdala, calms anxiety	11.893 or 15.893 GB	calms anxiety
Pt 40.680 (possible location on Pt channel)	strep in mastoid bone	Ad 25.996 (possible cranial Ad point)	strep in mastoid area. partner to Pt.
21, 25, or 22.282 CN IIa	aggravates anxiety	36, 39 or 40.383 CN SS	worsens anxiety- don't use

PTSD post traumatic stress disorder

A different case where negative points appear is with PTSD. In pictures of PTSD, post traumatic stress disorder, oftentimes there is a point on the auditory nerve ray that will weaken the vials for anxiety and norepinephrine, much as a loud noise might trigger that same response. The correct treatment points below should help to repair those frayed nerves, but any CN VIII auditory point will weaken the damaged areas on the brain.

PTSD post traumatic stress syndrome	enegetics	partners with	energetics
21,22, or Ad 25.932 CN IX	putamen to caudate to VMO, anterior cingulate VA6	Pt 40.831 CN II (or Ht 39.831, Sk 36.831)	anterior insula, DMF, auditory cortex, GABA
Ad 35.998, or 35.634 CN II	ACTH, cortisol: calms	Tr 30.634 or 30.132	noradrenaline
CN VIII 29.893 XXXX don't use in PTSD	weakens anxiety vial, blocks GABA?	CN 1 35.872 XXXX don't use in PTSD	weakens PTSD areas

Shingles

Shingles result from the herpes zoster- chicken pox virus, and the virus itself will respond best to these same Ma/Lv channel points. The virus enters and damages the nerve ganglia of the spine, causing a rash, so one should add the appropriate Shu and Mu points to clear the spinal heat. In school, I was taught to clear that fire on the Du and Huato channels, but muscle testing shows that the yellow and turquoise, Shu Mu points are most often the correct ones. These are the points that are strongest for the rashes. Refer to the back chart for a more extensive listing of vertebrae points.

The pain from the herpes shingles virus the pain is caused from nerve damage to various spinal

Shingles nerve root	initial	pain (moves on channel)	repairing	pain	nerve damage	pain
C6	Lv 7.893	Lu 17.634	9 or 6.893	19.634 or 16.532	Ki 10.893	Sk 20.346
T10	Ma 13.893	GB 3.595	15 or 12.893	5 or 2 points	UB 11.893	Du 1.471
T8	Gb 3.914	Ma 13.346	5 or 2.914	15.346	1.914	11.346
L5	Lu 17.997	Lv 7.241	19 or 16.997	9 or 6 points	Sk 20.997	Ki 10.241
CN II	38.831	33.434	40 or 39.831	25.932	36.831	31.871

ganglia. These almost always show to be on the 3/17, 7/13 channel Shu or Mu. The pain point as always will be on the division partner to the Mu or Shu point that is most active. As the virus force weakens, then the active Shu or Mu will move to the usual repair channels; probably first 9 or 15, then 2 or 16. If the shingles lesions are very deep, then sometimes the Shu or Mu will show on the central channels. If the shingles are affecting an optic nerve than the virus and Mu points are cranial.

Shoulder Pain

Figure out which muscle or bone injured through Applied Kinesiology muscle testing, palpation, or through a set of muscle vials. Determine what sort of injury it is by seeing which channel frequency will strengthen the area. Treat the appropriate channel and its pain point on the division partner channel. If the pain is severe, add a frequency on whichever pain blocking channel- Ot or Tr- tests as weak; or find sore points on those channels that will elicit a response on the pulse.

Stress

muscles	freqs.	muscle	freqs.	bones	freqs
biceps: short head	Lv 7.754	scalenes	Lv 7.893	acromion & pain	Sj 4.990 Tm 14.754
biceps: long head	Ad 9.754	serratus	Ad 9.921	clavicle & pain	Pa 18.902 Sp 8.241
brachio-radialis	Lv 7.564	splenius cap & cerv	Gb 3.994 Lv 7.893	corocoid process & pain	Sp 8.893 Pa 18.834
anterior deltoid	Lv 7.754	sub-scapul. lig.	Ad 9.754	glenoid fossa & pain	Tm 14.971 Sj 4.595
post. deltoid	Gb 3.786	supra-spinitus	Gb 3.786	scapula	Sp 8.921 T3
infra-spinitus	Ot 5.786 Gb 3.953	tennis elbow	Gb 3.655 Ot 5.655	inf angle scapula	Sj 4.953 T4
latissimus dorsi	Gb 3.915 T8	teres major	Ot 5.953	head humerus	Sp 8.754
levator scap	Gb 3.990 C7	teres minor	Ad 9.921	elbow spur	Sp 8.564
rhomboid	Gb 3.953	triceps XRA	Gb 3.680 Ot 5.680	head ulna	Sj 4.383
SCM	Gb 3.998	trapezius	Gb 3.994		

Chronic or acute stress mainly shows an effect on the Adrenal channel and on an Adrenal Mu. As the adrenals get more worn down, the points first move in excess down the channel to the foot, and then move up the channel when exhausted. Their working partner points supports vials for inflammation.

Traditional Chinese points for stress include Yintang on the forehead. If you examine the photos of stressed people taken from stock photos, you will find that there is a forehead point that tests to be weak; but it is Du 21.282, not Du 21.453, which is the actual location of Yintang. Du 21.282 is higher up on the forehead, and seems to strengthen vials for a weak prefrontal lobe in stressed individuals, while the second does not. If the stress is not as pronounced or longstanding, then the optimal point on these photos of stressed people shows to be Ad 25.282 at the edge of the eyebrow, not the centerline point.

channels	strong -extreme	medium- most	mild	equilibrium	deficient	burnout
adrenal channel	Ad 9.132 Tr 15.655	Ad 9.241 Tr 15.453	Ad 9.346 Tr 15.564	Ad 9.453 Tr 15.453	Ad 9.564 Tr 15.346	Ad 9.634 Tr 15.241
Mu	Pt 20.993	Pt 19.993	Pt 16.993	Pt 16.993	Pt 19.993	Pt 19.993
forehead point Yintang	Du 21.282	Ot 25.282	St 22.282			

Tinnitus

This is a tentative tinnitus treatment derived from pictures.

tinnitus	ear Shu	partner st T8 for cilia (St Shu)	CN XI	possible underlying strep infection
active	1.902	1.914	30.153	19.634 w 5.282
recovering	5.902	5.914	29.153	19.532 w 5.383

Toothache

Acupuncture is no substitute for dentistry, but the pain of a toothache can be treated with acupuncture. The nerves for the teeth are found on the head, so tooth pain is best treated with the cranial channels. Tooth pain, like back pain, is treated by a point on the division partner channel to the location. The frequency that best addresses the lower teeth is Pa 37.996. This is a bone point.

If the infection has moved deeper into the nerve, then the main point will be Sk 36.996 and the pain points will move to the Ki 31 channel. For the upper teeth, the main dentine point is Pa 37.831.

location	dentine bone points	pain	root canal nerve points	pain	infection upper & lower
lower teeth	Pa 37.996	Sp 34.434 mild Sp 34.871 severe	Sk 36.996	Ki 31.434 mild Ki 31.871 severe	Pt 40.595 mild Ot 25.132
upper teeth	Pa 37.831	Sp 34.434 mild Sp 34.871 severe	Sk 36.831	Ki 31.434 mild Ki 31.871 severe	Pt 40.831 strong Ot 25.932

There is also a set of channels that specifically targets *Streptococcus mutans*, which is a major tooth decay bacteria. Shown are the usual strep channels, but this time in their cranial manifestations: Pt 40 or Ot 25. I have used these strep points for jaw infection, where tooth extraction or root canals have not sufficiently quieted the inflammation. The correct frequency on these channels will also help strengthen the damaged tooth area. Both pain and infection frequencies are pursued back to equilibrium, and then maintained for a month or two.

Ulcers

In Stomach ulcers, the treatment channel for the bacterial infection is the Stomach. The channel is yang so 2.471 or 2.595 at St 36 location will treat an acute ulcer. If the person is older and the lesion is chronic, you may find the optimal point moves down the channel to the foot at St 2.282 To treat the pain from that ulcer though, look to the division partner of the Shu point. If the Stomach Shu point that best strengthens the Stomach pulse and stomach area is Ot 5.914, then the optimal pain will be on the 15 Thyroid division partner channel. If the ulcer is milder, then the Shu point point may be 2.914; the pain point would then be Hoku at 12.346. If the ulcer is on the small intestine, then Si 6.346 might treat the infection. The affected Mu would either be 9.962 or 6.932. A division partner point to that first Mu: either 19.325 or 19.434 should treat the pain.

location	Shu or Mu	pain mild	pain severe	infection	inflammation
stomach	Ot 5.914 St 2.914	Tr 15.346 mild Pan 12. 282	Tr 15.241 or .153 Pan 12.282, 153	St 2.471 mild St 2.595 strong St 2.282 deficient	16.434 mild 16.325 strong 16.634 deficient
small intestine	Ad 9.962 then Si 6.952	Pt 19.434 Ht 16.532	Pt19.325 or Pt 19.153	Si 6.453 mild Si 6.241strong Si 6.564 deficient	12.453 mild 12.655 strong 12.346 deficient

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