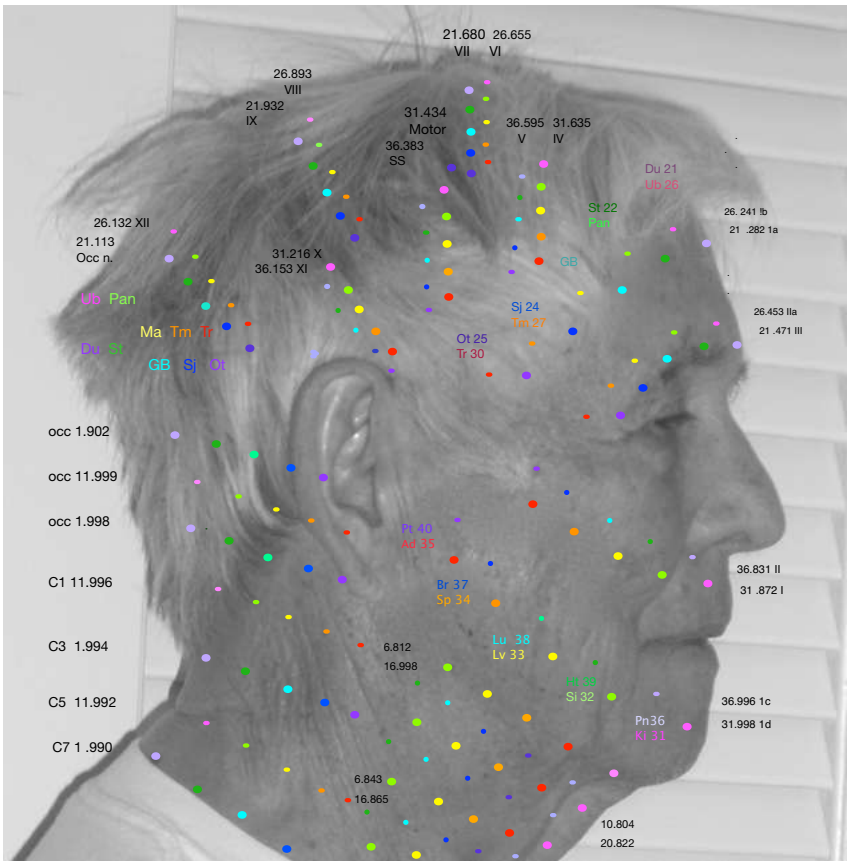

Digital Acupuncture

Decoding the Natural Healing System of the Body

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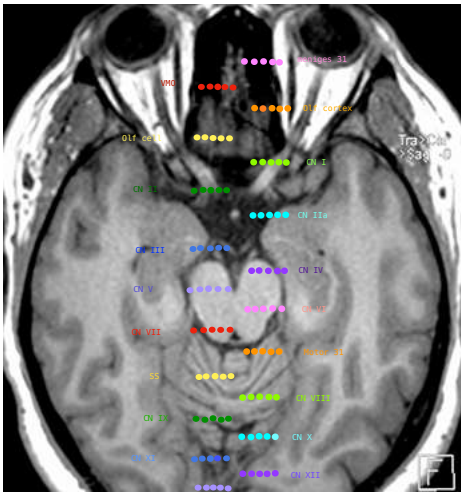
by Peggy Creelman DOM



Digital Acupuncture

(5th Edition, 2026)

by Peggy Creelman DOM

To all those fine pioneers in the acupuncture and muscle testing professions: Dr. Miki Shima, 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 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 will reinforce each other. I have been doing digital acupuncture for more than nine years and can attest to its efficacy.

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.

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 if 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, should keep the point, the pulse, and the organ quite strong. If that St 36 point registers as weak on an acupoint volt meter, then treatment of the point with a frequency will calm that volt meter response.

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	6.595	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	17.404	13.442	12.325	18.442	14.442	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 the reconstruction of the acupuncture charts that digital acupuncture will create. The digital location of points on their channels will thoroughly alter 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.

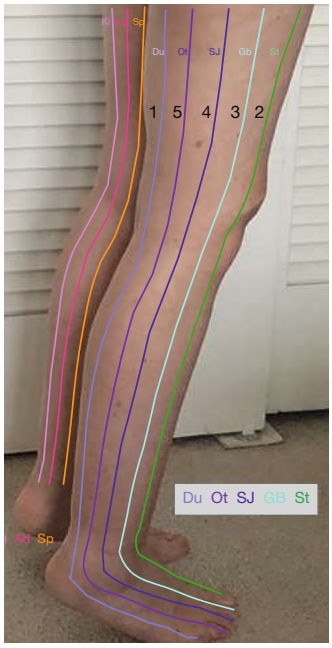
Whether the digital acupuncture revolution initiates from this book or from somewhere else, it is an innovation that has found its time.

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 it 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 programers 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.

This book was originally just about digital acupuncture, but it also examines how color is interwoven in the digital fabric of magnetic fields. Hertz frequency and color treatments reflect each other.

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 meridian 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 or meridian 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 on both knees. 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 the 3 decimal points following each cardinal number frequency. Not many P.E.M.F. devices are accurate in that decimal range, nor are there many that will allow you to run fifty frequencies in a program.

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[1] Originally, Rife machines were deigned 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 also use many other frequencies that are supposedly anti-inflammatory or calming. I have never investigated the validity of these other types of frequencies, as investigating the possibilities of acupuncture is a large enough task.

Hopefully once the techies discover the possibility of digital acupuncture, they will fight it out to develop the best possible digital acupuncture device.[2] 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 probable effect of a frequency. Muscle testing measures the magnetic fields that acupuncture meridians and points produce. All my evidence for better channels and point locations relies upon the energetic verification through muscle testing. Since most people are only aware of muscle testing in very subjective and inaccurate forms, it will need to be given some sort of legitimacy.

Acupuncture meridians conduct and respond to electromagnetic current. If you place a strong magnet on a channel, you can either strengthen of 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 as channels interchangeably throughout this book.)

Each acupuncture point also seems to have a small electromagnetic field surrounding it. Place your finger over a depleted point, and it will cause the patient's strong arm muscle to weaken. The electromagnetic field around the point is depleted, so the muscle of the patient will reflect that weakness. Stimulate that weak point with the correct digital frequency, and that strong arm will no longer weaken. Stimulation can also be achieved by needling, by placing a sesame seed or magnet on a weak point, or by just marking it with the appropriate color.

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[2] There are numerous cheap frequency apps that run off of phones, but they 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. Nor do most have the ability to treat the three decimals that follow the cardinal number accurately. The wonderful Israeli machine that I have used for 15 years to do this research has been updated, and the new model is no longer accurate to 3 decimals. The only PEMF machine that I am sure will run these 3 decimal frequencies accurately is the Spooky 2. It can be used to try out all these theories and protocols. Other PEMF machines may be accurate, but you would have to make sure that their emitters are not causing distortions. This is a possible app in the next year that can do the work. I tested it a couple of years ago and it was sufficiently sensitive enough with their emitters to work. https://new.soundharmony.in

Electronic point detectors are able to read crude levels of electromagnetic energy 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.[3]

Most of what we do in traditional acupuncture is simply to restore strength to weakened magnetic fields on the points through needling. While your experienced acupuncturist can feel the depletion of the magnetic fields in certain points and pulses, he or she can't measure that weakness. The experienced acupuncturist who muscle tests is able to measure the weakness of a pulse or point; but can then also calculate the effect of a potential treatment. I would argue that this is one measurement of qi. If you want to know which is the optimal point on the Spleen channel, you measure that frequency's effect on the Spleen pulse. If you want to know if traditional GB 41 falls on the GB channel; you must muscle test to see if that location stimulates the GB pulse- it does not. Competent muscle testing is the crucial interface for energetic verification.

Measurement of the relative strength of a point is a fairly nuanced procedure; but this is how it is done. Place a 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 or qi 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.

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

So yes, muscle testing is fallible, and can be influenced by projected beliefs and attitudes, but so is 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

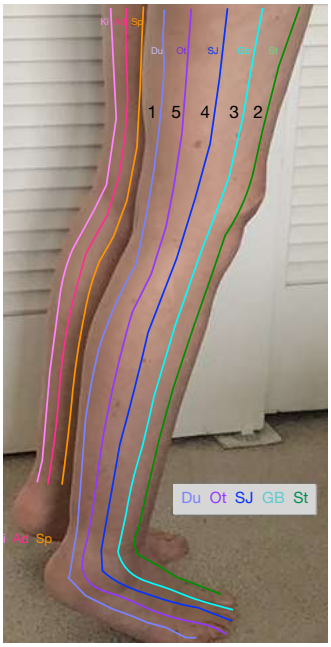
A digital acupuncture point is a frequency that will affect its channel's pulse and organ and make it stronger. Stomach 2.595 Hz will strengthen the electromagnetic field around the traditional point St 36, and it will also strengthen the Stomach pulse. A close but inaccurate frequency, 2.587 Hz, will 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 meridian and frequency must also elicit a response to a color. St 2.595 Hz will strengthen the response to the green color of the Stomach meridian, but St 2.594 Hz will not. Points that responded to the pulse, but not to a color, do not turn out to be as functionally useful on patients. Color is woven deeply into the fabric of the acupuncture web, and all clinically effective frequencies will also create a strong response to the color of their meridians.

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

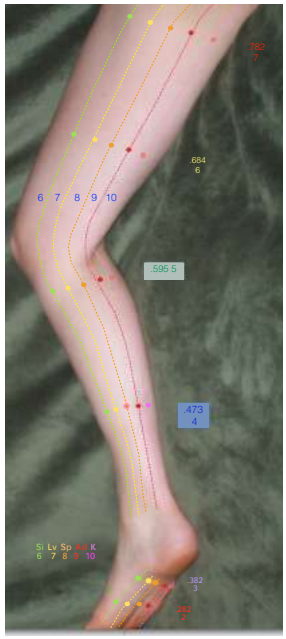
Each digital acupuncture frequency consists of 4 to 5 numbers. The whole number before the period is the meridian number. Each meridian or acupuncture channel is a different cardinal number and will respond to a different color. These are the 20 channels. Yes, there are 20.

All decimal fractions following the channel number refine the location. The first decimal of an acupuncture frequency indicates the general location of the point on the limb. Du/Colon 1.1 Hz will fall on the toe, 1.2 and 1.3 Hz on the foot, 1.4 at the ankle, 1.5 Hz, at mid calf, 1.6 at the knee 1.7 mid thigh, 1.8 lower torso, 1.9 upper torso, 1.10 Hz on the neck.

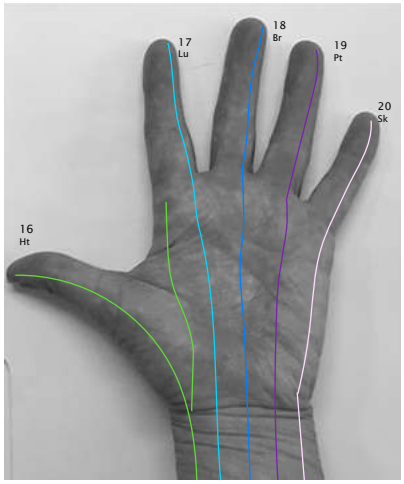


The second decimal number further refines the location on the channel. That second decimal frequency will also begin to register on the pulse. The third or fourth decimal of the frequency tunes it more precisely to the pulse and the organ.

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.

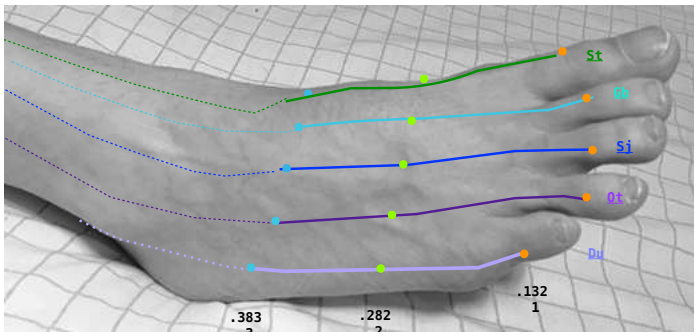


On each channel there are 7 second digit block locations on each limb after the cardinal number: 1.2, 1.3, 1.4 Hz, etc. The third and fourth digits are the more precise house locations: 1.282, 1.383 Hz. These house locations will form horizontal bands or half rings on the hands, feet and limbs.

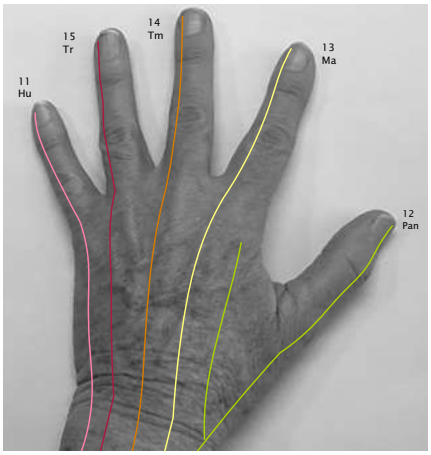


The digital footprint of each point leaves a trail of crumbs that will define the channel. Each digit has two electro-magnetic trails of crumbs: a yin and a yang trail, making 20 channels for 10 digits.

The cardinal numbers 1-5 Hz all create yang leg channels that extend through the top of each of the toes, then up the outer side of the leg. The numbers 6-10 create leg yin channels that run through the soles of the feet, and then up the inner side of the leg. 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 four more channels on the lower leg.



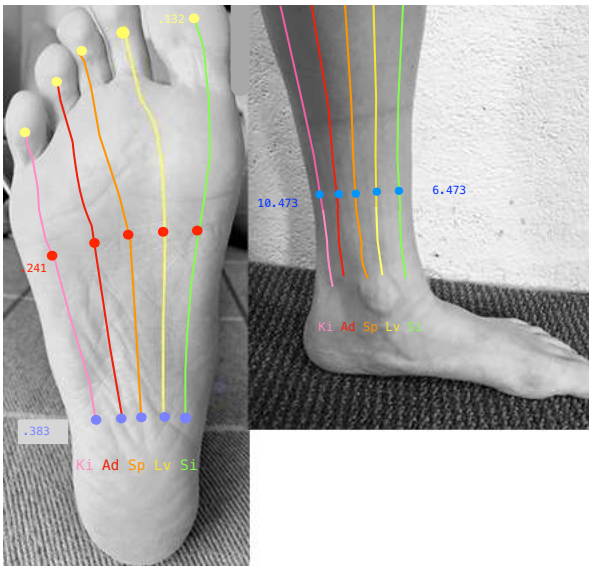
The cardinal numbers 11-15 will create a series of arm yang channels that run down the back of the hand, and then up through the back of the arm.

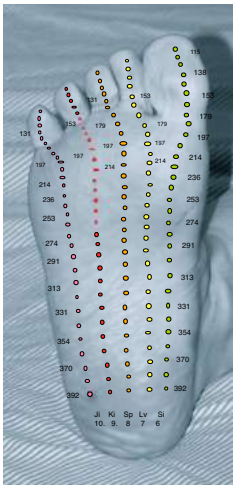


The numbers 16-20 will each create an arm yin channel that starts at the tip of the fingers and runs through the palm of the hand, and then down the length of the pale side of the arm.

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 or gel over a flashlight, and then shine it over the Lung meridian, you can muscle test the length of its trajectory. The testing arm remains strong only when you follow the true trajectory of that meridian, and it is the same as the digital pathway.

Color is also the major determining factor for the location of each point on a meridian. Small Intestine (Si) 6.240 Hz will not strengthen a red band on a color spectrum, but 6.241 Hz will. Any of the yin cardinal numbers from 6-10 plus the decimal .241 will strengthen the red spectrum band and create an horizontal frequency band of acupuncture points on the sole of the foot. Each band of points that crosses the hands or feet, the limbs or torso, will relate to a specific color. These horizontal lines of color frequencies create the functional point locations.





In my original mapping of digital acupuncture foot points to the left, I thought that any frequency that would strengthen the pulse was valid. This created way too many points, and only a few of them were turning out to be useful. Eventually it dawned on me that those useful frequency points might also be relating to a decimal frequency color. The same color third decimal frequency would strengthen a point location on each set of channels, creating these lovely horizontal color bands. You ended up with a much more manageable number of points, and a acupuncture chart that

more broadly resembled the traditional one. This led to the rule that if a digital point doesn't strengthen the color of its meridian and the frequency of its location, then it is not a true point. The decimal frequency of an acupuncture point is thus defined as a reflection of its two intersecting color signatures.

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 above, you will notice that the traditional location of Ki 3 does not appear. A Kidney frequency Ki 10.404 will strengthen the location of traditional Kidney 3, but it does not strengthen a decimal band for a color, nor even 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 sole of the foot, and it would be far less painful to needle than the often more optimal Ki 10.383 on the sole. Digital acupuncture will give you a pain free and more effective Kidney point, but that traditional K3 location is still adequate to stimulate some Kidney qi. I do not have the clinical means of proving that the decimal color frequencies are more effective points, but they definitely better strengthen the magnetic fields of the pulses and the organs.

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 shear 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

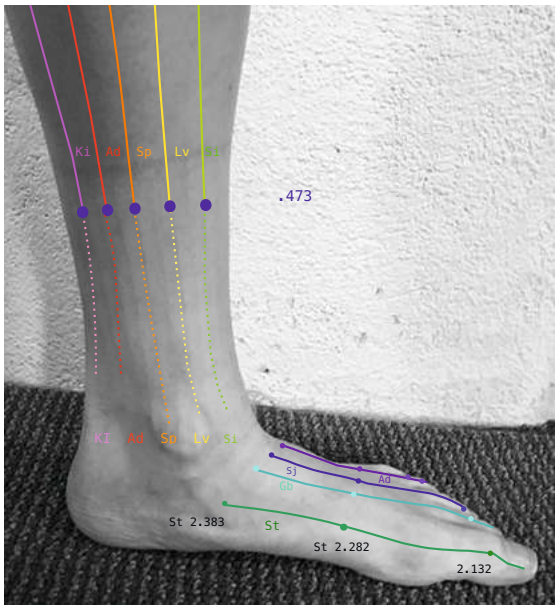
There are now twenty channels, so new organs had to be recruited to associate with the new channels. First though, there needs to be a reliable way to associate the points on a channel with an organ.

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.[4] 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 Hz, 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 inner leg chart though, you will see that the traditional location for Sp 3 does not appear. That is because the closer location of a 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 both the meridian and a decimal color is 2.282, which is closer to traditional Sp 4. This new location will have a stronger effect on the digestive organs than than the traditional Sp 3 location. Place a sesame seed first on the traditional location and measure the effect on the area of the stomach and other digestive organs, then move that seed to the 2.282 Hz location and compare your results.

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

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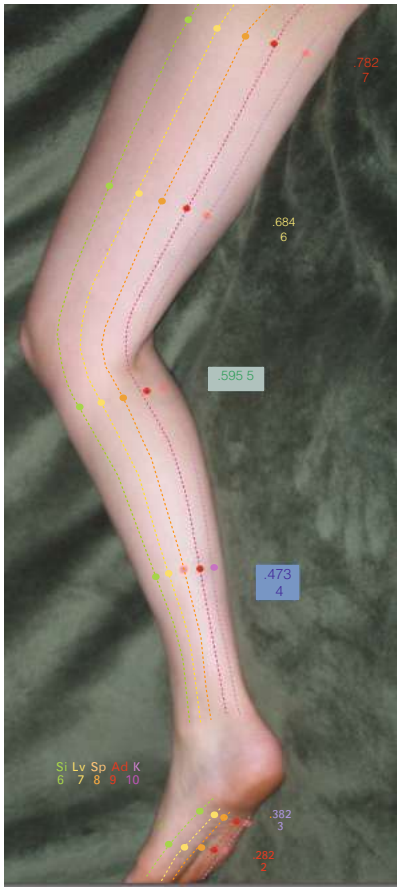
[4] **Vials can be obtained from Allergies, Lifestyle and Health at www.alhvials.com.**

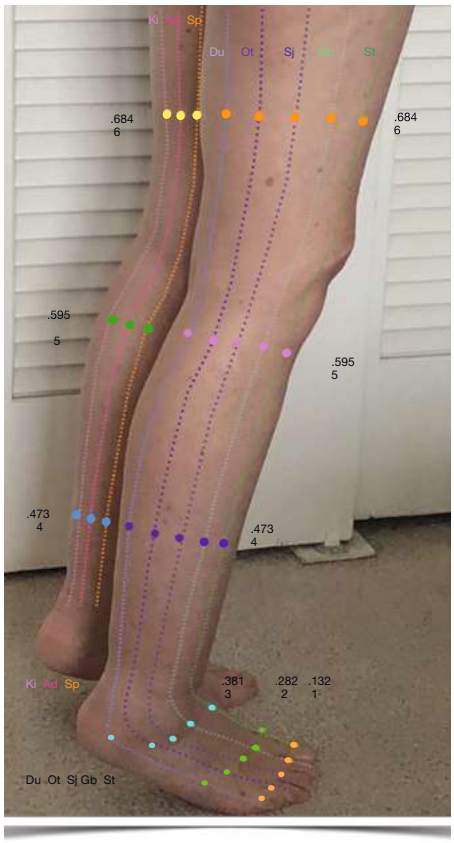
Any valid point on a channel should stimulate both its organ and pulse; a test that many a traditional point will fail. For example, if you tap on traditional Kidney 6; it will weaken neither the Kidney organ nor the Ki pulse. The closest frequency to that location, 2.383, is a yang point that falls on the Stomach channel. Of the traditional Kidney leg point locations, 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 will strengthen a horizontal bandwidth for color.

The New Channels

Twenty physical arm and leg channels now need to find their proper locations. The next chapter will flesh out more of the details of the channels, but I begin with an overview. [5]



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 new pink Kidney Ki 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 1 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 large intestine area that will weaken. This makes this Du channel a Colon channel, not a Bladder channel. Folks with diarrhea and bowel issues are far better treated with points on the outside of

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

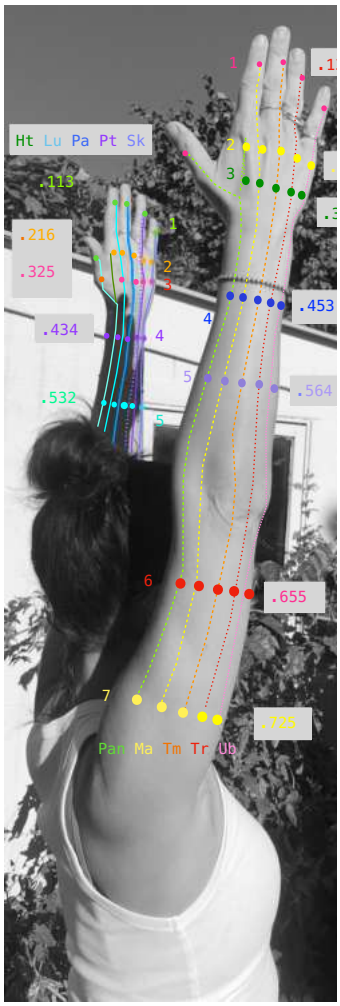
the foot, rather than with the traditional Large Intestine channel points on the arm.

Thus begins the great rearrangement. A capsule vision of the yang channels is to imagine an ancient hunter, running in the sun. The areas on the sides of the legs and arms exposed to the full brunt of the sun are the yang channels, while the more shaded inner leg is the yin.

The Stomach 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 is found down the middle yang outside of the leg, lateral to the GB channel. Lateral to that is the Ovaries Testes channel on the outer leg. The traditional Bladder meridian becomes the Colon/Du.

The sun sheltered yin aspect of the leg adds a Small Intestine and an Adrenal meridian to the traditional yin leg channels. This new 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 serves to strengthen the thymus. The traditional Pericardium location treats the bronchi. The traditional Large Intestine trajectory stimulates the pancreas organ, not the large intestine. Other channels relate to endocrine organs, which is a concept the ancient Chinese could not have imagined. Endocrine organs such as the thyroid, parathyroid, pancreas and adrenals have immense regulatory power, and so have found a pulse and a pathway. The Parathyroid channel fills the space of the traditional Heart channel. The true location of the Heart channel is medial to the Lung channel, and follows along the radial bone. Stress any of these channels by tapping them, and they will weaken their connected organ.



If you try and corroborate these 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 will 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 intake organs become the top positions, found at the base of the thumb, one and two positions higher than the Chinese first pulse. These sets give you the eyes, ears, mouth, throat, and salivary; the thyroid, parathyroid and skin pulses.

The second part of the tube is the respiratory organs 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 upper chest and thymus area. The right pulse 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 yin/yang
1st	TracheaLesophagus	Mouth/ Larynx
2nd	Huatos- larynx 11/ Esophagus 20	Parathyroid 19/ Thyroid 15
3rd (1st tradit,)	Thymus 14/ Bronchi 18	Lung 17/ Mammary 13
4th	Pancreas 12/ Heart16	Sm Intestine 6/ Stomach 2
5th	Gall Bladder 3/ Liver 7	Spleen 8/ Ileum 4
6th	Ovaries Testes 5/ Adrenal 9	Kidney 10/ Colon 1

The middle part of the tube is the digestive system. The left fourth position is the Pancreas and the Heart pulse: the body's pump and producer of enzymes. The yang Stomach organ empties into the yin Small Intestine, and this becomes the third pulse position on the right. This yin Small intestine then empties into the yang ileum of the fourth position right. 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 a modern form of Kidney Qi, 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 has the Spleen and Liver to cleanse the blood, and the ileum and GB to process, move and if need be detoxify the chyme. The fifth position on the right is Colon and Kidney: more cleansing and elimination. The Adrenals reflected on the left pulse can also help to clean toxins.

There are now twenty digital channels requiring at least five pulse positions. Add a pulse position above and below the traditional ones, and that will create the five pulse positions. Each of the 20 channels will reflect within that box of pulses. If you tap along the leg Stomach channel, only the Stomach pulse will weaken in response to the stress. Any of the twenty channels will now reflect within that five pulse box, but not all the organs. Pulses for the bladder or the mouth will fall outside this template.

It turns out that all pulse positions are related to their Shu or Mu vertebrae location. An expanded pulse chart will be presented once the general acupuncture framework is more clearly outlined.

Of the original twelve pulse locations it is rather disgraceful to note that only the Stomach and Lung reflect their meridian locations. If you tap on the traditional San Jiao channel, the traditional San Jiao pulse will not weaken; but the traditional Small intestine pulse will. Tapping on either that Sj channel or that Si pulse will weaken the area over the thymus, so you now have a new Thymus channel and pulse. If you tap over the traditional Heart channel, the heart area doesn't weaken but the bronchial area does. Tap over the bronchi area and it is the traditional heart pulse that will weaken. If you treat this new Bronchial (Br) meridian, then only this new Bronchi pulse will strengthen and the area over the bronchi; not the heart.

A lot of jostling and rearranging was required to bring back order to the pulse arrangement. It seems that the several of the traditional Chinese pulse locations were somewhat laxly observed, e.g., Heart, Liver, and Kidney yang (Adrenal) are indeed pulse positions on the left, but one position down. The true Spleen pulse on the right is also just one position down.

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.

Chapter 2: A Plethora Of Patterns

The ancient Chinese were astute observers of the energy patterns they were able to 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 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 the Bladder as Tai Yang; 2 for Stomach pairs with 12 for Pancreas as Yang Ming. The rest of the six Chinese divisions are somewhat murkier if you try to translate them, so I won't go there.

These numerical divisions create a physical blueprint, as each pair slices through the same arm/ leg angle of the body. Here below are the perfect numerical pairings of the ten divisions.

Du/ Co colon	Stomach	Gall Bladder	San Jiao	Ovaries testes	Small Intestine	Liver	Spleen	Adrenal	Kidney/ Ren
1	2	3	4	5	6	7	8	9	10
Bladder	Pancreas	Mam-mary	Thymus Bladder	Thyroid	Heart	Lung	Bronchi	Parathry Sinus	Nerve
11	12	13	14	15	16	17	18	19	20

Each upper and lower numerical pair enters or exits through a single paired digit. 1 and 11 cover the back of the fifth digits; 2 and 12 the first digits. Tight consistent patterns both numerically and on the body. Intelligent design indeed!

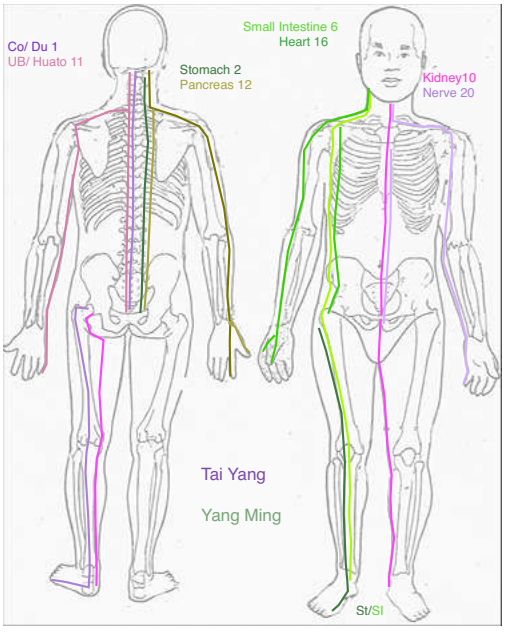
All yang channels run up, and all yin channels run down. Yang energy ascends, so it enters through the toes; yin runs down, so it exits through the toes. The Chinese anatomical model depicts a man with arms raised, like an ape hanging from a tree. Arm yang thus exits through the fingers, and arm yin 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 a yin energy field.

The Chinese had 6 divisions of the meridians; 3 yang and 3 yin, but there is a better way to to group these divisions. If you pair all the yang and yin meridians that cross through a single toe and

finger, you create a single functional yin/yang division. Instead of two tributaries of a single river running along a single yin or yang pathway, it is better to think of a river valley connecting all four yin/yang tributaries to a single digit. You now have five expanded yin/yang divisions that are united by location, color and numbers. These yin yang divisions form the basis of functional acupuncture.

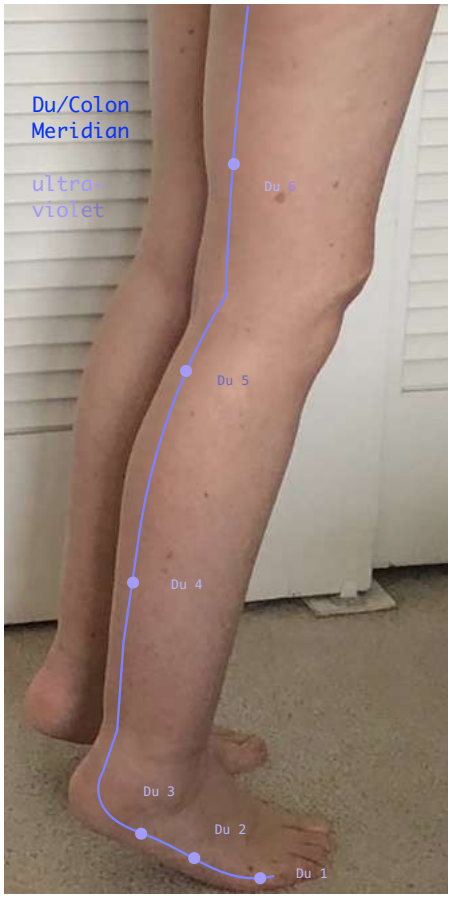
1st division	1st division	2nd division	2nd division	3rd division	3rd division	4th division	4th division	5th division	5th division
Colon/Du	Kidney/ Ren	Stom.	Small Intestine	GB	Liver	San Jiao	Spleen	Ovaries Testes	Adrenal
1	10	2	6	3	7	4	8	5	9
Ub/ Huatos	Sigmoid colon/Nv	Pancreas	Heart	Mam-mary	Lung	Thymus	Bronchi	Thyroid	Parathyr Sinus
11	20	12	16	13	17	14	18	15	19
myelin	nerve	muscle	ligament	lymph	skin	arteries	veins	cartilage	bone

You can group these five expanded divisions by their general functions in the bottom line. The first division meridians form a nerve division, but you might notice that many are also organs of elimination. The green and lime 2nd division meridians represent the muscle and ligament level, and the yellow and turquoise delve into the skin and lymph systems. The blue and orange meridians reflect a circulatory division; the purple and red meridians a bone division. These divisions form a much more coherent way to organize the meridians; so I will present the meridians as part of these functional units.



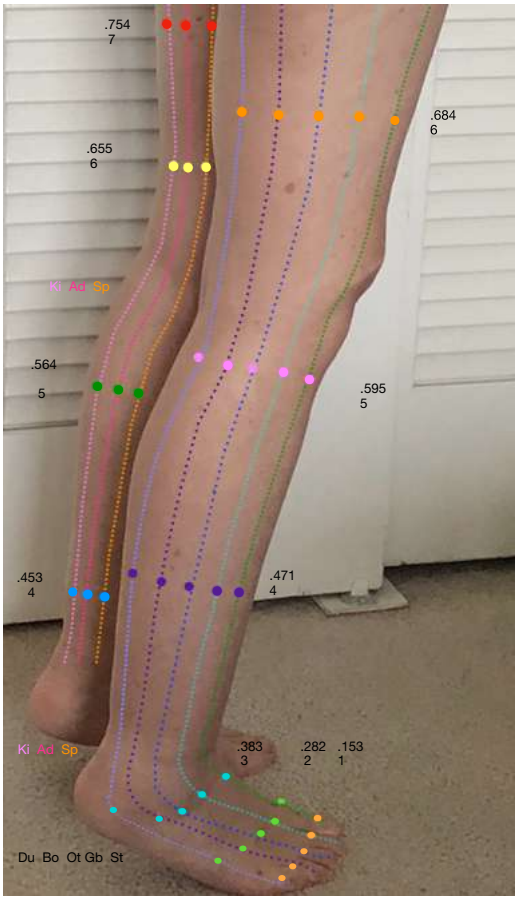
1st Division- Du/Colon, Urinary Bladder, Kidney, Nerve

The yang part of the first division is the Tai Yang: the ultraviolet Du/Colon meridian of the center back spine, paired with the infrared Ub/Huato channel that lies next to it. As noted in the first chapter, 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. Tap on the outside of the foot and see that the colon area on the body will weaken, but not the bladder. Tap along the center of the spine and the colon area itself will weaken. This entire Du/Colon channel will treat the major part of the large intestine; which I will henceforth call the Colon to distinguish it from the Chinese Large Intestine channel.



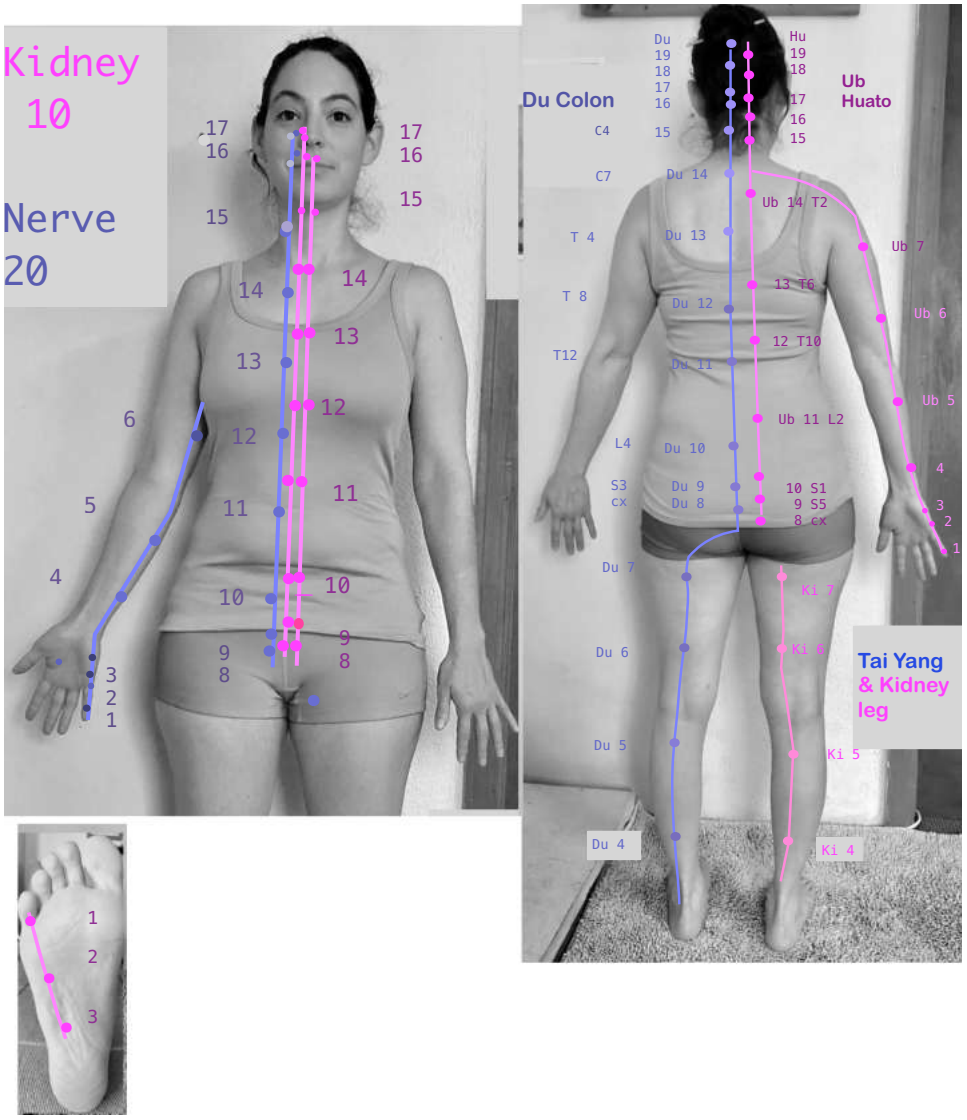
Throughout this book I have presented the meridians in two different ways. On the left, the Du/Colon meridian is shown as a numerical sequence, while on the right it is presented as a part of a Hz frequency group.

It seems likely to me that most acupuncture will eventually be done as a frequency app on a phone. Points will then be listed numerically on the meridians, as it is done traditionally, and the decimal frequencies may not be visible at all.



For the next generation of acupuncturists who live in a digital world, I have rather empirically decided to reorder that numerical sequence on all the meridians. All limb points in this book now begin as 1 at the tips of the toes and fingers and move in sequence towards the torso. All ankle and wrist points are now 4, and all knee and elbow locations 5: this makes them more easy to access mentally. In traditional acupuncture charts, the numerical sequence supposedly followed the direction of the channels, but those directions were often incorrect. Kidney moves down, Gb moves up. It just seemed to make more sense to order the points by their location and not by their direction.

For the pioneers who will need to enter each frequency by hand, please add a whole number channel frequency before the decimal Hz frequency shown at each location: 1 for the Du meridian, 2 for St, etc. The full page posters at the end of this chapter list points both as Hz frequencies and as sequence numbers.

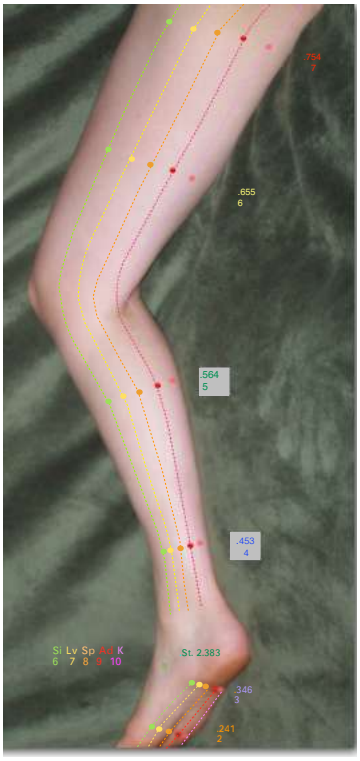


Why should the Colon be the number 1 Hz channel? Think again of the tube worm sitting on the rock; the original organisms were just tubes, so perhaps the first channel reflects a digestive tube that later evolved into a spine.

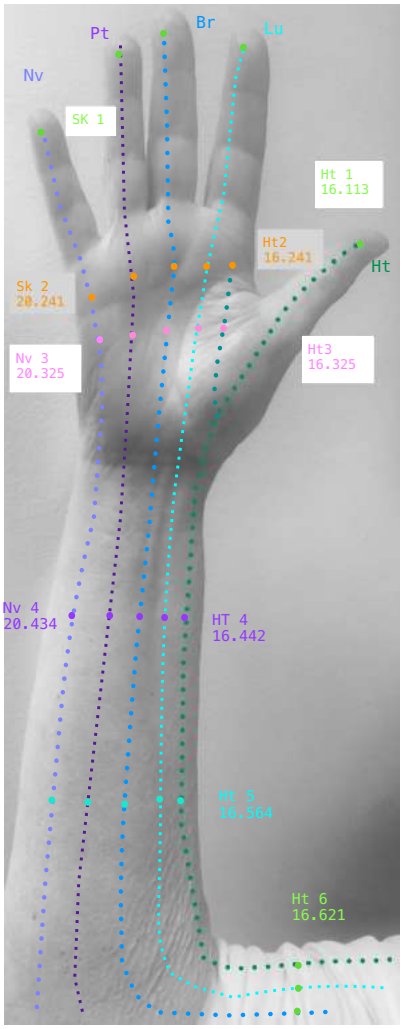
The division partner to the Du/ Colon (1) is the Urinary Bladder/Huato (11) channel. This infrared 11 Ub/Spinal cord meridian is an arm channel, which follows along the meridian pathway of the traditional Small Intestine channel. Tapping along this outer meridian of the arm will weaken the entire Huato line of points and the bladder itself. Traditional SI 3 is such a good point for back pain because it accesses this Huato line. Tap again that side arm meridian, and it will not weaken the small intestine area, but the spinal cord that it also serves. Both meridians pass through the fifth toe and finger.

The yin part of this 1st division are the Kidney/ Nerve meridians that also pass through the fifth digit. The Kidney meridian begins as the traditional Ren Channel on the side of the nose, and ends on the sole of the fifth toe. On the back of leg, the infrared (pink) Kidney meridian follows close to the midline of the thigh and calve, and on the sole of the foot it follows the underside of the fifth metatarsals. Yes, the numbering is counterintuitive.

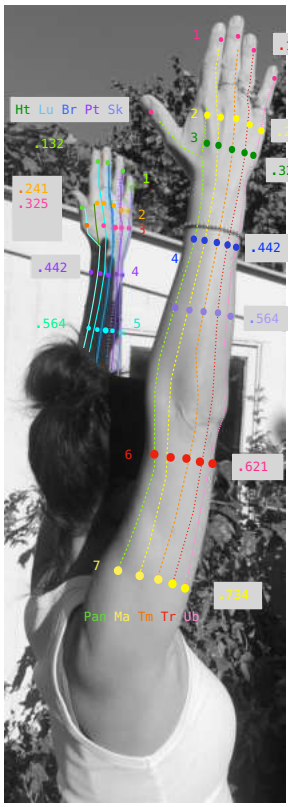
The leg chart shows the Kidney as the innermost pink meridian. Add a Ki channel cardinal number 10 before each of the decimal Hz frequencies below to access these points on the Ki meridian.



The partner to the Ki/ Ren (10 Hz) is the ultraviolet Nerve channel (20 Hz), which starts at the fifth finger palm side, and follows down the side of the hand, and forearm; then lateral to the Ki/Ren down the torso, ending at the pelvis. This channel treats the motor nerves that connect the muscles and glands to the brain. If you stub your toe, this is your channel. This channel also treats the sigmoid colon, the yang colon emptying into the yin sigmoid colon.



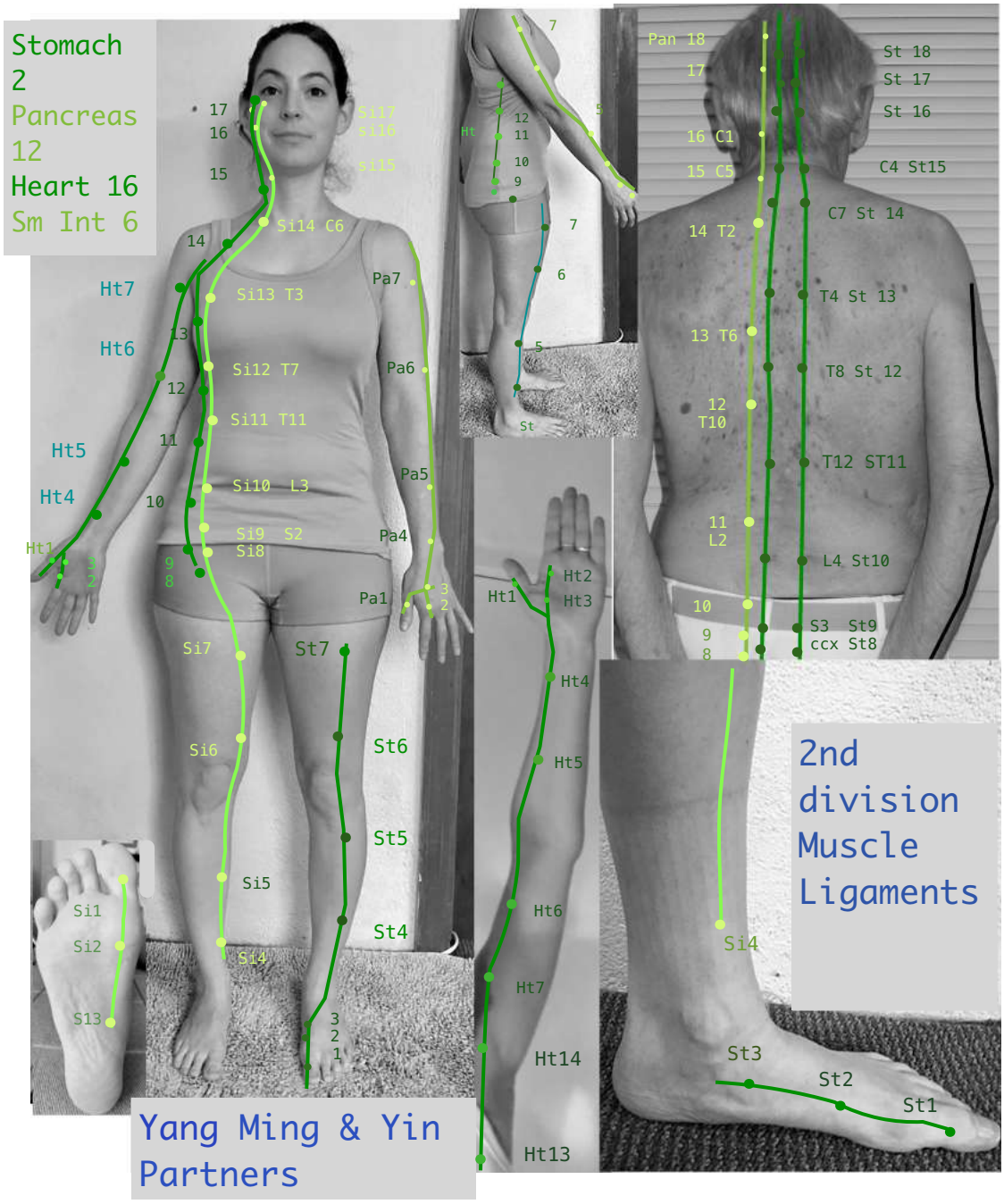
These four meridians form the first nerve division. They will be used to treat organ damage to the colon, sigmoid colon, bladder, esophagus, or kidney, and also motor nerve damage. These channels form the core of the energetic structure: the spinal core and nerves, and the entrance and exit of the digestive tube.



2nd Division- Stomach, Small Intestine, Heart, Pancreas

The second division meridians all pass through the thumb and big toe. The yang part is the Yang Ming channels of Stomach 2 Hz paired with Pancreas 12 Hz. The yin part is Heart 16 Hz and Small Intestine 6 Hz.

The Stomach channel begins on the big toe and passes along the medial dorsal side of the foot until it reaches the ankle. The third point on the Stomach channel is the closest point to traditional K6. The Stomach meridian then moves across to the yang outer side of the leg and largely follows its traditional leg trajectory, only it does not veer off to include traditional St 40. The Stomach channel is a yang channel, and so on the torso it must move to the yang back. It takes the place of the traditional first Bladder line, under the heads of the vertebrae, and forms a nurturing channel for half of the Shu points.

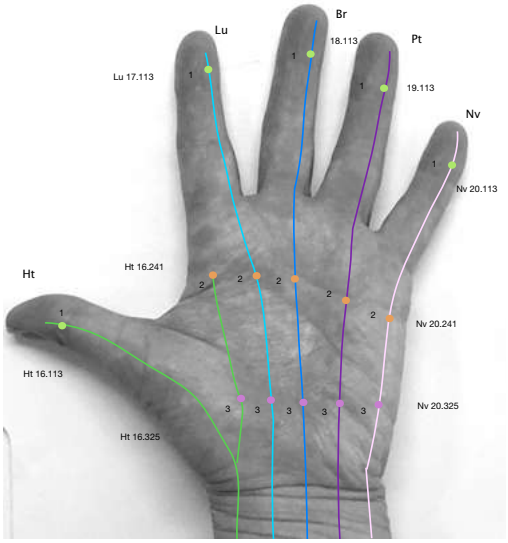


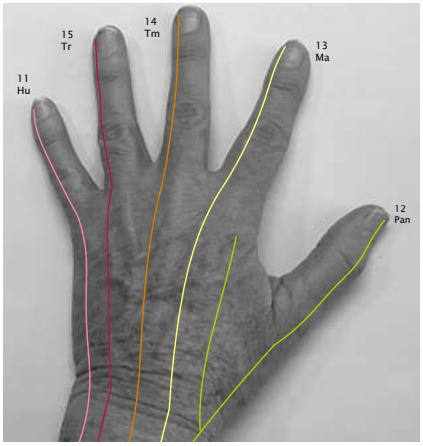
The yang division partner to the 2 Stomach is the lime 12 Pancreas channel. It starts on the sacrum and moves up alongside the Stomach meridian on the back and neck where it then joins its cranial channel. At the shoulder it branches into its arm channel, which roughly follows the old Large Intestine channel on the arm. On the hand, this lime green meridian runs up through the traditional locations of Large Intestine 4 and 3, and then forms a spur to terminate on the thumb.

On the back of the torso, it lies lateral to the Stomach channel, and treats the other half of the Shu points.

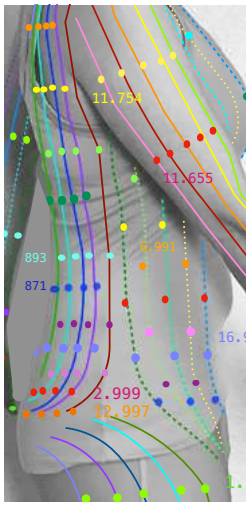
The green Heart meridian starts on the palm side of the thumb; it has a second branch on the medial side of the palm, and then slides down the forearm alongside the radius bone. At the shoulder it connects with its torso branch, and then moves down from the face through the neck and the far edge the torso, where the seam of shirt would fall. It ends at the base of the pelvis.

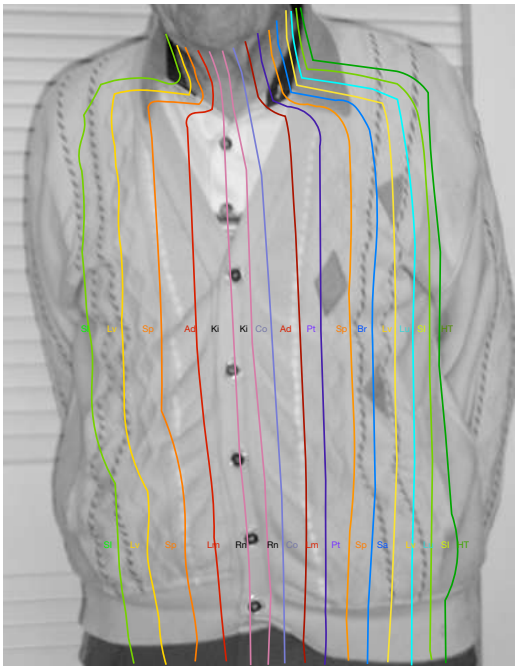
Both Heart and Pancreas split at the base of the thumb and then recommence on the side of the hand. This is because the thumb attaches lower on the hand than the other fingers, so the hand extension of the channel moves the interior side of the hand. Note how the Heart and Pancreas channels occupy the same anatomical locations on the front and the back of the hand, and on the arm. Same division, mirror locations.





The new Small Intestine meridian 6 is the leg division partner to the Heart 16 and lies medial to the the traditional Liver meridian on the leg, closer to the leg bones. On the sole of the foot, it lies medial to the first metatarsals. Traditional Sp 9 is found on this new Si meridian. On the torso, Si is found medial to the Heart meridian, starting on the face and moving to the side edge of the torso. All the yin leg body channels start on the face, and extend down 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 run down from the tree hanging

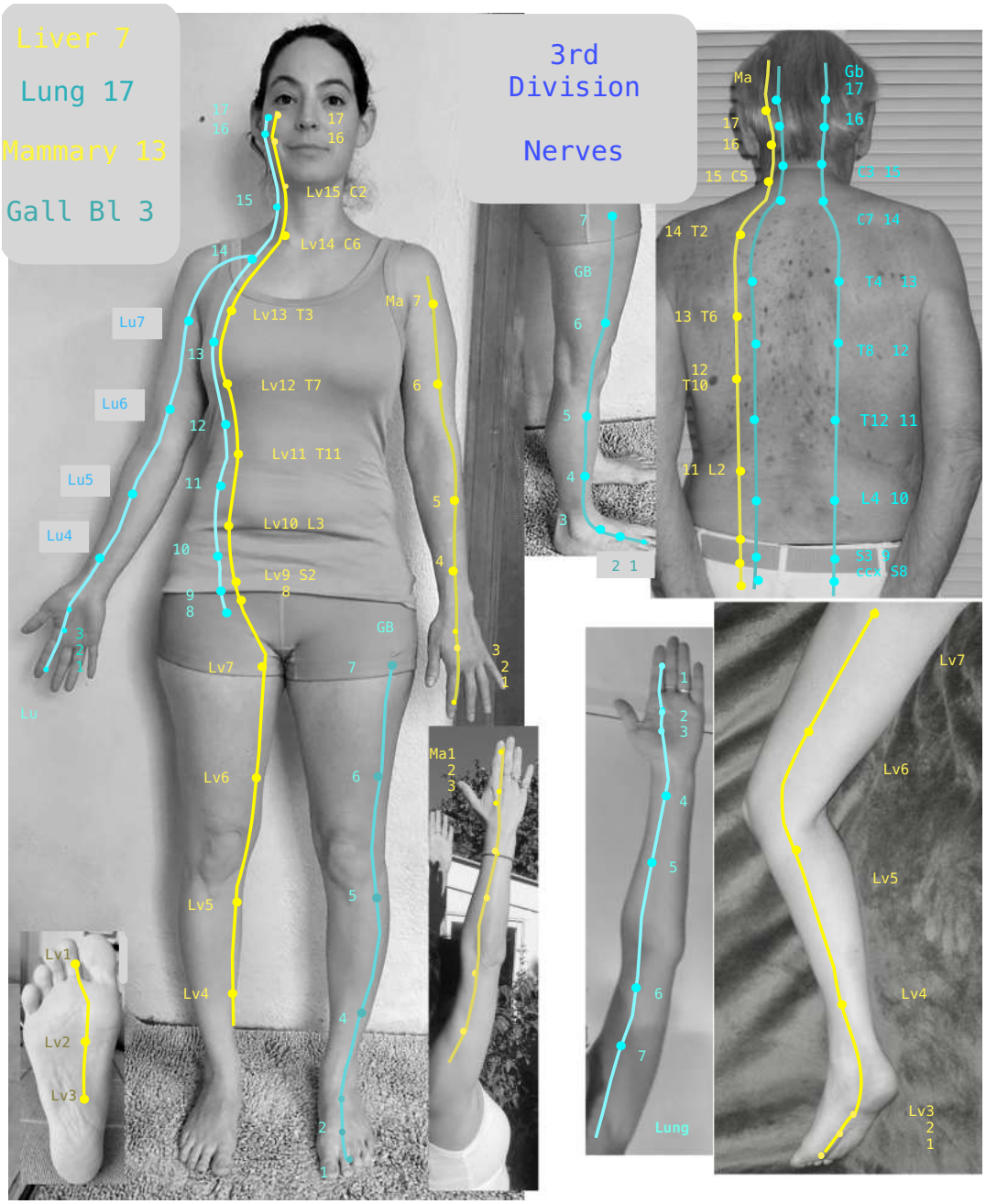




position. They connect with their torso portion at the collar bone, then run down the face through the torso to the ischium.

The Small Intestine is considered a yang meridian in traditional Chinese medicine, but functionally, the stomach empties into the small intestine; thus making it the yin receptacle of the yang function. Most of the meridians of this second division are involved in the various stages of digestion. They also will function as a muscle/ligament division in the treatment of injury.

3rd Skin/Lymph division- Gall Bladder, Mammary, Liver, Lung



All parts of this division pass through the second digits.The yang aspect of the third division is Gall Bladder 3 paired with Mammary 13. The turquoise Gb meridian starts at the lateral side of the second toe and moves up the yang side of the foot. On the lower leg, the traditional Gb channel is accurate, but on the upper thigh it follows a more medial and anterior trajectory. The Gall Bladder channel on the back torso follows the location of the traditional second Bladder line. The yellow yang Mammary channel begins at the back pelvic bones, and lies lateral to the Gb channel on the back, moving up through the neck and occipital bones. The arm branch runs on the thumb side of the arm, between the Pancreas and Thymus channels. It exits through the lateral side of the back of the index finger. Traditional Lung 7 is a Ma point. This Mammary channel seems to govern the lymph system.

The Liver and Lung channels form the yin part of this 3rd division. The yellow 7 Liver meridian starts on the cranium, (chapter 8) then moves onto the face, and then down the lateral aspect of the torso through the pelvis and onto the leg. On the upper thigh, the Liver channel is found more medial than on its traditional trajectory. The Liver meridian on the lower leg follows the traditional location, but it moves to the sole of the foot to complete its trajectory. The Liver meridian follows the sole side of the second metatarsals to exit at the second toe, deep needling of the toe delta points of those first two toes will reach the Liver meridian qi.

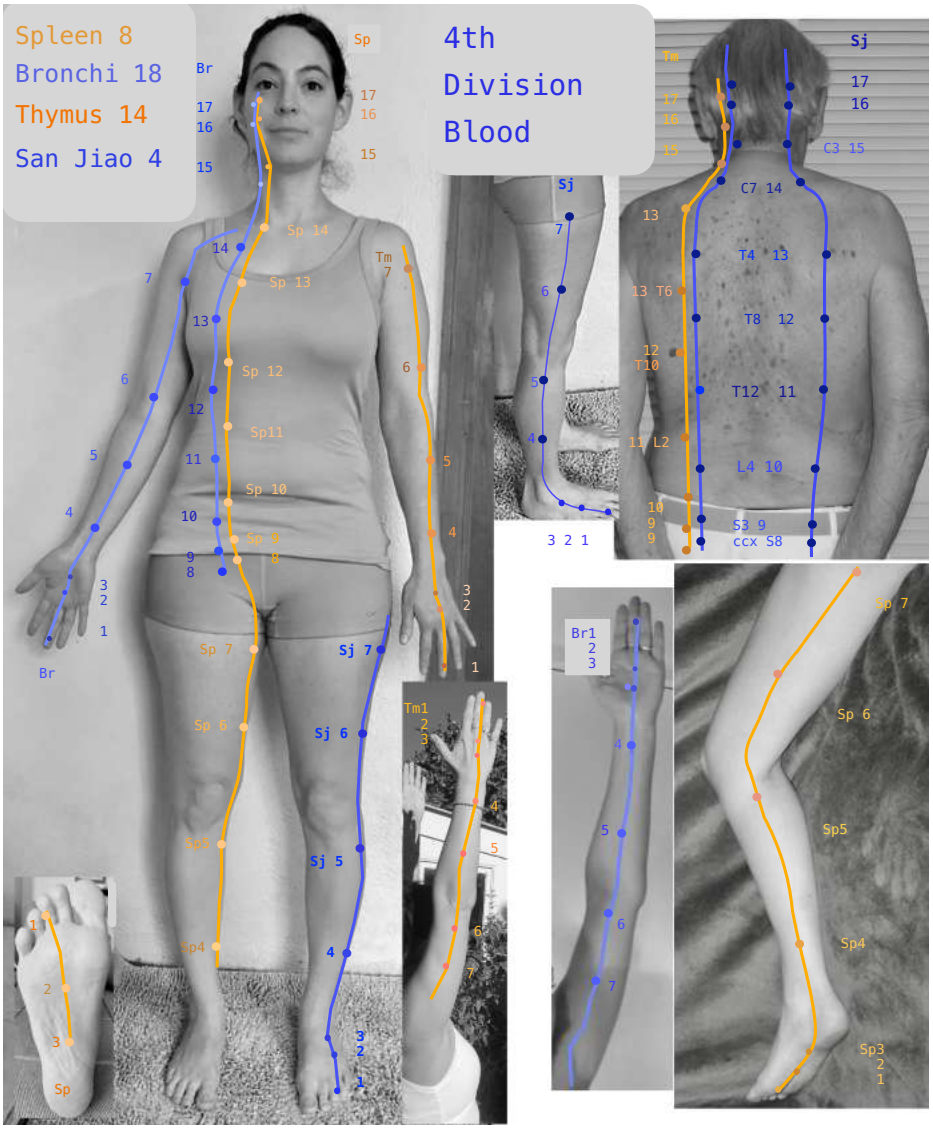
The turquoise 17 Lung arm yin meridian starts on the palmer ulnar side of the second (index) finger; it moves up the yin side of the arm, medial to the Heart channel. At the top of the arm, it connects with its torso extension, but then jumps to the face. This torso extension moves down from the face, and lies lateral to the Liver channel all the way down through the torso, where it ends on the inner side of the pelvis. Both of these meridians lie lateral to the nipple line. On the arms and legs, both Lung and Liver hew close to the yin sides of the bones. The turquoise half of this division treats the Lung and Gall Bladder organs and the skin while the yellow half treats damage to the lymph and also scar tissue.

4th Blood division - Thymus, Spleen, San Jiao, Bronchi

This fourth division has many functions. First of all it is a blood circulatory division; the orange channels primarily treat the arteries, while the blue channels treat veins. This division also treats immunity: the macrophages, neutrophils, T cells and B cells that reside in the blood. This blood division also treats the sensory proprioceptors nerves that carry location signals from your hands and feet to your brain. Running over rough terrain requires the input from these proprioceptor nerves to keep you from stumbling.

All meridians of this 4th division channels exit or enter through the middle finger and toe. The yang part of the fourth division consists of San Jiao 4 and Thymus 14. The Thymus 14 meridian starts at the back of the pelvis and moves up through the center of the scapula, and along the side of the neck and base of skull. It then branches through the shoulder, and moves up through the center back of the arm, following the traditional San Jiao location through to the dorsal side of the arm, but terminating on the dorsal side of middle finger. Stressing this traditional San Jiao channel however, will not weaken the traditional right Sj 3rd pulse position, but the tradition Si pulse position.The San Jiao channel that communicates with the traditional San Jiao pulse is now a blue leg channel. I kept the pulse and name, but not the location.

This blue leg Sj channel treats the Ileum, which forms the lower part of the small Intestine. The yin small intestine is transformed into a yang ileum. This channel could have been called the Ileum channel, but I wanted to preserve something of the traditional Chinese arrangement and thinking.



This new San Jiao/Ileum channel seems to have little to do with the traditional 3 jiaos, but it also serves as a major immune channel.

The blue Sj channel begins at the outer side of the middle toe and moves straight up the middle of the outside of the leg. On the torso, the blue Sj 4 channel lies medial to the orange 14 Thymus channel, moving through the center of the scapula, and runs up through the neck. Both of these channels seem to be deeply involved in immune function; the Thymus channel with T and B cell functions, and the

Sj with the marrow and blood immunity.

The yin part of the 4th division consists of the Spleen (8) and Bronchi (18) channels.The Spleen meridian begins on the face, and moves down through the center breast on the torso. The traditional Spleen channel location on the lower leg is correct, but on the sole of the foot, it now passes through traditional Ki 1 as it exits through the third toe. The Spleen meridian traditionally dealt with blood disorders, and I find that it often strengthens blood related vials.

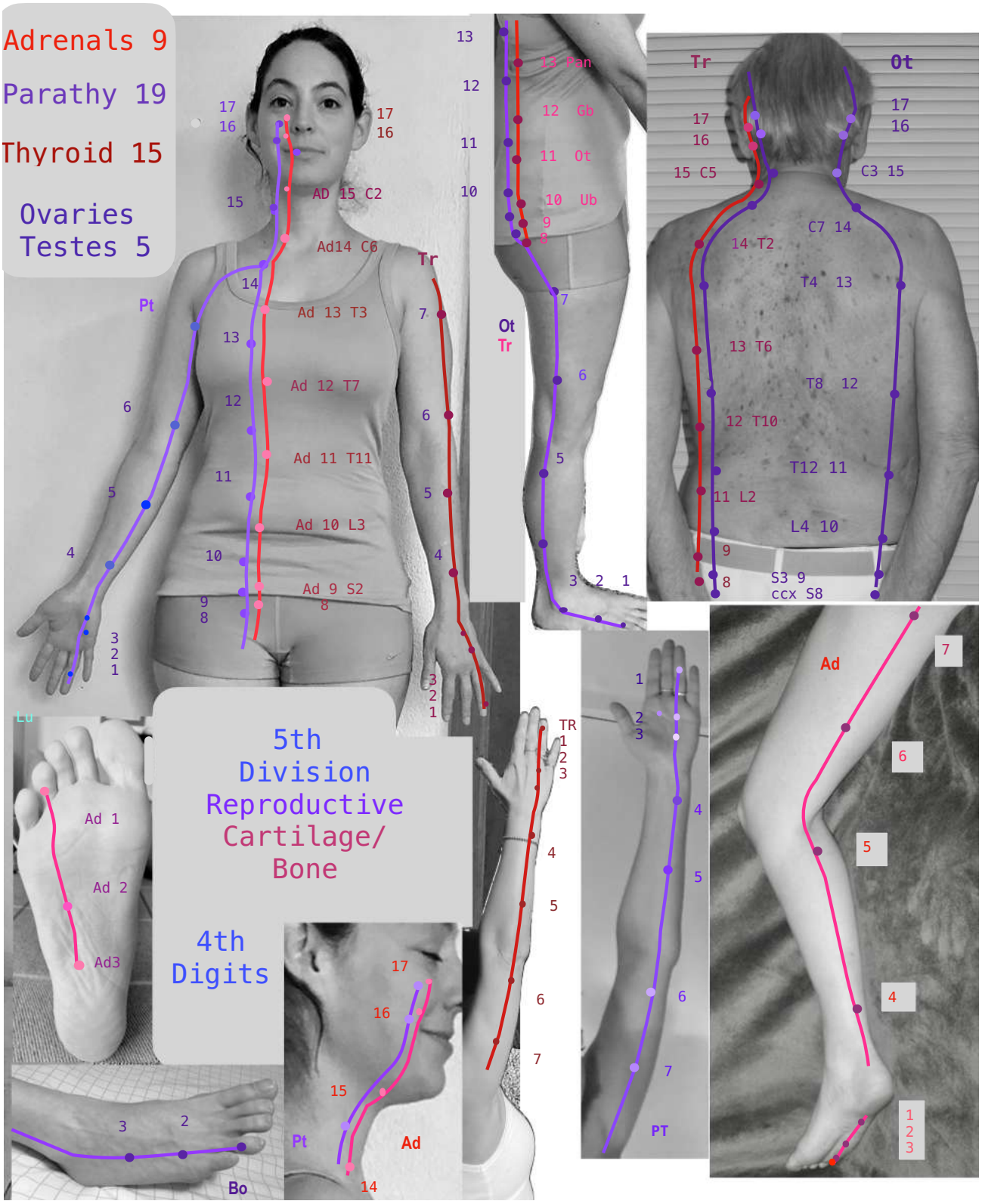
The arm branch of the Bronchi meridian follows the trajectory of the traditional Pericardium meridian then moves through the nipple line on the torso. For a long time, I thought that there was no connection of this Bronchial channel to the traditional Pericardium - Heart Protector meridian, because points on the channel seemed to treat this respiratory organ more than the heart. Then I remembered the Chinese words for the pericardium was the heart envelope, and I realized they could be talking about the vessels surrounding the heart area. Mu points on this new Bronchi channel do strengthen vials and images of veins of the heart.

This blue Bronchi 18 arm channel will also serve the rectum, because each channel can serve several organs. The rectum is found at the very bottom of the digestive tube and serves as the yin receptacle of the yin Sigmoid Colon. This portion of the tube responds to blue, and so must be treated by a yin blue channel, which is the 18 bronchi channel.

I originally thought of this division as just treating blood and immune functions, but I recently discovered its proprioceptor function that conveys sensory information to the brain from the limbs. Should one then call the first division a Nerve division when the sensory nerves are treated by a entirely different set of channels? All acupuncture channels are actually connected in some form or other to the nerve spinal tracts, as we shall see in later chapters. These blue sensory channels will be shown to connect to the spinocerebellar tracts that are known to contain these proprioceptor nerves. This proprioceptive function will further muddy the waters of the distinct divisions because it turns out that tendons are blue proprioceptive tissues and not part of the muscle division. So much for clear distinctions between divisions.

5th Bone division- Ovaries Testes, Thyroid, Adrenal, Uterus Prostate/Parathyroid

All meridians of this division enter or exit through the fourth toe. The yang part of the division is Ovaries Testes 5 paired with Thyroid 15. This Ot meridian begins at the lateral side of the fourth toe, and ascends behind the Sj channel on the sagital side of the calf. Traditional Gb 41 is a Bone division point. On the back of the torso it courses along the lateral aspect of the ribs and then up through the neck and base of skull. The Thyroid channel begins on the sacrum and slides



alongside the Ot channel on the sagital side of the torso and neck. Its arm branch moves up the side back of the up stretched arm, then through traditional SJ 3 on the hand, and exits through the

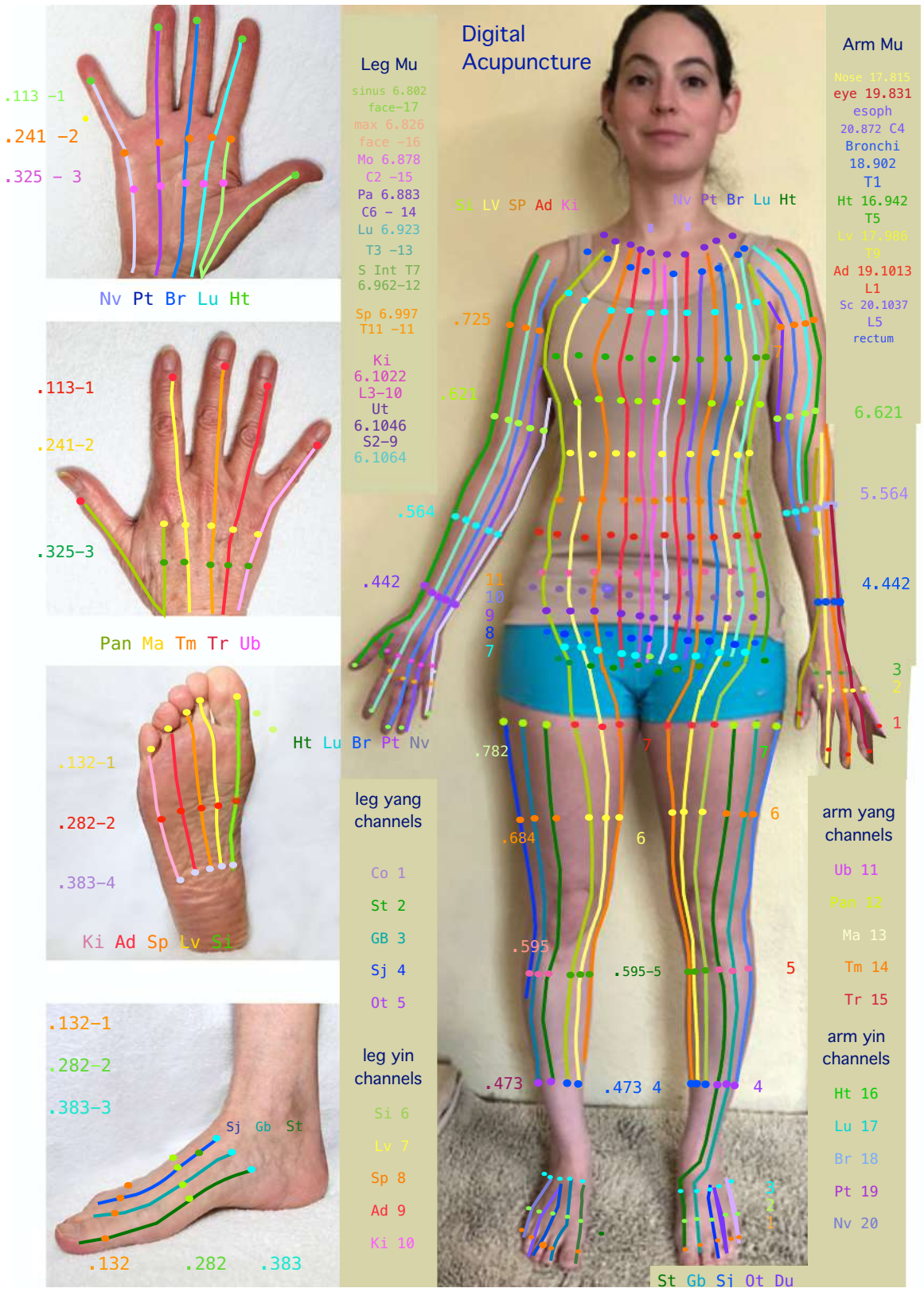
lateral side of the fourth finger. The Thyroid meridian treats the thyroid, but also two major sex organs: the penis and clitoris.

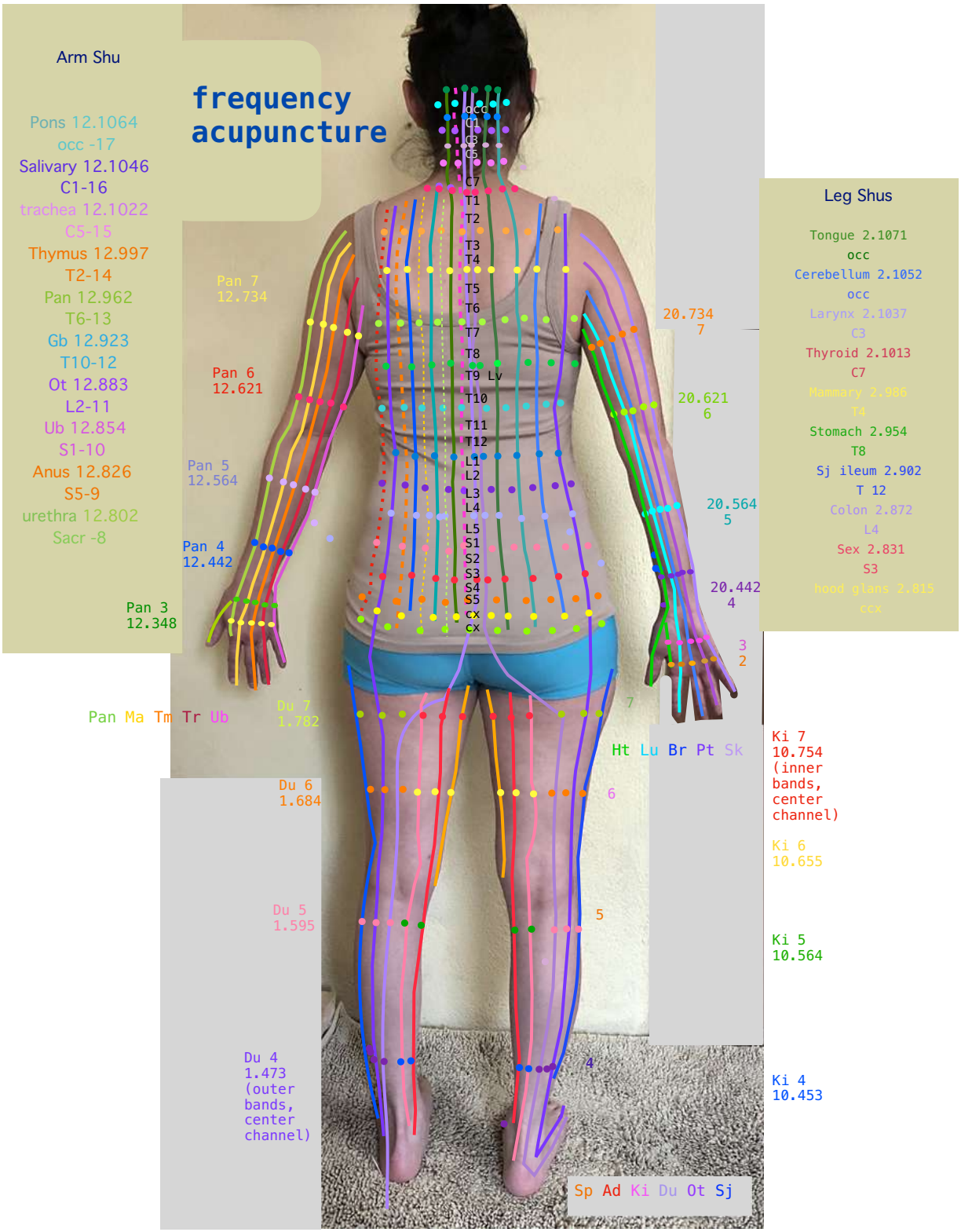
The yin portion of this fifth division is the Adrenal (9) paired with Parathyroid/Uterus (19). The Adrenal channel can treat stress to the adrenal glands, but also links by color of its Mu point to the eyes and upper teeth. This Adrenal channel follows the traditional Kidney channel on the torso. The channel starts on the face and neck, and then assumes the traditional Kidney meridian trajectory down the torso. It moves internally at the sacrum, then pursues a medial posterior line down the thigh and calf. Most of the traditional lower leg Kidney points are better found on this Adrenal channel. It again moves internally at the heel bone, and then continues laterally alongside the 4th metatarsal bones of the sole. It exits at the lateral side of the bottom of the fourth toe.

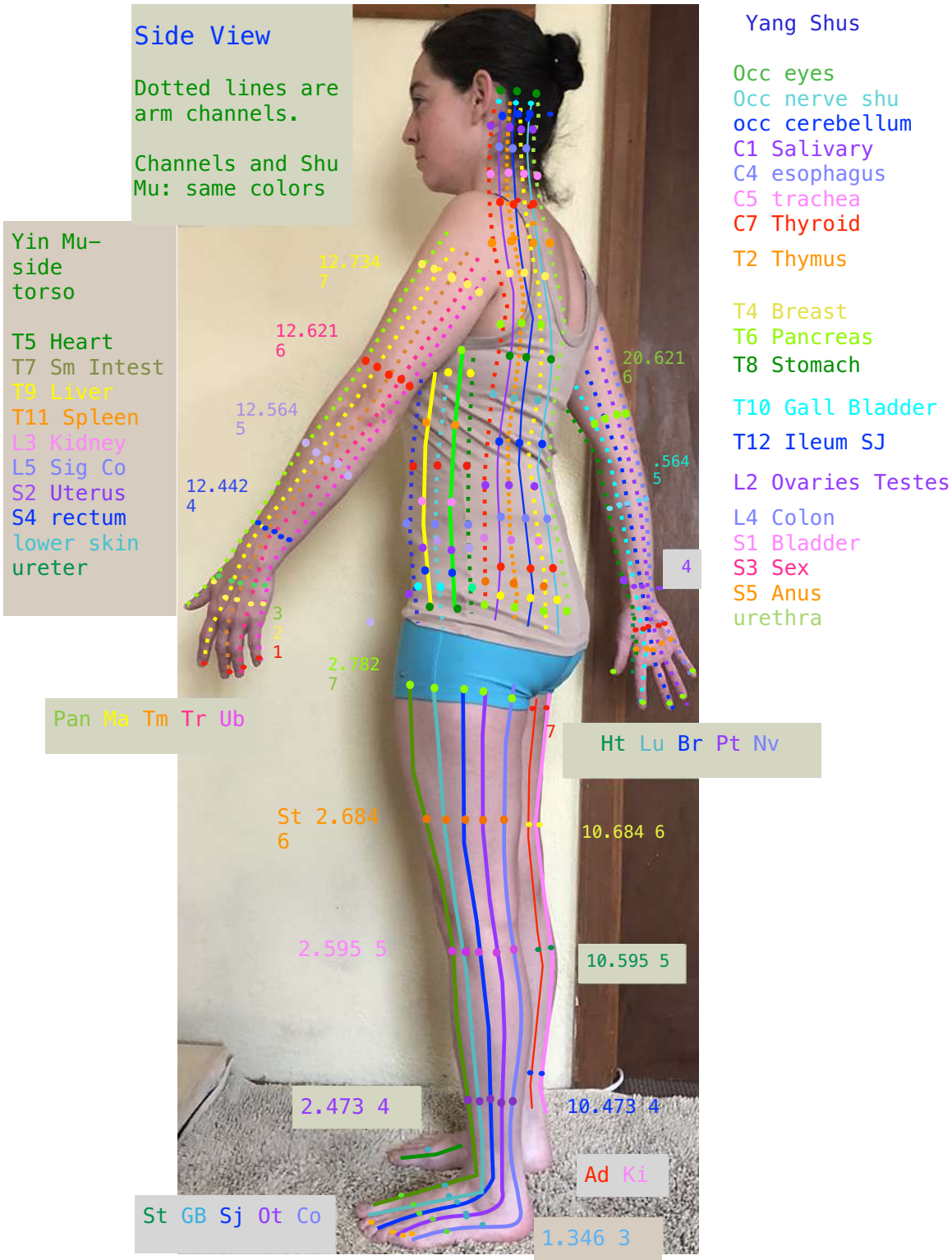
The arm branch of the Parathyroid/Uterus meridian starts at the palm side of the fourth finger, and will roughly follow along the traditional Heart channel trajectory on the forearm. When it hits the shoulder, it moves internally, then recommences on the side of the face, and then nestles to the side of the Adrenal channel, moving down the torso to the pelvis. The parathyroid hormones regulate bone calcium, so this Parathyroid meridian serves the function of a bone meridian. This channel is also linked to the uterus and prostate organs through this same purple color.

As a Uterus channel the Pt will show activity in pregnancy, and it may be accessing the traditional Chong channel as well. I named this channel the Parathyroid channel because on my original pulse chart, the Pt 19 meridian reflects that upper jiao endocrine organ and pulse, but it could just as well have been called the Uterus/Prostate channel.

All these meridians will be given an extension in Chapter 7. After completing these charts, I discovered that all meridians actually extend all the way from finger to toe, or from toe to finger. This last part of a meridian is always traceable with a colored flashlight, but it is only used functionally in serious degeneration. I decided that it was better to introduce these meridians in their more simplified versions, as I have in this chapter, and save the extensions and other points not visible on these charts for later.

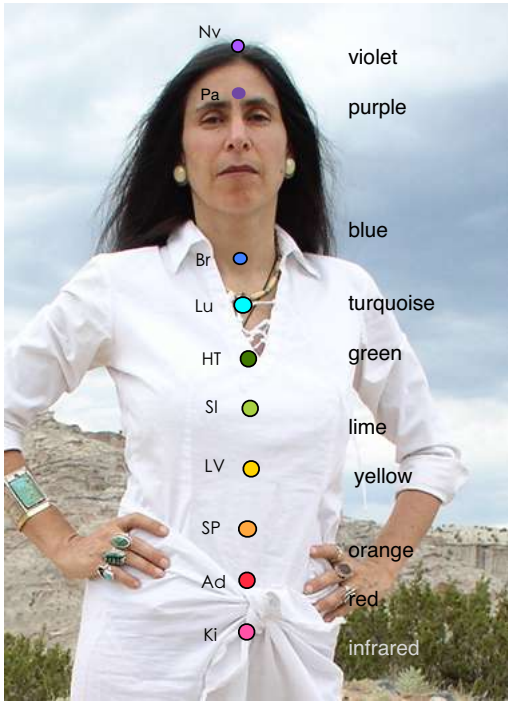

.113 -1
.241 -2
.325 - 3
Nv Pt Br Lu Ht
.113-1
.241-2
.325-3
Pan Ma Tm Tr Ub
.132-1
.282-2
.383-4
Ki Ad Sp Lv Si
Ht Lu Br Pt Nv
.132-1
.282-2
.383-3
Sj Gb St
.132
.282
.383
Leg Mu
sinus 6.802
face-17
max 6.826
face -16
Mo 6.878
C2 -15
Pa 6.883
C6 - 14
Lu 6.923
T3 -13
S Int T7
6.962-12
Sp 6.997
T11 -11
Ki
6.1022
L3-10
Ut
6.1046
S2-9
6.1064
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
Si LV SP Ad Ki
Nv Pt Br Lu Ht
.725
.621
.564
.442
.782
.684
.595
.595-5
.473
.473 4
St Gb Sj Ot Du
Arm Mu
Nose 17.815
eye 19.831
esoph
20.872 C4
Bronchi
18.902
T1
Ht 16.942
T5
Lv 17.986
T9
Ad 19.1013
L1
Sc 20.1037
L5
rectum
6.621
5.564
4.442
arm yang channels
Ub 11
Pan 12
Ma 13
Tm 14
Tr 15
arm yin channels
Ht 16
Lu 17
Br 18
Pt 19
Nv 20


frequency acupuncture
Arm Shu
Pons 12.1064
occ -17
Salivary 12.1046
C1-16
trachea 12.1022
C5-15
Thymus 12.997
T2-14
Pan 12.962
T6-13
Gb 12.923
T10-12
Ot 12.883
L2-11
Ub 12.854
S1-10
Anus 12.826
S5-9
urethra 12.802
Sacr -8
Leg Shus
Tongue 2.1071
occ
Cerebellum 2.1052
occ
Larynx 2.1037
C3
Thyroid 2.1013
C7
Mammary 2.986
T4
Stomach 2.954
T8
Sj ileum 2.902
T 12
Colon 2.872
L4
Sex 2.831
S3
hood glans 2.815
ccx
Pan 7
12.734
Pan 6
12.621
Pan 5
12.564
Pan 4
12.442
Pan 3
12.348
Pan Ma Tm Tr Ub
Du 7
1.782
Du 6
1.684
Du 5
1.595
Du 4
1.473
(outer
bands,
center
channel)
20.734
7
20.621
6
20.564
5
20.442
4
3
2
7
Ht Lu Br Pt Sk
6
5
4
Sp Ad Ki Du Ot Sj
Ki 7
10.754
(inner
bands,
center
channel)
Ki 6
10.655
Ki 5
10.564
Ki 4
10.453
occ
C1
C3
C5
C7
T1
T2
T3
T4
T5
T6
T7
T8
T9 Lv
T10
T11
T12
L1
L2
L3
L4
L5
S1
S2
S3
S4
S5
cx
cx

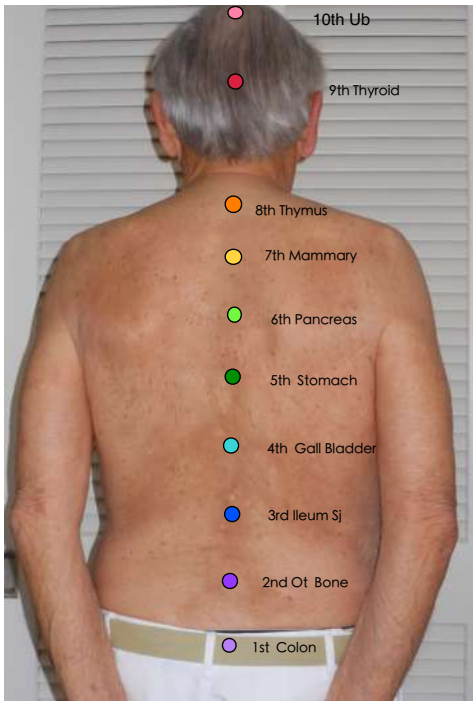

Side View
Dotted lines are arm channels.
Channels and Shu Mu: same colors
Yin Mu–side torso
T5 Heart
T7 Sm Intest
T9 Liver
T11 Spleen
L3 Kidney
L5 Sig Co
S2 Uterus
S4 rectum
lower skin
ureter
Yang Shus
Occ eyes
Occ nerve shu
occ cerebellum
C1 Salivary
C4 esophagus
C5 trachea
C7 Thyroid
T2 Thymus
T4 Breast
T6 Pancreas
T8 Stomach
T10 Gall Bladder
T12 Ileum SJ
L2 Ovaries Testes
L4 Colon
S1 Bladder
S3 Sex
S5 Anus
urethra
12.734 7
12.621 6
12.564 5
12.442 4
20.621 6
.564 5
4
3
2
1
2.702 7
Pan Ma Tm Tr Ub
7
Ht Lu Br Pt Nv
St 2.684 6
10.684 6
2.595 5
10.595 5
2.473 4
10.473 4
Ad Ki
St GB Sj Ot Co
1.346 3

Chapter 3: Delving Deeper into Color: Chakras and Meridians

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 anterior 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 in the Indian system 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 itself, but a green light will. The five element colors are a part of a metaphysical theory that ties organs to different elements and seasons, but the colors that the organs respond to are not those of the

theory. 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.

Front Chakras	Chakras	Back Chakras
20.872 esoph. 10.1037 s. colon	10th crown	11.854 Bladder 1.1052 trachea
9.1046 Uterus 9.883 Parathyroid	9th	5.1013 Thyroid 5.832 Sex
Bronchi 18.902 18.1052 rectum	8th	14.997 Thymus 14.826 anus
7.923 Lungs skin	7th	3.986 lymph Mammary
16.942 Heart	6th	12.962 Pancreas
6.962 Sm Intestine	5th	2.942 Stomach
17.986 Liver	4th	12.923 Gall bladder
8.997 Xai Spleen	3rd	4.902 Ileum marrow
9.1013 Adrenals	2nd	15.1046 Salivary 15.883 OT
10.1022 Kidney 10.854 mouth	1st base	1.872 Colon 1.1037 larynx

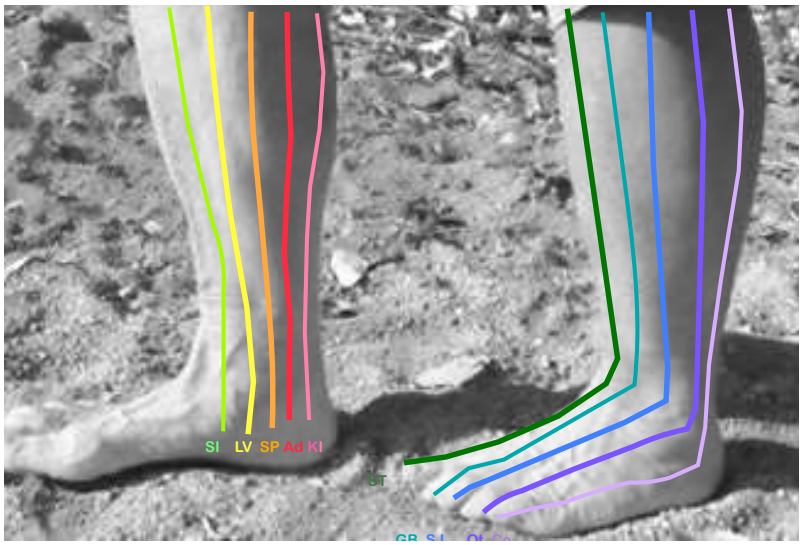
When all the colors of the organs and the chakras are lined up, you will see that the yin organs have chakra associations on the front, and all the yang organs have chakra associations on the back. This forms an ascending rainbow sequence of colors on the back, and a descending rainbow on the front.

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 seven chakras as ascending; yet if you test for direction on the front chakras, they descend.

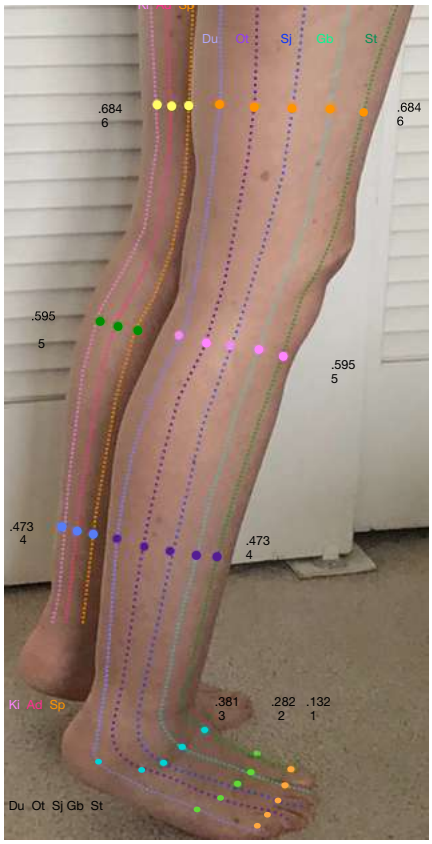
Chakras also respond to sunlight. Go out in the morning and test which chakra is strongest on your body. It will be one of the lower ones. As the sun moves through the sky, the anterior chakras will respond and move upwards. Around noon, the heart chakra will be strongest, at the end of the day, you can test for the sun strengthening the crown chakra.

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.

Yang meridians with yang chakras. These meridian 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 Adrenal 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 Ad 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 colored marker.

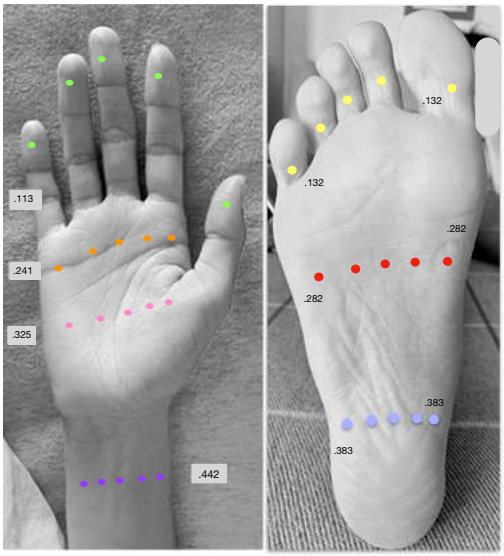


The color coding of the meridians helps to confirm the digital locations of the channels. The same color coding of chakra colors extends to the Shu and Mu points, and to the pulses. Does this mean that the color of the meridians derives from the chakras? Who knows, but the colors serves to unite the Chinese and Indian system of energies into a coherent web of color.

The Color of the Points

We have already seen that each of the decimal frequencies on the arm and legs can be accessed and treated by a specific color. Traditional Sp 6 as Sp 8.453 Hz will respond to the color blue, and will be strengthened by it. The yin horizontal line of points above the ankle, 6.473,7.473 etc, and 9.453 will all respond to blue, and to no other color, except to that of their respective meridians. Each decimal frequency on a meridian will access a single color on a spectrum, and so that is what I have concluded is the definition of a true acupuncture frequency. Each decimal

acupuncture frequency must also respond to a color. Each decimal frequency will create a half ring on a limb that responds to a single color.



These half circles on the limbs again form rainbow sequences, but alternate between the arm and leg frequencies. If you think of a single division as a pair of tributaries of the same river; then the points are alternating between the two paired arm/leg rivers. The color sequence is ascending for yang, and descending for yin. Another color pattern is found in the pairing of the 5 divisions. Each of the five expanded divisions is distinguished as two pairs of reciprocal colors. These matching colored divisions of paired colors lie over one another on the hands and feet: GB turquoise and Liver yellow pass through the second toe; Mammary Ma h yellow and Lung turquoise pass through the second finger. Same pairs of colors, same anatomical locations.

Once you have the meridian colors and the point decimal frequency colors, then you can truly map out the meridians. Color also determines how points are used in treatment. In the left half of this on the chart below, you see the points on the limbs are paired by the color of their frequencies. These are the great functional partner points most used in treatment.

Five Elements

Several of the traditional five element points are situated on 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 10.473, 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 11.621 created a strengthening response to a picture of the element phosphorous. So far so good.

Element	Color	Acupuncture frequency
phospho-rous	red	11.113 10.782
chromium	orange Xai 1	1.132 20.734
hydrogen	yellow	11.241 10.684
manganese	lime	1.282 20.621
potassium equilibrium	green	11.325 10.595
nitrogen equilibrium	turquoise	1.383 20.564
zinc	blue	11.442 10.473
calcium	purple	1.473 20.442
magnesium	ultraviolet	11.564 10.383
iron	infrared	1.595 20.325
sodium	red	11.621 10.282
carbon	orange Xai 1	1.684 20.241
sulphur	yellow	11.734 10.132
molybeden um	lime	1.782 20.113

Finding equivalents for earth, air or wood was more difficult. An infrared half ring encompasses the traditional earth point St 36 at 2.595 Hz, and it 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; but maybe it just strengthens hemoglobin. Iron is a metal, and stronger Stomach 36 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?

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? 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 through their chemical confirmation; but just download a black and white photo of a robin's egg, so you can confirm that it will only respond to the turquoise light.

I also 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 of acupuncture meridians. Color is 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 each point on a meridian and will stimulate it. Color acts as a major organizing principle in nature's healing system. The colors themselves are, of course, just another set of frequencies.

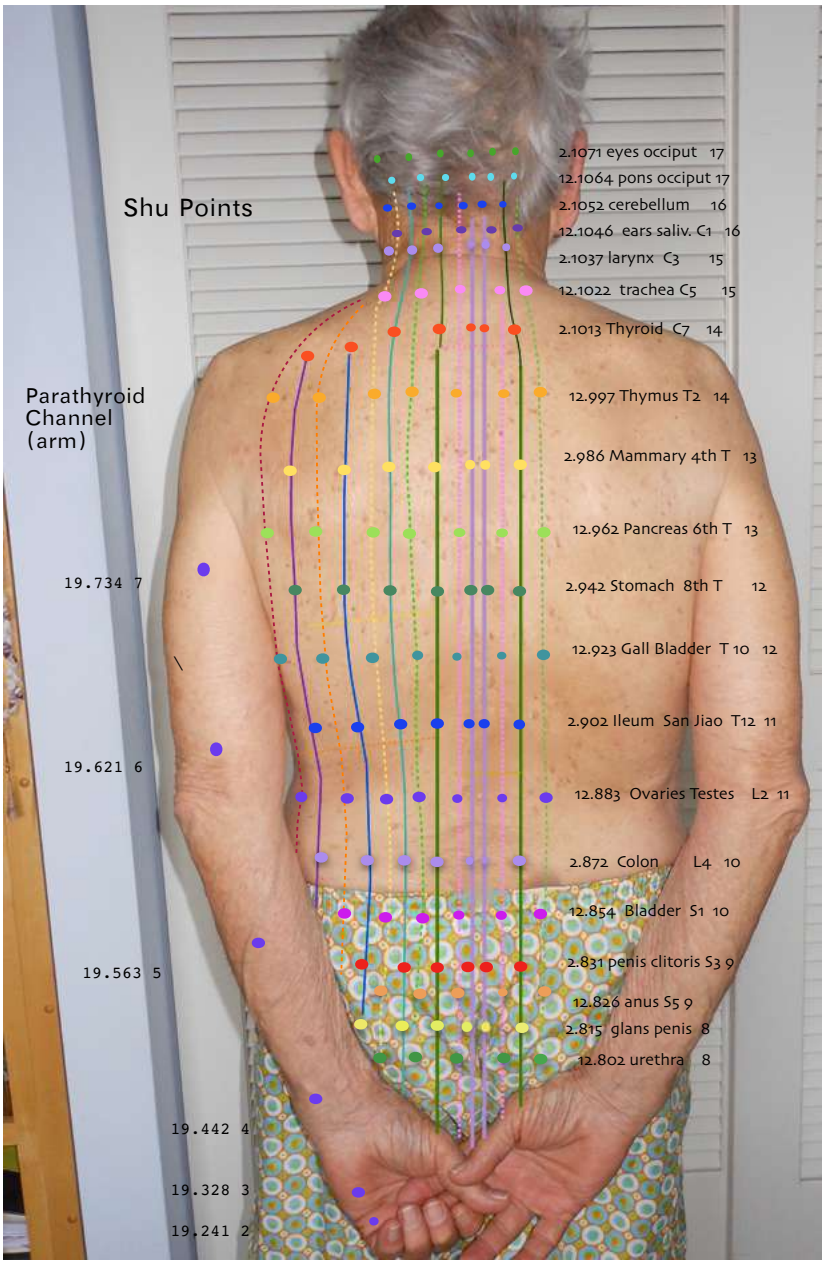
I wrote this book originally about digital acupuncture, but it may turn out that color is actually an equally strong way to treat the acupuncture system. Points that cannot readily be needled on the palms and soles can be treated with colored marking pens, or with cheap LED flashlights covered with homemade colored lenses made from colored gels or plastics. Patients might be given colored markers to continue home treatment of a particularly important treatment point. Children could be treated for owies with washable colored markers. Treatment with color has been most of my practice for the last five years, and will be addressed in chapter ten.

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 14.442, 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.

Chapter 4: Shu, Mu & Pulses

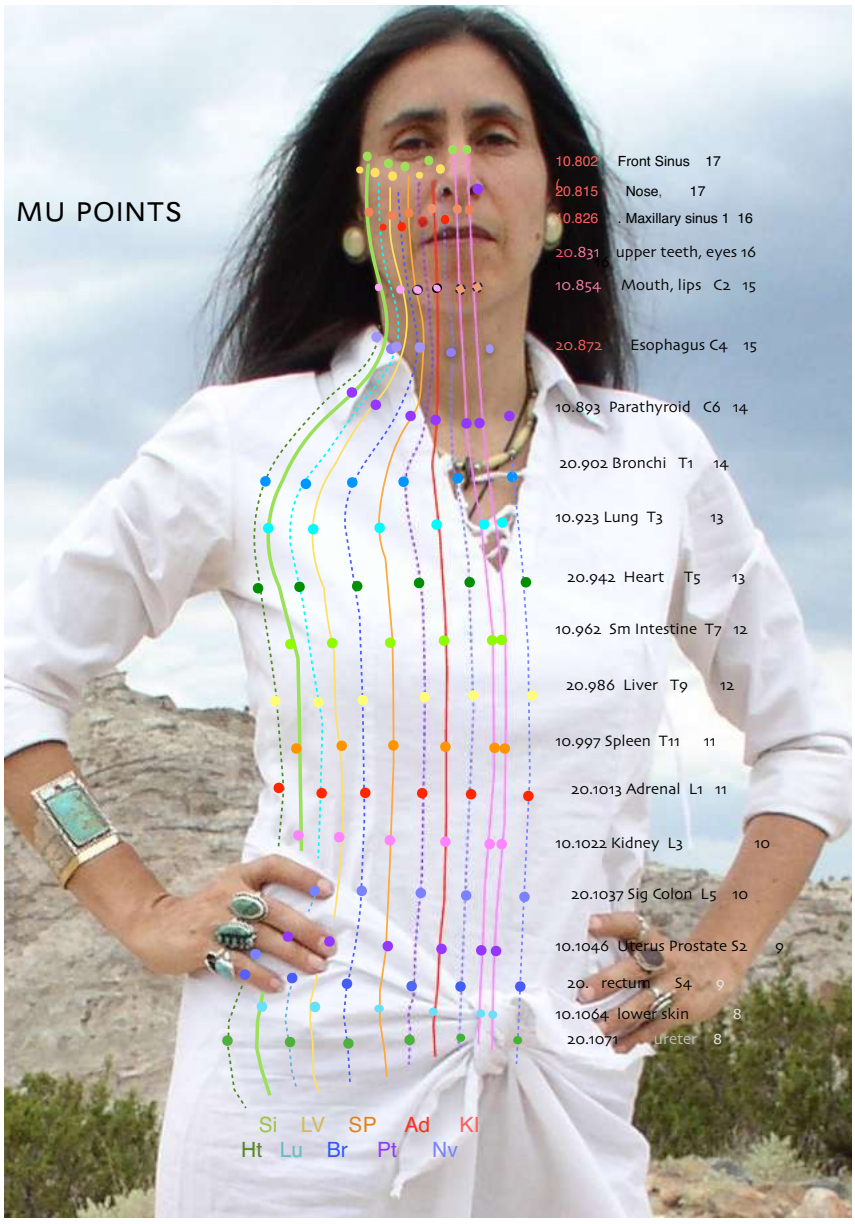
The Shu and Mu Points



The traditional Shu points were a series of yin and yang organ points associated with a single line along the back. This traditional location of the Shu points was under the tips of the vertebrae, along the traditional first Bladder line. This traditional first Bladder line has now become the Stomach channel, because the Stomach is a yang channel, and is therefore found on the back. The Stomach meridian might serve the traditional line of Shu points better than the Bladder because it has nourishing quality.

I imagine the Shu points as a series of horizontal irrigation canals leading to each of the organs at the vertebrae levels. 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.

The red decimal frequency for the Du Thyroid C7 Shu is on the ultraviolet centerline: 1.1013. The traditional Shu is found on the green Stomach line at 2.1013. The red dot on the GB turquoise line is the Gb thyroid Shu 3.1013; next to it is the blue 4.1013 Thyroid Shu on the SJ line; and close to the shoulder is the 5.1013 Thyroid Shu on the Ot channel.



The correct Shu point depends on type of deficiency in the organ: Blood channels for infections, bone channels for bone problems, muscle channels for injuries, etc. The Chinese put the yin Shu points on the back: Lung Shu at T3 and Heart Shu at T5. Clearly these traditional locations are functional, but I have found that the yin organs are better treated on the front. The T3 and T5 yin vertebrae locations respond much better to yin Mu frequencies. In digital acupuncture, these frontal 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. Their 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. I have discarded the old Mu in favor of these more functional Mu.

The sequence of vertebrae frequencies for the Shu and Mu points alternates between yin and yang, front and back. An arm yang Shu frequency at S1 will be followed by an arm yin Mu frequency at L5; followed by a leg yang Shu frequency at L4, then a leg yin Mu frequency at L3.

Arm and leg channels alternate vertebrae by vertebrae both on front and back. All are Mu or Shu.

Each of the Shu and Mu points will respond to their meridian organ color, but I have labeled them below as their decimal frequency color. These decimal frequencies don't begin to resolve as a distinct color until you tune in their 3rd or 4th decimal frequencies.

The location of the Shu and Mu points roughly reflects anatomical organ locations on the body. The Lung, Heart, Colon and Bladder Shu/Mus are all found close to their respective organ locations on the torso.[6]

Vert & no	Organ	Shu	Mu	Indications	Vert & no	Organ	Shu	Mu	Indications
face 17	fr. sinus nostrils		6.802	midbrain, muscle mu	T7 12	Small Intestine		6.962	sucrase, secretin
occ 17	tongue taste	2.1071		colliculi inferior	T8 12	Stomach	2.942		gastrin, pepsin, HCL
face 17	nose		16.815	smell	T9 12	Liver		16.986	glycogen
occ 17	pons, sphenoid sinus	12.1064		eustachian tubes, yang skin shu	T10 12	Gall Bladder	12.923		bile
face 16	maxilarry sinus		6.826	medulla 4th ventricle	T11 11	Spleen		6.997	blood mu artery mu
occ 16	Cerebellum	2.1052		tendons vestib. nuclei RAS	T12 11	Ileum marrow San Jiao	2.902		vein shu glucagon
face 16	Eyes, ethmoid sinus		16.831	upper teeth nasopharynx	L1 11	Adrenals, fimbrae vas def		16.1013	cortisol, aldosterone, norepineph
C1 16	Ears, Salivary gl	12.1046		ear drum tonsils	L2 11	Ovaries Testes	12.883		bone, estrogen
C2 15	mouth, lips ventral horn		6.854	sweat glands oropharynx	L3 10	Kidney		6.1022	vulva, foreskin
C3 15	larynx epiglotis	2.1037		lower teeth adenoids	L4 10	Colon	2.872		
C4 15	esophagus mucosa		16.872	yin motor nerve mu	L5 10	sigmoid colon		16.1037	placenta
C5 15	trachea	12.1022		spinal cord yang side	S1 10	Bladder	12.854		seminal vess. fallopian tube
C6 14	Parathyroid		6.883	osteocalcin parathy horm.	S2 9	Uterus, prostate		6.1046	
C7 14	Thyroid, Sebaceous gland	2.1013		T3, thyroxin heat receptor	S3 9	Penis, Clitoris	2.831		
T1 14	Bronchi aortic arch		16.902	shoulder socket, sensory mu	S4 9	rectum		16.1052	hip socket lower veins
T2 14	Thymus	12.997 Xai		T immune	S5 9	anus	12.826 Xai		
T3 13	Lung		6.923	yin skin Mu	ccx 8	tail coccyx (vestigial)		6.1064	mesentery lower skin
T4 13	Mammary Lymph	2.986		diaphragm muscle	8 ccx	vagina	2.815		clitoral hood glans penis
T5 13	Heart		16.942		8 isch	ureter		16.1071	
T6 13	Pancreas	12.962		insulin	8 ccx	urethra	12.802		tip of coccyx

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 Mu is useful for a patient, then the lime partner sinus Mu will usually also test to strengthen a Small Intestine vial.

The first pale orange columns register the vertebrae location and a possible app number. The app number reflects the sequence location on the meridian. 1-7 are the app numbers for the limb points, 8-17 for the Shu Mu. The 8 starts at the pelvis for both the yin and yang and movies up through the neck.

Yang decimal frequencies are numbered starting with .8 on the sacrum, move through .9 on the torso and end with .10 on the neck or face. The yin decimal frequencies each start with .8 on the neck, and move down through .9 and .10 on the torso.

The decimal frequency colors of the Mu points form a descending rainbow sequence of color and frequencies, and the Shu points an ascending one.

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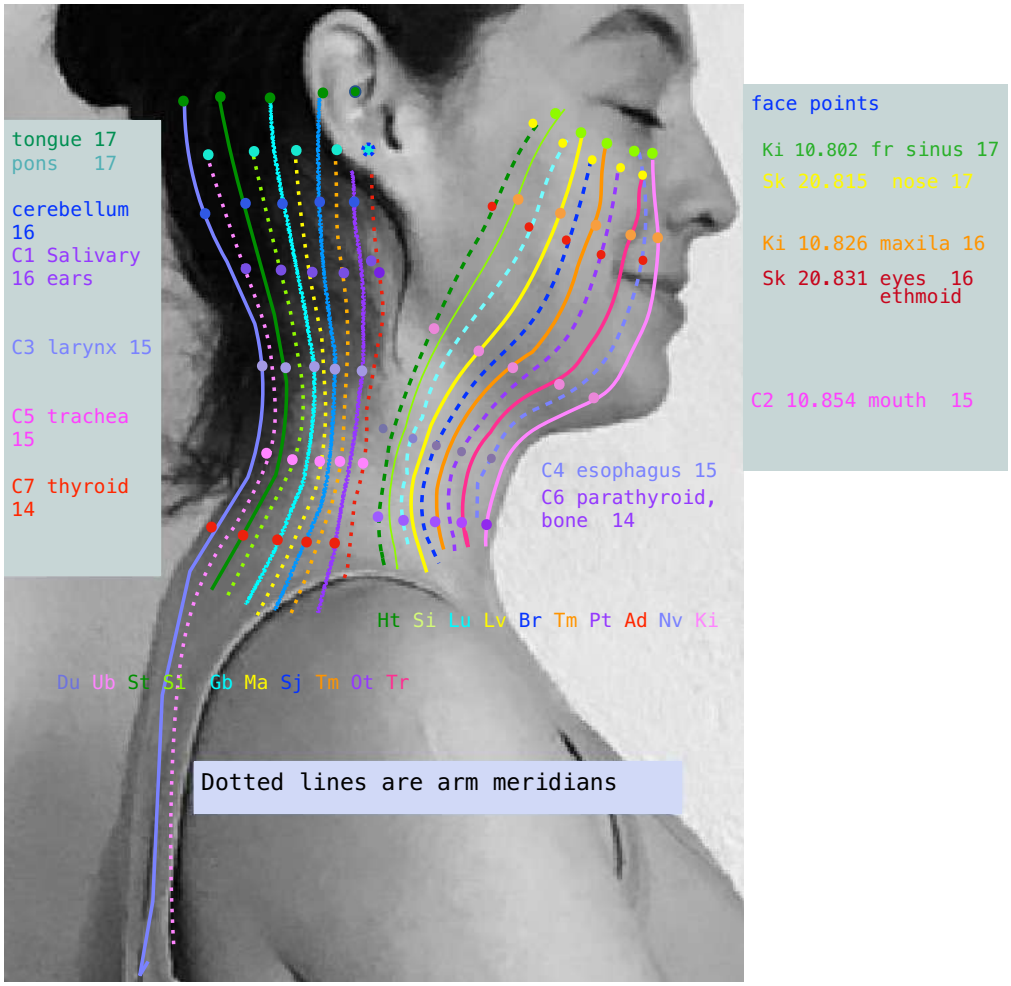
[6] ***Note that on all my charts, the Xai means prohibited for treatment in certain autoimmune conditions (seen here on the Thymus Shu). Autoimmune will be further explained in the sixth chapter.***

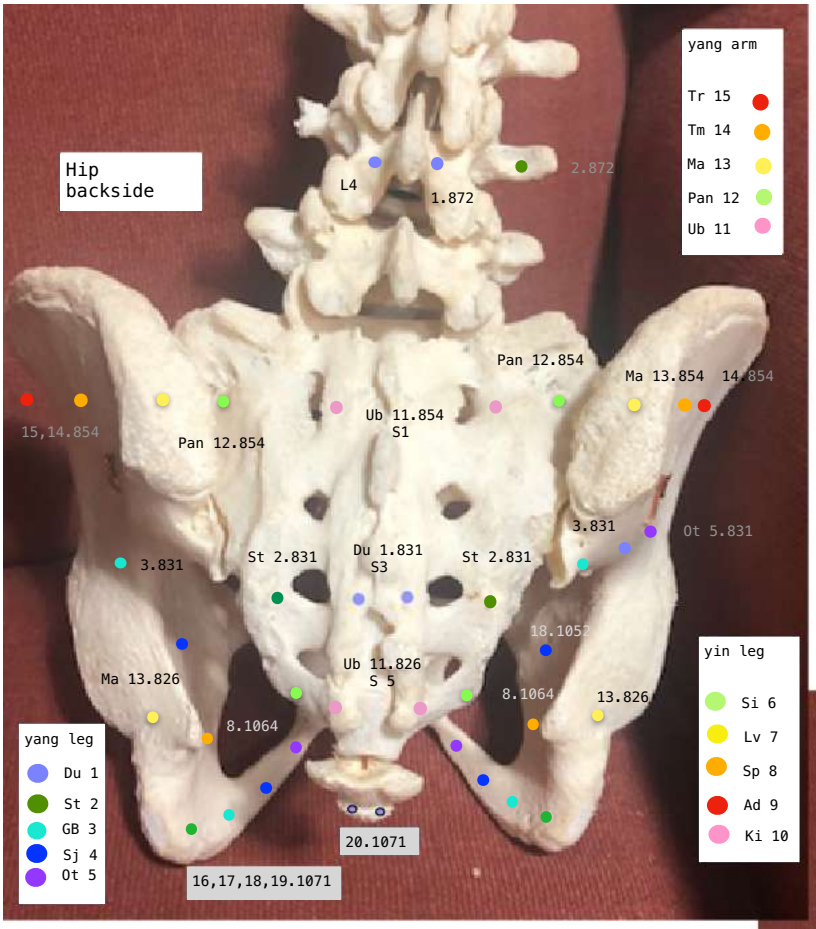
There are 20 acupuncture channels but 33 vertebrae on the back and neck, so a few more organ associations needed to be found. The vertebrae of the neck, and the bones that form the base of the occiput also responded to color frequencies. These yang neck and lower skull points form Shu points that are associated with the face: the tongue, the ears, the throat, the larynx, the pons, and the thyroid.

Neck Mu and Shu Points



The yin Mu points for the neck manifest on the face.These neck cervical Shu and Mu points treat the yin head organs, and the brainstem. All of these neck and face points connect by color to cranial nerve rays of the same color in the brain, as we shall see in the next chapter. These neck organ points seem to contribute to the treatment of smell, taste, sight, or hearing.

There seems to be many possible clinical sequences through all of these sets of Shu and Mu organ points. A healthy child will strengthen best with the default five division channel for each organ. If you want to build a child's Lung qi, then you might use the Lv 7.923 lung Mu point to strengthen that child's lung, because the Liver channel belongs to the same skin division as the Lung. The channel complements the decimal organ frequency. I call these the ' five on five' Shu/ Mu points; the five matching channels for the five divisions. These points will enhance the magnetic fields of the undamaged organs and might serve as an insurance policy to keep the organs strong. If the organs or vertebrae then become infected or are damaged, the proper treatment point changes to a channel that reflects the type of invasion or damage. A shingles



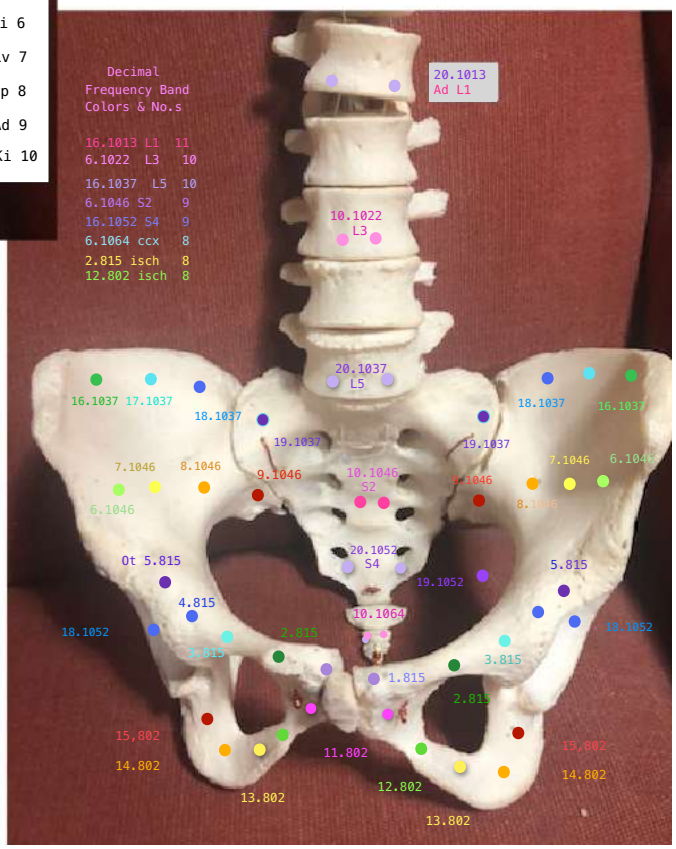
the Shu and Mu points will each find a location on those bones.

On the lumbar vertebrae and neck, many of these points play out on the flesh.

Notice how on these hip charts the yin yang sequence is seemingly inverted at the ischium. The pelvic bowl inverts, and the yin points are found on the inside of that bowl. The points that fall inside the hip socket are also yin.

infection will require a nerve channel point at the infected spinal vertebrae, a bladder infection will ask for an immune Shu from the blood level. I will elaborate on this more in the treatment chapters.

Each vertebra now has 5 channel Shu or Mu points of the same decimal frequency that follow each cardinal number. At L4 there is 1.872 on the spinous process, 2.872 on the transverse process 3.872 on the Gb line, 4.872 on the Sj line and 5.872 at the edge of the hip. If the sequence crosses bones, like hips or ribs, then



The Pulses revisited

	Left Hand yang/yin	Right Hand yin/yang
1st	Huatos throat 11/ Nerve esophagus 20	Parathyroid 19/ Thyroid 15
2nd	Thymus 14/ Bronchi 18	Lung 17/ Mammary 13
3rd	Pancreas 12/ Heart 16	Sm Intestine 6/ Stomach 2
4th	Gall Bladder 3/ Liver 7	Spleen 8/ Ovaries Testes 4
5th	Ovaries Testes 5/ Adrenal 9	Kidney 10/ Colon 1

My original pulse chart had five positions, with only one pulse on the thumb above the traditional, and another below the traditional 3rd position. These five positions matched up the different divisions across the the hands; nerve division Ki 10/ Co 1 on the right would pair with the Huatos 11/ Nv 20 on the left. Each of the organs in this template reflects its position in these 5 jiaos. Arm channels above, leg channels below.

Then 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 right hand were noticeable. 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 and Mu chart, the brainstem, face, and sinuses will be found on the top pulse positions; the bladder and sex organs at the bottom. This created a much larger set of pulses.

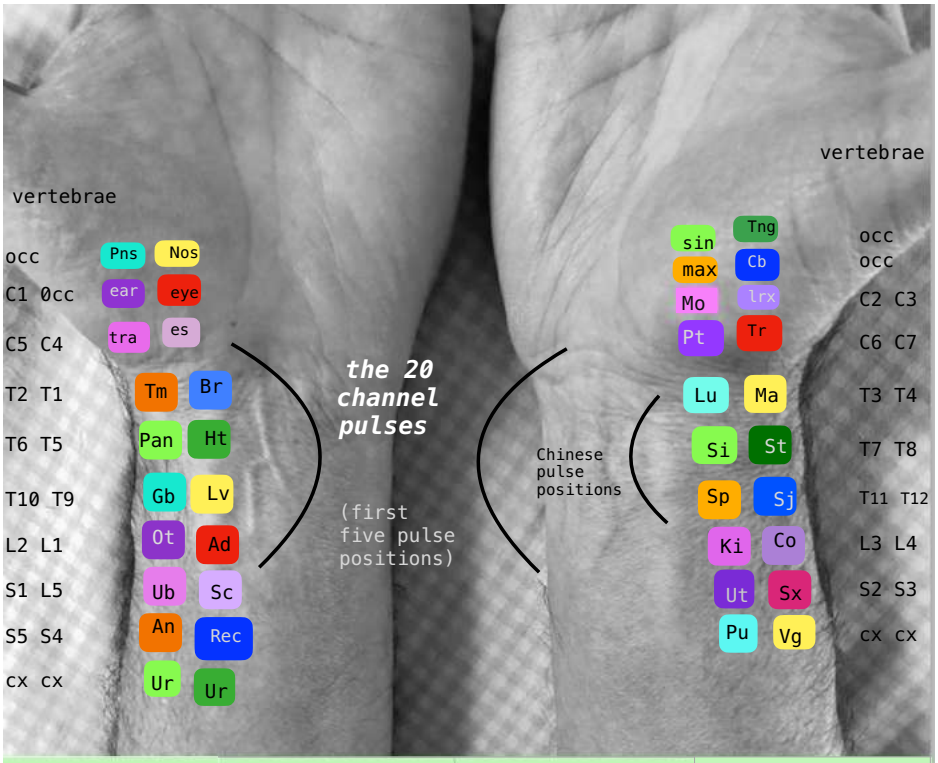
Color is primary in this new system, so it is no surprise that each of the pulse positions will respond only to the color of its organ's meridian. Shine your turquoise LED light over the first right hand pulse positions, and only the Lung position will respond. This led to yet another discovery: *It is the color of each pulse position that allows one to determine the channel number associated with the meridian.* 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 Parathyroid channel. If you need

to treat heat in the Uterus, you will use that 19 Pt channel along with an Uterus Mu point. The Bladder pulse and Shu is yang and infrared, so it must respond to a yang 11 Ub channel. The rectum pulse is blue and yin, so its organ channel will be the blue Br 18 one.

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.

Vertebrae pairs of Shus and Mus form pulse partners. I had noticed that the yin Liver Shu point at T9 is found one vertebrae above the yang Gall Bladder Shu at T10. This pair of traditional pulse partners then sent me in pursuit of a consistent pattern. The yang pulse partner is always one vertebrae lower than the yin.

These colored division pulse pairs may also reflect function. The lower red and purple pulses reflect the sex organs. Observe how the yang sex organ pulse at S3 is red. Who would have guessed that the penis would be a yang organ? The purple pulses reflect the Uterus/ Prostate, the oviduct and seminal vesicles. The red adrenal pulse will also reflect damage to the fimbriae that surrounds the ovary. Half of these reproductive channels are yin, half are yang. Both pertain to the fifth division.



yin arm organs, meridians & chakras	yang leg organs, meridians & chakras	yin leg organs, meridians & chakras	yang arm organs, meridians & chakras
20 Nerve: esoph. C4 sigmoid colon: L5	1 Colon: L4 larynx, mandible C3	6 Sm Int: T7 fr sinus midbrain:face	12 Pancreas: T6 urethra: ischium
19 Parathyroid: C6 upper bones uterus/prostate: S2	5 Ovaries testes, lower bones: L2 Salivary, ears tonsils: C1	7 Liver: T8 Nose:face vomer, smell	13 Mammary,lymph: T4 vagina, glans penis, lower lymph: ischium
18 Bronchi pericardium: T1 rectum: S4	4 Sj: marrow, ileum, T12 cerebellum: occiput	8 Spleen, arteries: T11 maxilla: occ	14 Thymus: T2 anus: S5
17 Lung, skin: T3 pubis, lower skin: ischium	3 Gall bladder: T9 sphenoid, pons: occ	9 Adrenals: fimbrae L1 eyes,up.teeth:face	15 Thyroid, sebacious gland: T1 sex organs: S3
16 Heart: T5 ureter, ischium	2 Stomach: T8 tongue: occ	10 Kidney: L3 mouth, lips, sweat, myelin eustachian: C2	11 trachea, spine: C5 Bladder,fallopian S1

On the above pulse chart, each of pulses is labeled by color, and if you look at the table below, you will find each of the meridians and organs associated with it. The green color of the Stomach pulse

will also strengthens the top right pulse on the palm; which treats the tongue. Since they are both yang green pulses, they will both be treated with the same 2 Hz green meridian. Most of the channels in this book are labeled for the primary organ with which the channel is associated; Heart meridian rather than urethra.

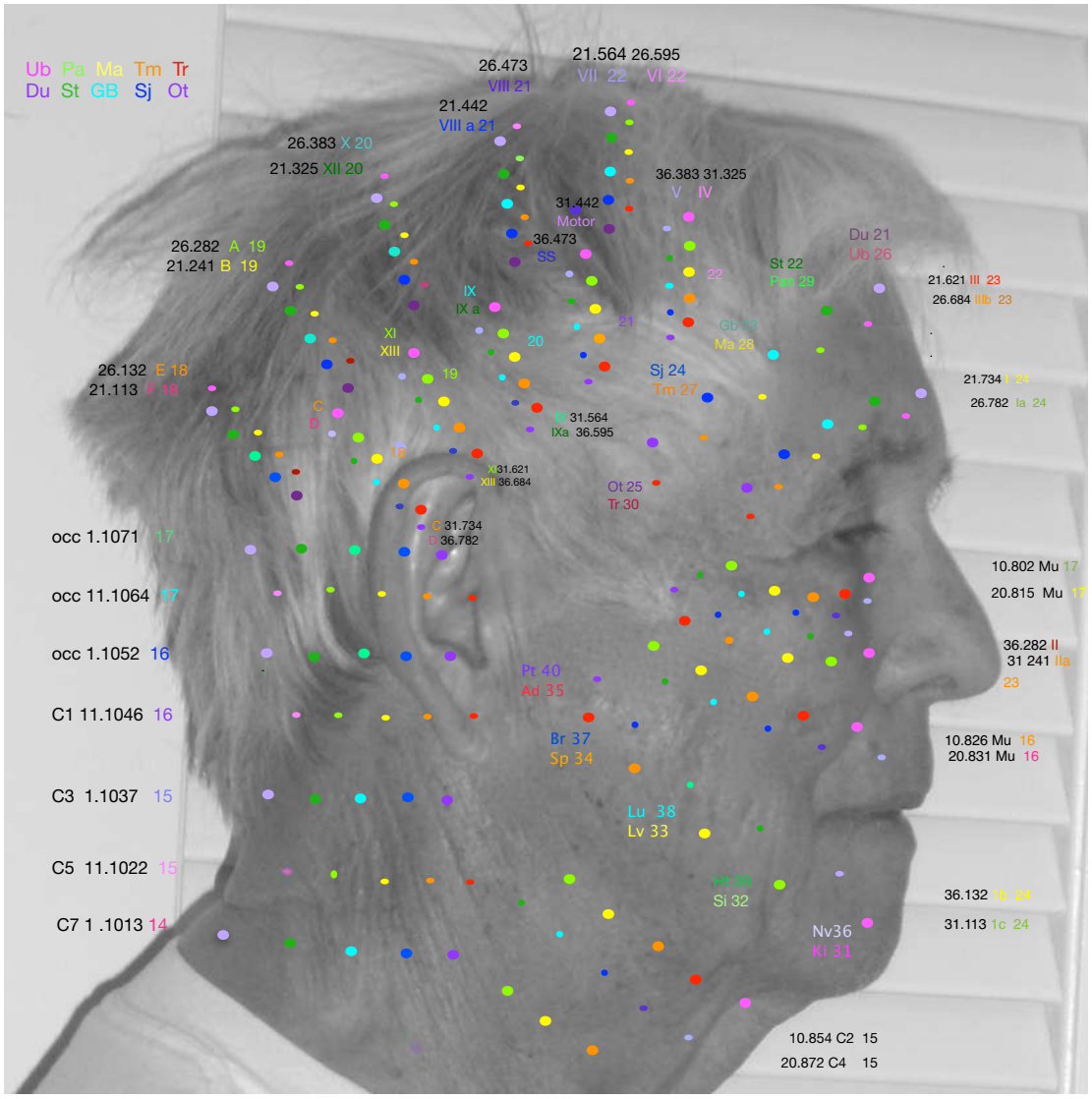
How then to explain the gross inaccuracies of the standard Chinese pulse chart? The Chinese had undoubtedly observed over many centuries that problems of the heart, liver, kidney (yang) and bladder were reflected on the left pulse, but when it came time to fit them into a twelve pulse model, it wasn't possible to do it accurately, so they fudged, and moved the left hand pulses up one position. 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 of 10 positions based on vertebrae locations was required.

Front Chakras	Chakras	Back Chakras
20.872 esoph. 10.1037 s. colon	10th crown	11.854 Bladder 1.1052 trachea
9.1046 Uterus 9.883 Parathyroid	9th	5.1013 Thyroid 5.832 Sex
Bronchi 18.902 18.1052 rectum	8th	14.997 Thymus 14.826 anus
7.923 Lungs skin	7th	3.986 lymph Mammary
16.942 Heart	6th	12.962 Pancreas
6.962 Sm Intestine	5th	2.942 Stomach
17.986 Liver	4th	12.923 Gall bladder
8.997 Xai Spleen	3rd	4.902 Ileum marrow
9.1013 Adrenals	2nd	15.1046 Salivary 15.883 OT
10.1022 Kidney 10.854 mouth	1st base	1.872 Colon 1.1037 larynx

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 Shu respond to infrared light, so its chakra will be the yang infrared chakra on the top back of the head. 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 yang Thyroid one on the back of the neck.

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.

Chapter 5: The Cranial Channels & a Connection to the Spinal Tracts



In traditional acupuncture there are in total only 53 acupuncture points on the head, and yet the brain is the hub of the nervous system. The new map has 140 bilateral digital cranial points, or 280 altogether; enough to serve much of the activity within.

All twenty body channels manifest as separate cranial channels that begin with a number between 21 and 40. The leg yang channels are accessed simply by adding a 2 before the body cardinal number: 21 for Du/Colon, 22 for Stomach, 23 for Gall Bladder, etc. The channel numbers 26-30 treat cranial arm yang: 26 becomes the cranial arm channel for the UB/Huatos; 27 for the cranial Thymus arm yang channel.The yin cranial channels began with the number 31, starting with the

five leg channels and proceeding to the arm. All respond to the same colors as their lower body counterparts.

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

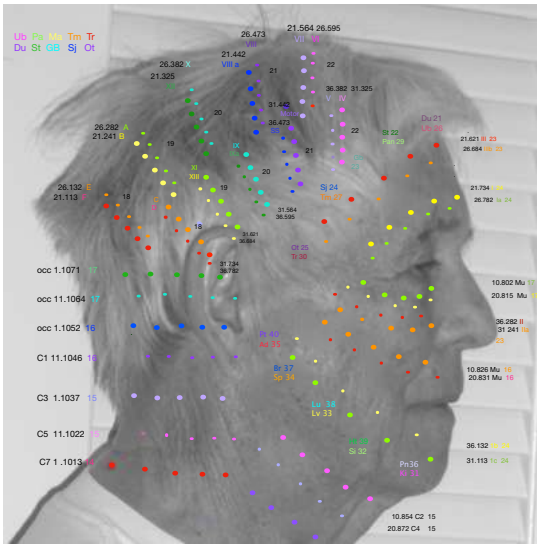
Du/ Co	St	Gb	Sj	Ot	Sl	Lv	Sp	Ad	Ki	Ub	Pan	Ma	Tm	Tr	Ht	Lu	Br	Pt	Nv
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

The cranial channels locations are paired as divisions down the side view of the head: first 26 as UB followed by 21 Du Colon; next 29 as Pancreas paired with 22 as Stomach; followed below by 28 Ma paired with 23 GB, 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	Nv	Ht	Lu	Br	Pt
26	29	28	27	30	36	39	38	37	40

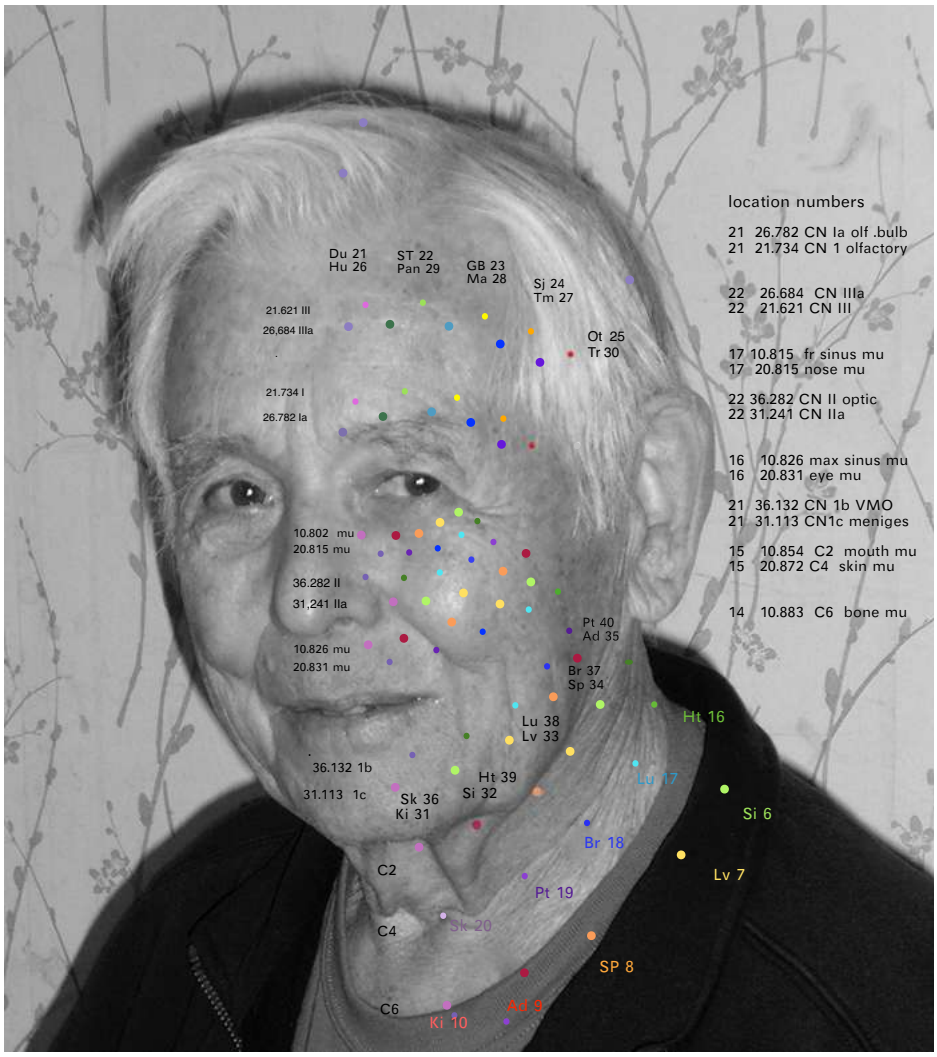
Cranial Nerves

I had initially 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.



Many of the cranial rays decimal frequencies of a single color do indeed associate with a cranial nerve. The cranial map above is arranged by the color of these cranial nerves. Cranial nerves IV through XII are found on the side of the head, CN I-III are found on the face. On this chart, you can see that these yang face channel frequencies form half rings around the upper half of the eye. On the side of the head, these cranial nerve frequencies form rays. Each ray on these charts is also given the numerical location that might eventually be found on an app to facilitate quick location. Ma 21 might then signal Ma 28.473 at CN VIII.

There are other color rays on the head that do not connect to the cranial nerves. The first four rays on the edge of the face connect to locations on the olfactory bulb. These are labeled CN Ia, CN Ib and CN Ic and the last is Cranial Nerve 1. 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. After the series cranial nerve rays finish, there is another series of rays associated with the back of the brain, labeled A-F.



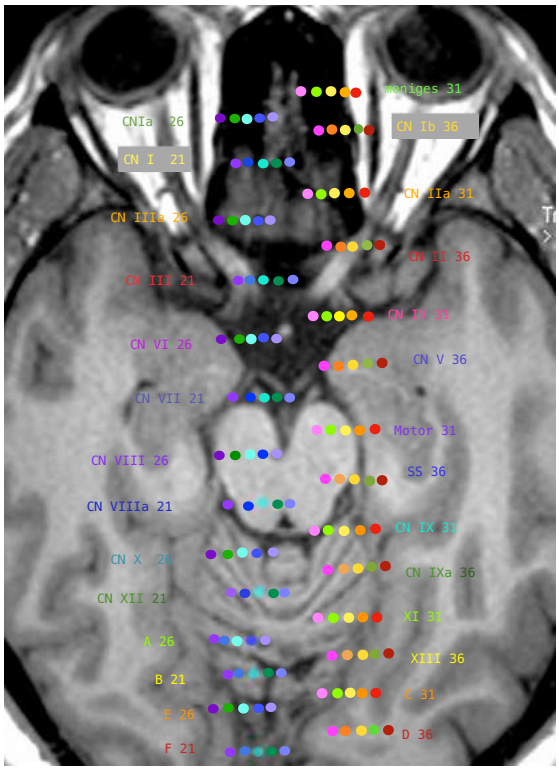
On this frontal chart, cranial nerve points are shown interspersed with the body's facial Mu points.
Each cranial decimal frequency is the same across all 5 cranial channels, just as on the Shu points. The hertz frequencies 21.621-25.621 will all strengthen a vial relating to the oculomotor nerve - CN III.
Each frequency of the cranial rays will map out a physical area on the skull and a region inside the brain. Cranial channels all

app #	cranial yin	associated brain areas and cranial nerves	app #	cranial yin	brain areas and cranial nerves
24	32.113 (32.132)	CN Ic: olfactory bulb tip, BA47, VLPFC, a. cingul.	24	29.782 (29.113)	CN Ia: olfactory cells, BA06, s. frontal bone
24	38.132 (33.241)	CN Ib: BA46, VMA vomeronasal- VMO	24	23.734 (28.782)	CN I: olf. nerve, DMF BA08, caudate nuc.
23 Xai	34.241 (34.282)	CN IIa: optic chiasm BA31 PCC, BA 44 Brocas	23 Xai	27.684 (27.734)	IIIa: BA09, DLPFC
23	40.282 (35.325)	II: optic nerve, retina, BA45, IFG, BA29	23	25.621 (30.684)	III occulomot: eyebrow BA10, fr. pariatal
22	31.325 (31.383)	IV trochlear: insulas, CC infidibulum, BA30 RSC2 nucleus accumbens	22	26.595 (26.621)	VI: palatine bone BA11, orbitofrontal
22	36.383 (36.442)	V trigeminal: pineal ant temp lobe, BA38	22	21.564 (21.595)	VII facial n. BA21 med temp gyrus temp bone
21 equi.	35.442 (40.473)	Motor: BA04	21 equi	30.473 (25.564)	VIII: auditory ctx BA05 styloid, sup parietal
21 equi.	37.473 (37.564)	Somatosensory SS1 SS2.: BA01-3, BA39 ang gyrus 2nd auditory cortex	21 equi.	24.442 (24.473)	VIIIa: vestibular nerve mastoid, BA22, sup. tmp gyrus, Wernikes
20	33.564 (38.595)	IX: sup glossopharyngeal BA43	20	28.383 (23.442)	X vagus: sphenoid
20	39.595 (39.621)	IXa inf. glossopharyngeal Exner's, sup marg. gyrus, BA32, prACC	20	22.325 (22.383)	CN XII: BA40 parietal lobe
19	32.621 (32.684)	XI accessory: PHCG1 hippocampus BA34 superior parietal	19	29.282 (29.325)	A: BA28 fusiform, VA6
19	38.684 (33.734)	XIII: BA32 PHCG2 globulus pallidus	19	23.241 (28.282)	B:BA19, putamen lat. ventricles
18 Xai	34.734 (34.782)	C: pituitary, 3rd ventricles BA37 OTC	18 Xai	27.132 (27.241)	E: BA18, VA2, VA4 hypothalamus, subthalamic nucleus
18	40.782 (35.113)	D: amygdala, BA24	18	25.113 (30.132)	F: VA1 BA17, occiput, thalamus

respond to the color of their body meridian. You can use colored flashlights to trace the trajectories of the cranial meridians.

Each box on this chart shows two frequencies, one for normal healthy brains and the others in parenthesis for damage or deterioration. I will explain this whole concept of damage in another chapter.

These same cranial rays will form a series of digital rungs in this coronal section image. It is possible that these colored dots represent the true location of where



the points are actually found in the brain. If that is so, then the normal treatment points found on the surface of the cranium are only secondary manifestations of these internal ones. On an image of a sagittal section of the brain, these same points will appear as beads along the corpus callosum; it is as if that part of the brain was an extension of the spinal cord.

Note that there is a similar sequence of leg yin, arm yang, arm yin, 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 that literal image.

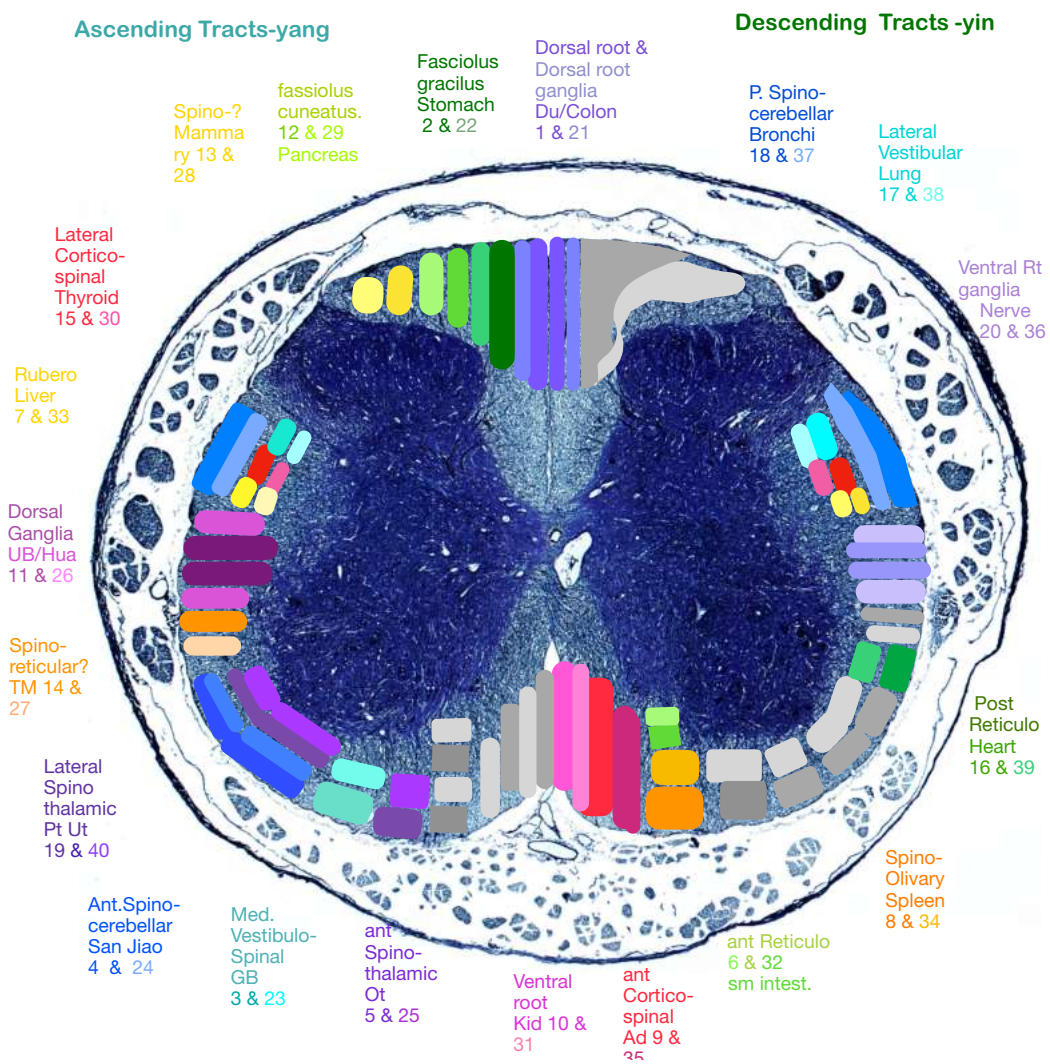
Neurological digital acupuncture practice will undoubtedly fill entire books in the future, so this chapter just lays the basic physical ground work. Chapter 8 will go into much more detail of how the cranial frequencies work.

A Connection to the Spinal Tracts

Du/ Colon	Kidney/ Ren	Stomach 2 & 22	Small Intestine	GB	Liver	S. Jiao ileum	Spleen	Ovaries Testes	Adrenal
1 & 21	10 & 31	2 & 22	6 & 32	3 & 23	7 & 33	4 & 24	8 & 34	5 & 25	9 & 35
dorsal root ganglia	ventral root	fasciolus gracilus	anterior reticulo	medial vestibulo spinal	rubero spinal	a. spino cerebell alr	spino olivary	anterior spino-thalamic	lateral cortico spinal
BladderH uatos	Nerves sig colon	Pancreas	Heart	Mamary	Lung	Thymus	Bronchi Sig Co.	Thyroid	Parathy Sinus
11 & 26	20 & 36	12 & 29	16 & 39	13 & 28	17 & 38	14 & 27	18 & 37	15 & 30	19 & 40
ventral root ganglia	dorsal root ganglia	fasciolus gracilus	posterior reticulo	spino?	lateral vestibular	spino-reticulo?	post. cerebellar	anterior cortico spinal	lateral spino-thalamic
first division	nerves, mucosa	second division	muscle	third division	lymph/ skin	fourth division	blood	fifth division	bone

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 Parathyroid and Thyroid meridians to stress them, only the spinothalamic tract vials would weaken in response. Frequency points on the Ot channel (5) of the leg would strengthen only the vial for the lateral spinothalamic tract, and points on the Parathyroid channel (19) would strengthen vials for the anterior spinothalamic tract. That response never deviated. Further exploration showed that yang channels relate to ascending tracts, and yin to descending. 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 response 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 above, there are tentative connections to most of the meridians, made with vials for each of the spinal tracts.



On this cross section image of a spinal cord, each of the connections to the common locations of the spinal tracts are illustrated, along with their 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 almost all did. The construction of this map takes a bit of liberty with the accepted anatomical locations of the spinal tracts. Actual anatomical pictures will show slightly different areas for many of the tracts, but these are the locations, on this photo, that consistently respond to the colors and frequencies of meridians.

Spinal tracts often do not have specific pathways within the brain, and yet this 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 likes of your lowly clinician; but it is too consistent to ignore.

It is one thing to see a vial for a spinal tract respond to a specific frequency, and it is quite another to feel the connection take place over the image of an actual spinal tract. Place this chart on the belly of a patient and run the equilibrium frequencies for each meridian, and feel that area strengthen. This image confirms for me a deeper involvement between the nervous system and the meridian system.

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 vial will weaken. If you run any frequency on any meridian, the associated tract location will respond and strengthen.

It does makes 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.

Spinal tract locations on this spinal section chart will reflect the color of their meridians. Shine a purple light over the image of that lateral spinothalamic cross section area, and it will strengthen precisely its contours. Shine an orange light over the spinoreticulo 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 above relate to the cranial channel frequencies.

Most spinal tracts have two branches which link to a five division acupuncture pair or the same color. The lateral and anterior corticospinal tracts link to the red Ad 9 leg channel with the red arm Thyroid 15 channel; both from the bone division. The anterior spinothalamic tract corresponds with the Ot 5 meridian, and the posterior spinothalamic with the purple Pt 19.

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 test which cranial channels are weak. Touch each of the cranial areas in turn, and see which weakens the strong arm of the patient. There are no energetic vials for the cranial channels, so this spinal cross section photo might offer a reliable way to figure out which of the head channels need treating.

Chapter 6: Treatment: Balancing Meridians

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 an 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 Ot 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, and Li 11 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 will also need to be converted to a different channel.

Chinese medicine was always empirical, in the sense that what works in treatment confirms the diagnosis. Muscle testing the energetics of points will simply allow one to choose frequencies that are more likely to be effective.

When your acupuncture book says to use traditional 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 can be demonstrated by testing the location of the pain while running the PC 6, Br 18.442 frequency. Any effective frequency for pain should also strengthen the field of a nociceptor pain 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; once the virus has moved deeper, use traditional SJ 9. Both of these points are located on the Thymus channel, so effectiveness depends upon stimulating the correct immune response at the correct time. 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, pulses, and target

areas. Traditional pulse diagnosis is extremely subjective, and measuring energy fields helps to create a less biased diagnosis.

There are probably 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 viewpoint is that muscle testing is the crucial interface for discovering the potential function of these new points. 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 mostly by the system's logic and the prevalence of consistent patterns. In these next chapters I will try to provide the outline of how treatments are analyzed. In the last chapter I will provide a number of protocols that practitioners might use to test on patients at their own risk. Hopefully, positive patient results might motivate practitioners to embrace this newer model, beyond just the beauty of the patterns.

If we can get better results treating back pain, headaches and allergies, then this realignment of meridians might prove wildly disruptive, but it should eventually be adopted. If people can make digital apps for knee pain or drug addiction, then that should motivate people to validate or disprove my discoveries. There is still so much to learn about how acupuncture works, but it undoubtedly does involve measuring these magnetic fields.

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 organ and pulse 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 is mostly about digital acupuncture, but all these locations will work with colored markers or needles as well. Color treatment will be covered in the last chapter, and traditional needle treatments can be applied to much of what is presented in this book.

Another non digital, needle free treatment, is to use seeds to stimulate points. For those of you working in the third world, a sesame seed taped on a point overnight will work just as well as a needle, and would be much cheaper and more sanitary. Sesame seeds are cheaper than stainless steel pellets, so they are ideal to tape on a point in order to gauge its energetic effects. If a patient has an ankle injury; the practitioner can try out various possible locations with sesame seeds. The best location is the one which will give the strongest response on the target area. Move the seed around on various possible locations until the weak arm response becomes strong. Sesame seeds are great for mocking out treatment locations for traditional needling as well.

An weak organ or a point will cause an arm to outright collapse if it is significantly damaged, 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 will be 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 "pulse pressing" 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 wrist 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. If using washable colored markers to strengthen meridians, mark point A with the color of the

meridian, then measure the effect on the organ or pulse. Wipe off that color with a wet paper towel, 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 pulse pressings. If your patient is in their 80's or 90's, this optimal field strength will be closer to 7- 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 that doesn't necessarily measure the weakness of the organ itself, just its function. 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. In the third world where digital machines may not be economically feasible, the practitioner could create simple programs with seeds or colors that could be easily reproduced by the patient. This goal can also be accomplished with colored marks on a glove as will be outlined in chapter 10.

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 little finger side of the patient's hand, and suddenly the whole spine 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 dozens of 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 practitioner touches the patient's weak area and then tests the patient's energy field with his or her own fingers. A beginner's method is to push down on your index finger with the middle finger. If the organ or point is weak, the middle finger will collapse. This works, but will create serious carpal tunnel if used regularly. It is far better to use a device attached to the doctor's body that can asses the energy fields without tiring the patient's arm. The device I use to accomplish this feat is called a resonator. This device is a round piece of plastic

film on a metal disc that slides onto a belt.[7] 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.
Find a patient with a weak Liver pulse, and place your left hand over the area of the Liver on the abdomen. 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 lower leg. Scan with your left hand along the Liver channel, and find the weakest point with your resonator- it should tighten the circles drawn with your finger. Place a seed or a yellow mark on this Liver point and touch the liver again; the circles should stick at a much higher number. Remove the seed or erase the mark, and run that Liver frequency. The correct Liver frequency will make the circles 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. Only one point on the channel's limb section will significantly strengthen the field of the pulse. This most suitable frequency point will calm an excess pulse, and strengthen a weak one.

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 test results of pushing down on a strong arm. Once you get the hang of it, though, disc testing 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.[8] I also sometimes just rub circles on my pants legs, but the resonator or the old phone gives a clearer response for beginners.

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 or chef must develop their palate, a digital acupuncturist must

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[7] The device is probably still available from Tom Conroy tconroy13@gmail.com or from lightshealingresonation.com. If you don't want to invest in this device, you can tape an old discarded mobile phone to your belt as a cheap substitute.

[8] My hands sweat quite a bit, so I always wear a shirt over the resonator, and run my circles through the cloth.

develop their tactile ability to assess magnetic energy fields. Developing competence with a resonator should be part of our basic skill set as acupuncturists.

Some acupuncturists have expressed misgivings about losing the hands-on experience of needling, but muscle testing for digital acupuncture is a very hands-on experience. Instead of fine tuning the acupuncture needle, you are fine tuning the frequencies, and the physical interaction with the patient is still a joy. Machines may eventually read magnetic energy fields, but for now, practitioners need to feel and measure what they are treating.

Finding the Optimal Point on a Channel - Balancing Meridians

1st division	1st division	2nd division	2nd division	3rd division	3rd division	4th division	4th division	5th division	5th division
Du/ Co 1	Kid 10	Stom2	Sm In 6	GB 3	Lv 7	Ot 4	Sp 4	Bo 5	Ad 9
UB 11	Nv 20	Panc12	Ht 16	Ma 13	Lung 17	Tm 14	Br 18	Tr 15	Pt 19

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 mild weakness in the Lung pulse, the best Lung meridian treatment point is often found on the wrist: 17.442 **Lu4.** When this is the optimal Lung point, it will strengthen the magnetic field area over the lung itself, and also a vial representing that lung energy. The actual location of that point on the turquoise Lung channel might be treated with a frequency, a needle, a seed, a magnet, or with a turquoise mark of a pen.

No	location on limb	color frequency	color frequency	location on limb	No
1	hand	11.113	10.782	up leg	7
1	foot back XRA	1.132	20.734	upper arm XRA	7
2	hand back	11.241	10.684	upper leg	6
2	foot back	1.282	20.621	upper arm	6
3	hand back	11.325	10.595	upper leg	5
3	yang foot	1.382	20.564	up arm	5
4	wrist	11.442	10.473	ankle	4
4	leg calf	1.473	20.442	wrist	4
5	upper arm yang	11.564	10.382	foot sole	3
5	knee	1.595	20.325	hand palm	3
6	upper arm yang	11.621	10.282	foot sole	2
6	upper leg yang XRA	1.684	20.241	palm XRA	2
7	upper arm yang	11.734	10.132	toes sole	1
7	upper leg yang	1.782	20.113	fingers	1

Points seem to move in the direction of the channel in excess, and against it in deficiency. A stressful week at work will move the yin Adrenal channel towards the toes and the yang Stomach channel towards the knee. A hot day might move the yin Kidney meridian point down to Ki 10.383. As the stress abates, the points move back to an equilibrium point on each channel. These are the purple and blue decimal frequencies on this chart. They are the default points on each meridian, used when the meridian is in balance or first stressed. Lu 17.442 is the equilibrium point on the Lung, so it will be the first point to show when the Lung is irritated or infected.

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 same color partner channel point from across the same division will almost always enhance and support treatment effectiveness.

The Du 1 channel limb points will partner with Nerve channel 20 limb points on the chart because both meridians respond to ultraviolet, and they both pass through the 5th digit of the hand or foot. They belong to the same first division. This chart represents only the nerve level combinations, so the other set of channels you see is the infrared Ki 10 and Ub 11 set from that same nerve division. If you wish to treat a different set of channels, then partner them through their divisions. Liver 7 meridian points will always partner with Ma 13 meridian points because they the same yellow color meridians of the same 3rd division. Reach across the isle of your nerve division to find your same color partner. It might seem more logical to treat Du 1 with Ub 11, or Liver 7 with Lung 17, but those direct division partners did not effect the other's magnetic fields. The colors of those numerically paired meridians did not harmonize.

No	location on limb	color frequency	color frequency	location on limb	No
1	hand	11.113	10.782	up leg	7
1	foot back XRA	1.132	20.734	upper arm XRA	7
2	hand back	11.241	10.684	upper leg	6
2	foot back	1.282	20.621	upper arm	6
3	hand back	11.325	10.595	upper leg	5
3	yang foot	1.382	20.564	up arm	5
4	wrist	11.442	10.473	ankle	4
4	leg calf	1.473	20.442	wrist	4
5	upper arm yang	11.564	10.382	foot sole	3
5	knee	1.595	20.325	hand palm	3
6	upper arm yang	11.621	10.282	foot sole	2
6	upper leg yang XRA	1.684	20.241	palm XRA	2
7	upper arm yang	11.734	10.132	toes sole	1
7	upper leg yang	1.782	20.113	fingers	1

Imagine your elderly patient has a deficient stomachache, and the optimal point to strengthen the St pulse is St 2.282, **St 2**, on the side of the foot. On this limb point chart, find the .282 lime decimal frequency, and switch the Du 1.282 to St 2.282 for the Stomach meridian. You now want to add the optimal partner point. The Stomach channel is green, so the meridian partner will be the other green channel from the expanded division chart above. The yang green Stomach meridian will pair with a yin green Heart meridian. The partner must also be of the same *decimal* color. The partner *decimal* frequency will be the lime decimal frequency in the next column of the same box: 20.621. Switch that 20 channel to 16 for for the green Heart meridian: Ht 16.634, **Ht 6**. The first column shows the meridian number locations on the limbs that hopefully could be used in acupuncture apps.

Another example. You have determined that Lu 17.564, **Lu 5** is your optimal Lung point, so look for the arm yin .564 position on the chart. It is the turquoise box. Switch the Nv 20.564 to Lu 17.564. The turquoise division channel pair of the Lung is the Gb. The Lung decimal frequency in this example is a turquoise one, so the Gb decimal frequency must also be turquoise. Switch the Du 1.383 in the box to Gb 3.383 **Gb3**. Two turquoise frequencies on

two turquoise meridians. Adding this decimal frequency partner point will always make the pulse and target organ test as stronger.

Any physical point location on any channel is determined by a decimal frequency that responds to color, and so you pair these decimal frequencies by color. On the decimal frequency chart above, Du 1.282 is linked to Skin 20.621 because both decimal frequencies respond to the same lime green color. All working partners are paired both by the color of their decimal frequencies, and by the color of their meridians, though the colors of each pair is usually distinct. I keep print-outs of these charts on the wall of my clinic, and refer to them constantly.

App #	limb location	yang back	yin front	No
1	finger tips	15.113	19.113	1
1	toe tips	5.132 Xai	9.132	1
2	fingers	15.241	19.241 Xai	2
2	foot	5.282	9.282	2
3	hand back	15.325	19.325	3
3	yang foot	5.383	9.383	3
4	wrist	15.442	19.442	4
4	leg calf	5.473	9.473	4
5	elbow	15.564	19.564	5
5	knee	5.595	9.595	5
6	upper arm	15.621	19.621	6
6	upper leg	5.684 Xai	9.684	6
7	upper arm	15.734	19.734 Xai	7
7	upper leg	5.782	9.782	7

First determine your treatment channel, and then find the decimal frequency of your location in the chart. Switch the cardinal numbers in the box, then add the partner channel from the expanded division. Switch the cardinal numbers again for the partner meridian frequency.

L yang pulses	L yin pulses		R yin pulses	R yang pulses
			fr sinus midbrain muscles	tongue occiput
sphenoid pons: oc	Nose smell		medulla maxillary sinus	cereb-ellum
ears l teeth C1	eyes up.teeth occ		Mouth, eustach. C2	larynx adenoids C3
trachea spinal cord C5	esoph-agus Nerves C4	neck: above wrist line	Para-thyroid bone C6	Thyroid lower teeth C7
Thymus T2	Bronchi T1	old 1st pulse	Lung T3 up skin	Mammary T4 lymph
Panc-reas T6	Heart T5	old 2nd pulse	Sm Int T7	Stomach T8
Gall Blad-der T10	Liver T9	old 3rd pulse	Spleen T11	Sj Ileum T12
Ov Test L2	Adren-als L1		Kidney L3	Colon L4
Bladder S1	Sigmoid Colon L5		Uterus Prostate S2	Sex S3
Anus S5	Rectum S4		lower skin coccyx	lower lymph
urethra	ureter			

Choosing a Channel

The traditional way to choose a channel is just to find the weakness on the pulse and treat that meridian. In a duodenal ulcer, the yin Small Intestine leg channel is the primary channel affected. The pulse is weak, so you might look for an deficient point on on that Si channel. The Si yin leg channel moves down towards the foot, so move in the opposite direction for deficiency: Si 6.684 on the upper thigh. This point, **Si6**, might also strengthen a vial for the ulcer bacteria, Helicobacter pylori, as well as the physical small intestine area over the abdomen.

The pulse partner to the Small Intestine is the Stomach. If the ulcer is in the stomach, and the pain is acute, then maybe select the excess point at the knee: St 2.595 **St5**. You should be able to note the effect of these frequencies on the pulses.

Balanced Channels

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. If the pulse is normal, then it will be the dark green and turquoise equilibrium frequencies that create the strongest response on the magnetic field of the pulse. These equilibrium points reinforce the strength of the meridian. Once the channel has returned to equilibrium, that meridian point may need attention for quite some time. A chronic bone infection or arthritis may require constant treatment on those bone equilibrium points to maintain the health of those bones.

It is often difficult to tell excess from deficiency on your patients. A barking cough can present as a deficiency on the Bronchial meridian if the patient is old and depleted. Chronic painful ulcers can be deficient as well as excess. Arthritic inflammation of the fingers usually presents as deficiency on the bone channels.

Stomach stress or ulcers may move the St point up to the knee St 2.595, **St5** in the direction of the channel, but a deficient Stomach ulcer might want the lime colored point on the green Stomach channel: 2.282, **St2**. Is there a special effect when the treatment point is the five division color on the five division channel? I am not entirely sure. I do see a general tonefying effect from using the " five on five point" on the channel, but if the pain or infection is deep, the point will move beyond that five element color point on the channel. When your ancient Chinese soldier got a battle wound, a Thymus immune point near traditional SJ 5 Waiguan might be the best point to rally the immune system. This blue blood decimal frequency on an orange Thymus blood channel, Tm 14.442 **Tm 4**, would activate the Wei qi to fight the deepening infection. The soldier's wound would also require the Spleen blood channel immunity to muster macrophages to the wound area. This blood immunity point, Sp 8.473 **Sp4**, would manifest near the location of traditional Sp 6. This is another blood frequency on a blood channel, and it is the partner point on the Working Chart to **Tm4**. In ancient times these two alarm points must have sounded quite often. They are both equilibrium points on their channels, active as the immune system is kicking in. Maybe these five division frequencies on five division channels have some extra oomph to them, but in deeper infections the optimal channel point definitely moves further up or down the meridian.

I will return to the treatment of infection in chapter 8; but first we need to add a few more layers of treatment theory.

Chapter 7: Pain and Injury. Degeneration of bones and organs.

Du/ Colon	Kidney/ Ren	Stomach	Small Intestine	GB	Liver	San Jiao ileum	Spleen	Ovaries Testes Bone	Adrenal
1	10	2	6	3	7	4	8	5	9
nerves	myelin	ligaments	muscles	skin	scars lymph	veins tendons	arteries fascia	bones	cartilage
BladderH uatos	Nerve	Pancreas	Heart	Mamary	Lung	Thymus	Bronchi Sig Co.	Thyroid	Parathy Sinus
11	20	12	16	13	17	14	18	15	19
myelin	nerves	muscles	ligaments	lymph scars	skin	arteries fascia	veins tendons	cartilage	bones
first division	nerves	second division	muscle	third division	lymph/ skin	fourth division	blood	fifth division	bone

There is another way to choose the channel of treatment, and that is by its five division function. This is how I treat injury. A scraped knee will be treated with a skin point, a bruise with a blood channel. Each type of tissue has a specific set of channels linked to a division.

We were taught in school to treat muscle injuries locally, but there is a far better method that is based upon the lime and green channels from this muscle division. Ligaments are treated by the darker green ligament meridians. Muscles are only treated by the lime yellow green channels.

Any damaged yin ligament on left knee will be treated on the opposite elbow by a green 16 Heart ligament meridian point. There is no yin ligament leg channel, so it must move to the opposite arm to find the dark green yin channel. This opposite elbow point will treat both the knee *pain* and the *injury*. The actual injury on the knee may fall closer to the Liver or Spleen channels, but it is more important to treat the injury by function rather than location. The ACL yin ligament needs a green *yin* ligament channel, so it is treated by the opposite elbow Heart point: HT 16.564. This opposite elbow location will be weak on a person with an ACL injury and the damaged knee area will strengthen with this point.

This opposite limb type of treatment was pioneered in the 1980s by Dr Tan, and can be found on the web as the Mirror Treatment. He found that elbow injuries were best treated on the opposite

knee, and wrist injuries were best treated on the opposite ankle. His treatment was based on the location of the injury: i.e., a knee injury over the Liver channel would be treated with a Lung elbow point, because both channels occupy the same slice of limb territory. I have found in practice though, that injury and pain is better treated by addressing the correct function of the damage. A muscle division knee injury will be treated with a lime muscle division channel point; a bone injury to the knee will be treated with a bone division point.

Dr. Tan was very insistent that one should only use the opposite limb point, and not the local point. Muscle testers can easily verify that many an acute limb injury is far better energetically strengthened by this opposite limb division partner. Tape a sesame seed to the local point, and measure the effect on the injury, and then place that same seed on that arm ligament mirror point and compare the results.

Digital acupuncture treats both sides of the body simultaneously, so finding the actual opposite limb point doesn't matter, but it is interesting to demonstrate for yourself and to your patient that the point on the opposite limb will show a much greater weakness.

For years I accepted this treatment theory as gospel, but then I discovered it only works when the yin or yang ligament channel is not found on the injured limb, and so must be treated by the ligament channel of the opposite limb. The inner part of the knee does not have a green yin ligament channel running through it, so it must be treated by the opposite limb yin ligament channel on the arm. The outer part of the knee though, has the yang green ligament Stomach channel running through it, so those yang knee ligament areas are not subject to the mirror treatment.

Ligaments only respond to green, and the local Stomach point on the yang half of the knee, 2.595, is already a ligament point. This local point does not seem to be optimal either for pain or repair in most knee injuries on younger people, but it does bring qi to the area, so it must have some beneficial effect. The optimal point for the yang knee ligaments will stay on the Stomach ligament channel as St 2.621. This point is not found on any of my previous charts, and will not register as a color on a healthy young knee, but it is definitely the strongest point energetically for the yang posterior and lateral collateral ligament knee injuries. So what is going on?

It seem that there is another set of limb points written on the main channels in invisible ink, and that ink is only revealed when there is damage. Can this really be true? I discovered these points first on the back vertebrae, but then found that the same rules applied to the limbs. If the injury location has the correct tissue channel running through it, then just move the point up that channel for yang, or down for yin. The point uses the yang Stomach green ligament channel but will

incorporate the decimal frequency from the same division arm Heart channel. Move the invisible ink point to the other side if you are needling. The ligament injury near Stomach 2.595 will use the .621 frequency from the Ht arm, and it will be needled on the opposite knee. Use arm decimals for leg injuries, and leg decimals for arm injuries. Yep, this is convoluted... but it works.

Another example. The damaged meniscus on the right knee requires a red yin cartilage point and there is already a red yin cartilage point right there at the knee: Ad 9.595. That local knee frequency is not optimal, so move it down on that same cartilage channel, but on the opposite knee, to an invisible ink point below: Ad 9.564. You should be able to feel a profound weakness at that lower leg point on the opposite knee. This invisible ink point will not register as a color on a spectrum, nor will it register on the Adrenal pulse when there is no injury, but those responses are clear when the inner meniscus is torn. These mirror and invisible ink points are what I will call phase 2 in the injury sequence.

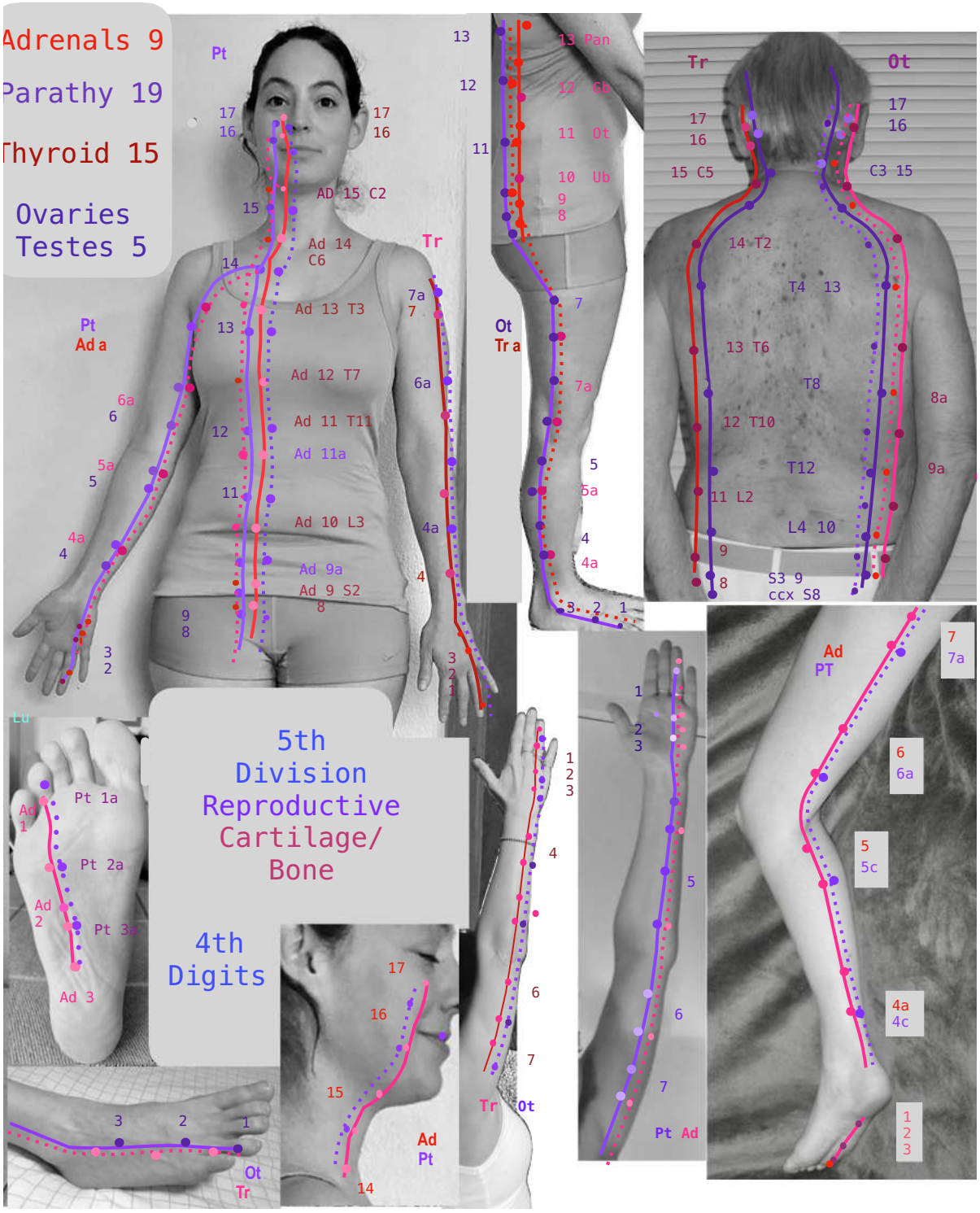
Deeper Degeneration - Phase 3

The mirror or invisible ink phase 2 treatments work well for younger people with acute or milder injuries, but people age. The cartilage of the knees, shoulders and hips, along with the heads of the femur and humerus bones, will all erode as time goes on. Deeper degeneration moves to a set of shadow channels. I discovered these when trying to find the optimal medial meniscus point on an older knee. The Ad 9.564 invisible ink point will no longer strengthen the area, but a 19.595 location on the same side elbow will. What was this point? It registered on the Adrenal pulse but it was located on the arm.

It appears that there is a shadow arm Adrenal meridian lying next to the regular Parathyroid meridian on the arm. The main Adrenal meridian now has a dotted extension that moves down the arm and ends at the fourth finger. (See the chart on the following page.) The treatment point for the severe yin knee cartilage deterioration is appearing on this shadow red Adrenal channel on the arm. This shadow point will treat the deeper phase 3 stage of degeneration.

You can trace this red arm Adrenal meridian with a red flashlight on both young and old people, but it only comes into play when there is damage or degeneration. It makes intuitive sense that the meridians would not end on the torso, but would continue along the full path of the division. It completes an energetic circuit for meridians to extend all the way from finger to toe for yin, or from toe to finger for yang. I have only done this one map on the next page for the bone division, but all divisions and all meridians have a shadow meridian that completes the circuit.

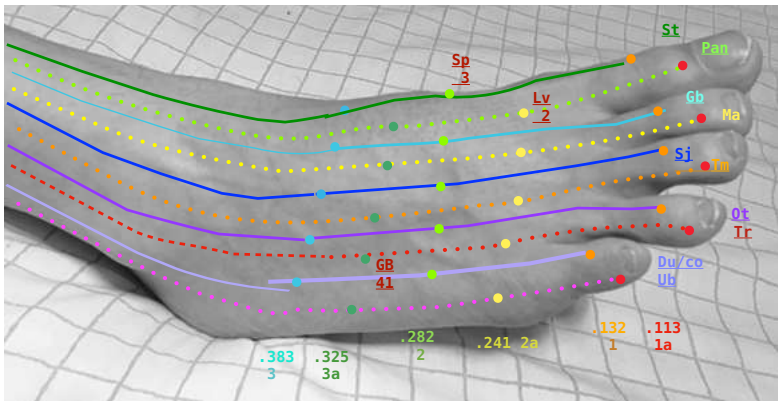
It took me months to fully convince myself of the existence of these degenerative channels, so my readers will also need to physically confirm these locations. Grab your flashlights with the red and purple colored lenses, and trace the shadow lines that appear on the arm or leg. They can also be traced on all the charts of each of the five divisions, once your muscle testing skills are sufficiently developed. This bone 5th division presents the bone channel division in its full glory, though not all shadow point have been included on the face. All meridians contain these shadow arm and leg extensions, so the



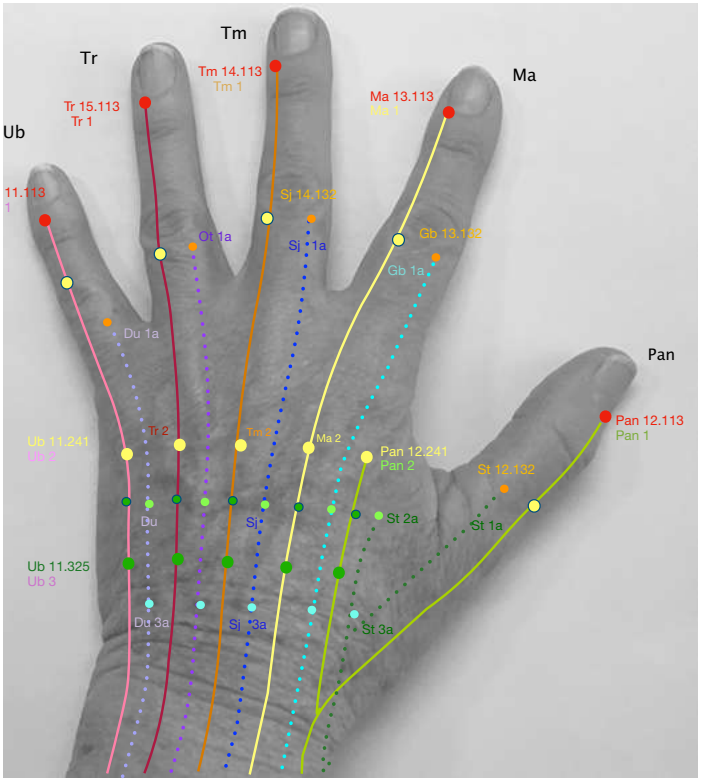
channels presented in Chapter one are just abbreviated versions, before I had any idea there were degenerative phases to the channels. I am too lazy to completely redo the entire set of the 5 divisions charts. Nor do I believe it would be possible fit all these shadow meridians and invisible ink points onto the full body and cranial charts, so you will have to add them in your imagination. This book traces the evolution of my theories, so I think it was prudent to leave the introduction of the channels as closer to the model that we were trained in.

These Shadow meridian points are what I call the phase 3 points in all the charts that follow. These shadow points treat the deeper stages of degeneration and injury. Adding these shadow channels and invisible ink points would give a more traditional Chinese look to the meridians. This foot just adds the shadow points and not the invisible ink.

The ancient Chinese must have merged these two leg and arm channels in their descriptions. Traditional Liver 2 must be a phase 3 shadow Pancreas point; traditional Lv 3 a regular Gb point; traditional Gb 41 a shadow Thyroid point. Traditional Lung 5 would have been a shadow Liver point: yellow Lv 17.595.



Hoku, traditional Li 4, now has six or more possible locations on the back of the hand if you add the shadow and invisible ink points, as I have on this illustration. The invisible ink points are the ones that have borders. This might help explain its many differing energetics for Hoku. Four of these points are on the shadow.



Let's start to put this together. On the next page is a chart with just the knee frequencies, in an attempt to clarify the basic rules for operations. On a healthy young knee, the yang ligaments will be treated with the local St 2.595 point below the knee- traditional St

36. The head of the tibia and fibula will be treated with the bone channel Ot 5.595. This is phase 1.

Both phase 2 points are found on the opposite limb. When the type of knee injury belongs to a tissue whose channel crosses the actual knee, then the damage point will stay on that tissue's channel. The Stomach ligament channel can be used for the yang patella ligament injury. The optimal point will be found just one decimal frequency position above the injury location: St 2.621. This invisible ink point moves above the knee, because yang energy move up, even though the actual injured ligament is below the knee. The decimal frequency on this green invisible ink point is borrowed from its Ht green division partner arm channel.

The yin cartilage point for the meniscus will again stay on the leg, because there is an Adrenal cartilage channel that moves through the knee. The optimal point moves down, because the Ad channel is yin. These are both invisible ink points that stay on the main leg channel, but they are both found on the opposite leg from the damage. These invisible ink frequencies appear only when a message of injury needs to be conveyed, and they are found in the 3rd column of this chart.

	phase 1 a healthy – leg	phase 2 b mirror	ph 2 invis ink ph 3 shadow c	phase 3 d shadow – arm
medial meniscus cart	Ad 9.595		Ad 9.564 ph 2	Ad 19.595
lateral meniscus	Ot 5.595	Tr 15.564	Tr 5.564 ph 3	
Ant cruc lig ACL MCL	Si 6.595	Ht 16.564 lig Br 18.564 tend	Ht 6.564 ph3 Br 8.564 ph3	
Post cruc lig PCL, LCL	St 2.595		St 2.621 ph2	St 12.595
quads lat lig	St 2.684 yang		St 2.734 ph2	St 12.684
quads med lig	Si 6.684	Ht 16.621 lig Br 18.621 tend	Ht 6.621 ph3 Br 8.621 ph3	
quads yang mus	St 2.595	Pan 12.621 mus	Panc 2.621 ph3	
quads yin mus	Si 6.684 yin		Si 6.621 ph2	Si 16.684
patella lig	St 2.595		St 2.621 ph2	St 12.595
patella bone femur base	Ot 5.684		Ot 5.734 ph2	Ot 15.684
tibia fibula yang bone	Ot 5.595		Ot 5.621 ph2	Ot 15.595
tibia yin side bone	Ad 9.595	Ot 19.564	Ot 9.564 ph3	

The other phase 2 point is the traditional mirror point found on the opposite limb. The mirror point works when the correct *tissue* channel is not found locally.Your ACL ligament, your medial collateral ligament, and the interior yin half of the quadriceps ligament don't find a yin dark green ligament channel on the knee, so the point moves to a yin ligament channel point on the opposite elbow. Half of your phase 2 knee points are mirror arm points found on the opposite arm, and the

other half are found as leg invisible ink on the opposite leg. Both use the decimal frequencies from the arm channels, but the mirror point is just a regular point on a normal channel.

Still deeper degeneration of both knee cartilage and ligaments will move to the shadow channels. These shadow points can be found in column 3 (c) on the above knee chart, and on 4 (d) the limb chart below. These third column frequencies serve two different phases and are found on two different channels. The first channel listed in column 3 is for a phase 2 invisible ink point, but the second channel listed is for a phase 3 shadow point. Your serious outer meniscus cartilage damage on an older knee will move from the phase 2 mirror point Tr 15.621, to a phase 3 shadow cartilage Tr 5.621 location, found on the shadow extension of the Thyroid channel on the leg. There is only one frequency in each cell on that third column, but that frequency can represent two different channels, two different locations, and two different phases.

location app #	ph1 healthy a same	mirror opposite b ph2	phase 2 main phase 3 shadow c	ph 3 shadow d opp.	location	ph1 healthy a same	mirror opposite b ph2	phase 2 main phase 3 shadow c	phase 3 shadow d opp.
fingertips yang, 1	Tr 15.113 cartilage	Ot 5.782	Tr/0t 15.782	Tr 5.113	fingertip yin 1	Pt 19.113 bone	Ad 9.782	Pt/Ad 19.782	Pt 9.113
yang toes 1	Ot 5.132 bone	Tr 15.241	Ot/Tr 5.241	Ot 15.132	toes yin 1	Ad 9.132 cartilage	Pt 19.113	Ad/Pt 9.113	Ad 19.132
yang fingers 2	Tr 15.241	Ot 5.282	Tr/Ot 15.282	Tr 5.241	fingers yin 2	Pt 19.241	Ad 9.132	Pt/Ad 19.132	Pt 9.241
yang toes 2	Ot 5.282	Tr 15.325	Ot/Tr 5.325	Ot 15.282	foot yin sole 2	Ad 9.282	Pt 19.241	Ad/Pt 9.241	Ad 19.282
yang fingers, 3	Tr 15.325	Ot 5.383	Tr/Ot 15.383	Ot 5.325	palm yin 3	Pt 19.325	Ad 9.282	Pt/Ad 19.282	Pt 9.325
yang foot 3	Ot 5.383	Tr 15.442	Ot/Tr 5.442	Ot 15.383	foot yin sole 3	Ad 9.383	Pt 19.325	Ad 9.325	Ad 19.383
yang wrist 4	Tr 15.442	Ot 5.473	Tr/Ot 15.473	Tr 5.442	yin wrist 4	Pt 19.442	Ad 9.383	Pt/Ad 19.383	Pt 9.442
yang ankle 4	Ot 5.473	Tr 15.564	Ot/Tr 5.564	Ot 15.473	yin ankle 4	Ad 9.473	Pt 19.442	Ad/Pt 9.442	Ad 19.473
elbow yang, 5	Tr 15.564	Ot 5.595	Tr/Ot 15.595	Tr 5.564	elbow yin 5	Pt 19.564	Ad 9.473	Pt 19.473	Pt 9.564
yang knee 5	Ot 5.595	Tr 15.621	Ot/Tr 5.621	Ot 15.595	yin knee 5	Ad 9.595	Pt 19.564	Ad/Pt 9.564	Ad 19.595
up. arm yang 6	Tr 15.621	Ot 5.684	Tr/Ot 15.684	Tr 5.621	up. arm yin 6	Pt 19.621	Ad 9.595	Pt/Ad 19.595	Pt 9.621
upper leg, yang 6	Ot 5.684	Tr 15.734	Ot/Tr 5.734	Tr 15.684	up. leg yin 6	Ad 9.684	Pt 19.621	Ad/Pt 9.621	Ad 19.684
up. arm yang 7	Tr 15.734	Ot 5.782	Tr/Ot 15.782	Tr 5.734	up. arm yin 7	Pt 19.734	Ad 9.684	Pt/Ad 19.684	Ad 9.734
yang thigh 7	Ot 5.782	Tr 15.113	Ot/Tr 5.113	Ot 15.782	thigh yin 7	Ad 9.782	Pt 19.734	Ad/Pt 9.734	Ad 19.782

The fourth column d lists the third phase for the phase 2 invisible ink points found in column 3. A severely degenerated patella ligament will need the St 12.595 point, found right next to the 12 Pancreas channel on the arm. The phase 3 shadow points are found on the original injury channel, but on its shadow extension. The Stomach leg channel 2 has a shadow 12 extension on the arm. All the points in column d are phase 3 points found on the shadow meridians.

This limb injury chart only reflects bone and cartilage damage, so you must switch the channel points to reflect the tissue of injury. Pt

19 bone points will become Ht 16 points for ligaments. The colors of each row reflect the decimal colors of the points.

This chapter is where it all goes sideways, because weak and damaged organs and limbs need a more complicated set of treatments. it took me a very long to find a unified theory, and that required completely reconfiguring the original maps.

This is more than a little confusing, so let's try to clarify. If you take pictures of healthy children and map out each of their meridians, then the locations of the points on the meridians are as presented in my earlier charts. This is your **a** column. If your 12 year old child wants to play soccer and you want to protect his or her knee ligaments, then you would use the local green ligament channel point on the knee itself: St 2.595, which is traditional St 36. If you wish to reinforce the healthy knee muscles, then use the lime green Si 6.595, aka traditional Sp 9, on the inside of the knee. If, inevitably, your child's right knee gets slammed in a game, then you treat the phase 2 points. Damage to the ACL anterior cruciate ligament will be treated with the green yin Ht 16 ligament channel point on the opposite elbow Ht 16.564- column **b**, and just change the channel number to reflect the green ligaments. This is your classic mirror point. The outer yang posterior cruciate ligament (PCL) cannot use a mirror ligament point on the arm, because the yang arm point of that division is on the Pancreas *muscle* channel. The posterior cruciate will need an column **c** ligament point on the main St meridian: St 2.621. This is your phase 2 invisible ink point.

A young athlete with a damaged yang lateral meniscus cartilage will want the opposite elbow yang red Tr 15.564 mirror point; but in an aging senior who has little knee cartilage left will want the phase 3 shadow Tr cartilage point near the same side knee: Tr 5.621. If you are using needles, then find this red shadow Thyroid meridian point above the same side knee, next to the purple Ot channel. If it is the medial meniscus that eroded, then the point will move to a phase 3 Adrenal point, found on a shadow Adrenal channel on the arm: Ad 19.595. This shadow Adrenal channel in phase 3 uses the channel number of its Parathyroid 19 division partner, but it will register on the Adrenal pulse. On older patients with weak knees, you can feel the weakness on this same side shadow arm Ad point. Look to the yin knee row to find that shadow point in column **d**.

Let me state these general rules once more. Find the local area of injury and assess which tissue channel is needed for the damage. Muscle or ligament, cartilage or bone, skin or nerve. If the local point has the correct tissue channel running through it, like the patella ligament for the knee, then just move to the next invisible decimal frequency on that channel, up for yang or down for yin. Just slide the point up or down that main channel to treat phase 2, when the correct tissue channel passes through the area of injury, Your phase 2 medial meniscus point will be found in this third column as cartilage Ad 9.564.

These invisible ink points stay on the local channel, but their *decimals* are borrowed from the division partner on the arm or leg. Invisible ink will only strengthen a color and a pulse when there is damage. If your injury area does not have the correct tissue channel running through it, then find its mirror partner on the opposite limb; again up for yang and down for yin. These are the phase 2 points for injury.

In phase 3 you move to the shadow channels and stay on the same side as the injury. Mirror points move to column **c** but change the channel, invisible ink tissue injuries move to column **d**.

As the phase 3 tissue repairs, move the treatment back to the appropriate phase 2 point. These phase 2 points will then often undergo one more switch to further complete the healing. Your phase 2 invisible ink point will switch to the mirror point, and the mirror point will switch to the invisible ink frequency. Your phase 2 invisible ink inner meniscus point, Ad 9.564, will now switch to Pt 19.564. This is normally a bone channel point, but in this healing phase it will register only to strengthen the cartilage vial and not the bone vial.

Your 12 year old with an injured knee ligament may revert to the healthy phase 1 St 2.595 point as the injury repairs. Older injuries on older people seem caught in a perpetual feedback loop between these two possible phase 2 points. The knee ligament and cartiledge points on older patients just seem to switch back and forth between the mirror and the invisible ink points in an attempt to repair the damage.

Adding these shadow phase 3 and invisible ink points triple the number of points for each channel, and has made all my earlier charts incomplete. My earlier axiom that a point frequency must strengthen a color on a spectrum still holds, but there are two new sets of points that only appear in degeneration. Each limb would have a more Chinese look because there are now many more possible locations points. Were the ancient Chinese sensing some of these shadow points when they deviated the Stomach and Gb channels off of their main trajectories? They may well have picked up the energetic weaknesses of some of these areas in degeneration, but it would have just been impossible for the ancient Chinese to figure out which point was pertinent, and why.

All these new point locations will need labels, and I thought it best to just label them with their original healthy organ location and then just add a column number to designate the phase. Ad 9.595 becomes **Ad 5 a** for the healthy medial meniscus. The second column point is the mirror point for knee bones, and belongs to the Parathyroid channel: Pt 19.595, **Pt 5b**. The third column can be either can be either phase 2 invisible ink channel **Ad 5c**, or the phase 3 mirror **Pt 5c**. The phase 3 main channel might be **Ad 5d**. We are concerned with creating a digital model of acupuncture in this book, so it is important to be able to convert these locations easily on a

machine or app. On our future acupuncture apps we will be able to just enter the injury location, the type of tissue damage and the degree of injury. For now we need conversion charts.

This book is a patchwork quilt of theories built gradually over time. I had first tried calibrating the original point frequencies from a picture of a 110 year old man, thinking that the damage from old age would nicely illustrate the organ and limb weaknesses. I had no idea that the locations of points would change with degeneration, so this led to much confusion and incorrect point frequencies. I eventually went back and used pictures of healthy toddlers to configure the original meridian and organ points, and this created the maps and working pairs found in the beginning chapters. For the last 2-3 years I have been trying to piece together the movement of points that occurs with degeneration and repair.This chapter represents a major evolution in my theory of how meridians work, and it profoundly changes the look of the meridian system.

Back Pain Phase 2

In school we were taught to treat back injuries locally, but there is a similar treatment to the limb mirror treatment that is used to treat injuries on the back. For a long time I thought there were only five tissue channels that treated each vertebrae, i.e.; 1.872, 2.872, 3.872, 4.872 or 5.872 at L4. You would use Ot 5.872 for the bone division, 2.872 for the muscle division, and Gb 3.872 for the skin division. The problem is that not all types of injury are addressed by those five points. Discs are made of cartilage and there is no cartilage channel running through L4. An injured yang L4 disc will need a yang cartilage channel to treat it. That yang cartilage channel location is found on the next yang vertebrae above L4, but on the L2 red cartilage channel location: Tr 15.883. When the L4 disc is damaged, that frequency will strengthen L4 and not L2.

Shu and Mu	Shu and Mu
face sinus 9.802	T7 Sm In 9.962
oc tongue 5.1071	T8 St 5.942
face nose 19.815	T9 Lv 19.986
occ pons 15.1064	T10 Gb 15.923
face maxilla 9.826 Xai	T11 Sp 9.997 Xai
occ cerebellum 5.1052	T12 ileum 5.902
face eyes 19.831 nasopharynx	L1 Adrenals 19.1013
C1 ears 15.1046 salivary	L2 Ovaries testes 15.883
C2 mouth 9.854	L3 Ki 9.1022
C3 larynx 5.1037	L4 Colon 5.872
C4 esophagus 19.872	L5 sigmoid colon 19.1037
C5 trachea 15.1022	S1 Bladder 15.854
C6 Parathyr 9.883	S2 Ut/Pr 9.1046
C7 Thyroid 5.1013	S3 Sex 5.831
T1 Bronchi 19.902	S4 rectum 19.1052
T2 Thymus 15.997 Xai	S5 15.826 anus Xai
T3 Lung 9.923	isch l.skin 9.1064
T4 Mammary 5.986	ccx vag 5.815
T5 Heart 19.942	ischium ureter 19.1071
T6 Pancreas 15.962	coccyx urethra 15.802

Yang back injuries of a different tissue than that found on the vertebrae will move 2 vertebrae up to the nearest yang location; yin back injuries move 2 vertebra down to the nearest yin. I call this treatment the Second Line treatment after the New Orleans dance style. If you can't find your injury tissue channel on the first line of points, you move it to the Second Line.

That L4 disc Second Line cartilage point at L2, Tr 15.883, will treat both the injury and pain. The partner point in the opposite column

will treat the inflammation of the injury. The partner of the L4 disc has the same purple decimal color and the same red cartilage channel: Tr 15.1046. This decimal partner point of the same color is found way on the other end of the spine at C3, but it will reinforce the main point, and it will strengthen the vials for inflammation and endorphins. Treat both points on the opposite side of the spine from the injury.

An L5 disc is injured while lifting a heavy load, but the yin Mu point found at L5 is a bone channel point; so look down 2 vertebrae below at S2 for the nearest yin Mu that will treat cartilage: Ad 9.1046. This point will stimulate the L5 disc area and pain vials when a cartilage treatment is needed. Yang moves up, yin moves down.

It took me a long time to realize that this Second Line 1 treatment on the torso was a form of mirror treatment; you employ a channel from the partner division, 9 for 19, or 5 for 15, and then move it to the opposite side of the spine. These Second Line1 torso points act like the mirror points on the limbs; an arm channel treats a leg channel injury, or vice versa, and the treatment point is found on the opposite side of the spine as the injury. I first figured out this dance step on the back, and so named it the Second Line for the New Orleans dance style. Much later I realized that the same set of rules had to apply to both limbs and torso, but Second Line sounds much better than just plain old phase 2.

Shu and Mu	Shu and Mu
face sinus 9.802	T7 Sm In 9.962
oc tongue 5.1071	T8 St 5.942
face nose 19.815	T9 Lv 19.986
occ pons 15.1064	T10 Gb 15.923
face maxilla 9.826 Xai	T11 Sp 9.997 Xai
occ cerebellum 5.1052	T12 ileum 5.902
face eyes 19.831 nasopharynx	L1 Adrenals 19.1013
C1 ears 15.1046 salivary	L2 Ovaries testes 15.883
C2 mouth 9.854	L3 Ki 9.1022
C3 larynx 5.1037	L4 Colon 5.872
C4 esophagus 19.872	L5 sigmoid colon 19.1037
C5 trachea 15.1022	S1 Bladder 15.854
C6 Parathyr 9.883	S2 Ut/Pr 9.1046
C7 Thyroid 5.1013	S3 Sex 5.831
T1 Bronchi 19.902	S4 rectum 19.1052
T2 Thymus 15.997 Xai	S5 15.826 anus Xai
T3 Lung 9.923	isch l.skin 9.1064
T4 Mammary 5.986	ccx vag 5.815
T5 Heart 19.942	ischium ureter 19.1071
T6 Pancreas 15.962	coccyx urethra 15.802

If you are treating damage to the L4 vertebrae itself, or to its spinous process; then you would think to treat it right there on location, a UV bone channel for UV bone vertebrae. Unfortunately that local L4 bone point we all learned in school will only help support a healthy L4 under stress. Damage and degeneration will always move the treatment location.

Any damage to a vertebrae or disc will always move the treatment two vertebrae up for yang, or two vertebrae down for yin. Second Line 1 is the mirror point we have already met, the one that treats an injury of a different tissue than that found at the injury. If you are needling this mirror point, then move it to the opposite side of the spine.

The Second Line 2 treats an injury where the correct tissue channel does pass through the damaged vertebrae. Here again

are your invisible ink points that we saw on the limbs. This Second Line 2 moves two rows up for yang or two rows down for yin, but it stays on the original channel. If needling this point, it also will move to the opposite side of the spine.

Say your patient's L4 vertebrae is injured in a car wreck. This is a bone channel vertebrae with serious damage, and the local phase 1 bone channel frequency at L4, Ot 5.872, will no longer strengthen the area. You will need the deeper injury Second Line 2 point. Move up two yang vertebrae on the Ot channel, switch to the opposite side of the spine, and there is your L4 vertebrae injury location: Ot 5.883. This invisible ink point is revealed only when there is injury.

Real damage moves initially to one of these Second Lines. Both of these Second Lines pertain to phase 2. Second Line 1 changes its channel to coordinate with the tissue of bone or cartilage. Second Line 2 stays on the channel of the tissue. Both Second Lines move up or down two vertebrae, and switch to the opposite side of the spine if needling. One more example; the C5 area on your patient tests as weak, and holding that disc vial next to the painful C5 neck area strengthens your test. The local point at C5, Tr 15.1022, is a disc point, but it can't treat the degeneration. C5 is a yang vertebrae, so it will now move two vertebrae up for the damage. The Ot 5.1037 point at C3 does not treat discs, but you will suddenly now find a weakness on the Thyroid cartilage channel that lies right next to it: Tr 15.1037; but on the opposite side of the neck. This invisible ink point doesn't appear on the earlier charts, but is very much a real treatment point.

Phase 3 Degeneration and Damage

When the degeneration is more severe, then the optimal points will move to a shadow location. On the chart below, if the tissue channel needing treatment is not found in column 1, then phase 2 will be the mirror Second Line 1 point in column 2. Move that mirror point to column 3 on its shadow extension for phase 3. A severely degenerated L5 *disc* will move from column 2, Ad 9.1046, to its shadow Ad 19.1046 lying next to it. This phase 3 frequency is found in column 3 on the chart below. Ad 19.1046 is one of two possible channels for that column 3 frequency.

That same 19.1046 frequency could also be the phase 2 invisible ink point for a damaged L5 *vertebrae,* but this time it would register on the Parathyroid channel as Pt 19.1046. The third column thus treats two different points, the disc point as phase 3 on the shadow channel, and the vertebrae phase 2 point etched in invisible ink. It is the same frequency, but with two different channels and locations. Just as on the limbs, the third column of frequencies can treat two different channels. That invisible ink L5 phase 2 frequency in column 3 will switch to column 4 for phase 3: Pt 9.1037 on the shadow Pt extension lying next to L5.

Column 3, phase 2, moves to column 4 in phase 3. A cracked L4 vertebrae will switch from Ot 5.883 phase 2 to Ot 15.872 on the shadow in phase 3. Ot 15.572 lies on the shadow extension right next to healthy L4 Ot 5.872, and it is needled on the same side as the injury.

Vert-ebrae	App #s	phase 1 healthy or early	Second Line 1 phase 2 damage	Second Line 2 phase 2 phase 3	phase 3 serious damage shadow	Vert-ebrae	App #s	phase 1 early	Second Line 1 phase 2 damage	Second Line 2 phase 2 phase 3	phase 3 serious damage shadow
face	17a, 17b 17c, 17d	9.802 Ad 17	19.815 Pt 17	9.815 Ad 17a	19.802 Pt 17a	7th T	12, 12a 13, 12a	9.962 Ad 12	19.986 Pt 12	9.986 Ad 12a	19.962 Pt 12a
Occiput	17, 13 17a, 13a	5.1071 Ot 17	15.962 Tr 13	5.962 Ot 17a	15.1071 Tr 13a	8th T	12, 8 12a, 8a	5.942 Ot 12	15.962 Tr 8	5.962 Ot 12a	15.942 Tr 8a
face	17, 16 17a, 16a	19.815 Pt 17	9.826 Ad 16	19.826 Pt 17a	9.815 Ad 16a	9th T	12, 11 12a, 11a	19.986	9.997	19.997	9.986
Occiput	17, 17	15.1064	5.1071	15.1071	5.1064	10 T	12, 12	15.923	5.942	15.942	5.923
face	16, 16	9.826	19.831	9.831	19.826	11 T	11, 11	9.997	19.1013	9.1013	19.997
Occiput	16, 17	5.1052	15.1064	5.1064	15.1052	12 T	11, 12	5.902	15.923	5.923	15.902
face	16, 15	19.831	9.854	19.854	9.831	1st L	11, 10	19.1013	9.1022	19.1022	9.1013
1st C	16, 16	15.1046	5.1052	15.1052	5.1046	2nd L	11, 11	15.883	5.902	15.902	5.883
2nd C	15, 15	9.854	19.872	19.1037	19.854	3rd L	10, 10	9.1022	20.1037	10.1037	19.1022
3rd C	15 ,16	5.1037	15.1046	5.1046	15.1037	4th L	10, 11	5.872	15.883	5.883	15.872
4th C	15, 14	19.872	9.883	19.883	9.872	5th L	10, 9	19.1037	9.1046	19.1046	9.1037
5th C	15, 15	15.1022	5.1037	15.1037	5.1022	1st S	10, 10	15.854	5.872	15.872	5.854
6th C	14, 14	9.883	19.902	9.902	19.883	2nd S	9, 9	9.1046	19.1052	9.1052	19.1046
7th C	14, 15	5.1013	15.1022	5.1022	15.1013	3rd S	9, 10	5.831	15.854	5.854	15.831
1st T	14, 13	19.902	9.923	19.923	9.902	4th S	9, 8	19.1052	9.1064	19.1064	9.1052
2nd T	14, 14	15.997	5.1013	15.1013	5.997	5th S	9, 9	15.826	15.831	5.831	5.826
3rd T	13, 13	9.923	19.942	9.942	19.923	ischium	8, 8	9.1064	19.1071	9.1071	19.1064
4th T	13, 14	5.986	15.997	5.997	15.986	coccyx	8, 9	5.815	15.826	5.826	15.815
5th T	13, 17	19.942 Pt 13	9.962 Ad 17	19.962 Pt 13a	9.942 Ad 17a	ischium	8, 17	19.1071	9.962	19.962	9.1071
6th T	13, 13	15.962 Tr 13	5.986 Ot 13	15.986 Tr 13a	5.962 Ot 13a	coccyx	8, 8	15.802	5.815	15.815	5.802

Each player on the chess board has only two possible moves on two adjacent vertebrae away from its starting position. Your player can only move to up to the nearest yang vertebrae or or down to the nearest yin vertebrae in phase 2. It must seek the proper tissue on its new location. The Second Line 1 point looks to its division partner channel to find the correct injured tissue. The Second Line 2 point stays on the main channel for the injured tissue, but borrows its division partner's frequency. Mother Nature then fiddles with the same set of just two vertebrae locations for phase three, but moves them to the shadow. Second Line 1 uses the column 3 frequency on its shadow extension. Second Line 2 will move back to its original vertebrae location, but located on the shadow. Digital practitioners will just scroll through the four

possibilities in the four columns, but I really had to wrap my mind around what was going on in these phases.

I like to think of these three phases as functional gears for dealing with stress. If your car is going up a mild incline, it will switch to second gear. Your back pain will shift to one of the Second Lines. Steeper inclines require still lower gears, so shift then to phase 3. Shift the frequencies to suit the amount of stress.

Injuries to the discs, facets, and transverse processes will all be treated initially with the cartilage half of the bone division. Damage to the spinous processes or vertebrae are treated with the purple bone channels. Muscle injuries on the torso are treated the 6 and 12 lime muscle channels; ligaments resonate to the green 2 and 16 meridians. Tendons and fascia use the blood division; burns and scars use the skin division. Switch to the channel that suits the type of back injury, and find its location at the nearest yin or yang vertebrae, most likely on one of the Second Lines.

The decimal numbers will always retain the original color of the organ or vertebrae. All four frequencies at L4 will reflect the original ultraviolet color of the colon. All points will respond either to the decimal or channel color. The L4 disc frequency Tr 15.883 will respond either to red for the cartilage channel, or to ultraviolet for the decimal frequency. On a healthy child f that same Tr 15.883 frequency treats the uninjured L2 disc, it will register as red for the channel and purple for its regular L2 location. The colors of the frequencies are chameleons that match the treatment function.

In the diagnosis and treatment of back pain locations, it is very helpful to procure yourself a set of vertebrae vials from alhvials.com; or test for weaknesses on a photographic image of a healthy vertebral column. Place the vials or photo on the patient, and then see what weakens. Always double check your results on the back itself. Run the chosen frequency, and then muscle test with the patient's strong arm to see that it strengthens the weak vertebrae and the energetic vial for that area.

Traditional Spine Points

degree of injury	pain	inflammation
serious	UB 11.241 (Si 3)	Ki 10.684
moderate	UB 11.325	Ki 10.595
milder	UB 11.442	Ki 10.473

The most common traditional acupuncture points for back pain are two points on the traditional Tai Yang division: SI 3 and BI 62. Our traditional SI 3 now falls on the 11 Ub/Huato arm channel, and so it will naturally treat that corridor of the spine. This traditional back point - now Ub 11.241- works best to treat lower back injuries that involve pressure on the nerves to the back. It does not seem treat

the damage to the bone or cartilage. Ub 11.241 works to treat the pain of a spinal cord impingement from an injured yang vertebrae or disc. This yang arm channel point seems best for treating lower back yang nerve pain from the same division: L4 (1.872) or S1 (11.854) .

Traditional Bl 62 -now Du 1.282- will treat the pain of an upper back arm yang vertebrae inflaming the spinal nerves. Our two traditional points are not energetic partners, but treat the opposite ends of the yang spine. This pair of points may have been useful when your ancient Chinese warrior fell from a horse in battle, and it was necessary to treat the nerve pain of the whole spine. These central channel Ub pain points are not fixed, but will move up or down on their channels depending on the severity of the injury. These traditional points then seem to be primarily for the treatment of spinal nerve pain and not repair.

Shu and Mu Organ Pain and Deterioration

Back pain is the bread and butter of our profession, but the same rules are reflected in the treatment of the organs. In traditional Chinese Medicine, there was only one Shu point for each organ, and it was found on the first traditional Bladder line. In our new arrangement, there are five different tissue channel choices at each organ location, and another five on each of the Second Lines; then five more for each of these in the deeper shadow third phase. Fifteen possible frequencies for each organ.

A perfectly healthy or slightly stressed lung on a child will be treated by a phase 1 Lung point at T3. The Lung and Lung channel respond to turquoise, and belong to the Skin Division, so use Lv 7.983. A weaker lung will want the turquoise Lung channel for the turquoise Lung organ: Lu 17.942 at T5. This is a Second Line 1 position.

Yin organs move down to their Second Line Mu. The heart is a big muscle, so move it from T5 down to T7, where you can find a muscle channel to support that pumping function: Si 6.962. A weak Liver will also want a Second Line 1 frequency. The color of the liver is yellow, but the regular Liver Mu point is on a turquoise channel as Lu 17.986, so look for that yellow channel frequency on the Second Line: Lv 7.997.

The yang organs move up to their Second Line Shu manifestation. A breast cyst will want treatment on the yellow Mammary skin division channel for a yellow organ; this point is found two vertebrae above the normal T4 breast Mu: Ma 13.997 at T2. Cysts and scars seem to prefer the yellow half of the skin division.

# ap	loca	Shu Mu phase 1 a	Second Line 1 b ph 2	Second Line 2 c ph2,3	deeper ph 3 d shadow	#	vert	Shu Mu phase 1 a	Second Line 1 b ph2,3	Second Line 2 c ph2,3	deeper ph 3 d shadow
17	face	fr. sinus Si 6.802	Ht 16.815	Si/Ht 6.815	Si 16.802	12	T7	Sm Intest. Si 6.962	Ht 16.986	Si/Ht 6.986	Si 16.962
17	occ	tongue St 2.1071	Pan 12.802	St/Pan 2.802	St shad 12.1071	12	T8	Stomach St 2.942	Pan 12.962	St/Pan 2.962	St 12.942
17	face	nose Lu 17.815	Lv 7.826	Lu/Lv 17.826	Lu 7.815	12	T9	Liver Lu 17.986	Lv 7.997	Lu/Lv 17.997	Lu shad 7.986
17	occ	pons Ma 13.1064	Gb 3.1071	Ma/Gb 13.1071	Ma 3.1064	12	T10	Gall Bladder Ma 13.923	Gb 3.942	Ma /Gb 13.942	Ma shad 3.923
16	face	medulla Sp 8.826	Br 18.831	Sp/Br 8.831	Sp 18.826	11	T11	Spleen Sp 8.997	Br 18.1013	Sp/Br 8.1013	Sp shad 18.997
16	occ	cerebellum Sj 4.1052	Tm 14.1064	Sj/Tm 4.1064	Sj shad 14.1052	11	T12	ileum marrow Sj 4.902	Tm 14.923	Sj/Tm 4.923	Sj shad 14.902
16	face	eyes Pt 19.831	Ad 9.854	Ad shad 19.854	Pt 9.831	11	L1	Adrenal Pt 19.1013	Ad 9.1022	Ad/Pt 19.1022	Pt 9.1013
16	C1	ears saliv Tr 15.1046	Ot 5.1052	Ot shad 15.1052	Ot shad 5.1046	11	L2	Ov/Testes Tr 15.883	Ot 5.902	Ot shad 15.902	Pt 5.883
15	C2	mouth Ki 10.854	Nv 20.872	Ki/Nv 10.872	Ki shad 20.854	10	L3	Kidney Ki 10.1022	Nv 20.1037	Ki/Nv 10.1037	Ki shad 20.1022
15	C3	larynx Du 1.1037	Ub 11.1046	Du/Ub 1.1046	Ub 11.1037	10	L4	Colon Du 1.872	Ub 11.883	Du/Ub 1.883	Du 11.872
15	C4	esophagus Nv 20.872	Ki 10.883	Nv/Ki 20.883	Nv 10.872	10	L5	Sig Colon Nv 20.1037	Ki 10.1046	Nv/Ki 20.1046	Nv 10.1037
15	C5	trachea Ub 11.1022	Du 1.1037	Ub/Du 11.1037	Ub 1.1022	10	S1	Bladder Ub 11.854	Du 1.872	Ub/Du 11.872	Ub shad 1.854
14	C6	Parathyroid Ad 9.883	Pt 19.902	Pt shad 9.902	Ad shad 19.983	9	S2	Ut/Pr Ad 9.1046	Pt 19.1052	Pt shad 9.1052	Ad 19.1046
14	C7	Thyroid Ot 5.1013	Tr 15.1022	Tr/Ot 5.1022	Ot 15.1013	9	S3	sex Ot 5.831	Tr 15.854	Tr shad 5.854	Ot 15.831
14	T1	Bronchi Br 18.902	Sp 8.923	Br/Sp 18.923	Br 8.902	9	S4	rectum Br 18.1052	Sp 8.1064	Br/Sp 18.1064	Br 8.1052
14	T2	Thymus Xai Tm 14.997	Sj 4.1013	Tm/Sj 14.1013	Tm 4.997	9	S5	anus Xai Tm 14.826	Sj 4.831	Tm/Sj 14.831	Tm 4.826
13	T3	Lung, skin Lv 7.923	Lu 17.942	Lv/Lu 7.942	Lv 17.923	8	isch	lower skin Lv 7.1064	Lu 17.1071	Lv/Lu 7.1071	Lv 17.1064
13	T4	Mamm,lymph Gb 3.986	Ma 13.997	Ma/Gb 3.997	Ma 13.986	8	ccx	vagina Gb 3.815	Ma 13.826	Ma/Gb 3.826	Gb 13.815
13	T5	Heart Ht 16.942	Si 6.962	Ht/Si 16.962	Ht 6.942	8	isch	ureter Ht 16.1071	Si 6.802	Ht/Si 16.802	Ht 6.1071
13	T6	Pancreas Pn 12.962	St 2.986	Pan/St 12.986	Pan 12.802	8	ccx	urethra Pan 12.802	St 2.815	Pan/St 12.815	Pan 2.802

This chart reflects the decimal colors of the organs on their tissue's meridians. Other types of tissue damage will change that meridian. A jab to the nose will move to an artery point two vertebrae down: Sp 8.826. To repair the cartilage of that damaged nose, switch that to Ad 9.826 Change the channels on the chart to reflect the tissues. The organ pain and damage are treated with their proper tissue Mu or Shu. The pain and destruction from the nose jab will be treated at Sp 8.826 or Ad 9.826. The partner frequency of same color on the other side of the chart will treat the resulting inflammation. The nose inflammation will be treated with the partner orange SL decimal frequency at T11: Sp 8.997. Find these partner decimal frequencies on the opposite set of columns on this chart, and change their channel number to reflect the tissue of the damaged organ.

Location of the damage will also affect your choice of Shu or Mu. A light sunburn all over the front of the torso will want a yin skin Mu. The turquoise color treats regular skin damage, and the Lung Mu point at T3 has a turquoise decimal frequency which makes it a Skin Mu, but it only has the yellow Liver channel passing through it. The solution is to move that yin Skin Mu down to the Second Line 1 at T5 where there is a proper turquoise channel skin point: Lu 17.942. Even though the decimals are not normally turquoise at T5, the Second Line Mu in phase 2 will only strengthen the turquoise line on a spectrum. This phase 2 Lung Mu will now strengthen the yin sunburn area and also the Lung pulse. When the sunburn is on the upper back, then first find that upper back set of turquoise yang skin decimals at the Pons Shu. The decimals at that location are turquoise, but the Skin division channel that traverses it is yellow, so move the location up two vertebrae to find the turquoise Gb channel: Gb 3.1071. These are both Second Line 1 points.

A very light sun exposure on the nose might be treated locally with a phase 1 Skin channel at the nose location: Lu 17.815. A more serious nose sunburn will move the point down to a Second Line 2 location: Lu 17.826. This Second Line 2 point remains on the main Skin channel, but moves down to the next yin location. This Second Line 2 point on the Lung skin channel is an invisible ink point that only appears when there is damage.

You have a patient with diarrhea. The local Shu at L4 has a Colon/ Du channel moving through it, but that point is only for very mild weakness and will not strengthen a colon infected with bacteria. The Second Line 1 point, two vertebrae up, 11.883, does not fall on an ultraviolet channel, so switch that channel number back to create a Colon Du: Co/Du 1.883. This is the invisible ink Colon Shu. It will not register as an ultraviolet frequency on a healthy person, but it is the only point that will strengthen this infected colon. Switch this L2 location point to the other side of the spine if you are needling.

More serious damage will move the points once again. Your patient who is drinking too much will initially respond to a Second Line 1 Liver Mu, where it can find a yellow Liver channel at Lv 7.997. If this chronic drinker develops a fatty liver, then that Second Line 1 Mu will no longer strengthen the liver or Liver pulse. Phase 3 moves over to the shadow Liver meridian that lies next to the phase 2 point: Lv 17.997. It switches the channel number to that of the division partner, from 7 to 17. It is still a Liver point, but now it falls on a shadow meridian. On many a compromised patient, this will be the strongest point to strengthen the liver area, and vials for the liver detox pathways.

Your patient that sufferers with untreated diarrhea for several weeks might need a phase 3, column **d** point for the colon: Du/Co 11.872. Du/Colon 1 becomes DuColon 11 on the shadow. All organs that have their organ channel passing through their original vertebrae location, like the stomach, the lung, and the colon, will move to the last column **d** for phase 3.

This is the same set of dance steps that we saw on the limbs and back. A healthy or only lightly stressed organ will be treated with phase 1. The Second Lines in their second phase always move the point decimal frequency two vertebrae up or down. If the color of the organ and the desired tissue channel do not match, then move up for yang or down down to find the correct channel. Move the Parathyroid bone Mu down to T1, Pt 19.902.

When the organ function and channel colors do match, they will still need to move to the proximal yin or yang vertebrae to reveal the invisible ink point. Your new mother has sore breasts and will need a Skin division point to treat the nipples. The phase 1 Mammary Mu has a Skin channel with Gb 3.986, but the sore nipples will need a stronger Second Line 2 point: Gb 3.997. The new mother may also need to prime the pumping action of the breasts with the Second Line 1, Ma 13.997, to strengthen that organ's function. When the function is different, the Second Line changes. Both breast Shu points can be treated at the same time.

Why is the breast, which is a primarily female organ, and found on the front yin side of the body, treated by a yang Shu? Squirting milk into the infant's mouth must qualify as a yang organ activity, and it is certainly more convenient for the mother to have these spigots on the yin side of the body. Still.

There are three phases on two adjacent vertebrae for each organ in its proper division tissue. So why are there just four columns? Each organ has only three phases, but the different types of tissue damage can require all four columns. Column c will treat two different points.

Phase 3 follows the same rules as we have noted in the section on the back points. Invisible ink organs in phase 2 will move to column d for phase 3. These Second Line 2 points in column c move to column d. The Second Line 1 organs moves to column c for phase 3.

The decimal *color* of the organ always stays the same throughout these transformations. Liver organ decimals will always be seen as yellow, Stomach Shu frequencies will register as green; no matter which column they appear in. This fact can be used to determine which phase the organ is experiencing. The Kidney Mu will strengthen the infrared line on the spectrum first at Ki 10.1022 at the beginning of an infection; then at Ki 10.1037 as the organ deteriorates. If the kidney organ and pulse strengthens at 10.1037, and that decimal frequency registers as infrared on your patient, then you know that your patient's kidney has moved to the Second Line 2. If you are wondering how to treat your patient's liver, then check and see which of the four Liver frequencies strengthen the Liver pulse or the yellow color of the liver. Place a color spectrum somewhere on the patient's body, and then see which frequency strengthens the Liver pulse, the liver itself, and the yellow line on the spectrum.

# ap	loca	Shu Mu phase 1 a	Second Line 1 b ph 2	Second Line 2 c ph2,3	deeper ph 3 d shadow	#	vert	Shu Mu phase 1 a	Second Line 1 b ph2,3	Second Line 2 c ph2,3	deeper ph 3 d shadow
17	face	fr. sinus Si 6.802	Ht 16.815	Si/Ht 6.815	Si 16.802	12	T7	Sm Intest. Si 6.962	Ht 16.986	Si/Ht 6.986	Si 16.962
17	occ	tongue St 2.1071	Pan 12.802	St/Pan 2.802	St shad 12.1071	12	T8	Stomach St 2.942	Pan 12.962	St/Pan 2.962	St 12.942
17	face	nose Lu 17.815	Lv 7.826	Lu/Lv 17.826	Lu 7.815	12	T9	Liver Lu 17.986	Lv 7.997	Lu/Lv 17.997	Lu shad 7.986
17	occ	pons Ma 13.1064	Gb 3.1071	Ma/Gb 13.1071	Ma 3.1064	12	T10	Gall Bladder Ma 13.923	Gb 3.942	Ma /Gb 13.942	Ma shad 3.923
16	face	medulla Sp 8.826	Br 18.831	Sp/Br 8.831	Sp 18.826	11	T11	Spleen Sp 8.997	Br 18.1013	Sp/Br 8.1013	Sp shad 18.997
16	occ	cerebellum Sj 4.1052	Tm 14.1064	Sj/Tm 4.1064	Sj shad 14.1052	11	T12	ileum marrow Sj 4.902	Tm 14.923	Sj/Tm 4.923	Sj shad 14.902
16	face	eyes Pt 19.831	Ad 9.854	Ad shad 19.854	Pt 9.831	11	L1	Adrenal Pt 19.1013	Ad 9.1022	Ad/Pt 19.1022	Pt 9.1013
16	C1	ears saliv Tr 15.1046	Ot 5.1052	Ot shad 15.1052	Ot shad 5.1046	11	L2	Ov/Testes Tr 15.883	Ot 5.902	Ot shad 15.902	Pt 5.883
15	C2	mouth Ki 10.854	Nv 20.872	Ki/Nv 10.872	Ki shad 20.854	10	L3	Kidney Ki 10.1022	Nv 20.1037	Ki/Nv 10.1037	Ki shad 20.1022
15	C3	larynx Du 1.1037	Ub 11.1046	Du/Ub 1.1046	Ub 11.1037	10	L4	Colon Du 1.872	Ub 11.883	Du/Ub 1.883	Du 11.872
15	C4	esophagus Nv 20.872	Ki 10.883	Nv/Ki 20.883	Nv 10.872	10	L5	Sig Colon Nv 20.1037	Ki 10.1046	Nv/Ki 20.1046	Nv 10.1037
15	C5	trachea Ub 11.1022	Du 1.1037	Ub/Du 11.1037	Ub 1.1022	10	S1	Bladder Ub 11.854	Du 1.872	Ub/Du 11.872	Ub shad 1.854
14	C6	Parathyroid Ad 9.883	Pt 19.902	Pt shad 9.902	Ad shad 19.983	9	S2	Ut/Pr Ad 9.1046	Pt 19.1052	Pt shad 9.1052	Ad 19.1046
14	C7	Thyroid Ot 5.1013	Tr 15.1022	Tr/Ot 5.1022	Ot 15.1013	9	S3	sex Ot 5.831	Tr 15.854	Tr shad 5.854	Ot 15.831
14	T1	Bronchi Br 18.902	Sp 8.923	Br/Sp 18.923	Br 8.902	9	S4	rectum Br 18.1052	Sp 8.1064	Br/Sp 18.1064	Br 8.1052
14	T2	Thymus Xai Tm 14.997	Sj 4.1013	Tm/Sj 14.1013	Tm 4.997	9	S5	anus Xai Tm 14.826	Sj 4.831	Tm/Sj 14.831	Tm 4.826
13	T3	Lung, skin Lv 7.923	Lu 17.942	Lv/Lu 7.942	Lv 17.923	8	isch	lower skin Lv 7.1064	Lu 17.1071	Lv/Lu 7.1071	Lv 17.1064
13	T4	Mamm,lymph Gb 3.986	Ma 13.997	Ma/Gb 3.997	Ma 13.986	8	ccx	vagina Gb 3.815	Ma 13.826	Ma/Gb 3.826	Gb 13.815
13	T5	Heart Ht 16.942	Si 6.962	Ht/Si 16.962	Ht 6.942	8	isch	ureter Ht 16.1071	Si 6.802	Ht/Si 16.802	Ht 6.1071
13	T6	Pancreas Pn 12.962	St 2.986	Pan/St 12.986	Pan 12.802	8	ccx	urethra Pan 12.802	St 2.815	Pan/St 12.815	Pan 2.802

More than one Shu or Mu point for an organ or vertebrae can be used in a single treatment. Not all organ points will be in the same phase. Your damaged L4 disc might appear in phase 2 as a Second Line, but the colon function at L4 might remain in phase 1. A third degree burn may initially show on skin, nerve and blood levels in phase 3. As the burn heals, the blood division points might return to the Second Line before the skin division. Treat all decimal Shu or Mu points that strengthen the damaged area for the pain, and then add their decimal partners for the inflammation. These decimal partners are found in the same colored row on the opposite side of the above chart.

Reversing Course- Shifting Divisions

As severely degenerated organs or discs heal they should logically follow a reverse treatment course from phase 3 to the appropriate phase 2, then back to phase 1. In a simple case of lung weakness when your child gets a cold, you will see the lung move into phase 2 when the child is sick, and then revert back to phase 1 when the virus passes.

With older patients, I often see a detour on the path to wellness. The older patient with a chronic cough may require treatment for the Lung first in phase 3, and then it will revert back to phase 2, Second Line 1, Lu 17.942, as the condition improves. This Second Line 1 Lung Mu treats the lung with the turquoise Lung channel, but instead of then moving directly back to phase 1, this phase 2 will take a detour to the other Second Line phase 2 point: Lv 7.942. Both these phase 2 points seem to be required, one after the other, to further the healing process.

Does this sidestep occur with the other Second Line 2 organs ? Apparently so; a weak kidney once treated with invisible ink Second Line 2 point Ki 10.1037 will then switch to the Nerve 20.1037 Second Line 1 for further nurturing. Second Line 2 switches to Second Line 1 once the invisible ink has soaked in.

I am observing this phase 2 two step more and more as I treat the layers of degeneration. The allergy sinus Mu points will switch from the yellow channels to the turquoise ones as the allergies begin to subside. The purple bone channels in the hip joints will switch to the red cartilage ones, or vice versa. The channels in this second step phase 2 remain the same as the ones in the 2nd and third columns of the charts, but now just the function changes. Torso ligament points will switch to the muscle channels late in the process, and yet still strengthen a ligament vial. Blue immune channels will switch to orange and yet maintain the same immune function. I had imagined the categories within the divisions as fixed, but apparently those were only the first set of costume changes. The second act require new attire.

I have not treated enough healthy teenagers to be sure that the points will revert to phase 1, but my older clients seem to be stuck in this phase 2 loop. Your eighty year old patient's heart or lung will probably always require a phase 2 point, and these points will alternate between the invisible ink Second Line 2, and the mirror Second Line 1 locations. Always just treat the point that strengthens the organ.

Once you have wrangled any aged or damaged organ back to relative health in either phase 2, then you will probably want to maintain treatment on that point to reinforce the repair process. If the patient is prone to bronchitis, then one of the Second Line Bronchi Mus, either Br 18.923 or Sp 8.923 at T3, might help to strengthen that organ for months or years to come. In younger patients, the phase 1 might also reinforce treatment, or perhaps prevent damage.

It might help to clarify by thinking of the four channels of each division as part of a single interlocking river system, where the qi can pass from one phase or tributary to another within this fixed set of river channels. Colors and identity are fluid, and the qi can run where it needs to. The four phases of each organ tissue just oscillate between the frequencies of two adjacent vertebrae and their 4 possible frequency variations. 4 frequencies, but 5 locations.

Traditional Locations

It would seem that the traditional locations of the Shu points we learned in school would be best suited to treat relatively healthy organs, because they are all phase 1 locations. If you were charged with keeping the emperor's lung and heart strong, then you could have used the traditional T3 and T5 points to maintain that strength. Yes, it would have been better to treat T3 and T5 as Mu points on the front of the body, but the traditional Shu point locations on the back still charge the qi. I derived the locations of all the organs by looking at pictures of healthy children, and only came to an understanding of deterioration pathways much, much later. The young emperor's lungs could have been treated with the traditional Shu for a cold or flu, but weaker lungs should have required migrations to other locations.

Digital users may not care where a line is drawn, whether a point falls on the main channel or on a a shadow; but practitioners need to see how these numbers came to be. Conversion charts are essential, but one needs to know how these points are calculated.

Chakras

Organ health is reflected in the chakras. A healthy organ will be best treated by its five division channel Mu or Shu, and that point will also strengthen the chakra. The best way to strengthen the heart chakra of a healthy child is with the green Ht channel on a green decimal Ht Mu: Ht 16.942. An older person might find that a Second Line Heart artery point, Sp 8.962, will better strengthen that green heart chakra. That orange artery point would increase the green magnetic field around the heart chakra.

Cancer pictures seem to demand the deeper phase 3 to strengthen the relevant chakra. I have presented these deeper locations in this second version of the chakra chart below.

I have also seen these chakra areas active in non cancerous benign tumors, so a deep chakra point for an organ does not necessarily signal the presence of a cancer. A weak Kidney chakra

10.883 esoph. 10.1046 s. colon	10th crown	1.854 Bladder 1.1022 trachea
9.1052 Uterus 9.902 Parathyroid	9th	15.1013 Thyroid 15.831 Sex
Bronchi 8.923 8.1064 rectum	8th	4.997 Thymus 14.826 anus
17.942 Lungs skin	7th	3.997 lymph Mammary
6.942 Heart	6th	2.962 Pancreas
16.962 Sm Intestine	5th	12.942 Stomach
17.997 Liver	4th	3.923 Gall bladder
18.1013 Spleen	3rd	14.902 Ileum marrow
19.1022 Adrenals	2nd	15.1052 Salivary 15.902 OT
20.1022 Kidney 20.854 mouth	1st base	11.872 Colon 11.1037 larynx

does not necessarily mean kidney cancer; but a kidney cancer image will most likely only strengthen with a phase 3 Kidney frequency.

Points on this chakra chart are listed with the channel of their organ tissue, but I have noticed that the tumor vial seems only to strengthen with a yellow lymph channel vial in phase 3, in pictures of various cancers. Interesting. These chakra points are not proscriptive for treatment of cancer, but might serve to treat the area after tumor removal or radiation.

The Indian system of chakra healing would have you shine colored lights on the chakras for general toning of the associated organs, but the chakra areas just seem to be a reflection of the Shu or Mu point weakness, and not the other way around. If you want to strengthen the chakras on a normal person, use the weak Shu or Mu points, not the centerline points. These Chakra colors were extremely useful in helping to establish the organ associations. Pictures of cancer will show a very clear chakra weakness in connection to the organ affected. The picture of a cancerous uterus would only respond to the light of a purple flashlight; therefore its chakra, meridian and pulse had to be purple.

Chapter 8: Infections and Disease Progression. Autoimmune.

Treatment of infections

My original idea for fighting infections was to chase the infection up and down the channel; move in the direction of the channel for excess, and against it for deficiency. Think of excess infection as a train moving the points further down the tracks of the meridian. If the acupuncture force prevails, then the infection runs out of steam, and the train moves back to the equilibrium station. If the infection is chronic or deficient, move the train backwards in the opposite direction. These infection points just use the main original points on the meridians without recourse to the invisible ink or shadow locations.

A queasy stomach from an ulcer or flu might need traditional Stomach 36, St 2.595 **St 4**, which is an excess Stomach point; but a deficient gastritis will more likely want **St 2**, St 2.282 on the foot. Many infections are not clearly defined as either excess or deficient. A cold will initially be best treated by Ma 13.442, near traditional Lung 7, which is the equilibrium point on the Ma/Lymph channel. Bronchitis with a barking cough might call for Br 18.325; which is moving in a deficient direction from the Br 18.442 equilibrium location. Excess and deficiency are not always easy to define. The optimal point to relieve symptoms is always the one that strengthens the organ and the pulse. I see no fixed tonification and sedation points on any meridian.

A child gets an ear infection, and the ear has no named channel of its own; but since the ear is made of cartilage, and the infection is often in the cartilage, then look for a cartilage channel from the bone division. The ear Shu is a purple yang Shu, so you might think that a purple yang bone channel can treat it, but that is not how it works. It is the infected red cartilage tissue that defines the channel treatment. The ear is located in the upper yang body; so it is the red yang arm Thyroid cartilage meridian that will best strengthen the infected ear cartilage. Our traditional earache point SJ 3 would translate as an excess point on that Thyroid meridian: Tr 15.325 **Tr3**. (Hold the arms over the head and the Thyroid channel moves upward.) This is where an acute ear infection might register, but I usually see the Tr points move in the opposite deficient direction. You should feel a weakness on the Thyroid pulse, and it will strengthen with one of this channel's frequencies. These cartilage channel points seem to have some effect on both the pain and the infection.

The tissue meridian points will often strengthen vials for a particular virus or bacteria, but it seems that their primary function is just to attract qi to the location of the infection. If the patient is young and strong, then that might be just enough to set off the whole cascade of healing functions. A person with food poisoning might be adequately treated with just a Stomach meridian point. Each

of these correct tissue channel points will strengthen the vials for dendritic cells, and antigen binding function, that reflect the initial labeling phase of the immune response.

I do see that most infections will benefit from the recruitment of the 4th division blood immune channels. I have labeled the 4th division (4,14,8,18) as a blood division, but it really covers all sorts of immune responses. One would think that the Spleen 8 meridian would only treat the blood, San Jiao 4 would just treat the marrow, and Thymus 14 would only treat the T cells. That may be true for the Shu and Mu points, but channel functions are more fluid than that. It seems that location is a major determinant of immune function.

Let's start with just the basic recruitment of macrophages and neutrophils to the wound site. I see that Spleen and Thymus are the primary channels for acute bacterial infections like battle injuries, or for vascular infections like malaria. Yang location wounds want the upper body Thymus channel for the macrophage vial, the while yin infections use the leg Spleen channel for the same. The location of the infection changes the macrophage function. Their orange partners from the Working Chart treat the neutrophil vial.

I call this recruitment of lymphocytes to the infections site blood immunity. The orange Spleen meridian is a yin channel, so it will treat yin area infections from cuts and wounds. Step on a piece of glass, and your foot will need a yin Spleen channel point. The functions for the yang locations are the reverse. A child falls off a bicycle and scrapes their outer knee, then the Tr 14.442 point will treat the macrophage vial. This is not a mirror treatment, so treat the same side as the injury. If an infection begins to fester, then move the points along the tracks of the meridian.

infections: channels	location	mild & stronger	location	blood immune	partners	location	blood immune
yin body skin, kidney	early yin later yin	Sp 8.473 -*Sp 6* Sp 8.383	leg yin	macrophages	Tr 14.442 *Sj5* Tr 14.564	wrist	neutrophils
yang body: ear, bladder	early yang later yang	Tm 14.442 *Sj5* Tm 14.325	arm yang	macrophages	Sp 8.473 -*Sp 6* Sp 8.595	wrist	neutrophils

Chronic infection seems to move those orange channels in a deficient direction, against the flow of the channel. Your chronic yin kidney infection will want a deficient Spleen channel point, Sp 8.684 or Sp 8.595, to strengthen the macrophage vial. Outer ear infections occur on the on the back side of the head, and therefore a low grade chronic ear infection eustachian tube problem will move the yang Thymus channel down towards the elbow in a deficient direction.

Notice that among these infection points are a couple of the major traditional acupuncture points (in italics). Infection would have been very common in ancient times, and these points would have been used frequently at the very beginning of an infection.

As traditional acupuncturists, we tend to think of the Spleen meridian and traditional Spleen 6 as the major blood infection point, and it is true that the traditional Sp 6 frequency will strengthen a vial for macrophages on a picture of a healthy child. Once you are dealing with real infection though, the primary bacterial immune channels will reflect the location of the infection.

immune Shu and Mu	phase 1	Second Line 2, phase 2	phase 3 shadow
immune Mu: Max & Spleen XXX Xai	Sp 8.826, 8.997	Sp 8.831, 8.1013	Sp 18.826, 18.997
immune Shu: Thymus Xai	Tm 14.997, 14.826	Tm 14.1013, 14.831	Tm 4.997, 4.826
immune Mu: Bronchi: CD4 T regs, IL10 inflammation	Br 18.902, 18.1052	Br 18.923, 18.1064	Br 8.902. 8.1052
immune Shu: Marrow SJ glucagon, T regs, ANA HLA	Sj 4.902, 4.1052	Sj 4.923, 4,1064	Sj 14.902, 14.1052

The limb channel immune points might help repel the invasion of pathogen, but once the infection has set in, it looks as if it is the blue and orange immune Shu and Mu, along with an infected organ Shu or Mu, that do the most of the work. The orange blood immune Shu or Mu points often test to have the strongest magnetic effect on the vials for the infection itself, and for immune vials such as macrophages and B lymph cells. Yin organ infections need the orange yin Spleen immune Mu points while yang infections need the orange Thymus Shu. Upper body Shu Mu for upper body infections, lower body Shu Mu for the lower body organs. Careful if you suspect autoimmune for these orange Shu Mu will exacerbate those conditions. The blue immune Mu/Shu seem to regulate the infection, and calm the resultant inflammation.

Treat the organ channel and the appropriate immune channel to initiate the treatment. Add an immune Shu or Mu to amplify the fighting power. Always add a target organ Shu or Mu to focus the treatment; add a skin Mu on a skin channel for a burn, an ear cartilage Shu point for an ear infection, a Stomach muscle division Shu for an ulcer, or a bronchial blood Mu for a cold. Find the correct phase for each of these organ Shu and Mu.

Below are examples of infection treatment. The first two columns are derived from a picture of JFK as a young man. The former president was frequently ill as a young man, and eventually lost most of the function of his adrenal glands. The photo shows a chronic strep infection affecting the adrenals, heart and kidneys, so which channel will focus the treatment? In this case, the adrenal

vial was by far the weakest, and that Ad channel showed a pronounced weakness on the spinal cross section chart. The correct Ad channel point strengthened the adrenal vial, and another for the strep. The strongest points for the infections were the orange Spleen Mu points on the front. He was young and relatively strong, so these orange immune points strengthen vials both for blood immunity and all of the areas of infection.

JFK frequencies	target vials	MRSA frequencies	target vials
Ad 9.282 w Tr 15.621	stressed excess adrenals, also treats strep vial	**Gb 3.383, Lu 17.564 channels**	skin lesion on back of hand - yang skin channel 1st
Sp 8.1013, Sp 8.831 Second Line 2	Immune Mu: strep, macrophages, B lymphs	**Tm 14.1013, Tm 14.831 Second Line 2**	B lymphs immune Shus humoral, macros, neutroph
Ad 9.1022 2nd line Ki 10.1037 2nd line	adrenal Mu second line kidney Mu	**Gb 3.1071, Gb 3.942 Second Line 1**	upper yang Skin Shu, partner
Sp 8.962 2nd line	heart mitral valve Mu	**Pt 19.902, Pt 19.1052 SL1**	parathyroid Mu, partner
Sp 8.282, Tm 14.621 immune channels	blood: macrophages & neutrophils, Nat. Killer cells	**Tm 14.621, Sp 8.282 channels**	blood: macrophages, platelets & neutrophils

The last two columns of frequencies are from a nasty looking picture of resistant staph or MRSA, found on the back of a hand. The skin limb channels that direct the qi towards the skin are turquoise, and the yang Gb point is the primary, because the lesion is on the back of the hand. The yang back of the hand would also require upper body yang skin and immune Shu. I added a Parathyroid Mu point, because parathyroid glandular supplements had been used to help treat skin ulcerations way back in the 1930s, and this Second Line parathyroid Mu frequency does significantly strengthen the magnetic fields around the lesions.[9]

Most practitioners may balk at the evidence of photos of patients, but I have found that the information is all there. Anyone can download a photo of the young JFK and hold it over a box of organ vials, and measure the strength of each organ. While years of comparing photos to actual bodies is required to be able to do this effectively, magnetic fields can be read from either bodies or photos. When scientists get data from the Hubble telescope, they are not measuring the actual magnetic fields either. The reading of magnetic fields is not considered to be real science if it pertains to bodies, while it is standard if it is directed at the stars.

Prejudice and inexperience can easily skewer the perceptions of any energetic reading, so caution and double checking of the results on an actual body is a must.

[9] Practical Endocrinology by Henry Harrower, 1957 edition, pgs 637,638.

Treatment of infections through acupuncture may not be best way to eradicate a pathogen, but this book is about exploring the structure and possible functions of the acupuncture system. Daily treatment of points with digital acupuncture might help make some chronic infections treatable. These observations are really just a sketch to try and bring some order to how the immune system works in infection. None of these observations have the statistical support to be prescriptive; as always, studies would need to be run.

Viral infections need T cell support. When an influenza or Covid virus comes barreling in, it is indeed the Thymus channel that will check its force. Usually this Thymus channel will move in a deficient direction as the virus gains force. Moving the point in the wrong excess direction on pictures of Covid and influenza will weaken the lung and bronchi, so be careful.

yang viruses	target	viral points	location	blood immune	partners	location	blood immune
Flu, Covid initial	lungs bronchi	Tm 14.442	arm	T killers interferon	Sp 8.473	leg	T regulators
Flu, Covid deeper	lungs bronchi	Tm 14.564 Tm 14.621	leg	T killers interferon	Sp 8.383 Sp 8.282	wrist	T regulators

T cells are manufactured and matured in the Thymus, so one would think that the Thymus should the primary channel for all viruses, but that is not the case.

yin viruses	target	mild & stronger	location	blood immune	partners	location	blood immune
yin targets: colds herpes	lungs lips esophagus	Br 18.442 **Br4** Br 18.325 **Br3**	wrist hand	T killers interferon	Sj 4.473 **Sj4** Sj 4.595 **Sj5**	leg	T regulators
yang targets herpes	genitals back	Sj 4.473 **Sj4** Sj 4.595 **Sj3**	leg	T killers interferon	Br 18.442 **Br4** Br 18.325 **Br3**	wrist hand	T regulators

Cold viruses seem to affect the yin respiratory organs, and show the blue arm Bronchial channel to be primary. Any herpes virus on the upper body yin bronchi, lungs, lips or esophagus will also see the blue Bronchi channel to be primary. If a herpes affects the lower body yang genitals, then it is a blue yang Sj channel point that will stimulate the T cell vials. A shingles herpes virus that affects the yang T10 nerve root will also want a blue yang Sj channel to treat it. If that shingles virus attacks a yin nerve root on the front of the body, then it will then use the yin Bronchial channel as the primary.

Flu and Covid viruses use the orange yang immune channels while rhino and cold viruses use the blue yin channels. They both attack yin organs. Flu viruses are more aggressive, but I don't really think that is the reason they prefer the orange yang immune. It may just be that some viruses are yin and others are yang.

When a virus is moving in, it is the limb channel points that are the strongest. In 2019, with my first round of Covid, I just stimulated Tm 14.442, traditional Sj 5, with an orange flashlight for ten minutes every time the Thymus pulse tested weak. Just treating that Thymus equilibrium point would also strengthen the Lung pulse, and the Lung pulse never got significantly weak. My motto was keep the runner on first, and don't let him steal to second.

As a virus moves deeper, it can use support from the immune blood Shu and Mu. In pictures of Covid and influenza patients, it is the blue Mu points that best strengthen the immune and virus vials; while stimulating the orange Thymus Shu frequencies will weaken the lung area and the inflammation vials on those pictures, perhaps because the immune response is already over amplified and needs to be calmed. Choose the phase that fits the immune cells.

Shu Mu immune	**Mu or Shu phase 1 initial or recovery**	**Second Lne Mu or Shu**	**Phase 3 Mu or Shu - shadow**
immune yang Xai	Tm 14.997 thymus -upper XXX Tm 14.826 anus - lower	Tm 14.1013 -upper XXX Tm 14.831 lower	Tm 4.1013 upper XXX Tm 4.831 lower
immune yin	Br 18.902 bronchi upper Br 18.1052 rectum lower	Br 18.923 upper Br 18.1064 lower	Br 8.923 Br 8.1064
immune yang	Sj 4.1052 cerebellum Sj 4.902 ileum	Tm 14.1064 cerebellum Tm 14.923 ileum	Sj 4.1064 Sj 4.923

It is impossible to know from muscle testing a vial whether the immune system is down-regulating or up-regulating; all that you can know is whether 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 Covid needs to be calmed, while in the deficient bronchitis patient it needs to be ramped up. I trust the body's immune system to perform the correct action if given the correct stimulus, but have no clinical proof of the matter. All that I do is measure the effect on the magnetic fields.

Many infections will want treatment on two different Shu or Mu at once. A cold sore on the mouth will want a Mouth Mu point on both the skin and nerve channels. A small intestine ulcer might initially benefit from both the blood and the nerve Si Mu at the same time. After several weeks of daily treatment, then the skin division of the Small intestine Mu might appear instead. Treat the

tissue points that strengthen the area, and the body will create the correct sequence through the divisions.

Autoimmune Response

In various immune and other charts throughout this book, an Xai may appear in the orange boxes. The orange decimal frequency points that will set off autoimmune reactions are marked as Xai throughout the major charts in this book; meaning Not (X) for AutoImmune (ai). Do not use these prohibited decimal frequency points on any patient with an autoimmune condition, no matter how much they may protest that their autoimmune is no longer active, or that they have no symptoms at this time. The orange decimal frequency points on an orange channel will inflame joints and other tissues on these patients.

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 the orange channel on a Thymus Shu points will elicit an inflammatory autoimmune response in any of its three phases. Most often this is Second Line Tm 14.1013 phases, but it depends on which phase is active. Originally I thought that any of the channels that crossed the Thymus Shu would set off a reaction, but fortunately it is only the orange Thymus channel on the orange Thymus Shu that is forbidden on the body. On the cranium, it is also the orange cranial channels on orange decimal frequencies that are forbidden. The orange decimal rays for CN IIIa, CN IIa, the pituitary and hypothalamus can all contain forbidden points for autoimmune.

orange hurts blue calms	**Shu Mu phase 1, early**	**Second Line ph2 shadow**	**phase 3 advanced shadow**	**Shu Mu phase 1, early**	**Second Line ph2 shadow**	**phase 3 advanced shadow**
body immune	Tm 14.997 thymus Tm 14.826 anus	Tm 14.1013 Tm 14.831	Tm 4.997 Tm 4.826	Br 18.902 bronchi 18.1052 rectum	Br 18.923 Br 18.1064	Sp 8.902 Sp 8.1052
cranial immune	Tm 27.132, (684) Sp. 34.734, (241)	Sj 24.132 Br 37.782	Sj 24.132 Br 37.734	Sj 24.442 CN VIIIa Br 37.473 SS	Sj 27.473 Br 37.564	Sj 27.442 Br 34.473

Orange being the color of the Thymus and Spleen channels, it is likely that these orange decimal points enhance the immune function in some specific ways. This is not what you want in autoimmune disease, because an overactive immune response just makes the body attack itself

more. If your patient or their photo shows a reaction to any yang Thymus orange decimal frequencies, then don't use any of these orange decimals on the body, or on the cranium.

The orange Spleen and Medulla Mu points will also have an adverse effect, but mainly on yin organs, and only if treated on the orange Spleen channel. Phase 2 Spleen Mu: Sp 8.1013 will weaken the yin parathyroid and yin skin vials on many of my autoimmune Lyme patients. The *cranial* Spleen partner to the cranial Thymus orange decimals will also weaken immune vials on autoimmune patients if treated on an orange channel.

If your autoimmune patient gets the flu, then the orange *limb* meridians, Spleen and Thymus, can still be used safely, as long as the points on those channels are the optimal ones that test to strengthen the channels. Moving the Thymus channel in an excess direction when it should be deficient would not be a good idea.The blue decimal Mu frequencies seem to calm an overactive immune response, so they are useful to counteract the inflammatory symptoms.

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 rural bacteria and parasites apparently keeps the immune system from turning on itself.

Ancient Chinese gut conditions were probably similar to those found in the rural parts of the third world today. The Chinese acupuncture books have no forbidden points for autoimmune disease, most likely because they never encountered it.

In photos of persons with autoimmune disease there are three possible phases of the Thymus Shu that can provoke inflammation. Most symptomatic patients react to the Second Line Thymus decimal on a Thymus channel, but forbidden Thymus Shu points need to be examined in all three phases, checking the photos of a patient to see which phase causes a reaction. Only the points that represent the current Thymus phase will excite the inflammatory response, so you must test carefully before creating a program.

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

Glandular pork thymus supplements will also weaken those energy fields. These glandular immune supplements and herbs should not be taken by autoimmune patients. Thymus glandular can prove helpful though in the energetic diagnosis of autoimmune. I was taught by the chiropractors to use thymus glandulars to help determine the locations of autoimmune activity. If a patient has an autoimmune thyroid gland and you place the thymus glandular bottle on their stomach, then that thyroid area will weaken markedly. This has proved very useful in Lyme disease patients, where there are often multiple areas of autoimmune reaction that must be identified. Better yet, and with more accuracy, run the Thymus Shu frequencies over a photo of the autoimmune patient, and see which organ areas or vials weaken.

Treatment for autoimmune conditions normally involves treating the blue decimal immune Shu and Mu points in their proper phases to calm the inflammation. It is also necessary to disarm the target Shu or Mu where the autoimmune is active. The treatment of autoimmune conditions is complicated and will be examined in more detail in the last chapter of protocols. This section simply raises the orange flags of caution.

Disease Progression through the Five Divisions

Traditional Chinese Medicine had a theory of disease progression moving through their six divisions; but even for ancient times this theory seemed rather sketchy. Let's look at how the new expanded five divisions seems to handle the movement of infections.

Du/ Colon	Kidney/ Ren	Stomach	Small Intestine	GB	Liver	San Jiao ileum	Spleen	Ovaries Testes	Adrenal
1	10	2	6	3	7	4	8	5	9
nerves	myelin	muscles iigaments	muscles ligaments	skin	lymph scars	veins immune	arteries immune	bones	cartilage
BladderHuatos	Nerve	Pancreas	Heart	Mamary	Lung	Thymus	Bronchi Sig Co.	Thyroid	Para-thyroid
11	20	12	16	13	17	14	18	15	19
myelin	nerves	muscles ligaments	muscles ligaments	lymph scars	skin	arteries immune	veins immune	cartilage	bones
first division	nerves	second division	muscle	third division	skin	fourth division	blood	fifth division	bone

The Chinese Tai yang was about the outermost yang and the treatment of an initial invasion of a pathogen. My first division includes the locations of the original Tai yang meridians, traditional Si and Bladder. These locations are now filled by the Du/Co 1 and arm Ub 11. For a long time I

imagined the divisions as just a series of tissue layers, and I thought this outermost yang must be the skin surface layer, but that wasn't correct. Functions are also better addressed by the yin and yang color partners within a division. In this case, the ultraviolet yin and yang parts of the Nerve division seem to be targeting the mucosal layer of the sinuses and gut, If a virus or an allergen is irritating the nose, then it first hits this mucosa layer. Your traveler's diarrhea will target the mucosal layer of the colon. The Nerve 20 channel seems to be useful for treating the nose mucosa. No part of this division seems to target the invasion of viruses or bacteria, but it does target a surface area.

The yin half of my Nerve division, Ren/Kidney 10 and Nerve/Mucosa 20 might be construed as a version of Xiao yin. This entire Nerve division crosses the outer most channels on the hands and feet, and treats the core centerline of the nervous system; the spinal cord and its ganglia. This ultraviolet half of the first division serves as the main channels for motor nerve damage, while the infrared seems to address the myelin coverings of those nerves. If you stub your toe or smash your finger, then treat with the ultraviolet Nv/Du channels. If you are dealing with diseases of the myelin sheath covering the nerves, such as with MS; then it use the infrared channels.

The second division meridians treat muscle and ligament issues. Diseases that affect the muscles such as muscular dystrophy or Myasthenia gravis will naturally attack these meridians, but otherwise this division does not seem to be affected in the general course of infectious diseases.

The third division of meridians treats the lymph and skin. Disease can certainly start as a skin infection, and respiratory infections can infest the lungs, so perhaps the tradition of Lung as Tai Yin was just observing the wind invasion of the Lung organ. Skin infections are treated initially with the turquoise half of this 3rd division, while scars, cysts and lymph are treated with the yellow half.

The fourth blood level division activates the blood immune vials that treat macrophages and neutrophils, T cells and B Cells. This is the first division to respond to the invasion of any sort of pathogen. A virus moving in will first activate the Thymus or Bronchi pulse. The flu will activate a Thymus channel point; an infected wound might activate the Spleen channel. This blood level can also reflect the health of the arteries and veins. A third function for the blue half of this division is the regulation of the vestibular balance system and proprioception; so motion sickness and vertigo are governed by this division as well.

The fifth division reflects bone and cartilage infection and deterioration. Infections of the bone, cartilage and teeth will need these bone channels to strengthen the infected tissues. Ordinary arthritis seems best managed with these bone channels. Bacterial infections like TB and Lyme Disease can certainly progress to this bone level, which would signal a deeper layer of invasion.

Disease progression is thus not just a single pathway through the divisions. A flu will affect a Thymus blood channel; the common cold will weaken a skin lymph meridian. A shingles virus infection will attack the nerve division. Malaria will move directly to the blood division. A surface cut to the finger might be treated with skin points, but then can develop into a blood infection. Sepsis and cancer are not necessarily bone division issues. There is no neat sequence of invasion through the divisions.

The traditional six divisions sequence of invasion was prescient for its time, because infections do worm their way through the different divisions. A skin abrasion can become infected and move to a blood level; if untreated, it can move to the bone. Viral blood channel infections can quickly invade organs. Infections will move deeper, but the sequence through the divisions is not fixed.

There is also movement within the divisions. Early stage arthritis usually affects the cartilage and is treated with red cartilage channels. Later stage arthritis has penetrated the bones, and is better treated with the bone Parathyroid channel. Early stage nerve disease might be treated with an ultraviolet Nerve channel, while a more progressed area of damage might move to the infrared myelin Kidney/Ub channels. Your burn area might form a scar, and move from the turquoise skin channel to the yellow scar one. As we have seen in the section on deterioration and degeneration, once these functions have been treated in their original category, they will switch to the other side of the division for a second phase 2. There are lots of ways for the body to accommodate deterioration and change.

Channels vs Shu Mu

My thinking is that for general plumbing and limb injury use the channels. They alleviate injury pain, remove stuck qi, and stop invasive pathogens. Say your patient gets a gallstone stuck in the bile duct. A point on the Gb channel seems to be the best point to move that stone. If your patient has just eaten a bacon cheeseburger that sets off the Gb attack; use that Gb channel. If there is vomiting from a flu virus, then use an excess St channel point: St 2.595 **St5** to ease the symptom.

If an artery is constricted, then an orange blood channel might be the best choice to increase blood flow to the area. The coronary artery vial often strengthens with a Second Line Heart artery point: Sp 8.923. These channel points for plumbing seem to be always found on the original channels using the points found on the first three chapter's charts.

The Shu and Mu repair the damage to the organs and tissues. If you want the gall bladder to do a better job of digesting fats, then use the appropriate phase Shu point; if you wish to improve

stomach function, then use the Stomach Shu point. The Kidney channel will move a kidney stone, but use the Second Line Kidney Mu point on a calcium bone channel to help dissolve it. Healthy organs are best strengthened with a Mu or Shu in phase 1 or phase 2. A healthy child does not normally need their lungs strengthened, but for extra Lung protection from pollution or dust, use the skin division Lung Mu: Lv 7.923, or the Second Line Lu 17.942.

I was convinced that organ damage was exclusively the job of the Shu Mu, but lately I am seeing evidence to the contrary. Cortisol might be better balanced by the Adrenal channel rather than the Ad Mu. Sleep hormones might be better balanced by channels, rather than the Pineal Mu point. Addictions may be better handled by channel points rather than by the areas affected in the brain. Keep your mind open and just test to see which has the strongest effect on the area or vials.

General Treatment- How Often and How Long

In Traditional Chinese Medicine, and certainly in Japanese needling techniques, the goal was to search for the minimum amount of points to treat a condition. In digital acupuncture my goal, on the contrary, is to strengthen as many areas of weakness as possible. Most of the time my patients have not only a toothache, but a bad hip and knee, and a chronic heart condition or diabetes. The advantage of digital acupuncture is that you can do 30-40 digital frequencies of short treatment duration, and not be limited to a 10 point strategy. In this manner you can adequately address a whole range of conditions. Most of my patients have a whole range of Shu and Mu points that need addressing, and I have found that I can treat most of them without draining the overall qi.

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.[10]

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,

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[10] 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. Adding a third point always caused interference and blocked transmission of any of the points.

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 may 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 treatment time.

It is good to mock out the potential effectiveness of any treatment before treatment. Place a sesame seed on the limb or torso 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 or mark the point; or find the frequency. If you are making a digital program, you can still leave on the seeds or marks as a starter treatment. If the mark is incorrect, just wipe it off with a wet rag.

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. Run the program every time the relevant pulse weakens. Once the symptoms resolve, the virus point frequencies can be removed from the patient's general program.

Most of my patients deal with chronic issues, and I advise digital treatment 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. I am still not at all clear on what are the optimal time limits for treatment in either acute or chronic conditions. Some people seem to benefit from almost constant stimulation, but I fear that will only create tolerance to the points. It does seem necessary though to sometimes move a patient faster through the phases.

Daily or nightly digital treatment can make acupuncture a more effective weapon to combat infection. Needling once or twice a week in an office was probably never enough for resolving that

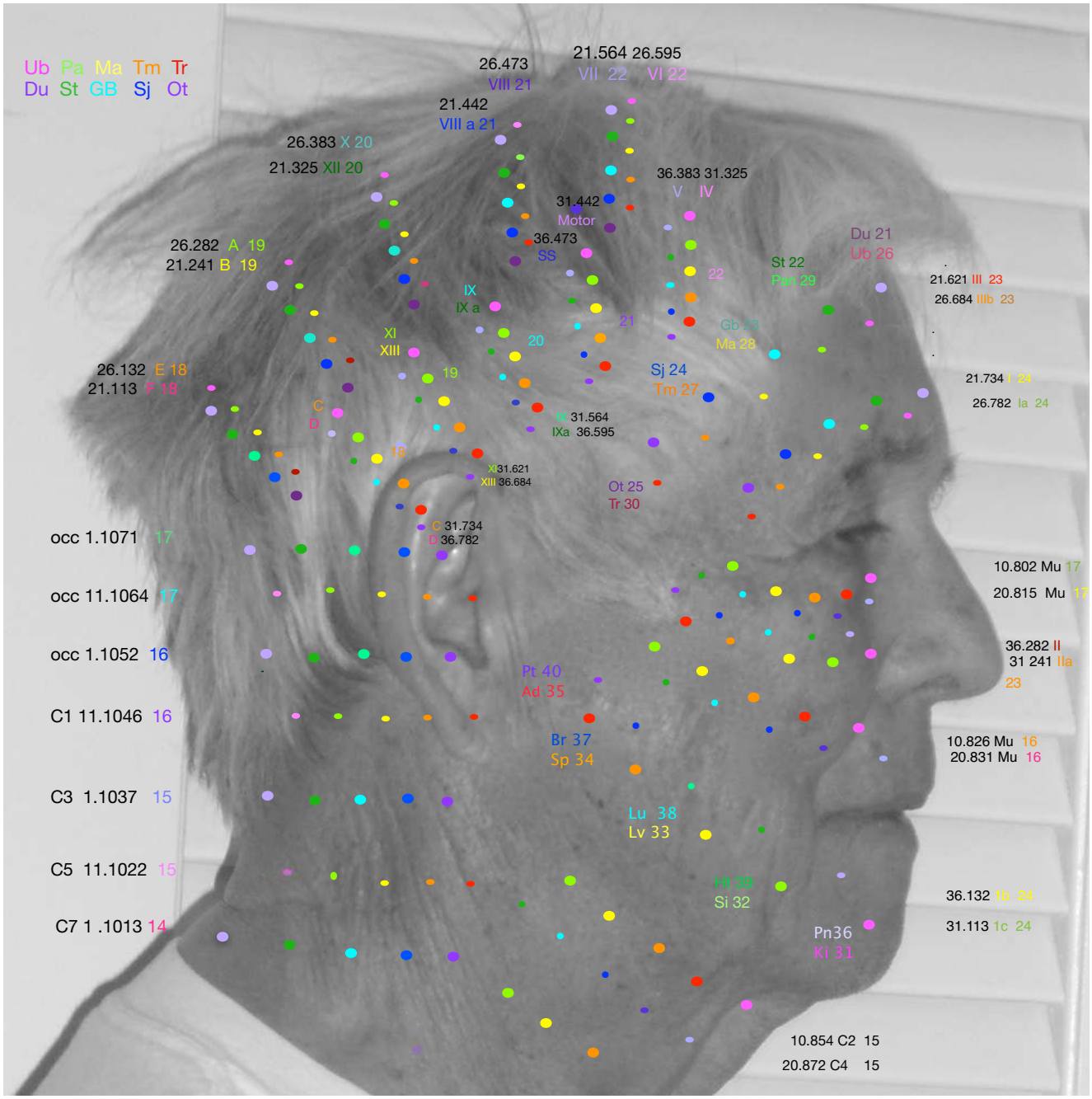
sort of problem. No claims for elimination of infection through acupuncture can be made without blood tests to confirm those results. I work energetically, so what I see is a strengthening of the infection vials related to the condition, a strengthening of the pulses, and of course an improvement in symptoms; but that is a long way from scientific proof. This book just offers a blueprint for further investigation.

The best points to treat infection are never fixed. The optimal point will move up or down the channel, and through various divisions, depending on the depth and duration of the infection. Once the points on your weak channels have reached their equilibrium locations, then continue to strengthen these channels with those equilibrium points for several weeks, which keeps the channels vigilant for the pathogens and helps to restore the tissues. 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 an infection is severe; supplement with herbs, or encourage the patient to use their antibiotics. The herbs or antibiotics can 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 both the time and frequency must be increased.

Patients with their own device tend to think that more is always better. A patient with an acute toothache or backache can benefit from multiple treatments daily, but I am guessing that tolerance to acupuncture points will develop with frequent stimulus. If you are just trying to strengthen a weak lung, then twice a day is probably more than sufficient. Qi can only be directed in so many directions at once, so save your fire for the important points. Caution your patients not to turn acupuncture into an addiction.

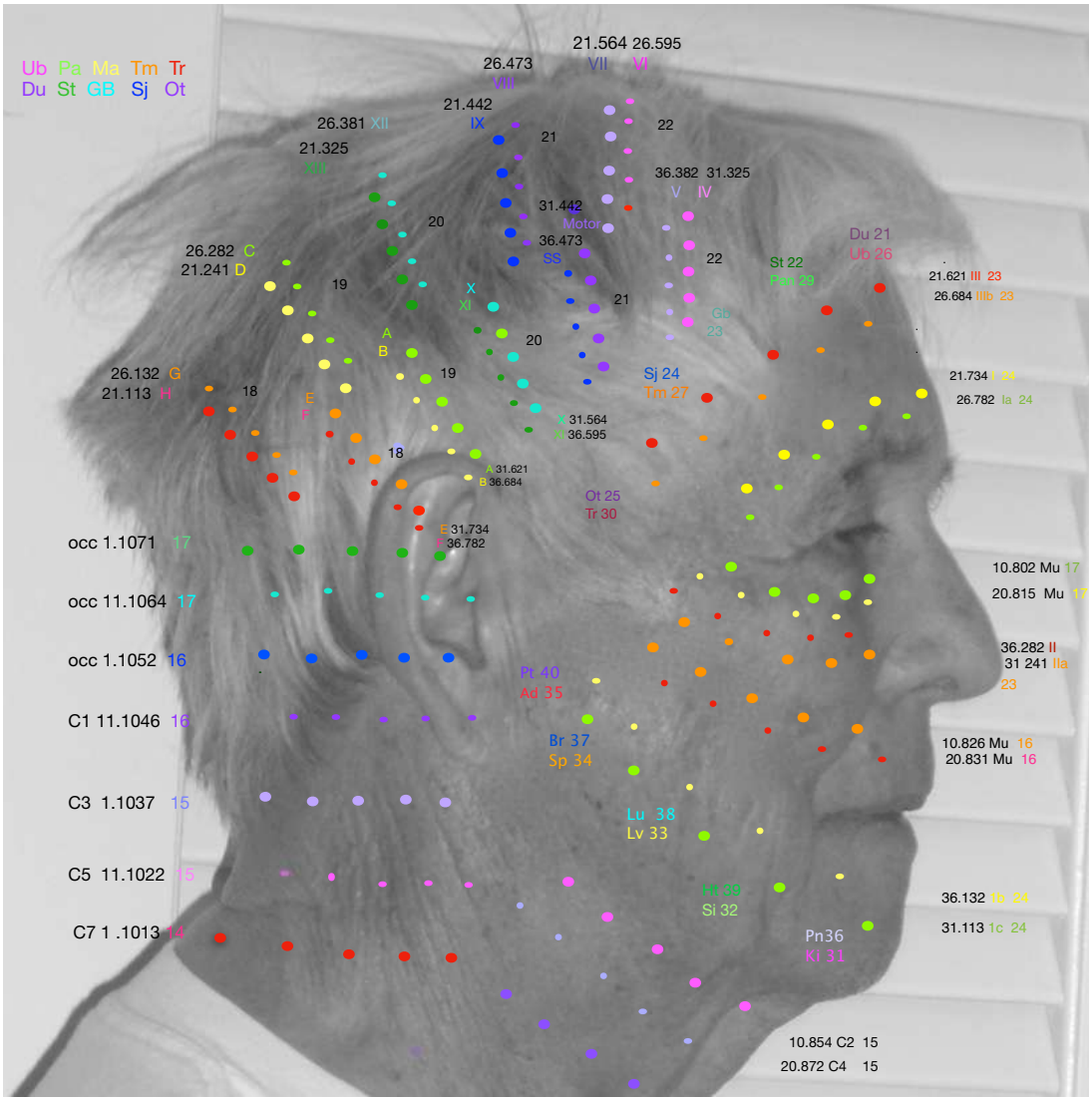
Chapter 9: Neurological Acupuncture



This topic is perhaps the most exciting new direction for Digital Acupuncture, because this 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 much more comprehensive.

To review: Each of the cranial channels respond to a number between 20 and 40. The yang leg cranial channels are converted just by adding a 2 before the channel: Gb 3 becomes cranial Gb 23. Five arm yang follow (26-30), then five leg yin (31-35), and five arm yin (36-40).

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

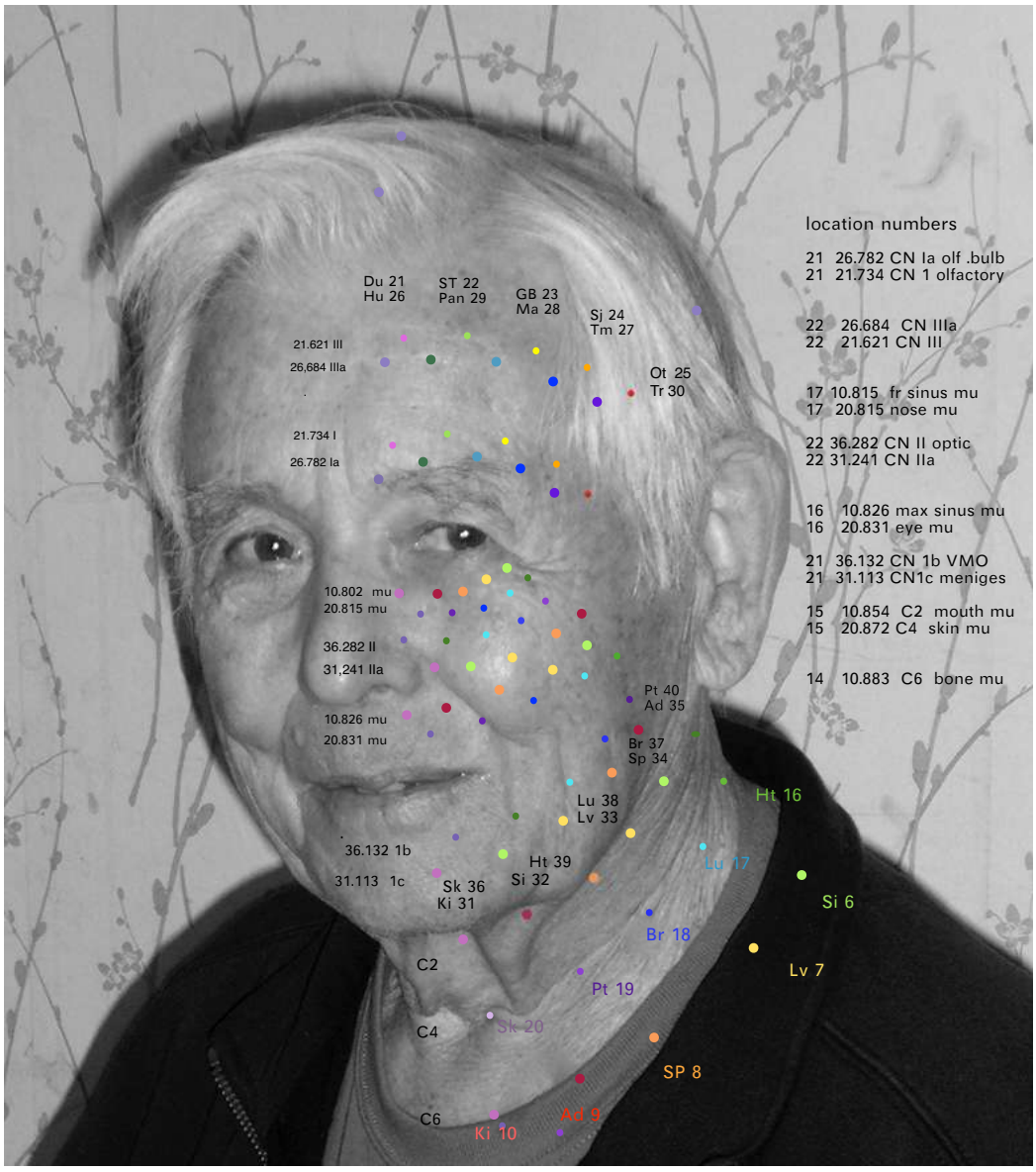


The underlying threads that organize much of the cranial map are the cranial nerves (CN). Half of the cranial decimal frequencies link to these cranial nerves; and another four are loosely connected to CN I. In the center on the cranium are found the motor or sensory areas, while the

rays at the back of the head that succeed the cranial nerve rays refer to the occipital areas of the brain.

All these cranial decimal frequencies form rays along the side of the head, and circles surrounding the eyes. The decimal rays on the face are interspersed with a couple of the body Mu rays.

The cranial decimal frequencies start as a series of circles on the edge of the face, and then move in towards the eyes. The outer circles around the face pertain to the meninges of the cortex, and the ancient olfactory organs. The circle that begins the connection to the cranial nerves proper is the yellow one above the eyebrow. This is the olfactory nerve: CN 1. The picture on this page illustrates the cranial point colors as decimal frequency rays, and not as channels. Each of the colors relate to a different cranial decimal frequency.



The olfactory sense was the original sensory organ to evolve in animals, and so it has four different rays that associate with it. If you download an actual image of the human cranial nerves, you will find that all four cranial olfactory rays will strengthen different parts of the antenna of the olfactory bulb. The tip of that antenna will strengthen with the lime green light. This lime green circle of points (CN Ic) lies over the jaw, and connects to the surface meninges. The second band on the olfactory bulb, CN Ia also responds to lime and forms the circle around the eyebrow. It connects with a vial for the olfactory cortex. The third band on the olfactory bulb (CN 1b) responds to yellow and to photos of the human vomeronasal olfactory organ (VMO). This VMO organ is the most ancient olfactory sensory organ. Dogs and other mammals use their VMO to sense their prey, and it seems to be linked to another aspect of memory and the emotional areas of the brain. Proust and his madeleines. The olfactory nerve itself CN I responds to yellow and is the olfactory nerve responsible for smelling coffee and flowers.

Vision is also vitally important, and so it governs five rays. CN II is the ray for the optical nerve. CN IIa is a set of points to the side of the nose that stimulates a vial for the optic chiasm. The CN III occulomotor & CN IV trochlear frequencies govern the muscles to the eyes. CN IIIa falls on the forehead, and all these visual points all circle the eyes, except the CN IV ones, which fall on the side of the cranium.

A couple of cranial rays in the center of the side of the head relate not to cranial nerves, but to the motor and sensory areas of the cortex. The yin .442 ray seems to coincide with the motor area of the brain, and the yin .473 ray with the somatosensory area. There are only 12 cranial nerves but several nerves have more than one ray. The olfactory and eye functions have more than one ray, and cranial nerves VIII and IX are also split into two rays. The cranial nerve rays appear in sequence except for the last one; if you look at a picture of the cranial nerve locations, CN XI is lower than CN XII on the brainstem. Since all the cranial nerves are paired on the cranium, I decided that this last physical cranial nerve ray XI needed a final CN XIII ray. This paired CN XIII ray does not relate to any known cranial nerve, but like all of the other posterior rays, it treats the posterior regions of the brain.

CN 1c	CN 1b	CN 1a	CN 1	CN IIa	CN II	CN IIIa	CN III	CN IV	CN V	CN VI	CN VII	Motor	SS
31.113	36.132	26.782	21.734	31.241	36.282	26.684	21.621	31.325	36.383	26.595	21.564	31.442	33.473
CN VIII	CN VIIIa	CN IX	CN IXa	CN X	CN XII	CN XI	CN XIII	A	B	C	D	E	F
26.473	21.442	31.564	36.595	26.382	21.325	31.621	36.684	21.282	26.241	31.734	36.782	21.132	26.113

When the rays around the face are imaged as channels and not frequencies, then each of the facial ray pairs forms an arm/leg division of frequencies. Cranial Liver 33 pairs with it 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 horizontally next to Si 32.

Co/Du	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	Br	Pt
26	29	28	27	30	36	39	38	37	40

app #	cranial yin	associated brain areas and cranial nerves	app #	cranial yin	brain areas and cranial nerves
24	32.113 (32.132)	CN Ic: olfactory bulb tip, BA47, VLPFC	24	29.782 (29.113)	CN Ia: olfactory cells, BA06, s. frontal bone
24	38.132 (33.241)	CN Ib: VMO, BA46 anterior cingulate, VMA	24	23.734 (28.782)	CN I: olf. nerve, DMF BA08, caudate nuc.
23 Xai	34.241 (34.282)	CN IIa: optic chiasm BA31 PCC, central sulcus	23 Xai	27.684 (27.734)	IIIa: BA09, DLPFC
23	40.282 (35.325)	II: optic nerve, retina, BA45, Broca's, IFG, BA29	23	25.621 (30.684)	III occulomot: eyebrow BA10, fr. pariatal
22	31.325 (31.383)	IV trochlear: insulas, CC infidibulum, BA30 RSC2 nucleus accumbens	22	26.595 (26.621)	VI: palatine bone BA11, orbitofrontal
22	36.383 (36.442)	V trigeminal: pineal ant temp lobe, BA38	22	21.564 (21.595)	VII facial n. BA21 med temp gyrus temp bone
21 equi.	35.442 (40.473)	Motor: BA04. BA24	21 equi	30.473 (25.564)	VIII: auditory ctx BA05 styloid, sup parietal
21 equi.	37.473 (37.564)	Somatosensory SS1 SS2.: BA01-3, BA39 ang gyrus 2nd auditory cortex	21 equi.	24.442 (24.473)	VIIIa: vestibular nerve mastoid, BA22, sup. tmp gyrus, Wernikes
20	33.564 (38.595)	IX: sup glossopharyngeal BA43 taste	20	28.383 (23.442)	X vagus: sphenoid
20	39.595 (39.621)	IXa inf. glossopharyngeal Exner's, sup marg. gyrus, BA32, prACC	20	22.325 (22.383)	CN XII: BA40 parietal lobe
19	32.621 (32.684)	XI accessory: PHCG1 tentor. cerebelli BA24 superior parietal	19	29.282 (29.325)	A: hippocampus BA28 fusiform, VA6
19	38.684 (33.734)	XIII: BA32 PHCG2 globulus pallidus	19	23.241 (28.282)	B:BA19, putamen lat. ventricles
18 Xai	34.734 (34.782)	C: pituitary, 3rd ventricles BA37 OTC	18 Xai	27.132 (27.241)	E: BA18, VA2, VA4 hypothalamus, subthalamic nucleus
18	40.782 (35.113)	D: amygdala, BA24	18	25.113 (30.132)	F: VA1 BA17, occiput, thalamus

Each cranial decimal ray connects energetically to different areas of the brain. This Cranial Energetics Chart records the tentative energetics of the brain related to each cranial ray. It was mapped using a human skull, endless images of brain damage areas, and a box containing some 150 brain area vials. I also used several live images of the neural Brodmann areas to try to establish a link with a recognized system of brain mapping. These are the BA areas on this chart. Some of these connections are still tentative and subject to error, but it is way more than a rough sketch.

Each pair of frequencies uses channels of the colors of the rays. The motor ray is purple, and purple is the color of the bone division, so the cranial channels in the purple boxes all use the bone channels. The top number in each box is the phase 1 location, and one of the Second Line locations is the number in parenthesis. The possible app numbers for each of the rays is listed to the side.

Take a moment to admire the color patterns on the above chart. The decimal frequencies naturally form two columns of rainbow sequences. The same colored frequencies from each of the two columns pair as functional partners, just as on the body charts. All these cranial pairs employ the same decimal frequencies and colors as those of the limb points for the body. I find that kind of amazing.

Each cranial bone will respond to a single colored decimal frequency and to a bone channel on that ray. Switch the channel numbers to reflect the bone channels. The parietal bone responds to a green light and a bone channel frequency: Ot 25.325. The parietal lobe underneath will respond only to the green CN XII decimal frequencies. The temporal bone only responds to a CN V decimal frequency on a bone channel: Pt 40.383. It will respond both to the ultraviolet light of its decimal, and to the purple color of its bone channel. Damage to the temporal lobe beneath that bone will be treated with one of the tissue channels of the ultraviolet CN V & VII frequencies; i.e., bruising will be treating with blood division channels.

The first frequency in each box corresponds with the channel and color of each ray, and it should strengthen a location brain vial and a Brodmann area on images of a healthy young brain. This orange channel point on a orange decimal CN C ray will strengthen a vial for the orange pituitary organ on a healthy person. A photo of a pituitary gland will also strengthen with the orange color of its decimal frequency. This helps to verify the connections to each area. The first frequency in each box is the five division channel on the five division color of each ray, and it is should be the strongest point on a healthy brain.

Each of the above cranial rays links to one of the upper body Shu or Mu by color. The optic nerve CN II is found in a red box in the energetic's chart, so it connects with the red body eye Mu found on the face. Stimulating either of the red cranial eye rays will affect the red face eye Mu, and vice versa. Each of the sensory organs connects to a cranial nerve of the same color. It seems that the brain is connected to the brainstem face, and neck organs by paired colors.

neck Mu or Shu: from top	face Mu for frontal sinus	tongue Shu	nose Mu	pons Shu	maxillary sinus medulla	cerebellum
Cranial Nerve associatied	CN 1c , I b, olfactory	CN XII & IXa tongue nerves	CN Ib, CN I VMO, olfactory	CN X , CN IX vagus	CN IIa, IIIa prefrontal	CN VIIIa, SS vestibular
neck Mu or Shu	eye Mu, ehmoid sinus	salivary or ear parathyroid	mouth Mu trachea Shu	esophagus Mu larynx Shu	Thymus Shu Xai	Breast Shu Lymph
Cranial Nerve	CN II , CN III eyes	CN VIII, motor ears	CN IV, CN VI corpus callosum	CN VII, CN V facial, TMJ	CN C, CN E pituitary	CN XIII, B neurotoxins

How it Works

In order to treat a neurological problem, the first order of business is to find the areas of damage. We are acupuncturists, we work energetically, so it is important to physically register the energetic weaknesses on the body's magnetic fields. If an MRI shows a left parietal lesion, you can place the side of your hand over the left parietal area of the head, and observe that it will weaken the strong arm of the patient. Brain vials can also indicate which brain areas show damage. Touching a left parietal energetic vial will also weaken a strong arm on this patient. A neurological practitioner should own a large box with energetic vials for as many areas of the brain as possible, because there are usually multiple areas of damage. If vials are not practical or economically feasible, then download as many images as possible of healthy brains and specific brains areas. A photo of a healthy left parietal lobe will also weaken when placed on the body of this stroke patient.

If you don't have an MRI and are trying to figure out where the damage has occurred, then you will want to use your brain vials, or you can use a set of vials relating to the cranial nerves and cranial rays. This second box of vials should contain all of the cranial nerves, plus vials for all the areas not covered by those nerves: the olfactory bulb, the olfactory cells, the motor and somatosensory areas, the third ventricles, the thalamus, the pituitary, etc. Place this cranial nerve box on the patient's abdomen, and test with the patient's strong arm each of cranial nerve vials. Any weak cranial nerve vial indicates a possible cranial frequency to be treated. Another way to determine cranial nerve involvement would be to download a picture of the cranial nerves that has enough digital data to allow for individual testing of each nerve location. Place this cranial nerve image on the abdomen and test for the weaknesses.

Many of the boxes also show a reference to one of the Brodmann neurological areas, so you might also download a map of those Brodmann locations, one derived from some sort of neuro-imaging of a real brain, and then see which of those Brodmann areas will also weaken a strong arm.[11]

Some of these digital decimal cranial areas might also be roughly confirmed by physically testing each one of the decimal frequency rays. Place the side of your hand over each the rays on a patient's head, and then push down on the patient's strong arm to reveal a weakness. When learning to muscle test brain areas it is always a good idea to cross check vial diagnosis with the physical location on the patient.

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[11] You cannot muscle test a drawing of the brain, but some images that are not photos have enough data derived from images to create energetic fields that can be tested. Find an image that looks like a live brain or a set of cranial nerves, download it, and see if it responds to the frequencies and colors of different brain areas.

If a cranial nerve ray or vial tests as weak, then pull out all the brain location vials associated with that ray or cranial nerve, and test them for weakness when placed on the patient's body. Say the ray and vial for CN VI tests as weak. Check vials for the energetics listed in the box and see if those vials also test as weak. A weak orbitofrontal area vial for CNVI should confirm that you have the right ray.

The next step is to attach this brain location ray to the cranial tissue meridians. Grey matter seems to be treated with the ultraviolet half of the cranial Nerve division, white matter or glial cells with the Infrared half of the Nerve Division. Strokes and concussions will use cranial Spleen artery points: cracked skulls will want bone division channels.

The traditional approach to choosing any correct channel would be pulse diagnosis. The cranial pulses are found more interior or deeper to the regular body pulses. The Heart cranial pulse is found medial to the regular Heart pulse position, on the new fourth pulse position on the left. Check the pulses. Feel and test with your resonator the cranial pulse positions on your cranial patients. If the internal Heart channel pulse tests as weak, then place the side view cranial map on the body and see if any of the cranial Heart points test as weak. Run that cranial Heart frequency 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. Your 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 sometimes read the cranial pulses for confirmation, but never for diagnosis. If someone has Bell's Palsy affecting the Nv channel on CN VII, I might want to see that cranial pulse reflected on the inside of the regular master Nerve pulse on the right thumb. It is fascinating to look at the body as a musical instrument that reflects all these cranial locations.

You might think that you could obtain meridian vials that would aid in cranial 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 only reflect a second margarita imbibed the night before, and have nothing to do with a weak cranial Liver meridian. The best solution for locating these weak cranial areas is to use the cranial positions of the channels found on the Spinal Cross Section map. Place this map on the patient's body, and then test to see which cranial areas weaken. I sometime use this Spinal Cross section map to determine if there is cranial involvement at all. I will place it on the patient's body and then see if any of those upper cranial areas test as weak.

The last six rays at the back of the head do not relate to any cranial nerve, and so can usually be deduced only by the brain vials that are associated with those areas, or by a map of the Brodmann areas of the back of the head that is based on a real brain image. I keep vials of associated areas for each of these rays in my box with all the cranial nerve vials.

Let's continue with this left parietal stroke patient. A stroke will obviously require a blood level channel point to repair the blood vessel damage. Find the parietal lobe location on the energetics chart above as ray CN XII, and then change the channel to reflect the type of damage. The problem is that this parietal patient will want the artery point that moves through that ray, but the Second Line frequency listed in parenthesis in the CN XII box is a blue channel and therefore it won't treat the arteries. We need the rules for conversion.

The Cranial Four Phases

Each cranial ray on the charts has five tissue channels that pass through it, but as on the body, those points are mainly for healthy young tissues. Most damage moves to a Second Line. Your concussion or stroke will affect an orange artery blood channel. If you want to treat an artery point on CN XII for the parietal lobe, and there is no orange Spleen or Thymus artery channel moving through that ray, you will need to borrow a frequency from the neighboring ray. Move this yang cranial ray location up to the next yang ray to find a willing artery partner channel: Tm 27.383. This is a Second Line 1 type point that we have met before on the torso.

Cranial points follow the same two step moves as they pass through their two phases of degeneration. The same rules and dance steps apply as on the torso points. If you imagine each cranial ray as a cranial vertebrae, then you move up to the one of the Second Lines for yang, and down for yin, just like on the body. Yang moves one ray forward on the cranium, then down on the face; and yin moves one ray up on the face, and then back and down on the cranium.

	phase 1	phase 2 Second Line1	phase 3 (Second Line 2)	phase 3 shadow
CN II	Pt 40.282	Ad 35.325	Ad 40.325	
CN II	Nv 36.282		Nv 36.325	Nv 36.282
CN III	Ot 25.621	Tr 30.684	Tr 25.684	
CN III	Du 21.621		Du 21.684	Du 26.621
motor	Ad 35.442	Pt 40.473	Ad 35.473	Ad 40.473
CN VIII	Tr 30.473	Ot 25.564	Ot 30.564	Tr 25.473

app #	cranial yin	associated brain areas and cranial nerves	app #	cranial yin	brain areas and cranial nerves
24	32.113 (32.132)	CN Ic: olfactory bulb tip, BA47, VLPFC	24	29.782 (29.113)	CN Ia: olfactory cells, BA06, s. frontal bone
24	38.132 (33.241)	CN Ib: VMO, BA46 anterior cingulate, VMA	24	23.734 (28.782)	CN I: olf. nerve, DMF BA08, caudate nuc.
23 Xai	34.241 (34.282)	CN IIa: optic chiasm BA31 PCC, central sulcus	23 Xai	27.684 (27.734)	IIIa: BA09, DLPFC
23	40.282 (35.325)	II: optic nerve, retina, BA45, Broca's, IFG, BA29	23	25.621 (30.684)	III occulomot: eyebrow BA10, fr. pariatal
22	31.325 (31.383)	IV trochlear: insulas, CC infidibulum, BA30 RSC2 nucleus accumbens	22	26.595 (26.621)	VI: palatine bone BA11, orbitofrontal
22	36.383 (36.442)	V trigeminal: pineal ant temp lobe, BA38	22	21.564 (21.595)	VII facial n. BA21 med temp gyrus temp bone
21 equi.	35.442 (40.473)	Motor: BA04. BA24	21 equi	30.473 (25.564)	VIII: auditory ctx BA05 styloid, sup parietal
21 equi.	37.473 (37.564)	Somatosensory SS1 SS2.: BA01-3, BA39 ang gyrus 2nd auditory cortex	21 equi.	24.442 (24.473)	VIIIa: vestibular nerve mastoid, BA22, sup. tmp gyrus, Wernikes
20	33.564 (38.595)	IX: sup glossopharyngeal BA43 taste	20	28.383 (23.442)	X vagus: sphenoid
20	39.595 (39.621)	IXa inf. glossopharyngeal Exner's, sup marg. gyrus, BA32, prACC	20	22.325 (22.383)	CN XII: BA40 parietal lobe
19	32.621 (32.684)	XI accessory: PHCG1 tentor. cerebelli BA24 superior parietal	19	29.282 (29.325)	A: hippocampus BA28 fusiform, VA6
19	38.684 (33.734)	XIII: BA32 PHCG2 globulus pallidus	19	23.241 (28.282)	B:BA19, putamen lat. ventricles
18 Xai	34.734 (34.782)	C: pituitary, 3rd ventricles BA37 OTC	18 Xai	27.132 (27.241)	E: BA18, VA2, VA4 hypothalamus, subthalamic nucleus
18	40.782 (35.113)	D: amygdala, BA24	18	25.113 (30.132)	F: VA1 BA17, occiput, thalamus

The points found in parenthesis in each Cranial Energetics box correspond to the correct five division Second Line that matches the color for each cranial ray. Cranial Nerve II represents the optic nerve, and the eyes and its decimals respond only to red. The first frequency in that box, Pt 40.442 is for healthy young eyes, but it is not on a red cranial channel. Damage or aging will move it to a Second Line 1 point that uses a red channel: Ad 35.325. Further deterioration will then switch it to its phase 3 location on the shadow Ad channel. Just switch the

Second Line 1 channel number to that of its division partner, and conserve that decimal frequency.

If you are trying to treat a different type of tissue than one on the chart, then you will need a Second Line 2 point to reflect the deterioration. Damage to the nerve or the retina must be treated on the cranial Nerve channel. Just as on the body, when the phase 1 has the correct channel passing through it, then damage is reflected in a Second Line 2 point. Move to the location of the ray below it, but keep it on the main channel. This is your invisible ink point again on the main Nerve channel: Nv 36.325. Further deterioration to the retina will move to phase 3. Remember the rule for the Second Line 2 dance steps: Use the phase frequency, and just switch the channel to the division partner.

All four possible phases are not listed on the Energetics Chart because I wanted that chart to be concise and fit on one page. The conversion just involves variations of the two frequencies listed. These are the same dance steps we learned for the limbs and torso points. If the first frequency in the box has a channel that conforms to the tissue in the box, then the Second Line 2 frequency listed in parenthesis will conserve that channel. If the first frequency does not have the correct channel for the color of the box, then move it to the Second Line 1 channel and grab the right partner.

Here are the degeneration rules once again for less agile brains. Healthy or recovering brain areas use the phase 1 points. Both Second Lines move to the adjacent yin or yang ray. Yang moves up the energetics chart, yin moves down. On the cranium itself, yang move forward towards the face, and yin moves towards the back of the head. Second Line 1 can't find its five division channel in its phase 1 location, so it finds it on the adjacent ray. Second Line 1 is an already existing point on that adjacent ray with a new function. When Second Line 1 gets really exhausted, it switches its channel number to that of it division partner. It grabs a new partner channel number but its the same dance in the shadows.

The more conservative set of points are found in boxes where the original channel in box conforms to the color of the box and its decimal ray. It is already happy with its tissue channel, so Second Line 2 moves the location but stays on the main channel. It moves back to the original decimal location in phase 3, but takes that phase 1 point and switches the channel to the shadow.

When the points in those Second Line 2 boxes need to adjust to treat a different type of tissue that doesn't have matching profile, then they will grab a Second Line 1 partner.

Just as on the body, there are shadow channels for each ray, and there are points inscribed in invisible ink that only appear when there is damage to an area. The Second Line 1 points are

actual points on neighboring rays whose channel better suits the tissue. Second Line 2 conserves the channel but moves the point onto an invisible ink location on that ray, that lines up with partner ray on the side of the head. Phase 3 points are found on shadow channels that do not appear on any of the Cranial Charts at the beginning of this chapter. Those charts head are already too crowded with head points to include the invisible ink Second Line 2 and the phase 3 locations.

There are only 4 possible frequencies for each digital point once you have determined the tissue division channel. Two possible decimal frequencies and two possible rays they are located on. Digital practitioners will most likely just run through each of the four possible variations to determine which one strengthens the target area or vial.

	phase 1	phase 2 Second Line1	Second Line 2 inv. ink or phase 3 shadow	phase 3 shadow
CN XI (chart)	Si 32 621		Si 32.684 SL 2	Si 39.621
CN XI	Ki 31.621	Nv 36.684	Nv 31.684 ph 3	

Strokes and Concussions

Let's delve a little deeper. Stokes and concussions are caused by blood vessel damage to the cerebral arteries. Arteries are only treated with orange blood division channels, so you will need to find the nearest artery channel to the damage. The parietal lobe has an artery point moving through it, but the superior parietal lobe above it on the chart does not. If you needed to treat a stroke in the superior parietal lobe you would use the CN A parietal blood point, because that is the Second Line location for that area.

The danger with these blood stagnation points would be the potential to loosen a blood clot, or rupture an embolism. Cranial acupuncture with needles for strokes was considered prohibited during the first few weeks after the stroke when I was in school, to prevent excess blood flow to an already weakened area. I have read since online that ideas have changed, and that early intervention is now advised.

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 untreated stroke do seem to strengthen the damaged locations, but only on the uninjured side of the brain. Can digital acupuncture recruit that uninjured side to take over functions? That would be nice, but it would require major research. The advantage of digital acupuncture is that all cranial frequencies send energy to both sides of the brain, which might then aid to recruit neurons from the healthy side.

Once you have located the major blood stagnation to the area, you need to address the damage from lack of blood flow, and use the cranial Shu Mu to repair cranial areas.The Second Line point, found in parenthesis in the CN XII box, will convert to an orange artery point: Tm 27.383. The main focal point for the stroke may be an arterial point in mid cerebral artery or the brainstem, so that focal area will also need to be addressed.

If you have a box of brain vials, place them on the patient's abdomen, 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, the pons, Broca's, the hippocampus and motor areas test as weak. Look on the Cranial Working chart to find the decimal locations for each of these areas, and then see if there is a weak point on each of these rays. Add these decimal frequencies to the protocol.

focal points m cerebral artery Second Line 2	sensory nerve support Second Line	left parietal lobe CN XII, CN IXa Second Line	brainstem damage Second Line	CN A: short term memory Second Line	frontal lobe CN II, CN III Second Line
Sp 34.473 motor r. leg weakness	TM 27.473 CNVIIIa r. leg weakness	Pan 29.383 leg weakness	Gb 3.1071 pons	St 22.325 hippocampus	Sp 34.325 BA45 Broca's
Tm 27.564 CN VIII r. arm weakness	Br 37.564 Somatosensory r. arm weakness	Si 32.621 l. arm weakness	Gb 3.902 reinforces pons treatment	Ht 39.684 Exner's	Tm 27.684 BA10

The above set of points is taken from MRI photos of a mid cerebral artery stroke. The motor area is damaged and needs an artery point to treat it. The motor point in the energetic's chart could convert to an artery point, Sp 34.442, but that would only treat a healthy artery. What to do? Take that Second Line decimal frequency and switch to the Spleen artery channel: Sp 34.473. The purple partner on that ray is also converted to a Second Line 2 frequency. One could have made an energetics chart with all four frequencies listed, but I preferred one that would fit on a single page; so that requires a little brain power. Conversions should readily become second nature.

Leg motor channels treat leg weakness, and arm CN VIII channels treat arm weakness. It is interesting to note that the arm motor area points on the actual cranium treat the opposite limb. The weakest motor point is found on the left side of the brain when the right side of the body is affected. The other sets of columns in the above chart treat the other weakened areas found in the photo, and all are better treated with their five on five locations. You might think that all these points would be found on blood division channels, but most are much stronger on their five division tissue channels on this particular image. The motor area initially shows greater weakness

on the artery channel, but on other stroke images it will also manifest a weakness on the bone division channel.

In traditional cranial acupuncture it is the anatomy of the underlying motor areas that governs the treatment. A paralyzed right leg is treated with a point found over 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, the motor ray area is found closer to the lower half of that anatomical motor ray, while and its CNVIII partner is found closer to the upper half. Needles in those anatomical areas might be stimulating both the Motor and the SS rays.

The correct set of stroke points should strengthen all the weak cranial vials, the cranial pulses, the spinal tract cranial areas, and the weak areas found on the head itself. Treatment of strokes is not my bread and butter, so these are just observations of the patterns that appear.

Once you have assessed that your cranial frequencies strengthen all the weak brain areas, then should have your treatment, though it is often a little more nuanced. 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.

head impact Second Line	target: cranium connection	face points Second Line	target : face or brainstem	frequencies Second Line	inflammation
Sp 34.132 CN Ic Tm 27.113 CN Ia	meniges VLPFC BA 08 SL	Sp 8.815 Sp 8.986	front sinus, small intestine	Br 18.923 Br 18.1063	face inflamm. NFKb
Sp 34 241 CN Ib Tm 27.782 CN I	VMO ant cingulate	Sp 8.826 Sp 8.997	nose, liver	Sj 4.923 Sj 4.1052	inflammation NFKb Cox2
Sp 34.282 CN IIa Tm 27.734	BA 31 PCC Second Line	Sp 8.831 Sp 8.1013	medulla, spleen	Tm 27.473 Sp 34.564	vestibular SL balance, SS
Sp 34.325 CN II Tm 27.684 CN III	BA45 Broca's eye, eyebrow	Sp 8.854 Sp 8.1022	eyes, adrenals		
Tm 27.442 CN X Tm 24.595 CN IX	vagus nerve GABA ph 2	Tm 14.1071 Tm 14.986	pons, gall bladder		

Concussions differ from strokes in that there are several local areas of impact, all on blood channels. A boxer after a fight, or the survivor of a car wreck can show several bruised areas on the head. Look for the cranial artery frequency that will strengthen the general blood stagnation, and then find a series of blood channel points that will strengthen the local areas of bruising. The

chart below is composed from several different concussion pictures. Pain from a concussion would be treated with the first point listed, while the second partner point would treat the inflammation. All of these points are presented on their Second Lines but could move to phase 3.

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 my practice. The above chart 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, but it gives me immense satisfaction to try and solve these puzzles.

condition	Second Line points & Partner	areas affected	Phase 3 and partner shadow	areas affected
Alien Hand syndrome (can't recognize own hand)	Pan 29.325 CN A Si 32.734 CN XI Lv 33.241 CN Ia Ma 28.782 CN I	fusiform, hand BA24 VMO ant. cingulate DMF caudate	Pan 22.325 CN A Si 39.734 CN XI Lv 38.241 CN Ia Ma 23.782 CN I	fusiform, hand BA24 VMO ant. cingulate DMF caudate
Capras syndrome-(can't recognize family)	Pan 29.325 CN A Si 32.734 CN XI Pan Lv 33.734 CN XIII Ma 28.282 CN B	fusiform, hippocamp. PHCG1 BA 32, glob pallidus putamen glial	Pan 22.325 CN A Si 39.734 CN XI Si Lv 38.734 CN XIII Ma 23.282 CN B	fusiform, hippocamp. PHCG1 BA 32, glob pallidus putamen glial
Cotard's (thinks self is dead)	Tr 30.132 CN F Ad 35.113 CN D Pan 29.325 CN A Si 32.734 CN XI Pan	thalamus amygdala fusiform BA 24	Tr 30.113 CN F Ad 35.782 CN D Pan 22.325 CN A Si 39.734 CN XI	thalamus amygdala fusiform BA 24

I should note that all three of these syndrome photographs seem to be caused by some sort of damage to the left parietal area, so add the blood stagnation points that correct that area.

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 interfering 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(s) of frequencies should strengthen all vials related to the syndrome. Probably it is wise to further strengthen the individual areas of damage, but this chart just give the focal points.

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 and relates to the optic nerve, say Second Line Sp 34.282, you can guess that the short in the wiring is closer to that visual area; but the circuitry remains imprecise. This is just one reason that many of the physical locations of brain regions in my neurological chart are still tentative.

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

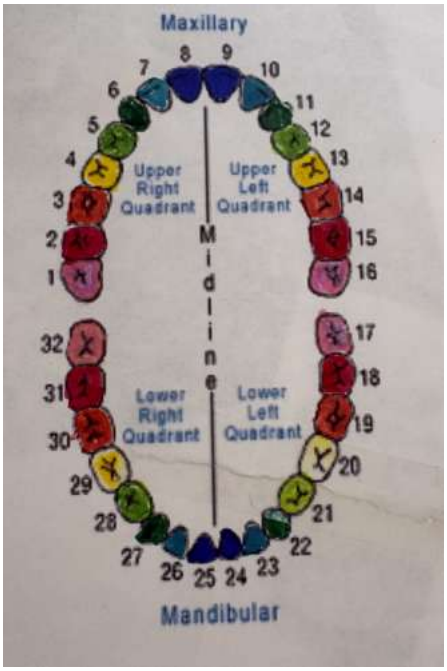
It is perhaps intuitive that hereditary genetic defects would show on the blueprint of the brain. I have found that certain cranial points will reflect the weaknesses on the chromosomes. If you download an image of the 23 human chromosome pairs and place it on the body of a person with a known hereditary illness, then one of those chromosomes will test weak. A picture of a 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 both the picture of that chromosome and vials relating to the disease symptoms: Ki 31.621 with Sk 26.325 for Huntington's chromosome 4. Could these points ultimately affect the outcome of the disease? Hard to know, but it is our job to strengthen the paths of resistance, be they in the body or the brain.

If you know that a person has a genetic affliction that manifests on, say, chromosome 16; then confirm that weakness by placing the picture of a set of human chromosomes on their torso, and have the patient touch the picture of chromosome 16 while testing a strong arm. If the defect is inherited from the mother, the weakness will show on the right side of the chromosome; if it is inherited from the father, the weakness will be on the left. Hold their finger on the weak side of image of chromosome 16, then place the photo of the spinal cross section also on their torso; next

test the upper layer of each of the cranial nerve locations. If the cranial Ot tract tests as weak, then test which of its five cranial nerves or locations weaken while touching the image of the chromosome. You can confirm these points on the side of the cranium itself, by locating the weak area. Find the phase of that cranial nerve point and its partner that will strengthen the image of the chromosome and the symptom vials associated with the condition.

Several patients with a hereditary tendency towards diabetes showed a weakness on chromosome 8. The cranial Br and San Jiao channel points Br 37.113 **Br 18a** combined with Sj 24.132 **Sj 18a**, will strengthen the vials for the pancreas and insulin on these patients. These are Second Line points for CN D and CN F. These points will also strengthen the picture of the weak chromosome 8. These points will not eliminate diabetes, but they might help control the downward spiral of the disease. As the person ages, and the disease progresses further, then those hereditary points move to their third phase: Br 34.113 **Sj 18b** with Sj 24.132 **Sj 18b** for chromosome 8 diabetes. It would be wonderful to explore how to keep these genes from expressing themselves in young people born with a hereditary condition. Usually these pictures of young people will also show weak blue cranial immune points that will also strengthen the weak chromosome. Could these immune points be used as an adjunct to stave off the inevitable? The potential for this line of work is breathtaking, but it would require enormous clinical studies.

Connections to the Teeth



The teeth might be conduits of infection into the brain. I had noticed that various neurological disorders showed weaknesses on specific teeth, as will be noted in the last chapter on the protocols. I had read that some Alzheimer's might be caused by the Lyme borrelia spirochete, so I began looking for spirochetes in tooth areas in other neurological conditions. For a long time I could only treat the entire sets of upper or lower teeth. The upper teeth were governed by a red yin body Mu 19.831 in healthy children, while the lower teeth were governed by the yang neck Shu Ot 5.1046. Years later, I discovered that each individual tooth was connected to a specific color, and to the cranial ray of that same color. This was a better way to connect directly to the brain.

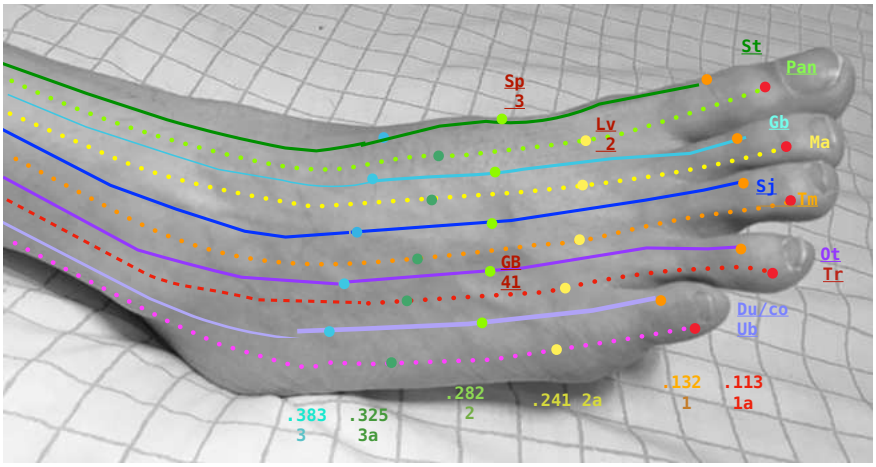
If you think that a tooth infection might be affecting a brain area, then run a bone division frequency on the cranial ray of that tooth's color, and see if it strengthens weak brain vials or images. Upper teeth are connected to yin cranial meridians, while lower teeth are connected with

yang. When there are two sets of cranial rays of the same color, then the left treats the front of the brain, while the right side treats the back. The red cranial rays form two distinct sets, so the red teeth on the left connect to the forebrain and are treated with the CN II and CN III rays on bone channels. The back of the brain is affected by the red teeth on the right. These right side teeth use the CN D and F ray to treat the back of brain.

The sequence of these colors on the teeth formed yet another rainbow array. The rainbow sequence on the teeth set above is missing connections to the ultraviolet and purple, but I have found that stimulation of the purple and ultraviolet cranial rays will locate points on the jaw areas behind the wisdom teeth.

A Theory of Pain

In Chapter 7 we looked at injury and pain, but the perception of pain originates in the brain. No theory of pain could be complete without brain points, so it is time to circle back and try to crack the code. Let us start first with the body points for pain. One might think to block pain perception through the meridians that are associated with the spinal tracts that convey pain signals to and from the brain. The meridians that convey pain signals to the brain are the purple Ot 5 channel of the anterior spinothalamic tract, and the purple Parathyroid 19 channel of the lateral spinothalamic tract. The corticospinal tracts that convey pain signals from the brain to body are associated with the red Thyroid 15 and the red Adrenal 9 meridians.



Two of traditional acupuncture's pain points, traditional Gb 41, (Ot 5.282) and Ht 8, (Pt 19. 241) are found on the spinothalamic channels that convey pain signals to the brain. Could those pain points directly block pain signals? Traditional Gb 41 for headache is now found on the anterior spinothalamic channel as Ot 5.282. On the Parathyroid channel associated with the lateral spinothalamic tract you find traditional Ht 8 as Pt 19.241, which is used for heart pain, but is not a heart channel point. Centuries of use of those two traditional pain points would indicate that they have some analgesic effect. Let's delve a little deeper.

If you are trying to block incoming pain signals from an injury, then the spinothalamic channels seem your best choice. Acute severe pain from any injury will show a weakness on one of the purple spinothalamic areas on the Spinal Cross Section chart. I looked at dozens of pictures from all sorts of types of war zone injuries, and then checked to see which of the spinothalamic channels tested as weak. Upper body injuries always showed a lateral spinothalamic weakness, which is governed by the purple arm Pt channel, while lower body injuries show weakness on the anterior spinothalmic area of the Spinal Cross Section map. This area and spinal tract vial is governed by the purple leg yang Ot channel.

Treatment of pain on these channels is pretty direct, and just uses the main channel points with no invisible ink. The more intense the pain, the further the point from equilibrium. Even though we perceive pain as excess, points moves against the channel in a deficient direction. A soldier with a severe leg wound in battle will want Ot 5.113 on the toe, while that same wound once treated might move back to the traditional Gb 41 pain point, Ot 5.282. Stimulation of this spinothalamic point would not be a mirror treatment of the injury, but a direct effort to stop the pain by treating the channels that convey the pain signals. This point strengthens the weak nociceptor pain vial.

spinothalamic channels sends pain signals to the brain	spinothalamic body channels pain: nociceptor substance P	spinothalamic partner inflammation, endorphins	cranial spinothalamic primary - pain: dynorphin vial	cranial partner: endorphins	Shu/ Mu bone: pain, inflammation endorphins
lower body moderate ant. spinothalamic	Ot 5.383 Ot 5.282	Pt 19.564 Pt 19.621	Ot 25.325 Ot 25. 241	Pt 40.595 Pt 40.684	Ot 5.902 Ot 5.1052 Second Line
lower body severe pain ant spinothalamic	Ot 5.282 Ot 5.113	Pt 19.621 Pt 19.734	Ot 25.241 Ot 25.113	Pt 40.684 Pt 40.734	Ot 15.902 Ot 15.1052 shadow ph 3
upper body moderate pain lat. spinothalamic	Pt 19.325 Pt 19.241	Ot 5.595 Ot 5.684	Pt 40.595 Pt 40.684	Ot 25.325 Ot 25. 241	Pt 19.902 Pt 19.1052 Second Line
upper body strong lat. spinothalamic	Pt 19.241 Pt 19.132	Ot 5.684 Ot 5.782	Pt 40.684 Pt 40.734	Ot 25.241 Ot 25.113	Pt 9.902 Pt 9.1052 phase 3

In photos of children in extreme pain from upper body war wounds, it is the purple Pt 19.241 point, found on the palm of the hand, that most often shows to strengthen vials for upper body pain. In these pictures of severe war wounds, it does appear that blocking those incoming signals of pain with spinothalamic tract points might be more effective than just treating several damaged locations. In pictures of car accidents with multiple upper and lower body broken bones, treating the weaker of the spinothalamic body channel has a stronger effect on pain vials.

Severe body battle injuries show a weakness on both the lower and upper spinothalamic locations on the Spinal Cross Section map. The cranial points for pain again chase the pain down these purple cranial 'spinothalamic' channels, even though there are no known spinothalamic channels in the brain. My theory is that if the sensation of pain is produced in the brain, then perhaps these cranial purple meridians that are reflections of the body's spinothalamic channels might help to reduce that pain. The correct purple cranial meridian points will strengthen a vial for dynorphin, which is an opioid neuropeptide involved in pain transmission. The search for an opioid substitute is kind of a holy grail for acupuncturists, so research along these lines might be useful. It is interesting that the body's purple spinothalamic tracts do not strengthen this dynorphin vial, only the purple cranial ones." Purple haze all in my brain." (Jimmy Hendrix).

In pictures of lower body battlefield injuries, these purple bone channels can also be used to treat the bone damage. A shattered ankle will need the phase 3 shadow Ot point on the arm for repair. This shadow point will also strengthen pain vials and it would be difficult for me to judge which would be more effective for the pain; perhaps both?

So why do headaches, which presumably belong to the upper body, use traditional GB41, which is a lower body pain point? Most headaches will weaken the anterior spinothalamic vial, but why? I am guessing that stress and hormonal headaches reflect weakness in the lower body adrenal or ovary organs, and thus they fall in the category of lower body pain. Pictures of thyroid headaches will weaken a vial for the lateral spinothalamic tract, and would be treated with a Parathyroid channel point.

For the ordinary pain of physical injury it is better to use the mirror points or the invisible ink points on the opposite limbs. Stub your toe, twist your ankle, bang your knee, or tear your ligament, and you will just want one of the phase 2 opposite limb or invisible ink points. That phase 2 point will better strengthen both the body spinothalamic tract and the pain vials. There will be no weakness on the cranial spinothalamic areas of the Spinal Cross Section Map. With severe pain, while the injury itself might be best treated with mirror or invisible ink points, the acute pain will need blocking with both a body and cranial spinothalamic point.

Phantom Limb Pain

Another approach to pain comes from examining pictures of patients with phantom limb pain. This method builds upon the idea of blocking the perception of pain from the other direction. Since the pain in these cases literally originates in the brain and is sent down to where the absent limb would normally be. Stimulation of these descending *cranial* Ad and T corticospinal pathways might

then block the perception of pain.. Technically, there are no spinal tracts in the brain, so there is no such thing as a cranial corticospinal brain tract; but the response that one sees on these pictures is not phantom..

phantom limb	corticospinal Mu & Shu pain	corticospinal inflammation	somato-sensory Mu touch	partner CN VIIIa inflammation	proprioceptor nerves on body	stump mirror corticospinal pathways
leg: mild leg: moderate leg: severe	Ad 35.325 Ad 35.241 Ad 35.113	Tr 30.595 Tr 30.684 Tr 30.782	Ad 35.564 Ad 35.564 Ad 35.473	Tr 30.473 Tr 30.473 Tr 25.442	Sj 4.473 Sj 4.621 Sj 14,684	Tr 15.325 Tr 15.325 Tr 15,282
arm mild arm: moderate arm: severe	Tr 30.595 Tr 30.684 Tr 30.782	Kl 35.325 Kl 35.241 Kl 35.113	Ad 35.564 Ad 35.564 Ad 35.473	Tr 30.473 Tr 30.473 Tr 25.442	Br !8.442 equi Br 18.684 Br 8,684 shad	Ad 9.595 Ad 9.595 Ad 9.621

Pain from lower body leg amputations show activity on the upper level of the red anterior corticospinal area on the Spinal Section map. Upper body arm amputations show weakness on the upper level of the red lateral corticospinal area. The strongest points for phantom pain seem to be on the red Ad and Tr channel. Their partner points strengthen vials for inflammation and endorphins, if placed over the phantom limb area. Treat the channel location that strengthens the nociceptor pain vial.

Body points show no effect on the pain vials in phantom limb, because it really is all in the head, yet adding a mirror point for the upper arm amputation on the red Ad body channel seems to communicate with the lateral corticospinal vial. Perhaps that point can help correct the switched wiring that results in the brain sending pain signals to the arm stump.

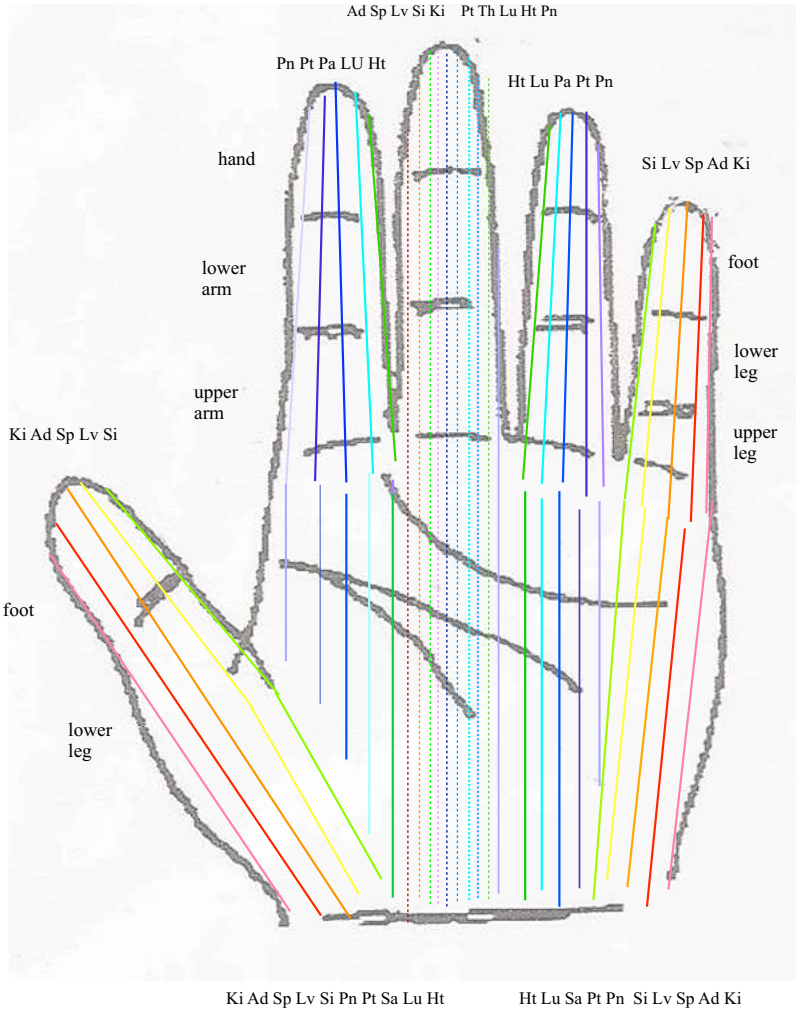
The blue somatosensory ray also seems to be implicated in the faulty signaling.The blue decimal Somatosensory Mu on the red Second Line Adrenal channel will link to the corticospinal vials, and may also help correct the faulty perceptions in the brain. In phantom limb pain, the spinothalamic tracts that transmit pain to the brain will not show a weakness unless the amputation is recent, as in battlefield wounds.

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 any of these potential neurological treatments. These sketches only point the way.

Chapter 10: Korean Hand: Coloring Meridians

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 a far greater promise by coloring these meridian points.



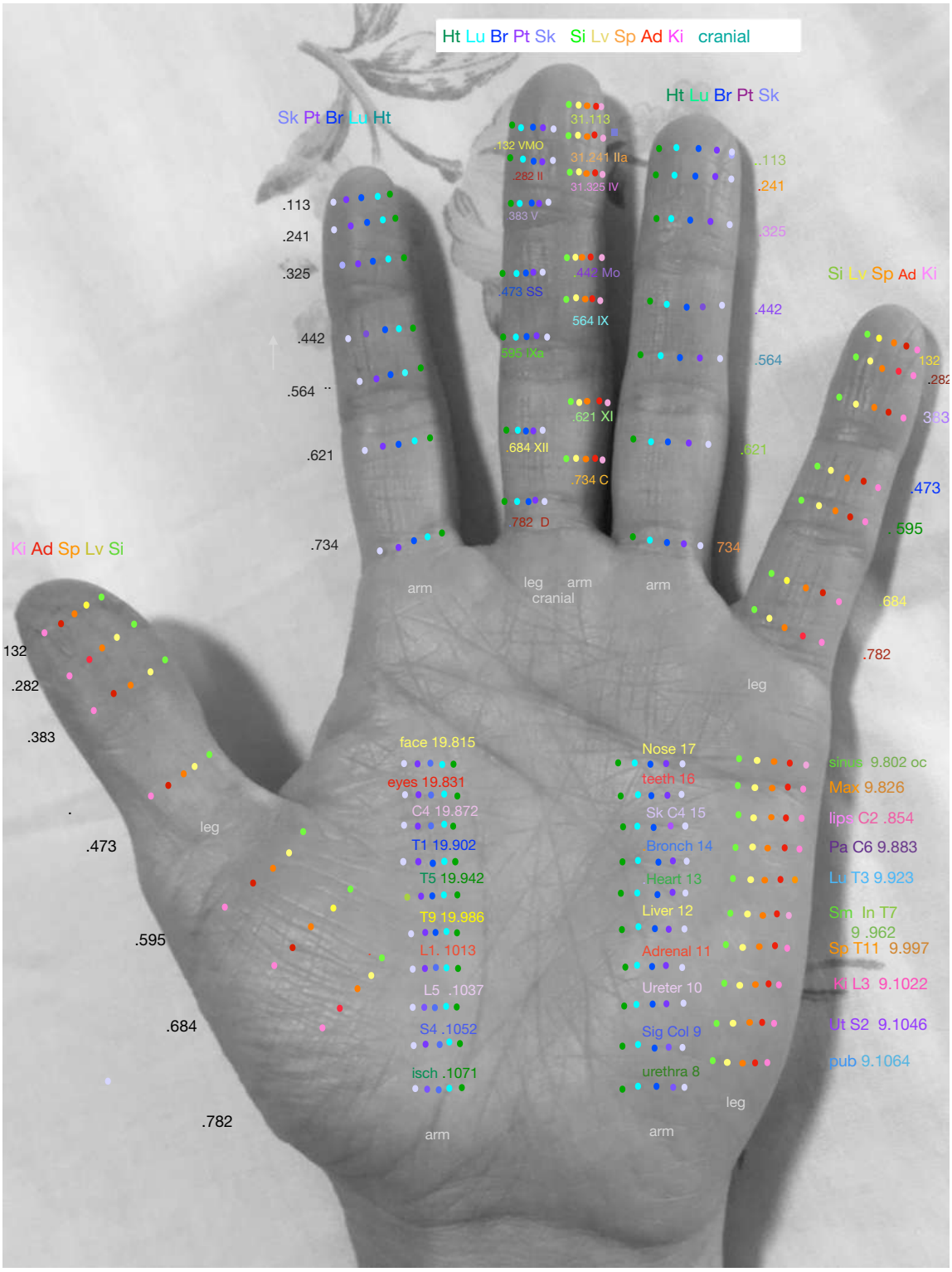
This is a book mostly about digital acupuncture though, so let us first start with a general overview of the Korean Hand.

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 and its back is the torso.

The Koreans purportedly needled 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. Later, I discovered they could also be treated with a colored marker.

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 and thumb, or wrist to elbow on 2nd and 4th fingers. The area from second joint to the knuckles

will treat the thigh from the knee to the hip on the pinkie. That thigh area moves to the wrist on the thumb. On the ring and forefinger this second area treats the upper arm from the elbow up.

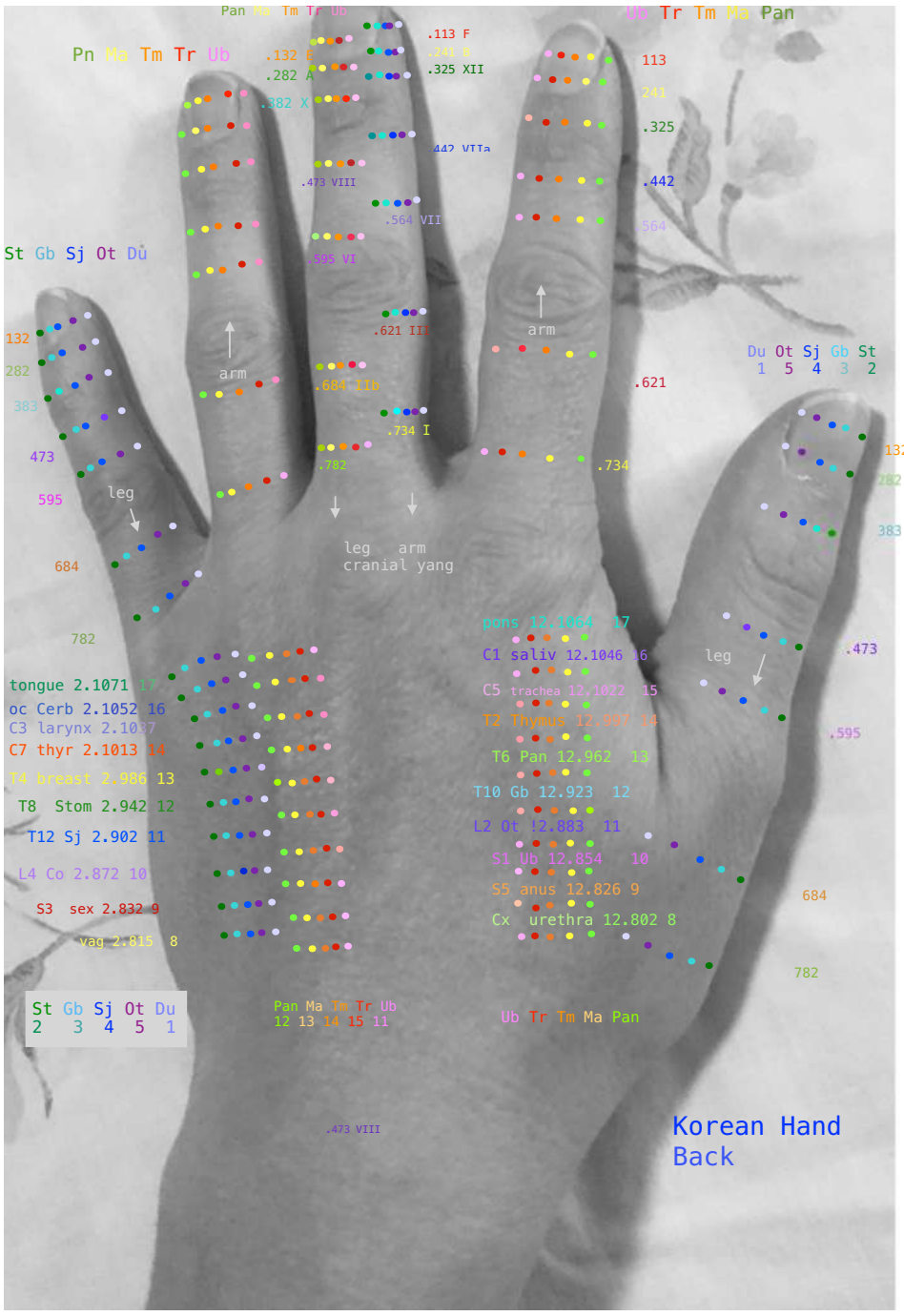


The palms, and the back of the hand, will treat the torso. The middle finger treats the cranial points.

Unsurprisingly, the traditional Korean Hand map reflects many of the inaccuracies of the traditional acupuncture charts. In the traditional Korean Chart, the Stomach channel is found on the palm of the hand, because the traditional Stomach meridian is found on the front of the body. The palm reflects the front of the body on both Korean charts, but in my version it

treats only the yin meridians. The Stomach is a yang channel, and so it is more properly found on the back of the Korean hand along with the rest of the yang meridians. You can verify this by tapping on the new Korean Stomach channel on the back of the pinkie, and noting how the regular body locations on the Stomach channel will weaken in response.

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 140 major cranial 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, front and back.



Yang cranial frequencies are found on the back of the middle finger, yin on the palm side. Mu torso points are found on the palm, and Shu points are found on the hand back, leg and arm meridians on the fingers. All Korean points can be accessed by their digital acupuncture frequencies; and indeed, that is partially how this Korean Hand 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 body frequency Sp 8.473, and feel how the area above the distal little finger joint strengthens on your resonator. Alternatively, one can just tap on the real body Sp 6 and see its hand 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 way to treat is with colored marks on a glove. 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 acupuncturists[12] 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 largely abandoned treatment with digital acupuncture machines in favor of this new Korean Glove method.

Digital acupuncture is still crucial for researching the effects of points, and it is useful for acute treatment of pain or viruses, or to supplement serious damage. General restorative treatment seems to be better addressed with a glove.

Here is a recap of treatment with color. Each acupuncture point is only stimulated by two possible colors: that of the frequency, and that of the meridian. Either can be stimulated with a colored light or a colored marker. Sp 8.473 (Sp6 traditional) can be stimulated with the orange color of the Spleen meridian, or the blue color of its blue decimal frequency on that orange meridian.

Before discovering the colored marker treatment, I used low lumen penlights to stimulate the acupuncture points. These LED penlights, covered with colored gels, 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 can often just feel the qi filling the target area when treating myself for a cold, or gut pain.

Colored markers are useful to check out possible point locations on the body. If I wish to see the effect of an Adrenal point on an adrenal vial and pulse, I will just place a red mark on the weak Ad point on the patient's leg. That point will immediately strengthen the patient's arm while touching

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[12] **Many thanks to my colleagues Michael Ulrik Wiberg and Klaus Oliver Miller of Denmark.**

the adrenal vial, and serves to strengthen confidence in this method of treatment. Colored marks placed directly on a hand might be used in a 3rd world clinic instead of needles, but they too easily wash off the skin. Korean Hand points can also be painted with colors on a thin white cotton glove, and the colors will stimulate the points through the glove. A whole series of points can then be treated when a glove is worn each night.

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, and only for a limited number of minutes. While ten minutes of a digital point is much stronger than ten minutes of color on a glove, all night immersion is much stronger than any short stimulation. If a typical reluctant patient remembers to wear their nightly glove only twice a week, they are still getting two deeply stimulating free acupuncture treatments. Patients with with chronic degenerative disorders can treat many more points nightly than would be feasible with regular or digital acupuncture. Slow cooking rather than stir fry.

Once there are apps for digital acupuncture, then most will find electro-stimulation more convenient, and it will remain crucial for researching the effects of points. I love my old Israeli PEMF machines, but many of my chronic patients had programs that were over four hours long. Digital acupuncture is probably the future; but for now, acupoints with color is a natural extension of our practice. A glove that gives eight hours of slow absorption is better than 4 minutes of fast stimulation on each point.

This Korean hand color method of treatment may yet prove to be the best option to make use of these new acupuncture maps. Needles on the body may provide a more immediate sense of well being and pain relief, but daily glove treatment hugely expands what we can treat. The major drawback is that you must be able to muscle test the Korean Hand locations, which admittedly lie very close together.

If you wish to try out this Korean Hand treatment, then purchase the 20 marker set of the Crayola children's washable markers. I use the Crayola brand because the maroon and lavender in their larger sets will access the infrared and ultraviolet spectrum, and they are easily found in stores. Practice applying colors to the Korean meridians directly on the hands and then testing the effects on the body and pulses.

If you want to try out a glove, use a thin white cotton one[13], like those used for moisturizing lotions. The colors will seep through the cloth

[13] I like the Akrilane brand found on the internet, but others will work.

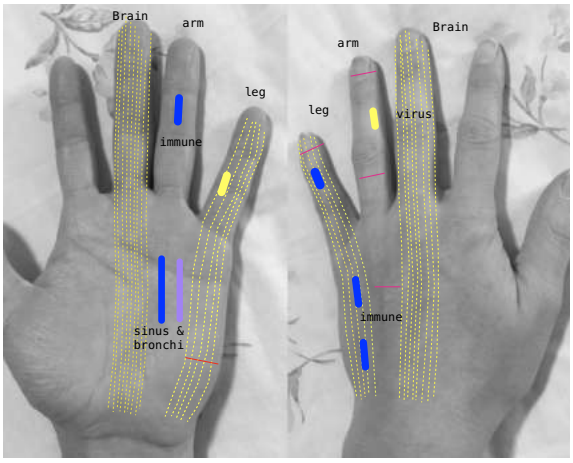
sufficiently to stimulate the underlying Korean acupuncture points, even if it seems that the penetration of the colors is not particularly deep.

The marks will still work even if the lines are somewhat smeared from sweaty 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.

If the patient's hand sweats a lot; then use permanent markers such as Sharpies. The purple Sharpie will access both purple and ultraviolet on the spectrum. The maroon Sharpie will get the infrared. You can also find violet and pink permanent markers at the craft store. Buy ones that will stimulate those UV and IR rays on a downloaded spectrum.

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 the patient puts it on at night. If the patient feels too hot wearing the glove, then cut off the glove's thumb and the index finger to make it cooler. The last three fingers are sufficient to treat the cranium, one arm, and one leg. My Korean charts are for the left hand, so it is easier to use a left glove.

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 body meridians with colored markers. If the location is wrong, simply erase the marks on the body with a wet paper towel. Once you have determined the correct point on a body meridian, then translate that location to the Korean Hand glove.



These hand illustrations show a cold virus protocol, where the cold has moved into the sinus and bronchi. Points could either be placed directly on the hands, or transferred to the surface of a cotton glove, and worn in 6-8 hour spurts for several days until the symptoms resolve.

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 on the body or brain.

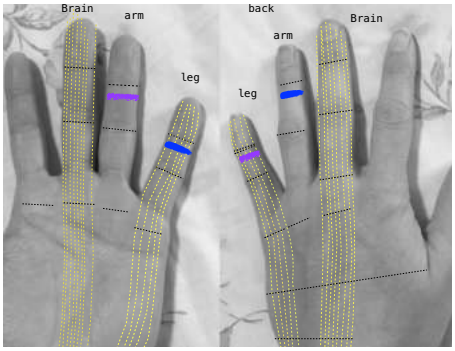
The difficulty with the Korean hand is accuracy, especially if you do not muscle test well. I fudge by drawing short vertical lines along the Korean meridians that will easily encompass the precise location of the points on each meridian, and the area on either side. I make sure that the line is very thick, so that it is certain to cover the needed points. The extended locations will cover points that don't need that color and the body will just ignore it. Exact placement is overly optimistic, as the glove may move around slightly on the patient's hand at night.

I am able to place the Korean Hand charts directly over the body to determine the weak points, and then I sometimes verify using the body images of the Cranial or Shu Mu charts. It will take a lot of time to build up to that skill level; but studies of neuroplasticity show that one grows more neurons in the relevant brain areas whenever 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 the weaknesses from my photo charts and disease photos, but I don't believe it is an innate skill. It is certainly a useful one. No one develops competence on any sort of instrument without many hours of practice.

When testing a series of possible Lung or 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 vertebrae points with a vertical stripe of purple through the bone Korean Mu points on the palm and the Shu points on the hand back.

Most often I treat Korean points with the color of the channel. That seems to be the strongest way to treat. The vertical channel marks cover a fairly broad area and so are more likely to hit the point. Sometimes however, treating with the color of the decimal frequency makes more sense.

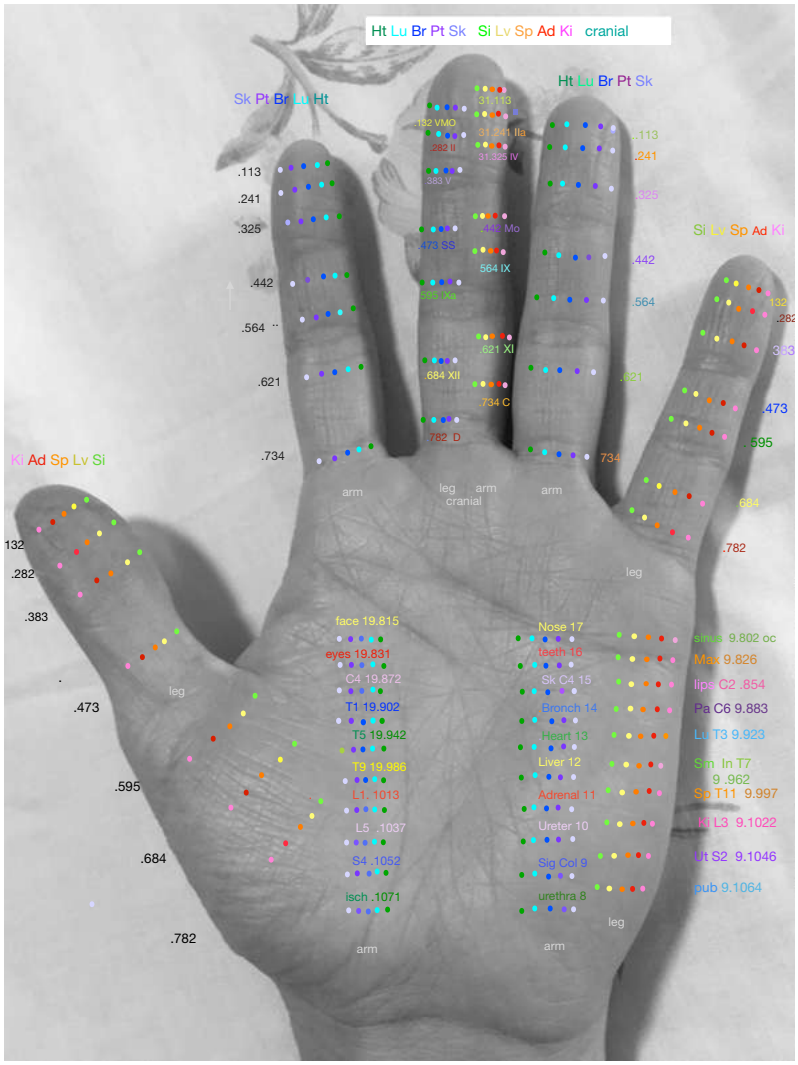
An ankle that has damaged skin, blood vessels, ligaments and bones, will do better with a horizontal line on its mirror location.



Once each of the meridians has been brought to equilibrium, I will always mark a frequency horizontal swipe across the equilibrium points of all the channels. Horizontal lines across the equilibrium or balance points serve to help keep the meridians strong in aging or deficient patients.

Strong external pathogenic factors such as a flu, Covid, or a herpes virus can overcome these equilibrium barriers even if the points are worn every night. Any

acute invading infection may benefit from an additional digital program, or to be supplemented with a colored flashlight or herbs.



Finding the degenerative Shu Mu phases on the glove can be confusing. Notice that there are two torso columns, one under the pinkie, and the other under the ring finger. The Second Line 1 points are found in adjacent column, one up for yang, and one down for yin. The Second Line 1 Liver Mu is the yellow point found at T11, in the column under the pinkie. The Liver is yellow, and so it needs a yellow Mu point when things get tough. Move it to the other column for Second Line 1.

The Second Line 2 points will appear on the same original column as in phase 1, but one vertebrae down for yin or one up for yang. Your Second Line 2 Kidney Mu will appear on the original infrared Ki line, but move down to the L5 location under the pinkie.

Phases 3 has two locations, one for the mirror Second Line 1 points like the Liver Mu, and the other for Second Line 2 points like the Stomach Shu, where the color of the organ can be found in the original Shu location. Both move to the shadow. Second Line 2 takes the original Mu Shu and moves it to its shadow in the opposite column. Phase 1 Ki 10.1022 becomes Ki 20.1022 in phase 3, but moves over to the ring finger column.The meridian color will stay infrared. Second Line 1 moves to the other column from its mirror location. If the liver is seriously damaged, it will move from the Second Line location at Lv 7.997 to Lv 17.997, back in the ring finger column.

The major danger in treating the Korean Hand is the possibility of hitting one of the autoimmune points on autoimmune patients. A patient with autoimmune tendencies would react negatively if the colored marks touched any the prohibited points on the Korean Hand. Caution must be

exercised with these patients to avoid orange lines anywhere near the prohibited points. If an orange colored mark lands on an active Thymus Shu on an autoimmune patient, then the ANA immune vial will immediately test as weak. Patients who have autoimmune psoriasis or vitiligo will test weak over their damaged skin area; with Rheumatoid arthritis it will be the joints. If you then mark any active Thymus point on the glove of these patients, those already somewhat weak areas will weaken dramatically. These points have different locations in each of the phases. A phase 2 autoimmune patient will not weaken with the phase 1 or phase 3 Thymus locations. You must determine first which phase they are in for the autoimmune before making their glove.

There is a tendency to initially treat too many points 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. Sometimes there will be a worsening of symptoms for a few days as the toxins are clearing from the body. That said, the optimal number of points that can be treated on a glove is much higher than what we were taught in school. Many of my glove patients treat upwards of 60 weak points per night. This is a tune-up of the entire body, where you adjust all the meridians and damaged systems. Patients will have to build up to this amount of treatment though, so start with just the essentials.

The cranial Korean points are found along the middle finger, and it can be especially difficult to find the exact location, since there are just tiny spaces in between all of the points. Vertical lines that overlap possible positions are therefore useful.

Many times a whole line of Shu or Mu points will need to stimulated. An aging spine may have a number of adjacent vertebrae that need to be stimulated with the red or purple bone channel points. Treat them with an extended vertical line in either the second or third phases.

Points for weakened or damaged organs are treated at their individual Mu or Shu locations on the gloved hand. Most often the Mu and Shu will be on the five on five location; a skin channel for a skin Mu and a bone channel for a bone Shu. If there is a scar on the liver or a cyst on an ovary, then add an appropriate phase yellow skin channel.

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 incomplete and have run astray.

This is not to knock the acute observations of the ancient Chinese. I have spent more than fifteen years revising these maps, and have come to see them resemble much more closely the original Chinese plan. My original point locations were far less accurate than theirs, until I was finally able to reassemble the major pieces of this puzzle. The ancient Chinese discovered the meridians, the divisions, the pulses, the Shu points, and a whole slew of correct energetics for each of their original points. This was a huge advance over the Chakras, 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 patterns of degenerative movement and the shadow meridians are a more recent discovery, but I think they will hold up to scrutiny. The treatment ideas outlined here are just speculative icing, fueled by my constantly 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 on the magnetic field or a pulse and organ 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 app that is adapted solely for the use of digital acupuncture. For now the Spooky Tooth 2 PEMF machine will work for those trying to explore the field.

Color is an essential way of creating and confirming these more accurate acupuncture charts. Simple muscle testing with colored lights can be used to verify meridian and point locations, and are the essence of these reforms. A few colored markers on a white glove, worn for a couple of weeks at night, should serve to convince any acupuncturist of the efficacy of this method.

Proof of the existence of the magnetic fields that are used in this book may take some time, but there might be a different way to demonstrate the validity of these new point locations. There has been some press recently about how acupuncture meridians may form part of an interstitial circulatory system.[14] The vials for the interstitial components mentioned in the article will only strengthen with the correct digital frequencies described in this book. The traditional St 36 frequency 2.595 will strengthen the vials for cellulase and hyaluronic acid, while the frequency 2.597 will not. Perhaps a measurable effect on these substances could serve as further proof of meridian pathways that relate to color and frequency.

Digital acupuncture will always be 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 observing digital response on photos. Use the new pulse chart to gauge the response of the points, and then go on from there. Verify, verify, verify.

It has been my great pleasure to be able to help decode the structure of this acupuncture healing system of the body. This has been an 19th century style of scientific exploration pursued in the 21st century. It will be interesting to see how this vibrational 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. Each pair passes through a single digit.
- The four channels that pass through any digit form a functional division. There are 20 channels and five divisions.
- Each division serves a different general function: skin, muscle, blood, nerve and bone.
- Divisions pairs are reflected in the pulse positions. The traditional third pulse position left is now 7 Liver and 3 Gb. The traditional first position right is now 17 Lung with 13 Mammary.

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[14] **NYT MAGAZINE**
The Astounding Discovery That Could Link Eastern and Western Medicine

- Pulse partners are vertebrae pairs. T3 and T4 serve as Lung Mu and Mammary Shu, which form the traditional first right pulse position.
- The numerical sequence of decimal frequencies alternates between leg divisions and arm: 6.282 for the leg, and then 16.325 for the arm, and then back to the leg at 6.383.
- Decimal frequencies are the same going up or down, just in reverse order.
- The Shu, Mu 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.
- Limb locations are decimal frequencies that will strengthen a specific color: 1.383, 2.383, 3.383, 4.383, and 5.383 will all strengthen the color turquoise on a color spectrum.
- Each point location on a channel responds to its location frequency color, but equally 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.
- 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. The Lung pulse responds only to turquoise.
- There is a rainbow sequence of colors snaking back and forth across the pulse sequence.
- Each division passes through the same pair of digits. On the second digit toe, yellow for Liver pairs with turquoise for Gall Bladder; on the second digit finger, yellow for Mammary pairs with turquoise for Lung.
- Each of the Shu and Mu points and the organ itself respond to the color of their meridian.
- Every vertebrae has an organ and a color associated with it. The yin frontal Mu form a descending rainbow; yang back Shu form an ascending one.
- The Shu and Mu points of the same decimal color frequency will help each other functionally. Lv Mu 17.986 will strengthen the nose Mu 17.815. Both are yellow frequencies that sit opposite each other on the energetic charts, and far from each other on the spine.

- When an organ moves into its Second Line phase, the location will change but not the color. The Ki Mu at L3 will switch to the decimal frequency of L5, but the infrared color will not change.
- When a channel moves to its more damaged shadow phase, the color remains the same. A third degree ankle burn will want a shadow skin channel on the ankle, but that shadow 7 Skin channel will remain turquoise.
- Cranial channels reflect the same colors as their body meridians. The cranial Liver meridian and the body Liver meridian are both yellow.
- Cranial nerve rays connect to the neck Shu or Mu by the color of their decimal frequencies. The cranial optic nerve frequency is red, so it connects to the red .831 eye Mu ray on the face.
- 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 21.241 can strengthen the function of Sk 36.684 because they both respond to yellow.

Each of the original channels has 8 Shu or Mu main points on the torso, and another 7 on the limbs. There are an additional 8 second phase shadow points on the torso, and 7 more on the limbs. Another 15 in invisible ink. 45 points per channel, times 20 channels, creates 900 acupuncture points below the head. There are 100 main cranial points, and another 200 shadow and cranial invisible ink points, and that creates a total of 1200 bilateral digital acupuncture points.

Here are some of the functional patterns.

- Body limb channels serve best to treat an incoming pathogen like a virus or bacteria. Chase points to their equilibrium locations on the affected target channels.
- Add immune limb channels and immune Shu Mu to enhance treatment of infections.
- Injury and pain is treated with an opposite limb point. Bone for bone, muscle for muscle.
- Use the opposite limb division partner when the injury channel is found on that opposite limb: bone elbow for bone knee.
- Use the invisible ink points for injury when the damaged tissue channel passes through the limb. Stay on the same channel, but move up or down to the next division partner frequency.
- Deeper injury or degeneration moves these limb points to their shadow locations.
- Shu and Mu points on the charts are those for healthy organs.
- Use the main Shu or Mu for pain or damage, and the partner Shu or Mu for inflammation.
- Determine the channel for the Shu or Mu through the type of tissue damage. Turquoise skin channels for skin damage; red cartilage for disc damage.
- Weaker organs move first to the Second Line and from there to their phase 3 location.
- The Second Line falls on the adjacent yin or yang vertebrae. Move up for yang and down for yin.

- Second Line 1 is when the tissue does not conform with division. The T5 Heart Mu does not have a muscle Mu, so use the T7 Si muscle Mu below: Si 6.962
- Second Line 2 is of the same tissue division; so keep the channel, but move the location up or down. A weak stomach moves to T6 above, but conserves the Stomach channel: St 2.962.
- Phase 3 for Second Line 1 moves to the Second Line 2 frequency, but on the shadow.
- Phase 3 for Second Line 2 moves back to the original vertebrae, but on the shadow channel.

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

Protocols

Here is an alphabetical listing of a few interesting possible treatments. I present them to show the logic of treatment, and to provide motivation to learn how to read the body signals. These protocols are not the result of of rigorous studies, and only serve as a call for further investigation and they are not prescriptions for treatment. Most are derived only from photographic images, and are the results of what looks to be effective from my muscle testing. They serve me to help work out strategies and theories. Acupuncture theory is detective work, and I am confident that there are solutions to each of the cases I present below, but it is unlikely that these represent the ultimate solution. My clinical experience with any of these issues is at best only a small sampling, and is completely irrelevant statistically. Use these protocols only as a possible strategy, as I have revised each of them many, many times; and employ them at your own risk. Always verify your energetic findings.

For those who do not muscle test, the correct points are often the tender or painful ones on a treatment channel. A couple of these protocols might be attempted on oneself simply by checking the revised pulses and pain areas; but in the long run, practitioners must learn to muscle test magnetic energy fields. You can't play a musical instrument without using your hands; and you can't read the music of the body without learning to sense the strength of their magnetic fields through your own body testing.

Addictions

Addiction channels	body: early	deeper	serious	cranial: early & recovery	cranial deeper	deeper yet
liver lymph detox	Lv 7.595 Ma 13.325	Lv 7.684 Ma 13.241	Lv 7.782 Ma 13.113	Lv 33.564 Ma 28.383	Lv 33.621 Ma 28.282	Lv 33.782 Ma 28,132
Adrenal	Ad 9.595 Tr 19.325	Ad 9.684 Tr 19.241	Ad 9.782 Tr 19.113	Ad 35.564 Tr 30.383	Ad 35.621 Tr 30.282	Ad 35.782 Tr 30.132

One of the great possibilities of digital acupuncture might be a treatment for addictions. I downloaded a number of pictures of addicts, and of persons in withdrawal or recovery. Different frequencies on the cranial Liver and Ma channels strengthened the vials for the particular drug involved; be it meth, cocaine, fentanyl, alcohol or nicotine. These cranial Lv/Ma channel points seem to pull neurotoxins from the brain, and they move away from the Lv/Ma equilibrium points as the addiction deepens. These channel chasing points seem to have much the strongest impact on the addiction circuits vials during withdrawal, and they should help to clear the drug itself from the system.

In images of persons during drug or nicotine withdrawal, the yellow cranial Liver points will actually strengthen vials for pain. They also have the strongest impact on vials for the drug in question, and a vial for dynorphin, which is an opioid neuropeptide. These dynorphin points and their endorphin partners do not strengthen on pictures of healthy people, so they are not a true opioid substitute; but they may prove useful in withdrawal and recovery.

Pictures of addicts in withdrawal also show profound stress on the adrenal channel and the red cranial eyes channels that connect to it. The red CN II ray strengthens a vial for norepinephrine. Both these sets of channel points seem the strongest to treat the craving for a fix, and might be run frequently during detox, adjusting the location as the treatment proceeds.

phases	frequencies	targets	freq. partner	targets
recovery: phase 1 early: Second Line	CN B: Gb 23.241 Ma 28.282	neurolymph, putamen pain, dynoprhin	CN XIII Lu 38.684 Lv 33.734	neurolymph, endorphins
more addicted phase 3 - shadow	CN B: Ma 23.282 Du 21.282	withdrawal pain. putamen, dynorphin	CN XIII Lv 38.734 Nv 36.734	neurolymph, endorphin
recovering, phase 1 Second line ph 2	CN I: Du 21.734 Ub 26.782	caudate nucleus DMF	VMO: Nv 36.132 Ki 31.242	adenosine, a cing front lymph, D2
more addicted phase 3	CN Ia: Du 21.782	caudate nucleus, DMF	VMO: Nv 36.473	adenosine, a cing front lymph, D2
recovering, phase 1 early stage: SL	Du 21.442, 11.902 Ub 26.473, 11.923	CN VIIIa, T12 ileum satiet,: glucagon	Ub 36.473 Ki 31,564 Ub 11.1064	CN SS GABA
more addicted phase 3	Du 26.442 Ub 1.923	CN VIIIa, T12 ileum satiety, glucagon	CN SS 36.473	CN SS GABA
recovery: ph 1 early stage: SL	CN IV: Ki 31.325 CN IV Ki 31.383	anterior insula, nucleus accumbens	CN VI Ub 26.595 CN VI Ub 26.621	orbitofrontal BA11
more addicted phase 3	CN IV: Ki 36.325	anterior insula, nucleus accumens	CN VI Ub 21.595	orbitofrontal BA11
recovering, phase 1 early stage: SL	C: Ki 31.734 Ki 31.782	pituitary, endorphins	E: Ub 26.132 Ub 26.241	subthalmic nuclei: rerouting cravings
more addicted phase 3	C: Ki 36.782	pituitary, endorphins	E: Ub 21.132	subthalmic nuclei: rerouting cravings
recovering, phase 1 early stage: second L	Nv 20.815, 36.684 Ki 10.826, 31.241	Substancia nigra Dopamine -D2-nose	Nv 20.986, 21.734 Ki 10.997, 26.782	Lv Mu, CN I caudate glutathione, methyl.
more addicted phase 3	Ki 10.815	Substancia nigra Dopamine -D2 nose	Ki 10.986	Lv Mu, CN I caudate glutathione, methyl

The points in the chart above indicate brain areas that are affected by addictions. All are cranial Mu and Shu points, so they don't move up and down the channels; just from phase 1 to phase 2

and 3. Most of the photographs of addicts present in Second Line phase 2; while pictures of those in recovery or just starting an addiction responded to phase 1 points.

Addiction seems to create a vortex of reinforcing negative brain patterns, 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.[15] This is apparently because the damage to the insula shorts out these negative feedback loops. Conversely, the insula will show damage or shrinkage in late stage addiction, in this case making it harder for addicts 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, but I have not seen that in my treatment of smokers. The other brain areas associated with addiction are the caudate and the putamen. These brain areas seem to create an obsessive circuit that seems to perpetuate the cravings of addiction. It may turn out that the strongest points are those of the subthalmic nuclei, that help pull people out of their obsessive patterns. These subthalmic points are treated with the orange hypothalamus cranial area. Repairing weaknesses in all these areas should have an impact, but studies would have to be run.

Once an addiction has been treated there is still the tendency to relapse, perhaps partly because there is diminished production of dopamine and other neurotransmitters. In pictures of people in recovery, the strongest point for dopamine is the yellow CN XIII Mu associated with the substancia nigra vial: LV 33.734 in phase 2. The substancia nigra is the brain area that produces dopamine, and it also shows connection to the yellow body brainstem point: Lu 17.826 in the Second Line, phase 2.

The blue satiety points on the brain are similarly connected to the blue ilium points on the body. The ileum is where glucagon is normally made in the body, and glucagon is the molecule simulated in the new GLP weight loss drugs to create a sensation of fullness. The GLP drugs sometimes have the side effect of reducing drug cravings. The ileum body point is the strongest for stimulating the glucagon vial, but its blue cranial counterpart is the best for strengthening the satiety vial. The addition of the adrenal Mu stress points would naturally be beneficial in recovery, but they are not listed above.

Hopefully these cranial Shu Mu points might serve to restore some function to the damaged addiction circuits of the brain. The goal in addiction is to enforce new patterns in the brain, and perhaps these points could help create them, but it would also be a good idea to pursue other

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[15] The hidden island of addiction: the insula - NCBI - NIH
https://www.ncbi.nlm.nih.gov › pmc › articles › PMC3698860
by NH Naqvi - 2009

types of cognitive therapy.[16] My guess is that addiction points would have to be run very frequently during the initial stages of withdrawal, and for several months afterward. My only clinical experience is with a few smokers who ran the Mu program points once a day at five minutes per point, and it did not prove effective in creating the will or desire to stop. Even so, the mere possibility of a solution to this horrendous problem would be a godsend.

Adrenal Stress

Adrenal stress in the young will move the Adrenal channel points away from its equilibrium point at the knee; down the channel, towards the foot. Add the partner on the Thyroid channel. If the person is old and deficient, or the adrenals are exhausted, then the points move in the opposite direction to the knee or above. Older patients will tend to be chronically adrenal deficient. The Bronchi Mu points seem to strengthen the parasympathetic response and thus might help to calm the overstressed adrenals.

adrenal channel neutral or prevention	adrenal channel mild (deficient)	adrenal channel stronger stress (excess)	exhausted (deficient)
Ad 9.473 equilibrium	Ad 9.595 Tr 15.325	Ad 9.383 Tr 15.564	Ad 9.684 Tr 15.241
Adrenal Mu	**phase 1**	**Second Line - phase 2**	**phase 3 - shadow**
use both red Ad channels and blue Bronchi channels	Pt 19.1013 **Pt 11 adrenals** Pt 19.831 **Pt 16 eyes**	Ad 9.1022 **Ad 11 b** Ad 9.854 **Ad 16 b**	Ad 19.1022 **Ad 11c** Ad 19.854 **Ad 16c**
Bronchi parasympathetic: calms	Br 18.1013 **Br 11 adrenal** Br 18.831 **Br 16 eyes**	Br 18.1022 **Br 11 b** Br 1 8.854 **Ad 16 b**	

Allergies

Allergic sensitivity can be inherited, or can be induced from living next to a freeway, or other exposure to harmful particles. It can also be induced by damage to the olfactory areas by some respiratory pathogens or Lyme disease. The irritation from dust, chemicals, bacteria or pollens first affects the nose mucous membranes. My theory is that if the irritation is mild, the damage will remain in the nose, and it will only manifests as rhinitis; but if it damages the deeper olfactory nerves on the cranium, then it will trigger a histamine inflammatory response.

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[16] The Mind and the Brain, by Jeffrey M Schwartz and Sharon Begley. This book outlines a treatment for reducing these obsessive brain loops through cognitive recognition of the patterns, and then interrupting them with repatterning based on meditative practices.

allergies: Mu points for pollens	Nostrils & Sm intestine Mu mast, IGE	tip of olfactory bulb, ofactory cells CN Ic, Ia	Nose & Liver Skin Mus: mast, IGE	cranial nose VMO - CN Ic CN I -olfactory	Maxillary sinus spleen: deeper or older	CN IIa, CN IIIa base of olfactory bulb
pollen: ph 1 & partner	Lv 7.802 Lv 7.962	Lv 33.113 Ma 28.782	Lu 17.815 Lu 17.986	Lu 38.132 Gb 23.734	Lv 7.826 Lv 7.997	Lv 33.241 Ma 28.684
Second Line 2 phase 2	Lv 7.815 Lv 7.986	Lu 38.132 Gb 23.113	Lu 17.826 Lu 17.997	Lu 38.241 Gb 23.684	Lv 7.831 Lv 7.1013	Lv 33.282 Ma 28.734
Second Line 1 phase 2	Lu 17.815 Lu 17.986	Lv 33.132 Ma 28.113	Lv 7.826 Lv 7.997	Lv 33.241 Ma 28.684	Lu 17.831 Lu 17.1013	Lu 38.282 Gb 23.734
phase 3 shadow	Lv 17.802 Lv 17.962	Lv 33.132 Ma 28.734	Lv 17.826 Lv 17.997	Lv 33.132 Ma 28.734	Lv 17.826 Lv 17.997	Lv 33.241 Ma 28.684

Pollens or dust enter through the nose, and they register first on the lime green nostril Mu and tip of the olfactory bulb, so these will be the first areas to manifest weakness. The olfactory bulb lies inside the forebrain, behind the bridge of the nose, and a picture that I have of it registers three different color regions, each associated with a different sinus. The lime green olfactory bulb tip associates with the nostrils and frontal sinus, the middle yellow area associates with the nose, and the orange base of the olfactory bulb connects with the maxillary sinus. As the irritation of pollens or paricles progresses, then the strongest response to the mast cell and IGE vials will move through each of these regions. Early pictures of children exposed to petrochemicals shows irritation only on the lime green tip, with no IGE or mast cell activation. More exposure will then display a Second Line allergic response at the lime green olfactory bulb tip. Most pictures of pollen allergies show the strongest reaction in the middle yellow nose region, but the lime green area will also continue to react. More severe cases of allergies, especially in older adults, will show most strongly in the orange region of the olfactory bulb. Treat whichever areas strengthen the mast cell and histamine vials but also treat the non reactive irritation of the other regions. On my pictures of allergy sufferers, it seems that it is only the Skin division channels on these Mu points that treat the histamine, IGE and mast cell response.

Each of these sections can be treated in their three phases. A firefighter exposed to a vaporized chemical might just show phase 3 damage to the olfactory bulb tip, and phase 2 damage to the yellow or orange areas of the olfactory bulb. Most allergies show as a weakness in the yellow area of the olfactory bulb and the associated nose Mu points. Very mild nose allergies might show up as the turquoise nose Mu at Second Line 2: Lu 17.826. More often the yellow nose points move directly to the yellow Second Line 1: Lv 7.826, which uses a Maxillary Sinus decimal, but strengthens the nose area.

allergies: Mu points for pollens	Eye, nasopharynx & Adrenal	Cranial Eye CN II CN III	eustachian tubes, pons gall bladder	CN X, IX vagus nerve	CN VIII -ear auditory n. Motor	Bronchial Mu inflammation Cox2 IL6	Bronchial Mu inflammation cranial
pollen: ph 1 & partner	17, 20.831 17 20.1013	Lu 38.282 Gb 23.621	Ma 13.1064 Ma 13.923	Ma 28.383 Lv 33.565	Ma 28.473 Lv 33.442	Br 18.902 Br 18.1052	Br 37.473 Br 24.442
Second Line 2 phase 2	17, 20.854 17, 20.1022	Lu 38.325 Gb 23.684	Ma 13.1071 Ma 13.942	Ma 28.442 Lv 33.595	Ma 28.564 Lv 33.473	Br 18.923 Br 18.1013	Br 34.564 Br 27.473
Second Line 1 phase 2	7, 10.854 7,10.1022	Lv 33.325 Ma 28.684	Gb 3.1071 Gb 3.942	Gb 23.383 Lu 38.565	Gb 23.564 Lu 38.473	Sp 8.923 Sp 8.1013	Br 37.564 Br 24.473
phase 3 shadow	7, 10.831 7,10.1013	Lu 33.282 Gb 28.621	Ma 3.1064 Ma 3.923	Ma 23.383 Lv 38.565	Ma 23.473 Lv 38.442	Br 8.802 Br 8.1052	Br 34.473 Br 27.442

As the years go by or the pollen count gets higher, the irritation may extend further to the eyes, ears, throat, skin, or other sinuses. Treat any associated weak Mu or Shu point that strengthens a pollen vial. My strategy is to treat both these cranial and body face points at the same time. I do not believe there can be an allergic response on the body or face without the brain registering that response. Once the yellow channel allergy points have been adequately treated, then the meridians will switch over to the milder turquoise half of the skin division.

The correct location frequencies in the correct phase, and on the correct Skin channel, will strengthen vials for histamine, mast cells and IGE. Their partner points in each box will strengthen vials for eosinophils. Most allergic responses manifest on the Second Line; severe or anaphylactic reactions can appear in phase 3. The phase1 points appear in the irritation stage before there is an allergic response or could be used to strengthen nose and other points once the area is no longer reacting. If the eyes, ears, or sinus are really irritated, then add a five division tissue channel for that organ; i.e., a red SL 1 Mu, Ad 9.854, for itchy eyes.

The general inflammatory response registers on the Bronchi channel on the body and the CN VIIIa and Somatosensory on the cranium. The blue immune Mu points on the blue channels will strengthen all of the irritated areas, and seem to have a weak general effect on the mast cell and histamine vials.

The recognition of a particle as an irritating antigen happens only on the Nerve division channels. If you are allergic to ragweed but not pine trees, then the ragweed will weaken the Nerve channel points, but not the pine trees. The strengthening of an antigen peptide vial usually happens on the ultraviolet channels, but deeper reactions might occur on the infrared. As the nerve division channels repair they will switch to the other half of the division; ultraviolet will now switch to infrared, and vice versa. There might be some way to specify the adverse ragweed reaction, such as by placing a ragweed energetic vial on the patient's body during treatment, in order to change

the specific adverse response, but I am not sure if that is necessary. All points that strengthen allergy or antigen vials must be treated until there is no longer a weak response to pollens, dust or other irritants.

antigenes Mu points for pollens	Mu: fr sinus sm intestine	Cranial frontal sinus	Nose and Lv Mu Nerve antigens	CN IV, VI orbitofrontal antigens	Eye, nasopharynx & Adrenal	Cranial Eye Mu CN II CN III
pollen: ph 1 & partner	Ki 10.802 Ki 10.962	Ki 31.113 Du 28.782	Nv 20.815 Nv 20.986	Ki 31.442 Ub 26.473	Nv 20.831 20.1013	Nv 36.282 Du 21.621
Second Line 2, phase 2	Ki 10.815 Ki 10.986	Lv 33.132 Ma 28.113	Nv 20.826 Nv 20.997	Nv 36.325 Du 21.595	Nv 20.854 20.1022	Nv 36 325 Du 21.684
Second Line 1 phase 2	Nv 20.815 Nv 20.986	Nv 36.132 Du 21.113	Ki 10.826 Ki 10.997	Ki 31.325 Ub 26.595	Ki 10.854 Ki 10.1022	Ki 31 325 Ub 26.684
phase 3 shadow	Ki 20.802 Ki 20.962	Ki 36.132 Du 21.113	Ki 20.826 Ki 20.997	Ki 36.442 Ub 21.473	Nv 10.831 Nv 10.1013	Nv 31.282 Du 26.621

Food Allergies

Food allergies seem to be triggered in the yin throat/esophagus and the yang throat/trachea areas. I have listed these points primarily as the Nerve mucosa channels for the treatment of antigen vials, but again it is the unlisted yellow half of the Skin division points that most often strengthens the mast cell and eosinophil vials. Add the specific Second Line Skin Mu or Shu points for the rash. If placing an offending food on the patient's body creates a weakness in the eyes, ears, larynx, bladder or stomach, then add points for those Shu/Mu locations as well.

Food Allergies	Esophagus Mu & Sigmoid Colon Mu	yang throat larynx & Colon Shu	skin yin Mu: Lung Mu, IGM innate immune	skin yang Shu: GB Shu, IGM innate immune	Pancreas Shu & urethra partner -ph	Bronchial Mu inflammation Cox2 IL6
phase 1 & partner	Nv 20.872 Nv 20.1037	Du 1.1037 Du 1.872	Lv 7.923 Lv 7.1064	Ma 13.923 Ma 13.1064	Ma 13.962 Ma 13.802	Br 18.902 Br 18.1052
Second Line phase 2	Nv 20.883, 7 Nv 20.1064.7	Du 1.1046, 13 Du 1.883, 13	Lv 7.942 Lv 7.1071	Ma 13.942 Ma 13.1071	Ma 13.986 Ma 13.815	Br 18.923 Br 18.1013
ph 3 & partner	Nv 10.872, 17 Nv 10.1037, 17	Du 11.1037, 3 Du 11. 872, 3	Lv 17.923 Lv 17.1064	Ma 3.923 Ma 3.1064	Ma 3.962 Ma 3.802	Br 8.902 Br 8.1052

Allergic reactions to medications, poison oak and poison ivy, seem to require these same food allergy sets of throat and skin points. These points usually present initially on the Liver and Nerve channels in phase 2 or phase 3, but will switch back to the Lung channel phase 2 as the damage

is being repaired. This division shift is not reflected in the chart above. Severe nerve damage might also shift the channels of the throat Shu Mu to the infrared half of that Nerve division.

Reactions that affect the throat and skin can also be caused by chemicals, dust, mold, or insect stings. All photos of food and medication allergies will also weaken the olfactory bulb, either in the yellow or orange regions of that organ. Either the yellow or orange decimal Shu Mu on the body will also strengthen vials for dust, chemical or insect vials.

Acute reactions will weaken the IGM vial, but food reactions will usually weaken vials for either IGG or IGE. Mast cell and histamine vials will also weaken when placing an offending food on the body. All relevant food allergy Mu/Shu should also strengthen vials for cholecystokinin and kinin, which are other markers for this type of allergic response.

One of the functions of the pancreas is to make the gut more alkaline; so those Pancreas Shu points could help calm the inflammation by clearing the heat of the stomach acid. The blue bronchial blood division Mu points also serve to strengthen the inflammation vials. These blue Bronchial points might be considered as your traditional " heat in the blood points."

Electro magnetic sensitivity and reactions seem linked to a general nervous system deterioration usually caused by Lyme disease; but the specific points that strengthen the electromagnetic sensitivity EMF vial are the myelin Mouth Mu and its Kidney partner. Treat these points in the phase that they present, but also treat their infrared cranial counterparts: CN IV and CN VI.

Treat all these types of reactions on both the Skin and Nerve division channels that register. The most common manifestation of allergies is on the Second Line points, but they can easily move to phase 3 for more severe reactions. Look to see where the damage lies. A person might show an allergies to bee stings in phase 3, while their pollen allergies remain on the Second Line.

I do not find any sort of allergy treatment to be entirely successful. The yellow points work like antihistamines for a few hours, but do not eliminate the response. It may just be that repairing the overreactive nerves is not easy or in some cases possible. Nonetheless, it has reduced allergic sensitivity in some patients, and it may be useful just as a sketch of a possible solution.

Asthma

Persons with asthma often have the normal yin nasal reactions to dust or pollution, but it is the weakness of the yang diaphragm Shu that is its most distinctive aspect. This yellow decimal T4 diaphragm Shu supports the vials for IGE, oxygen and histamine, while its partner strengthens the

vial for the inflammatory leukotrienes. All these yellow organs can be treated either in their phase 2 or phase 3 locations.The phase 1 points seem to show only in a very early stage, but might be used for prevention in polluted areas.

asthma	Diaphragm Shu T4: IGE, O2 phrenic nerve	nose & liver Mu: skin $ nerve divs.	cranial nose VMO CN I	Bronchial Mu immune & inflammation	Immune channels mycoplasma	Lung & Gb channels mycoplasma	Lung Mu
phase 1 recovering	Gb 3.986 3.815	Lu 17.815 Lu 17.986	Lu 38.132 Gb 23.734	Lu 17.902 Lu 17.1052	Br 18.442 Sp 8.473	Lu 17.442 Gb 3.473	Lv 7.923 Lv 7.1064
Second Line moderate	Ma 13.997 Ma 13.826	Lv 7.826 Lv 7.997	Lv 33.241 Ma 28.684	7.923 18.923 7.1046,18.1046	Br 18.325 Sp 8.595	Lu 17.325 Gb 3.595	Lv 7.942 Lv 7.1071
Second Line repair	Ma 3.997 Ma 3.826	Lv 17.826 Lv 17.997	Lu 38.241 Ma 23.684	17.923, 8.923 17.1046,8.1046	Br 18.325 Sp 8.595	Lu 17.325 Gb 3.595	Lv 17.942 Lv 17.1071
phase 3 severe	Gb 13.986 13.815	Lu 7.815 Lu 7.986	Lu 33.132 Gb 28.734	Lu 8.902 Lu 18.1052	Br 18.241 Sp 8.684	Lu 17.241 Gb 3.684	Lv 17.923 Lv 17.1064

Treat the above Mu Shu with both the Skin and Nerve division channels that test. The Nerve division channel Shu Mu should eventually switch off the specific antigenic reactions to dust or chemicals. Add the lime green frontal sinus Mu points from both the face and cranium if they show as weak. These too are both allergy and irritant points. so treat both as described in the allergy section.

Severe asthma will register on the orange section of the olfactory bulb, and you can find those orange decimal column points on page 139. On pictures of patients with severe asthma, it is the phase 3, Ma 3.997 frequency that strengthens the diaphragm. If the allergic reaction is at the base of the olfactory bulb, then the decimal frequencies that treat it are orange. This says to me that the diaphragm is not really in a fixed location like the liver or the lung, but it is responsive to wherever the allergic reaction is happening in the olfactory bulb.

The allergic attack will also move to constrict the bronchi. The allergic reaction that happens in the bronchi is treated most often by a yellow Liver channel Bronchial Mu, while the blue 18 channel Bronchi Mu treats general immune weakness. The Second Line 2 Bronchi Mu strengthens the primary area of the bronchi, and its decimal partner seems to widen that area of treatment. These Bronchial channel Bronchi immune Mu points seem to be anti-inflammatory points, but they also strengthen the macrophage vial.

It looks as if there are two types of asthma, one occupational caused by exposure to particles or chemicals, and the other induced or exacerbated by a bacteria or fungus. The bacteria most

commonly seen in pictures of asthma is Mycoplasma pneumonia, but one can also see various types of Haemopholis influenza, and the fungi Aspergillis fumigatus. Valley Fever asthma is caused by the fungi Coccidiodes immitus. In terms of channels chasing the pathogens, all of these pathogens need both Skin and Immune division pairs of limb channels to contain them. Milder asthma pictures show a response to the blue Bronchi and turquoise Lung limb channels. The Bronchi or Lung pulse may feel excess, but the optimal channel point is usually deficient. More severe case of asthma respond better to the yellow Liver limb channel along with the orange Spleen. Chase both the limb and cranial channel points to equilibrium.

In the pictures of occupational asthma, I do not see any infection, just inflammation from the exposure to chemicals or other small particle irritants such as sawdust. In occupational asthma, the particles presumably first damage the mucosal lining of the nose on the ultraviolet Nerve division level, and then the particles seem to move deeper into the diaphragm, where they can trigger the asthmatic symptoms.

The turquoise decimal Lung Mu points must also be treated in most cases of asthma. Normally a weak turquoise lung will strengthen with a turquoise Lung Second Line 1 point, but asthmatics prefers the yellow Liver skin division Second Line 2 Mu: Lv 7.942. If the damage is deep, then the turquoise cranial rays CN X and CN IX will also want treatment on yellow channels.

These Skin division meridians will switch to their other half as the tissue repairs, just as in the other allergy protocols. Yellow Liver meridian Second Line 2 points will switch to turquoise Second Line 1 Lung on both body and cranium. Lung Mu points on the Nerve division channels signal to the dust or chemical vials to clear the antigenic response. Ultraviolet antigen Nerve meridians might switch to infrared Kidney myelin channels as tissues heal, or vice versa.

There does seem to be something similar to an autoimmune condition in asthma, as many of the yellow or orange ray points will strengthen the autoimmune vials. The ultraviolet sigmoid colon and esophagus points on yellow channels are needed to help calm this self attack. See that autoimmune protocol.

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 can be a Pancreas channel anti-inflammatory point, and deep needling might possibly reach the Lung meridian on the other side of the hand. This might be somewhat effective when the Lung is deficient; but neither point is addressing the allergic tendencies of the syndrome.

Alzheimer's

In all pictures of Alzheimer patients I see some form of spirochete infecting the teeth #12 and #21. Could it be that an infection is moving from the teeth into the memory related areas of the brain? Possibly, because some form of dental Treponema spirochete, or one of the many Lyme Borrelia spirochetes, will test to strengthen the weakened memory areas of the brain and those teeth.

Chase the spirochetes in the brain and the body on the ultraviolet Nerve channels starting in a deficient direction. Add a blue cranial Bronchi channel point to strengthen the immune defense and chase both these blue and ultraviolet channels to equilibrium. I have not listed these pathogen chasing channels on the chart below, but find the points on the Nerve channel and Du partner that strengthen the spirochete vials.

Use the yellow cranial Ma Lymph points to help clear the resulting neurotoxins like tau. Lymph can be treated both as a channel to help clear the toxins, and also as fixed Shu/Mu points. I have only listed the Shu/Mu points that help repair the functional damage to the lymph, but one might also chase these points on the cranial Lymph/Ma channel. Are the spirochetes impairing the brain's ability to clear the tau neurotoxins? It certainly looks like it.

Alzheimer's	hippocampus CN XI, CNA	neurolymph Mu/Shu: CN B	CN VIIIa-genes vestibular & immune	CN IV, VI orbitofrontal	ant frontal lobe BA 38 CNV, CNVII	teeth #12 & #21 CN XI, A	chromo-some #14 CN IV, VI
phase 1	Ki 31.621 Ub 26.282	Gb 23.241 Lu 38.684	Nv 36.473 Du 21.442	Ki 31.325 Ub 26.595	Nv 36.383 Du 21 564	Ad 35.621 Tr 30.282	Ki 31.325 Ub 26.595
second lines	Ki 31.684 Ub 26.325	Ma 28.282 Lv 33.734	Ki 31.564 Ub 26.442	Ki 31.383 Ub 26.621	Ki 31.442 Ub 26.595	Pt 40.684 Ot 25.325	Ki 31.383 Ub 26.621
second lines	Nv 36.684 Du 21.325	Gb 23.282 Lu 38.734	Nv 36.564 Du 21.442	Nv 36.383 Du 21.621	Ki 36.442 Ub 21.564	Ad 35,684 Tr 30.325	Nv 36.383 Du 21.621
phase 3 shadow	Ki 36.621 Ub 21.282	Ma 23.282 Lv 38.734	Ki 31.473 Ub 26.442	Ki 36.325 Ub 21.595	Ki 36.442 Ub 21.564	Ad 40.621 Tr 25.282	Ki 36.325 Ub 21.595

The most pronounced area of damage is to the lime green ray hippocampus memory area. Photo images of the hippocampus area respond only to lime green. Repair to the hippocampus will require repair on one of the Nerve division channels. Serious Alzheimers shows as phase 3 on the shadow Kidney meridian, less pronounced on the Kidney Second Line. Once those infrared decimal cranial Mu Shu have been treated adequately, they should switch to the other Second Line on the ultraviolet Nerve and Colon meridians. Very early stages of memory loss might also show on that ultraviolet Second Line channel.

The lime green #12 tooth seems to connect directly to this lime green hippocampus area, and must be treated with the same lime green decimal ray, but using a bone channel for the calcium of the teeth. Treat that lime green upper tooth #12 with a bone channel Pt 40.684 along with Ot 25.325 for the lower lime green #21 tooth. These bone channel points have an even greater effect on the hippocampus area than the Nerve division channels, again pointing to a tooth invasion. The #12 and #21 teeth are best treated with the purple bone cranial channels to start with, then switch to the red cartilage channels as the tooth is treated.

The other two lime green cranial rays treats the meninges and certain frontal brain areas, and it should also be treated on these patients. They connect to the other lime green #5 and #28 teeth on the upper right side of the mouth. The lime green channels for both these lime green rays may also need treatment. The lime green Mu Shu on the body that treat the midbrain and the pancreas will also test to be weak on these patients. They can use support in their proper phase, but they are not listed in the above chart.

The other columns in the chart show the most commonly seen areas of damage. If the symptoms have begun to be noticeable, the damage will probably show in phase 2. Phase1 points perhaps could be used in prevention, but the teeth must also be healthy. The most pronounced areas of damage seem to be those associated with the vestibular, CN IV and CN VI, and also CN V and CN VII. Most seem best treated initially with Nerve division channels. In later stages, many other areas of the brain can show damage.

One sometimes sees an hereditary gene associated with Alzheimer's that was originally discovered in rural villages in Columbia. Pictures of those afflicted will show a weakness on a picture of chromosome 14. Pictures of those who harbor the gene will also show spirochetes affecting teeth #12 and #21. Perhaps the gene just makes one more susceptible to a spirochete invasion of that tooth to the brain? Shining a lime green light on the #12 tooth on a photo of an Alzheimer's patient with the hereditary gene will strengthen the hippocampus vial, but shining a lime light on any MRI of an Alzheimer's hippocampus will not strengthen that #12 tooth. This indicates to me that the original invasion is from the teeth, even if that invasion is foreordained.

Anosmia - loss of sense of smell

Many people temporarily lost their sense of smell with Covid; some lost it more permanently. It is interesting to note that the strongest points associated with lack of smell are found on the face as Nose Mu points, rather than with the olfactory nerve points on the cranium, although both are needed for treatment. Most of the time the points will show on the Second Line 2 ultraviolet Nerve

channels, but it might also move deeper to phase 3. Loss of taste will show on the Tongue Shu. Add the partner points if they test as weak. Use phase 1 to strengthen the repaired nerves.

loss of smell	nose & Lv Mu- sense nerve	loss of taste	tongue & Sm Int. Shu
nose points: phase 1 second line 2	Nv 20.815 w Nv 20.986 Nv 20.826 w Nv 20.997	taste- tongue phase 1 second line 2	Du 1.1071 w Du 1.942 Du 1.815 w Du 1.802
olfactory nerve phase 1 (CNI with VMO) SL2	Du 21.734 w Nv 36.132 Du 21.782 w Nv 36.241	taste CN A, Cn XII phase 1 second line 2	Du 21.325 w Nv 36.595 Du 21.383 w Nv 36.621

Arthritis

If your patient is 90 years old and it all hurts, you need to treat the bones. Weakness of the overall bones is treated with bone channels moving towards equilibrium. Early stages of arthritis are treated with the cartilage Ad 9/ Tr15 channels, but older patients need the purple bone half of the division: Pt 19 and Ot 5. Your 50 year old bones may strengthen with Ad 9.684, but 90 year old bones will need Pt 19.325.

These bone channels will also strengthen a via for Mycoplasma arthritis. Mycoplasma is not recognized as a cause of arthritis, but it seems to be present in photos of all these arthritic bones. Chase these bone channel points back to equilibrium. Older patients seem need continual treatment of the Pt bone equilibrium point to maintain vigilance.

early arthritis channels	early arthritis equilibrium	later arthritis channels	later arthritis equilibrim
Ad 9.684 or Ad 9.595	Ad 9.473 w Tr 15.442	Pt 19.325 w Ot 5.595	Pt 19.442 w Ot.5.373

Most aging arthritis patients will need treatment of all the master bone Shu and Mu points for bones; red decimals for cartilage and purple for bone. Each of these red and purple decimal Mu Shu seem to have some local effect; the yang Shu for back bones, and the yin Mu for front; upper Shu mu for upper bones, lower Shu Mu for lower bones.

General bone pain will be treated by these master bone Shu or Mu, while their partner points strengthen the inflammation vials. If you just treat the whole bucket of these purple and red Shu and Mu points on older people, you will be treating both the pain and general deterioration of the entire set of body bones.

In the elderly, these bone Shu and Mu move first to the Second Line, then to phase 3. Add the orange yin immune Mu for the mycoplasma bone infection.

Bone Shu Mu	bone location	yin bones Mu parathyroid & partner	yang bones Shu	yin cartilage Mu	yang cartilage red decimal Shu	Bronchial Mu immune & inflammation
ph 1	upper body lower body	Ad 9.883 Pt Ad 9.1046 Ut	Tr 15.1046 Tr 15.883	Pt 19.831 Pt !9.1013	Ot 5.1013 Ot 5.831	Br 18.902 Br 18.1052
ph 2 SL mirror	upper body lower body	Pt 19.902 Pt Pt 19.1052 Ut	Ot 5.1052 Ot 5.902	Ad 9.854 Ad 9.1C022	Tr 15.1022 Tr 15.854	Br 18.923 Br 18.1013
ph 3 shadow	upper body lower body	Pt 9.902 Pt Pt 9.1052 Ut	Ot 15.1052 Ot 15.902	Ad 19.854 Ad 19.1022	Tr 5.1022 Tr 5.854	Br 8.902 Br 8.1052

Treat the specific arthritic damage to the hands or knees with mirror points, or with invisible ink points. Use one set of the bone division channels: 15/9 treats cartilage, 19/5 treats bones. Points will move to the shadow and phase 3 if the damage is severe. The first point in each box below treats the pain and damage, the second treats the inflammation. Ligaments, tendons and attached muscles will be affected by the inflammation of the bones, so points from other divisions may be needed. Constant treatment of some of these bone points is probably required for maintenance in older bodies.

arthritis	bone division	deeper: phase 3 shadow	ligaments- mirror
knee:	Tr 15.564 lat. meniscus Ad 9.564 med. meniscus Ot 5.621 patella	Tr 5.564 lat meniscus Ad 19.564 med meniscus Ot 15.621 patella- bone	Ht 16.564 ACL SL St 2.621 quads
hip socket phase 1 bone Second Line cartilage Second Line bone	Pt 19.1052, 19.902 Ad 9.1064, 9.923 Pt 19.1064, 19.923	 Ad 19.1064, Ad 19.923 Pt 9.1052, Pt 9.902	Ht 16.1052 Ht 16.1064 Second Line Ht 6.1052 phase 3
shoulder socket phase 1 Second Line cartilage Second Line bone	Pt 19.902 Pt 19.1052 Ad 9.923, Ad 9.1064 Pt 19.923 Pt 19.1064	 Ad 19.923, Ad 19.1064 Pt 9.902, Pt 9.1052	 Ht 16.923 ligament SL Si 6.923 muscle
Low back: L4 vert Second Line disc L5 vert Second Line disc	Ot 5.883 5.1046 Pt 15.883 15.1046 Pt 19.1046 19.883 Ad 9.1046 9.883	Ot 15.854 15.1022 Tr 5.831 5.1013 Pt 9.1037 Pt 9.872 Ad 19.1046 Ad 19.883	St 2.883 SL Ht 16.1046 SL
sacroiliac joint S1 phase 1 cartilage Second Line 2	Tr 15.854, 15.1022 Tr 15.872 Tr 15.1037	Tr 5.854 , Tr 5.1022	St 2.872
finger tips: bone, cartilage toes: bone, cartilage	Ot 5.782 Ad 9.782 Ot 5.241 Tr 15.241	Ot 15.782 Ad 19.782 Ot 15.132, Tr 5.113,	St 2.132 fingers Ht 16.132 toes

Autism

In photos of autistic children I have observed a combination of two to three pathogens affecting weak brain areas: vials of some sort of spirochete combined with one of the mycoplasmas, added to Clostridium histolyticum. Clostridium bacteria are known to create neurotoxins- botulism is the result of a different Clostridium infection. The spirochete can either be one of the many Treponema dental species, or else a Lyme Disease Borrelia spirochete. The mycoplasmas shows up as Mycoplasma fermentens incognitas in pictures of Israeli kids with autism, but with Lyme disease pictures I observe the Mycoplasma hominus variety. On some pictures there is no evidence of mycoplasma at all, just the spirochetes and the clostridium. While this protocol just illustrates a plausible theory, it is a condition very much in need of a treatment. Plenty of other brain area points may show damage and should be treated.

All three bacteria vials are strengthened with body and cranial points on the the ultraviolet Sigmoid Colon/ Du-colon Nerve division and the blue Br/Sj immune division channels. Usually they appear in a deficient direction on the channels, and then move towards equilibrium with treatment, both on the body and on the brain. Presumably the spirochete damage is primary, and then the mycoplasma and clostridium move in as opportunistic pathogens, most likely due to the damage of the gut nervous system. I can't tell if the spirochetes are actually part of the gut microbiome, or whether the 20/1 channels are just targeting the nerves. Spirochetes attack the nerves, and the Colon and Sigmoid Colon channels are part of the Nerve division. Chase these ultraviolet channels to equilibrium, both on the body and in the brain.

Autism	neurolymph Mu/Shu: CN B neurotoxins clostridium	CN II. III language & teeth #2 #31	CN 1C, CN IA prefrontal teeth #5 #26	CN VIIIa,SS vestibular & immune Shu Mu cerebellum	CV V CNVII Sigmoid and Colon Mu Shu
phase 1	Gb 23.241 Lu 38.684	Pt 40.282 Ot.25.621	Pt 40.113 Ot.25.782	Nv 36.473 Du 21.442 Du 1.1052 Du 1.902	Ki 10.1037 Ki 10.872 Ki 31.383 Ub 26.564
second lines ph 2	Ma 28.282 Lv 33.734	Pt 40.325 Ot 25.564	Pt 40.132 Ot 25.564	Ki 31.564 Ub 26.473 Ub 11.1064 Ub 11.923	Nv 20.1046 Nv 20.883 Nv 36.442 Du 21.595
phase 3 shadow	Ma 23.282 Lv 38.734	Pt 35.282 Ot 30.621	Pt 35.113 Ot 30.621	Ki 31.473 Ub 26.442 Du 11.902 Du 11.1052	Nv 10.1037 Nv 20.872 Nv 36.383 Du 21.564

Next, a series of cranial Shu Mu points will need to be treated.The yellow decimal ray points from the back of the head test to clear the neurotoxins that the bacteria produce. Lymph responds to yellow, and the Second Line yellow ray becomes the Mammary Lymph channel, which makes it a yellow on yellow treatment to strengthen the brain neurolymphatic system.

I have observed that two sets of teeth show an energetic weakness on all photos of autism. The left side red teeth #2 and #31, which connect to the speech areas, along with left side lime green teeth #5 and #26, which govern prefrontal lobe areas, will all strengthen if you hold vials of the spirochete and mycoplasma next to them. Does this mean that the bacteria are entering the brain from those tooth nerve roots? That would take some serious investigation, but it is worth noting. These teeth are strengthened best with bone division channels.

The blue vestibular Shu Mu seem important to this syndrome. This area is treated by the blue CN VIIIa ray and also with the blue body cerebellum points. These blue decimal CNVIIIa Shu points strengthen the semicircular balance organs of the inner ear. This CN VIIIa ray often needs to be treated on two different channels. The weakest point is usually on the Second Line bone channels listed above, which will also treat a vial for the little calcium otoliths within this vestibular system that support balance. The blue Br/Sj channels should also be treated.

The ultraviolet Shu Mu ray on the head and on the body are also weak. If spirochetes are at the root (tooth root) of this problem, then they are attacking the nervous system in general, and the master Shu Mu for the nerves must be treated, both on the body and on the brain.

The pictures of autistic kids with Lyme Disease will show many other weak brain areas. The chart above just addresses the core areas of damage in autism, but there is surely much more that needs treatment.

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 attacks them. Treatment is not solely a matter of down-regulating the immune response, but also of turning off the neon signs that say "attack me".

In every picture and patient that I have examined with an autoimmune disease, I see an active Epstein-Barr virus in league with a specific bacterial pathogen. Together they seem to be setting off this self attack of a tissue by confusing the signals coming from the sigmoid colon and the cranial olfactory bulb. An Epstein-Barr (EBV) vial, when held together with a specific pathogen vial, will strengthen the specific area of self attack on the body. They will also strengthen the weak sigmoid colon and the olfactory areas where the "attack me" signs seem to originate. This would point to EBV being more than just an opportunistic infection. There are many different herpes viruses, but it is only this Epstein-Barr virus that seems implicated in this attack on the body's own tissues. Epstein-Barr is a herpes virus that lives in the nerves, so it is treated both with immune

channels for the virus, and with nerve division channels to focus the treatment. (Those Nerve channels are not listed in this chart below.)

	body: early or recovery, equil	deeper infection	body: deeper still	cranial: early & recovery	cranial deeper	deeper yet
EBV virus channels	Br 18.442 Sj 4 473	Br 18.325 Sj 4.595	Br 8.241 Sj 14.684	Br 37.473 Sj 24.442	Br 37.595 Sj 24.325	Br 34.684 Sj 27.241
EBV virus deeper	Sp 8.473 Tm 14.442	Sp 8.595 Tm 14.383	Sp 8.621 Tm 14.282	Sp 34.442 Tm 27.443	Sp 34.564 Tm 27.473	Sp 34.621 Tm 27.282

The EBV virus itself seems best treated with the blue immune channels in early stages of autoimmune, and with the orange immune channels when it moves deeper. Channel points are useful when a virus is moving in, but also when it is deeply entrenched. Immune channels are very powerful, and need to be treated in the right direction in autoimmune, otherwise they can fan the flames of inflammation. These immune channel points also help to control the invasion of the bacterial pathogens.

There seems to be two sources where the mislabeling occurs, one in the gut, and the other in the nose and olfactory area of the brain. The gut mislabeling takes place in the sigmoid colon and esophagus. Many of pathogens seemingly associated with autoimmune disease reside in the colon and sigmoid colon, so it would make sense that the mislabeling begins there. The Epstein Barr virus also shows activity in the throat and sigmoid colon. Chase these gut pathogens with the 1 Colon- 20 Sigmoid Colon channel points to equilibrium, and then treat the Mu points.

Sigmoid Colon/ Colon = Nv/Du	body: early or recovery	deeper infection	body: deeper still shadow	cranial: early & recovery	cranial: medium	deeper still
gut pathogen channels	Nv 20.442 Du 1 473	Nv 20.325 Du 1.595	Nv 10.241 Du 11.684	Nv 36.473 Du 21.442	Nv 36.595 Du 21.325	Nv 36.684 Du 21.241

The Sigmoid Colon and Esophagus Mu Points on the Skin division channels will always strengthen vials related to autoimmune such ANA antibodies, LFA human protein, circulating immune complexes, and MHC II. The Sigmoid Colon seems primary, but if the autoimmune disease progresses, I see that the yang Colon and Larynx Shu points will also strengthen these same immune vials. It is only on the Skin division channels for these Mu and Shu points that the autoimmune correction occurs.

mislabeling and pathogens Mu & Shu	Sig Colon & Esophagus ANA MHC II	colon and larynx Shu ANA MHCII	nose & cranial VMO Mu ANA MHC II	CN IIa &I IIa Sp & medulla ANA MHC II	yin blood PS immune Mu calms inflam.	immune Shu calms EBV & inflammation
phase 2 Second Line 2 very early or recovery	Lu 17.883 Lu 17.1046 Lu 38.442 Gb 23.595	Gb 3.883 Gb 3.1046 Lu 38.442 Gb 23.595	Lu 17.826 Lu 17.997 Lu 38.132 Gb 23.734	Lu 17.1013 Lu 17.1022 Lu 38.282 Gb 23.734	Br 18.902 Br 18.1052 Br 37.473 Sj 24.442	Sj 4.902 Sj 4.1052 SJ 24.442 Br 37.473
phase 2 Second Line 1 most common	Lv 7.1046 Lv 7.883 Lv 33.442 Ma 28.595	Ma 13.883 Ma 13.1046 Lu 38.442 Gb 23.595	Lv 7.826 Lv 7.997 Lv 33.241 Ma 28.782	Lv 7.1013 Lv 7.831 Lv 33.282 Ma 28.734	Br 18.923 Br 18.1064 Br 37.564 Sj 24.473	Sj 4.923 Sj 4.1064 SJ 24.473 Br 37.564
phase 3 shadow deeper damage	Lv 17.1046 Lv 17.883 Lv 38.442 Ma 23.595	Ma 13.872 Ma 13.1037 Lu 38.442 Gb 23.595	Lv 17.826 Lv 17.997 Lv 38.241 Ma 23.782	Lv 17.997 Lv17.926 Lv 37.282 Ma 24.734	Br 8.902 Br 18.1052 Br 34.473 Sj 27.442	Sj 14.923 Sj 14.1064 Sj 27.442 Br 34.473

Another source of the tissue mislabeling seems to be occurring inside the nose and olfactory bulb. Researchers have noticed that patients with autoimmune conditions often show damage on the olfactory bulb.[17] I have observed that these yellow nose Mu on the face, along with the CN Ib and CN I Mu, all show to be affected the the EBV virus and a secondary pathogen. It is this CN Ib VMO vomeronasal olfactory organ that allows a hound dog to follow a scent; but its original evolutionary design may also have helped very early animals to distinguish between self and non-self, food and prey, friend and foe. It looks as though damage to this cranial VMO by the Epstein Barr virus along with another pathogen might contribute to the mislabeling between self and non-self. All pictures of autoimmune patients show these VMO and CN I weaknesses. In pictures of early and moderate cases of all types of autoimmune conditions, treating these yellow decimal Mu points on their Skin division channels will strengthen the weak autoimmune vials.

As the autoimmune condition deepens, then it is the orange olfactory bulb ray points that more strongly affect the autoimmune vials. In pictures of severe cases of any autoimmune disease, it is only the orange cranial ray points that will strengthen the autoimmune vials, and not the yellow. I originally labeled CN IIa and CN IIIa as part of the eye system because CN IIa affects the optic chiasm vial; but these rays clearly also target the base of the olfactory bulb. Treat them on the Skin and Nerve division channels in the phase that strengthens. Do not ever treat the orange cranial rays with orange channels on autoimmune patients. Orange channels points on orange rays would further inflame the tissues on either body or brain.

[17] **Olfactory disfunction and Autoimmunity** by O. Shamriz and Y. Shoenfield, Clinical and Experimental Rheumatology. May 30th 2017

One of the notable aspects of autoimmune disease is that it affects women many times more than with men. There seems to be two theories connected to this phenomena. There is one theory that women are much more susceptible to autoimmune diseases because the placenta in pregnancy prevents the immune system from being overactive and attacking the fetus. Lack of multiple pregnancies and the resulting placentas might make women's immune system overactive and more prone to self attack.[18] Lovely. Pictures of placentas seem to be treated with the same Mu as the Sigmoid Colon. Perhaps treating the Sigmoid Colon Mu points with their Skin division channels can mimic the regulatory effect of a missing placenta.

Another theory for the prevalence of autoimmune in women is that the second X chromosome becomes activated when it should remain silent, and that this can trigger the self attack.[19] The second female X chromosome does show a weakness in all of my pictures of women with autoimmune disease, but the single X chromosome in autoimmune men will also show a weakness. The mislabeling and weakness associated with both male and female X chromosomes seems best treated with either the yellow or orange olfactory bulb rays; the yellow ray in milder cases and the orange ray in more progressed. The orange ray points will then switch back to the yellow ray as the points repair. This X chromosome can also be treated by the purple Ovaries/ Testes Shu point on the body, and its associated purple ray on the cranium, but those points do not strengthen autoimmune vials in pictures of these patients. Treat the body and cranial Ovary and CN VIII Shu points, using the Skin and Nerve division channels that strengthen the X chromosome.

autoimmune & target	possible Pathogens	autoimmune condition and target location	possible Pathogens
ALS (myelin & muscle)	Treponema or Borrelia, Mycoplasma pneumonia?	Raynauds vascluature	Mycoplasma pneumonia
Hashimoto's thyroid	Strep B?	Rheumatoid joints	Prevotella Copri
Lupus skin & vascular	Mycobacteria ulcerans?	Scleroderma skin	Mycoplasma incognitas?
MS myelin sheath	Chlamydia pneumonia? along with a spirochete	Sjoegren's salivary, skin	Klebsiella pneumoniae
Myasthenia Gravis muscles	Mycoplasma urealytica? tooth spirochetes?	Vitiligo skin	Corynebacteria anaerobis
Psoraisis skin	Strep pyrogenes		

[18] **utmb.educ podcast Jan 17, 2020 Why Women get more Autoimmune Diseases**

[19] **https://med.stanford.edu/news/all-news/2024/02/women-autoimmune.html**

I have posited a second pathogen that seems to contribute to the onset of symptoms. Autoimmune disease seems to require a specific irritants in the form a bacteria to trigger the onset. Hereditary factors may predispose one towards self attack, but one always sees a pathogen lurking at the scene of the crime. It might just be an innocent bystander, except that it requires holding both the Epstein Barr vial along with the specific pathogen to strengthen the target area. The associations in the chart below are just tentative, being deduced from images of the syndromes.

Many of these bacteria are known to be respiratory pathogens, and all will test against the olfactory bulb in pictures of the specific autoimmune condition. Most of these secondary pathogens seem to have a second residence either in the sigmoid colon or the esophagus. These pathogens will need limb and cranial channel treatment on the ultraviolet 1 Colon and 20 Sigmoid Colon channels, but also on the orange or yellow channels that treat the olfactory bulb. Treat the channel weak point that strengthens the target area, and also the particular bacteria vial. As these pathogens respond to their treatment, the channel points will move back to their equilibrium position. These are chronic conditions, so the gut and olfactory equilibrium points will likely need be continually treated, in order to keep the pathogens reasonably contained. Those autoimmune conditions that affect the brain will also require treatment along the corresponding cranial rays, chasing these pathogen channels to their cranial equilibrium locations.

Target Shu Mu ANA MHC II	Rheumatoid bone Mu Shu: Pt & Ut	RA vasculitits: arteries Sp Mu Raynaud's CN IIa, IIIa	Psoraisis & Vitiligo: Lung & Pons Mu CN IX CN X	Sjoegren's Salivary Ot CN VIII, motor	Hashimoto's Thyroid CN II, III	Myathenia gravis muscles CN XI, CN A
phase 1 main charts - asymptomatic	Lv 7.883 Lv 7.1046 Gb 3.1046 Gb 3.883	Lv 7.997 Lv 7.826 Lv 33.241 Ma 28.684	Lv 7.923 Lv 7.926 Lu 38.132 Gb 23.734	Ma 13.1046 Ma 13.883 Ma 28 473 Lv 33. 442	Gb 3.1013 Gb 3.831 Gb 23.621 Lu 38.282	Lv 7.802 Lv 7.962 Lv 33.113 Ma 28.132
phase 2 Sec Line , 2 very early or recovery	Lu 17.902 Lu 17.1052 Gb 3.1052 GB 3.902	Lu 17.1013 Lu 17.831 Lv 33.282 Ma 28.734	Lu 17.942 Lu 17.1071 Lu 38.132 Gb 23.734	Gb 3.902 Gb 3.1052 Gb 23.564 Lu 38.472	Gb 3.1022 Gb 3.854 Gb 23.684 Lu 38.325	Lu 17.815 Lv 17.986 Gb 3.986 Gb 3.815
phase 2 Second Line 1 or 2 most common	Lv 7.902 Lv 7.1052 Ma 13.1052 Ma 13.902	Lv 7.1013 Lv 7.831 Lv 33.282 Ma 28.734	Lu 7.942 Lv 7.1071 Lv 33.241 Ma 28.782	Ma 13.902 Ma 13.1052 Ma 28.564 Lv 33.472	Ma 13.1022 Ma 13.854 Ma 28.684 Lv 33.325	Lv 7.815 Lv 7.986 Ma 13.986 Ma 13.815
phase 3 shadow deeper damage	Lv 17.883 Lv 17.1046 Ma 3.1052 Ma 3.902	Lv 17.997 Lv 17.926 Lv 37.282 Ma 24.734	Lv 17.923 Lv 17.1064 Lv 38.241 Ma 23.782	Ma 3.902 Ma 3.1052 Ma 23.564 Lv 38.472	Ma 3.1022 Ma 3.854 Ma 23.684 Lv 38.325	Lv 17.802 Ma 13.802 Lv 38.113 Ma 23.782

Restraining the over exuberant X chromosome while chasing the pathogens is important, but it will not alone stop the self attack. It is also necessary to turn off the mislabeling in the affected organs. Think of two mad terrorists running down the isles of a supermarket, altering the bar codes. One terrorist is the Epstein Barr virus, EBV, and the other terrorist is a specific bacteria. The isles of supermarket are the body's torso Shu and Mu points, and these terrorists are altering the bar codes on the organs to read 'attack me.' [20] If these terrorists change the bar code at the Salivary Mu, then the body will attack its own salivary tissues and you have Sjoegren's; if they change the thyroid organ's Shu signal, then it becomes Hashimoto's thyroiditis.

This target organ's bar code will need to be deactivated through the target's Mu or Shu points. The deactivation channels for these Mu and Shu are first and foremost on the Skin Division channels for each organ. Usually it is the yellow Skin division channels, Liver 7 and Mammary 13, that first strengthen the autoimmune ANA and MHC II vials. Most often they appear as the phase 2 points in the third row. One point treats the immune vials, while the partner treats the inflammation vials.

Very early or asymptomatic conditions might show as the turquoise Skin division channels in row 2. These turquoise phase 2 points in row 2 will also need treatment once the yellow channels have been thoroughly treated. The phase 1 Shu or Mu points might appear later in recovery, but I haven't seen that yet. I do see phase 1 in pictures of children with a hereditary predisposition.

Many of these syndromes attack several target organs. Any organ that is attacked by the body's immune system should be treated with that organ's Shu or Mu to disarm it; using one of the Skin division channels.

All these target Mu and Shu will also need treatment on the Nerve Division channels to help the body and brain recognize the location of the damage. These Nerve division points strengthen the vials for dendritic cells and antigen peptides, which signal the recognition of foreign cells. Just as with allergies, abnormal immune activity and inflammation seems to be best treated with yellow Liver/ Ma or turquoise Gb/ Lu channels of the Skin division, but the recognition that the mislabeling seems to happen on the Nerve division; usually first with infrared Ki/ Ub and after treatment with the ultraviolet Nv/ Du channels.

All organs that have sustained years of damage from self attack will need to be recharged and repaired once the neon self attack signs have been turned off. Use bone channels for bone Mu and Shu, Muscle division channels for Muscle Mu, etc.

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[20] Metaphor borrowed from a chiropractic lecture, back when.

Bone autoimmune diseases will show imbalance on bone channels, and skin conditions will want skin limb channels initially, but I don't see that the limb channels are where the mislabeling is happening. Balance those meridians, but the real action is in the olfactory bulb, the sigmoid colon, and the target Shu Mu.The brain points always seem crucial for correcting the mislabeling. It seems that the brain is a reflecting pool for all these conditions, and the hub for all of the confused signaling.

immune Shu and Mu	phase 1	Second Line 1 phase 2	Second Line 2 phase 2	phase 3 shadow
immune Mu: Max. & Spleen: yin organs XXX	Sp 8.826, 8.997 XXX	Sp 8.831, 8.1013 XXX	Br 18.831 OK Br 18.1013	Sp 18.826, 18.826 XXX
immune Thymus Shu: yang XXX	Tm 14.997, 14.826 XXX	Tm 14.1013, 14.831 XXX	Sj 4.1013 4.831 OK	Tm 4.997, 4.826 XXX
immune cranium - XXX	Sp 34.241,Tm 27.684 XXX Sp 34.734, Tm 27.132 XXX	Sp 34.282 Tm 27.734 XXX Sp 34.782 Tm 27,241 XXX	Br 37.282 Sj 24.734 OK Br 37.782 Sj 24.241 OK	Sp 37.282, Tm 24.734 XXX Sp 37.782 Tm 24.241 XXX
immune Mu: Bronchi: CD4 ,T regs, IL10 inflammation	Br 18.902, 18.1052	Br 18.923, 18.1064	Sp 8.923, Sp 8.1064	Br 8.902. 8.1052
immune Shu: Marrow SJ: glucagon, T regs, ANA HLA	Sj 4.902, 4.1052	Sj 4.923, 4,1064	Tm 14.923, 14.1064	Sj 14.902, 14.1052
immune: cranium inflammation	Br 37.473 Sj 24.442	Br 37.564, Sj 24.473	Sp 34.564 Tm 27.473	Br 34.473, Sj 27.442

There are still a couple of wolves lurking in the woods. The thymus gland increases immune response in normal people, which is normally a good thing; but in autoimmune patients that will increase the self attack. An orange Thymus or Spleen channel point on an orange Thymus or Spleen decimal frequency will set off an inflammatory cascade in the target tissues anywhere in the body. Don't let these wolves set the house on fire.

In Rheumatoid Arthritis it is the bones the will inflame, in Sjoegren's it will be the salivary glands; in MS the myelin; in Hashimoto's the thyroid. The good news is that it is only the orange on orange Thymus or Spleen channels that will light the inflammatory bonfire. The wolf is only dangerous when wearing the orange coating of its orange channel.

Any of the organs or cranial rays that respond to orange can also contribute to inflammation in autoimmune disease. The Thymus Shu and its yang partner that treats the anus, along with the

Spleen or Medulla Mu, can all inflame when wearing orange attire. The yang orange Thymus seems to inflame both yin and yang organs, but sometimes an orange on orange Spleen Mu will only inflame the yin autoimmune organs, which had me confused for a while. All of the orange cranial rays will also inflame if treated with orange channels.

The blue immune Shu Mu on blue channels seem to calm the overactive immune response in these autoimmune conditions. Choose the phase that best strengthens the T regulatory and MHC II vials. In most autoimmune conditions, these blue on blue Shu or Mu will also strengthen many other inflammation related vials.

The orange Shu or Mu points must be in the right phase to do their damage. In phase 2, it is only Tm 14.1013 Shu that is prohibited. The other phase 2 Thymus Shu, 11, 12, 13 and 15.1013, won't weaken any tissues. Nor will the orange on orange Thymus Shu in phases 1 and 3. It is best to run all three phases of that orange Thymus Shu or Spleen Mu over your autoimmune patient's picture, to see which level reacts, and then carefully avoid those points on both body and brain.

The above chart lists the immune Shu and Mu as blood channels, but they have very different functions and effects when treated with the Skin or Nerve division meridians. The proper Skin division channel for a Spleen or Thymus Mu or Shu can aid to disarm the inflammation and will signal to strengthen the weak autoimmune ANA and MHC II vials. The correct Nerve division channel on an immune Mu or Shu will strengthen antigen and dendritic vials. The Nerve division channels for the immune Mu Shu are also the strongest for the macrophage and neutrophil vials. It seems that in early stages of autoimmune the blue Mu Shu are strongest, in later stages it is the orange Shu Mu on these Nerve division channels that test. Although for many years I was frightened of employing immune Shu and Mu in autoimmune patients, it seems that these Nerve and Skin division points may be crucial in correcting the improper signaling.

The pathogen channels and target Shu Mu serve to signal to the body where to pursue the bacteria, but the body may also require the immune Mu and Shu support in order to contain them. The macrophage and neutrophil vials in these infections seem best strengthened by the Nerve division immune Mu & Shu points in their proper phases. I have no evidence that the bacteria are eliminated by this treatment, but it does seem to reduce their energetic presence.

Pretesting the inflammatory frequencies on pictures can also be use to screen for possible locations of the autoimmune activity. If the skin or the salivary vials weaken with a Thymus Shu or Spleen Mu frequency on a patient's picture, then there is probably some autoimmune activity occurring in that location. Various autoimmune related vials for ANA antibodies, MHC II and T

regulatory cells will also weaken in response to an orange channel on a Thymus or Spleen Shu or Mu.

The limb points that have orange decimals, such as Br 18.241 or Br 18.734, do not have an orange channel passing through them in phase 1, and thus do not appear to be dangerous. However, these orange decimals can appear as phase 2 invisible ink points on either the Spleen or Thymus channels. For example, you might think to use Sp 8.241 when treating a foot fascia problem, but this frequency would indeed be inflammatory on autoimmune patients.

Once the target organ Shu Mu point has been strengthened, and the sigmoid colon, esophagus and olfactory bulb points have been calmed, I no longer see the ANA and MHC II vials to be weak. The patient's organs will no longer weaken with any phase of the body or cranial Thymus frequencies.

Cranial points serve both to chase pathogens and disarm the self attack. Many autoimmune conditions like vitiligo do not seem to be neurological, but they will still need treatment of the cranial yellow VMO ray to disarm the attack signals.

Neurological autoimmune conditions like MS or ALS will need to chase the pathogens on the Nerve division channels on both body and brain, and then treat the infrared and ultraviolet Shu and Mu points. The cranial infrared and ultraviolet nerve division cranial rays will show weakness. The infrared cranial CN IV and VI rays seem to reflect the weakness of the myelin Mu points on the body, and the ultraviolet CNV and CN VII are cranial counterparts to the colon and sigmoid colon. These nerve division cranial weaknesses perhaps signal an autoimmune attack on the overall neural structure of the brain.

if your autoimmune patient gets the flu, you will still want to employ the body's Thymus meridian to fight it. Surprisingly, this seems to be beneficial. A Thymus point 14.442 together with a Spleen meridian point 8.473, will often strengthen vials for T killers and viruses in early stages of a flu or Covid, and will not weaken inflamed areas. These immune channel points usually move in a deficient direction as the virus moves deeper, and they must be treated until they return to equilibrium. Note that moving the Thymus channel in an excess direction with a flu or Covid virus will indeed fan the fire of inflammation, so test carefully for your points.

Autoimmune patients fighting bacteria infections can also use the Spleen and Thymus channel points to strengthen macrophage and neutrophil vials. One would think that orange *decimal* meridian frequencies on orange *limb* channels would also set off inflammation, but they don't, unless they move in the wrong direction.

Note that Lyme disease is known to mimic a number of autoimmune conditions such as ALS, MS, Scleroderma, Hashimoto's or Rheumatoid arthritis, and seem to do so without the presence of the usual instigating pathogens listed above. There is a lot of Lyme disease out there that goes undiagnosed, or that does not register on a blood test. Most of those undiagnosed Lyme patients will manifest some sort of autoimmune condition, so it is important to screen all of your patients for possible autoimmune reactions.

I have not been able to verify through blood tests the elimination of any autoimmune condition. though several have noted improvement. I can state that these treatments have reduced the autoimmune inflammation on the target areas, and many times have stopped the inflammatory reaction to the orange decimal Thymus frequencies.

Back Pain

A reprise of the back pain discussion is given here for convenience. Bones are initially treated with 19/5 half of the bone division; cartilage is treated by the 9/15 half of that bone division. All damage first moves to the Second Line that matches the tissue. All Second Line decimals are found two vertebrae up for yang, and two vertebrae down for yin.

Find an image of a L4 *disc* that is damaged. Find the L4 row on the chart below. There is no disc cartilage point at L4 so again move up two vertebrae to find the cartilage L2 Shu Tr 15.883. This Tr 15.883 frequency will strengthen the L4 area and vial, and also a vial for discs and cartilage. This is Second Line 1.

Find a picture of a damaged L4 vertebrae. L4 has a bone channel passing through it, but that Ot 5.872 at L4 will only treat the mildest of damage. Real vertebrae or spinous process bone damage requires climbing up to the next yang vertebrae and finding that normally invisible ink point on that same bone channel: Ot 5.883. The weakness and pain around the injury on the photo will respond to that frequency. This is the Second Line 2 point.
Inflammation for these back injuries is treated by the same colored Shu or Mu point in the column on the opposite side of the chart. Often this inflammation point is actually on the opposite end of the back. Inflammation for that L4 vertebrae injury would be treated with the same purple colored decimal points found at C1: Ot 5.1046. The inflammation point for the L4 *disc* will be found at C3: Tr 15.1046.

Mild or early stress or damage in young people can be in phase one, but most injuries or degeneration will be found on one the Second Lines, or in phase 3.

Vert-ebrae	App #s	phase 1 healthy or early	Second Line 1 phase 2 damage	Second Line 2 phase 2 phase 3	phase 3 serious damage shadow	Vert-ebrae	App #s	phase 1 early	Second Line 1 phase 2 damage	Second Line 2 phase 2 phase 3	phase 3 serious damage shadow
face	17a, 17b 17c, 17d	9.802 Ad 17	19.815 Pt 17	9.815 Ad 17a	19.802 Pt 17a	7th T	12, 12a 13, 12a	9.962 Ad 12	19.986 Pt 12	9.986 Ad 12a	19.962 Pt 12a
Occiput	17, 13 17a, 13a	5.1071 Ot 17	15.962 Tr 13	5.962 Ot 17a	15.1071 Tr 13a	8th T	12, 8 12a, 8a	5.942 Ot 12	15.962 Tr 8	5.962 Ot 12a	15.942 Tr 8a
face	17, 16 17a, 16a	19.815 Pt 17	9.826 Ad 16	19.826 Pt 17a	9.815 Ad 16a	9th T	12, 11 12a, 11a	19.986	9.997	19.997	9.986
Occiput	17, 17	15.1064	5.1071	15.1071	5.1064	10 T	12, 12	15.923	5.942	15.942	5.923
face	16, 16	9.826	19.831	9.831	19.826	11 T	11, 11	9.997	19.1013	9.1013	19.997
Occiput	16, 17	5.1052	15.1064	5.1064	15.1052	12 T	11, 12	5.902	15.923	5.923	15.902
face	16, 15	19.831	9.854	19.854	9.831	1st L	11, 10	19.1013	9.1022	19.1022	9.1013
1st C	16, 16	15.1046	5.1052	15.1052	5.1046	2nd L	11, 11	15.883	5.902	15.902	5.883
2nd C	15, 15	9.854	19.872	19.1037	19.854	3rd L	10, 10	9.1022	20.1037	10.1037	19.1022
3rd C	15 ,16	5.1037	15.1046	5.1046	15.1037	4th L	10, 11	5.872	15.883	5.883	15.872
4th C	15, 14	19.872	9.883	19.883	9.872	5th L	10, 9	19.1037	9.1046	19.1046	9.1037
5th C	15, 15	15.1022	5.1037	15.1037	5.1022	1st S	10, 10	15.854	5.872	15.872	5.854
6th C	14, 14	9.883	19.902	9.902	19.883	2nd S	9, 9	9.1046	19.1052	9.1052	19.1046
7th C	14, 15	5.1013	15.1022	5.1022	15.1013	3rd S	9, 10	5.831	15.854	5.854	15.831
1st T	14, 13	19.902	9.923	19.923	9.902	4th S	9, 8	19.1052	9.1064	19.1064	9.1052
2nd T	14, 14	15.997	5.1013	15.1013	5.997	5th S	9, 9	15.826	15.831	5.831	5.826
3rd T	13, 13	9.923	19.942	9.942	19.923	ischium	8, 8	9.1064	19.1071	9.1071	19.1064
4th T	13, 14	5.986	15.997	5.997	15.986	coccyx	8, 9	5.815	15.826	5.826	15.815
5th T	13, 17	19.942 Pt 13	9.962 Ad 17	19.962 Pt 13a	9.942 Ad 17a	ischium	8, 17	19.1071	9.962	19.962	9.1071
6th T	13, 13	15.962 Tr 13	5.986 Ot 13	15.986 Tr 13a	5.962 Ot 13a	coccyx	8, 8	15.802	5.815	15.815	5.802

Severe degeneration or injury moves the channels to the shadow. The severely injured L4 vertebrae will move from Second Line 2 Ot 5.883 back up to a shadow Ot 15.872 at L4. If it is the L4 *disc* that is seriously damaged, then switch from Second Line 1 to the Second Line 2 frequency 5.883. In this phase, the point will register as a Tr 5.883 point on the shadow Tr channel. It is the same frequency as Second Line 2, but this time a different shadow location, on a different meridian.

That third column decimal frequency has two different locations and can represent two different phases. In injuries where the original vertebrae location channel matches the tissue being treated, then the point is inscribed in invisible ink on the main channel. This invisible ink point is used as a phase 2 point that I also call the Second Line 2. That third column frequency will also treat the deeper 3rd phase of the Second Line 1 points, but this time it is on an opposite limb shadow channel.

There are four possible frequencies in each row, but five possible locations because each vertebrae can have different functions. Disc degeneration passes through two phases, and the vertebrae degeneration has two phases. One of the frequencies can treat two different phases and locations.There are only four possible variations on the the two affected vertebrae, and these damage points are just oscillating between them.

In all four phases these decimal frequencies will register as the original color of the organ. The channel color will change in the Second Line 1 because the tissue changes from bone to cartilage. Bone channels remains purple and cartilage channels remain red, and they keep their identity as they move through the phases.

Transverse processes, facets and ribs are treated like the cartilage discs, the spinous processes are treated as bones. If there is nerve damage at any vertebrae level, then use one of the nerve division channels in the proper phase. Ligament damage on the back will use green ligament channels.

All points on the above chart appear as the bone division channel frequencies found at each vertebrae. The purple columns list the location numbers you will find on my acupuncture charts.

Bell's Palsy and Cranial Herpes

Bell's Palsy	herpes virus - immune	Bell's Palsy Mu Shu	CN V & VII Mu & Shu	CN II & III Mu & Shu
acute channel chasing	Br 37.383 or 37.282 Sj 24.564 or 24.621	acute- Second Line 2	Nv 36.442 CN V Du 21.595 CN VII	Nv 36.325 SL2 CN II Du 21.684 SL2 CN III
recovering equilbrium	Br 37.473 SS Sj 24 442 CN VIIIa	recovering- phase 1	Nv 36.383 V Du 21,564 VII	Nv 36.282 ph 1 Du 21.621 ph 1

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 cranial herpes virus itself is

treated with blue cranial immune channel points: a blue frequency on a blue ray. Chase the points in the first column to equilibrium. These first column points strengthen a vial for the virus and another for interferon. The blue herpes immune channels on the body may also need treatment.

Next you must treat the damage on on the trigeminal CNV or facial CN VIII nerves. Cranial nerve V has 3 branches. The twisted mouth common to Bell's palsy is the result of a lower CN V invasion; the splitting headaches and eye twitches are caused by an upper CN V branch invasion. All branches of the ultraviolet cranial V must be treated with an ultraviolet nerve channel: Nv 36.442 in its Second Line 2 phase 2, or perhaps in phase 3 .

If it is the CN VII facial nerve shows more damage, then that Second Line 2 Du 21.564 will treat the pain. The inflammation will be treated by its ultraviolet partner on the cranial chart, which is the CN V point. Cranial nerves V and VII are color partners; so one point is treating the damaged nerve and the other is treating the pain, and vice versa. The virus seem to attack the eye nerves as well, so treat them if they are weak, again with ultraviolet nerve division channels

Carpal Tunnel

Carpal Tunnel	median nerve points sensory nerve- Uv	median nerve points myelin sheath - IR	wrist muscles	wrist tendons
healthy or recovering	Nv 20.442 **Nv 4a**	Ki 10.473	Ht 16.442	Br 18.442
phase 2 damage deficient, invisible ink	Nv 20.383, **Nv 3b**	Ki 10.564	Si 6.564	Br 18.564

The median nerve on the wrist is damaged from overuse, so the optimal point will most often be an invisible ink ultraviolet Nerve channel point on the opposite wrist. Deeper damage seems to move the point to the myelin infrared half of the Nerve division rather than to phase 3. Both Nerve division channels move in a deficient direction. The overworked muscles and tendons of the wrist must also be addressed.

Common Cold

A common cold can be caused by several different respiratory viruses. The traditional acupuncture cold point, Lieque Lung 7, is not found on the true Lung channel, but closer to a Mammary/Lymph channel point: Ma 13.442. This point is quite effective as an antiviral point at the beginning of any cold virus infection, and may well be the reason that the ancient Chinese moved this Ma point to the Lung channel. It reflects a deficiency in the primary Ma/Lymph channel. The nose Mu is yellow and belongs to the skin/lymph division, so therefore the main treatment point belongs to a yellow

upper body skin channel: Ma 13.442 on the back of the wrist. This yellow Ma channel point is the best one to strengthen the virus, but it also strengthens the lymph tissues. The nose is yellow and wants a yellow channel to treat it, but the runny nose is best treated with a 20 Nerve mucosa channel. The blue immune Bronchi channel and its Sj partner are also very useful in colds, and actually test stronger against the rhino virus vial than the Mammary Lymph points. The Lung pulse may feel weak in a cold, but the virus is better treated by these neighboring channels and Mu points.

common cold **Rhino virus**	channels: mild or moderate	channels: more deficient	nose/Lv Mu ph 1 Bronch/cerbell. Mu	nose/Lv Mu ph 2 Bronch/cerbell. Mu
virus lymph **mucosa**	Ma 13.442 **Ma 4** Lv 7.473 **Lv 4** Nv 20.442, Du 1.473	Ma 13.564 **Ma 5** Lv 7.383 **Lv 3** Nv 20.325, Du 1.595	Lu 17.815 **Lu17** with Lu 17.986 **Lu12** Nv 20.815 nose	Lu 7.923 **Lu17a** Lu 7.1064 **Lu12a** Ki 10.923 nose
immune T killers	Br 18.442 **Br4** Sj 4.473 **Sj4**	Br 18.325 **Br3** Sj 4.595 **Sj5**	Br 18.902 T killers Br 18.1052 T regs	Br 18.883 T killers Br 18.1046 T regs

Earache

	eustachian tubes	**ear drum, outer ear**	**cochlea, semicircular**	**mastoid bone**
Second Line 1 phase 2 , mirror	Gb 3.1071 infection Gb 3.942 inflammation	Sj 4.1064 infection Sj 4.923 inflammation	Sj 24.442 Br 37.443	Ot 5.1064 Ot 5.923
Second Line 2 phase 3, shadow	Gb 13.1071 infection Gb 13.942 inflammation	Sj 14.1052 infection Sj 14.902 inflammation	Sj 24.473 Br 37.564	Ot 15.1052 Ot 15.902
phase 1 -recovery	Ma 13.1064 Ma 13.923	Sj 4.1052 infection Sj 4.902 inflammation	Sj 27.442 Br 34.443	Ot 5.1052 Ot 5.902

The visible ear and the ear drum are governed by the purple Ot channel and the Ear/Salivary Shu. The eustachian tubes are governed by the Pons Mu. The semicircular canals and cochlea are governed by the blue CN VIIIa Shu, and the mastoid by the cerebellum Shu. The infected cartilage is treated by the red yang Thyroid channel: so the tradition Sj 3 ear point now belongs to the Thyroid channel. The best overall channel for chasing the pathogens is the yang San Jiao channel. Chase both of these channels and their partners to equilibrium both on the body and if need be on the cranium. Infection can move from the ear to the mastoid process, and from there to the blue cranial ray.

Endometriosis

Here is a set of points derived from several images of patients with endometriosis. The uterus is a purple organ with a purple channel , but the Uterus Mu points are better treated on the yellow Skin division channels that signal immune disregulation. Severe cases will move to phase 3 points. Phase 1 is listed for recovery.

endo-metriosis	Uterus & Parathyroid Mu: yellow ANA Liver channel	Pt/Uterus & Ot channels: antigen binding & strep	Immune Mu points inflammation T regulator	immune channels EBV	autoimmune sigmoid colon esophagus Mu ANA, MHC II	autoimmune VMO, CN I Mu: T regs ANA, MHC II
recovering phase 1	Lv 7.1046 9.1046 Lv 7.883 Ut	Ut/Pt 19.442 Ot 5.473	Br 18.902 Br 18.1052	Br 18.442 Sj 4.473	Lu 17.1037 Lu 17.872	38.132 ANA 23.734 T regs
deeper or phase 2 SL	Lv 7.1052 Ut Lv 7.902 Pt	Pt 19.325 Ot 5.473	Br 18.923 Br 18.1064	Br 18.325 Sj 4.595	Lv 7.1046 ANA Lv 7.883 Tregs	Lv 33.241 Ma 28.782
phase 3 shadow	Lv 17.1046 Ut Lv 17.883 Pt	Ad 9.473 Pt 40.383	Br 8.902 Br 8.1052	Br 8.325 Sj 14.595	Lv 17.1046 Lv 17,883	Lv 38.241 Ma 23.782

An intestinal strep seems to combine forces with the Epstein Barr virus, leading to an autoimmune component, due perhaps also to damaged signals from the sigmoid colon and VMO. The uterus, the parathyroid, sigmoid colon and esophagus Mu points must also be treated on the ultraviolet Nerve channel. This syndrome seems to be mainly about treating these supporting sets of Mu points, and resetting the confused immune system.

Fetal Alcohol syndrome

These points are derived from 3 pictures of children with FAS, and I include them just to show what might just be possible with a neurological condition. All these brain area vials and facial areas tested as weak on these pictures. What is interesting is that the first two rows of decimal points are fine in their Nerve channel aspects, but will weaken a couple of the language areas in their proper tissue channel. Infrared Ki 31.113 strengthens the amygdala and language area vials, but red Ad 35.113 will weaken those areas. The corresponding same colored face points on the body channels should also be treated, but they are not listed below.

Fetal Alcohol	indications and weak areas	partner	indications, weak areas
CN D: Ad 35.113 XXX CN D: Ki 31.113 okay	amygdala, lateral ventricles (small head size?)	CN F: Tr 30.132 XXX CN F: Ub 26.132 okay	thalamus, VA 1 occipital lobe
CN I: Ma 28.782 XXX CN I Ub 26.782 good	caudate, short nose, DMF	CN IIa Lv 33.132 CN IIa Lu 38.132	ant cingulate, mid face flat
CN E Du 21.241	subthalmic nuclei, weak jaw	CN C Nv 36.782	pituitary, small eye openings

CN VIIIa Du 21.473	satiety, glucagon	SS Nv 36.564	thin upper lip, GABA

All of points were found on the Nerve division and in their Second Line, reflecting damage to the areas. More severe symptoms might require phase 3 points.

Headaches

type of headache phase 1 & 2	Mu or Shu **pain** bl or nerve chann	**inflamm.** partner mu or shu	cranial organ Mu or Shu	cranial partner: same color MuShu	channel balancing
blood sugar SL 2 pancreas ph 3	Pan 12.986 (Pan) Pan 2.962	Pan 2.815 urethra Pan 2.802	Pan 29.383 (Pan) Pan 22.383	Si 32.621 Si 39.621	Pan 12.564 Si 6.383
hangover SL liver ph 3	Lv 7.997 (Lv) Lv 17.997	7.826 nose 17.826	Lv 33.241 VMO Lv 38.241	28.732 CN 1 23.782	Lv 7.383 excess Ma 13.564
hormonal SL Ovaries ph 3	Ot 5.902 (Ot) Ot 15.902	Ot 5.1052 (saliv) Ot 15.1052	Ot 25.564 CN VIII Ot 30.564	40.473 motor 35.473	Ot 5.383 deficient Pt 19.564
small intestine SL2 ph 3	Si 6.986 (Si) Si 16.962	Si 6.815 sinus Si 16.802	Si 32.132 Si Si 39.113 Si	Pan 29.113 CN 1c Pan 22.782	Si 6.684 Pan 12.282 hoku
tension SL adrenal ph 3	Ad 9.1022 (Ad) Ad 19.1022	Ad 9.854 eye Ad 19.854	35.325 (Ad) 40.325	30.684 25.684	Ad 9.383 excess Tr 15.564
thyroid SL ph 3	Tr 15.1022 (Tr) Tr 5.1022	Tr 15.854 sex Tr 5.854	30.684 CN III 25.684	35.325 CN II 25.325	Tr 15.564 defic. Ad 9.383
TMJ SL 2 ph 3			Nv 36.442 CN V Nv 31.383 CN V	21.595 CN VII 21.564	Br 37.564 Sj 24.473

It is often difficult to determine whether a headache is caused by a sinus infection, stress, a tooth nerve, or hormones. Once you determine the underlying reason, then you find the Mu or Shu point for the offending organ. A stress headache is related to stressed adrenal glands, so first move to a Second Line Adrenal Mu for the pain: Ad 9.1022. The same colored red decimal frequency is the partner, Ad 9.854, and will treat the inflammation vials for these headaches. Most stress headaches will also show red cranial ray weakness on the Second Line red cranial eye Mus: red Ad 35.325 with Tr 30.684. You will also want to balance the Adrenal channel, although it tests that the Mu points have a stronger effect on the pain vials.

The above table gives a broad outline of some of the common headache types. These organ related headaches channels use their five on five division tissue meridians. If an organ is stressed enough to produce pain, then the treatment will manifest in its Second Line. A more stressed organ on an older person might move directly to the phase 3 points on the shadow meridians.

The TMJ headache seems to be caused by a herpes invasion of cranial nerve V. You will want to add the blue channel on blue CN VIIIa ray and its partner for the virus.

Our traditional GB 41 headache point is now an Ot spinothalamic tract point at Ot 5.282. It seems to work by blocking the input of pain signals to the brain, because the job of that spinothalamic tract is to convey pain signals to the brain. Stronger headaches would then move that Ot pain point up the leg, but most headache photos respond better to a more pertinent organ point. Deep needling of the traditional GB41 location would also reach the Adrenal channel lying beneath it, so you would get the benefit of two functions with one needle. Traditional Gb 41 can work in a pinch, but look for the underlying cause.

Sinus Headaches

sinus headache	Mu or Shu: pain cartilage channels	inflammation Mu/Shu partner	Cranial Mu/Shu: pain cartilage channels	Cranial Mu/Shu inflammation
frontal: Ph 1 Second Lne 2 shadow ph 3	Ad 9.802 cartilage Ad 9.815 cartilage Ad 19.802 cartilage	Ad 9.962 Ad 9.986 Ad 18.962	Ad 35.113 Ad 35.132 Ad 40.132	Tr 30.782 Tr 30.113 Tr 25.473
ethmoid: Ph 1 SL 1 shadow phase 3	Pt 19.831 Ad 9.854 cartilage Ad 9.831 cartilage	Pt 19.1013 Ad 9.1022 Ad 9.1013	Pt 40.282 Ad 35.325 Ad 40.325	Ot 25.621 Tr 30.684 Tr 25.684
maxillary 1st SL 2 shadow phase 3	Ad 9.826 Ad 9.831 Ad 19.831	Ad 9.997 Ad 9.1013 Ad 19.1013	Ad 35.241 Ad 35.282 Ad 40.282	Tr 30.684 Tr 30.734 Tr 25.734
sphenoid 1st Second Line 2 shadow phase 3	Tr 15.1064 Tr 15.1071 Tr 5.1071	Tr 15.923 Tr 15.942 Tr 5.923	Tr 30.383 Tr 30.442 Tr 25.442	Ad 35.564 Ad 35.595 Ad 40.595

The sinuses all have body channel Mu and Shu points that are found on the face or the back of neck. These headaches are usually due to infections, so herbs or antibiotics are often necessary adjuncts. Begin with the body sinus Second Line Mu or Shu point, before moving to its deeper cranial aspects. Sinus headache Mu Shu points are here treated on the 9/15 cartilage channels, because those points seem best to strengthen the pain vials. Sinus headaches that have not yet moved into the cartilage would be treated with the Mu or Shu of their organ color; i.e., Si 6.815 for the Second Line frontal sinus.

The cranial sinus Mu or Shu will be the same decimal color frequency ray as the body sinus Mu or Shu. The ethmoid sinus Mu frequencies on the face are red, therefore the cranial ethmoid Mu frequencies are also red.

infection Mu Shu	yin sinus Mu immune frontal & maxillary	Cranial immune: infection, inflammation	Shu - sphenoid macrophages pain	infection channels	immune channels Br/Sj	cartilage limb channels
phase 1 early, recovery	Br 18.902 Br 18.1052	Br 37.473 Sj 24.442	Sj 4.1052 Sj 4. 902	early or recovery	Sj 4.473 Br 18.442	Ad 9.473 equi Tr 15.442 equi
phase 2 SL Mu	Br 18.883 Br 18.1046	Br 37.564 Sj 24.484	Sj 4.1064 Sj 4. 923	deeper channels	Sj 4.595 Br 18.325	Ad 9.595 cart. Tr 15.325
ph 3 Mu shadow	Br 8.902 Br 8.1052	Br 34.473 Sj 27.442	Sj 14.1052 Sj 14. 902	deep channels	Sj 4.684 Br 18.241	Ad 9.684 Tr 15.241

The underlying infection of the sinuses seems best treated with the blood division Bronchi/San Jiao channels. The Bronchi channel is primary for yin sinuses, and the San Jiao is primary for the yang sinuses. Find the weak point on the appropriate channel, and then treat to equilibrium. You will also want to treat the red limb cartilage channels to focus the treatment. Most infections manifest in phase 2, and phase 1 will only serve as recovery. If the infection is fungal and not bacterial, you might also need the 17/3 Skin division set of meridians and their Shu Mu. The Nerve channel Mu Shu that treats the mucosa for each of these sinuses might also be treated.

Sinus infections are often deep in the cartilage, they might be hard to treat with just digital acupuncture. Antibiotics or herbs may be necessary, but these acupoints should serve to assist the treatment, and prevent recurrences. Seasonal allergies can also induce sinus headaches if there is a latent infection brought to the surface by the congestion. Add the allergy points if needed.

Migraine Headaches differ from hormonal or blood sugar headaches in that they are more intense, and can be set off by ingesting an offending food or medication. While there are many potential triggers for migraines, some are clearly due to ingestion of aged cheeses, chocolate, or red wine. The common thread that I see in these migraine pictures is a weakness of the yin nasopharynx area of the throat and a weakness of the thalamus area in the brain. Perhaps it is these red oropharynx points that trigger the migraines by linking to the thalamus. The red lower tooth #19 also shows a weakness and a connection to dental spirochetes on all photos of migraine patients. These cranial thalamus points also strengthen the weak upper trigeminal nerve area to treat the pain. The weak red cranial Mu points that treat the eyes also seem to connect to the inflamed cranial arteries, and perhaps lead to the accompanying auras. Both these sets of red cranial ray channels should be treat on the bone channels for the teeth, and the skin channels for the allergic reaction.

The type of allergic reaction seen in migraines is called a kinin reaction, and it differs from a normal histamine allergic response by causing pain. This kinin reaction is still treated first with the yellow channels and later with the turquoise channels associated with allergies. Treat these first three columns with their appropriate nerve division channels as well.

Migraines	Naso-pharynx, kidney, kinin	thalamus, amygdala teeth	CN II CN III eyes aura	Ov/ Testes Salivary kinin	Cr arteries Ovaries/Te kinin	pancreas cranial Shu kinin	pancreas front sinus Shu kinin	hereditary: chromos. #1 CN XI, C
ph 1 ph 1	Lu 17,831 17.1013	Ot 25.113 Pt 40.782	Ma 38.282 Gb 23.621	Ma13.883 Ma 13.1046	Lv 33.442 Ma 28.564	Lv 33.621 Ma 28.282	Ma 13.962 Ma 13.802	Lv 33.621 Gb 28.282
pain SL IL6 SL	Lv 7.854 7.1022	Ot 30.132 Ad 35.113	Lv 33.325 Ma 28.684	Ma 13.902 Ma 13.1052	Lv 33.473 Ma 28.564	Lv 33.684 Ma 28.325	Ma 13.986 Ma 13.815	Lu 38.684 Gb 23.325
pain ph 3 IL6 ph 3	Lv 17.854 17.1022	Ot 25.132 Ad 40.113	Lv 38.282 Ma 23.621	Ma 3.883 Ma 3.1046	Lv 33.473 Ma 28.564	Lv 38.621 Ma 23.282	Ma 3.962 Ma 3.802	Lu 33.684 Gb 28.325

These migraines can also have an hormonal component that is treated with the purple Ot body Shu and its purple cranial counterpart, surprisingly also on the yellow channels. Pancreas points seem to help mitigate the kinin pain reaction, and affect the vials for acid/base, ph and pain. Their lime green ray cranial counterparts also show to be active.

Most migraines manifest on the Second Line Mu and Shu points. A very serious migraine might appear in phase 3, then move back through phase 2 Second Line as it resolves. Phase1 will help stabilize the tissues once Phase 2 has been adequately treated. The first row of points in each of the boxes should strengthen the kinin and or pain vials. Their partners treat the inflammation vials. The idea is to use the Mu or Shu to calm this inflammatory response in the arteries.

Many migraine photos also show a hereditary weakness on chromosome #1. These hereditary migraine points usually manifest as Second Line points, but perhaps the phase 1 points could be treated in children with a weakness on chromosome #1, catching them before they begin to manifest.

Heart Problems

Heart area weaknesses are a great illustration of the principles of the expanded 5 divisions. The heart ventricles are muscles, and so must respond to a muscle channel Mu. The T5 Heart Mu belongs to a green muscle division Mu, but that green Mu would only treat a heart ligament; you have to move it down to T7 to find a lime muscle Mu. Artery issues would also move the Mu down to the SL artery channels at T7. If the electrical system of the heart needs attention, the point moves to a Nerve channel T7 location. The general aging of the organ itself is reflected in the 2nd

and 3rd phases of the original Heart Mu. Since most heart disease occurs in the aged, most of these points will appear in their second or third phase Shu or Mu.

heart problems	heart Mu & partner	Ht muscles-left ventricle	Sa node-electrical	coronary arteries	carotid artery	mitral valve	pulmonary valve
1st: early or healthy	Ht 16.942 T5 Ht 16.1071	Si 6.962 T7 Si 6.802	Nv 20.942 T5 Nv 20.1071	Sp 8.962 T7 Sp 8.802	Sp 8.883 C6 Sp 8.1046	Sp 8.923 T3 Sp 8.1064	Sj 4.1052 Sj 4.902
Second Line aging ph2	Ht 16.962 Ht 16.802	Si 16.962 Si 16.962	Ki 10.962 T7 Ki 10.802	Sp 8.986 T9 Sp 8.815	Sp 8.902 Sp 8.1052	Sp 8.942 Sp 8.1071	Sj 4.997 Sj 4.826
phase 3 SL2 serious	Ht 6.942 Ht 6.1071	Si 6.942 Si 6.1071	Ki 10.942 T5 Ki 10.1071	Sp 18.962 Sp 18.802	Sp 18.883 Sp 18.1046	Sp 18.923 Sp 18.1064	Sj 14.997 Sj 14.826

Heatstroke

heatstroke	Hypothalamus Pituitary Mu	Kidney Mu Sweat/ Mouth	Kidney meridian with Ub partner	Heart Mu urethra Mu	Adrenal Mu eye Mu
mild, prevention phase 1	Tm 27.132 **Tm18** Sp 34.734 **Sp18**	Ki 10.1022 **Ki 10** Ki 10.854 **Ki 15**	Ki 10.473 **Ki5** Ub 11.442 **Ub3**	16.942 T5 **Ht 13** 16.1071 **Ht 8**	19.1013 **Ad11** 19.831 **Ad16**
medium Second Line	Sj 24.241 **Sj 18a** Br 37.782 **Br 18a**	Ki 10.1037 **Ki10a** Ki 10.872 **Ki15a**	Ki 10.684 **Ki6a** Ub 11.241 **Ub2a**	Si 6.962 **Si 12a** Si 6.802 **Si 17a**	Ad 9.1022 **Ad10** Ad 9.854 **Ad15**
serious phase 3 shadow	Sj 27.241 **Sj 18b** Br 34.782 **Br 18b**	Ki 20.1022 **Ki10b** Ki 20.854 **Ki15b**	Ki 20.383 **Ki 3b** Ub 1.564 **Ub 5b**	Si 6.942 **Si 12b** Si 6.1071 **Si 17b**	Ad 9.1013 **Ad11a** Ad 9.831 **Ad 16a**

The orange hypothalamus organ helps govern the body temperature and thirst. Its phase 1 cranial Mu point is usually found on the orange Tm blood channel, which would make it prohibited in autoimmune disease. Phase 2 and 3 moves it to the safe blue calming Sj channel. Stress to the hypothalamus can lead to lack of appetite, as the hunger and thirst centers of the brain are located in the hypothalamus. The hypothalamus sleep hormone orexin might also be affected by the heat, contributing to insomnia. The Kidney, Heart and Adrenals also suffer in the heat and their vials show weakness. The stressed Ki channel first moves down onto the foot in an excess direction, then up the calf when deficient.

Insomnia

I am writing this in the middle of the night, so obviously I have not solved the problem, but perhaps can offer some sort of plausible treatment derived from pictures of fellow insomniacs. Basically you can divide the issue into two camps: old age with pineal weakness, and caffeine/adrenal stress.

Old age affects the pineal gland and its ability to produce the hormone melatonin. The traditional sleep point Shenmen Ht 7 is best located on the ultraviolet body Nerve channel which connects to the pineal gland through the ultraviolet CN V ray. I haven't see that a traditional Shenmen wrist frequency (Nv 20.404) has any effect on sleep related vials, but moving the frequency further onto the hand does strengthen those vials. Needling the traditional point would probably have some beneficial effec,t as it does move the point in right direction away from equilibrium, but my criteria for valid frequencies is that they must resonate with a decimal color and affect target vials, and the traditional Shenmen location frequency does not. A Nv 20.325 frequency will strengthen melatonin vials on pictures of middle age insomniacs, while Nv 20.241 tests more frequently for the elderly. It might be more productive to directly chase the pineal stress on the ultraviolet *cranial* Nerve channel, where Nv 36.383 and Nv 36.282 will also strengthen the melatonin vial. It is fascinating though that a body channel point can affect a brain organ. It is also deeply relaxing at night to hold one of these hand Shenmen points and wait for the qi to flow in.

insomnia channels	body: early	deeper	serious	cranial: early & recovery	cranial deeper	deeper yet
Shenmen Pineal	Nv 20.325 Du 1 595	Nv 20.241 Du 1 684	Nv 20.113 Du 1 782	Nv 36.383 Du 21 564	Nv 36.282 Du 21 621	Nv 36.132 Du 21 782
Adrenal	Ad 9.595 Tr 19.325	Ad 9.684 Tr 19.241	Ad 9.782 Tr 19.113	Ad 35.564 Tr 30.383	Ad 35.621 Tr 30.282	Ad 35.782 Tr 30.132
liver lymph detox	Lv 7.595 Ma 13.325	Lv 7.684 Ma 13.241	Lv 7.782 Ma 13.113	Lv 33.564 Ma 28.383	Lv 33.621 Ma 28.282	Lv 33.782 Ma 28,132

Stress, caffeine, allergies, or lack of sleep can often contribute to insomnia because they all drain the adrenal energy. A person who is too wired with stress is not going to sleep well. The adrenal glands are supposed to have their peak production in the morning, but exhausted adrenals tend to peak later in the day, or late at night. Balancing the body Adrenal channel or strengthening the Adrenal Mu might help to reset that organ's clock. It may be though that the only way to shut up their red cranial counterparts at night is to treat the cranial yellow channel points.

Caffeine can cause insomnia by blocking the production of the amino acid adenosine; which then stops you from feeling sleepy. Adenosine accumulates in the brain during waking hours and will eventually cause drowsiness at night. The Liver/Lymph channels that clear toxins will also clear caffeine, and that might then allow the production of adenosine to increase; but very slowly. Running a mere detox frequency after several cups of coffee is unlikely to restore the trickle of adenosine. Better not to drink caffeinated beverages later in the day.

One of the great benefits of sleep is to promote the neuro-lymphatic drainage of neurotoxins that build up in the brain during the day; so sleep literally clears the cobwebs from the brain. Old age insomniacs show a weakness in these areas, probably because there is not enough sleep to promote this lymph cleansing. The cranial Lymph channel is the Ma 28 meridian, so you can chase that meridian in a deficient direction in order to sweep the brain. It's partner, the Liver meridian, will help to clear the toxins. Body Liver and Lymph meridians will also test as weak, but I don't see such a profound effect on the brain from the body Liver points.

Channel chasing seems appropriate for the stressed pineal, adrenals, and the neurolymphatic system, but eventually these areas will sustain real damage, and require the Mu and Shu repair points. Cranial points work both as channel clearing and as restorative Mu Shu. The cranial yin Pineal Mu point on the ultraviolet cranial ray will strengthen vials for melatonin and theta sleep waves. The yang CNVII ultraviolet partner will strengthen a vial for GABA, a calming neurotransmitter, and another vial for delta waves. Neuro lymph requires a yellow cranial ray. There are two sets of yellow cranial decimal rays, but it is the ones at the back of the head that serve the neuro lymph system. Treat all these Cranial Mu & Shu on the Nerve division channel and with the phase that strengthens the area.

Insomnia: old age	**CN V: Pineal Mu melatonin & CN VII Shu**	**CN XIII & CN A choline, GABA Parasymp. glial**	**Cranial Adrenal CN II & III- eyes prefrontal**	**Hypothalamus, orexin, Pituitary**	**Neuro Lymph & caffeine, adenosine**
phase 1 main channels	Nv 36.383 Du 21.564	Pt 36.684 Du 21.241	Pt 40.282 Ot 25.621	Ub 26.132 Ki 31.734	Br 37.684 Sj 24.241
Second Line phase 2	Nv 36.442 Du 21.595	Ki 31.734 UB 26.282	Ad 35.325 Tr 30 .684	Du 21.241 Nv 36.782	Br 37.734 Sj 24.282
phase 3 shadow	Nv 31.383 Du 26.564	Ki 36.734 UB 21.282	Ad 40.325 Tr 25 .684	Du 26.241 Nv 31.782	Br 34.734 Sj 27. 282

The prefrontal cortex is also overactive in sleep, and vials for this area often test as weak in the woke. The red cranial eye rays will reflect the prefrontal lobes (BA10 and 45) that are overactive in the wee hours. Directly stimulating those red rays at night with a red frequency might only make thing worse. Better to treat these Mu points during the day. These red cranial eye rays are connected to the red Adrenal body Mu, and will strengthen a noradrenalin vial. Treatment of the body Adrenal channel will also strengthen pictures of the prefrontal areas in the woke.

This yellow lymphatic set of cranial rays also seem to nurture the glial network of cells. Glial brain cells serve as a counterpart to neurons the neural network, and tend to become depleted in old age, reducing general conductivity. Glial cells are also associated with deeper sleep patterns.[21] The yellow lymph channel chasing points do a better job of clearing caffeine and neurotoxins, but the Nerve division channel Mu points are stronger for calming the overactive brain and strengthening the glial vial.

The orange cranial rays affect the hypothalamus which creates the sleep hormone orexin. Too much orexin can create narcolepsy, but it looks like there might be a lack of it in the aged. The cranial orange hypothalamus points will test to strengthen the sleep hormone orexin vial, and also to calm these overactive prefrontal lobes. Caffeine insomniacs do not show a weakness of either the hypothalamus or pineal glands.

A blood sugar drop may also cause the adrenal cortisol 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.

Insomnia is a difficult problem with no easy solutions, especially as the whole neural network begins to unravel in old age, but I do think that these cranial points have some potential. It may be that the connections are just too fragile in aging brains to generate the strong sleep waves, but this at least offers a strategy.

Knee Pain

Here again for convenience's sake is the chart for knee injuries. The mirror or SL2 points are found on the opposite limb of the injured area, and will treat both the pain and the injury itself. The correct pain and repair channel depends on the type of injury: yang ligaments are treated with the green 2/16 channels, yin muscles with the yellow green 6/12 channels. Tendons are treated with the blue blood

	phase 1 a healthy – leg	phase 2 b mirror	ph 2,3 mirror main/shadow c	phase 3 d shadow – arm
medial meniscus cart	Ad 9.595		Ad 9.564 cart	Ad 19.595
lateral meniscus	Ot 5.595	Tr 15.564	Tr 5.564	
Ant cruc lig ACL MCL	Si 6.595	Ht 16.564 lig Br 18.564 tend	Ht 6.564 Br 8.564	
Post cruc lig PCL, LCL	St 2.595		St 2.621	St 12.595
quads lat lig	St 2.684 yang		St 2.734	St 12.684
quads med lig	Si 6.684	Ht 16.621 lig Br 18.621 tend	Ht 6.621 lig Br 8.621 tend	
quads yang mus	St 2.595	Pan 12.621 mus	Panc 2.621	
quads yin mus	Si 6.684 yin		Si 6.621 musc	Si 16.684
patella lig	St 2.595		St 2.621	St 12.595
patella bone femur base	Ot 5.684		Ot 5.734	Ot 15.684
tibia fibula yang bone	Ot 5.595		Ot 5.621	Ot 15.595
tibia yin side bone	Ad 9.595	Ot 19.564	Ot 9.564	

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

18/4; fascia with the 8/14 channels. Bones are treated with 5/19 bone channels, and cartilage with 9/15. Motor nerves with 20/1 channels; myeline with 11/10 channels. On knees with severe degenerative arthritis, move the bone points to their shadow location on the original limb.

Motion sickness

Motion sickness has been linked to a mismatch of signals between the eyes and the semicircular canals in the inner ear that govern balance. [22] The CN VIIIa vestibular nerve points seem to treat that sensory disturbance in the semicircular canals. These inner ear points will also strengthen the CN X vagus nerve digestive system and the stomach vials on these photos. The eyes are linked to the vestibular nerve in these patients, as reading while in motion will create nausea. Traditional Pc 6, now Br 18.442, will mildly strengthen the CN VIIIa vestibular nerve and the stomach vials, but the CN VIIIa points are stronger. Vials and pictures of the ear semicircular canals, the cerebellum, the sensory and CN VIIIa nerves all respond to the color blue. The damage to those blue areas is best treated with ultraviolet Nerve/Du channels.

proprioception channels	vestibular system Mu Shu	CN VIIIa with SS	cerebellum ilium	CN II & CN III eye points	Stomach Shu Tongue Shu
Br 18.442 (Pc 6) Sj 4.473 early	phase 1 recovery	Du 21.442 Nv 36.473	Du 1.1052 Du 1.902	Nv 36.282 Du 21.621	Du 1.942 Du 1.1071
Br 18.325 deeper Sj 4.595	Second Line phase 2	Du 21.473 Nv 36.564	Du 1.1064 Du 1.923	Nv 36.325 Du 21.684	Du 1.962 Du 1.802
Br 18.241 deeper Sj 4.684	phase 3	Du 26.473 Nv 31.564	Du 11.1052 Du 11.902	Nv 31.325 Du 26.684	Du 11.942 Du 11.1071

OCD obsessive compulsive disorder & PTSD post traumatic stress disorder

In the book Infectious Madness, by Harriet A. Washington, the author reviews the direct link between OCD in children and a recent strep infection, but only in a small percentage of cases. Presumably the infection moves from the ear, to the mastoid, and from there into the brain. My examination of ten OCD photos, however, shows a weakness in the mastoid area on all ten of them. A strep B vial then shows to strengthen the mastoid and their weak brain areas.

In obsessive compulsive disorder (OCD), the frontal part of the brain is overactive and literally caught in a brain loop. The idea (borrowed from the Mind and the Brain by Jeffrey Schwartz M.D.

[22] **McCredie, Scott. *Balance,* Little Brown, 2007. First chapter reports on motion sickness.**

and Sharon Begley) would be to strengthen alternative brain pathways that can calm this overactive front part of the brain, which they name the worry circuit.

The first two rows in the chart below show the overactive areas in OCD, and stimulation of these points on the Nerve division channels will weaken the frontal brain areas. These prohibited points in the first two rows seem to reflect an inability to extract oneself from obsessiveness, and stimulating them would only reinforce the negative brain loops. They are only prohibited on these particular channel; so Ma 28.782 will weaken the worry circuits, but not Ub 26.782 or Sj 24.782.

OCD Mu Shu	enegetics	partners with	energetics
Ma 28.782 CNI Sec Line Ma 28.734 CNI phase 3	caudate: don't use XXX stuck in obsession	Lv 33.241 CN Ib XXX Lv 33.132 CN Ib shadow	VMO, ant cingulate, BA46 XXX don't use
Ot 30.132 CN F Sec Line Ot 25.132 CN F phase 3	thalamus: weakens frontal areas - don't use XXX	35.113 CN D XXX 40.113 CN D shadow	amygdala: weakens frontal areas - don't use
Br 37.734 CN XIII Sec Line Br 34.734 CN XIII phase 3	globulus palidus -calms helps parasympathetic	Sj 24.282 CN B Sj 24.282 CN B shadow	putamen- stuck cuneas, glial BA8
Ki 31.782 CN C Sec Line Ki 36.734 CN C phase 3	pituitary Xai alternate circuit Xai	Ub 26.241 CN E Ub 21.132 CN E shadow	subthalmic nuclei- calms hypothalamus
Ub 26.621 CN VI SL2 Du 21.595 CN VI ph 3	orbitofrontal overactive	Ki 31.383 CN IV Nv 36.325 CN IV shadow	ant. & post. insula: relays impulses
Sj 24.473 CN VIIIa SL2 Sj 27.442 CN VIIIa ph 3	strengthens all relevant brain areas- inflammation	Br 37.564 somatosensory Br 34.473 SS shadow	strep or strep antibodies in mastoid and brain areas

The hope is that strengthening alternative brain pathways with acupoints might help to calm the anxiety and break the pernicious circuitry. The second set of yellow decimals in row three seems to divert energy away from these stuck areas and they strengthen a vial for the parasympathetic nervous system. The orange decimal subthalamic nuclei points may also benefit these patients by creating a calming parasympathetic brain circuitry. The infrared (pink) decimals may help to reroute these stuck impulses. All these points seem to act positively or negatively only on the channels listed.

A similar case where harmful points appear is PTSD. In pictures of PTSD, post traumatic stress disorder, where many of the same obsessive areas appear, but this time the purple auditory points will also aggravate. If the original damage was caused by loud noises in battle, then it looks as if the auditory nerve might be redirecting signals to the worry circuit. The purple channel points on the purple decimal CNVIII auditory Shu test to be obviously harmful, and yet the Nerve channel point on that CNVIII ray seems beneficial. Possibly that Nerve channel CNVIII point is helping to heal that faulty connection to the auditory areas. The other forbidden points seem to be okay on

their nerve division channels, so possibly those nerve channel points could be essential to healing.

PTSD is often linked to depression. The prefrontal area lime green decimals strengthen vials related to depression- serotonin, 5HPT. Its lime partner point, CN XI for the accessory nerve, supports these vials relating to depression, and it seems somehow related to the auditory area when it is used for tinnitus.

PTSD Mu Shu	enegetics	partners with	energetics
Ot 25.564 CN VIII Sec line Ot 30.473 CN VIII ph 3	weakens caudate and thalamus XXX	Pt 40.473 motor Sec Line Pt 35 442 motor shadow	feeds into worry circuit XXX
Ma 28.782 CNI Sec Line Ma 28.734 CNI phase 3	caudate: don't use XXX stuck in obsession	Lv 33.241 CN Ib XXX Lv 33.132 CN Ib shadow	VMO, ant cingulate, BA46 XXX don't use
Ot 30.132 CN F Sec Line Ot 25.132 CN F phase 3	thalamus: weakens frontal areas - don't use XXX	35.113 CN D XXX 40.113 CN D shadow	amygdala: weakens frontal areas - don't use
Ki 31.132 CN Ic Sec Line Ki 36.132 CN Ic SL2a	depression prefrontal lobe seratonin	Ub 26.113 CN Ia Ub 21.113 CN Ia	BA06 tinnitus 5HPT
Sj 24.782 CNI Sec Line Sj 27.734 CNI phase 3	caudate: calms area stuck in obsession	Br 37.241 CN Ib Br 34.132 CN Ib shadow	VMO, ant cingulate, BA46t do use this
Br 37.734 CN XIII Sec Line Br 34.734 CN XIII phase 3	globulus palidus -calms BA36 parasympathetic	Sj 24.282 CN B Sj 27.282 CN B shadow	putamen- stuck cuneas, BA8
Ub 26.621 CN VI SL2 Du 21.595 CN VI ph 3	orbitofrontal overactive > parasympathetic	Ki 31.383 CN IV Nv 36.325 CN IV shadow	ant.& post. insulas: relays impulses
Ub 26.564 CN VIII Sec line Ub 21.473 CN VIII ph 3	strengthens caudate and thalamus- good	Ki 31.473 motor Sec Line Ki 36.442 motor shadow	strengthens motor frontal lobe
Bri 37.782 CN C Sec Line Br 37.782 CN C phase 3	pituitary Xai alternate circuit Xai	Sj 24.241 CN E Sj 27.241 CN E shadow	subthalmic nuclei- calms hypothalamus
Sj 24.473 CN VIIIa SL Sj 27.442 CN VIIIa ph 3	inflammation NO, HLA IL6 Cox2	Br 37.564 somatosensory Br 34.564 SS shadow	HLA, inflammation

The best way to energetically affect the worry circuits in PTSD may be to focus on that second calming yellow row. The orange, pink and blue rows also seem to help calm and redirect the brain signals. Loud noises can provoke an adrenalin response on PTSD sufferers. While the norepinephrine vial will test as weak if you run the auditory frequency, it seems best to address that adrenalin response indirectly. In PTSD pictures the red cranial eye decimals will strengthen a weak norepinephrine vial, but the orange subthalamic nucleus points seem to do a better job of it.

Parkinson's

This is a syndrome characterized by damage to the dopamine producing areas of the brain and brainstem. Without enough dopamine the body produces tremors.

There seems to be some discussion as to whether Parkinson's is an autoimmune disease, and whether the deterioration of the nervous system is preceded by damage to the olfactory bulb.[23] I do see damage to the VMO section of the olfactory bulb pictures of Parkinson's disease patients, seemingly caused by a combination of the Epstein Barr virus paired with a vial for the Mycoplasma incognitas bacteria; but correlation is not necessarily causation, as always.

Parkinson's disease	Nose/ Liver VMO/caudate	Ma, CN XIII, B globulus pallidus basal ganglia	Gut Mu Sig Colon & Esoph. CN VII	EBV channels and Mu	ileum cerebellum vestibular Shu CN VIIIa, SS	motor areas & CN VIII ear & Ot
very early ph 1 stage, or perhaps prevention	Lu 17.815 Lu 17.986 Lu 38.132 Gb 23.734	Gb 3.986 Gb 3.815 Lu 38.684 Gb 23.241	Lu 17.1037 Lu 17.872 Lu 38.383 Gb 23.564	Br 18.442 Sj 4.473 Br 18.902 Br 18.1052	Sj 4.902 Sj 4.1052 Sj 24.442 Br 37.473	Lv 33.442 Ma 28.473 Ma 13.1046 Ma 13.883
Second Line or deeper channel points	Lv 7.826 Lv 7.997 Lv 33.241 Ma 28.782	Ma 13.997 Ma 13.826 Lv 33.734 Ma 28.282	Lv 7.1046 Lv 7.883 Lv 33.442 Ma 28.595	Br 18.325 Sj 4.595 Br 18.923 Br 18.1064	Sj 4.923 Sj 4.1064 Sj 24.473 Br 37.564	Lv 37.473 Ma 24.564 Ma 13.1052 Ma 13.902
phase 3, deeper shadow	Lv 17.826 Lv 17.997 Lv 38.241 Ma 23.782	Ma 3.997 Ma 3.826 Lv 38.734 Ma 23.282	Lv 17.1046 Lv 17.883 Lv 38.442 Ma 23.595	Br 18.241 Sj 4.684 Br 8.902 Br 8.1052	Sj 14.923 Sj 14.997 Sj 27.473 Br 34.564	Lv 34.473 Ma 27.564 Ma 3.1046 Ma 3.883

In support of the autoimmune thesis, any orange Thymus decimal Shu in its proper phase will weaken the purple cranial motor rays, and also the purple body ear Shu on Parkinson's photos. In order to turn off the autoimmune, it would seem that one must strengthen the cranial VMO, the Sigmoid Colon Mu points, and the purple motor rays, first on the yellow skin channels. The yellow CNXIII Mu points will strengthen a vial for the substancia nigra area that produces dopamine. Once the fist three columns have been treated with the yellow half of the Skin division, then the turquoise Lung and Gall Bladder channels will better turn off the autoimmune response. The first two yellow columns should also be treated with ultraviolet Nerve channel points to repair damage to those areas. The Sigmoid Colon and Esophagus Mu will also need to be treated with the calming blue yin channels. This is fascinating stuff.

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[23] **Olfactory disfunction and Autoimmunity** by O. Shamriz and Y. Shoenfield, Clinical and Experimental Rheumatology. May 30th 2017

The blue Br and Sj body and cranial immune channels will need to be recruited in order to calm the rebellious qi and fight the infections. Chase these points to equilibrium and then maintain them. These same cranial blue immune channel's Shu Mu should also be recruited to fight these infections in their proper phase. These blue CN VIIIa and SS Mu points strengthen immune and EBV vials, but also treat the vestibular balance system and calm the autoimmune. The other parts of the vestibular balance system: the blue cerebellum and vestibular nuclei, are also treated with their blue Mu body decimals.

There is an hereditary component in a small percentage of Parkinson's patients that seems to manifest as a weakness on Chromosome #6. The picture of this chromosome strengthens with Ub 26.383 with Ki 31.564 in the pictures of children that inherit that weakness. One might hope that these hereditary points could possibly have an impact on delaying manifestation of the disease, if caught early enough.

Shoulder pain

Here is a Shoulder pain table that breaks down individual areas. All of these points are listed in their Second Line locations, because that is where the damage most often occurs. Tendon points are listed after the muscle and ligament points where tendon injuries are common. Muscles have an origin and insertion location, I have just listed the most common injury seen in pictures. Deterioration or aging might move all of these points to phase 3; none of which points are listed.

muscles SL	freqs.	muscle SL	freqs.	bones SL	freqs
biceps: short, long distal	Si 6.684 m Ht 16.621 l Br 18.621 t	scalenes	Si 6.902 m Ht 16.902 l	acromion break	Ot 5.1022 b
brachio-radialis	Pn 12.621 m St 2.621 l	serratus	Pn 12.923 m St 2.902 l	clavicle T1	Ad 9.883 c Pt 9.902 b
anterior deltoid	Si 6.621 m Ht 16.621 l Br 18.621 t	splenius capitus cervicus	Pn 12.1046 m St 2.1037 l	coracoid process break	Ad 9.883 c Pt 19.923 b
posterior deltoid	Pn 12 734 m St 2.734 l Sj 4.734 t	subscapu-laris at shoulder	Si 6.883 m Ht 16.883 l Br 18.883 t	back socket T2	Ot 5.1013 b Tr 15.1013 c
infraspinitus C7	Pn 12.1022 m St 2.1022 l Sj 4.1022 t	supra-spinitus	Si 6.902 m Ht 16.902 l Br 18.902 t	front socket SL	Pt 19.923 b Ad 9.923 c
latissimus dorsi T6	12.986 m 2.986 l 4.986 t	tennis elbow	Pn 12.564 m St 2.595 l Sj 4.594 t	back of scapula T4	Ot 5.997 b Tr 15.997 c
levator scap C5	12.1037 m St 2.1037 l	teres major	Pn 12.986 m St 2.986 l	head humerus	Ot 5.113 b Ad 9.113 c
pectoralis muscle	Si 6.962 m	teres minor	Si 6.962 m Ht 16.962 l	elbow yin spurs yang	Ad 9.564 c Ot 5.621 b
rhomboid muscle	Pn 12.986 m St 2.986 l	triceps	St 12.684 l Sj 4.684 t	tip ulna break	Ot 5.473 b
SCM C2	Pn 12.1046 m St 2.1056 l	trapezius C1	Pn 12.1052 m St 2.1053 l	carpal tunnel	Nv 20.473 n St 2.473 l

Shingles

Shingles result from the herpes zoster- chicken pox virus, and the virus itself will respond best to the blue immune division Br/Sj channel points. The channel points will most often move in a deficient direction, even though the rash may be acute. Treat these blue channel points to equilibrium. The virus enters and damages the nerve ganglia of the spine, causing rashes on the various dermatomes. Treat the damaged Shu Mu with the ultraviolet nerve and yellow skin channels. If the virus is affecting a spinal nerve root, let's say T10; then treat that nerve root with a Second Line 1 Ultraviolet Nerve Shu, and a Second Line 2 yellow Skin Shu. I was taught to clear that nerve fire on the Du and Huato channels; and this makes sense, as they are the yang Nerve division Shu Mu. Treat the damaged nerve roots with the local Shu/Mu, and add the master nerve and skin channel Shu and Mu points to clear the spinal heat and skin rashes; yang nerve and skin Shu for back lesions, yin Mu for front lesions. If the shingles are affecting an optic nerve, then use blue cranial Mu for the virus and the ultraviolet optic Mu points for the eyes. All in the appropriates phases.

Stomach pain and Ulcers

ulcer channels	**Stomach channel**	**Stomach bacteria immune channel**	**Small intestine channel**	**immune yin channel**	**Adrenal channel**
excess	St 2.595 **St 5** Ht 16.325 **Ht 3**	Tm 14.325 **Tm 3** Sp 8.595 **Sp 5**	Si 6.383 **Si 3** Pan 12.564 **Pan5**	Br 18.325 **Br 3** Sj 4.595 **Sj 5**	Ad 9.383 **Ad 3** Tr 15.564 **Tr 5**
deficient mild	St 2.382 **St 3** Ht 16.564 **Ht 5**	Tm 14.442 **Tm 4** Sp 8.473 **Sp 4**	Si 6.473 **Si 4** Pan 12.442 **Pan4**	Br 18.442 **Br 4** Sj 4.473 **Sj 4**	Ad 9.473 **Ad 4** Tr 15.442 **Tr 4**
deficient	St 2.282 **St 2** Ht 16.621 **Ht 6**	Tm 14.564 **Tm 5** Sp 8.383 **Sp 3**	Si 6.595 **Si 5** Pan 12.325 **Pan3**	Br 18.564 **Br 5** Sj 4.383 **Sj3**	Ad 9.595 **Ad 5** Tr 15.325 **Tr 3**

ulcer Shu Mu	**Stomach Shu: pain and inflammation**	**immune Shu yang**	**Small Intestine Shu: pain and inflammation**	**immune Mu yin**	**Adrenal Mu**
phase 1	St 2.942 **St 12a** St 2.1071 **St 17a** Du 1.942 **Du12a**	Tm 14.997 **Tm 14a** Tm 14.826 **Tm 9a** **Xai**	Si 6.962 **Si 12a** Si 6.802 **Si 17a** Ki 10.962 **Ki12a**	Br 18.902 **Br 14a** Br 18.1052 **Br 9a**	Pt 19.1013 Pt 19.831
phase 2 Second Lines	St 2.962 **St 12b** St 2.802 **St 17b** Du 1.962 **Du12b**	Tm 14.1013 **Tm 14b** Tm 14.831 **Tm 19b** **Xai**	Si 6.986 **Si 12b** Si 6.815 **Si 17b**	Br 18.923 **Br 14b** Br 18.1013 **Br 9b**	Ad 9.1022 Ad 9.854
phase 3	St 12.942 **St 12c** St 12.1071 **St 17c** Du 11.942 **Du12c**	Tm 4.997 **Tm 14a** Tm 4.826 **Tm 9c** **Xai**	Si 16.962 **Si 12c** Si 16.802 **Si 17c**	Br 8.802 **Br 14c** Br 8.1052 **Br 9c**	Ad 9.1013 Ad 9.831

Stomach pain can be caused by a virus or a bacteria, or just stress. While viruses, stress or early damage will move the St point northwards to 2.595 - traditional Stomach 36; the most common point I see in photos of stomach ulcers is the deficient St 2.282 point near traditional Sp 3. The channel points calm the movement of qi, but the Shu and Mu are stronger for the damage.

Ulcers can appear either in the stomach or small intestine or both at the same time. The Stomach Shu and Small Intestine Mu appear here as their muscle division channels, but can move to the nerve level if the damage is pronounced. The main Shu or Mu point is strongest for the pain vials; the partner for the inflammation vials. The immune channels that combat the bacterial infection are different for yin and for yang. The yin Small Intestine prefers the blue yin Bronchial Mu. The yang Stomach prefers the orange yang Thymus channel to chase the bacteria.

Tinnitus

tinnitus	CN VIIIa, vestibular organ of Corti, cilia, SS ray as partner	CN XI accessory CN A hippocampus	CN Ic BA47 prefrontal CN Ia BA06	cerebellum points on body, ileum
moderate second Line	Sj 24.473, Br 37.564 Ot 25.473 Pt 40.564	Nv 36.684 Du 21.325	Nv 36.132 Du 21.113	Ot 5.1064 Ot 5.923
severe or phase 3 shadow channels	Sj 27.442, Br 34.473 Ot 30.473 Pt 35.564	Nv 31.684 Ub 26.325	Nv 36.113 Du 21.782	Ot 15.1052 Ot 15.902

This is a tentative tinnitus treatment derived from pictures. The Vestibular nerve ray (CN VIIIa) is the primary weakness that I see, perhaps either from age or from damage. In normal western anatomy, This vestibular nerve is considered part of the auditory cranial nerve, CN VIII, but I have found that they each have a separate ray of points. Pictures show that these CN VIIIa points strengthen vials for the Organ of Corti and the cilia of the inner ear, both of which may be implicated in tinnitus. The idea is to strengthen the CN VIIIa nerve with both a bone channel and a sensory nerve channel to try and reduce the damage to the cilia. One would think that the hairs of the cilia would strengthen with a skin channel, but that is not the case. The cilia vial seems to respond better to the bone channel. Treat on both bone and nerve division channels. The lime green rays, CN XI and CN IC, also show a weakness in these photos, so there must be some connection to the vestibular in these patients. Both rays strengthen the vestibular nerve vial when treated on the Nerve channel. The blue cerebellum is part of the vestibular system and links to the CN VIIIa vial.

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