Tung Lineage Bloodletting

Abstract

Bloodletting predates the use of conventional filiform needles in acupuncture practice. Although historically it was a commonly utilised therapy, it has fallen into relative disuse amongst modern practitioners. This article discusses the basic theory of bloodletting therapy and its use in the Tung lineage of acupuncture. One of the unique features of the Tung lineage is the extensive use of bloodletting using specific points and zones on the trunk and extremities. This article documents the locations and functions of these points/zones to provide acupuncture practitioners with a map so that they can administer effective bloodletting treatment for most health conditions.

By: Henry McCann

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Introduction

Archeological evidence of sharpened stones and bones suggests that bloodletting has been practised across many cultures since at least the Stone Age (Root-Bernstein and Root-Bernstein, 1997), and bloodletting is mentioned specifically in Egyptian and Hippocratic medical literature (Anon, 2000). Although contemporary Western physicians tend to view bloodletting as primitive quackery, if this was actually the case ‘then nearly all physicians in the past were charlatans’ (Root-Bernstein and Root-Bernstein, 1997, p.74). Even well into the 19th century bloodletting was one of the most extensively used therapies. Marshall Hall, in his On Morbid Conditions and Curative Effects of Loss of Blood, notes that ‘Bloodletting is not only the most powerful and important, but the most generally used of all our remedies’ (Kasting, 1990, p.515).

The earliest surviving examples of Chinese texts are Shang Dynasty (1600 – 1027 BCE) oracle bones, which were fragments of bone onto which questions were written in early Chinese script to be used for divination. Many of these bones dealt with questions about disease and treatment, and according to historian Miyashita Saburo they show references to bloodletting (Epler, 1980). During the Shang Dynasty disease was thought to result from the influence of displeased ancestors or other malevolent spirits, and bloodletting was the therapy most likely to release these negative influences. If oracle bone writing does in fact document bloodletting therapy, it would mean that this practice has been part of the Chinese medical landscape for at least 3000 years (as opposed to the historically verifiable origins of acupuncture 2000 years ago). However, as pointed out by Harper (1998), Miyashita’s interpretation of oracle bone writings remains controversial.

Despite questions regarding its origins, it is certain that bloodletting therapy has played an important part of Chinese medical practice from the earliest of times, and likely significantly predates the therapeutic use of filiform acupuncture needles. Bloodletting is amply represented in the Huang Di Nei Jing (Yellow Emperor’s Inner Classic), and modern research shows that experienced acupuncturists utilise the therapy frequently. For example, a 2007 survey in Korea found that bloodletting is very popular among senior doctors of Oriental medicine, 89.4 per cent of whom use the therapy regularly (Han et al., 2007).

Unfortunately, amongst modern Western practitioners of Chinese medicine bloodletting seems to be rarely utilised. As a teacher of master’s and doctoral degree level programmes in the United States and a frequent lecturer in Europe, I personally find that only a small number of practitioners have sufficient training or skill to properly apply bloodletting therapy. This may be due to fear of the therapy - fear that patients may not accept it, or simply clinicians’ gradual loss of familiarity with bloodletting and thus loss of confidence in applying the therapy. This also seems to have been the case in eighteenth century China – as described by one of the preeminent physicians of the time, Xu Dachun:

‘One of the pricking methods in ancient times was to take blood in large amounts. This is outlined in great detail by the Ling Shu in its discussion of the blood luo-network vessels. In particular in cases of headache and pain in the waist, one must drain the blood in large quantities … Today if people happen to see some blood, both patients and physicians are frightened and lose all direction. How can an illness be removed?’

(in Urschuld, 1998, p.246)

Fortunately, bloodletting therapy has not been totally forgotten in Chinese medicine. This paper aims to provide a short introduction to bloodletting, and in particular to bloodletting therapy according to the Tung lineage of classical acupuncture.
Functions of bloodletting

The production and circulation of blood is complex and involves many zang-viscera and various levels of the channel system. However, bloodletting therapy has a number of reliable effects on the body (Wang, 1998). Conceptually, these can be divided into primary and secondary functions. Primary functions are the direct mechanical effects of bloodletting on the body. Secondary functions are the subsequent results of the restoration of a primary function or functions. Since bloodletting is a method of draining (xie fa, 泻法), primary functions reflect the two main repletion pathologies related to blood—blood stasis and blood heat:

Primary functions
1. Quicksen the blood and transforms stasis (huo xue hua yu, 活血化瘀)
   This is an essential and primary function of bloodletting. When blood fails to move properly, stasis forms. The act of creating a physical wound at the surface of the body induces movement of blood that transforms local stasis. When bloodletting is performed on visible spider nevi the blood is quickened both locally and distally along the pathways of the luo-network vessels and primary channels (both of which carry blood) to which the area being bled pertains. Since the luo-network vessels and primary channels penetrate interiorly to the viscera and bowels, bloodletting at the surface can quicken blood internally in the viscera and bowels.

2. Clears heat (xie re, 泻热)
   Bloodletting clears heat both locally where it is applied as well as systemically. In injuries involving localised heat and swelling, opening the surface of the body allows for the venting of heat evils. In Ling Shu Chapter 23 (Re Bing, Heat Diseases) bloodletting is mentioned several times as a treatment for diseases caused by internal heat. The capacity of bloodletting to clear heat at specific acupoints is based on the inherent heat-clearing effect of the technique coupled with the functions of the point pricked. For example, jing-well points are treated for conditions of repletion heat. When jing-well points are bled, their inherent function of clearing heat is accentuated by bloodletting’s own heat-clearing capacity.

   The heat-clearing effect of bloodletting is also related to its function of quickening the blood and transforming stasis. In some cases heat can be the direct result of blood stasis. Ling Shu Chapter 81 (Yong Ju, Abscesses) states, ‘When ying-construction and wei-defense stay in the channels for a long time, blood will stagnate and stop moving. Wei-defense qi thus cannot penetrate and move due to the obstruction and starts producing heat.’ Compared to qi, blood is yin. Since yin represents stillness and quiescence, blood easily becomes static. Wei-defense qi is yang and because of its yang nature it needs to move. When blood stagnates, so too does the wei-defense/ yang, as the movement of qi and blood are intimately connected. This stagnation causes heat. Similarly, in the Taiyang stage of cold damage, stagnation of wei-defense/ yang qi results in the production of heat.

Secondary functions

The secondary functions of bloodletting are numerous, but mostly stem from one of the two primary functions. The most important secondary functions of bloodletting are stopping pain, resolving toxins, dispersing swellings and concretions (i.e. various types of masses), stopping itching, settling and tranquilising, opening the orifices in emergency conditions, and resolving the exterior. For a more detailed discussion of the secondary functions of bloodletting see McCann (2014).

Tung’s acupuncture—an introduction

Tung’s acupuncture is a classical lineage of acupuncture practice from Shandong (China) that has been passed down from father to eldest son from the Han Dynasty (206 BCE to 220 CE) to the twentieth century. During China’s civil war in the 20th century all documents relating to Tung’s acupuncture were lost. The last descendant of the Tung family to practise acupuncture was Tung Chingchang (董景昌; Dong Jingchang in Pinyin Romanisation), born in 1916 in Pingdu County, Shandong Province, Republic of China. As a young man Tung assisted his father in treating local patients afflicted with a variety of ailments, and later during early adulthood he joined the Republican army. After the revolution ended in 1949, Tung relocated to Taiwan with the rest of the Chinese Republicans.

The most prominent feature of this style of acupuncture is the Tung family’s set of points, which Tung termed ‘regular channel extraordinary’ points (正經奇穴). While some of these points lie in approximately the same location as those used in conventional acupuncture (i.e. along the 12 primary channels and the Du mai [Governing vessel] and Ren mai [Conception vessel]), the majority of Tung’s points have unique locations. Even when Tung’s points overlap with conventional points, they have different point groupings and functions. Tung’s acupuncture points are always needled distally and contralaterally to the site of the disease, and a minimal number of points are selected per treatment session (Tung rarely used more than six needles per treatment).

Bloodletting therapy plays a major role in Tung’s acupuncture, far more than in conventional acupuncture. As such, it contributes an additional perspective on bloodletting in Chinese medicine that makes the tradition more rich and varied. Like physicians that preceded him such as Wang Qingren, Tung believed that most chronic disease, painful conditions and fatal diseases involved stagnation of qi and blood stasis. Unlike in conventional acupuncture, Tung’s acupuncture makes frequent use of bloodletting points across the whole body, most notably...
on the trunk. In fact, the majority of Tung’s points on both the dorsal and ventral trunk are never needled, only bled (Tung, 1973).

Tung’s bloodletting method and points
Like Tung’s filiform needle acupuncture technique, Tung’s bloodletting focuses almost entirely on the treatment of distal points. In conventional acupuncture distal bloodletting is generally employed for systemic conditions, such as bleeding jing-well points to clear heat or revive consciousness, whilst localised conditions such as pain or dermatological conditions tend to be treated using local bloodletting. Tung’s acupuncture, on the other hand, employs bloodletting at distal points even for localised conditions such as pain.

The locations of points for bloodletting are chosen in two ways. First, individual points for bloodletting can be selected based on their classical indications. Second, aside from choosing specific points, in Tung’s system various zones of the body are used as distal treatment areas for the internal organs or other parts of the body.

In both cases, points should be chosen according to visual inspection and palpation. Local signs of blood stasis that indicate the need for bloodletting include visible spider nevi, areas of venous congestion, or areas of abnormally coloured skin. When palpated, areas that are appropriate for bloodletting may feel rough on light palpation (i.e. the skin is roughened) or hard in the subcutaneous tissue (both of which indicate blood stasis), or else hot to the touch (indicating heat). Even when bloodletting is applied to specific points, if the changes described above are found in the vicinity of the points to be bled, these areas should be chosen over precise pre-determined point locations.

Once the treatment location has been chosen, the area should be punctured with a three-edged needle or other appropriate tool. The skin is then squeezed (if necessary) to express a few pea-sized drops of blood. Bloodletting is performed about once per week, and traditionally the patient is advised to avoid bathing or exposing the bled area to cold for several days following treatment. Tung used traditional three-edged needles for bloodletting rather than lancets, plum blossom needles or cups. In the modern clinic, however, other types of needles may be used, including hypodermic needles (if allowed by local scope of practice regulations). Unlike Tung’s filiform needling technique, bloodletting is applied ipsilaterally to the site of disease.

Provided that sharp needles are used, and that the puncture of the point is performed quickly and accurately, there should be minimal discomfort involved in bloodletting. In the author’s experience, if the treatment is described to the patient clearly and confidently then most patients will feel comfortable throughout. If after puncturing an area bleeding is not elicited, then an alternate site should be chosen. Since the depth of puncturing is very shallow (no more than two to three millimetres) there is no risk of puncturing internal organs. In addition there is no risk of bent, stuck or broken needles, and therefore bloodletting therapy is in some ways safer than standard filiform needling. However, caution must be exercised when treating patients who are on anticoagulant therapy, who are pregnant or who have poor wound healing (such as the distal extremities of diabetics).

Tung’s classical bloodletting points on the trunk
Tung’s acupuncture system has numerous points on the anterior and posterior trunk that are almost exclusively reserved for bloodletting therapy (McCann and Ross, 2013; Tung, 1973; Li, 2011). Points on the posterior trunk have wide-ranging functions and indications, while points on the anterior trunk are mostly used for local and adjacent treatment.

Points on the posterior trunk have unique names in Tung’s system, and are grouped together as point clusters sharing identical indications. These point clusters can be broken down into major groups and minor sub-groups. Points on the anterior trunk are named according to their group and do not have unique names. For the purpose of this article, only the major point groups on the back will be discussed. For more complete information on the minor sub-groups and anterior trunk points, see McCann (2014).

Clinically, the points on the posterior trunk are utilised more often. Tung’s bloodletting method and points

Major point groups on the posterior trunk
There are five major groups of point on the posterior trunk: Qi Xing (七星穴, Seven Stars), Wu Ling (五嶺穴, Five Mountain Ranges), Shuang Feng (雙鳳穴, Double Phoenixes), San Jiang (三江穴, Three Rivers) and Chong Xiao (沖霄穴, Rushing to Heaven). The basic functions of these groups correspond generally to the back-shu points used in conventional acupuncture. For example, points that lie in the area of the Lung back-shu point treat conditions such as the common cold. However, Tung also used points on the lower back to treat diseases of the upper extremities and points on the upper back to treat diseases of the lower extremities. Furthermore, points at the lower end of the Du mai are used to treat problems of the head. This application is consistent with Tung’s general preference for the use of distal points.

Qi Xing (七星穴, Seven Stars)

Location: (1) Along the Du mai, 0.8 cun above the posterior hairline, (2) 1 cun below first point, (3) 2 cun below first point, (4, 5) 0.8 cun lateral to second point, (6, 7) 1 cun below fourth and fifth points (see Figure 10.1).

Indications: nausea and vomiting, common cold, headache, high fever in children.
Discussion: Qi Xing is a group of seven points distributed on the posterior neck. The first point of this group is located in the area of Fengfu DU-16/Yamen DU-15. Both the Du mai and the leg Taiyang channels are typically used to treat the common cold and headache, and thus have the capacity to resolve the exterior and clear heat.

Wu Ling (五嶺穴, Five Mountain Ranges)
Location: The first line of points is located below each spinal vertebra from T2 to T11; the second line of points runs three cun bilateral to the spine, at the level of each vertebrae from T2 to T9; the third line of points runs six cun bilateral to the spine, at the level of each vertebrae T2 to T8 [40 points in total] (see Tables 10.2 and 10.3).

Overlapping points: Wu Ling midline points overlap with the points Er Zhui Xia (M-BW-5), Shenzhu DU-12, Shendao DU-11, Lingtai DU-10, Zhiyang DU-9, Jinsuo DU-8, Zhongshu DU-7 and Jizhong DU-6. Wu Ling second line points overlap with the outer Bladder channel points from Fufen BL-41 to Hunmen BL-47.

Indications: fever, common cold, hypertension, headache, lumbar pain, numbness of the hands and feet, hemiplegia, acute stomachache, vomiting and acute enteritis.

Discussion: The Wu Ling points were traditionally named according to one of the five phases, and in this group we see Fire, Metal, Wood and Earth represented (the Water phase is represented in points on the lower back as described below). The midline points from T2-T8 relate to Fire phase, and those from T9-T11 to Earth. The second line of bilateral points from T2-T6 relate to Metal, and those from T7-T9 relate to Wood. The third line of points from T2-T4 also relate to Metal, and those from T5-T8 also to Wood. A five phase pattern differentiation combined with visual and palpatory inspection of this area can be used to guide which points should be chosen for treatment. For example, patients with Lung patterns can be treated with points related to Metal, or patients with Liver patterns can be treated with Wood points.

The functions of these points relate closely to those of the conventional points with which they overlap. For example, Geguan BL-46 and Hunmen BL-47 have the capacity to course the Liver and rectify qi, and both treat pain in the joints of the body and back pain. Classically, these points are also indicated for various digestive disorders. Similarly Shenzhu DU-12 and Shendao DU-11 both clear Heart and Lung heat, and are indicated for conditions such as the common cold, fever and headache. This heat-clearing function means they can treat hot-types of hypertension. The Tung points in these locations have similar functions.
Shuang Feng (雙鳳穴, Double Phoenixes)

**Location:** 1.5 cun bilateral to the Du mai at the level of the spinous processes from T2-T8 [14 points in total] (see Figure 10.4).

**Overlapping points:** Shuang Feng points overlap with Fengmen BL-12 through to Geshu BL-17 and Yi Shu (M-BW-12).

**Indications:** pain in the extremities, numbness in the extremities and arteriosclerosis.

**Discussion:** In Tung’s acupuncture these points are all associated with the Fire phase, the Heart - and therefore blood. Bleeding these points has the effect of quickening the blood in the network vessels of the distal extremities.

San Jiang (三江穴, Three Rivers)

**Location:** The first line of points are located on the midline in the depressions below each spinous process from L1-S2; the second line of points are located three cun bilateral to the spine from L2-S2 [19 points in total] (see Figure 10.5).

**Overlapping points:** The San Jiang points overlap with Mingmen DU-4, Yaoyangguan DU-3, Zhishi BL-52 and Baohuang BL-53.

**Indications:** lumbar pain, uteritis, amenorrhoea, chest pain on breathing and acute enteritis; second line points (three cun lateral to the spine) are also used to treat arm pain, elbow pain and shoulder pain.

**Discussion:** These points are mostly associated with the Water phase and the Kidney, and what Tung called the ‘six fu’. The ‘six fu’ is likely to be a reference to the organs of the abdominal cavity, as reading the indications and the traditional names for these points clearly relates them to diseases of the intestines and uterus. Generally speaking the San Jiang points are bled for local and adjacent conditions. Aside from that, the lines of points three cun bilateral to the spine are used to treat problems of the upper extremities. In addition to the classical indications given above these points can be effective for sciatica.

Chong Xiao (沖霄穴, Rushing to Heaven)

**Location:** beneath the spinous processes of S3, S4 and S5 (Figure 10.6).

**Overlapping points:** Yaoshu DU-2.

**Indications:** headache, dizziness and neck pain.

**Discussion:** These points at the lower end of the Du mai are used to treat conditions of the upper part of the Du mai - hence the name ‘Rushing to Heaven’. This is similar to the modern use of the point Renzhong DU-26 to treat lumbar pain (i.e. using the upper part of the Du mai to treat the lower part). Since bloodletting can both quicken blood and clear heat, bleeding these points is appropriate for conditions of the head and neck due to either blood stasis or heat patterns.
Bloodletting zones of the trunk and limbs
The classical trunk points described above were part of Tung’s own clinical practice and are documented in his writings. In addition to these classical points, later generations of Tung lineage teachers and authors developed alternate zones on the trunk in order to simplify the point selection process (Hu, 1998; Li, 2011). Additionally, Tung lineage practitioners developed bloodletting zones on the lower extremities (Hu, 1998; Li, 2011). These alternate zones are listed below:

Bloodletting regions on the posterior trunk

**Posterior Head and Neck Zone (後頭頸項區)**

*Location:* on the posterior neck from the external occipital protuberance down to the level of C7 (see Figure 10.12).

*Indications:* tightness and pain of the neck, fever, cervical bone spurs, aching and pain of the shoulder, swollen and sore eyes, hypertension, headache, nausea and vomiting, upset stomach, chest oppression, dizziness, sore throat, stroke, haemiplegia and paediatric fever.

**Posterior Back Heart and Lung Zone (後背心肺區)**

*Location:* on the posterior upper back from T1 down to the level of T5-6 (see Figure 10.12).

*Indications:* severe common cold, chills and fever, sudden turmoil (huo luan 霍亂), chest pain, chest oppression, back pain, enlarged heart, nausea and vomiting from externally contracted disease evils, mental illness, bone spurs, coronary heart disease, shortness of breath, asthma, eye diseases and myocardial infarction.

**Posterior Back Liver Zone (後背肝區)**

*Location:* on the posterior upper back from T5-6 down to the level of T8-9 (Figure 10.12).

*Indications:* hepatitis, liver cirrhosis, splenomegaly, vertebral bone spurs, nausea and vomiting, aching and pain in the back, acute gastritis and intercostal neuralgia.

**Lumbar Spleen and Stomach Zone (腰背脾胃區)**

*Location:* on the posterior middle back from T8-9 down to the level of T11-12 (Figure 10.12).

*Indications:* indigestion, distension of the stomach and intestines, acute gastroenteritis, splenomegaly, mid-back pain, bone spurs.

**Lumbar Kidney Water Zone (腰背腎水區)**

*Location:* on the posterior lower back from T12 down to the level of L5 (Figure 10.12).

*Indications:* lumbar sprain, irregular menstruation, uterusitis, oophoritis, albuminuria, cystitis, lumbar pain with frequent urination, red and white vaginal discharge, pyelonephritis, nephritis, edema, nocturnal emission, shortness of breath, enteritis, bone spurs, Kidney vacuity patterns, diabetes, impotence, inhibited urination, constipation, swelling and pain of the eyes, and sciatica.

**Buttocks and Ischial Zone (臀部坐骨區)**

*Location:* on the area over the sacrum down to the coccyx (Figure 10.13).

*Indications:* lower lumbar sprain, buttock pain, coccygeal pain, irregular menstruation, oophoritis, uterusitis, enlarged prostate, sciatica, brain swelling, leg pain and headache.

**Bilateral Shoulder Zone (雙側肩背區)**

*Location:* on the posterior upper back over the area of the trapezius muscle down to the supraclavicular fossa (Figure 10.14).
Indications: headache, dizziness, shoulder aching and pain, neck pain, frozen shoulder (traditionally known as ‘50 year shoulder’ - wu shi jian 五十肩), pain and numbness of the arms and legs, heel pain, swelling and aching of the eyes and poor eyesight.

Scapula Arm and Leg Zone (肩胛手足區)
Location: over the scapulae, from the level of T2 down to T9 (Figure 10.14).

Indications: pain in the upper or lower extremities, numbness of the upper or lower extremities, internal wind during the postpartum period, injury of the leg, pain in the lateral lower leg, pain of the knee joint, and arteriosclerosis in the four limbs.

Bloodletting regions on the anterior trunk
Anterior Head and Neck Zone (前頭頸項區)
Location: on the anterior neck (Figure 10.15).

Indications: tonsillitis, bronchitis, thyroiditis, laryngitis, diseases of the vocal cords, asthma, itchy throat, throat pain and phlegm that is difficult to expectorate.

Anterior Chest Upper Jiao Zone (前胸上焦區)
Location: on the chest down to the level of the xiphoid process (Figure 10.15).

Indications: asthma, tonsillitis, sudden turmoil (huo luan 霍亂), bronchitis, rib-side pain, chest pain, and heart or lung diseases.

Discussion: This area of the chest also covers Xu Li (虛理), the Great Luo of the Stomach discussed in Su Wen Chapter 18 (Ping Ren Qi Xiang Lun, Treatise on the Image of Qi in a Balanced Person).

Upper Abdomen Middle Jiao Zone (上腹中焦區)
Location: on the upper abdomen from the lower border of the ribs down to the level of the umbilicus (Figure 10.15).

Indications: indigestion, rib-side pain, stomach diseases, enteritis, palpitations, pancreatic diseases, hiccough and hepatitis.

Lower Abdomen Lower Jiao Zone (下腹下焦區)
Location: on the lower abdomen from the level of the umbilicus and inferior (Figure 10.15).

Indications: disorders of the intestines, uteritis, nephritis, gynaecological disorders and diseases of the urinary system.

Bloodletting regions of the lower extremities
According to Tung’s acupuncture, points on the legs are considered to be the most effective points on the body for chronic, recalcitrant diseases (McCann and Ross, 2013). Since bloodletting is used to treat blood stasis, and chronic diseases usually involve blood stasis, it is understandable why the lower extremities are such important areas in Tung’s approach to bloodletting. When a patient presents with disease in a particular organ or location of the body, the corresponding leg zone should be inspected for visual or palpatory signs of blood stasis. If any are found, the site should be bled as treatment.

Ear Zone (耳區)
The Ear Zone is located around the lateral malleolus. It is bled to treat diseases of the ear, including, tinnitus, deafness, earache, otitis externa or media, otorrhoea, etc. (see Figure 10.16).
Lung Zone (肺區)
The Lung Zone is located on the lateral lower leg. It extends from the area lateral to Zusanli ST-36 down to three cun superior to the lateral malleolus. It is bled to treat disorders of the Lung and upper jiao, including pneumonia, asthma, bronchitis, chronic obstructive pulmonary disorder, chest pain, pulmonary edema, dyspnoea, arrhythmias, etc. (see Figure 10.17).

Mouth and Teeth Zone (口齒區)
The Mouth and Tooth Zone is located on the lateral knee superior to the Lung zone. It is bled to treat diseases of the mouth, teeth and gums, including toothache, oral cancers, stomatitis, oral herpes lesions, etc. (see Figure 10.18).

Lateral Head Zones (偏頭區)
The zones on the medial and lateral aspects of the foot and ankle can be bled to treat conditions such as migraine, temporal headaches, dizziness, hypertension, temporomandibular joint disorders or pain, etc. (see Figure 10.19).

Frontal Head Zone (前頭區)
The Frontal Head Zone is located on the dorsum of the foot and is bled to treat frontal headache, vertex headache, panic disorders, amnesia, dementia, dizziness, duodenal or peptic ulcers, etc. (see Figure 10.20).

Stomach Zone (胃區)
The Stomach Zone is located on the anterior ankle superior to the frontal head zone. It is bled to treat abdominal pain, gastric ulcers, indigestion, stomach cancer, oesophageal spasms, disorders of the larynx, wheezing, hiatal hernia, glomus lump (i.e. Xie Xin Tang [Drain the Epigastrium Decoction] pattern) presentations, etc. (see Figure 10.21).
Heart Zone (心區)
The Heart Zone is located on the anterior lower leg from the knee down to just superior to the ankle, over the leg Yangming channel. Some Taiwanese authors call this the ‘Lower Leg Yangming Zone’ (小腿陽明區). It is bled to treat weakness of the Heart zang, cardiovascular disease, palpitations, chest pain, angina, arrhythmias, pulmonary edema, congestive heart failure, disorders of the eye due to Heart patterns, etc. (see Figure 10.22).

Liver Zone (肝區)
The Liver Zone is on the anterior lower leg starting about 2 cun inferior to the knee in part of the Heart zone. It is bled to treat Liver depression qi stagnation, rib-side pain and supraorbital pain. (Figure 10.23)
**Kidney and Bladder Zone** (腎膀胱區)
The Kidney and Bladder Zone is located on the medial lower leg from Yinlingquan SP-9 down to just above the ankle, and is bled to treat disorders of the lower abdomen including lower abdominal distension, gynaecological disorders, disorders of the male urogenital system, etc. (Figure 10.24).

**Occipital Zone** (後頭區)
The Occipital Zone is located on the posterior lower leg, extending up to four cun superior to the popliteal fossa. It includes the commonly bled Weizhong BL-40 area. This is one of the most commonly bled areas of the body, and it is used for a wide variety of disorders such as headache, back pain, neck pain or tightness, enteritis, haemorrhoids, impediment of the lower extremities, degenerative disc diseases of the spine, hypertension, wind stroke, post polio syndrome, strangury, measles, etc. (see Figure 10.25).

**Anterior Thigh Zone** (大腿股前區)
The Anterior Thigh Zone is located on the anterior thigh superior to the knee joint. It is bled to treat hemiplegia, gynaecological diseases, dermatological diseases and disorders of the thigh (Figure 10.26).

**Posterior Thigh Zone** (大腿股後區)
The Posterior Thigh Zone is located from the crease of the buttocks to four cun superior to the popliteal crease. It is bled to treat sciatica, lumbar pain, upper back pain, headache, haemorrhoids and pain of the lower extremities. (Figure 10.27).
Conclusions
The points and zones for bloodletting therapy described in this article, even though taken from a very specific lineage of classical acupuncture, can be easily applied in conjunction with any style of acupuncture. This approach to bloodletting gives the practitioner a ‘roadmap’ so that areas amenable to treatment can be found to treat virtually any condition. Once a potential treatment area has been identified, specific points can be chosen based on either visual inspection or palpation.

Tung’s application of distant point/zone bloodletting challenges the conventional reliance on the treatment of local points. While local needling is useful and can be effective, it is not necessary to elicit positive clinical results. Su Wen Chapter 5 (Yin Yang Ying Xiang Da Lun, Great Treatise on the Corresponding Images of Yin and Yang) states that the superior acupuncturist ‘pulls yang from the yin, and yin from the yang, treats the left with the right, and the right with the left.’ (故善用鍼者，從陰引陽，從陽引陰，以右治左，以左治右).\(^5\) Tung’s acupuncture, including his specific approach to bloodletting, exemplifies and illustrates this ideal of distant point treatment.

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References


Endnotes

1 The Chinese term ‘qi’ (气) here is the same as in the Qi Jing Ba Mai (‘Eight Extra/Extraordinary vessels’). The term can alternately be rendered in English as ‘extra’, ‘extraordinary’ or ‘curious’. In the Shuo Wen Jie Zi (Explaining and Analysing Characters), the definition of qi is ‘yi’ (奇：異也), meaning ‘different’, ‘strange’, ‘unusual’, ‘surprising’ or ‘extraordinary’. In other words, the term has the implication that these points are not merely just ‘extra’ - an addition to conventional points - but rather that they are special and of added value.

2 There are differences in the distribution of qi and blood in the various channels, based on their six-stage designations. The Yangming is said to be replete with both qi and blood, and the Taiyang and Jueyin channels are more replete with blood than qi. Thus it is relatively safe to let blood along these channels without damaging the patient’s qi or blood. Su Wen Chapter 24 (Xue Qi Xing Zhi, Blood, Qi, Physical Form and Mind) states, ‘One may let blood and qi from the Yangming [刺陽明,出血氣]; one may let blood without damaging qi from Taiyang [刺太陽,出血惡氣]; one may let blood without damaging qi from Jueyin [刺厥陰,出血惡氣].’ Zhang Zihe, the founder of the Jin-Yuan-period school of Attacking and Purging also pointed out that since the Taiyang and Yangming channels are full of blood, they are the channels most appropriate for bloodletting therapy.

3 Su Wen Chapter 74 (Zhi Zhen Yao Da Lun, Comprehensive Discourse on the Essentials of the Most Reliable) outlines basic pathologies of the five zang, and by extension the five phases. The chapter states, ‘All qi oppression and stagnation is subordinate to the Lung’ (諸氣膹鬱皆屬於肺), and ‘Wind, trembling and dizziness are all subordinate to the Liver’ (諸風掉眩皆屬於肝). Thus, post-stroke hemiplegia and numbness in the four limbs relate to dysfunction of the circulation of qi in the channels and network vessels, which relates to the Lung’s governance of qi and the Liver’s governance of free coursing. Therefore, the clinical indications of the Wu Ling points are very easy to understand.

4 Some practitioners may be surprised to see bleeding indicated to treat Kidney vacuity patterns, but in the author’s opinion this is often essential. For more information see the relevant chapter in McCann (2014).

5 That is, the area of the disease is not treated. If the problem is on the left, then treatment is given on the right; if the problem is in a yang area (i.e. the top of body), then treatment is given in a yin area (i.e. the bottom of the body).