DIVERGENT MERIDIANS

- An Introduction to basic theory, pathways and usage
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Lineage

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Introduction to the Divergent Meridians

- The three major expressions of Qi are:
  - Wei Qi,
  - Ying Qi, and
  - Yuan Qi.
- The Divergent Meridians, in their role as part of the meridian systems of classical Chinese Medicine, are conduits of Wei Qi and Yuan Qi.

Wei qi

- Involved in natural, reflexive, instinctive, and spontaneous reactions.
- Wei qi prompts us to sweat when we are hot and shiver when we are cold. Wei Qi causes us to instinctively jerk our fingers away from something hot to prevent burns.
- Wei Qi also reflects the ways we armor ourselves physically and emotionally and, usually unconsciously, through our musculature.
- Wei Qi circulates in the exterior (skin, sinews) and interior (smooth muscle contraction)
- In addition to the Divergent Meridians, Wei qi is conveyed by the Primary Meridians, which also transport Ying Qi, and the Sinew Channels, which conduct Wei qi alone.

Yuan Qi

- Reflects our constitution, our genetics, and our deepest sense of self. Deals with the skeletal system, bones and marrow
- Yuan qi is conveyed via the Divergent Meridians, which transport Wei Qi and Yuan Qi, and the Eight Extra Meridians, which conduct Yuan Qi alone.

Wei and Yuan

- Both Wei and Yuan deal with structure:
  - Wei deals with muscles, sinews, tendons
  - Yuan deals with bones and marrow
  - Function dictates Form (musculo-skeletal)
    - Wei level stagnation, tension, armoring, etc. has impact on function and how that over time affects bones.
    - Yuan level deals with skeletal integrity which impacts how muscles can move
    - Wei level pathogens and translocation to bone

Note:

Divergent Meridians do not conduct Ying Qi, the nourishing Qi that deals with the realm of Blood, the internal environment, and cognition, learning, reflection, thought processes, and emotions.

Ying Qi is heavily influenced by society and how we have been conditioned. (See Luo channel notes)

Therefore, the Divergent Meridians are not involved in cognition, learning, reflection, thought processes, and the emotions. (Can release pathogens without emotional attachment)

Ying Qi is conveyed by the Primary Meridians, which also conduct Wei Qi, and the Luo vessels, which are created when the body-mind needs to contain pathogenic factors or toxic emotions.

The Divergent Meridians (DM)

- Serve as a communication network between the exterior world, represented by Wei Qi, and the constitution, represented by Yuan Qi.
- In pathophysiology, they deal with how toxicity from the world (Exogenous Pathogenic Factors, radiation, etc.) can affect or become embedded in our constitutions, and how toxins in our constitutions can be pushed back out into the exterior (e.g., fetal toxins). (See article on Leather Pulse)
- Psychologically, they concern conflicts with the world (or others in the world) (Wei Qi) that begin to violate aspects of ourselves (Yuan Qi) and also how we convey our deepest sense of self (Yuan Qi) out in the world (Wei Qi).
  - Trauma
  - Temperament/Nature

The Divergent Meridians

- Are typically used as either
- zonal pairs
  - (Wei Qi) or
- elemental pairs
  - (Yuan Qi),
- depending upon whether the movement is from Wei Qi to Yuan Qi or from Yuan Qi to Wei Qi.

Trajectories of the Divergent Meridians:

- Wei Qi -----> Yuan Qi
- Wei Qi <----- Yuan Qi
- Zones Elements
- UB KID
- GB LIV
- ----------
- ST SP
- SI HT
- ----------
- SJ PC
- LI LU

The zonal DM

- (reflecting a greater emphasis on Wei Qi) are often used to deal with
  - chronic muscular skeletal, allergic, and/or skin problems.
  - (The Sinew channels also use zonal pairs in a slightly different order, but the Sinew channels generally are called upon to deal with acute problems, not chronic problems.)
- Zonal pairs of the Divergent Meridians are employed more for issues on the surface (e.g., skin, muscular skeletal problems, blockages involved in holding patterns).
- From a zonal perspective, the movement of Wei Qi in the Divergent Meridians goes from Taiyang (UB-SI) to Shaoyang (GB-SJ) to Yangming (ST-LI), to Taiyin (LU-SP) to Shaoyin (HT-KID) to Jueyin (LR-PC).

Zonal “rings” and regions

- Tai yang: ring around the chest
    - SI 12 area traps w-c
  - Shao yin: Ren 23 area
- Shao yang: ring around the pelvis (and mastoid area)
    - Upper thoracic traps w-d
  - Jue yin: PC 1 area
- Yang ming: ring around the collar
    - LI 15/ST 5 traps w-h
  - Tai yin: ST 9/LI 18 area

The elemental pairings of the Divergent Meridians

- deal more with chronic degenerative disorders.
  - But even in the case of chronic degenerative disorders, the zonal pairs may be used to open blockages before the elemental pairs are employed
- Yuan Qi moves through the Divergent Meridian system in the following elemental order, each elemental pair representing a "Confluence”:
- First Confluence: UB-KID.
- Second Confluence: GB-LR.
- Third Confluence: ST-SP.
- Fourth Confluence: SI-HT.
- Fifth Confluence: SJ-PC.
- Sixth Confluence: LI-LU.

DM Energetics

- Physically, the Divergent Meridians attempt to prevent EPFs that have moved into the zangfu level via the Primary Meridians from entering the zangfu.
- As an EPF is moving into the Primary Meridians toward the zangfu, the Primary Meridians attempt to divert the PF, preventing it from entering the zangfu via the Divergent Meridians.
- The Divergent Meridians divert the PF to the joints (bone=Marrow=Jing), producing signs and symptoms of bi syndrome, manifesting as pain in the major articulations of the knees, elbows, hips, and/or shoulders.
- From the perspective of classical Chinese Medicine, a person develops bi syndrome to protect the bodymind from developing an organic condition in the zangfu. (Disease Nemesis Theory)
  - Thus, arthritis may be a means for a person to shield him- or herself from developing a more serious and potentially life threatening condition in one of his or her internal organs. The diversion of a PF to the joints allows a person to continue to live his or her life with little apparent interruption for what is often an extended period of time.

DM Energetics cont'd

- When an EPF enters the body, if the Wei Qi is stronger than the EPF, the Wei Qi expels the EPF from the surface of the body.

- If the Wei Qi is not strong enough to move it out, but strong enough to prevent it from entering the Zangfu, then the EPF is diverted to the joints via the Divergent Meridians.
  - DM as sun luo: grandchild luo: 2 steps away from sinews (if SM can't deal EPF can go inward to LM (longitudinal); then can go to transverse luo to source (yuan level).
  - If blood and/or fluid defic, or very strong pathogen, can bypass LM and go direct to DM
  - PM understanding: if tai yang pathogen not stopped in BL ch via sweat, and if unchallenged at Luo pt, will go to he-sea (BL 40; BL DM confluent).

- When the PF, wrapped up with the Wei Qi, is diverted to the joints, it is maintained in the joints by the Essence (bone=Marrow).

- Sometimes the Wei Qi is relatively stronger than the PF and is kept tied up in that struggle (Wei Qi + PF) for extended periods of time.

- When the Wei Qi is only slightly stronger, the struggle may continue on the muscular level in the Sinews domain. The zonal theory of Divergent Meridians explains the process whereby the Wei Qi + PF are kept on the surface. With the zonal theory, Yuan Qi is not as involved except at the joints, where it stays to support the Wei Qi.

DM Energetics cont'd

- The concept of what happens when an EPF enters the body can also be viewed through the context of the yin-yang division of the anatomy in which:
- The Yang of Yang is the sinews,.
- The Yin of Yang is the joints,
- The Yang of Yin are the Fu organs.
- The Yin of Yin are the Zang organs.
- When the EPF attempts to go into the Zangfu because the Wei Qi is insufficient, the Divergent Meridians seek to divert the PF back to the yin of yang, the joints, and the yang of yang, the sinews.
  - This is another way of looking at physiology and pathophysiology, according to a Divergent Meridians perspective, leading one to understand why most Divergent Meridian pathways begin at the major articulations or the joints.

The Concept of Latency

- The body can take an EPF, which is traveling from the exterior to the interior, and make it latent.
- From a classical perspective, usually when an EPF moves into the interior of the body, it transforms into and manifests as Yangming or Internal Heat.
- Because this Internal Heat can be damaging to the body, the bodymind continues to attempt to resolve the Internal Heat through normal means, and failing that, it often tries to use some form of yin -- Essence, Blood, or Bodily Fluids - -to surround the Heat and make it Latent, forming Latent Heat.
- Latent Heat is a lower intensity of Heat that presumably is less damaging to the body, although it is maintained at a cost to the body -- the using up of reserves of Essence, Blood, and/or Bodily Fluids.

Latency cont'd

- Wei Qi that is trapped with the PF slowly consumes the Essence in the joints and bones or other structures on the Divergent Meridian pathway, wherever the Pathogenic Factor is being held.
- As the Wei Qi consumes the Essence, it is burning up the structure, producing chronic degenerative disease, leading to a slow deterioration of the body.
- When the Divergent Meridians are involved, often you see structural degeneration, as the body slowly gives up its Essence to maintain latency and to protect the zangfu.

Using the DM

- 1) an intermittent condition manifesting intermittent signs and symptoms; for example, chronic intermittent migraines.

- 2) issues of polarity. A problem on one side is showing up on the other side. The Divergent Meridians bring the signs and symptoms to the opposite side.

- 3) signs and symptoms that alternate from one side to the other.

- 4) latency manifesting as bone and joint issues, when a pathogen is being diverted from the zangfu to the joints, bones, or marrow.

Overview of the Divergent Meridians:

- Historically, the Divergent Meridians, called Jing Bie, were described in Chapter 11 of the Ling Shu, as translated by Dr. Wu.

- The Ling Shu describes their trajectory, but not their pathology.

- Chapter 63 of the Su Wen outlines some signs and symptoms that may be attributed to Divergent Meridians. The word, Bie, can be interpreted as something that diverts away from the Primary Meridians or as separate or distinct channels.

- The authors of the Ling Shu saw the Divergent Meridians as separate channels. However, various scholars and practitioners throughout the history of classical Chinese medicine have debated whether the Divergent Meridians are separate channels distinct from the Primary Meridians or subcollaterals of the Primary channels.

Overview

- Those who view the Divergent Meridians as separate channels see them as having separate trajectories that go to the zangfu.
- The Divergent Meridians can either divert pathology away from the zangfu, such that pathology never reaches the internal organs, or they can divert pathology already in the zangfu out of the zangfu into the joints and sinews.
- Performing these critical functions, the Divergent Meridians are as important and essential to health and illness as the Primary channels, and they, like the Primary channels, can be seen as reflecting the dynamics of the zangfu.

Overview cont'd

- Those scholars and practitioners who see the Divergent Meridians as subcollaterals of the Primary Meridians view the Primary Meridians as the channel pathways that go directly to the zangfu, while the Divergent Meridians work as subcollaterals diverting pathogenic factors from reaching the zangfu or if they have reached the zangfu, moving pathology out of the zangfu. Here the Divergent Meridians are seen as pulling the pathology out of the Primary Meridians to the joints and sinews. The particular sinews to which pathology is diverted are the sinews around the joints.

- Compared with the Primary Meridians, the Divergent Meridians are more involved with Qi (Wei Qi and Yuan Qi) than Blood whereas the Primary Meridians are involved with both Qi and Blood.

- The Primary Meridians are especially responsible for the production and movement of Blood.

- At times the Divergent Meridians may also be involved with the movement and storage of Blood when Blood is needed to maintain a pathogenic factor in a state of latency, which occurs with the Second Elemental Confluence of the Divergent Meridians.

Overview cont'd

- The bodymind, in its intrinsic wisdom, does whatever it can to survive in the face of overwhelming pathogenic factors. Using one model of the elemental sequences of the Divergent Meridians, you will see that first the bodymind attempts to use Essence/Jing to hold a PF in check at the First Confluence, the UB-KID Confluence

- If that strategy fails, the bodymind will try to use the Blood to hold a PF in check at the Second Confluence, the GB-LR Confluence.

- When that tactic falters , the bodymind next resorts to the thin bodily fluids, the jin, to keep the PF latent at the Third Confluence, the ST-SP Confluence.

- If that strategy fails, the bodymind mounts an effort to use the thick fluids, the ye, which includes the hormones, to keep the PF in check at the Fourth Confluence, the SI-HT Confluence.

- Having exhausted almost all types of yin, the bodymind now turns to the Yuan Qi itself to attempt to prevent further destruction, at the Fifth Confluence, the SJ-PC.

- By the time the bodymind calls upon the Sixth Confluence, the LI-LU Confluence, almost all bodily reserves have been exhausted as the LI-LU Confluence puts forth one last-ditch effort to divert disaster.

Overview cont'd

- This model can be very helpful in working with patients with cancer, especially when the strategy is to promote remission. One can look to see what form of yin may still be available to use to temporarily suppress the cancerous process (throw it into remission), while we help build up the the patient's bodymind reserves to the point at which he or she can undergo treatment to bring the pathogenic factors up and out of the body.

- Most of us know how to assess whether a patient is deficient in yin, blood, or body fluids. If we can find one of these types of yin in relatively sufficient supply, we can help the patient's bodymind use that form of yin to promote remission. If little is present and a metastatic condition is progressing, we might think of using the SJ-PC Divergent Meridians or even the LI-LU Divergent Meridians.

- Can also look to pulse to decide which DM to use.

First confluence

UB/KID: jing…

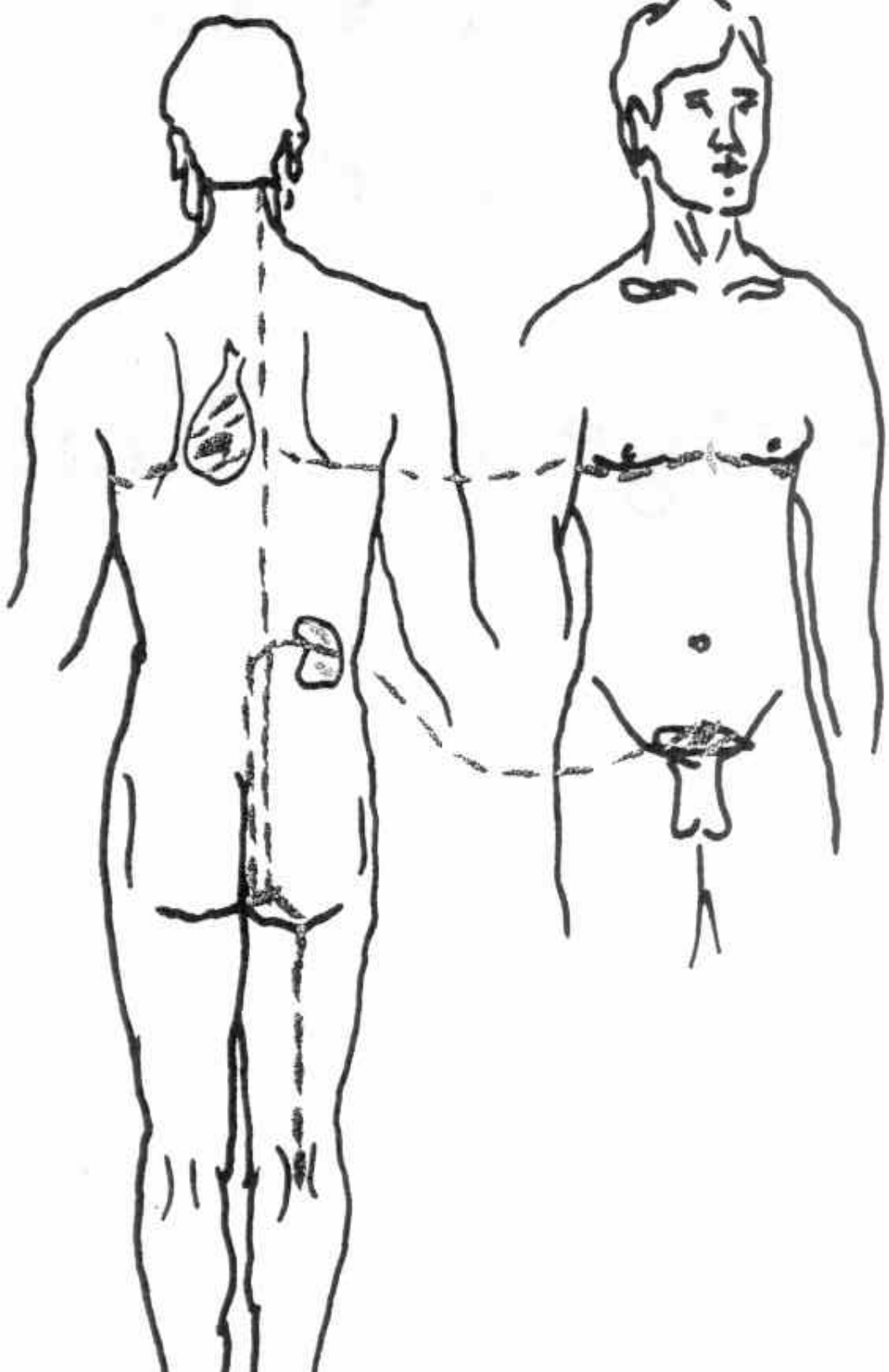
BL 10, BL 40

BL 40, KI 10

UB Divergent Meridian:

- ***Integrated version:*** **The UB Divergent meridian begins at UB 40, travels to UB 36 and UB 35, the Meeting of Yang, on to Po Men, which represents the anus (Du 1), and up the spine to connect with the Du meridian and the Kidney organ (representing Kidney Yang, Essence, and Yuan Qi) at Du 4 and UB 23. The pathway travels from Du 4, Mingmen, to Ren 4 (the Mu point for its zonal pair, SI) in front to Ren 3 (the Mu point for the UB) to the UB organ itself. Some CCM theorists say this encircling from Du 4 to Ren 4 involves an encircling of the Dai Mai, the Belt channel, making a connection with a second Eight Extraordinary Meridian. The pathway journeys along the UB channel, exiting the spine to go from UB 32 to UB 28, and up to UB 17, the Influential point of Blood, where some commentators say it loops around to the front, passing through GB 22 and influencing Qi and Blood, on its way to connect with Ren 17 and to enter the HT. Other commentators say it enters the HT directly from UB 17, without looping to the front. Still other commentators say the channel continues up the UB channel to the HT region (UB 15), where a branch loops around the body and goes into the HT. Commentators also differ in their interpretation of the UB Divergent Meridians pathway up along the spine. Some say the pathway travels along the UB Shu line, while others interpret it as traveling a half-inch away from the spine through points that were not named at the time of the writing of the Ling Shu, but were later called the Hua Tou Jia Ji points. Still other commentators interpret UB Divergent Meridian as traversing right along side of the spine. The branch in the back continues upward to UB 11, the Influential point of the Bones, and to UB 10, where it meets its partner, the KI DM, and goes internally to the brain, Du 20, where it influences the Shen. The Ling Shu says that after UB Divergent meridian meets the Kidney Divergent meridian in the nape of the neck, the UB Divergent returns to Taiyang, the UB channel. Miki Shima interprets the return to Taiyang as meaning UB 1, and sometimes you will see UB 1 used as the upper confluent point of the UB Divergent Meridian. Jeffrey says it is not UB 1, pointing out that one can interpret the return to the Taiyang channel in different ways.**

- **With regard to the differences among commentators about the pathway of the UB Divergent meridian along the back, one way to resolve the differences is to palpate along the whole zone and needle points showing tenderness, freeing up any blockages.**



Indications for the UB DM:

- 1) The UB DM maintains and supports the paravertebral muscles and the spine. Can use it to treat:
  - –chronic musculo-skeletal issues involving the spine, e.g., scoliosis and stiffness in the spine.
  - –spinal tumors or spinal cancer (caution as to not stimulate metastasis).

- 2) The UB DM can be used to treat for pain along its trajectory:
  - – one-sided knee pain, arthritic knee pain, phantom pain, lumbar pain, paravertebral pain, pain along the intercostals, pain along the pectoralis (GB 22 area), and chronic occipital headaches (trajectory goes to the neck).

- 3) The UB DM provides communication between the KID and the HT (focus upon Wei Qi and how KID Yang and HT Yang support each other). Can use for people with congestive HT failure, (if chest pain and angina, also consider the SI/HT DM).

  - –With respect to the KID and HT communication, some commentators draw a connection between the UB Divergent Meridian and the Bao mai (or Da Bao, the wrap) and the Dai mai. The Bao mai creates a vertical linkage between the Uterus, the Mingmen, or the Dai mai in the lower region and the HT area in the upper region. One sign of Bao mai issues is intense panic attacks (“running piglet qi”) which involves a rushing sensation going from the lower region to the HT area. The UB DM can be useful in treating heart palpitations (i.e. Wei Qi moving into the Blood) as well.

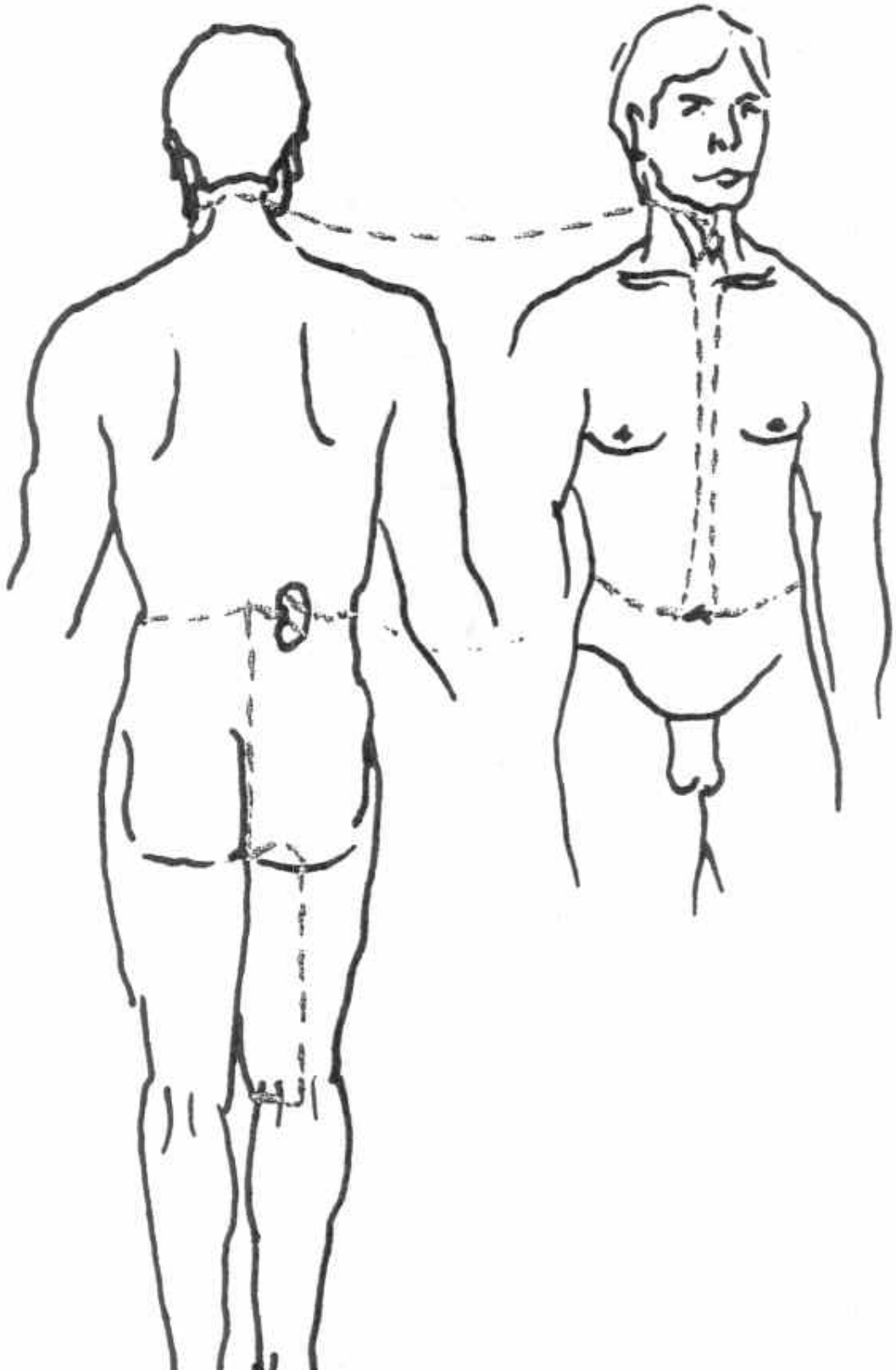
BL SM cont'd

- **4) Communicates with the anus and the UB:**
  - deals with issues of the lower orifices, especially the intestines and the urinary bladder.
    - **used to treat sphincter issues in the lower regions, (anus and rectum or the urinary bladder).**
    - **can treat Wei Qi excesses or deficiencies in this area, which may manifest as diarrhea, frequent urination, urinary retention, or constipation.**
      - **For lower jaio issues, stronger and more effective if one adds in Dai mai.**
  - Can use BL DM with the Dai mai to treat prostate problems (helps pull toxicity out of prostate). palpate UB 23, LR 13, GB 26, GB 27, and GB 28, and use GB 41.
  - Can use the UB DM to treat other Dai mai issues, including cystitis, leukorrhea or herpes.

- **5) goes up to UB 10: use to treat Excess energy or Yang in the head by pulling the energy back down UB 10 is also a Windows-to-the-Sky (WTS) point, and these points were classically used to descend Excess Yang from the head.**
  - Can use for some chronic headaches resulting from Excess Heat or Yang in the head; chronic blockages of the head, chronic tooth decay, chronic sinusitis, and swollen glands.
  - If one is treating pathology that involves nodulations, it is important to palpate and needle any nodules below, around Du 1 or Du 4, before one breaks up nodulations above (e.g., chronic sinusitis). It is important to drain the lower area, in working with the UB DM, before one drains the area above.

Ki Divergent Meridian:

- ***Integrated version:*** **The KI DM begins with KI 10 and goes to UB 40, where it meets with UB DM. It then travels with the UB DM to UB 23, where the KID DM meets with Dai mai (Some commentators say it even creates the Dai mai), encircling the waist region at GB 26, SP 15, ST 25, and KI 16, which are the classical points for the Dai meridian. (Thus, the KI DM encircles the classical Dai mai.) From UB 23, the KID DM enters the KID and UB organs, and travels upward, following the KI Primary meridian, to the root of the tongue (Ren 23). At Ren 23, it loops around to the back to connect with UB 10 and the UB DM.**



Indications for usage:

- 1) The KI DM "buffers the Dai mai", (container for physical toxins and toxic emotions). Use KI DM to pull pathology out of the Dai mai when it gets too full and can't maintain latency any longer.
  - –example: a patient may first develop a fibroid (a Dai mai issue) and later a goiter (a KI DM issue). The goiter can be seen as the KI DM pulling excess from the Dai mai into its trajectory and holding the pathology in latency in the neck in the form of a goiter.
    - The KI DM can also take some of the pathology to the joints, or along the ribcage.

- 2) Goes to the neck:
  - –can use the KI DM to release neck tension, neck rigidity, and problems in moving the neck up and down.
  - –The KI DM also for TMJ because the neck area is involved in creating and maintaining TMJoint.
  - –The KI DM releases blockages involving trapped energy.
  - –treats chronic sore throats (another manifestation of blockages in the neck region).

- 3) KI DM's relationship to Dai mai (and by implication, Bao mai):
  - –can be used to treat running piglet Qi stemming from Empty Heat. Here one uses the KI DM yin to create latency for the running piglet Qi issues.
  - –Similarly, because the KI DM goes to Ren 23, one can use it with the Yin Wei mai for heat in the chest.

KI DM cont'd

- **4) KI DM follows the KI Primary meridian to chest:**
  - **KI Shu points treat various types of yin stasis. The KI DM, therefore, when used with the KI Shu points, can help move yin stasis. Palpate and needle tender points**
  - **The UB/KI Divergent Meridians connect with various Eight Extra Vessels, including the:**
  - **1. Dai mai via UB 23, GB 26. (and Bao mai)**
  - **2. Chong mai because it goes to Ren 4 and Ren 3. However, the UB/KI DM connections with Chong mai are not nearly as strong as are SP/ST DM.**
  - **3. Ren mai via Ren 4 and Ren 3.**
  - **4. Yin Wei mai via Ren 23.**
  - **5. Du mai via Du 1 and Du 4.**

SECOND CONFLUENCE

GB/LR: blood…

GB 1 Ren 2

GB 30 Ren 5

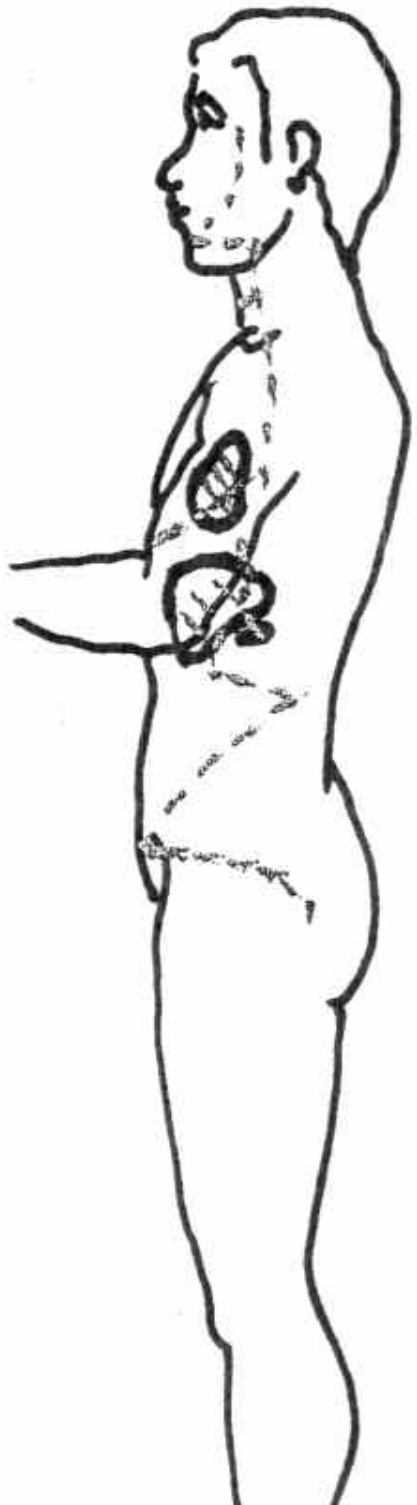
GB Divergent Meridian:

- ***Integrated version:*** **The GB DM arrives at GB 30, then moves through the inside of the hip and the pelvis to the border of the pubic hair at Ren 2 (Chong connection), where it meets with the LR DM at its lower Confluent point. (Some commentators say this occurs at Ren 3, the UB Mu). From Ren 2, the GB DM goes upward to the area of the floating ribs, which commentaries identify as being GB 25 (KI Mu) and LR 13 (SP Mu). From there, it enters the GB organ via GB 24, and the LR organ via LR 14. The GB DM then goes into the chest and into the HT organ, via either Ren 17 or Ren 14, depending upon which commentators one believe. (Some CCM practitioners believe it goes into the chest to the PC, but not to the HT organ itself.) The pathway continues up to the throat at ST 12, the valley of the throat, Ren 22 to Ren 23 (some commentators say Ren 24). From there, it moves laterally along the jaw to the Big Bulge at ST 5 and on to GB 1, where it meets with LR DM at its upper Confluent point.**

- **A second GB DM trajectory is described in the *Lei Jing, the Thunderous Sutra. One of the implications of the GB DM is that it affects the ears, but its Ling Shu trajectory does not go to the ears, while the Lei Jing trajectory does go to the ears. It may be that the GB DM still affects the ears with the Ling Shu trajectory because GB 1 is still involved.***

- **The *Lei Jing trajectory for the GB DM:* The GB DM separates or diverges at GB 22, which is called Yuan Ye, then it moves internally along the sides and opens to the PC at Ren 17. It goes up to the Empty Basin, ST 12, behind the ear, SJ 16 and SJ 17 (Celestial Window and Wind Spring), to the Taiyang (Extra) point, and then into Du 20 to communicate with the brain. The pathway comes back out of the brain to go to GB 1 and crosses over to the opposite side and to LI 20.**

  - **Miki Shima says that on its way up to the head, before it gets up to the outer canthus of the eye, it goes to Eye Tai, which he thinks is the optical nerve. He also feels that it penetrates the HT, having a stronger influence on the HT than does Jeffrey.**



Indications for the GB:

- 1) The GB DM treats chronic, and usually one-sided pain, along the trajectory. It can be used to treat chronic hip pain, arthritic hip pain, osteoporosis of the hip, flank pain, a swollen Liver or Spleen organ, and palpitations and/or chest pain.

- 2) The GB DM is said to "prepare the relationship of blood to essence."
  - If Jing, in its attempt to maintain latency, is breaking down and becoming depleted, the bodymind attempts to use the mediumship of the Blood to maintain the holding of the PF in latency. The GB DM plays a central role in this process.
  - The GB DM taps into the Mu points (it goes to the following Mu points: Ren 3, GB 25, LR 13, GB 24, LR 14, Ren 17, and to some, Ren 14), borrows Essence from the Mu points, where Jing is stored or pooled, and converts this Essence into Blood so the Blood can maintain the latency mechanism.
    - Stagnation or obstruction in Mu points should be released to allow for this conversion

- 3) The GB DM also "prepares the relationship of the Sinews to the joints."
  - The GB controls the Sinews from a classical point of view. *GB takes its blood and moves it to the joints to maintain latency.*

- 4) The GB DM deals with Sinews and joints and musculoskeletal problems. It moves blood and Jing to the surface to treat with musculoskeletal problems.

GB DM cont'd

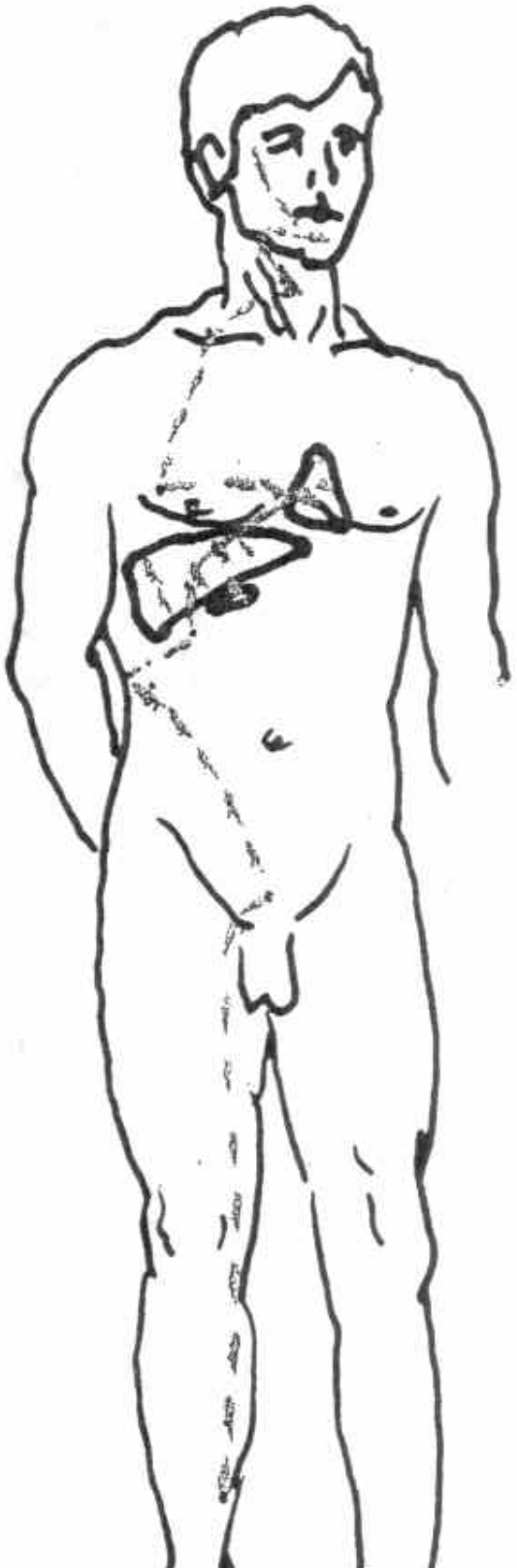
- **5) GB DM trajectory goes through the neck and connects with the vocal cords**
  - **controls the expansion and contraction of the vocal cords as well as related issues such as laryngitis.**
- **6) GB DM connects with the upper orifices and maintains the balance of yin and yang in the head.**
  - **It treats excess yin or yang in the head, manifesting as dizziness, heaviness in the head, hypertension, migraines, or other chronic issues.**
  - **(The lower orifices are activated by the First Confluence, UB-KI, while the upper orifices are activated by the Second Confluence, GB-LR, and continued to be activated by the Third Confluence, ST-SP)**
- **7) Besides the joints, one of the places where the GB DM can move pathogens to maintain latency is the Dai mai. As a clinician, it is important to palpate the area between Ren 2, GB 25, and LR 13, as well as other points on the trajectory and needle any painful areas to make sure the area is free for energy to flow. Needle any nodules, stasis, or pain.**

Liver Divergent Meridian:

- **According to Jeffrey, the original version of the *Ling Shu said that the LR DM began at the knee (LR 8). However, later scholars and practitioners thought that beginning the LR DM at the knee was an error, and changed the first point to the dorsum of the foot. Royston Low says LR DM begins at LR 5, the LR Luo point. As you know, the LR's Longitudinal Luo travels to the genitals as well. The trajectory using LR 5 suggests that the meridian goes from LR 5 to Ren 2, the pubic bone, where it then travels with the GB DM, going to the ribs, entering the Mu points that the GB DM traverses, and travels all the way up to GB 1 with the GB DM.***

- ***Integrated version:*** **The LR DM begins at the dorsum of the foot (ST 42), ascends to LR 5, travels to the border of the pubic hair, Ren 2 and Ren 3, to connect with GB DM. It travels with the GB DM upward to the areas of the floating ribs, GB 25 and LR 13. From there, the GB-LR DM enter the GB organ via GB 24, and the LR organ via LR 14. The LR & GB DM go into the chest and into the HT organ, via Ren 17 (or Ren 14). The pathway continues up to the throat at ST 12, to Ren 22 to Ren 23 or Ren 24. From there, it moves laterally along the jaw to the Big Bulge at ST 5 and on to GB 1, the upper Confluent point.**

- ***Commentaries:***
- **Helms depicts the LR DM as beginning at LR 12. But at the time of the *Ling Shu, LR 12 had not been identified as an acupuncture point. Others selected LR 5 because it travels to the genitalia, and the LR DM has a powerful effect on the genitalia. Still other commentators believe it begins on the dorsum of the foot and moves to LR 5.***



Indications for the LR DM:

- 1) Goes to LR 5
  - Luo point that affects the genitalia; the LR DM deals with gynecological problems of a blood nature. The LR DM can be used for acute gynecological problems involving blood, such as bleeding, which may result from Excess Wei Qi going into the pelvic area and causing bleeding.

- 2) Wei Qi activates the Uterus to receive Essence.
  - The LR DM activates Wei Qi to move blood into the smooth muscles of the uterus and into the uterine cavity.
    - can be used to treat endometriosis, if the endometriosis is due to Wei Qi being too active, moving into the area too quickly or too much.
      - Hyperactive Wei Qi means that the Wei Qi is not being controlled or contained, permitting endometrial tissue to move anywhere in the area.
        - The acute condition treated here usually is the result of a chronic condition that can no longer be held in latency.

- 3) Used for soreness in the pelvic region
  - E.g., people who have had hysterectomies or other pelvic surgeries.
    - Can use Dai mai as well.
    - Classically the LR/GB DM were said to affect the "Ancestral Sinews." There are three interpretations of the Ancestral Sinews: 1) Genitalia. 2) Diaphragm. 3) Abdominal Rectus. Classically in Han dynasty, scholars interpreted the ancestral sinews as referring to the genitalia.

- 4) LR DM holds the blood and keeps it from leaking. Can be used for uterine fibroids and ovarian cysts, resulting from stagnant Jing (Wei Qi that was intended to move the Blood or Jing out has become trapped). The LR DM can be used to move it out.

LR DM cont'd

- **5) The LR DM can be also be used for vaginitis, herpes, and genital swelling (even if someone is on Western medications).**
  - The LR DM clears the terrain. If the terrain, after being cleared, is maintained well, these issues should not recur. However, if the patient becomes embroiled in emotional conflicts or eats Damp- and Heat-producing foods, these conditions may reappear.
  - Damp-Heat tends to go to the weakest part of the body.

- **6) The LR DM brings Wei Qi to the genitals (Jing) and is responsible for sexual arousal.**
  - can be used to treat abnormal sexual arousal.
  - can be used for infertility and impotence as well.
  - The LR DM can be used for some symptoms associated with the LR Luo vessel, such as abnormal sexual arousal (Excess LR Luo) or genital itching (LR Luo Deficiency).
    - **LR DM uses blood to support the essence.**

- **7) Because the LR DM goes to the genitals, it also is effective in treating certain prostate problems.**

THIRD CONFLUENCE

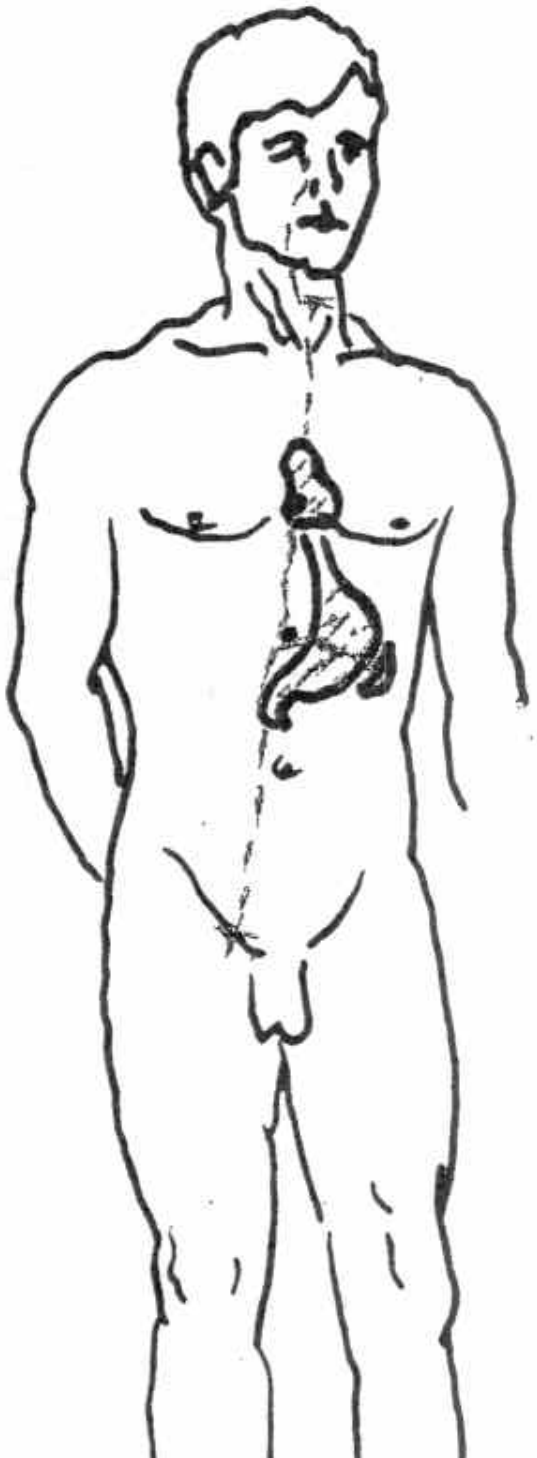
ST/SP: jin (thin fluids)…

BL 1 ST 30

ST 30 SP 12

ST Divergent Meridian:

- ***Integrated version:*** **The ST DM begins at crease of the groin in the pelvic region, ST 30, where Qi enters the Chong meridian. (Some commentators say the ST DM begins at ST 31 instead of ST 30. From ST 30, the ST DM goes deep into the abdomen, where it enters the Stomach organ at Ren 12, and spreads to the Spleen organ at LR 13, then goes to the Heart organ at Ren 17 or Ren 14. From there it travels up the throat to Ren 22. As it goes up into the throat, it also ascends to ST 9, deep into Ren 23, and into the mouth. The pathway comes out at the corner of the mouth (ST 4), travels to the nose (LI 20), goes to ST 1 (associated with Ren mai), and then on to UB 1, where it meets the SP DM at its upper confluent point. At UB 1, it activates Surging Yang, which is ST 42.**



Indications for the ST DM:

- 1. Progression of pathology: by the Third Confluence, most of its Jing and its Blood have been used in an attempt to maintain latency. The thin fluids or exocrine fluids now used to maintain latency. The ST DM brings the thin bodily fluids to the Heart organ and to the upper parts of the body. To build up fluids to help maintain latency, needle DSD; to use fluids to flush out pathogen, use SDS.

- 2. The ST DM activates the remaining upper orifices, including the eyes, mouth, and nose, as well as the entire face.
  - –GB/LR DM activated the ears and to some degree, the eyes.
  - –The ST DM activates the rest of the upper orifices. The ST DM helps to ascend pure fluids to the upper orifices, producing tears for the eyes, saliva for the mouth, and mucous for the nose.

- The Stomach produces the pure yang of fluids, which are the fluids that go to the face and upper orifices. The Stomach ascends these pure fluids to create moisture in the eyes, mouth, and nose. (The impure yang fluids go to the skin.) To assist this process of ascending pure fluidsuse the ST DM point, UB 1, which activates ST 42. Using ST 42 along with the ST DM points makes the treatment much more powerful in ascending fluids. (Li Dong Yuan)

- 3. ST DM goes to the abdomen, treating disorders of Wei Qi in the abdomen, including ulcers, gastritis, ulcerative colitis, and discharges of mucous and blood from the colon.
  - –Often created by a deficiency of fluid and excess Wei.

Indications for the ST DM cont'd:

- 4. The ST DM can be used when Jing comes out to the surface and becomes trapped with Heat:
  - –e.g., nasal polyps, phlegm, mucous in the eyes, conjunctivitis, infectious eye problems, physical deterioration of the eyes, and chronic sinusitis, (can also involve the SI/HT DM).

- 5. The ST DM starts at ST 30, its lower confluence point, which is an important point on the Chong meridian.
  - –direct link with the eight extraordinary meridians, especially the Chong mai.
  - –The ST DM Confluence can bring Wei Qi into Chong meridian, producing self-destructive behavior. This Heat destroys the blueprint and how a person sees him- or herself.
  - –The ST DM, because of its relationship to Chong meridian, also has a direct relationship to Blood. If Chong treatments are not working to regulate the menses, a clinician can think about adding the ST DM.
  - –The ST DM can clear away blockages that prevent us from effectively treating the Chong meridian, if there are signs and symptoms of ST DM issues along with Chong problems.
    - Clues prompting one to treat the ST DM along with the Chong include indications that latency is not being maintained, with signs and symptoms of Heat in the upper orifices and issues of self-destructive behavior. Needle superficial-deep-superficial to bring the Heat out.

    - Heat signs and symptoms at the level of the ST DM mean that Heat is trapped in the Ying level in the UJ. To bring this Heat out, it may be necessary to bleed points. LI 20 is an excellent point to bleed to provide an extra release of Heat.

ST DM cont'd

- **6. UB 1, connects with Yin Qiao and Yang Qiao, creating a direct regulation of our responses to the external world. Qiao vessels convey how we stand up to ourselves (Yin Qiao) and to the world (Yang Qiao).**
  - **Heat entering the Qiao vessels can manifest as aggressive behavior, thus playing a role in how we regulate our responses to the external world.**

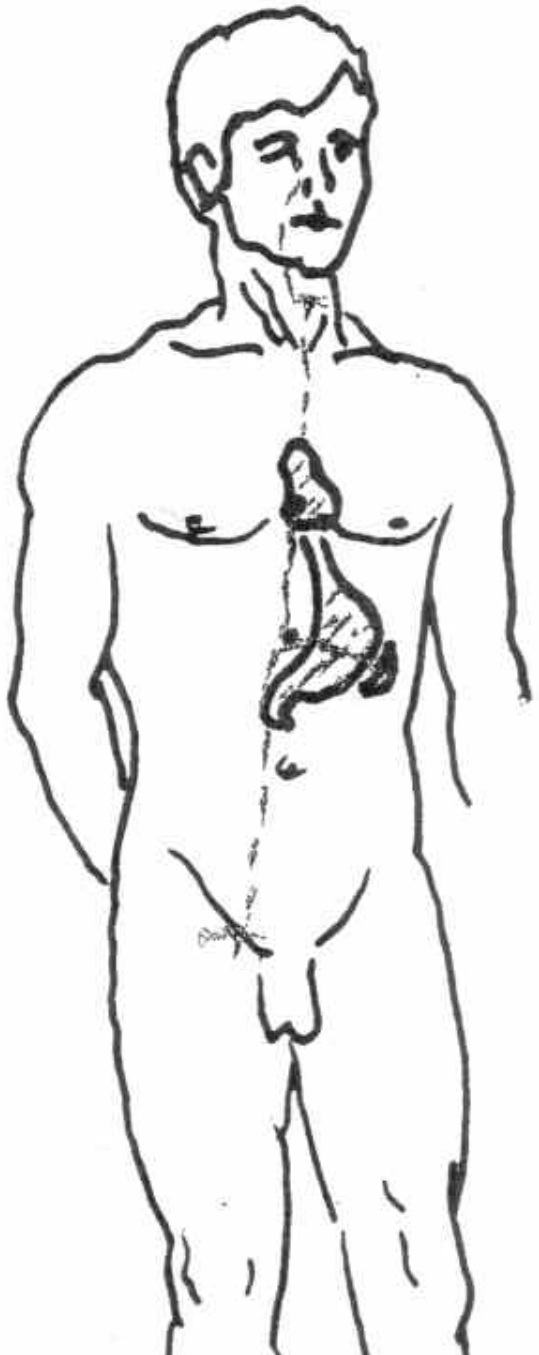
- **7. Excess Wei Qi generated by the ST DM can ascend and burn out**
- **a) the Jing that is supporting the nasal cavity, creating nasal polyps or congestion;**
- **b) the Jing that is going up to support the teeth, especially the upper teeth, producing tooth decay;**
- **c) the Jing that is going up to support the eyes, giving rise to red, swollen eyes, or eye degeneration, including diabetic retinopathy or loss of vision.**

- **8. The elemental aspect of the ST DM depicts Jing in the form of thin fluids going to support Wei Qi. In this process, the SP's Jing and/or Yuan Qi is broken down to support the ST Yang. In the bodymind's attempt to maintain latency, the SP's Yang Qi is depleted, producing signs and symptoms of decreased appetite and decreased transportation and transformation.**

SP Divergent Meridian:

- ***Integrated version***: **The SP Divergent Meridian begins at the groin at SP 12 (Some commentators place it at SP 11, a point responsible for the process of ovulation), goes to ST 30, where it meets up with its pair, ST DM. ST 30 is the lower confluent point. Then it follows the ST DM up the throat to Ren 22, ST 9, and Ren 23, where it leaves the ST DM, and goes to the middle of the tongue (KI DM goes to the back of the tongue). It exits through LI 20, travels through ST 1, and emerges at UB 1, the upper confluence point.**

Spleen Divergent Channel



Indications for the SP DM:

- 1) The SP DM can be used to treat pain along its trajectory
  - –SP DM can be used to treat inner thigh pain, pelvic pain especially during the time of ovulation (because of SP DM's connection to the Chong mai), pain in the abdomen, and esophageal pain.

- 2) The SP DM can be used to treat certain gynecological and digestive issues, owing to its relationship to the Chong mai.
  - – In the specialty of gynecology, the SP channel is responsible for ovulation, the ST channel controls the movement of the ova into the tubes, called tubulation, and the KI channel is responsible for pre-menses and the uterus. The Ren meridian is responsible for menstruation or menopause.

- The SP DM relationship with the Chong meridian.
  - –can use the SP/ST DM for Blood issues such as Wind stirring because of Blood Deficiency.
  - –ST 30 is also one of the two points (with ST 36) comprising the Sea of Gu Qi, and the ST/SP DM, as well as the Chong meridian, can be used for food stasis, acute food poisoning, and other Gu Qi issues.

SP DM cont'd

- **3) The SP DM can treat Wind signs and symptoms in the face including tics and spasms, secondary to deficient fluids.**
  - **The SP DM supplies moisture to the upper orifices. If the upper orifices are affected by a pathogenic factor, the moisture in the upper orifices may become deficient, creating Wind signs and symptoms.**
    - **Wind signs and symptoms in the upper orifices and on the head can also occur with fluid deficiency from other causes. Because the SP DM is responsible for moisture on the tongue and other orifices, it can be used for almost any condition, when fluid defic causes upper Wind signs and symptoms.**

- **4) The SP DM can be used when Wei Qi goes to the fluid level and destroys the blood, leading to wasting and thirsting syndrome. By the time the SP DM is called into action, typically the Blood has been heavily depleted and the fluid also is becoming deficient, because the body has been relying so heavily upon fluids taking over where Jing and Blood have failed.**

- **5) The SP DM can be used for such symptoms as extreme dryness in the mouth and on the tongue, manifesting as little or no tongue coating.**

- **6) The SP DM can treat Wei Qi or Heat that is pushing downward in the body, causing rebellious ST Qi and varicosities.**

FOURTH CONFLUENCE

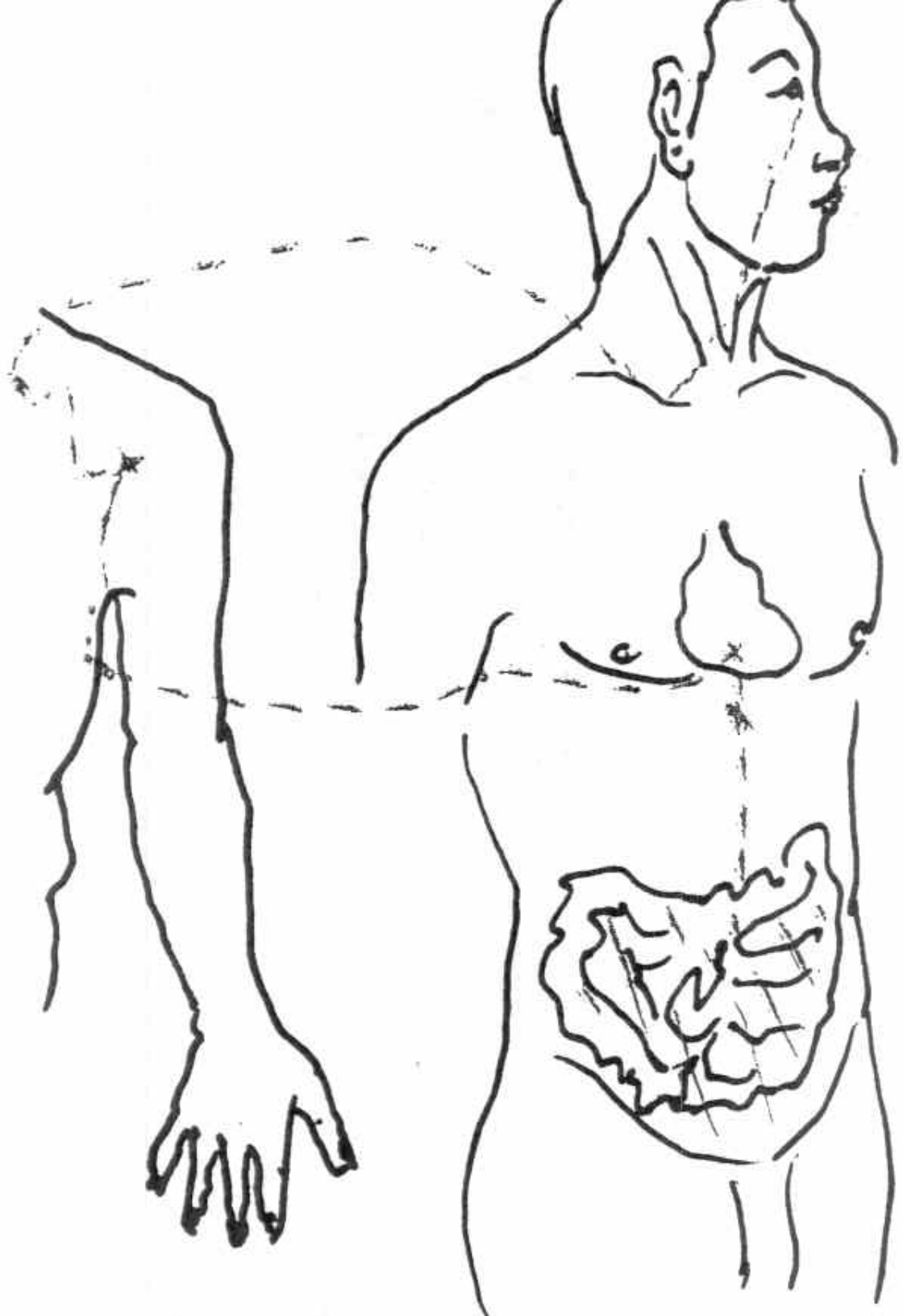
SI/HT: ye (thick fluids)…

BL 1 GB 22

SI 10 HT 1

Small Intestine Divergent Meridian:

- ***Integrated version***: **The SI DM emerges at the shoulder (assumed to be SI 10) and "points down to earth" (Ling Shu). It enters the arm pit, going to HT 1, and comes out at GB 22. The pathway travels to the HT, via the PC at Ren 17. From the HT, the trajectory goes down through the diaphragm to communicate with the SI organ. From SI 10, there is also a branch that goes into the scapula (via SI PM) to ST 12, where it travels internally to the throat, arising at SI 18 at the cheekbones and ending at UB 1. The lower confluent point is GB 22 and the upper confluent point is UB 1.**



Indications of the SI DM:

- **1) Pain along its trajectory.**
  - **–goes into the axillary region: treats axillary swelling, lymph nodes swelling, especially one-sided.**

- **2) The thin fluids have been deplted and the bodymind attempts to use Blood and thick fluids to promote latency. (The GB/LR DM also attempted to use Blood, but the GB/LR DM was focused more upon moving Blood that it obtained from the SI & HT to various areas to maintain latency. The source of this Blood was the SI and HT DM.**
  - **–CCM, GB 22 (as opposed to SP 21) was considered to be the Great Luo. Because of the SI DM's connection with GB 22 and HT 1, the SI DM is considered to have a profound effect on Blood (some believe Luo channel issues as well). The SI/HT DM draw upon Blood to maintain latency, taking blood from the HT Yang.**
  - **– The ascending branch of the SI DM brings Blood to the mouth, lips, and tongue, making it useful for dealing with receding and/or bleeding gums.**

- **3) The SI and HT DM also tap the endocrine fluids, the thick fluids. The use of UB 1, GB 22, and HT 1 on the SI/HT DM stimulates the endocrine fluids, much as ST 42 stimulates the exocrine fluids on the ST/SP DM.**
  - **–If one's intention is to use endocrine fluids or hormones to promote latency one then adds points dealing with the organ one intends to affect. If it is the pancreas, use LR 13; if the ST, add Ren 12.**
    - **The acupuncturist adds a Front-Mu or He-Sea point related to the organ he or she wants to affect. For LU yin deficiency involved with thyroid issues, use LU 1.**
    - **Use a point to represent whichever associated gland one is trying to influence.**

Indications of the SI DM cont'd:

- 4) Wei Qi moves into the HT, affecting the smooth muscles:
  - can see signs and symptoms of HT Fire when the Ye or thick fluids are being depleted, e.g. Ulcerations and/or vertical cracks on the tongue. Heat can also show up in SI 18 area, malar flush, which indicates that Heat is rising secondary to deficiency in fluids.

- 5) The SI DM goes to the brain via UB 1: patients may present with poor memory, indicating further degeneration in the head. Patients may also present with decreased hearing and tinnitus from Heat that is slowly burning up the ears as well as loss of vision. All of these issues can be treated by the SI DM.

- 6) The SI DM can exert a powerful effect on musculoskeletal conditions.
  - By the we reach SI DM, the Confluences have communicated with most of the Sinew meeting points including Ren 3, GB 22, and SI 18. SI DM brings the Wei Qi of the Sinews up to the chest and then up to the brain.
  - SI DM is where the Sinew meridians internalize their communication with the DM. In other words, the SI DM internalizes Wei Qi. All the DM converge in the chest, and the SI DM is a yang expression of that convergence. The SI DM represents the internalization of the Sinew meridians.

- 7) Because the SI DM is where Wei Qi internalizes and moves into the HT, the SI DM can be used to treat chest pains, especially subcostal pains, pains under the sternum, pains radiating from the chest, and/or angina pectoris.

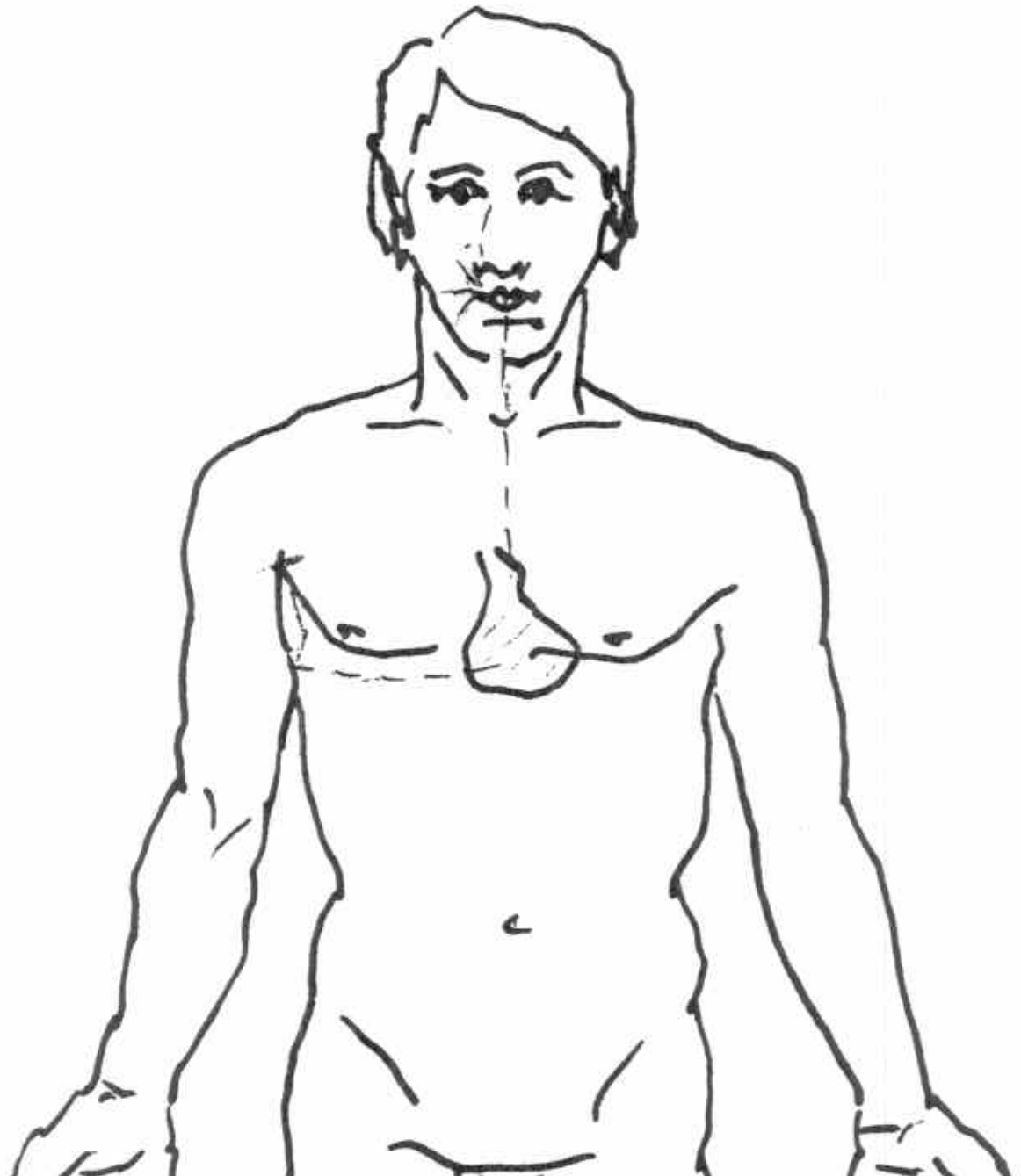
SI DM cont'd

- 7) For this reason, the SI DM can be used to treat all muscles of the body, including the smooth muscles of the intestines and the Heart.
  - can treat IBS, problems with peristalsis, and/or food stasis when the latter is accompanied with nausea, vomiting, or reflux.
    - SP & ST DM treat some abdominal symptoms, the SI DM is used when the whole GI tract is affected.
    - Problems in peristalsis are when Excess Wei Qi, coupled with the absence of sufficient fluids, produces a thinning of the mucosal lining (constipation and/or diarrhea). SI DM can use the Jing Essence to help calm down this excess activity.
- 8) Because the SI DM controls the smooth muscles of the HT, the SI DM can also be used to treat nightmares, unprotected dream state, disturbed sleep, cardiac regurgitation, aortic regurgitation, and esophageal reflux. Through the SI DM, Wei Qi can enter the smooth muscles of the chest and HT and protect the dream state.
- 9) The SI DM also affects one's day-to-day memory because of its relationship to Wei Qi and to Blood. Entering the brain at UB 1, the SI DM brings Wei Qi, reflecting one's day-to-day experiences, into the brain or the Marrow. The SI and HT DM also can move blood to help support the mental faculties.
- 9) Because the SI DM goes to UB 1, it makes contact with the Qiao vessels. (Qiao vessels have to do with how we stand up to ourselves [Yin Qiao] and the world [Yang Qiao].

THE HEART DIVERGENT MERIDIAN:

- ***Integrated version:*** **The HT DM begins in the arm pit at HT 1, descends to the canyon, now called GB 22, and enters the HT organ via the PC at Ren 17 (Some sources say it travels directly to the HT), before communicating with the SI organ. Its internal pathway travels up the throat to Ren 23 to the tip of the tongue, where it diffuses into the face and converges again at UB 1. Some CCM sources say this trajectory brings the complexion to the face.**
- **In 1995, Jeffrey mentioned that the HT DM also had a descending trajectory at Ren 17 to Ren 8, a band of communication present in the HT Sinew channel, related to the Bao Mai. (Please note: While the HT DM goes to the same point as ST/SP DM, the HT DM brings Blood to the face and upper orifices, while the ST/SP DM bring fluids.)**

Heart Divergent Channel



Indications of the HT DM:

- **1) The HT's DM brings the blood to the throat, the face in general, including the eyes, and the brain. It can be used for treating people with senile dementia and possibly Alzheimer's disease. The HT DM additionally can be used to treat the sequelae of stroke, when the intention is to open up and bring blood to the head region.**

- **2) The HT's DM is responsible for articulating the Heat to the five areas of Heat accumulation: the palms, the soles, and the chest. From a DM perspective, the HT DM is related to peripheral circulation.**

- **3) The HT DM is responsible for diffusing Wei Qi to the face. Excessive Wei Qi trapped in the face or head can give rise to allergies. The HT DM can be used to treat these allergies.**

- **4) The HT DM brings Wei Qi to the tongue, which is necessary for speech coordination. The HT DM may be used to treat persons with stuttering, articulation problems of any sort, and problems in speaking, and/or loss of speech after a stroke.**

HT DM cont'd

- **5) The HT DM is useful in treating persons with Wei atrophy syndrome and even paralysis of the limbs when the etiology is Excess Heat. (Use the PC DM when Wei atrophy is due to Damp-Heat.)**
  - **Here Excess Heat becomes trapped in the head and sometimes the four limbs, and as a result, the limbs do not receive adequate supplies of Wei qi, giving rise to weakness, paralysis, and other neurological signs and symptoms. This Excess Heat consumes Qi and fluids.**
  - **The HT DM treats the resulting limb atrophy by freeing the areas in which Excess Heat has accumulated.**

- **6) The HT DM also may be used to treat malabsorption disorders in the SI.**
  - **Excess Wei Q may also go down from the HT to the SI organ, or Heat from the ST and Damp from the GB may combine and dump into the SI, affecting the SI lining creating malabsorption. Excess Heat or Damp-Heat may also go from the SI to the UB, creating frequent urination.**
  - **The HT/SI DM may be used to eliminate some of that Excess Heat or Damp-Heat which is burning the intestinal lining or which may be affecting the UB, producing frequent urination.**

- **7) The HT DM can be used to treat psychological problems because of its relationship to blood and the Grand Luo, GB 22, in particular. Of course, Excess Heat trapped in the head can cause psychological problems as well as can the ingestion of excessive coffee.**

FIFTH CONFLUENCE

SJ/PC: qi…

SJ 16 Ren 12

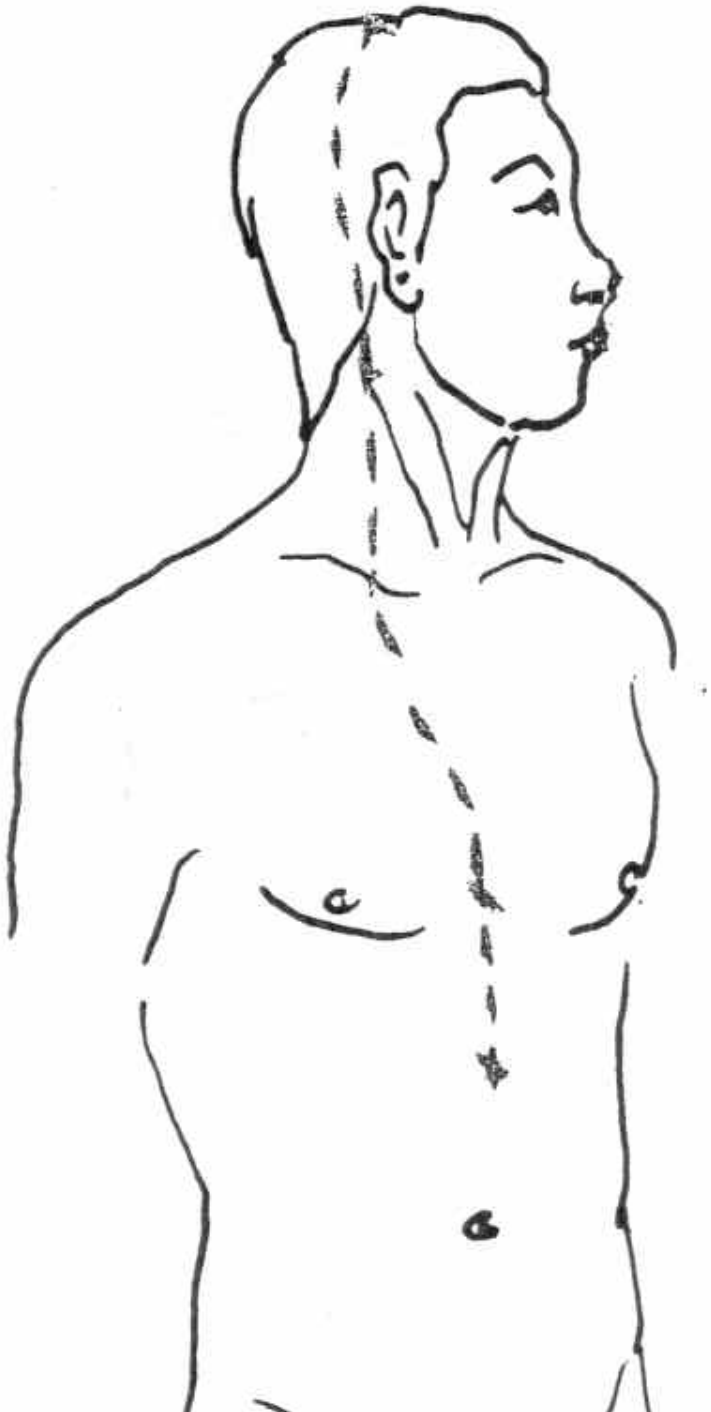
Du 20 GB 22

SAN JIAO DIVERGENT MERIDIAN:

- ***Integrated version:*** **The SJ DM starts at Du 20, descends laterally to the sides, goes to the ears (SJ 16), to ST 12, and from there, on to the three burners. It spreads to the Upper Jiao at middle of the chest (Ren 17), to the Middle Jiao (typically seen as Ren 12), and to the Lower Jiao (choose a LJ point such as Ren 7, Ren 6, or Ren 4).**

- **Jeffrey mentions that when one uses the SJ DM, it is important to release the neck and pelvis with Windows to the Sky (WTS) and Doorways to the Earth (DTE) points.**

- **An alternative pathway for the SJ DM: It begins at GB 22, enters the diaphragm, goes into the chest, communicates with the three burners, ascends to ST 12 (its lower confluence point) and to SJ 16 (its upper confluent point), and travels to GB 12, the end of the bone, where it meets with the UB channel. From GB 12, the SJ DM goes into the brain at Du 20.**



Indications of the SJ DM:

- **1) The SJ DM is used for pain along its trajectory.**

- **2) By the time one reaches the SJ DM we have exhausted KI yin and to some extent, KI yang. Jing, blood, thin fluids, and thick fluids are depleted. As a result, latency can no longer be maintained and the pathogenic factor burns out of control. There may be depression and despair. The SJ DM begins breaking down the Marrow and using any remaining fluids from the ST to try to cool off the Heat that is raging in the body.**
  - **The severe yin deficiency coupled with the Excess Heat begin to consume the structure of the body. The body may even break down brain cells in attempt to garner more yin..**
  - **Using the SJ DM is a way to help release Excess Heat when someone is undergoing a healing crisis:**
    - **If sx too strong can use SJ DM to put pathology back into a state of latency. Build up the patient's reserves and they may begin manifesting a healing crisis on their own… Next sx will guide treatment…**

Indications of the SJ DM:

2) SJ DM is pulling fluids from the Marrow and the ST -- the last two options left -- to maintain latency. Endocrine system breaks down. Patients become edematous and they pathologically hold on to damp and retain whatever yin left.
   - The SJ DM can replenish the fluids of the body, by releasing some of the rampant Heat (SDS) which allows some of the Heat to be vented to the Wei qi level, where it can be expelled from the body. If need to rebuild fluids can do DSD

3) SJ DM begins at Du 20 and descends through the neck:
   - Ensure neck is open: can use WTS points to open up the neck and DTE points; best to do the WTS and DTE points to release the gateway to the chest and the abdomen before doing the SJ DM.
   - choose about four WTS points and three DTE points that appear to be sensitive or obstructed, needle them, and retain the needles for about ten minutes, before needling the SJ DM.
   - can be useful to add LU 7, LI 4, ST 36 to the treatment as well. To make sure the extremities are open, one can also use LI 15.
   - In doing the WTS and DTE points, will see a number of psychological issues and emotions released.

SJ DM cont'd

WTS points	DTE points
UB 10	UB 40
SI 15	K 11
SI 17	GB 30
SJ 15	LR 12
ST 9	ST 30
LI 18	SP 12
LU 3	Du 4
PC 1	Du 1
Ren 22	UB 35
Du 16	Ren 1, 2, & 4.

Indications of the SJ DM:

- **4) SJ DM regulates Damp-Heat in relation to the Sinews and the joints. It deals with chronic Damp-Heat bi in the joints, like rheumatoid arthritis. It also can address chronic Damp-Heat in the Sinews, manifesting as fibromyalgia.**

- **5) The SJ DM deals with the regulation of Fire and Water (damp/heat). It deals with Damp-Heat that is deep in the body, such as Wei syndrome secondary to Damp-Heat trapped in the limbs.**

- **6) When Wei Qi is trapped somewhere in the body, it may defend itself internally against itself, producing an autoimmune disease. The SJ DM can release the trapped Wei Qi.**

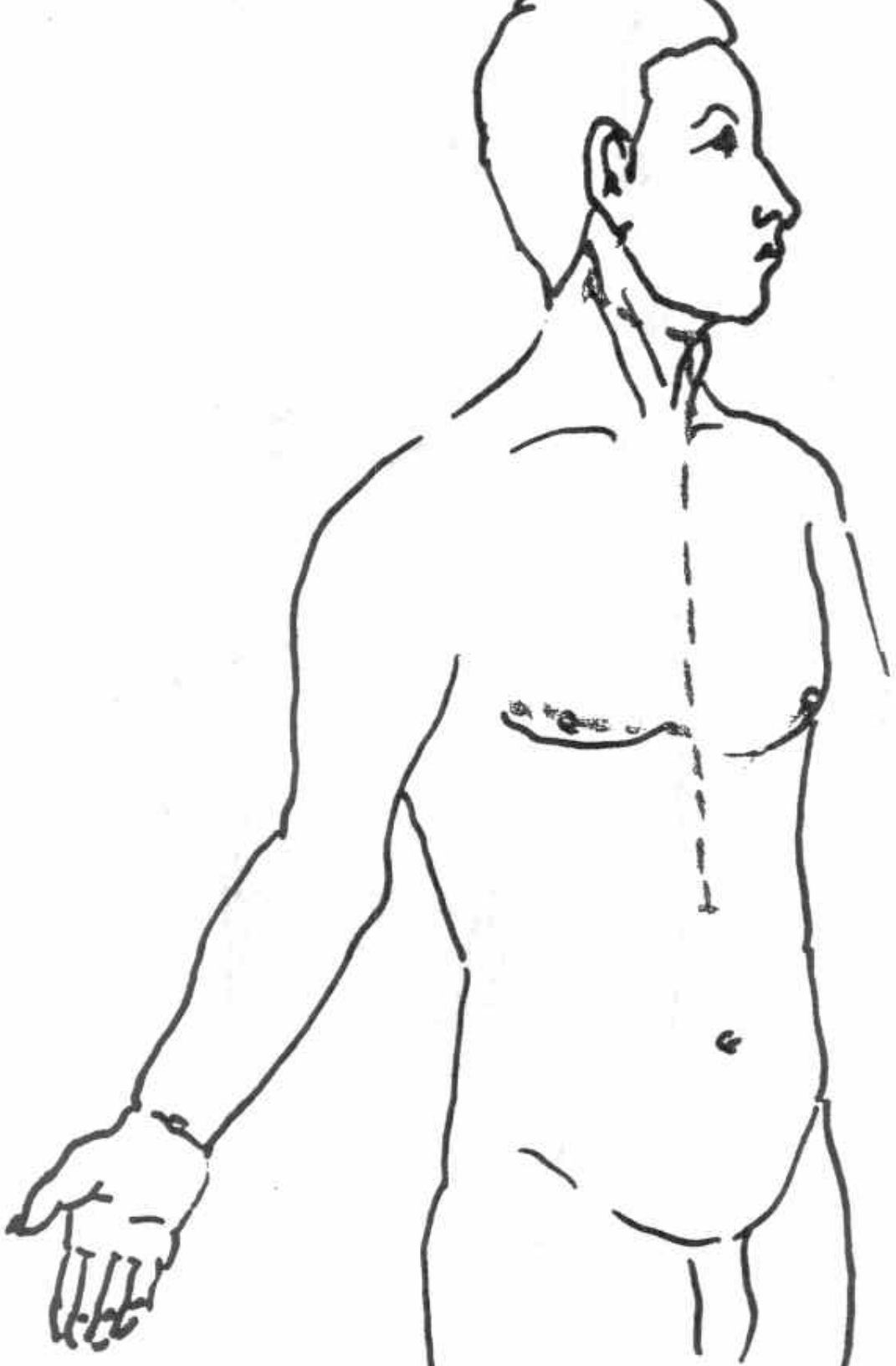
- **7) Because the SJ DM is related to San Jiao mechanism, this confluence also is involved in fluid metabolism. The SJ is responsible for the dissemination of fluids, affecting the endocrine system, the hormones, the cerebral spinal fluids, the synovial fluids, and the seminal fluids. The SJ DM's descending pathway condenses the fluids into the SP, the Middle Jiao, and into the Lower Jiao, and as a result, patients may show symptoms of phlegm accumulation, nodules, and swellings. At the same time, patients often experience symptoms of dryness -- dry lips, dry mouth, and dry throat -- reflecting the decline in essence. The decline in essence can also produce a decline in yang, expressing itself as a loss of muscular activity, because yang is rooted in essence.**

SJ DM cont'd

- 8) Clinically, when latency is no longer maintained, the practitioner can use SJ DM to gain control of the rampant Heat and then go back to one of the previous trajectories and use it to build some form of yin to hold onto the pathology and make it latent again. The clinician can choose which yin to build up -- thin fluids, thick fluids, or blood -- and where to store the pathology to start creating latency in the body again.
  - For patients at this point in the progression of pathology, it is inappropriate to attempt to release all the pathology at once. The clinician needs to decide where to direct the body to take and store the pathology. The GB DM is a great place to hold onto latency, the ST/SP DM also are good storage sites, and if these don't work, the UB/KID DM can be used. Once the clinician encourages the patient's body to take the PF to a particular place, he or she can also begin releasing the pathology from that site. If one wishes to build blood, the clinician may want to promote the transfer of pathology to the GB/LR DM. If one wants to build fluids, one can promote the transfer of the pathology to the ST/SP DM.
- Note: just b/c patient has lost the ability to maintain latency, it doesn't mean that all Yuan Qi is depleted. Much of the time, the Yuan Qi is blocked. If the body brings the pathogen to the GB/LR DM, there may be blood stasis that needs to be freed up. The clinician needs to palpate and release nodules, freeing areas of pain where there is obstruction. The clinician may need to treat the SJ DM for a few days, needling Superficial-Deep-Superficial, and then begin to bank latency. In the beginning, in banking the PF in the Blood or thin or thick fluids, the clinician usually needs to perform Deep-Superficial-Deep needling to embed the PF in the blood or fluids. But then after the latency is being maintained, which is usually indicated by the person needing to a lot of rest, the clinician can begin Superficial-Deep-Superficial needling to begin releasing the PF. One can go backwards through the progression of pathology in the DM until the pathogen is released to the outside.

PERICARDIUM DM:

- ***Integrated version:*** **The PC DM begins at GB 22, moves into the chest, to PC 1, and then to Ren 17, where it descends to the other two burners. An ascending trajectory moves up through ST 12, to the throat to Ren 23, and on to SJ 16. From SJ 16, it goes to GB 12. The upper and lower confluent points are SJ 16 and Ren 12, respectively.**



Indications of PC DM:

- **1) Pain along the trajectory, including chest pain and pain in the axillary region.**

- **2) Because of its relationship to the SJ DM and fluid metabolism, the PC DM is used often for the Fire-Water balances such as Heat in the Blood, and fluid metabolism problems, such as dry mouth and lips and dehydration from severe loss of fluids or blood. Remember, the SJ regulates fluids, and PC regulates Heat, and especially Reckless Blood that causes a disturbance in Shen.). The PC regulates Heat in the vessels, Heat that is rushing in the Blood, causing hemorrhages or infections.**

SIXTH CONFLUENCE

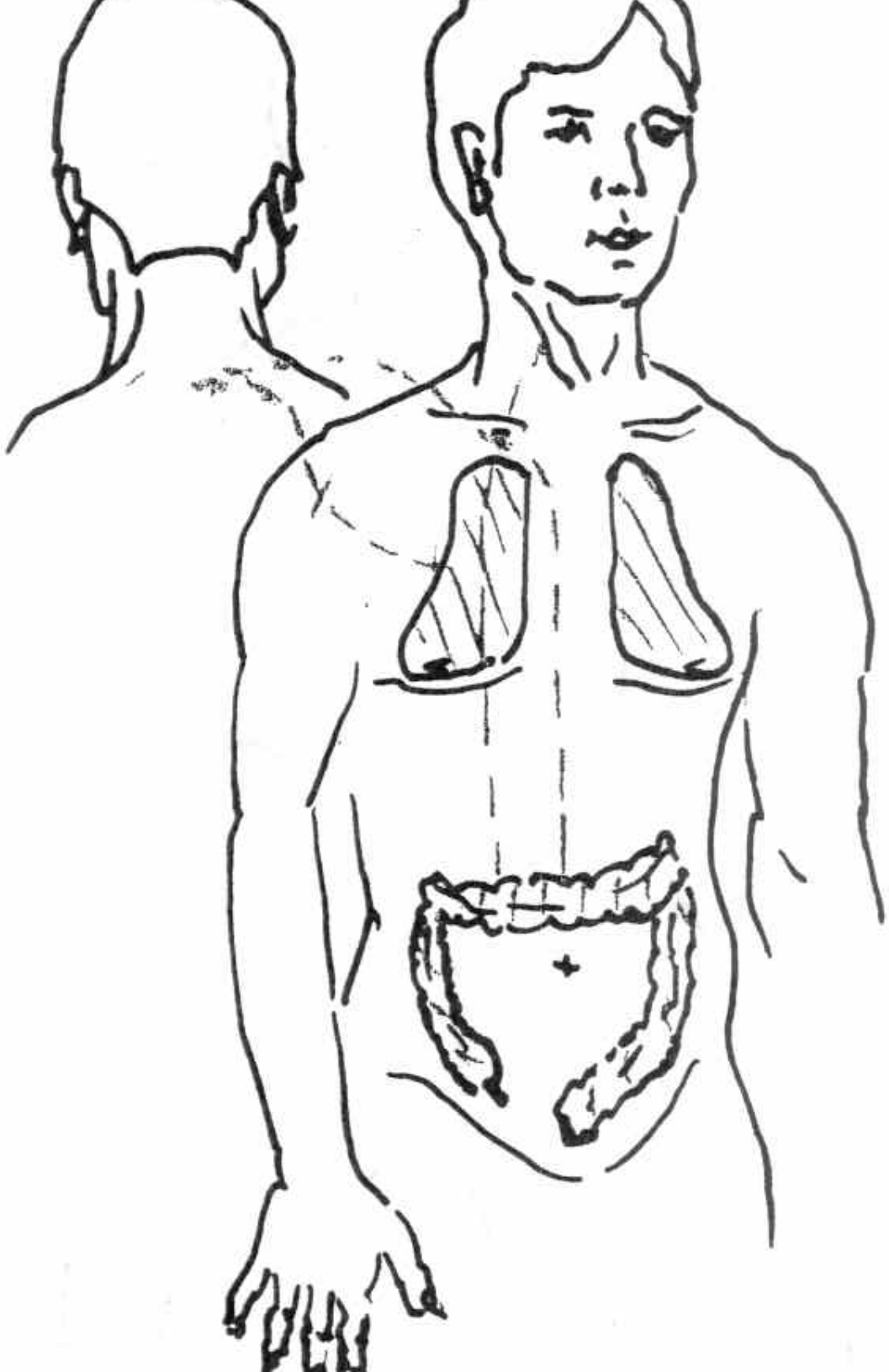
LI/LU: yang…

LI 18 ST 12

LI 15 LU 1

LARGE INTESTINE DM:

- ***Integrated version:*** **The Large Intestines DM begins at LI 15, the shoulder bone, where it splits into two branches. One branch travels to Du 14, the Great Hammer, the meeting place of all the yang PM's, and on to ST 12. The second branch travels from LI 15 to the axillary region, crosses the chest horizontally in line with the nipple, around or near ST 16.5 (halfway between ST 16 and ST 17). At this point (ST 16.5), the channel experiences a second division. One branch goes up to ST 12 and on to LI 18. Another branch descends to the LI organ. Some commentators say that as the trajectory descends to the LI, it travels along the ST meridian into ST 25 and the LI organ. As a result, some traditions give ST 25 as the lower confluent point. For most traditions, the lower and upper confluent points for the LI and LU DM are ST 12 and LI 18, respectively.**



Indications of the LI DM:

- **1. Unilateral pain in the region of its pathway. The channel moves into the chest and throat, treating arthritic pain in these area as well as chest pain around LU 1. The LI DM travels to the LI organ, enabling it to treat lower abdominal pain.**

- **2. Wei Qi carrying Jing outward can manifest as nodules, cysts that develop and grow around the region of the shoulder, lumpiness in the chest, goiters or polyps in the throat, and abdominal lumps. Other signs and symptoms include intestinal polyps, abscesses, and dysentery or diarrhea with fatigue afterward (because the patient is losing Jing).**

- **3.. The LI DM treats many signs and symptoms that one would think are related to the LU DM, including lung distention, fullness or congestion in the chest, asthma, wheezing, and sometimes wheezing associated with low back pain.**
  - **The difference between the LI and HT DM chest signs and symptoms is that LI DM has congestion, asthma, wheezing, fluid congestion, and fullness.**

- **4. LI DM affects the dissemination of growth patterns in the UJ. It affects alopecia (Wei Qi burning up the follicles) and the breast (it can use it to increase the flow of lactation).**

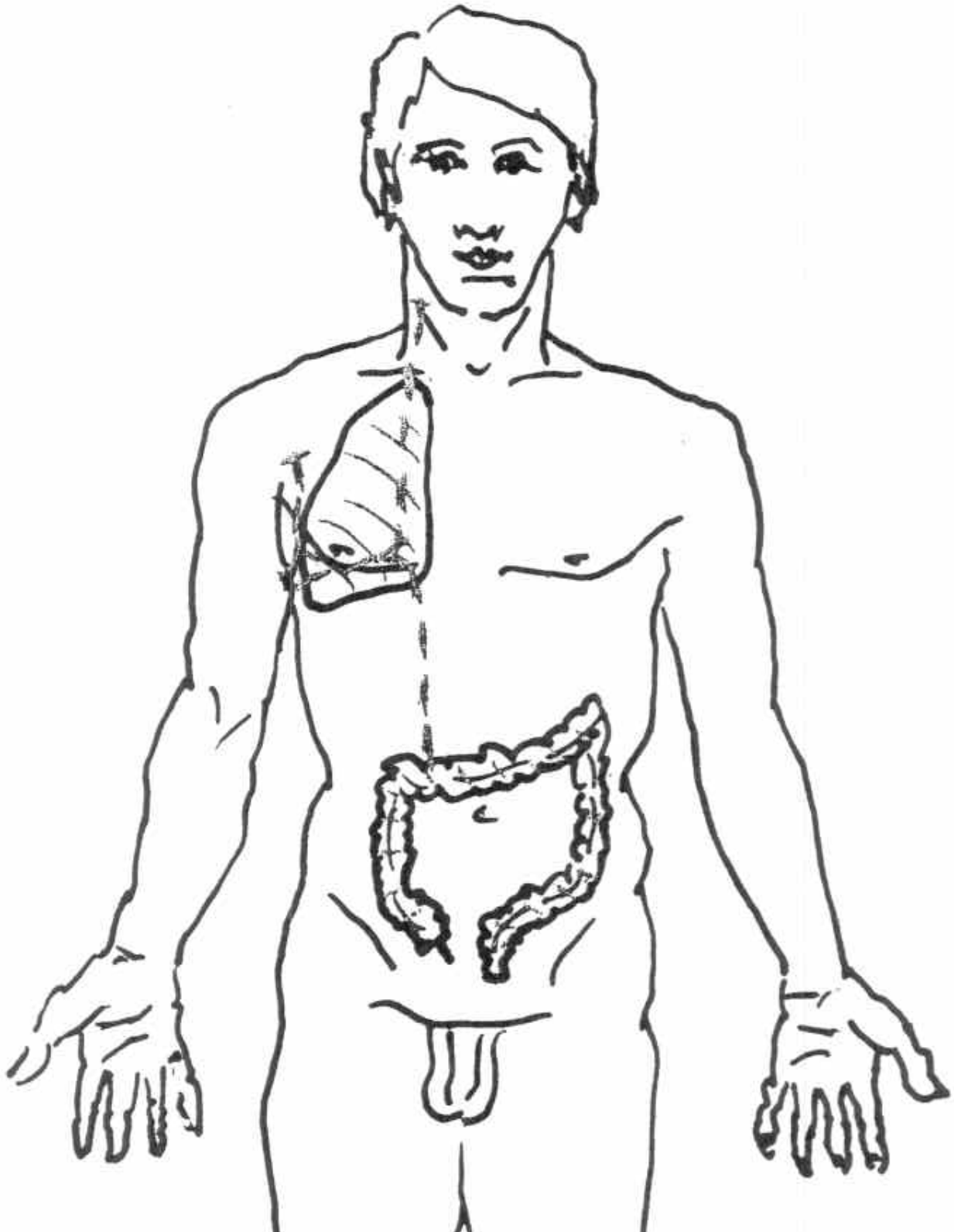
- **5. LI DM communicates with the channels and collaterals of the zangfu, because it makes contact where the Yang mai converge at Du 14, and travels around to the yin part of the body, ST 12, where it makes contact with the yin channels of the body.**

LUNG DIVERGENT MERIDIAN:

- **Integrated version: The LU DM emerges at LU 1 and goes to GB 22, where it travels to the chest and spreads to Taiyang and to the breasts. From the LU, it has two branches. One travels to the LI organ. The other emerges at ST 12 and travels to the throat to LI 18, bringing Wei Qi out to the PM.**

- **Commentaries differ regarding the meaning and location of the LU DM's spreading to Taiyang. Some commentators say Taiyang here refers to the temples, implying that the LU DM opens the temporalis area and the breasts. Some further say that *Tai, which means "sun," represents the left side and therefore, the left temporalis. Still other commentaries state that Taiyang refers to UB/SI, implying that when the LU DM goes to the LU, it also goes to the back of the body.***

- **It should be noted that the DM end with LU and Primary Meridians begin with LU. This observation has prompted commentators to say that the DM supply the Wei Qi to the channels and collaterals.**



Indications of the LU DM:

- **1. The LU DM shares the same signs and symptoms as the LU Primary Meridian, including axillary pain, pain along GB 22, chest pain radiating up to the clavicular region, collar bone pain, pain radiating along the LU primary channel, and shoulder pain around LI 15.**

- **2. LU DM prepares Wei Qi to go out and spread through the channels and collaterals of the zangfu. This function is indicated because of its relationship to GB 22, former Grand Luo of the Luo-collaterals, and ST 12, an important point on the Primary Meridians. This last confluence establishes Wei Qi for the Primary Meridians. The LU DM brings Wei Qi out to the channels and collaterals.**

- **3. By the LU DM, Wei Qi is severely depleted. LU DM signs and symptoms are similar to Wind-Cold signs and symptoms but at this point, the symptoms are chronic. The person repeatedly contracts Wind-Cold syndromes due to the severe deficiency of Wei Qi. (Allergies are related to the SI DM and indicate trapped Wei Qi.) At this point, latency has been lost and the DM ca no longer protect the zangfu. Here the LU DM are used in a last-ditch effort to stave off deterioration and death. Chronic immune problems; late stage cancers…**

Indications of the LU DM:

- **4. Patients can have chronic Wind-Cold bouts due to a severe deficiency of Wei Qi, outside of this continuum or progression of disease processes. Here the LU DM can be used to treat chronic Wind-Cold attacks manifesting as a compromised immune system. The LI and LU DM can pull pathology out of the Primary Meridians, because they make contact with the Primary Meridian.**

- **5. The LU and LI DM can be used to treat conditions like hepatitis, in addition to the GB/LR DM. In this situation, one can begin to treat the person with hepatitis with LI/LU DM because one can see the LI/LU DM as tapping into the LR PM to pull some of the Excess Wei Qi out of the LR organ. The clinician can then use the GB/LR DM, adding the source point of the LR to regulate the stagnant Wei Qi of the LR PM.**

- **6. For breast abscesses, one can palpate and release any obstruction in the breast because the Wei Qi may become trapped there. Palpate Taiyang in the back (UB and SI) and the area around the breast, releasing any points of sensitivity and tension. If one believes the trajectory goes to ST 25, one can palpate all the way down to this area and release sensitive points.**

Healing crisis

- **A final note: One can modulate healing crises by having the patient soak in Dead Sea salts or epsom salts, by performing blockage treatments, by releasing Jing-Well points, by performing Gua Sha, and at times, by having the patient take coffee enemas.**
- **To use Dead Sea salts, have the patient add a pound of the salts to a tub of water and soak in it for an extended period of time. The patient should stay at home, wrap him- or herself up in warm clothing and blankets and sweat extensively, which helps to release the PF. If the healing crisis is severe, one can help encourage it to release so it is not so unbearable.**
- **If a patient takes Tylenol, Motrin, or Advil, it will suppress a healing crisis rather than help one weather it and complete the release.**

Needle Techniques

- 3x needling
  - DSD: Deep-Superficial-Deep
    - Promote Latency
  - SDS: Superficial-Deep-Superficial
    - Release Pathogen

Treatment Strategy

- 1. DSD: Promote Latency
  - Confluent points; Opening points, Trajectory points; other points related to wei or yuan qi, ie he sea, source, 8x, etc.
- 2. SDS: Release Pathogen
  - Gua sha zones; confluent points, opening points, trajectory points, ashi points, jing well
- 3. Loop Treatment

EO

- BL/KI: DSD (celery seed, basil, cypress); SDS (jasmine, pine)
- GB/LR: DSD (angelica seed or vetiver, needle (fir, cypress, pine)); SDS (chamomile, citrus (orange/ tangerine for shen, grapefruit if wind phlegm, bergamot if sensory))
- ST/SP: DSD (carrot or angelica seed, anise/ coriander, cypress); SDS (lavender, citrus, coriander, clove or terebinth)
- SI/HT: DSD (angelica, anise, coriander, caraway, myrrh, needle oil); SDS (myrrh, citrus)
- SJ/PC: DSD (spikenard, cypress, benzoin); SDS (frankincense, sandalwood, citrus, peppermint)
- LI/LU: DSD (cedarwood, cinnamon bark, benzoin); SDS (elemi, cistus, peppermint)