Gua sha
A Traditional Technique for Modern Practice
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Gua sha photographs by Arya Nielsen
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Thermogram showing a child sitting on a cold surface. Red reveals the warmest areas while blue-green shows the coolest. The child's body heat is conducted to the floor while the floor's cold is absorbed by the child. This image demonstrates a concept held by every traditional medicine in history, that environmental factors including temperature can impact the body and potentially influence function.

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This work is dedicated to my mother
Apolonia Anastasia Jaskowiak Nielsen,
to my grandmothers Leona Dell Robey Nielsen
and Sophia Witt Jaskowiak, and to their mothers, and theirs;
all who care for me still in the medicine I learned at home.
Arya Nielsen, PhD

Dr Arya Nielsen is an American acupuncturist taught in the classical lineage of Dr James Tin Yau So and in practice for over 35 years. She graduated in the first class of the first acupuncture college in the United States in 1977. She is a practitioner, teacher, author, and researcher and is considered the Western authority on the traditional East Asian technique Gua sha. Dr Nielsen has a faculty appointment at a New York teaching hospital, Beth Israel Medical Center, where she treats patients and also directs the Acupuncture Fellowship for Inpatient Care through the Department of Integrative Medicine.

Ted J. Kaptchuk

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Medical ‘sedimentation’ is a term that has been used to describe a process where a residue of the literate traditions of the past filters down to the lower classes, where they remain even after the erudite abandon them (Starr 1982). Gua sha, an East Asian healing technique that has been tagged with the label ‘folk tradition’ is an excellent example of this process where an important medical intervention is generally forsaken by elite practitioners and only continued by ordinary people in the absence of professionals and by practitioners of tradition when not in the company of the elite. The erudite do not like to have to depend on techniques that may appear simple and unsophisticated.

Arya Nielsen has taken this important technique and reversed the ‘sedimentation’ process. By using historical examinations of East Asian medical texts, cross-cultural historical documents, contemporary scholarly sources, interviews with living elder practitioners and her own keen clinical experience she has brought Gua sha to the center of Oriental medicine clinical practice. She has found a precious lost ring that might have gone down the drain of disuse.

Arya Nielsen has always been involved in movements to rescue potential valuable knowledge and methods from the inattention of neglect and fashion. When I first met Arya Nielsen in 1976 she had just notified an eminent conventional medical school that she was rejecting their admission acceptance to, instead, make a full-time commitment to learn acupuncture and Oriental medicine. Not many people knew much about acupuncture in those days; it was also discussed as a ‘folk tradition of the East. Her commitment and dedication to seeking what is valuable for patients has made Arya Nielsen an important teacher and leader of our profession. Her book is another example of not allowing prejudice, prestige, appearance, circumstances, or habit get in the way of something that can benefit patients.

This second edition has been seasoned by Dr Nielsen’s additional years of scholarship and practice. She has added a literature review that locates Gua sha in the medical discourse of both East and West. Indeed, this therapy has a complex cross-cultural history. Further, Dr Nielsen has also gathered the latest scientific research that demonstrates the anti-inflammatory and hepatoprotective properties of Gua sha.

Dr Nielsen has done a tremendous service to bring to the attention of healthcare providers a low-tech practice that has many applications. Dr Nielsen continues to teach us that therapies developed over centuries using ordinary human sensory awareness can help to guide our research inquiry, our passion and compassion to respond to human suffering.

Ted J. Kaptchuk
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Much has changed since the 1995 edition of this Gua sha text. Traditional East Asian medicine has come of age as an engaged practice, an object of evidence-based and mechanism research, and the focus of study in dedicated schools, colleges and courses within universities and medical schools. Once an outlier or alternative to conventional medicine, it now leads efforts toward integrative and pluralistic care. Traditional East Asian practices, including Gua sha, are no longer isolated to the private setting but are merged in conventional clinics, hospitals and inpatient facilities.

It is good to acknowledge how far we have come. We have helped to create a regulated medical profession in the United States that did not exist forty years ago. This is no small feat given the political landscape of bias and resistance within medicine, and yet it could not have been accomplished without the support of physicians, researchers, academics, regulators and the public committed to sound options in healthcare.

We have established a safety record of ‘relative risk’. That is, there is some risk with traditional East Asian medicine that is managed and greatly reduced with proper training, such that acupuncture therapies are one of the safest forms of medical intervention. We have established schools, a national board, qualifying exams that are psychometrically sound, and strong partnerships with medical, academic and regulating institutions.

My own journey is no longer defined by my acceptance to medical school (declined). I am now on faculty at a medical teaching hospital, Beth Israel Medical Center in New York City, where I also direct an Acupuncture Fellowship for Inpatient Care. My choice to study and practice traditional East Asian medicine came out of a sense that prevention is the best medicine, that physical medicine calls on a cognitive and somatic rapport that creates possibility where an informed and engaged patient is the best ally. This medicine was never meant to supplant modern medicine but to make it better, to respond to what are called ‘gaps in care’, to support patients who are getting care but continue to suffer.

Interest in the practice continues to mount but as a colleague recently noted: acupuncture therapy studies do little to guide or improve actual practice but continue to focus on whether acupuncture works at all. For example, acupuncture studies funded by the German Government mandated that needle insertion be used as a control. So while both real and control acupuncture treated back pain better than usual care alone, ‘real’ acupuncture performed only a bit better than what was situated as ‘placebo’. Many researchers rebutted that, pointing out that needle insertion is not an inert control but an active form of acupuncture comparable to styles that needle ‘off-channel’. In other words, if a study compared two antibiotics and found one worked a bit better than the other, but both worked much better than no antibiotic, the conclusion would not be that ‘antibiotics do not work’.

This may well be how acupuncture therapies persisted over 2000 years. You did not have to be that good to have ‘some effect’. The better trained and more experienced the practitioner the better the effect. Moreover, some of the studies that showed a strong placebo effect with acupuncture also found that the placebo aspect may wear off over time, i.e. real acupuncture with proper frequency and dosage of treatment is therapeutic.

There has been sufficient study of acupuncture for headache and migraine prophylaxis, neck, back, and knee pain, and for pain, anxiety, nausea and vomiting in the perioperative period as well as during chemotherapy to culminate in systematic reviews that recommend acupuncture as a safe treatment for these disorders with few side-effects. And there is positive study for many other areas and conditions that together speak well for this medicine. As of this writing, acupuncture is reimbursable by national health insurance plans in Germany and England for specific conditions.

Research into the physiology of acupuncture therapies has advanced beyond the simple endorphin effect found decades ago. Discoveries of mechanical and chemical signaling within the connective tissue are now theorized to be the ‘bed’ of the channel system. Brain and neurochemical studies as well as research into acupuncture’s ability to regulate the autonomic nervous system each add partial knowledge as pieces to a puzzle of how this medicine works and where and when it is most useful.

While I have had a hand in shaping the practice of traditional East Asian medicine in the United States, our success has in turn shaped my priorities. I was on the first State Board for Acupuncture in New York, involved in writing New York’s regulations for professional practice, and was Board Chair for two of eight years served. Those regulations allowed for practice in New York and recognition soon followed that the practices themselves needed to be researched and represented in the West. For example, there were no studies concerning Gua sha and without quantitative measures it could not begin to be situated within the science of medicine.

I wanted to research the effects of Gua sha and so entered the Academy for a research doctorate. I matriculated in a doctoral program at Union Institute and University where I received my PhD in Philosophies of Medicine with a specialty in Integrative Clinical Science and Health Care.
During my doctoral study I was invited to the University of Duisburg–Essen in Germany to conduct laboratory research on Gua sha with Drs Andreas Michalsen and Gustav Dobos, who directed the Department of Integrative Medicine there as well as the Kliniken Essen, a 54-bed hospital where patients with chronic illnesses are treated with integrative therapies.

During this same period the Chinese-language database became accessible online. Now a thorough background and literature review could be done and was sorely needed to situate Gua sha in medical discourse. Together these circumstances clarified a need for revising Gua Sha, a Traditional Technique for Modern Practice. This is more than a freshening of the existing text, though some areas have stood the test of time and remain essential. It was time to advance Gua sha from a curious technique that amazes providers and patients with its curative effect while instilling trepidation in others because of the ‘look’ of the transitory therapeutic petechiae. It was time to fix on Gua sha with a scientific gaze and interpret what can be known, to inform practitioners and patients alike. Such a project is no longer contained in a book on theory and practice but must include evidence in addition to background and personal/archival experience.

A revised chapter on history illuminates the homogeneity of early Western medicine and traditional East Asian medicine in the application of Gua sha for the treatment of cholera. The history and theory of Hippocratic medicine connecting bloodletting with the evolution of acupuncture provides a new context for the link between Hippocrates and how his name would have been pronounced in early Chinese: ‘Chih-Po’ (oddly similar to the famous physician whose discourse with the Yellow Emperor is recorded as the oldest Chinese medical text). A tracing of the lineage of Dr So, the doctor from Hong Kong who taught me Gua sha, sheds light on classical practice as distinct from traditional Chinese medicine (TCM) theory that has been represented as orthodoxy from China.

Chapter 2 presents the evidence relating to Gua sha; a thorough literature review gives a current picture of medical discourse on Gua sha that until now has not benefited from such an endeavor. I find literature reviews to be extraordinarily satisfying; they set what is ‘known’ and become the basis for situating research inquiry. While the Chinese language database has only been available relatively recently, it is also important to note that the Chinese-language database includes articles about traditional medicine only since 1984. An abundance of the Chinese-language articles are case series with more recent randomized trials. While randomized trials remain the watermark of proof in the West, Chinese-language discourse on care and technique in the form of case series articles is worth considering in its own right. It establishes a record of use, a record of safety and lays the foundation for therapeutic relevance that can guide clinical trials.

I spent a year analysing over 600 articles in Chinese, finding over 500 to be relevant medically. I translated and organized publication types of articles in tables to provide an overview of how Gua sha has been and is being used in China.

Gua sha’s register in the Western medical database is also detailed. Western medicine’s first regard for Gua sha was in response to the Vietnamese version ‘cao gio’ as practiced by Southeast Asians who came to the States after the Vietnam War. Cao gio is described as abuse/pseudo-abuse, a religious or cultural ritual to be discouraged and pitied. Some East Asian immigrants were persecuted for using Gua sha/cao gio; a conflation of those incidents was rendered in the feature film The Gua Sha Treatment, the most popular film in China in 2001, representing intercultural misunderstanding and yet a turning tide. Science now helps us to appreciate Gua sha, like acupuncture, while its persistence over time is a credit to those engaged with it because it seemed to work.

How Gua sha works, the research into the physiology of Gua sha, is taken up in Chapter 3, including my team’s first biomechanism study that demonstrates a 400% increase in surface microperfusion measured by laser Doppler scanning. How Gua sha may fit into the new connective tissue models of healing is discussed. Researchers at Harvard/Mass General have demonstrated an upregulation of heme oxygenase-1 (HO-1) that may well inform the anti-inflammatory and hepatoprotective effect of Gua sha that is worth exploring in the treatment of hepatitis.

For the student of traditional East Asian medicine, this text explains ‘sha syndrome’, the quintessentiality of the ‘organ’ San Jiao, the theory of kinds of illness and appropriate response, including explicit instructions on how to apply Gua sha and how to speak about it to patients and other providers. Gua sha can be used immediately in practice with impressive results because it moves ‘blood stasis’, a feature of illness associated with protracted symptoms including pain. Gua sha breaks the cycle of stasis that acupuncture cannot address.

Those familiar with classical Tongue observation will find a surprising application discussed in Chapter 7, where immediate and significant Tongue changes as a direct result of Gua sha advance understanding of both Gua sha and Tongue diagnosis. Tongue observation goes beyond a quick fix on status and becomes a way to assess the depth and direction of a disorder via a person’s response to Gua sha.

How to treat specific disorders detailed in Chapter 8 is based on classical ‘diagnosis’: what is the location, quality and mutability of a problem; what happens when I touch the problem, interact with it? There are additional new cases in Chapter 9 to support the application of Gua sha in common and also severe illness.

This revised edition is meant to be a resource for practitioners, researchers and scholars alike. It is my hope that my efforts make this material accessible. Writing is incredibly demanding, time-consuming and isolating. A writer has to have a certain passion for their project in addition to the pleasure of its culmination, which is this moment now: the privilege of offering it to you.

With respect

Arya Nielsen PhD
2012
Acknowledgments

I am indebted to Dr James Tin Yao So for his syncretic adaptation of the Cheng Dan’ an lineage of classical Chinese medicine: ‘to use what works’; and for his dedication to practice and teaching that led to the first acupuncture school in the US in Boston in 1976.

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Who I am and to what I commit have been shaped by my family and I want to acknowledge them and hope that my work reflects well on their hopes for me. I acknowledge my father Arthur Alonzo Nielsen, who grew up in rural Wisconsin wanting to be a forest preservationist but whose life was forever changed by the battles of WWII. His courage and contribution led me to see the world as a place I could change, in which I had a place, and to which I had responsibilities. My father was a leader.

To my mother, Apolonia Anastasia Jaskowiak, who provided me with a faith that nature heals. The tenth of thirteen children, my mom used to say: we had no idea we were poor; we were happy with each other and what we had. Her words remind me now of the Buddha’s notion of the second arrow. The first arrow is what has happened to you; the second arrow is what you tell yourself about it. Apolonia had an amazing ability to be positive and identify with the good in others. My mother was a healer.

And I want to acknowledge my siblings: Gregory, Patricia (Carlson) and David Arthur are each a leader and healer in their own right and I love them. And to the next generation, my nephews and nieces: Greg, Polly, Jeannie, and Jeff Nielsen; Lindsay, Matt and Caitlin Carlson, and Kara Nielsen. Most of them have experienced Gua sha even as children and are now interested in how to do it as young adults and that is gratifying.

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Gua sha and the history of traditional medicine, West and East

I wish I could make a petechial fever; in other words I wish I could produce upon the skin that state of counteraction existing when petechial spots are formed.

(Boerhave (1668–1738) quoted in Epps (1832))

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Counteraction medicine: the crisis is the cure

Although Western historians refer to Hippocrates (459–377 BC) as the father of medicine, this is as accurate as the assertion that Columbus discovered America. American Indians had, of course, discovered the continent and themselves. Furthermore, Viking ships were known to have visited the Americas long before Columbus, as evidenced by the dating of mollusk fossils that are thought to have hitched a ride by attaching themselves to the ships.

The bulk of medical knowledge collected and practiced by Hippocrates was Egyptian in origin, not Greek. Egyptian physicians taught in Greece, Persia and Arabia. Atkinson (1956) notes that the principles of the Hippocratic Oath date back to the Egyptian Ebers Papyrus, written in 1553 BC. The Ebers Papyrus is one of the oldest, most complete and unspoiled books in existence. It verifies that Egyptian medical and surgical knowledge was as advanced at the time of its writing as it was 1500 years later during the time of Galen.

Medical education in Greek society passed from father to son. Hippocrates’ own grandfather studied with an Egyptian. What distinguished Hippocrates as a practitioner of the medicine of his day was his bedside observations and the recording of his patients’ symptoms and treatments that make up the Hippocratic Canon: ‘The intention of the physician should be called to the position of the patient in bed, to the nature of his expectoration, and to the character of his breathing’ (Atkinson 1956). Scholars do not think the Hippocratic Canon was written by one person, but rather, constructed over time by many authors following principles attributed to Hippocrates. As in Greece, so in China. Ch’i Po, the legendary physician whose conversations with Emperor Huang Di were recorded in the Huang Di Nei Ching Su Wen (2nd century BC), states in chapter 5:
Gua sha and the history of traditional medicine, West and East

In Celestial Lancets, Lu Gwei-djen and Joseph Needham (1980) note that the Chinese medical classics, the Nei Ching and early Han texts of the 2nd and 1st centuries BC, correspond in large measure with the Hippocratic Corpus. The Nei Ching (~200 BC) is a record of a constructed conversation between the Yellow Emperor Huang ti and his physician, Ch‘i Po. Nigel Wiseman (personal communication, 2000) has noted that in early Chinese, a mono- and disyllabic language, the name ‘Hippocrates’ (~400 BC), would have been pronounced as ‘chee-po’, or the softer ‘hee-po’, which is remarkably akin to the name of the Nei Ching physician ‘Ch‘i Po’. This correspondence was noted in 1685 by Willem ten Rhijne (1647–1700). According to Baldry (1989), ten Rhijne is credited as the first person to give the modern Western world a detailed account of Chinese acupuncture and moxibustion.

The shared understanding of ancient medical traditions will be considered below. Their very correspondence indicates common origins, collaboration or profound synchronicity. If exchange of medical ideas among ancient cultures cannot be dated, it can be assumed to have coincided with trade of goods. With traffic of goods came traffic of diseases and epidemics, and the opportunity for trade in notions and materials of medicine.

In Plagues and Peoples, McNeill (1989) contends that when travel from China and India to the Mediterranean became regularly organized and routine, a homogenization of the germ pool occurred. From the study of disease and epidemic patterns, he believes that something approximating this did, in fact, occur, beginning in the 1st century AD. Chinese silk was exchanged by traders from these ancient civilizations and their route of trade is well documented along the famous Silk Road.

The Silk Road

Chinese silk was traded via the Silk Road (see Figure 1.1) long before the Christian Era. According to The Silk Road on Land and Sea (China Pictorial Publications 1989), the Silk Road was the artery for the exchange of commerce, technology and culture, and was a significant influence on the development of the great civilizations of China, India, Egypt, Persia, Arabia, Greece and Rome:

Inscriptions on bones and tortoise shells of the Shang Dynasty (c. 16th–11th century BC) bear the characters for ‘silkworm’, ‘mulberry’, ‘silk’ and ‘silk fabric’. In the Book of Isaiah in the Old Testament, which was written between 740–701 BC, the Chinese are referred to as ‘Sinim’ (silk men) and the Chinese silk is mentioned in the Book of Ezekiel.

One Roman poet wrote that Chinese silk yarn was finer than a spider’s threads. Julius Caesar (100–44 BC) is said to have appeared in the theater dressed in a toga of Chinese silk, and his garment became the focus of attention as an unprecedented luxury, so that from then on aristocratic families considered it an honor to wear Chinese silk.

Agents did not necessarily travel the Silk Road end-to-end but transported goods to exchange at markets in towns or oases along the route. Various groups or tribes, the Scythians for example, demanded compensation for passage of goods (Wood 2002). When Anxi (Iran) tried to control the silk trade by obstructing the overland route, this necessitated a route by sea.

As The Silk Road on Land and Sea explains: ‘In 166CE[AD],
Roman Emperor Marcus Aurelius succeeded in dispatching an envoy to China via Rinan (Vietnam) with ivory, rhinoceros horns, and hawksbill tortoises, initiating direct trade between Rome and China.

The most recent archeological studies suggest that the silk trading trade across Eurasia started even earlier than was previously thought. Strands of silk known to have been Chinese in origin were found in the hair of an Egyptian mummy dated 1000 BC. The mummy was found at a burial ground of the King’s workers at Thebes. These findings give greater credibility to previous reports of silk fabrics being excavated from 7th century BC German sites and 5th century BC burial sites in Greece. When this discovery was first reported in the New York Times, Wilford (1993) wrote:

Caravans headed east with gold, woolens, ivory, amber, and glass. From China the camels were laden with furs, ceramics and lacquer, as well as silk. By the first century BC the Romans could not get enough of this commodity, which to them was synonymous with China. The Romans had learned of the Chinese from the Greeks, who called them 'Seres' and the Latin word for silk became ‘serica’.

McNeill (1989) sees striking similarities in Roman and Chinese history. He postulates that the similar religious and political trends were cultural accommodations of similar disease trends, which reflected homogenization of infections from repeated trade contact.

Scythians and other nomadic peoples ranged widely across Eurasia and had fairly extensive contact with both Greek and Chinese cultures. Hippocrates noted in his text Airs, Waters and Places that the Scythians, cauterized and let blood. Moreover, Scythian bloodletting presupposed ties between remote parts of the body similar to the perceptions of the Greeks and Chinese (Kuriyama 1999).

An idea beyond the scope of this book, it nonetheless corroborates a connection between the two civilizations. Their medical approach suggests communication and a synchronous perception of and response to illness.

**Hippocrates, Galen and Ch’i Po: humoral medicine**

Galen (AD 129–200) was one of the most famous physicians in Rome during the reign of Marcus Aurelius, who established direct trade with China. A Greek, Galen followed the methods of medicine passed from Greece, known as Hippocratic. The four elements of Fire, Water, Earth and Air combined to form the four body humors: blood, phlegm, yellow and black bile. Galen spoke of *pneuma*, translated as ‘air’ or ‘breath’, having many of the same qualities that the Chinese attribute to Qi. Lu Gwei-djen and Needham (1980) and Epler (1980) have translated Qi as *pneuma*.

Hippocratic medicine held that sickness resulted when one of the humors became impure, out of place or out of balance. Restorative treatment, or apotherapy, aimed at removing or diminishing the offending humor by purging, bleeding, vomiting, blistering, urinating, salivating or sweating. Note that almost all of these forms of evacuation occur naturally. A deficient humor would be restored by diet or herbs and drugs. Drugs, herbs and food were classified according to their Warm, Cold, Moist, or Dry qualities. For example, pepper was a warming herb that countered Cold; cucumber was a cooling herb that countered Heat. The similarities to Chinese dyadic classification are striking. Did the Chinese acquire this ‘methodology’ from the Greeks? Is the Nei Ching a volume of Hippocratic method where Huang ti recorded a hypothetical conversation with a heavenly Hippocrates (Ch’i Po) as suggested above, or did the ancient Greeks acquire it ‘... from China where it is very widespread ... and known since the earliest time’ (Kleinman et al. 1975)? The introduction of a technology or paradigm might be dated if from new contact or from trade between areas and peoples that had little or no previous contact. However, multidirectional contact and trade within and across Eurasia dates to antiquity. While the origins are obscure, the similarities are clear, as in the case of bloodletting that is also critical to the origins of acupuncture and Gua sha.

**Bloodletting as a restorative treatment and origin of acupuncture**

Although bloodletting was practiced by every ancient culture, no one knows its precise origin. Neither Hippocrates nor any of the early Greek physicians spoke of bloodletting as a novel technique. According to Garrison (1913) it had been in general use in Egypt, Assyria and Scythia before being introduced to Greece. He states, ‘The earliest Egyptian representation of bloodletting dates to BC 2500.’

Pliny’s fable credits the Egyptians with learning to open a vein from watching the clumsy hippopotamus wound itself against the reeds. Others speculate on the extrapolation of therapeutic bloodletting from the natural process of menstruation. The humoral view considered menstruation as a hygienic and prophylactic method of depletion or diminishing of residue. More recently, the evolutionary biologist Margie Profet (Angier 1993) theorized that menstruation may be an adaptive event designed to rid the body of bacteria and foreign matter that may have gained entrance through sexual activity. Though presented as new and radical, this theory actually coincides with the ancient humoral view of bloodletting.

According to Haller (1981), Hippocrates explained that therapeutic bloodletting derived from the natural and spontaneous occurrence of ‘critical hemorrhages’ that preceded the crisis stage in acute disease. Herein lies Hippocrates’ strategy of close observation. Scrutiny of disease progression allowed the induction of an artificial crisis to hasten the resolution of disease, diminishing the patient’s discomfort and risk.

Galen wrote that the principal indication for bloodletting was to eliminate ‘residues’ or to prevent them from accumulating (Brain 1986). These residues or ‘excesses’ were known to cause fever and disease. Seasonal bloodletting was used preventively in Egypt, Greece, Rome and China. Ancients prescribed bloodletting in most cases of fever to reduce the body’s heat. According to Epler (1980) there are indications that bloodletting was being used in China from the mid-second millennium as a mechanical release of malevolent spirits that
were thought to cause disease. This use of bloodletting was common to all early or primitive cultures. In 1975, unedited medical texts were recovered from a Western Han dynasty tomb sealed in 165 BC. Presumed to be written in 220–200 BC, the Han tomb’s texts contain the earliest detailed picture of the vascular system found in Chinese medical literature. Each of these texts consists of a list of vessels and a related disease syndrome. The vessels contain both Blood and Qi. Epler (1980) compares the Han tomb medical texts to the dated editions of the Su Wén, and the later Ling Shu, tracing the progression of medical thought in China. These early texts regarded Qi as substantive, whose material was also let when blood was extravasated.

In the Su Wén, bloodletting was indicated at specific sites and applied for fever, as in ancient Greece and Rome. The principle was similar to the Greek or Roman idea of ‘excess of blood’ or ‘residue’ promoting fever. However, Chinese medicine specified sites according to vessel theory, a point of departure from other ancients.

**Acupuncture evolves from bloodletting**

Vessels or meridians were organic structures filled with Blood as fluid and Qi as material substance. Diseases were identified with a particular vessel that contained the noxious element. Notions of pathogenicity evolved from ‘invasion of a malevolent spirit’ to ‘penetration of atmospheric factors’ as a form of Qi. The disease-causing agent was thought to enter the vessel and become lodged in the blood of the vessel. Removing blood from the vessel removed the cause of the illness.

Pain and other visible symptoms, like redness and warmth, were used to locate the vessel involved. Bloodletting was applied to the site of pain or to the vessel ‘whose course coincides with the site of pain’. In early Western medicine these were vertical ‘zones’. Blood was let at sites local to the problem and distally along the zone or channel (Nielsen 1996). The ancients would have observed an effect from needling even when blood could not be persuaded from a site, for example, in situations of deficiency or low blood pressure, and recognized that this effect, even without blood being let, was an expression of Qi. Epler (1980) argues that the technique for needling Qi, local and distal, is similar to and probably derived from these early techniques for bloodletting. Epler deduces that acupuncture likely evolved from bloodletting therapy. Needling without the intention of letting blood also marks a profound change in the notion and potency of Qi.

The Han tomb texts (thought to be written around 200 BC and buried around 165 BC) record the poking of points to draw blood and apply cautery; the Nei Jing indicates a transition from bloodletting to acupuncture needling. The first Chinese text devoted to acupuncture did not appear until the 1st century BC. The Shih-chi (90 BC) is the biography of physician Ch’un-yü I, and chronicles his case histories from the years 167–154 BC (Epler 1980, 365; Unschuld 1985, 94). In this account of Ch’un-yü’s practice, needling is used to affect the Qi; bleeding a point is mentioned only in terms that it should be prevented (Nielsen 2007).

**What happened to bloodletting?**

Bloodletting techniques in China departed from the excessive venesection of early Western medicine as practiced in Europe and the United States. Bloodletting in Chinese medicine was limited to a small needle stick, where drops of blood were allowed to seep until the blood color changed from dark to light (typically three to five drops), indicating that the pathogen residing in and congesting the blood was evacuated (Epler 1980). Blood was let from a specific site associated with the diseased vessel, additionally observing color and hue of the skin. As stated above, needling was eventually applied to affect the Qi, not always to let blood.

In the West, bloodletting became venesection or phlebotomy, which actually cuts into a vein. This became a technique of amount and of repetition, devoid of theory beyond ‘the more the better’. Patients were bled until they fainted, or feigned fainting (Kluger 1978). This continued in the West into the mid-19th century (Haller 1986). Bacteriologists hailed a shift in view from humors to microbes, the perception that inflammations were caused by specific microorganisms, which could not be flushed out of the body through bloodletting alone. Castiglione (1941) notes that the emergence of a few useful drugs such as quinine, codeine and salicin downgraded the role of bloodletting.

Although there were schools of thought that deplored bloodletting, some physicians continued to adhere to the principles of Hippocratic medicine, and bloodletting experienced a renaissance beginning in the 1890s in Germany; viewed in terms of red blood cells, bone marrow stimulation and therapeutic depletion of iron (Risse 1979), with research continuing today. Bloodletting may be therapeutic because it reduces the level of iron in the blood, which invading bacteria need in trace amounts (Kluger 1978, Podolsky 1982). Bacteria need even more iron at higher temperatures, as in fever. For rare diseases like hemochromatosis, where there is a toxic level of iron that the body cannot filter without causing severe liver damage, bloodletting is the only therapy.

Bloodletting and leech therapy have become the focus of more recent research. Leeches have been used in hospitals to relieve blood congestion in serious bruising, to drain and recirculate the blood in reattached appendages (Halton 1984). Michalsen et al. (2003) have found leech therapy to be effective for pain and mobility in knee osteoarthritis for a period of 3 to 6 months following one treatment; some patients experienced relief for up to a year. Sequential bloodletting has been supported in research for severe ulcerative colitis (Promehand et al. 2004), sepsis (Fortenberry and Paden 2006), and diabetes (Mascitelli and Pezzetta 2007). The German eigenbluttherapie, also known as autologous blood therapy or autohaematotheraphy, involves the application or infusion of a person’s own blood; it continues to be used and studied (Courivaud et al. 2005; Dixon et al. 2003; Pfeiffer et al. 1998). Gua sha and baguan, cupping, may be considered a kind of autologous blood therapy in that extravasated blood cells are resorbed and that resorption is metabolically significant as detailed in Chapter 3.

Bloodletting has been a part of every culture’s medicine (Haller 1981). Hippocrates thought the ‘cause of disease should be sought in nature, the cure due to nature’. The Chinese saw
humans as a microcosm of nature, whose internal Qi was in resonance with the Qi of the cosmos. Lu Gwei-Djen and Needham (1980) note that these two systems of medicine currently and historically share the same two principles of treatment:

* direct attack of pathogens;
* strengthening resistance to disease, *vis medicatrix naturae*.

‘Strongly imbedded in Western medicine from the time of Hippocrates and Galen onward’, according to Lu Gwei-Djen and Needham the ‘strengthen resistance’ approach dominated Western medicine until the last century. Western medicine has furthered the science of ‘attack the pathogen’, cultivating therapies, both surgical and pharmaceutical, that combat disease on the microscopic plane. Chinese medicine has cultivated therapies, physical and herbal, that strengthen or counter body function, thereby changing the course of disease. Prior to this departure in emphasis, humoral therapies, including blood-letting, were the bulk of world traditional medicine and were collectively known as methods of counteraction, summarily: allopathy.

**Theory of counteraction**

In the West it was considered a maxim of medicine, articulated by John Hunter but dating to the Hippocratic Corpus, that ‘No two diseased actions, affecting the general constitution, can go on at the same time, for any considerable period in the same system’. Epps (1832) explains:

A patient is troubled with wheezing, difficulty of breathing, cough, mucous expectoration, incapacity to lie in a horizontal position when an attack of the gout supervenes, and all their symptoms pass away. The gout subsides, the other symptoms return. Asthma itself has been removed by the attack of a fit of the gout and has returned when the gout passed off. How often are severe affections of Lungs relieved by discharge of Blood from piles. ‘A woman who vomits blood is cured if her monthly term issue’ (Hippocrates).

The new disease action in the body was said to ‘counteract’ the original. A more recently documented example: a patient with refractory asthma had a significant improvement of airway symptoms after developing jaundice secondary to acute jaundice hepatitis B. However, when his bilirubin level decreased to 4 mg/100 ml, the asthma exacerbated again (Ohrui et al. 2003; Xia et al. 2008). (A direct relationship with the upregulation of heme oxygenase-1 (HO-1) from Gua sha producing bilirubin is discussed in Chapter 3). A disease or condition that is interrupted or subdued by another disease or condition qualified as natural counteraction. Reports of accidental counteraction, resulting in relief of longstanding conditions, supported the notion that ‘inducing an artificial crisis would hasten the resolution of disease’, Haller (1981). John Epps (1832) cites a case of an artificial crisis altering a longstanding condition:

There was the case of an epileptic boy who fell on a red hot poker which burnt his body, a sore was produced and discharge took place. As long as the discharge continued the boy was not troubled with fits. The action, connected with the formation of the matter discharged, relieved the diseased action causing the fits; hence their cessation.

To imitate this process ‘setons’ and ‘issues’ were applied to create an infected discharge, thus counteracting the original inflammation (Brockbank 1954). A running sore was made deliberately by threading strands of twine, silk or other material through the skin. The strands would be left there indefinitely (see Figure 1.2). If a heavier material was used it was called an ‘issue’. Cantharides (Spanish fly), blister beetles and other agents were applied at the body surface to cause violent inflammations and rashes.

**Acupuncture, A Comprehensive Text** (O’Connor and Bensky 1981) describes a procedure similar to application of a seton, called ‘threading, embedding sutures, and loop-tying of points’. Surgical gut is introduced at subcutaneous locations corresponding to acupuncture loci to provide prolonged therapeutic stimulation. Studies have shown such a technique to improve muscle nutrition and metabolism, to increase blood flow, leukocyte and neutrophil cell count and build muscle and nerve fibers. Seton or catgut-embedding has been studied in the treatment of epigastric pain (Zhang 2003), chronic gastritis (Zhan et al. 2007), duodenal and peptic ulcer (Fan 2001; Liu et al. 2007), irritable bowel syndrome (Hong et al. 2011), ulcerative colitis (Li et al. 2006; Xiao 2001) obesity and insulin resistance (Chen et al. 2007; Wang et al. 2009), angina pectoris (Li 2003) and hypomenorrhea (Jin and Jin 2008). The normal reaction to this procedure is aseptic inflammation, i.e. redness, swelling, pain and fever, possibly with a milky exudite. This may have been the closest early Western medical practice came to a kind of acupuncture therapy, where intentional penetration and perturbation of the surface tissue was used to produce a therapeutic effect. Gilles (1895) records these techniques as counterirritation, stating:
If there be an inflammation deep down in the tissues, let us by counterirritation start one on the surface. We shall ‘destroy’ the deeper action, and we have in place of it a superficial inflammation which we can deal with easily:

Broussais (1772–1838), a surgeon to the French army, was known to be the most sanguinary physician in history (Castiglione 1941), and is quoted by Gilles (1895) as saying:

The theory of disease took irritation to be at the bottom of every morbid condition, and held that this irritation always resulted in an increased flow of blood to the part. This was inflammation, and the seemingly reasonable way to act in such a case was, if possible, to prevent that flow of Blood and that inflammation. An External irritant would serve this purpose. It would determine the flow of Blood outwards and away from the diseased direction in which it might be going. It would stop the inflammation. This is called counterirritant.

Counterirritation is, by Galenic definition, a derivation technique. Derivation involved the diversion of blood from an affected part to an adjacent one. Revalusive techniques concerned the diversion of blood from an affected part to a distant one (Brain 1986). Most bloodletting techniques were revalusive, in that blood was let from a part of the body distal to the inflammation. Local bloodletting, cupping and frictioning were considered derivations, with secondary revalusive effects. Haller (1981) notes:

The choice of bleeding technique depended in great measure on the type, duration, and obstinacy of the light affections yielded easily with simple applications such as frictioning, warm fomentations, leeches (sanguisuction) or cups, while more serious diseases demanded a greater evacuation of blood with free sanguine depletion (opening a vein or artery).

Granville (1841) reports another view of counteraction as the directing of fluids. He states:

Where a force has been used to direct fluids to a particular region of the body, with a view to relieve another region of the body labouring under disease. We have affected that object by merely changing the location of those fluids.

This is an image evocative of the San Jiao in Chinese medicine. Expulsion of fluids at the surface, as in the perspiration associated with resolution of a fever, was a natural counteraction. Epps (1832) explains:

In cold and hot stages, difficulty of breathing, severe pain in the head, weight at the pit of the stomach, oppression at the precordia are present. All pass away at the occurrence of perspiration; and what is this perspiration but a counteraction set up upon the skin, and thus relieving the internal disease.

Sudorifics (agents causing sweat) counter a deeper inflammation by mimicking the natural movement of fluids to the surface. Gua sha is a counteractive method similar to frictioning, the purpose of which, it could be said, is to induce an artificial crisis, hastening the resolution of disease by countering the internal inflammation.

Frictioning

Tripis and anatrips are Greek terms meaning ‘to rub’ or ‘friction’. Anatriptology was the scientific consideration of the remedial use of friction. In Latin, frictio, from fricare, means to move along a surface with pressure, to rub, grate, chafe, stress or irritate. In Sanskrit the word is bhrinanti, meaning ‘they injure’. The apotherapy of frictioning or rubbing was considered a derivative technique if done locally and revalusive if done distally to an inflamed or diseased part.

Hippocrates specified four types of frictioning as counteractive therapy. Galen expanded this to six different kinds of friction. Kaim (1756) reports that ‘Friction has the power of loosening, binding, augmenting, and diminishing’. All friction excites heat. These kinds of rubbing could be applied by hands alone, or with oils, aromatic spirits, or soft or rough linen invested with aroma, fumes or liquids the purpose of which was to penetrate. Jackson (1806) reports that iatralitypes was the title, derived from Greek, for a physician who healed by anointing with oil. In the West, as in China, the type of friction applied was determined by the time of year as well as the condition of the patient. Kaim (1756) states:

… certainly a man … endures a more vehement and longer massage in winter … because friction reactivates the perspiration which has been impeded throughout the winter cold … and moves whatever had begun to stagnate in the vessels beneath the skin, and brings together the freest movement of humors through the vessels: but in summer, due to the motion of the fluids which is augmented through friction, a massage makes the skin, which is exposed everywhere, to perspire more, and deprives the blood of its more subtle elements.

Jackson (1806) writes in support of frictioning in his doctoral dissertation, drawing on its use in China:

It is a remedy of an old date … and has been used not only in restoration, but also in preservation of health. In some nations particularly in China, it has become as necessary a part of their daily habits as the use of bath or razor; an old gentleman is waited on by his iatralitypes as regularly as he is with us by his barber. The effects of this process are astonishing; that he who before its commencement was languid, dull and inactive is rendered by it sprightly, animated and nimble. Hippocrates himself was said to have written a treatise on it. The effects are similar to currying a horse.

Frictioning and Gua sha as a treatment for cholera

It is thought that cholera was endemic to the lower Ganges of India and was spread by Hindu pilgrims. Outbreaks periodically reached China by trade ships. Those who contract cholera and do not die of the disease are thought to carry immunity for about 6 months. Thus, without proper public sanitary measures to stem contagion an epidemic of cholera can ravage a population repeatedly over time. McNeill (1989) reports that ‘When cholera penetrated China early in the 19th century, the Chinese did not regard it as a new disease’. It is likely the Chinese knew that cholera was spread by water contamination; outbreaks were attributed to a noxious or evil element in the water.

The Chinese character for sha is translated as ‘reddish elevated, millet-like skin rashes’ (Ou Ming 1988). Weiger (1965) and Mathews (1931) translate sha as cholera, or sometimes malaria. The ideogram for sha is the radical for sickness joined...
by the radical for sand (see Figure 4.1). Reduced, the latter radical for sand is ‘that which appears when water decreases’ or ‘sediment, gravel or sand deposed by water’ (Weiger 1965). Cholera very quickly dehydrates its victims. It is characterized by diarrhea, vomiting, cramps, suppression of urine and collapse. McNeill (1989) states that ‘Radical dehydration meant that a victim shrank into a wizened caricature of his former self within a few hours, while ruptured capillaries discolored the skin, turning it black and blue’.

The petechial or ecchymotic stage of cholera is naturally occurring sha. The petechiae and ecchymosis appear ‘when water resides’, that is, when there is severe dehydration.

Gua sha was used in Asia to treat cholera (Zhao et al. 2008), cholera-like disorders and basically any disorder involving fever or pain, unless contraindicated, for example, by open wounds, hemorrhage, sunburn, etc. In his book *Treatment of Disease with Acupuncture*, Vol II, James Tin Yao So (1987) prescribes Gua sha for cholera-like disorder, where there is vomiting, diarrhea and ‘unrelieved pain in the entire abdomen, with cold hands, arms, legs, and feet’.

Likewise, rigorous frictioning was applied in cases of cholera in the West (Jackson 1806):

> Several symptoms connected with cholera are ... dependent upon an affection of the nervous system, occasioned by or connected with a congestion of Blood. There is great internal heat at the pit of the stomach, excessive coldness at the surface. Excite counteraction at the surface. We relieve the internal congestion. Warmth is the counteragent.

Western frictioning and Eastern Gua sha, as counteractive therapies to cholera, induce a crisis to cure the disease. Both relieve inflammation and congestion of blood internally by counteraction at the surface. Both warm. Gua sha may be said to preempt the ruptured capillaries that mark advanced cases of cholera. Likewise, Kaim (1756) notes with frictioning ‘... nor is it unusual that the part vexed by friction, begins to be red, to swell, to be warm, indeed by a clear sign, the humors with greater swiftness ... flow in by the law of health’.

Counteraction continues to be utilized by traditional East Asian medicine because it is consistent with the traditional perception of the body. In Western medicine, physical methods used to counteract or counterirritate have been abandoned or dissociated from the counteractive paradigm.

The term allopathy is often mistakenly applied to conventional medicine to distinguish it from traditional medical practices. But allopathy was a term introduced by Hahnemann, the father of homeopathy, to distinguish ordinary counteractive practice, the use of opposites to cure, from homeopathy’s use of ‘similars’ to cure. Traditional East Asian medicine is allopathic.

Western physicians were confronted by acupuncture and Gua sha in the 1970s when immigrants from Asia and Southeast Asia came to the United States. Paul Wolpe (1985) documents Western doctors’ efforts to exert a cultural authority over these practices, in hopes of keeping acupuncture from becoming a regulated profession that could be practiced without a medical degree. On a conscious level, many US and European physicians perceived forms of traditional East Asian medicine as an antiquated oral tradition. However, the lack of curiosity or scientific analysis by the medical establishment into traditional East Asian practices perhaps expressed an unconscious bias against counteractive methods that had been ridiculed in favor of modernity in the West. How Gua sha is reported in the Western literature then and now is reviewed in Chapter 2.

**Gua sha as classical practice: the lineage of Dr James Tin Yau So**

In July of 1971, New York Times reporter James Reston traveled to Peking to cover Henry Kissinger’s involvement in President Nixon’s initiative to ‘bring down the bamboo curtain’. While there, Reston required an emergency appendectomy and his postsurgical pain was treated successfully with acupuncture and moxibustion. He detailed in a front-page article that brought acupuncture and Chinese medicine to the forefront of American minds (Reston 1971).

While acupuncture and Gua sha are likely to have been used for decades in the US by Asian immigrants as part of their domestic care, it was first formally taught by Dr James Tin Yau So at the New England School of Acupuncture (NESA) in 1976. Founded in 1975 by Dr So, Arnie Frieman and Steven Breeker, NESA was the first acupuncture school in the United States to have State approval to confer a diploma in acupuncture. Dr So was the principal and founding instructor and is considered to be the Father of American Acupuncture. Several months into NESA’s inaugural program, Ted Kaptchuk, having completed his study in Macau, joined the faculty of acupuncture doctors from England, China and Japan, together with Western physicians who taught at the school, notably Jim Donovan who hosted Dr So at his clinic in Newton Centre, MA.

Before his acupuncture career, Dr So was a preacher. When Japan invaded China and the church where Dr So preached was closed he turned his attention to the study of acupuncture. Dr So studied with Tsang Tien Chi from 1937–1939, and soon after opened his own clinic in Hong Kong where he treated patients until he came to the US in 1973. Dr So opened the Hong Kong College of Chinese Acupuncture in 1941. During his years of teaching in Hong Kong he graduated over 500 students, who went on to practice in the tradition of Dr So, Tsang Tien Chi and Cheng Dan’an.

Dr So compiled his first book on acupuncture in 1946, which was published in Chinese in 1960 and printed in sections in English by NESA in 1977 as part of the school’s course of study. He later supervised the publication of his work by Paradigm Publications: *The Book of Acupuncture Points* and *Treatment of Disease with Acupuncture*, comprise volumes I and II of *A Complete Course in Acupuncture*. The texts are almost an exact reproduction of the material printed by NESA, with a few changes, probably in response to the atmosphere of the 1980s, during which acupuncture gained some notoriety that risked legal scrutiny. For example, Dr So taught that Gua sha was a treatment for choleræ; in fact, ‘choleræ’ is one translation of the word ‘sha’ (as discussed above). However, in Dr So’s recommendation of Gua sha as a treatment for choleræ, the
The word ‘cholera’ was changed to ‘cholera-like disorder’ in the Paradigm text. The change most likely relates to the fact that according to Western medical practice, cholera is considered to only be treatable with antibiotics and intravenous (IV) fluid support. Therefore, even though Gua sha was/is a treatment for cholera, to say so would appear to either challenge or ignore Western medicine, something Dr So and his editors would have avoided.

**Tsang Tien Chi**

The story of Dr So’s teacher Tsang Tien Chi is interesting and helps to situate acupuncture in the context of his time. Tsang was a high school teacher who lost his mother to dropsy, a son to dysentery, another to severe vomiting and diarrhea, none being successfully treated by the available Western medicine and Chinese herbal medicine. Tsang himself experienced ill health: he had breathing difficulties associated with asthma as well as ‘external piles’, neither of which were responsive to surgery, medicine or herbs.

In 1930, a friend of Tsang’s from Shanghai told him that acupuncture might cure him and that there was a famous teacher who had opened a school in Shanghai. Tsang quit his job, sold his property and went to Shanghai to study acupuncture with Cheng Dan’an. Tsang returned to South China and in 1934 and opened the College of Scientific Acupuncture in Canton where Dr So studied.

**Cheng Dan’an**

Cheng Dan’an (Ching T an An), 1899–1957, is central to the story of the modernization of acupuncture in China. As mentioned above, the first Chinese text devoted to acupuncture appeared in 90 BC and chronicled Ch’un-yü I’s case histories between 167 and 154 BC (Epler 1980, 365; Unschuld 1985, 94). Over the course of 2000 years, acupuncture practice waxed and waned throughout the different regions of China. During this time it was not organized in an overarching homogenous system (Farquhar 1994). That acupuncture experienced at least one decline in favor of oral medicine is described by Hsú T’a-Ch’ün (1757, 244):

… people in high antiquity valued the method of needling. However, learning the doctrine of needling is difficult, while it is easy (to use) prescriptions and drugs. Also, patients enjoy taking drugs, but they suffer from the needles. Hence, in later times the (use of) prescriptions and drugs flourished widely while no one spoke of the method of needling anymore.

Dr So mentions that before 1930 acupuncture was not widely practiced in the south of China. In Canton there was only one well-known acupuncturist, a Buddhist monk. However, traditional herbal medicine and Western medicine were prevalent (So 1985, vi).

It was Cheng Dan’an who established a school of acupuncture in Shanghai in 1930, differentiating modern disease categories using traditional Chinese classifications. By so doing, Cheng reified the linguistics and paradigm of traditional medicine as a tool of perception and response, much as it had been in the scholarly archive of the classics and *vis-à-vis* the oral disseminations of this medical tradition. Wu Ming translated a text by Cheng (1996), *Acupuncture and Moxibustion Formulas & Treatments*. Reviews of that text have suggested Cheng to be one of the architects of modern traditional Chinese medicine (TCM) acupuncture (Deadman 1996). Others argue that Cheng represents engaged classical practice that stands in sharp contrast to the theoretical preoccupations of TCM texts in English.

**Tin Yau So**

As stated above, Dr So was the principal and founding instructor of the first acupuncture school in the United States and is considered to be the Father of American Acupuncture. Dr So’s work is described as ‘classical’ not only because it was based on his careful reading of the classics but also because of his lineage’s style of practice. In contrast with TCM practice, this kind of classical acupuncture is best described as a bidirectional interaction, where sessions were characterized by precise palpation and location of points and active needling for de qi response, then withdrawal. Needles were retained at some points and not others. Practice in this tradition involved strong cutaneous interventions in addition to acupuncture, such as bloodletting, Gua sha, cupping, plum blossom needling and direct moxibustion. Theirs was a measured but strong counteractive intervention of the ‘flesh’ and not an ethereal dance with ‘energy’.

Equally important, their treatment interaction also assessed immediate changes within the session that were tantamount to an evolving ‘diagnosis’, for ‘how to think about’ and respond to a problem. The ability to contextualize immediate changes with the innate waxing and waning of a disease/condition represented an active and volatile diagnostic process, not a diagnosis in the Western sense (Nielsen 1999). ‘Diagnosis’ itself was never the central aim, as it is represented by modern TCM; it is the clinical interaction and the ability to shift a problem that engages in that moment a transformation for the patient in the experience and perception of their condition, upon which is built a reformation of the ‘habitual’ nature of a problem.

This was Chinese acupuncture practice as Dr So taught it; he would not have known to call his practice ‘classical’. It was only when TCM texts, with their emphasis on theory in a bifurcation of theory and practice, appeared and were used by schools in the West, did the work of Dr So stand in contrast. During the 1980s, the use of published texts from China led to Chinese medicine as a theoretical paradigm being valued over classical practice that was interpreted as mere point prescriptions. Classical practice was misrepresented as narrow, repetitive and pat. It was not at all the case that Dr So taught restrictive point prescriptions, but rather offered points that must always be considered for a problem, with additional points to be added depending on symptoms and palpation, and response. TCM texts, in turn, listed points in simple acupuncture formulae to be repeated, confounding the TCM claim of innovation based on sound diagnosis. The People’s Republic of China (PRC) represented acupuncture as an
overarching homogenous system based in the theory of diagnosable patterns of disharmony and organ pathology. Even NESA, for a time, renounced the teachings of Dr So, and, except for a picture in the library, held Dr So in a degree of disregard.

Today there is renewed interest in syncretic classical practice, as is evidenced by the translation of Cheng Dan’an’s work in 1996, the colloquium tributes to Dr So’s work sponsored by NESA (2002) and the work of Heiner Fruehauf, founder of the School of Classical Chinese Medicine at the National College of Natural Medicine in Portland, Oregon, as well as my own. The pendulum has swung away from the reductionism of TCMM toward a reexamination of classical practice vis-à-vis reading of classical texts. Some consider this to be misguided, that is, to search for classical practice by reading classical texts, particularly when these texts are read without any knowledge or understanding of historical or context. Historically, training in traditional East Asian medicine was always based in practice: ‘we take practice to be our guide’ (Farquhar 1994), with apprenticeship, case studies and experience valued over didactics based in theory, the latter being the norm in the West. While Dr So left us textbooks, his œuvre is the preservation and continuation of the classics in praxis.

It is not clear if Dr So learned Gua sha from Tsang. When I asked where he learned Gua sha, Dr So replied with uncharacteristic impatience, ‘Where to learn? Everyone knows!’ It is the case that Dr So visited Pentecostal groups throughout Southeast Asia, where it is likely that his experience with Gua sha was fortified.

So’s emphasis on Gua sha, although not explicit in his texts, was clear to those who attended his lectures or clinic. As the first female intern for Dr So at his clinic in Newton Centre, I can testify to the importance of Gua sha in his practice. He checked every patient for sha stasis by palpation. If a patient had sha, Gua sha was applied by one of us, his interns. Gua sha was used almost as often as acupuncture and more often than moxibustion. Dr So did not use cupping and did not teach it during his term at NESA because he thought Gua sha was more effective, easier to use over a larger area and did not risk burning a patient (fire-cupping).

We were unaware then that during this same period of the late 1970s and 1980s the first articles about Gua sha as cao gio/coinage appeared in Western medical journals and for the next 30 years Gua sha/cao gio/coinage was situated in a negative register of ‘abuse/not abuse’; it was considered, at best, an unfortunate practice among immigrants based in cultural and/or religious beliefs (Nielsen 2009). Now randomized controlled trials and biomechanism studies establish Gua sha in a positive and therapeutically relevant register in the West. Chapter 2 includes a review of the literature on Gua sha from the Western medical database as well as the Chinese-language database. Chapter 3 details the current science of the biology of Gua sha.

References


Wiseman, N., 2000. Personal communication. Nigel Wiseman PhD, linguist, School of Traditional Chinese Medicine, Chang Gung University, Taiwan.


Suggested reading


Evidence for Gua sha:
A review of Chinese and Western literature

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Context

Traditional indigenous medicine, like traditional diets, evolved over time out of direct human sensory awareness (Kaptchuk 2002), interaction with and cultivation of the environment, with familial, community and literary transmission of knowledge. The health benefits of traditional diets, like the Mediterranean diet, for example, are supported but not discovered by science. Research confirms benefit somewhat after the fact. So too with medicine, if our ancestors had had to wait for science to discover how to treat a fever, none or few of us would likely be here.

Also known as cao gio (Vietnam), kerik (Indonesia), khoud lam (Laos), ga sal (Cambodia), coining or scraping (Nielsen 2007), Gua sha has been used for centuries in Asia (Tsai et al. 2008; So 1987), in Asian immigrant communities (Craig 2002; Fadiman 1997; Hautman 1987; Van Nguyen and Pivar 2004) and by acupuncturists and practitioners of traditional East Asian medicine worldwide (Kaptchuk 2002; Nielsen 1995; Wang and Yang 2009; Zhang and Hao 2000). A 2009 review of articles published between 1994 and 2007 in Chinese found Gua sha to be commonly applied in departments of internal medicine, surgery, gynecology, pediatrics and orthopedics (Wang and Yang 2009). With the expansion of traditional East Asian medicine, Gua sha has been used over a broad geographic area and by millions of people (Braun et al. 2011).

English-language database

A review of articles from the Western database will be considered in three groups: the first includes the early articles (1975–2007), that situate Gua sha/cao gio/coining as an ‘unfortunate cultural or religious phenomenon’; the second more recent articles are evidence-based supporting the therapeutic effect of Gua sha. The third are biomechanism studies, and these are
discussed in Chapter 3 on the physiology of Gua sha with those from the Chinese language.

**Chinese-language database**

The Chinese-language database on traditional medicine dates from the 1980s and has steadily expanded as traditional medical practice has been formalized in China and has advanced in the West. The earliest articles on Gua sha were published in 1994, but it is likely that articles were published prior to this but are not available online. A 2005 search of the Chinese database (1984–2004) yielded 120 articles on Gua sha; one quarter of those treated neck pain (Nielsen et al. 2007). The 2011 literature search detailed in this chapter found over 500 clinically relevant articles related to Gua sha. The range of conditions treated by Gua sha reflects its place in traditional East Asian medicine. A review of the Chinese-language database also establishes a record of both use and safety, while providing a foundation for therapeutic relevance that can inform clinical options and direct future research.

**Search methodology**

The English-language search was done on Ovid Medline and Pubmed, searching the keywords ‘Gua sha’, ‘Guasha’, ‘cao gio’, ‘coining’ and ‘scraping’. Articles in the Western medical literature (1975–2007) identify Gua sha, cao gio, or coining as a superfluous and even dangerous attempt by Asians to care for their cultural rather than physical health (Nielsen 2009). More recent articles support the therapeutic relevance of Gua sha and are discussed below and in Chapter 3.

The Chinese language search was done through China/Asia on Demand (CAOD), formerly China Online (COJ) via special access through the New England School of Acupuncture Kelly Library. Search terms included ‘Gua sha’, ‘Guasha’, ‘刮痧’, ‘coining’, ‘scraping’, and ‘gua zuo liao fa’: ‘刮痧疗法’.

The search was repeated and updated over the period of a year and yielded over 600 articles related to Gua sha. These results were cross-checked and combined with the 2004 search (1984–2004) conducted through Beijing TCM-Online Co. Ltd., through the China Academy of Traditional Chinese Medicine (Nielsen et al. 2007; Nielsen 2009). Articles were downloaded and translated by the author with the support of translation software and consultation with Chinese doctors.

**English database 1975–2007: biased terms and unrelated complications**

From the literature it is clear that the most significant and consistent complication relating to Gua sha is the misdiagnosis of sha petechiae by other providers who are naïve to Gua sha’s operation and appearance. Inaccurate medical terminology used to describe Gua sha reflects this ignorance and subsequent bias. Traditional East Asian medicine was misconstrued as an oral tradition when it came to the attention of Western doctors in the 1970s as they cared for immigrants from South-east Asia after the Vietnam War. The loss of the Vietnam War by the most powerful armed force in the world and the divisions that the War created in the US could certainly have had an impact on conventional medical providers’ view of South-east Asian practices.

Gua sha is misconceived, with terms such as ‘dermabrasion’, ‘pseudo-battery’, ‘child abuse’ and ‘dermatitis’ appearing in the literature. ‘Complications’ reported in the Western literature for cao gio/coining include: burns, renal contusion and hematuria, brain bleed, camphor intoxication and toxicity, and misdiagnosis as hematoma, factitial dermatitis, strangulation, torture and child abuse. A careful look at each case report of complication reveals startling errors and misconceptions that have gone unchallenged until recently (Nielsen 2009).

‘Complications’: burns, renal contusion, brain bleed and camphor toxicity

A case of burn injury reportedly caused by Gua sha was, in fact, related to fire cupping (Amshel and Caruso 2000). Yet burns continue to be erroneously cited as a risk of Gua sha when there is absolutely no risk of burns with this technique (D’Allessandro and D’Allessandro 2005; Rampini et al. 2002; Sullivan and Trahan 2007). Microhematuria from unverified renal contusion were reported in an infant treated with Gua sha/coing without ruling out the microhematuria as a possible side-effect of the febrile illness for which the child was being treated (Longmire and Broom 1987).

The most egregious misreport concerned an unconscious patient who was brought to an emergency department where doctors interpreted her brain bleed as having been caused by ‘painful’ cao gio. However, it is unclear how she was able to communicate that the cao gio was so painful (that it theoretically caused her blood pressure to spike) given that she was unconscious (Ponder and Lehman 1994). Moreover, the patient did not present with, nor had ever had, high blood pressure. The physicians who treated her were so alarmed by the sha ecchymosis that they listed cao gio as causative rather than coincidental to her existing brain bleed (Nielsen 2009).

Reports of camphor intoxication or toxicity relating to Gua sha have stemmed from the use of camphor liniments (with or without Gua sha treatment) where the product used had a toxic concentration of camphor exceeding limits now prescribed by law in the West (Aliye et al. 2000; Rampini et al. 2002; Seigel and Wason 1986).

Table 2.1 lists all the terms and ‘complications’ that appear in the Western literature starting in the 1970s relating to this technique.

In fact, Gua sha is not a form of battery, trauma, injury, abuse, or even pseudo-battery or pseudo-abuse. Furthermore, Gua sha is not suitably described by terms such as dermabrasion, bruising, burns, factitial dermatitis, pseudo-factitial dermatitis, pseudo-bleeding, nummular erythema, purpura, cutaneous stigmata or hematoma. Yet these terms were accepted at peer review, have been published, and continue to be cited, thus affirming Gua sha in a negative register of abuse/not abuse, battery/pseudo-battery, dermatological disease/not disease.
### Table 2.1 Some terms and ‘complications’ used to describe Gua sha/cao gio/coining in Western medical literature (1975–2007), with definitions, comments on their misapplication, and the articles in which the terms are used (Nielsen, 2009)

<table>
<thead>
<tr>
<th>Terms</th>
<th>Definitions</th>
<th>Comments</th>
<th>Articles using terms*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battery trauma, injury, abuse, torture, and strangulation</td>
<td>To injure; cause bodily harm</td>
<td>Gua sha does not injure or harm a patient. Red ecchymosis is ‘mistaken’ for bruising</td>
<td>Ashworth (1993); Bays (2001); David et al. (1986); Davis (2000); de Luna et al. (2003); Halder et al. (2002); Halder and Nootheti (2003); Heyman (2005); Hoffman (2005); Hulewicz (1994); Keller and Apthorp (1977); Levin and Levin (1982); Look and Look (1997); Mevorah et al. (2003); Morrone et al. (2003); Mudd and Findlay 2004; Ngu-Metzer et al. (2003); Rampini et al. (2002); Shah and Fried (2006); Stauffer et al. (2003); Tunchez et al. (2005); Walsh et al. (2004); Westby (2007); Willgerodt and Killien (2004); Wong et al. (1999); Yoo and Tausk (2004)</td>
</tr>
<tr>
<td>Pseudo-battery, pseudo-abuse</td>
<td>False, fraudulent or ‘pretend’ battery or abuse</td>
<td>Reinforces traditional medicine as ‘pseudo’ medicine. Does not clarify that harm is not inflicted</td>
<td>Anh (1976); Du (1980); Gellis and Feingold (1976); Kaplan (1986); Primosch and Young (1980); Rosenblat and Hong (1989); Saulsbury and Hayden (1985); Yeatman et al. (1976)</td>
</tr>
<tr>
<td>Dermabrasion</td>
<td>A painful technique for removing scars or tattoos where the surface of the skin is removed by abrasion: sanding or wire brushing. Skin is red, raw and takes several weeks to months to heal</td>
<td>The skin remains in tact with Gua sha. There is no abrasion; the ecchymosis fade completely in 2–4 days</td>
<td>Golden and Duster (1977); Kemp (1985); Dinulos and Graham (1999); Davis (2000)</td>
</tr>
<tr>
<td>Bruising</td>
<td>Trauma, injury or blow that causes bleeding from damage to capillaries and vessels. Takes weeks to months to heal and/or completely disappear</td>
<td>There is no injury with Gua sha. Seeping from capillaries is initial and transient with ecchymosis fading in days</td>
<td>Campbell and Sartori (2003); Graham and Chitarong (1997); Hefner et al. (1997); Hulewicz (1994); Kemp (1985); Mevorah et al. (2003), citing Hulewicz (1994); D’Allesandro and D’Allesandro (2005); Roberts (1988); Scales et al. (1999)</td>
</tr>
<tr>
<td>Burns</td>
<td>Injury to the skin caused by heat</td>
<td>Gua sha does not involve heating the skin in any way but has been confused with fire cupping</td>
<td>Amshel and Caruso (2000); D’Allesandro and D’Allesandro (2005); Rampini et al. (2002); Sullivan and Trahan (2007)</td>
</tr>
<tr>
<td>Dermatitis</td>
<td>Inflammation of the skin, typically referring to eczema</td>
<td>Sha does not represent inflammation of the skin in terms of rash or eczema. Sha petechiae are transitory and fade in days</td>
<td>Silfen and Wyre (1981)</td>
</tr>
<tr>
<td>Factitial dermatitis</td>
<td>A primary psychiatric symptom: skin lesions or skin disorders created by or perpetuated by manipulation of the skin surface (Habif, 2004)</td>
<td>Sha is not true dermatitis and is not factitial, in that Gua sha is most often applied by someone other than oneself</td>
<td>Silfen and Wyre (1981)</td>
</tr>
<tr>
<td>Pseudo-factitial dermatitis</td>
<td>Skin condition that can lead the clinician to an erroneous diagnosis of factitial dermatitis. Author explains pseudo-factitial dermatitis does not exist</td>
<td>Here sha is responsible for ‘leading the clinician to an erroneous diagnosis’</td>
<td>Lachapelle et al. (1994)</td>
</tr>
<tr>
<td>Pseudo-bleeding</td>
<td>‘Fake bleeding’; a term intended to eliminate bleeding as cause or comorbidity</td>
<td>Clarifies sha does not represent blood thinning, low platelets or vascular problem</td>
<td>Overbosch et al. (1984)</td>
</tr>
</tbody>
</table>

*Continued*
The negative register that has contextualized Gua sha with alarm can itself be corrected by simply identifying Gua sha in specific terms, such as: therapeutic blood extravasation resulting in transient petechiae, maculae and ecchymosis. Or simply: sha represents ‘transient therapeutic petechiae’.

**Definition**

**Gua sha**
A traditional East Asian medicine healing technique that applies instrument-assisted unidirectional ‘press-stroking’ of a lubricated area of body surface to intentionally create transitory therapeutic petechiae representing extravasation of blood in the subcutis.

**Chinese-language database 1984–2011**

Over 600 articles were found in Chinese with over 500 of clinical relevance. The articles were sorted according to the kind of report or study for Gua sha alone or in combination for particular conditions, illnesses or disease. Table 2.2 gives an overview of the literature, listing the number of articles that have been grouped as kinds of studies, evaluated here as evidence for the use of Gua sha from the Chinese-language database (the two English randomized trials are included). Each group of articles together with the relevant citations are listed in Tables 2.3–2.10 in Appendix D. Articles relating to research into the biomechanism of Gua sha are considered in Chapter 3.

**Gua sha alone: descriptive clinical recommendations for specific conditions (121 articles)**

Standards of practice in Western medicine are intended to be based on evidence from clinical trials. Traditional East Asian medicine practice is based on an archive of experience, expressed in case descriptions and treatment recommendations recorded through history in texts as well as in the present-day peer-reviewed journals. The following sets of discursive articles provide an indication of how Gua sha is used clinically; what Chinese medicine doctors want other providers to know about their use of Gua sha. Only in the last few decades have modern research techniques been applied to traditional East Asian medical modalities to qualify their use in the modern clinical setting.
Table 2.2 Overview of the literature

<table>
<thead>
<tr>
<th>Table and number of articles*</th>
<th>Kind of article or study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 2.3 121 articles</td>
<td>Gua sha alone: descriptive clinical recommendations for specific conditions</td>
</tr>
<tr>
<td>Table 2.4 62 articles</td>
<td>Gua sha combined with other modalities: descriptive clinical recommendations for specific conditions</td>
</tr>
<tr>
<td>Table 2.5 100 articles</td>
<td>Case series: Gua sha alone for specific conditions</td>
</tr>
<tr>
<td>Table 2.6 106 articles</td>
<td>Case series: Gua sha paired with another modality for specific conditions</td>
</tr>
<tr>
<td>Table 2.7 38 articles</td>
<td>Case series: Gua sha in combination with two or more other modalities for specific conditions</td>
</tr>
<tr>
<td>Table 2.8 12 articles</td>
<td>Gua sha n = 1 case studies (9 Chinese, 2 English, 1 German)</td>
</tr>
<tr>
<td>Table 2.9 55 articles</td>
<td>Clinical trials: comparative, controlled, and/or randomized controlled (53 Chinese, 2 English)</td>
</tr>
<tr>
<td>Table 2.10 5 articles</td>
<td>Gua sha reviews</td>
</tr>
</tbody>
</table>

*Table 2.3–2.10 are located in Appendix D.

Table 2.3 (see Appendix D) lists the articles that discuss the use of Gua sha alone in treating specific conditions. Of the 121 articles in this group, 15 describe the use of Gua sha in the treatment of ‘sha syndrome’, a main feature being fever. Several more articles discuss the historical application of Gua sha for fever, including fever related to cholera. The term ‘sha’, translated as ‘red millet-sized rash’, i.e. petechiae, is also translated as cholera (see Chapters 1 and 5). According to Dr James Tin Yau So Gua sha was historically used to treat cholera and cholera-like disorders (So 1987) and is similar to the technique of frictioning used in early Western medicine to treat cholera (Jackson 1806). These articles also point to the importance of Gua sha and its historical use in fevers associated with serious life-threatening illness.

Gua sha alone is also recommended for respiratory infection, cough, throat infection and mastitis, as well as autoimmune disorders such as rheumatoid arthritis and lupus. Another important area of clinic application of Gua sha alone is that of musculoskeletal problems, including neck pain, frozen shoulder (periarthritis), tennis elbow, lumbar disc herniation and soft tissue injury, as well as for facial paralysis, head and face neuralgia and postherpetic neuralgia.

Other indications include skin problems, cardiovascular problems, pediatric diarrhea, digestive problems, stress, insomnia, chronic fatigue, athletic fatigue and ‘sub-health’. Gua sha alone is also considered to have a positive role in health maintenance and self-care, promoting vitality, and even beauty.

In addition, there are articles in this group discussing proper and comfortable application of Gua sha, Gua sha tools and oils, and how Gua sha is a form of natural medicine that improves clinical outcome and cost effectiveness. Gua sha has been formally incorporated into public health policy in China (Wu 2010).

Gua sha combined with other modalities: descriptive clinical recommendations for specific conditions (62 articles)

Real-life clinical practice frequently combines modalities. Table 2.4 (see Appendix D) lists articles that discuss combination therapies for a similar series of problems as covered by the articles on Gua sha alone (discussed above), ranging from acute infections, such as influenza, respiratory illness and conjunctivitis, to intractable diseases. Again, there are indications for musculoskeletal and neurological conditions, both acute and chronic, paralysis, postherpetic neuralgia, neck, shoulder, back and knee conditions, as well for self-care and support for sub-health. Authors describe the therapeutic effect of Gua sha combined with acupuncture and electroacupuncture, cupping, point injection, bloodletting, moxibustion, massage, traction, manual reduction methods, tai chi, qi gong, herbal medicine, Western medicine and counseling.

Case series: Gua sha alone for specific conditions (100 articles)

Table 2.5 (see Appendix D) lists articles where authors applied Gua sha for a number of patients with a specific problem called a case series. There are 15 articles and over 1000 patients with a cervical condition treated with Gua sha alone, and 10 articles of over 700 shoulder periarthritis patients treated with Gua sha. Over 500 patients with back pain, including lumbar disc herniation and ankylosing spondylitis, are described as well as patients with complicated pain syndromes involving multiple body sites.

There are case series for headache, migraine, facial paralysis, fever, influenza, adult and pediatric respiratory infection, sinusitis, bronchitis, pneumonia, and asthma – both for acute episodes and for prevention – and for pediatric enuresis. Gua sha is described in cases series of breast disease, mastitis, and hyperplasia, as well as for dysmenorrhea and recovery from induced abortion.

Gua sha is applied in cases of acute and chronic hepatitis, for hypertension, insomnia, neurasthenia, skin problems, such as eczema, chloasma, shingles and postherpetic neuralgia, and eye problems, including styte and trachoma. Gua sha is also described for postsurgical adhesions with intestinal obstruction.

Finally, Gua sha has a special role in acute situations of thermal dysregulation that resonate with its therapeutic role in fever. Gua sha is especially effective for heat stroke, sunstroke, and also for patients who are cold or have an aversion to cold. The full list with citations are found in Appendix D.

Case series: Gua sha paired with another modality for specific conditions (106 articles)

In this set of case series articles Gua sha is paired with another modality in the treatment of a specific condition. Gua sha is paired with one of the following: acupuncture, electroacupuncture, ear acupuncture and ear acupressure, massage, manual
Evidence for Gua sha: A review of Chinese and Western literature

Table 2.7 (see Appendix D) lists 38 case series articles of Gua sha combined with two or more modalities, including acupuncture, massage, cupping, herbs, bloodletting, pressure points, exercise (including tai chi, aerobics, rehab or physical therapy), laser treatment, plasters, transcutaneous electrical nerve stimulation (TENS), traction, point injections, herbal medicine, dietary changes, moxibustion and ear pressure. The conditions listed are reported to be responsive to these combined modalities. Case series range from as few as 15 cases of cervical spondylosis treated by Gua sha, acupuncture and massage to one study of 1000 patients treated for rheumatism with Gua sha, acupuncture, cupping and massage. Food addiction, fibrosis and pseudo-myopia are conditions not seen in previous articles above.

Gua sha n = 1 case studies (12 articles: 9 Chinese, 2 English, 1 German)

Table 2.8 (see Appendix D) lists nine individual case studies published in Chinese, one case published in German and two in English. The breast engorgement/mastitis case led to a randomized trial for the same condition (Chiu et al. 2008; Chiu et al. 2010) that qualified for peer-reviewed publication in a Western journal. The case by Chan et al. (2011) of Gua sha for chronic active hepatitis B, and their study of Gua sha in inactive chronic hepatitis B and healthy controls relates to the physiology of Gua sha and the role of heme oxygenase-1 (HO-1) (Chan et al. 2012) and are discussed in Chapter 3.

Clinical trials: comparative, controlled, and/or randomized controlled (55 articles: 53 Chinese, 2 English)

Table 2.9 (see Appendix D) lists comparative controlled trials for Gua sha alone or with one or more other modalities for specific conditions. The first column lists which modalities were compared in the study arms. The second column lists the total number of participants/the number in the active arm/the number in the control arm(s). A question mark indicates where an aspect of methodology was unstated or unclear.

There are 11 trials related to neck pain or neck conditions, three related to shoulder periarthritus, four related to back or low back pain, five related to breast problems, and four related to sleep or insomnia.

Clinical problems appearing in this group of papers that are discussed in previous articles and case series include: pediatric indigestion, diarrhea, prevention and treatment of pediatric influenza, obesity, insomnia, respiratory infection and pain. Some interesting new conditions are included in this list of articles, such as insomnia in chronic obstructive pulmonary disease (COPD) patients, and cases of diabetes, lobular breast hyperplasia, peptic ulcer, intractable hiccup, stroke sequelae, different types of obesity, recurrent respiratory infection, ascites related to liver cirrhosis, pain from internal injury, and intestinal obstruction after stomach cancer surgery. Table 2.9 (see Appendix D) provides a summary of comparative, controlled, and/or randomized controlled articles.

Almost all trials reported positive results. In the treatment of peptic ulcer, Gua sha and embedded catgut, a technique known in early Western medicine as ‘seton’, was no better than oral tagamet but reduced the relapse rate by half (Liu et al. 2007). Many of the ‘randomized trials’ compared Gua sha as an addition to other treatments, for example Gua sha plus interferon versus interferon alone for chronic hepatitis B, Gua sha plus herbs versus herbs alone for acute mastitis, or Gua sha and point injection versus point injection alone for cervical spondylosis. Others made uneven comparisons without a clear usual care control, such as Gua sha, herbs and point injection versus pain medication and warming for shoulder myofascitis, or Gua sha and cupping versus acupuncture and herbs for stroke sequelae.

Vickers et al. (1998), and more recently He et al. (2011), have discussed the tendency of some countries, the latter specifically cites China, to report only positive results or for results to be inaccurate due to poor randomization, control or concealment. Dr He’s group reports that the quality of Chinese-journal acupuncture randomized controlled trials (RCTs) was higher than that of Chinese RCTs of drug interventions. However, they assert that while the quality of RCTs in China...
has improved over time, all RCTs covering all types of diseases were generally poor. He et al. (2011) did not specifically include any of the Gua sha RCTs in their review, but it can be assumed that they suffer from similar problems. Still, while the methodology of studies done in China is the focus of ongoing discussion, one can make several deductions from these trials of Gua sha. The number of articles and spectrum of conditions treated can be taken as a kind of evidence of the therapeutic effect of Gua sha that can and should inform high-quality research trials in the future, as is the case with Braun et al. (2011) and Chiu et al. (2010).

Research on Gua sha physiology

Research into the biomechanism of Gua sha is discussed in Chapter 3 (see Table 3.1).

Reviews (5 articles: 4 Chinese, 1 English)

There are four Chinese-language articles described as reviews of Gua sha (Liang and Yuan 2009; Luo 2008; Wang et al. 2006; Wang and Yang 2009). One English-language article (Lee et al. 2010) reviewed Chinese-language research on Gua sha for pain as of 2009, stating that while several trials showed positive results, the body of research suffered from methodological flaws, discussed above. The details of all of the review articles are given in Table 2.10 (see Appendix D). Each of these reviews was limited in scope and did not include a complete list of citations.

Popular culture (32 articles, 2 feature films)

The most popular feature film in China in 2001 was The Gua Sha Treatment. This film was shot in the United States and portrays the experience of a Chinese professional couple living in St Louis. Their young son is treated with Gua sha by a visiting grandparent. His sniffles resolve but a series of unrelated mishaps land him in an emergency room for a cut on his head where a Western provider misinterprets the sha petechiae as a sign of abuse. The child is removed from the home by social services and the family is traumatized. An eventual court hearing clears the parents and all ends well.

The film presents a conflation of more than a few stories of the persecution of immigrant families for their use of Gua sha in the home. Many of the early articles on Gua sha in the Western medical literature associated Gua sha with a risk of its sequelae appearing as abuse (Nielsen et al. 2007; Nielsen 2009; see Table 2.1). Two articles in Chinese discuss that Gua sha is misunderstood as abuse in the West (Hu 2002; Xu 2008). Thirty-two articles in Chinese (not cited here) analyze the film in terms of the conscious and unconscious cultural challenges that Chinese immigrants face living in America, as well as the challenge that Chinese medicine experiences in its globalization.

Other articles from the Chinese database discussing Gua sha for self-care and beauty (aesthetic medicine in the West) were included above if published in relevant clinical journals.

Finally, Gua sha (cao gio) appeared in one other American feature film, The Three Seasons, a postwar Vietnam story starring Harvey Keitel. One of the film’s themes involves a prostitute who feels incapable of responding to love from a true, if poor, bicycle taxi driver. In one intimate scene, he applies cao gio (‘Gua sha’ in Vietnamese) to her back with slow intentional movements. The implication is that the technique will remove the ‘stain’ fixed on her body from the touch of her johns – the memory and constant reminder of her prostitution work that disenables her from feeling true loving touch. (In traditional East Asian medicine, memory is held in the Blood and Gua sha is thought to heal the pain of dissociated or painful memories.) Unfortunately, for an audience unfamiliar with Gua sha/cao gio, the shock detracts from the insight of another way in which Gua sha ‘heals’.

Summary: the significance of a collective literature review

There are over 500 articles on Gua sha from the Chinese database that have been included for this analysis (see Table 2.2), including 175 discursive papers, 246 case series articles and 53 randomized or comparative trials, all focusing wholly or in part on Gua sha as treatment for pain and functional problems as well as acute, chronic and infectious illnesses. Thirty-two articles deal with the cultural challenges involved in Western misperceptions of Chinese medicine vis-à-vis Gua sha, as portrayed in a major feature film that was a hit in China. There are two case studies and two randomized controlled trials published in Western journals.

The spectrum of conditions treated and the number of studies indicates Gua sha is widely used in clinical practice and is a focus of discourse and research in China and increasingly in the West. While the methodology of randomized trials in China needs to be improved to establish a clear quantitative register for Gua sha, the number of articles and breadth of conditions covered are significant enough to demonstrate a record of its use and safety.

Discursive articles and case series versus randomized trials?

This body of literature suggests that descriptive articles and case series have a larger role in traditional East Asian medicine than they do in Western medical discourse where practice aspires to depend solely on evidence from randomized trials. Traditional systems of medicine did not come out of the laboratory or modern study, but are based in original forms of care: the first medical traditions of human beings. Like dietary traditions that are also based in ordinary human sensory experience (Kaptchuk 2002), healing ‘practices’ were transmitted by text and direct teaching or mentorship ‘in the kitchen’. The health and longevity benefits of, say, the Mediterranean diet are supported by modern research. But the tradition itself coalesced over time and from a human sensory relationship with food, family and the environment.
Indigenous medicine developed in the same manner, out of a human sensory relationship with health, illness and what was available in the environment to treat. If our ancestors had waited for modern science to tell them how to treat a fever, none or few of us would be here. A review of the existing literature for Gua sha in the Chinese and English language database expands our knowledge of its therapeutic relevance and can focus future study. Several areas warrant further discussion.

**Neck pain, mastitis**

Many conditions can be followed through the different article types (above), but the use of Gua sha for three conditions in particular can be seen to evolve through the literature: neck pain, mastitis and hepatitis are responsive to Gua sha in descriptive articles, case series and comparative trials in Chinese. Now, recent randomized trials in Western peer-reviewed journals document that Gua sha is effective in treating neck pain (Braun et al. 2011) and breast engorgement (Chiu et al. 2010). Gua sha is among other viable options for neck pain, including acupuncture (Trinh et al. 2006) and manipulation/mobilization (Gross et al. 2010), but mastitis/breast engorgement has few options documented by Western literature (Mangesi and Dowswell 2010). Because antibiotics may be prescribed in breast engorgement/mastitis, and because nursing mothers may want to avoid antibiotic therapy if possible, Gua sha becomes an important treatment option.

**Hepatitis**

There are five articles and two randomized trials in Chinese using Gua sha for hepatitis. Gua sha has been shown to increase HO-1 (Kwong et al. 2009), which is discussed as the hepatoprotective mechanism by Chan et al. (2011) for a case study where a patient with active chronic hepatitis B experienced a reduction in liver enzymes after one Gua sha treatment. Chan et al. (2012) examine the effect of Gua sha on liver function in normal subjects and subjects with inactive chronic hepatitis B. They establish that Gua sha provides benefit to an inflamed liver (Chan et al. 2011) but does not cause any significant change in liver function in healthy subjects whose immune response is working (see Chapter 3). They were also able to discount the hepatoprotective effect of Gua sha as placebo since subjects are unaware of their liver status and are not able to manipulate ‘liver status’ response via expectation. These studies point to the need for a larger trial to establish to what degree and at what dosage Gua sha may be hepatoprotective in patients with active hepatitis, alcoholic liver disease and non alcoholic steatohepatitis, fatty liver disease. Since therapies to manage chronic hepatitis are limited, Gua sha may be an important option to fill this gap in care.

**Gaps in care: shingles, COPD, asthma**

Manual therapies like Gua sha may become essential clinical options particularly for what are called ‘gaps in care’, i.e. when patients cannot or prefer not to take medicines for a problem, or when those medicines fail or are not available. Gua sha may serve to fill a ‘gap in care’ for several other conditions where current interventions may benefit from the addition of Gua sha. Herpes zoster (shingles) can be followed by debilitating postherpetic neuralgia (PHN). Observational evidence shows that Gua sha is effective in treating and preventing PHN and may be applied along the affected dermatome as soon as lesions have healed well enough (Nielsen 2005). While Gua sha may not experience widespread use to prevent PHN before larger trials are done, knowledge of Gua sha as an option may be important to clinicians, particularly for patients who continue to suffer from PHN weeks and months after their lesions have healed, an indication that PHN may never resolve unless Gua sha can be applied in a timely fashion.

Ability to breathe is positively affected by Gua sha in asthma, bronchitis, emphysema and COPD. While a combination of therapies is necessary to treat and manage these conditions, the addition of Gua sha is greatly appreciated by the patients who live with these disorders. Applied in an inpatient setting at Beth Israel Medical Center in New York, Gua sha has been used to stabilize acute asthma and immediately raise blood oxygen levels in patients with COPD (anecdotal evidence). The anti-inflammatory biomechanism of Gua sha is discussed in Chapter 3.

Gua sha can be of use in any chronic condition. Often physical care is overlooked in conditions that appear to have no cure, where the prospect of no cure translates to no hope of feeling better resulting in no inquiry into what may be engaged to feel better. ‘Sha’ blood stasis is common in chronic conditions and addressing this stasis relieves pain, anxiety, depression, insomnia and inflammation, and improves outlook, mobility, digestion and immunity.

**Conclusion**

This categorical review can assist Eastern and Western providers in developing research trials to clarify the therapeutic role of Gua sha. For clinicians and patients this review demonstrates Gua sha is a safe method of intervention that should be considered in a holistic integrative approach, particularly where other options have been exhausted.

Tables 2.3–2.10 are located in Appendix D, as are all of the references cited in this analysis.

**References**


Chan, S., Yuen, J., Gohel, M., et al., 2011. Guasha-induced hepatoprotection in chronic...


Pthomegroup

Evidence for Gua sha: A review of Chinese and Western literature


Suggested reading and viewing


Film: Bui, T., Bui, T., 1999 The Three Seasons. Nguyen Ngoc Hiep, Don Duong, Nguyen Huu Duc, Zoe Bui, Tran Manh Cuong, Harvey Keitel, Hoang Phat Trieu. October Films USA. 104 minutes.


Physiology of Gua sha: Western biomodels and East Asian functional perspective

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Introduction: how does touch or treatment at the body surface affect the body interior?

When I was young in practice I was called to a crisis situation. A man with severe back pain, unable to walk, was brought to his chiropractor’s office on a stretcher. The chiropractor called me to see if there was anything acupuncture could do.

My first thought in any ‘can’t move’ or ‘frozen’ condition is ‘sha’. If he had sha I knew I could help him. I needled and applied Gua sha. The patient rose from the table, able to move. Now his chiropractor could adjust him and the adjustment would hold. The patient was stunned by this immediate shift in his condition as he had had massage without result. How did this press-stroking and raising of petechiae on the surface unlock the muscles deep in his back? An exploration of modern research and discourse will help illuminate what traditional East Asian medicine has ‘known’ for centuries. For some researchers it is the latter that has helped illuminate the former.

Anatomy of Qi

It is common to reduce East Asian’s fundamental concept of Qi to ‘Qi is energy’, since energy seems to best describe the ‘seemingly invisible transmission of effect’. Yet Qi is in fact substance as well as function, and the internal organs are not merely functional spheres of influence but substance influencing substance. In his introduction to The Nan Ching, Paul Unschuld (1986) agrees. He states:

The core Chinese concept of Chi’s bears no resemblance to the Western concept of ‘energy’ (regardless of whether the latter is borrowed from the physical sciences or from colloquial usage).
CHAPTER 3

Physiology of Gua sha: Western biomodels and East Asian functional perspective

Physiology of Gua sha: Western biomodels and East Asian functional perspective


The material body is the vessel (Yin) that holds and by that holding, affords Qi function, or activity (Yang). Qi reduced to ‘energy’ eclipses its substantive form. This is consistent with a modern tendency to prefer ‘doing’ to ‘being’. The Chinese character for Qi implies both its material and non-material nature, as seen in Table 3.1 (also see Figure 4.1).

The ideogram for Qi depicts vapor rising from cooking rice. Hippocratic medicine had a similar concept dating from 300 BC (Unschuld 1985, 72): ‘vapors rising from (digesting) food’. Early Greeks also assumed a heat source within the body.

Table 3.1 The ideogram for Qi depicts vapor rising from cooking rice. Hippocratic medicine had a similar concept dating from 300 BC (Unschuld 1985, 72): ‘vapors rising from (digesting) food’. Early Greeks also assumed a heat source within the body.

<table>
<thead>
<tr>
<th>Components of ideogram for Qi</th>
<th>Ideogram for Qi</th>
<th>Equivalent in Hippocratic medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>气 (Qi)</td>
<td>蒸</td>
<td>ａμημενος</td>
</tr>
<tr>
<td>米 (Cooking rice)</td>
<td>水</td>
<td>ΠΕΟΙΤΤΩΝΙΟΥΤΩΝ</td>
</tr>
</tbody>
</table>

The ‘Li’ will be discussed again in Chapter 4 as it relates to the San Jiao.

In Chinese anatomy, the Biao is the surface, skin and body hair. Just below the skin is the Cou Li, or Li: the lining that covers and lines the body, but is not the skin itself. Cou Li is also translated as pores: that function of the lining that allows entry and exit. The Cou Li, or lining, is where the ‘three Qi steam’ or where the channels lie, providing an ancient basis for the conductive physiology, attributed to connective tissue by some modern scientists. The Jinkui Yaohe Fanglun (1987) or Synopsis of Prescriptions of the Golden Chamber, first published in 220 AD, states:

In case pathogenic factors have invaded the Channels and Collaterals, medical treatment should be given in time to stop the transmission of pathogenic factors into the Viscera and Bowels. If there is heaviness and uneasiness in the extremities, daoyin, tui na, acupuncture and gaomo therapies should be practiced to clear the nine orifices … In this way, one can maintain good health and prevent the intrusion of pathogenetic factors through ‘Cou Li’.

The ‘Li’ will be discussed again in Chapter 4 as it relates to the San Jiao.

The Qi moves vertically in channels called Jing vessels. Jing vessels are the main rivers that ‘pass through’ (Epler 1980). Qi moves horizontally in channels called Lo vessels. Lo means ‘to connect’, here connecting the large vessels to one another and to deeper tissue and organs. Horizontal movement of Qi in the Lo vessels is referred to as the ‘Path of Qi’ (O’Connor and Bensky 1981) (see Figure 3.1). The pathways are themselves recognized as substantive and based in the body’s ‘Li’ or lining; they are associated with aspects of the connective tissue network.

Path of Qi

As shown in Figure 3.1, the horizontal emanation via the Path of Qi delineates the three Jiaos. Points on the trunk of the body, the ventral Mu points and the dorsal Shu points, express disharmony and afford direct access to the Organs (see Figures 6.3 and 6.4). Disease in one part of the Path can be treated by manipulating points elsewhere in the same segment of the Path, including the extremities, head and limbs (O’Connor and Bensky 1981). The Path of Qi:

- in the head indicates the relationship between the brain and face;
- in the chest suggests a connection among the upper back, neck, chest and upper limbs;
- in the abdomen relates the lumbar–sacral region, lower abdomen and lower limbs.

Upper Jiao
Disorders affecting the head, neck, chest, Heart, Lungs and upper extremities.

Middle Jiao
Disorders affecting the Stomach, Spleen, Liver, Gall Bladder and trunk.

Lower Jiao
Disorders affecting the Kidneys, Bladder, Intestines, genitals, reproductive system, pelvic region and lower extremities.

Figure 3.1 • The Upper, Middle and Lower Jiaos representing the horizontal emanation of Qi (also see Figures 6.1 and 6.2)
There are several varieties of connective tissue: blood, connective tissue proper, supporting tissues of cartilage, and bone. It is connective tissue proper that we want to examine.

Every muscle down to every muscle cell, every nerve down to every single axon, every organ as well as every vessel is ensheathed by connective tissue. Connective tissue is a continuous network of structure that binds tissues into their organ shape, supplies them with vessels and ducts and properly fastens the organs within the body cavity as well as binding organs to each other. (Schleip et al. 2012)

In forming the walls of blood and lymph vessels, connective tissue surrounds and anchors the vessels within muscle, bone or organ tissue. Each individual cell is wrapped in moist, fibrous connective tissue. The individual as a whole is wrapped in a large envelope of connective tissue just under the skin. Connective tissue is a contiguous fabric, from this large envelope of subcutaneous fascia to the sheathing of each cell. If all other tissue were removed, connective tissue would sustain the structure of the human form.

Formerly viewed as the inert material covering the body’s ‘valuable stuff’, connective tissue is now regarded as a full-fledged organ, ‘one of the largest and most extensive organs in the body’ and the focus of intensive research and discourse (see www.fascia.com). Connective tissue supports, connects, contains and transmits (Juhan 1987).

Fascia supports and connects

Connective tissue is able to support not only by holding cells, vessels and organs in relationship to each other and to the whole body, but by its fluid nature it supports the entire body structurally. The fluid medium of connective tissue is banded in shape-giving compartments where the hydrostatic pressure within the containers aids the weight-bearing capability of the skeleton (Juhan 1987).

Connective tissue, muscles and bones theoretically provide structural tensegrity. A concept promoted by Buckminster Fuller, it contends that part of the body’s structural strength may come not from the stacking of solid parts but from the integrity of tensional force: the balanced tension and proper angles between the ‘beams, cables and wires’ of bones, muscles and mesh (Juhan 1987). Tensegrity also explains how a pull or injury in one part of the body may cause tension disruption and pain far from the original site, via the network of angled ‘guide wires’.

Fascia contains and transmits

Connective tissue is filled with ground substance, a clear fluid the viscosity of which varies depending on the tissue it surrounds and serves. Ground substance is the fluid medium that...
con ducts all intercellular fluids. Nutrients, hormones and plasma are carried from blood vessels to cells through ground substance; cellular waste is carried from cells to blood and lymph vessels through the same connective fluid. If viscosity alters, that is, if ‘sticking’ of this fluid occurs due to stress, trauma or disuse, there results a compromise in the passage of gases, nutrients, waste, hormones, and immune cells between the capillaries and tissues they irrigate.

Besides fluid, ground substance also contains fibroblast cells and collagen fibrils. Collagen comprises up to 40% of all the protein in the body (Juhan 1987). The collagen molecule that makes up a collagen fibril is the longest molecule ever isolated (Juhan 1987). Collagen fibrils are hollow and require 10,000 times their own weight in order to be stretched.

Fibroblasts produce both the ground substance and collagen. A fibroblast may migrate anywhere in the body and produce collagen in a fibril arrangement that is signaled by the site. A more fluid ground substance with fewer fibrils conducts easily and serves metabolic function. More fiber and less fluid are found in connective tissue that holds organ and nerve cells. Fascia that holds muscle, tendon or ligament has even more fiber and less fluid.

The compartments of connective tissue influence the spread of toxins, infections, disease and tumors, implicating connective tissue in immunity. The fibrous walls, as well as chemicals in the fluid ground substance, prevent spread of agents from one site to a nearby one. If the integrity of the connective tissue is compromised, its immune function declines. For example, cortisone released during periods of stress reduces the number and size of fibroblasts and has been shown ‘to facilitate the spread of infection from a previously localized area’ (Juhan 1987).

Loose non-dense connective tissue: a ‘body-wide signaling network’?

Subcutaneous fascia

Subcutaneous fascia is the connective tissue under the skin that completely surrounds the individual in two layers known as superficial fascia and deep fascia, which adhere to each other. The mediator of bodywork stimulation and therapeutic effect may be this subcutaneous fascia.

Superficial fascia

Superficial fascia divides into a top and bottom layer. Figure 4.2 represents the layers of loose non-dense connective tissue and their relevant East Asian counterparts. The top layer of superficial fascia is the fatty layer, which constitutes the main fatty tissue of the outer surface of the body and fascia lining the organs. The fatty layer or adipose tissue acts as an insulator, helping to maintain a constant body temperature. Adipose tissue is also metabolically active: it stores fat as fuel for metabolic function and releases it in response to stimuli. This corresponds to the Eastern concept of the greedy layer, where the ancient Chinese Wei or Protective Qi circulates.

The deep layer of the superficial fascia lies immediately over the ‘deep fascia’ and is less dense than deep fascia (see Figure 4.2). Arteries, veins, nerves, lymph vessels and nodes run through this bottom layer of the superficial fascia rather than between layers. These vessels become surrounded by the fascia they penetrate and are thereby connected and held in place.

Deep fascia

Just below and adherent to the superficial fascia is the deep fascia. It covers most of the muscles, all the large blood vessels, all the large nerves, the deep lymphatics and nodes and certain glands. Besides covering, it also invests these structures. The term ‘invest’ means that a layer of this fascia, when traced in any direction (e.g. vertically or transversely), on meeting any one of the structures mentioned above splits into laminae that surround the structure and then reunite (Gallaudet 1931). A layer of this fascia may also split to enclose a potential space. Finally a layer may meet several superimposed strata of other structures (muscles, viscera, etc.) in which case it splits into as many layers as may be necessary to invest each stratum.

There is not a cell or space that connective tissue does not integrate. A global physiological role for the ‘lining’, or connective tissue, was suggested over 2000 years ago by the traditional East Asian channel system. In Langevin’s (2006) words, ‘Recent evidence suggests that a correspondence may exist between the network of meridians and the body-wide network formed by connective tissue.’

Connective tissue, channels and electrical impedance

Researchers in the 1970s conjectured that the highly ordered, crystalline arrangement of collagen would confer it with various semiconductive properties. Early studies that suggested a decreased impedance and increased conductivity associated with acupuncture channels and points were flawed, and a 2008 review of studies called into question the concept that points or meridians are electrically distinguishable (Ahn et al. 2008). Recent study showed that tissue impedance is lower along the Pericardium channel but not the Spleen channel compared to controls (Ahn et al. 2005), but more importantly that collagenous bands identified by ultrasound echogenicity are significantly associated with lower electrical impedance and may account for reduced impedances previously reported at acupuncture meridians (Ahn et al. 2010).

Connective tissue model

The most current model of manual therapeutic effect focuses on unspecialized, ‘loose’, non-dense connective tissue. This tissue is intimately associated with all other tissues, including organ systems and hypothetically forms a ‘body-wide signaling network’ (Langevin 2006). This anatomical network of connective tissue corresponds with functional aspects of the ‘Cou Li’ or ‘Li’ lining discussed in the earliest medical texts of...
Chinese medicine as the expressed location of the meridians/channels regulated by the San Jiao, discussed below.

Some connective tissue models hypothesize that electrical, cellular and tissue remodeling signals in the connective tissue are responsive to mechanical forces (Schleip et al. 2012). These generate dynamic evolving patterns that interact with one another, i.e. that influence, and are influenced by, function that is normal, pathological (Langevin et al. 2001a,b; Langevin 2006) and, by inference, responsive to manual intervention. As can be seen from Figures 3.3 and 3.4, the needle grasp and fibril winding more strongly associated with unidirectional rotation of acupuncture needling propagates response within the connective tissue matrix. In vitro experiments of tissue winding showed that tissue alignment increased as the depth of insertion increased (Julias et al. 2008).

Iatridis et al. (2003) suggest that 'loose connective tissues may function to transmit mechanical signals to and from the abundant fibroblasts, immune, vascular, and neural cells present within tissues'. Table 3.2 sets out suggested physiological effects of acupuncture in Western terms, which may also contextualize other forms of bodywork (Langevin and Yandow 2002).

Figure 3.3 • Evidence of connective tissue response to acupuncture needle rotation • Rat abdominal wall tissue histology. An acupuncture needle was inserted into the abdominal wall of live anesthetized rats, followed by no rotation A, or unidirectional rotation B. Immediately after needling, the animal was killed, tissues were formalin-fixed, sectioned roughly parallel to the needle track (labeled with ink), and stained with hematoxylin/eosin. Abdominal wall layers include dermis, subcutaneous muscle, subcutaneous tissue (arrow), and abdominal wall muscle. Marked thickening of subcutaneous tissue is seen with needle rotation. Scale bars: 1 mm. From Langevin et al. (2002) FASEB J, with permission

Figure 3.4 • Unidirectional acupuncture needle rotation pulling on the collagen fibers • The mechanical signal is transduced to local fibroblasts producing immediate effect of whoring activity in the connective tissue (Langevin et al. 2001). Acoustic and optical images of subcutaneous tissue with unidirectional needle rotation, A Fresh tissue sample imaged with ultrasound scanning acoustic microscopy; B the same tissue sample was formalin-fixed after ultrasound imaging, embedded in paraffin, sectioned, and stained for histology with hematoxylin/eosin. Scale bars: 1 mm. From Langevin et al. (2002) FASEB J, with permission
Gua sha and the connective tissue model

While the biomechanism of manual therapies is not completely understood (Corey et al. 2009), transduction of force and stretch are thought to cause connective tissue innervations and restoration (Corey et al. 2009; Farasyn and Meeusen 2009; Standley and Meltzer 2008; Iatridis et al. 2003) but only to specific kinds of connective tissue. Moreover, physical interventions differ in terms of intention, observable feedback, pressure, term of application, repetition, dosage, and so on.

There are at least three characteristics that distinguish Gua sha from other manual therapies that involve pressure or fascial stretch. Gua sha is characterized by: (1) closely repeated unidirectional stroking that intentionally presses into the fascia; (2) application is predominantly along a muscle and specifically not oscillating or across muscle tissue; and (3) the intentional creation of transitory petechiae and ecchymosis. In fact, the production of petechiae and ecchymosis requires closely timed repeated press-stroking that is unidirectional.

Connective tissue may respond to directionality as it does to tensile loading with collagen strands aligning in parallel arrangement along the direction of the loads imposed (Langevin and Huijing 2009) as in dense ‘regular’ connective tissue. Mechanotransduction in the rotation of an inserted acupuncture needle is facilitated along cleavages or concentrations of fascia in zones that coincide with ancient TEAM channels and acupuncture points. Langevin et al. (2002) have confirmed that the most common acupuncture points exist at these cleavage concentrations of connective tissue within and along meridian/fascial layers, suggesting that activation at these sites, in fact, augments a connective tissue response. Insertion of a needle off-site of an acupuncture point might activate a response but perhaps to a lesser degree than a known connective-tissue-rich point. This is borne out by studies comparing acupuncture points to control points, where control points demonstrate some therapeutic effect1 (Haake et al. 2007).

Directionality: unidirectional stroking force

The directionality of manual therapy has specific response. Acupuncture needle rotation that is unidirectional produces more torque in the connective tissue and necessitates greater withdrawal force than bidirectional needle rotation, which is also connective-tissue responsive but dose-dependent (Langevin et al. 2007). What effect repeated unidirectional mechanics has on connective tissue, or how the effect is transferred throughout the system, is hypothesized based on recent connective tissue research, and discussed as a model below (Nielsen 2012).

One potential mechanism is the formation of nitric oxide, discussed below in terms of its role in pain modulation: Endothelin-1 (ET-1) and endothelial constitutive nitric oxide synthase (ecNOS) mRNA expression has been shown to be time- and mechanical force dependent (Ziegler et al. 1998b). Specifically, the effect of unidirectional force or stress differs

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1Connective tissue signaling, enhanced at connective tissue-rich sites that coincide with the main acupuncture points, might illuminate how acupuncture practice persisted for 2000 years: a provider did not have to be that good in terms of precise point location. Some effect was seen as the connective tissue is always penetrated. If adept in point location, main point concentrations of connective tissue are accessed and a better effect elicited.

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**Table 3.2 Summary of proposed model of physiological effects seen in acupuncture that may serve to inform all forms of therapeutic bodywork**

<table>
<thead>
<tr>
<th>Traditional Chinese medicine concepts</th>
<th>Proposed anatomical/physiological equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture meridians</td>
<td>Connective tissue planes</td>
</tr>
<tr>
<td>Acupuncture points</td>
<td>Convergence of connective tissue planes</td>
</tr>
<tr>
<td>Qi</td>
<td>Sum of all body energetic phenomena (e.g., metabolism, movement, signaling, information exchange)</td>
</tr>
<tr>
<td>Meridian Qi</td>
<td>Connective tissue biochemical/bioelectrical signaling</td>
</tr>
<tr>
<td>Blockage of Qi</td>
<td>Altered connective tissue matrix composition leading to altered signal transduction</td>
</tr>
<tr>
<td>Needle grasp</td>
<td>Tissue winding and/or contraction of fibroblasts surrounding the needle</td>
</tr>
<tr>
<td>De qi sensation</td>
<td>Wave of connective tissue contraction and sensory mechanoreceptor stimulation along connective tissue planes</td>
</tr>
<tr>
<td>Restoration of flow of Qi</td>
<td>Cellular activation/gene expression leading to restored connective tissue matrix composition and signal transduction</td>
</tr>
</tbody>
</table>

Source: Langevin and Yandow (2002), with permission of John Wiley & Sons, Inc.

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**Gua sha physiology**

**Observation**

What a provider observes when applying Gua sha is a gradual expression of small red petechiae (also sometimes brown, blue, very deep red or nearly black). The patient often feels exhilarated, invigorated, even excited. Acute pain is immediately affected, and sometimes completely resolved. Nausea and vomiting cease (So 1987), wheezing and shortness of breath lessen or completely resolve, and so on. Research on the biomechanism of Gua sha, as well as recent research and modeling of the role of fascia in acupuncture and other therapeutic techniques, suggest specific mechanical and processial aspects of Gua sha have physiological significance, namely: the closely timed repeated press-stroking, the unidirectionality, and the intentional extravasation of petechiae and their resolution over time (Nielsen 2012).
from oscillating or alternating force or stress in vascular endothelium (Ziegler et al. 1998a). Gua sha is always applied with unidirectional stroking.

Moreover, blood circulation is predominantly unidirectional throughout the system while capillary beds have at least some bidirectional interaction with the surrounding tissue. Since unidirectional needle mechanics produces unique fibril activity in the connective tissue, it may be that for certain conditions the direction and kind of mechanical intervention is specific: that unidirectional press-stroking force may invigorate blood flow and fascial mechanics differently than oscillating press force. In fact, Standley and Meltzer (2008) show that anti-inflammatory cytokine secretion is activated by directionality of myofascial release: pressure and shear that create uni-axial fibroblast strain can account for improved range of motion (ROM), decreased edema, reduced analgesic requirements and ‘long-term benefits despite short-term treatment’.

**Gua sha increases surface perfusion**

Research using laser Doppler scanning performed on 11 healthy subjects at the University of Duisburg-Essen in Germany (Nielsen et al. 2007) showed a 400% increase in surface micro-perfusion at the area treated for over 7 minutes immediately following treatment, and a significant increase for the full 25 minutes studied. There are no other reports using laser Doppler imaging that show a sustained microcirculation increase of this magnitude in the medical literature. For example, massage has been shown to increase microperfusion slightly while engaged, but is not sustained when massage is stopped (Mars et al. 2005). Acupuncture needling has demonstrated increase in microperfusion at a needle site by as much as 75% but is not maintained longer than 5 minutes after needle withdrawal (Sandberg et al. 2003). One study showed a slight short-lived increase in microperfusion at LI 11 with acupuncture at LI 4 (Kuo et al. 2004).

An increase in perfusion would be expected with Gua sha given that one can easily observe petechiae and ecchymosis. Tian et al. (2009) also demonstrated increased perfusion in rabbits from Gua sha. What is significant about the Gua sha perfusion study in humans (Nielsen et al. 2007) is that:

* Gua sha increases surface microperfusion in the area treated but not outside the area treated;
* Gua sha immediately reduces pain local to and distal to the treated area.

Hence there is a pain-relieving process with Gua sha that is communicated to tissue distal to the area treated. One theory is the circulation of nitric oxide (NO).

**Gua sha, nitric-oxide mediation and pain relief**

One theory of the effect of mechanotransduction in skeletal muscles involves NO release initiating smooth muscle relaxation and vasodilation (Findley 2009; Hocking et al. 2008). NO is an important mediator in both health and disease. It is an endogenous mediator of vasodilatation, also having effects on platelet function, inflammation, and pain perception (MacKenzie et al. 2008). In preclinical studies NO was shown to help maintain gastric mucosal integrity, to inhibit leukocyte adherence to the endothelium, and to repair non-steroidal anti-inflammatory drug (NSAID)-induced damage, thus having a protective effect on the gastrointestinal tract (Lanas 2008). NO-based intervention may produce substantial pain relief by increasing circulation, decreasing nerve irritation, and decreasing inflammation (Hancock and Riegger-Krugh 2008). Release of NO as part of the process of increased perfusion and vasodilation is one hypothesis for the immediate pain relief experienced locally and distally with Gua sha.

**Gua sha and cervical arterial circulation**

As seen in the Chapter 2, Gua sha is reported to be effective for neck pain, cervical spondylosis, as well as vertigo related to cervical problems. Braun et al. (2011) supported these reports in their randomized controlled trial (RCT) on Gua sha for neck pain. Two studies using transcranial Doppler ultrasound demonstrated an advantage to using Gua sha to effect a change in arterial blood flow, affecting pain and vertigo related to cervical pathology (Wang 2009; Wang et al. 2010).

**Gua sha and immunity: heme oxygenase-1 (HO-1)**

Providers familiar with Gua sha know that it can reduce a fever and alter the course of an acute infectious illness as well as reduce inflammatory symptoms in chronic illness. Many of the articles on the history of Gua sha relate its effect in fever and cholera (see Chapter 2). Wang et al. (2009) found immune response stimulated in fevered rats treated with Gua sha, and Zeng (2003) found a benign increase in white blood cells (WBCs) in humans with fever treated with Gua sha. A Harvard study using bioluminescent imaging with a mouse showed that Gua sha upregulates gene expression for an enzyme that is an anti-oxidant and cytoprotectant, heme oxygenase-1 (HO-1), at multiple internal organ sites immediately after treatment and over a period of days following Gua sha treatment (the mouse studied was unharmed) (Kwong et al. 2009). HO-1 and its catalysates (biliverdin, bilirubin and carbon monoxide (CO)) exhibit not only anti-oxidative but also anti-inflammatory effects (Xia et al. 2008). For example, augmentation of HO-1 expression attenuates allergic inflammation: HO-1 plays a protective role in allergic disease in part by inhibiting Th2 cell-specific chemokines (Xia et al. 2008). Kwong’s group provide the first study to show an immediate and sustained immune response from a traditional East Asian modality that has direct relevance to the treatment of internal organ and inflammatory problems.

HO-1 regulates cell cycle and anti-smooth muscle hyperplasia providing protection in many disease models, such as asthma, organ transplant rejection, inflammatory bowel disease and experimental autoimmune encephalomyelitis, even though the immune pathological mechanisms of these diseases are dissimilar (Xia et al. 2008). Upregulation of the enzyme HO-1
has been reported to be effective in the control of hepatitis B virus (HBV) infection and offers hepatoprotection in animal models (Farombi and Surh 2006; Immenschuh et al. 2010; Protzer et al. 2007; Wunder and Potter 2003). Induction of HO-1 results in decreased hepatitis C virus (HCV) replication, as well as protection from oxidative damage, suggesting a potential role for HO-1 in antiviral therapy and therapeutic protection against hepatocellular injury in HCV infection (Zhu et al. 2008). In fact, as seen in Chapter 2, Gua sha is used to treat symptoms of acute and chronic hepatitis in China.

Chan et al. (2011) describe a case in a Western journal where a single Gua sha treatment in a patient with active chronic hepatitis reduced levels of liver enzymes alanine transaminase (ALT) and aspartate transaminase (AST), modulated T-helper (Th)1/Th2 balance and enhanced HO-1, which they suggest is responsible for the hepatoprotective effect (see Chapter 9). In this case, and in general, Gua sha may be effective in transiently reducing the inflammatory injury to the liver when chronic hepatitis B moves into the immune active phase indicated by liver function test. To provide a comparison, Chan’s group (2012) looked at the effect of Gua sha on liver function in normal subjects and subjects with inactive chronic hepatitis B. They established that while Gua sha provides benefit to an inflamed liver (Chan 2011) it does not cause any significant change in liver function in healthy subjects whose immune response is working. They were also able to discount the hepatoprotectant effect of Gua sha as placebo since subjects were unaware of their liver status and are not able to manipulate ‘liver status’ response via expectation. This evidence points to the need for a larger trial to establish to what degree and at what dosage Gua sha might maintain hepatoprotection in patients with active hepatitis.

Gua sha has also shown significant beneficial effects on exercise endurance, glucose reserve and serum enzyme in rats. This correlates with provider reports of Gua sha’s benefit for athletic fatigue (Fang et al. 2008), chronic fatigue (Ruan 2008; Wang 2002) and stress (Liu 2009; Geng 2010). Table 3.3 lists studies and trials on the physiology of Gua sha, West and East.

**Summary**

A global physiological role for connective tissue functionally connecting all parts of the body with one another was suggested over 2000 years ago by the traditional East Asian channel system. Current models hypothesize that certain layers of connective tissue may be a functioning organ, one that may tie together all body functions. The ancients called this mediator of all influences the ‘San Jiao’.

Identifiable cleavages of fascia associated with acupuncture channels may be the very tracks that facilitate transduction of signals within the body’s contiguous network of connective tissue.
tissue, expressing also to internal organs. Unidirectional acupuncture needle rotation propagates a unique response in the connective tissue. Nitric oxide synthase (eNOS) mRNA expression has been shown to be time and mechanical force dependent (Ziegler et al. 1998a). Specifically, the effect of unidirectional force or stress differs from oscillating or alternating force or stress in vascular endothelium (Ziegler et al. 1998a). Anti-inflammatory cytokine secretion is activated by directionality of myofascial release: pressure and shear that create uni-axial fibroblast strain (Standley and Meltzer 2008) like that propagated by the unidirectional pressured stroking of Gua sha.

The transitory therapeutic petechiae exhibit Gua sha’s extravasation of blood within the capillary bed that is measured as an increase in surface microperfusion (Nielsen et al. 2007).

The breakdown of hemoglobin upregulates HO-1, CO, biliverdin and bilirubin that are anti-inflammatory and cytoprotective (Xia et al. 2008). Studies show the anti-inflammatory effect of Gua sha has a therapeutic impact in inflammatory conditions, such as active chronic hepatitis, where liver inflammation indicates organ breakdown that over time can lead to premature death (Chan et al. 2011). The physiology of HO-1 may also explain Gua sha’s anti-inflammatory effect in other responsive clinical conditions, such as fever, cough, asthma, bronchitis, emphysema, mastitis (Chiu et al. 2010), gastritis, musculoskeletal conditions such as neck pain (Braun et al. 2011), migraine (Schwickert et al. 2007), postherpetic neuralgia (Nielsen 2005), and so on. The implications are profound and predict an expanding role for Gua sha in treating inflammatory conditions.

References


Further reading


San Jiao

The San Jiao has been a ‘stone in the shoe’ of every acupuncture student. Westerners have politely forgiven the concept of the San Jiao as prescientific. Although we understand that traditional East Asian Internal Organs are not equivalent to the Western internal organs, thankfully almost all of them bear the same names. The San Jiao did not have the same linguistic ‘good fortune’. Translators, even modern Chinese, have at times apologized for the San Jiao as antiquated. It was this wincing that aroused my interest. The concept of the San Jiao informs counteractive medicine and techniques like acupuncture and Gua sha, even more so now through an understanding of the hypothesized role of connective tissue signaling. The concept of the San Jiao changed from prescientific to pre-scient. The channel system of traditional East Asian medicine suggested the proposed physiological model of connective tissue functionally connecting all parts of the body (Langevin 2006). What follows here is how this concept is discussed in the classical Chinese medical texts, some of the earliest medical texts known.

**Etymology of the characters ‘San Jiao’**

‘San’ means three. According to Larre and Rochat de la Vallée (1992):

> Three is the number of all that is held between two poles, yin and yang, Heaven and Earth. Three is the number of man because man, being between heaven and earth, best represents the influx of heaven and earth in a perpetual exchange ... All exchanges, all transformations of life, take place here at the level three.

The ancients regarded the San Jiao as ‘the medium through which the process of transformation occurs within the human body’. The concept of fire exciting humors in the body coincides with the vapors that rise from cooking rice that is Qi and the Greek concept of wind arising from digestion of food (see Table 3.1 and Figure 4.1).
The ancients regarded the San Jiao as the medium through which transformation occurs in the body. Qi is seen as vapor or humors rising from food rendered or spoiled by fire. The Upper, Middle, and Lower Jiao each have a role in the transformation and circulation of Qi, coordinated and governed by the San Jiao.

In classical texts, the body is divided into three sections, three burners or heaters: the three Jiaos (see Figure 4.1). The San Jiao is said to regulate all water passageways; according to the analogy, it is the ‘official’ responsible for maintaining the ‘ditches’. It also regulates Fire in the three burning centers or Jiaos. The Qi influences (i.e., Ying, Wei, and Yuan Qi) are transformed from water and cereal, and the San Jiao circulates these three Qi. The Nei Ching documents the development of the San Jiao from a designation of functions symbolizing state appropriation of water and grain, whereas the Ling Shu suggests that it includes the designation of a tangible entity (Unschuld 1985). The San Jiao’s expression is at the Li, which is understood as lining or pores, a pivot between outside and inside that is itself not outside or inside, therefore without form, but has form.

**San Jiao and Li: lining, pores, pivot, no form, form**

The 81 chapters of the Nan Ching text sought to clarify issues from the oldest text, the Huang di Neijing. The Nan Ching established, for example, the theory of the Path of Qi via the back Shu points and front Mu points, as well as the Yuan source points. The Nan Ching also contains discourse on the San Jiao. The 25th and 38th issues of the Nan Ching speak of the San Jiao as having name but no form. Ting Chin states in his commentary to the 25th Difficult Issue:

> If the Triple Burner has no form, how can passageways of water emerge from it? How can it be thick or thin? How can it be like mist or fog or foam or a ditch? How can it emit influences in order to supply warmth to the flesh? And if the enclosing network of the heart has no form, how can all the evil influences settle in this network enclosing the heart? They obviously did not know that the heart enclosing network is a small bag providing a network internally and an enclosure externally. Thus, the name already states that it is an ‘enclosing network’.

Commentary by Kato Bankei to the 38th issue states:

> … the Triple Burner is not a proper palace. However, without its influences all the other palaces could not fulfill their functions of...
ultimately penetrating to the Kidneys. As stated in Chapter 2 of the Ling Shu, the Kidneys own the Shao Yang (the San Jiao and Gall Bladder).

The early Western anatomists’ cellular membrane (Kaim 1756) is clearly the subcutaneous fascia, called the Cou Li in traditional East Asian medicine. The classic medical text Jinkui Yaolue, Synopsis of Prescriptions of the Golden Chamber (1987) warns against intrusion of pathogenic factors through the Cou Li. According to Epler (1980), Cou Li means ‘pores’ in much of the Su Wen. Open pores allow penetration of exogenous factors and allow their release through sweat. Closed pores are a barrier to exogenous factors or hold the exogenous factor in, once present. Epler notes that some commentators of the Su Wen translated Cou Li as ‘between the skin and underlying musculature’. This coincides with the current definition in the Chinese–English Medical Dictionary (Ou Ming 1988):

The Cou Li is striae, the natural lines of the skin and muscles and the spaces between the skin and muscles. It serves as an entrance and outlet for the flow of vital energy and blood and one of the routes for the excretion of body fluid, and as a barrier against the exogenous evils.

Ting Chin also states: ‘The San Jiao is a large bag supporting the organism from the outside and holding it inside’.

A similar view was held in early Western medicine that to prevent stagnation of fluids, friction was considered to affect the cellular membrane surrounding the whole body under the skin (Kaim 1756):

The cellular membrane, surrounding the whole body under the skin, and the muscles within it, and penetrating their fibers, is the most powerful seat of the watery humors which stagnate under the skin in anasarca [a condition in which body tissues contain excessive fluids], leukophlegmatia [white inflammation], and chlorosis [iron deficiency anemia] ...
Here the Cou Li is the anatomical expression of the San Jiao. The Ling Shu, Chapter 47, confirms 'The Bladder and Triple Heater (San Jiao) have their correspondence and resonance in the most external structure of the body, the Cou Li' (see Figure 4.3).

The correspondence of the San Jiao to the Cou Li is essential to understanding the model for the curative effect of Gua Sha, acupuncture and, for that matter, any hands-on physiotherapy. When stimulating the body surface superficially or penetrating it, as with acupuncture or Gua sha, the effect is conducted internally by way of the Cou Li, that corresponds to fascial connective tissue and the potential transduction of chemical and mechanical signaling (as discussed in Chapter 3). As the outermost of the San Jiao’s interconnecting network of bags, the Cou Li links the exterior of the body with the Internal Organs. Likewise, what is internal is conducted and reflected at the surface: ‘the external envelope is where the inner motion is visible’ (Larre and Rochat de la Vallee, 1992).

The workings of body Qi, Food and Fluid is isomorphic to the workings of a sustained community (see Figure 4.2). The Protective Wei Qi, like a guard, moves outside the vessels. The constructive Ying Qi moves inside the vessels. The original Source or Yuan Qi comes from heaven, but is sustained and replenished by the balanced function of the whole. In the community, the state is seen as the agency or ‘fire’ that regulates all transactions. In the body the San Jiao regulates all transactions in the three Jiaos by circulating the three Qi.

**Wei Qi**

The Wei is greasy and slippery and cannot enter the channels or vessels but resides in between the skin and the muscles, at the Cou Li. Functionally, Wei Qi warms the muscles, fills up the skin, opens and closes the pores to protect the body from penetration of Cold and Wind (Ling Shu, 100 BC). Wei assumes form as body fat, the adipose tissue of the superficial fascia. Wei Qi is an aspect of body resistance within the Cou Li and takes form at the Cou Li. Functionally, Wei Qi warms the muscles, fills up the skin, opens and closes the pores to protect the body from penetration of Cold and Wind (Ling Shu, 100 BC). Wei assumes form as body fat, the adipose tissue of the superficial fascia. Wei Qi is the Qi activated when a needle is inserted in an acupuncture point (Maciocia 1989).

At the Cou Li, the San Jiao protects from but also conducts pathogenic factors such as Wind, Cold, Damp, Heat and Dryness. Like the Pericardium membrane, the Xin Bao, which detains the evil, preventing entrance to the Heart, the San Jiao detains but also conducts exogenous evil or pathogenicity. The Cou Li provides a pathway that diverts the causative agent from the seat of life, the Ming Men at the Kidneys.

**Ying Qi**

Like connective tissue, it is said there is nothing the San Jiao does not envelope, including the vessels that hold the Blood and conduct the Ying Qi. Ying is the nourishing, constructive aspect. Ying flows in the blood vessels and channels, while Wei Qi flows outside the channels. Ying suffuses the entire body through the vascular system and the meridian system. According to Ross (1985) Ying and Blood are often synonymous. The Blood carries Ying, but Ying is not contained only in Blood. Ying Qi is the Qi activated when a needle is inserted in an acupuncture point (Maciocia 1989).

When the ‘Ying and the Wei are out of balance’ the patient is said to sweat without resolution. This sweat is loss of the Ying through the pores. The Wei is said to have gone inside and the Ying is said to have gone outside. Hence there is no protection and the constructive aspects are scattered. This is one scenario of chronic fatigue syndrome, where an illness is trapped at the Shao Yang. The patient is vulnerable to any outside influence due to the lack of protection. Her nourishing aspects are spent externally, rather than retained and incorporated within.

**Yuan Qi**

‘Yuan’ means ‘original, primordial source’. It is our life force endowed by heaven, manifest through our parents, accumulated in the Kidneys and circulated by the San Jiao. The ideogram for Yuan, ‘原’, represents three springs gushing out of a cliff. An image emerges of the San Jiao force of Fire ‘gushing’ Water in the three body zones, accessed at points CV 17, CV 12 and CV 6.
The San Jiao Fire is the Yuan Yang, original Yang of the Gate of Life (Ming Men). It is the original constituent of all Yang function. The Water is the Yuan Yin, the original constituent of all Yin, substance and fluid. When Fire meets Water in the body, a transformation into Qi takes place.

Larre and Rochat de la Vallee (1992) state: ‘There is no vital Water without Fire to transform it and no Fire of life without Water to fix and express it’. The creative tension between 2, Fire and Water, the motive and the quiescent, becomes 3, san, continuous transformation. This is the formula for life as our ancestors expressed it. The Yuan not only suffuses the body with motive force but is a catalyst in the formation of Ying, Wei, Qi and Blood. Yuan is itself, in turn, ‘persistently regenerated’ by those very products. It accumulates or resides in the Kidneys at the Ming Men and, through the San Jiao, reaches the entire body. It can be directly accessed at the Yuan Source points at the extremities, or at CV 17, CV 12 or CV 6 at the front of the body.

The San Jiao regulates water passageways

Jin Ye

In the commentary to the 66th issue of the Nan Ching, Yang explains:

The location between the two kidneys is called the great sea, ta-hai; another name is ‘submerged in water’, ni shui. Inside it is the spirit-turtle. It exhales and inhales the original influences. When the original influences (yuan) flow out of the tan tien (3 inches below the navel) they penetrate the four extremities as wind and rain; they reach everywhere.

(Unschuld 1986)

The term ‘hai’ refers to the internal environment of the body as a ‘sea within a sea’ (Liu and Liu 1980). Body Fluid is a constituent of Blood when in the blood vessels. When it is outside of the blood vessels, it stays in the slit of the body organs (Academy of TCM 1979). All organs and tissues within the body are individually or collectively surrounded by and in direct contact with the Body Fluids. Jin Ye, as though aloft yet duly adhered to a base and properly anchored. The body itself virtually exists in an external envelope of fluids. (Liu and Liu 1980).

Chapter 36 of the Ling Shu states: ‘The Qi of the Triple Burner goes to the muscles and skin and is transformed into fluids (Jin). Other body fluids do not move and are transformed into liquids (Ye).’

Jin Ye are Body Fluids. Jin fluids circulate with the Wei Qi at the body exterior as an agency of protection and nourishment to the skin and muscles. Jin leave the body as clear light fluids: sweat, tears, saliva and mucus. The Lungs and the Upper Jiao of the San Jiao control movement and expression of Jin.

Ye fluids are more dense and turbid. They circulate with the Ying Qi at the interior, lubricating the joints and orifices (eyes, ears, nose, mouth). Ye are controlled by the Spleen and Kidneys and the Lower Jiao of the San Jiao. Ye leave the body as discharges that could be said to be heavier in the sense that they contain more waste.

Observing mist, foam and swamp

The form of fluid is specific to the Jiao. This can be directly observed. The fluid of the Upper Jiao is a mist associated with the vapor that rises to the Lungs from the Stomach, Spleen or Kidneys and is dispersed by the Lungs throughout the body. The vapor described is like the exhalation mist observed in winter.

The Middle Jiao fluid is described as thicker, as a foam or a muddy pool. It is associated with the contents of the stomach in the process of transformation. This can be observed when the stomach rebels and the foamy contents are vomited.

The Lower Jiao rules discharge. Its fluid is the dregs, i.e. stool and urine, described as a swamp. Swamps are a mixture of dark mud and water and they stink. The Lower Jiao, like a swamp, vaporizes some of its fluid, which rises like mist back up to the Lungs. The swampy discharge of the Lower Jiao can be observed in the stool.

The San Jiao controls Jin Ye fluids and one control valve is the Bladder. It can be observed that when a living body becomes suddenly cold the Cou Li and muscles at the surface contract, the pores close and the Bladder fills. The body excretes clear, light yellow fluid. Hence the association of the San Jiao, Bladder and urine in the Su Wen and Ling Shu.

The San Jiao regulates the entire cycle of Jin Ye circulation and the intercommunication of fluids throughout the Body. The Su Wen states that the Upper Jiao resembles fog, the Middle Jiao resembles foam and the Lower Jiao resembles a swamp. This is reminiscent of the character for Qi – the vapor rising from the foamy boiling of the denser rice (see Figure 4.1).

The Triple Burner is a palace acting as central ditch; the passageways of Water emerge from it. It is associated with the Bladder and it constitutes the palace of uniqueness.

When the pores (tsouli, couli) are sealed tightly and the skin is thick, the Triple Burner and the Bladder are thick too.

The lower section of the Triple Burner is located exactly at the upper opening of the Bladder … From there the clear portions enter the Bladder where they become influences and urine … The lower section of the Triple Burner masters discharge but not intake; it serves as transmitter.

(Unschuld 1986)

The Ling Shu, Chapter 47, states that the Kidneys connect with the San Jiao, and the Bladder and San Jiao have their resonance at the Cou Li (Larre and Rochat de la Vallee 1992).

Gao Huang, Huang Mo, Mo Yuan: internal network of bags

The Bladder is called Pang Guang or Gao Huang. Gao Huang also refers to the greasy membrane or Li, the lining between the Heart and diaphragm. It is also the name of acupoint BL 38 (TCM BL 43), ‘gao huang shu’. One of the five
main acupuncture points, gao huang shu directly accesses this abdominal membrane or fascia. The Su Wen states: ‘The Wei Qi goes between the skin and tissues and flesh. The Wei keeps the ‘Huang Mo’ warm. The Wei scatters to the chest and abdomen’. ‘Mo’ means membrane. Huang Mo, like Gao Huang, describes the greasy membrane between the Heart and diaphragm.

The membrane source, Mo Yuan, refers to the membrane found between the viscera and the wall of the trunk. Called the greater omentum, peritoneum or mesentery, it refers to the fascia of the abdominal cavity. According to the Wen Re Jing Wei, the Warp and Woof of Warm Febrile Diseases, ‘The membrane source is connected to the muscles externally and is close to the stomach internally. It is the gateway to the Triple Burner and, in fact, is at the half-exterior, half-interior level of the body’ (Bensky and Barolet 1990).

Gao Huang, Huang Mo and Mo Yuan, then, are the internal aspect of the San Jiao; the internal network of bags that connects with the external bag, the Cou Li.

The Shao Yang belongs to the Kidneys

Half-interior, half-exterior

The Shao Yang describes the sides of the body traversed by the San Jiao and Gall Bladder vessels. The Shao Yang is said to be half Biao, half Li. It represents not just the lateral aspect of the body but a distinct place within the entire body surface envelope, the half-inside, half-outside, the Cou Li and Mo Yuan. The Shao Yang is the pivot from ‘outside to inside’, the mediator (see Figure 4.4).

Shao Yang symptoms

The Shao Yang exhibits a mix of symptoms of the Exterior and Interior (see Table 4.2). A Shao Yang disorder is between the outside and inside. The place ‘between’ is specifically the Cou Li and Mo Yuan, the fascial network.

<table>
<thead>
<tr>
<th>Tai Yang</th>
<th>Shao Yang</th>
<th>Yang Ming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chills, aches</td>
<td>Chills, then fever, then chills</td>
<td>Aversion to/fear of heat</td>
</tr>
<tr>
<td>Aversion to/fear of Cold/Wind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold/Wind</td>
<td></td>
<td>Not simultaneous</td>
</tr>
<tr>
<td>No fever, pathogen has not penetrated to deep heat response</td>
<td>Aches</td>
<td>Fever (with chills), fast pulse, thirst, sweat = Four Bigs</td>
</tr>
<tr>
<td>No appetite, sweat does not resolve fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent urination</td>
<td>Dysuria</td>
<td>Scant urine due to Heat</td>
</tr>
</tbody>
</table>

Figure 4.4 • Areas of the body associated with the Tai Yang, Shao Yang and Yang Ming • The acute symptomatology of disorders at these areas is described in Table 4.2. Some symptoms can linger or become chronic reflecting a persisting stasis.
Before thermometers were used to measure body temperature, fever was detected by touch or by report of the patient. The chills of a Shao Yang disorder alternate with fever, but the fever is not high. The patient may feel hot and be hot to the touch but a Shao Yang fever would not register high on a thermometer. This is because the fever is not coming from the inside, where true heat resides, but from half-in, half-out. An increase in fever indicates the pathogen has deepened and reached Yang Ming Fire.

Alternating fever as in malaria, or Babesiosis (a Lyme disease coinfection) express at the Shao Yang.

What are the possible outcomes of the Shao Yang stage? The pathogen (chill) can sink deeper into the body, creating hotter signs: Yang Ming. Or the pathogen can vacate the Tai Yang and Shao Yang regions, the Biao and Li, in resolution. A third possibility is for the illness to become chronic, with continued bouts of chills, slight fever, feeling achy and never quite well. This indicates that the pathogen is lodged in the Shao Yang or that the Shao Yang is retaining the pathogen. This is one scenario of chronic fatigue.

Treating illness with aspects at the Shao Yang

Any chronic illness may have a Shao Yang component. Just as the Shao Yang is the pivot between outside and inside, a chronic ‘Shao Yang’ patient is never quite sick, never quite well (see studies on using Gua sha for treating ‘sub-health’ in Chapter 2). Any bodywork that manipulates or penetrates the body surface, stimulating the Cou Li or fascia, affects the Shao Yang, the Mo Yuan and, hence, the Internal Organs. The global physiological role of the Li, which may wholly or in part correspond to connective tissue, structurally and functionally connecting all parts of the body, may leave no aspect unaffected by treatments such as Gua sha. Just as water quenches thirst, so too would the most thirsty aspects be noticeably quenched by directed stimulation.

Psychospiritual implications: inside–outside

When influences are balanced and one’s mind reaches into the distance, happiness and joy originate.

The Organs and Zang Fu patterns of Chinese medicine have their psychospiritual as well as their physical expressions. For example, Liver constraint, expresses as various Qi stagnation syndromes. There is frustration, anger, obstructed will and creativity. Liver Qi is never said to be Deficient because it is the nature of the Liver to stagnate rather than wane. Liver Blood, on the other hand, can become Deficient. Each organ is a unique expression of an aspect of body and spirit.

The San Jiao mediates all stimulation from the universe ‘outside’ the body: Heat, Cold, Wind, Damp, Dryness, barometric pressure, the spirit that passes between humans, and what passes between humans and the spirit world. Ancients regarded the human being as a microcosm of the universe, in sympathetic resonance with the forces of the universe. The San Jiao is the physiological organization of an individual’s every response – yes, no or maybe – to all that is.

In sympathetic resonance, the body is balanced, fluid and flexible with the environment. Imbalance fosters the opportunity for intrusion. The Shang Han Lun, clause 97, says: ‘When the Blood is Deficient and the Vital Resistance weak, the Cou Li opens, so the pathogenic factor intrudes’.

Furthermore, from a psychosocial perspective, when the Blood is Deficient the self-esteem may be low. If the Wei is also weak, there may be sensitivity to stimulation, including the thoughts and actions of others. The results are comparable to when the physical body is engaged in illness, as the body battles with a penetrating factor. The patient suffers pain, is preoccupied, out of balance within themselves and out of a healthy resonance with the whole.

Summary

The concept of the San Jiao regulating the three Qi at the Cou Li, or lining, via the ancient channel system informs not only ancient counteractive medicine and techniques like acupuncture and Gua Sha, but also an understanding of the models for connective tissue signaling: the physiological role of connective tissue connecting all parts of the body with one another. The San Jiao has changed from a prescientific to a prescient concept of function.
References


Sha syndrome and Gua sha, cao gio, coining, scraping

Gua sha, cao gio, kerik, khoud lam, ga sal, coining, scraping

Gua sha is a traditional East Asian medicine healing technique that applies instrument-assisted unidirectional ‘press-stroking’ of a lubricated area of body surface to intentionally create transitory therapeutic petechiae representing extravasation of blood in the subcutis.

Gua sha is also known as cao gio (Vietnam), kerik (Indonesia), khoud lam (Laos), ga sal (Cambodia), coining or scraping, and has been used for centuries in Asia, in Asian immigrant communities, and by acupuncturists and practitioners of traditional East Asian medicine worldwide (Nielsen 2009) (see Chapter 1).

Sha

Sha is a polysemous term describing the presence of surface blood stasis associated with pain or sickness and the petechiae that are raised from applying Gua sha. Sha may be symptomatic (sha syndrome), asymptomatic, or mildly symptomatic and potentially pathogenic. Sha is literally translated as ‘sand’, ‘sharkskin’, or ‘red, raised, millet-size rash’ (Ou Ming 1988).

In ancient medical literature sha ‘沙’ refers to cholera (see Table 5.1), wherein sha petechiae resemble cholera’s end-stage rash, linking Gua sha to its history as treatment for fever and cholera (Mathews 1931; Weiger 1965) similar to techniques used for cholera in early Western medicine (see Chapter 1). Sha syndrome is characterized by different kinds and stages of fever responsive to Gua sha (Yang et al. 2007b) (see below).

Dr So liked the translation of sha as ‘sand’ or ‘sharkskin’, since the texture of sha petechiae is bumpy like sand on the skin, similar to a sharkskin. The raised bumps are most often red but can be blue, purple or black (see Plate Section).
**Table 5.1** Sha沙refers to cholera in ancient medical literature but it also refers to sand in common language. Sha as petechiae feel slightly rough on the skin surface, like sand or sharkskin. Rash-like petechiae are characteristic of end-stage choleric dehydration (see Chapter 1). The oldest medical literature that describes the sickness of ‘sha’ or ‘sha syndrome’ is the Shi Yi De Xiao Fang, written by physician Yi-lin Wei in Yuan Dynasty (AD 1337). In Ming Dynasty (AD 1368–1644), the medical literature used another sha to refer the sickness of ‘痧’.

<table>
<thead>
<tr>
<th>Ideogram</th>
<th>Pronunciation</th>
<th>Modern language</th>
<th>Ancient medical language</th>
</tr>
</thead>
<tbody>
<tr>
<td>芍</td>
<td>Shā</td>
<td>Nè</td>
<td>砲</td>
</tr>
<tr>
<td>Cholera</td>
<td>Sickness</td>
<td>Sand</td>
<td></td>
</tr>
<tr>
<td>Cholera</td>
<td>Sickness</td>
<td>Cholera, sand</td>
<td></td>
</tr>
</tbody>
</table>

**Gua**

Sha is intentionally brought to the body’s surface by four methods: Gua sha, Pak sha, Tsien (Nieh or Niu) sha or by Ba guan, cupping. ‘Gua’ literally means ‘to scrape or scratch’ but is more accurately described as unidirectional instrument-assisted press-stroking. Scraping is a rather misleading term since there is nothing taken from the skin surface; it remains intact. ‘Pak’ means ‘to slap’, ‘Tsien’ means ‘to pinch’. Tsien sha is used, for example, at the point ‘yin tang’ between the eyebrows. Ba guan, i.e. cupping, raises sha by vacuum force created by suction or flame. The cup is then applied to the surface causing the flesh to ‘tumify’ into the cup, resulting in extravasation of blood. (Cao et al. 2010; Chirali 1999; Manz 2009).

Gua sha and Ba guan have similar therapeutic intentions but different mechanisms. While both may be warming, fire cupping (or moxibustion) may be more suitable for warming a cold abdomen. Cupping is essential for bloodletting, called wet cupping, applicable in early stages of eczema, for example. Whether a practitioner uses Gua sha or Ba guan comes down to personal preference. In my experience Gua sha does more to stretch the tissue and underlying fascia and is easier to execute over a large area. Gua sha is easier in that cap instruments can be discarded, whereas cups are not intended as disposable instruments and require decontamination and/or sterilization before reuse (see Safety protocols, Chapter 6).

**Sha syndrome**

The oldest known medical literature that describes ‘sha syndrome’ or sickness of ‘sha’ was the Shi Yi De Xiao Fang, Effective Formulas Tested by Physicians for Generations (1337), written by physician Yi-lin Wei in the Yuan Dynasty. Dr Wei prescribes the treatment for ‘sha’ as ‘...scraping at the neck, elbows and knees using wet hemp until there was an increase of blood in skin which appeared as small red spots.’ The description for cholera treatment or treatment of ‘Sha syndrome’ in the famous Korean text printed in 1613, the Dongui Bogam, Mirror of Easter Medicine by Dr Heo Jun is the same as that in the Shi Ye De Xiao Fang.

The Chinese–English Medical Dictionary (Ou Ming 1988) defines sha syndrome as:

A disease caused by the exposure of Wind, Cold, Summer-Heat or wetness evil in summer or autumn leading to blockage to meridians; manifested as chilliness, fever, distension and pain of the body, or vomiting and diarrhea, or rigidity and numbness of extremities.

There are three significant points to this definition. The first is the notion of disease caused by exposure to the Elements.

**Disease caused by exposure to the Elements**

The notion of atmospheric factors causing disease is found in every culture. Epler (1980) cites Chapter 62 of the Su Wen that dates from the 2nd century BC where hsiieh describes a range of ‘pathogenicity’, including external disease, that is, disease attributed to exposure to external elements that in turn affect the exterior of the body with agency to progress internally. It is associated with atmospheric factors, especially wind and rain, or with food and drink.

Exposure can lead to illness or exacerbate symptoms of any existing condition. Wai feng, evil wind, enters from outside the body (Liu and Liu 1980). External factors in excessive of that manageable by the body’s defense system, are heteropathic, and become harmful to the body’s orthopathic Qi thus causing illness. The body’s defensive barrier, Wei Qi, is a circulating shield of warmth and regulatory processes that protects from penetration of external excesses. Wei Qi can become weakened by improper diet, lack of sleep or by the effects of stress or illness. Externally the Wei Qi is challenged by repeated unprotected exposure to changes in external conditions like temperature, wind, dampness, and so on. The wisdom of Chinese medicine emphasizes prevention of illness by carefully clothing, resting and feeding ourselves. Those who do not eat or drink at the proper time impair the Internal Organs and deplete the Blood and Qi. That can in turn weaken the Wei Qi allowing entry of injurious influences.

We may think such considerations irrelevant to modern times. Housing and central heating shield us. We are at once protected from the Elements and less aware of them. However, changes in temperature from cozy central heating to the wet, cold wind or from summer’s heat to air-conditioning challenge the body’s regulatory mechanisms. We are spared extended exposure to a harsh climate, but the contrast between our indoor and outdoor environments can also be an immune stressor.

When an outside agent violates the body, penetration advances with recognizable signs. The Elements act within the body like they act outside. Methods of intervention are specified accordingly.

**Elements act in the body like they act outside**

If an Element is able to penetrate the body’s resistance, it is the ‘character’ or ‘nature’ of the Element that invades the
body. The inner Qi is disturbed in a manner characteristic of the Element.

Cold

Cold causes the body to contract. It slows things down just like a stream freezing over. ‘Just as Cold causes the water in rivers to freeze so it is said to cause the Blood in the vessels to congeal’ (Epler 1980). Cold inhibits circulation, causing things to ‘collect’ and get stuck. Pain from Cold is marked by symptoms of chill, contraction, cramps and spasms.

For decades conventional medicine has maintained that respiratory infections are caused by viruses and bacteria, purging the historical association of colds with exposure to ‘chill’ and humans from their place in nature (Douglas 1969). Recent study, however, supports the role of exposure as contributing to illness. Acute cooling of the body surface (Eccles 2002) and inhaling of cold air (Mourtzoukou and Falagas 2007) causes reflex vasoconstriction in the nose and upper airways, and this vasoconstrictor response inhibits respiratory defense and promotes the onset of common cold symptoms by converting an asymptomatic subclinical viral infection into a symptomatic clinical infection. Researchers also found cooling of the feet led to cold symptoms onset in some subjects (Johnson and Eccles 2005). Moreover, thermoregulatory responses are altered by repeated cold-water immersion (Young 1986). Hot drinks were found to be a beneficial treatment for relief of common cold and flu symptoms (Sanu and Eccles 2008). Cooling of the feet provokes symptomatic lower urinary tract infection in cystitis-prone women (Baerheim and Laerum 1992).

Thermographic imaging (see front cover) can show how cold penetrates the body when in a cool environment. It shows heat loss and penetration of cold by conduction. Body heat loss through convection, the normal rising of heat, happens continuously. A wind or draft expedites heat loss through convection by more quickly replacing the air that surrounds the body.

In other research, Vitamin D concentrations correlated with susceptibility to acute viral infections (Sabetta et al. 2010). Serum concentrations of 38 ng/ml or greater were associated with a two-fold reduction in risk of developing illness. Vitamin D is sourced through food and exposure to sunlight, and it is thought that Vitamin D deficiency contributes to seasonal flu epidemics, especially in climates where cold winters reduce exposure to sunlight. This research supports the importance of spending some time outside every day, and for some, to supplement with Vitamin D in fall and winter.

Dampness

Dampness acts inside like it acts outside. It causes things to be wet, sluggish, to collect as edema and to pour down as diarrhea or discharge. The pain of Dampness is a steady, be wet, sluggish, to collect as edema and to pour down as diarrhea or discharge. The pain of Dampness is a steady, heavy ache that stays in one place. While it is thought that even in early China cholera was known to come from drinking tainted water, cholera symptoms (chills, fever, vomiting and unremitting diarrhea and dehydration) were treated as manifested forms of exposure to cold and damp with Fire.

Dryness

Dryness deprives the body of moisture, injuring all functions dependent upon fluid. Fluids conduct all body nourishment and elimination, as well as facilitating movement itself. Fever, fluid loss or inability to drink create internal Dryness that can be life-threatening.

‘Outside’ Dryness injures the skin and the Lungs first, causing dry skin, dry cough and thirst. Research has shown that dry air promotes respiratory viruses to become trapped in mucosa and reproduce. Also, influenza viruses stay alive longer in dry air, favoring transmission (Lowen et al. 2007). As Dryness persists, its effects deepen in the body, causing dry stool, dark infrequent urine, fatigue and stiffness. Dryness can also lead to internal Wind that appears as dizziness or spasms.

Heat

Heat causes things to stir, to agitate. Heat raises body temperature overall or at one site and dries fluids, causing elements to concentrate. Pain from Heat feels hot and irritating, and dense. The Heat of fever causes excessive internal motion. Hippocrates understood fever to arise from excessive motion. He believed frictioning could augment the vital force and excite a warm fever in even the most ‘frigid dropsical person’, creating Heat as therapy (Kaim 1756).

Wind

Wind moves. It can penetrate the Cou Li, (lining, pores) carrying other Elements into the body. ‘Outside’ Wind affects the skin, head, throat and Lungs first. Wind is also responsible for advancing the illness inward to the body interior.

Wind acts inside like it acts outside. Wind pain can be of sudden onset, tending to move around or shoot, and it can cause rigidity like a tree straining against a steady gale.

The common effect of the penetrating nature of Cold, Dampness, Dryness, Wind and sometimes Heat is ‘blockage to the channels’. This is the second significant point of the sha-syndrome definition: outside excesses obstruct the inner Qi.

Bu tong ze: tong; tong ze: bu tong
No free flow: pain; free flow: no pain

Like Hippocratic medicine, traditional East Asian medicine uses aphorisms. According to one traditional saying, pain is caused by obstruction in the flow of Qi or Blood. The ceaseless flow of Qi is a body concept analogous with the ceaseless flow of water in nature. Obstruction causes problems. Herein lies the curative principle of acupuncture. Acupuncture is the mechanical stimulation of points with needles, the effect of which is to move Qi. Moving Qi removes obstruction, reestablishing the normal free flow and, thus, resolving pain. If the
Blood is stuck, acupuncture alone will not resolve it and techniques like Gua sha are needed.

**Distinguishing pain: Shi/excess or Xu/deficient**

The pain of obstruction is considered an excess or Shi pain. Excessive Shi pain comes from invasion of external factors, stickiness of Qi, Blood, Dampness/Fluids and/or Food or from Organ dysfunction that allows excess of substances to concentrate. When things collect there is abundance, and that inappropriate surplus causes pain. The bottleneck in the flow of Qi, Blood, Food, Phlegm or Fluids creates a shortage somewhere else. Hence, obstruction can lead to Deficiency.

There is also pain of a Deficient or Xu nature. Deficient types of pain are duller in character than a Shi pain and are associated with ‘not enough’ Qi, Blood or Body Fluids. When there is a shortage of Qi, Blood or Body Fluids, the force in their flow is compromised allowing substances, Blood, Body Fluids, mucus or food to collect. So Deficiency can lead to obstruction. Because there is less force behind the obstruction, the pain is duller.

A practitioner is able to distinguish a Shi from a Xu condition by the quality of pain, the texture and color of sha and the patient’s response to Gua sha. This will be detailed in Chapter 6.

**Symptoms measure climatic penetration**

The third significant aspect of the definition of the sha syndrome is the subjective symptoms. We recognize ‘chilliness, fever, distension and pain of the body, or vomiting and diarrhea, or rigidity and numbness of extremities’ as early stage symptoms of an acute flu. The traditional East Asian perspective interprets: ‘Wind Cold produces chilliness. The presence of Wind, Cold and Dampness at the level of the muscles produces generalized soreness and pain’ (Bensky and Barolet 1990).

The body’s resistance to Wind Cold is evidenced by fever. Advancement to the Middle Jiao is marked by vomiting and diarrhea. Rigidity and numbness of the extremities is evidence of severe obstruction by Wind.

In traditional East Asian medical diagnosis particular attention would be paid to the signs that dominate. Chills predominating rather than fever indicates penetration has not reached past the surface or Tai Yang region. Fever and sweating with thirst indicate the external influence has reached the body’s deep heat response. Sweating may resolve the fever or may not. Both fever and sweating can eventually deplete Body Fluids. Thirst is a sign that the fluids are depleted or not circulating.

What is the location and nature of the pain? Dr So and the classical elders taught that the area of greatest pain is the original site of penetration. Changes in stool and urine and even characteristics of vomit all help to place the patient on a continuum of diagnostic and prognostic perception, from which is fashioned a treatment, applying the principles of traditional East Asian medicine. The proper response to the above signs is to first treat the Exterior.

**Xian biao hou li: first treat the Exterior, then the Interior**

Another important aphorism that guides treatment deals with prioritizing: xian biao hou li. To treat an Interior condition when there is also an Exterior pathogenic factor may drive the Exterior factor into the Interior, making the patient worse. For this reason, treatment of chronic conditions is postponed until the acute condition is gone. For example, purgative herbs are not given in an acute external illness. A purgative would cause the stool to move down and out, drawing the external factor in at the surface.

Therefore, the principle of releasing the Exterior is applied first. When the external factor is resolved, Interior chronic patterns can be treated, often in subsequent sessions.

Clause 1.15 of the *Synopsis of Prescriptions of the Golden Chamber* (Jinkui Yaulie Sanglun 1987) states:

> When a patient with a chronic disease is affected by a new disease, the new disease should be given priority in treatment, after which the chronic disease can be treated. Chronic disease cannot be cured within a short time, while a new disease can be treated easily as it has not penetrated deep into the Interior. Generally speaking, patients with chronic diseases lack body resistance, permitting pathogenic factors to invade the Interior in a short period of time. If timely treatment is not directed at the new disease, it will aggravate and complicate the chronic disease.

In an acute illness it is thought that the body is trying to push out the penetrating external factor, as in fever culminating in a sweat. The proper therapeutic response is to help the body push. The method is called ‘releasing the Exterior’.

**Gua sha terms of action**

**Gua sha dredges the channels**

Chinese-language articles consistently refer to Gua sha as dredging the channels, an action that is stronger in terms of clearing stasis than acupuncture’s stimulation of Qi. These ancient channels or meridians are consistent with planes or cleavages of connective tissue (Langevin and Yandow 2002), the same connective tissue that is intimately associated with all other tissues including organ systems, now recognized in models as a ‘body-wide mechanosensitive signaling network’ (Langevin 2006). Dredging the channels relieves local stasis, as Gua sha stretches the tissue along the planar boundary that is responsive to both depth and direction of manual stimulation, propagating mechanical and chemical signaling within the connective tissue matrix, which may potentiate tissue morphogenesis associated with healing (Langevin et al. 2001).

**Gua sha vents Heat**

Heat stress reduces cerebral blood velocity and markedly impairs orthostatic tolerance in humans, leading to Heat...
The Cold and Wind obstruct not only the Qi but the Blood as well. Gua sha resolves Blood stagnation. It also resolves external pain and constriction shifting any palpation. Gua sha treatment prevents potential acute illness.

Exterior signs: pain or constriction or evidence of sha upon palpation. If the onset is at the earliest stage, however, penetration is often resolved without illness. The Shang Han Lun talks in great detail about herbal decoctions to release the Exterior through diaphoresis or therapeutic sweating. In protracted illness, weakened patients or repeated but weak diaphoresis, sha stasis may not be completely resolved. Therefore, checking for and applying Gua sha is important even when a patient reports they had fever with sweating.

Fever may also express Heat in the form of a rash or petechiae, as in measles, chicken pox, shingles or cholera. Gua sha is essential to reduce this Heat and may be applied sequentially to completely resolve Heat toxin (see Chapter 9).

Gua sha’s release of the Exterior promotes a speedy resolution and rebound to health and prevents progression of illness to chronic unresolved syndromes like chronic cough, sinusitis, diarrhea or fatigue. The wisdom of ‘first treat the Exterior, then the Interior’ extends to all patients presenting with any Exterior signs: pain or constriction or evidence of sha upon palpation. Gua sha treatment prevents potential acute illness. It also resolves external pain and constriction shifting any chronic internal disturbance associated with it.

Gua sha resolves Blood stagnation

Cold and Wind obstruct not only the Qi but the Blood as well. The Su Wen states:

A Cold Qi may lodge within the Blood of the Lo [vessels]. The Blood becomes congealed and is not able to flow into the large Jing [vessels]. The Blood and Qi are retained, unable to course through …

When a person is exposed to the wind, either lying down to rest or walking about, his Blood will be affected. The Blood then coagulates within the flesh and the result is numbness in the hands and the feet. When it coagulates within the pulse the Blood ceases to circulate beneficially; when the Blood coagulates within the feet, it causes pains and chills.

Gua sha ‘lets blood’ within the tissue. This blood is not let from the skin, but appears as small petechiae or ecchymotic patches confirming stuck Blood at the surface. If there were no stagnation of Blood, Gua sha or any other surface frictioning would only be rubefacient, bringing blood to the surface in a pink blush. When surface frictioning reveals sha, stuck Qi and Blood have been moved.

Internal Blood stasis pain is an excess Shi pain, more intense than the pain of stuck Qi. It is described as boring, stabbing or torturous. Stuck Blood pain can be experienced on a scale of persistently bothersome to intolerable. In addition to pain, Blood stasis also impedes the new production of Blood and obstructs the dissemination of fluids throughout the body (Bensky and Barolet 1990).

Gua sha moves Blood externally and internally, promotes Blood production and improves dissemination of fluids. Proper dissemination of fluids is imperative to the all body function. Given its ability to move stuck Qi and Blood, release the Exterior, vent Heat, disseminate fluids and stimulate creation of new Blood, Gua sha becomes a relevant tool of treatment for almost any presenting disorder.

Gua sha as scraping, coining, spooning

A literal and oft heard translation of Gua sha is as scraping, and it is sometimes also known as coining or spooning. I avoid using the term ‘scrapping’ because it misleads. Gua sha is more accurately described as instrument-assisted ‘press-stroking’ of a lubricated surface. Scraping implies something is removed, or scraped off, which is not the case. Scraping also implies injury, which is not the case with Gua sha. ‘Coining’ comes from the use of family or community coins to apply Gua sha (cao gio; Van Nguyen and Pivar 2004), ‘spooning’ from the use of Chinese soup spoons. These last two point to contingency: using available smooth-edged instruments to perform Gua sha in the home and the kitchen, not only in the clinic.

Introducing Gua sha to your patient: terms

A practitioner’s introduction of Gua sha can influence a patient’s comfort and receptivity; calm and adept technique that includes presentation will instill confidence in a patient. If a patient is familiar with traditional East Asian medical concepts then explaining that Gua sha dredges the channels, releases the Exterior, resolves Blood stagnation, vents Heat, disseminates Fluids, tonifies Blood, warms what is cold and
cools what is hot, is appropriate. If a patient is more familiar with Western terminology then Gua sha can be explained as creating transitory therapeutic petechiae associated with increased surface microperfusion, increased upregulation of the genetic expression of heme oxidase-1 (HO-1), stimulation of the immune system and evidence of pain reduction and anti-inflammatory effect that is sustained over time. Or a provider can use concepts from both models. Or, in simple terms, ‘when substances become stuck function is slowed and there is often pain: Gua sha moves what is stuck and resolves pain’.

What is important to communicate is that the mechanism of Gua sha is unique and necessary in certain presentations; that Gua sha relieves pain, and that science is now able to explain some of the biology of the benefits of Gua sha. Chapter 6 details how to apply Gua sha and how to present Gua sha to a patient. A Gua sha handout can be found in Appendix A. It is recommended to give a handout explaining Gua sha every time it is performed.

References


Shang Han Lun (T reatise on Febrile Diseases Caused by Cold), 1986. New World Press, Beijing.


Wei, Y-L., Shi Yi De Xiao Fang: Effective Formulas Tested by Physicians for Generations; 1337.


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When to check for sha

Always. In every situation: check for sha. The body’s surface connective tissue is a membrane, the Cou Li in ancient terms discussed in Chapters 3 and 4 as one of the largest and most extensive body organs, where electrical, cellular and tissue remodeling signals are thought to be responsive to mechanical forces. This ‘body-wide mechanosensitive signaling network’ researched by scientists today was understood by traditional East Asian medicine (TEAM) for over 2000 years in a medical paradigm based on ordinary human sensory awareness and interaction with the body, environment, health and illness. For example, when outside Cold conditions are greater than a body’s warming ability, cold penetrates the membrane, stagnating Qi, Blood and Fluid (see thermogram image on book cover). This stagnation can communicate a deeper stagnation. Therefore any condition warrants checking for surface stagnation, whether that stagnation is considered a causative or coexisting factor.

Suspect sha when there is pain anywhere. Gua sha may fully or partially resolve a presenting problem; it will almost always help. In addition, the response to Gua sha adds important diagnostic and prognostic information.

How to check for sha: pressing palpation

Dr So discovered a way to palpate for the presence of sha surface stagnation. When examining a patient and palpating for Ah Shi or trigger points, make an impression in the flesh with several fingers of the hand (see Figure 6.1, Plate 1). Then quickly pull your hand away. If you can see the places where your fingers pressed and those areas are slow to fade to normal flesh color there is sha (Figure 6.2, Plate 2). The pressure from your fingers blanches the flesh, that is, displaces Blood. If there is a smooth flow of Qi and Blood in the flesh, blanching will disappear right away. If the blanching disappears gradually, it means the Blood is slow to return. This indicates the Blood is obstructed or congealed, which is evidence of sha. Simply put, pressing palpation causing blanching that is slow to fade confirms the presence of sha.

If a patient presents with pain that is helped by massage but the pain returns immediately after, it is a good indication of sha. If a patient has a sudden stiff neck, wakes with a body kink or reports pain that comes and goes, think sha. Chronic pain problems almost always involve sha.

Where to check for sha

This is as simple as it is important. If the presenting disorder resides in or affects the upper body or upper extremities, check for sha at the upper back, neck and shoulders. If the problem is in the Internal Organs, check the back for areas of tension, Ah Shi points and sha. Treat the upper back for the Upper Jiao problems, the middle back for Middle Jiao problems, and the lower back for lower abdomen problems. It is by way of the Path of Qi that a Jiao’s Internal Organs are affected by treatment of the back (see Figure 3.1).

For problems of the lower extremities, hips and pelvis, check for trigger points and sha at the lower back, sacrum and buttocks (see Figures 6.3 and 6.4).

For problems along the back itself, check the entire back for sha, as above can affect below, and below can affect above. For example, if the presenting pain is at the upper back, treat the site but also check the mid-back and the low back, even the back of the legs. If the problem is in the mid-back, treat the site but also check the upper and lower back. If the problem is at the lower back, needle and Gua sha at the low back but first check and treat accordingly the mid-back, upper back and even legs for trigger points and sha.

For musculoskeletal problems a general rule of thumb, or palpating finger, is to check along the channel or meridian that
passes through an area of pain or stagnation, as well as directly at or near the site itself. Figures 6.5 and 6.6 illustrate this.

Consider areas where there is known referred pain or a known effect from Organ disharmony. For example, with eye problems one would check the upper back and neck because constriction of Qi or Blood in the upper back and neck can affect the head and eyes. It might also be wise to check the area of Liver and Kidney Shu points at the back, since the eyes open to the Liver and sight is influenced by the Kidneys. For ear problems check the Kidney area of the back as well as the Gall Bladder and Triple Burner (San Jiao) meridian paths for Ah Shi points and sha. For nose problems, treat the upper back and neck, the entire Lung area at the back (the nostrils open to the Lungs) as well as the BL 20 area of the back (the Spleen owns the nose). And so on.

Keep in mind that the connective tissue is concentrated at the body channels/meridians. Local treatment for a problem is propagated internally via the Path of Qi; distal treatment is propagated as well by the channels associated with concentrations of connective tissue planes.

Risk in ignoring sha

Unresolved sha leaves a patient vulnerable to tightness, tissue strain, pain, and illness, and/or their recovery from illness is protracted and incomplete. Blood and Fluids stagnating at the surface membrane mitigate circulation of warmth and Wei Qi. Hence the Exterior is porous to penetration by Cold or Wind. There is potential for chronic weakness or fatigue. Pain resulting from stagnation will persist until the stagnation is resolved. Chronic pain leads to decreased activity and compromised range of motion. Moreover, other forms of manual intervention may feel good in the moment but result in more pain and deter a patient from seeking further care.
Contraindications for Gua sha

It is inappropriate to apply Gua sha directly to an area that has just been injured, where there is bruising or abrasion. As an injury heals, if pain remains then look for sha.

Do not apply Gua sha when there is sunburn, rash or a break in the skin. If a bleeding technique is required at a rash site, such as in the case of eczema, cupping may be used. Gua sha should not be done over pimples or moles (see Figures 6.7 and 6.8). A mole or pimple can be covered by a finger of the practitioner’s other hand and the area around the site can be Gua sha-ed. Figure 6.7 shows a practitioner doing Gua sha while protecting a mole with the other hand.

Gua sha should not be applied to the abdomen of a pregnant woman. Gua sha should be applied with care to extremely Deficient patients or not at all. However, Gua sha is indicated in most cases of Deficiency.

It is not necessary to apply Gua sha if it has just been done on a patient. The petechiae should have completely disappeared before considering Gua sha at a site.

Safety

The most prevalent complication reported in the Western medical literature for Gua sha is the misattribution of the transitory therapeutic petechiae and ecchymosis as a burn, bruise or dermatitis caused by abuse, pseudo-abuse, battery, pseudo-battery or torture (discussed in Chapter 2). To prevent misinterpretation of sha petechiae, it is recommended to provide a patient with a handout that explains Gua sha (see Appendix A). It is also the case that some actual complications may not be widely recognized or may not have been reported yet in the literature. Gua sha instruments are commonly used on different patients. In certain cases, after repeated press-stroking, the lubricant on the instrument can take on a pinkish tone suggesting extravasated blood cells may cross the skin surface with potential risk of bloodborne pathogen exposure. Preventing risk of exposure to bloodborne pathogens with Gua sha can be accomplished by (Nielsen et al. 2012):

- gloving both hands for Gua sha procedure
- using disposable press-stroking devices, i.e. a single-use smooth-edged metal cap (see Figure 6.9 below); note that used Gua sha instruments must be cleaned and disinfected even if intended for disposal
- cleaning immediately after use with soap and water, then sterilizing or disinfecting metal or stainless steel instruments designed for re-use with a high-level, registered hospital-grade disinfectant
- decanting lubricant into disposable treatment-sized containers to prevent cross-contamination, or using lotion from a pump dispenser as lubricant
- following safe sequencing of palpation, gloving, needling, use of lubricant, application of procedure and clean-up.

Press-stroking devices that are made of materials such as horn or bone are not suitable for heat or chemical sterilization and are therefore no longer appropriate for clinical use.

Treating infants and children

Gua sha is very effective in children, particularly because kids tend toward Excess and Gua sha is so effective at venting heat and resolving Excess. Children are most often treated for acute illness, fever, respiratory problems, cough, bronchitis or wheeze
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associated with asthma or reactive airways, and also for digestive problems.

Always treat a child in the presence of a parent or responsible guardian. Have the parent watch while you are applying Gua sha and explain while applying. Always provide a handout. Check in with the child frequently as to pressure and comfort. Watch their expressions and body language.

If treating an infant or toddler, have the parent lay on the table face up and the child lay chest down on the parent. Have the parent remove the child’s shirt. Nursing infants can nurse if they like. Apply rather bland lubricant with a slow light massage. Apply Gua sha lightly, smoothly but still with closely repeated press-stroking. Be sure to bury the instrument within hand contact as detailed below.

Gua sha just until the sha breaks the surface. This is enough to resolve stagnation in a young child and will interrupt an asthma attack and alter the course of bronchitis, croup, even whooping cough. If the child is older, continue for a few strokes past the first appearance of petechiae. Typically it will be at this point that the child will start to move away, scrunch up their shoulders or wince. Take that as a cue to move to the next stroke line. Proceeding in this way, the child will allow the treatment.

Tools for Gua sha: round, smooth-edged instrument and lubricant

Historically any smooth-edged instrument was suitable. In Asia common soup spoons and coins were used, or Gua sha instruments were fashioned from jade, or cow or...
Preparation: morphology and palpation

While a discursive interview will establish a cognitive rapport, palpation establishes a somatic rapport that also tunes the patient in and connects the patient and provider. While taking a proper history and clarifying presenting symptoms, including pain and sensation, palpate areas directly or indirectly related to the presenting problem and inquire if there is pain while feeling for tightness. Experienced practitioners will know how to look at problem’s morphology: the location, quality and mutability of its nature. Inexperienced practitioners can discover just as much by searching and asking. Repalpation after treatment will help to clarify change and improvement, so this first step is crucial to focus treatment within and beyond each session.

Gua sha can be used without acupuncture needling. It can be done by anyone, anywhere and does not require acupuncture treatment. For acupuncturists it is better to apply needles before Gua sha to make the treatment most effective. However, there is widespread use of Gua sha in the domestic sector without attendant acupuncture needling.

An acupuncturist will want to needle main points in an area and nearby or related trigger points. Trigger points alone should not be needled absent the appropriate main points that are the primary conduits of channel propagation. Dispersive technique is often used: needling to obtain ‘de qi’ several or more times. De qi involves a particular sensation at a point, sometimes fasciculation, sometimes a needle grasp, a trajectory of sensation, and a sense of release. A patient new to acupuncture will benefit from fewer points and milder stimulation at first.

While needling is thought to move Qi, when Blood is stuck, as in the presence of sha, moving Qi can congest an area more, as in the case of increased pain after acupuncture or massage alone. Needle stimulation congesting the Qi facilitates the expression of sha from Gua sha.

I do not show a patient a picture of Gua sha before applying for one simple reason: most people have no relationship to appearance of petechiae except in relation to injuries like road rash, illnesses that include surface rashes, or a hickey or love bite when young. None are great associations. I explain Gua sha as I am doing it, I make sure the patient is comfortable at every step, I repalpate to discover change or areas that need more work and when I am done I ask the patient to move and let me know how they feel. Then I show them their own sha. Patients do not care how the sha looks because the change in symptoms is so dramatic.

How to apply Gua sha

Gua sha is repeated, closely timed, unidirectional press-stroking with a smooth-edged instrument over a lubricated area of the body. After palpation, identification of an area to be treated and application of lubricant, place the smooth-edged instrument just above the area to be Gua sha-ed. The instrument edge should be at a low angle to the skin (see Figure 6.10). Then move down the area with a moderate amount of
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strokes may be needed. It should not cause pain to the patient, though it may be slightly uncomfortable as the sha is near complete expression.

A stroke should only be 4–6 inches long. Strokes are repeated at a stroke line raising all of the sha before moving to adjacent tissue.

‘Above, through and below’ rule

Always start the stroke above the area to be treated. When Gua sha is complete, sha should extend to below the area of interest (see Figure 6.6). This is the ‘above, through and below’ rule. Note that an area of treatment might be quite large and the rule does not mean the stroke itself should extend beyond 4–6 inches. A stroke that is too long discourages expression of sha petechiae. ‘Above, through and below’ means that collectively the sets of stroke lines will include above, through and below the area of interest.

Appearance of transitory therapeutic petechiae and ecchymosis

Gua sha intentionally creates transitory therapeutic petechiae and ecchymosis. All the petechiae will gradually blend into areas of ecchymosis. There is little discomfort for most patients if done correctly using pressure agreeable to the patient.

Students new to Gua sha typically do not apply enough pressure and do not thoroughly raise sha. Even after petechiae begin to appear one must continue in the stroke line until all the sha is up. You will know that all the sha is up when continued strokes no longer increase the number of petechiae or change the color of them.

Then there are other students who over stroke, applying too much pressure or too many strokes, resulting in excess ecchymosis (Plate 24). As with any technique, practice and with different kinds of subjects will help develop an adeptness in and confidence with Gua sha. One does not expect to see lines of sha that would match meridian lines, and producing stripes is just incomplete technique. The end picture should be as if an area were completely painted.

The transitory therapeutic petechiae and ecchymosis of Gua sha do not signify bruising. Bruising represents damage to an area of tissue from a blow or shear force. With Gua sha blood cells are extravasated from the capillary bed of surface tissue without damage to the capillaries themselves (Nielsen et al. 2007). The sha that emerges as petechiae then immediately changes to ecchymosis and then begins to fade. These changes represent function within the circulatory bed, the movement and removal of the extravasated blood and resulting anti inflammatory and immune stimulation (see Chapter 3). For most patients the sha completely fades in one to three days, whereas the damage to tissue related to bruising takes longer to resolve.

Sequence of stroke lines

As in the sequencing of pulse taking, it is recommended that a consistent sequence be followed whenever performing Gua sha.
sha. With the pulse a practitioner proceeds by feeling first for the entire quality of the pulse, then maybe the rate, then perhaps the individual Organ qualities starting with the inch pulse. When applying Gua sha establish a method, a sequence order, and stick to it.

The recommended order is to start at the Du mo, complete Gua sha at the midline of the back, and then proceed to the Hua tuo jiaji area lateral to the spine, then to the first Bladder channel, and then to the more lateral Bladder channel (see Figure 6.11). Keep the strokes even. Do not dig at a spot. Follow the contour of the body down and laterally. Strokes at the occiput go up into the hairline. Follow the rule of ‘above, through and below’ discussed above. Avoid making stripes: complete Gua sha evenly over an area.

For problems with extremities, Gua sha is applied to the appropriate area of the torso, back or front, and then into the extremity. The same holds for the head, which is an extremity. First Gua sha the upper body, then, for example, at the scalp for migraine or cluster headaches (Plates 24 and 25).

**What to tell the patient before, during and after gua sha**

Below is a quick reference of points to include when using Gua sha in practice while discussing with the patient.

**GU A SHA IN PRACTICE: POINTS TO INCLUDE WHILE TREATING AND TALKING WITH YOUR PATIENT**

**INTRODUCING GUA SHA: PAIN AND TEMPERATURE SENSATION**

Pain: does the patient have pain, where and when? ‘Does it hurt when I palpate here…or here?’

‘Does the area feel cold or hot to the touch?’ Does the patient report cold or hot at an area?

‘Does heat comfort the pain?’ This means the pain is related to cold.

‘Does cooling comfort the pain?’ This means the pain involves heat or inflammation.

‘Pressing palpation shows me where there is sha.’

‘Gua sha is a technique used to release the effects of Elements like, Cold, Heat, and Wind in the surface of the body. Cold acts in the body like it acts outside: it slows things down and causes things to collect and congest. When things congest there is pain. Gua sha is a treatment for pain and congestion’

**COMMUNICATE WHILE APPLYING GUA SHA**

Explain by saying: ‘This technique is called Gua sha. Now I am going over the surface with a smooth edge. Where the blood is stuck in the subcutaneous fascia, it comes up little red dots that look like a hickey. That fades in 2–4 days.’

Check in with the patient in terms of amount of pressure when applying Gua sha. Just as the sha is near complete expression there may be discomfort. Let the patient know they can say: ‘stop, lighter, or more pressure is OK’.

How does the treated area feel?

Does the patient have pain now: ‘How does it feel when I palpate this area?’

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‘Is there tenderness, warmth, cold?’

This information helps direct treatment.

**INTRODUCE PATIENT TO THE CHARACTERISTICS OF THEIR SHA**

Show the patient their sha in a mirror and provide them with a handout explaining Gua sha (see Appendix A). Explain that the sha often appears more concentrated at the site of pain. If the sha is dark it indicates a longer-standing problem. If it is light, it may be fairly recent. The brightness of the sha begins to fade as the practitioner lightly massages the area. How fast the sha fades over days points to the strength of the patient’s circulation.

**RECOMMENDATIONS TO THE PATIENT AT THE END OF THE SESSION**

‘Avoid exposure to the sun and wind until the sha is gone. Keep the area covered.’

If activity has been limited, ‘increase it slowly so that capacity may be rebuilt.’

The pain may be gone but the area may still be weak and unstable.

‘Avoid excessive cold, sour or salty food or fluid. Cold causes contraction, which makes pain worse. Sour is the flavor of the Liver, which owns the nerves. Sour flavors increase pain and nervousness. Salty foods tend to increase swelling and worsen pain.’

**FOLLOW-UP**

Ask the patient to keep track of how they feel in subsequent days to fill you in at the next appointment. This is the most important information whether seemingly positive or negative, listen with equanimity.

‘Did the pain resolve, return? Is it as intense as before? If the pain is episodic, are the episodes as frequent?’ Is the patient able to do more before tiring? Is the patient doing too much too soon? Answers to these questions are important guides to completely resolve a problem.

**Stop clause**

Patients have varying levels of tolerance. Some can sleep through Gua sha; others find it uncomfortable, a few impossible. I have found that a patient will be on the verge of saying ‘stop’ just as the surfacing sha is almost complete. The more fearful a patient is of the technique or in life generally, the more uncomfortable any therapeutic ‘push’ will be.

Communicate clearly about the ‘stop clause’. This means that the patient can moan, groan, swear or express any other cathartic vocal release. But if they want you to take a break, then you expect to hear ‘stop’.

Sometimes patients who can’t say ‘no’ in their lives will needlessly endure discomfort during treatment and find it difficult to ask for an adjustment in pressure. Just the practice of saying ‘stop’ and taking breaks during Gua sha can be a useful reframe response to pain. And for the practitioner, ‘stop’ means stop. Do not proceed without the patient’s consent.

**Completing treatment**

When Gua sha is complete, wipe the oils off the skin with paper towels. Lightly massage and repalpate the area of
C H A P T E R  6

Application of Gua sha

Figure 6.11 • Gua sha stroke-line sequence • A Back: proceed from midline outward. B Neck: strokes go down except for upper neck where strokes go into hairline. C Dorsal body strokes go down. At the lateral back the strokes follow the body contour. D Ventral body strokes follow the body contour. The lines indicated in these images are to suggest direction of stroking for Gua sha, and not meant to suggest that Gua sha results in ‘stripes’.

Hand numbness, who could once again feel his hands directly after Gua sha: ‘Now that’s what I’m talkin’ about’. Or the 40-year-old patient who had severe back pain after a blow from a bat during a Brooklyn mugging in his teenage years, immediately resolved from Gua sha: ‘How come no one ever told me about this?’ There are immediate reactions to Gua sha. Gua sha provides immediate relief, comfort and warmth and patients will say they don’t care how it looks. However, I still show the patient their sha with a mirror while discussing recommendations and fielding questions. Gua sha can frighten patients and their loved ones at home, even if the patient feels better. A practitioner is a teacher as well as a provider and must teach about the technique when performing it, and provide a handout with explanation (see Appendix A). It should be mentioned that patients can have an emotional even angry reaction to the lifting of long standing pain. It is important to maintain a compassionate presence for emotional reactions but neither solicit nor rebuff any expression of emotion. Allow things to transpire.

The color of sha, how quickly it surfaces or fades is diagnostic and prognostic, and is discussed below.

Leaking

Another aphorism from traditional medicine to ‘stop leaking’ is obvious when a patient is losing blood, or fluid, but less so when the leaking is of the Qi, Jing or Shen. For these too, before attempting restoration ‘first stop the leaks’. This applies to excessive menstrual bleeding, sweating, urine, exercise, sex, work, illness, stress, drugs like pot, cocaine, amphetamines, any lack of sleep, and ongoing stress from work or relationships. A patient’s situation may necessitate referral to psychotherapy.

For the overworked or depleted patient, excessive coffee drinking is like having a little hole in the bottom of their boat. There is a constant tiny leak. As a diuretic taken daily, excessive coffee depletes the body of water-soluble nutrients including B vitamins and vitamin C, as well as minerals such as calcium and magnesium. This will exacerbate any painful condition as well as fatigue the patient, increasing the desire for more coffee. Because caffeine occupies adenosine receptor sites, and adenosine relaxes muscles so they may return to and maintain their resting length, consistent caffeine intake can lead to muscle strain, tears and contractions, causing and retarding healing of injuries. Caffeine also contributes to hot flush disorder in menopausal women. The diuretic activity severely depletes the Yin, which is already in decline at this age. Depletion of Yin unroots the Yang, which flashes chaotically up and out to the surface. Soon the unchanneled Yang also becomes depleted and the patient becomes cold between hot flushes.

Increased urination frequency abuses the Kidneys and weakens Yang areas associated with the Kidneys, such as the back and knees. It is strongly recommended that caffeine be removed from the diet altogether in these conditions. Chronic painful conditions are more likely to resolve with treatment when provider and patient have stopped the leaks. After recovery, coffee can be resumed in moderation.
Color, appearance and resolution of sha

The color of sha, how quickly it surfaces and how fast it fades gives the practitioner information. If the sha surfaces quickly, it is more recent; if hard to raise, it is thought to be deeper and more long-standing.

Sha is blood extravasation and so is always red. Yet there are variations in the color of sha and these are of interest. The color of sha is used to corroborate other signs and symptoms, and not as a single determinant outside the context of other signs and symptoms. Images of the color of sha are shown in the Plate Section:

- Bright red sha may indicate Wind Heat, more recent penetration (Plate 21).
- Pale red sha can corroborate Blood deficiency (Plate 6).
- Dark red sha reflects more intense heat stasis (Plate 9).
- Purple or black sha reflects very old stagnation (Plate 9).
- Blue sha relates to cold, Liver Qi constraint or Heart problems (Plate 7).
- Brown sha, similar to dry brown menstrual blood, is associated with Yin deficiency and is sometimes seen in diabetes (Plate 10).
- Yellow pigmentation is normal to sha fading, and is indicative of bilirubin and biliverdin (see 2-day-old sha, Plate 5).
- Sha for person of color also appears as petechiae that redden the skin (Plate 4).

Fading

If the sha fades quickly, the circulation is good. If more slowly, then that area is perhaps not so well served by the Blood. This may be due to insufficient Qi, Blood or Yang. As sha fades, it becomes lighter, perhaps a bit brown, and finally the surface may appear yellowish before sha hyperpigmentation disappears. This discoloration is the effect of bilirubin and biliverdin reflecting the breakdown of hemoglobin that in part produces the anti-inflammatory and immune protective action (see Chapter 3) (Plate 5).

Relief

Assessing Gua sha in acute disorders; what to expect from treatment

If an acute disorder is of recent onset, Gua sha can extricate the surface stasis and pathogen with comfortable easing of symptoms. If the onset is less recent with more severe stasis, Gua sha may create a crisis: that is, a temporary worsening of symptoms as pathogenic stasis occupying different levels resolves (Nielsen, 1996). Changing Tongue signs will correspond with the trajectory of healing, indicating the depth and direction of an acute disorder (see Chapter 7).

For example, applying Gua sha at the very beginning of a cold or flu, may prevent any further respiratory symptoms. If the intervention occurs somewhere in the middle of the illness, fever or pain may actually intensify, and then decline over the next 24–48 hours. If the intervention is given at the recovery stage of an acute illness when there is no longer fever, but palpation (press and blanche technique) and Tongue examination (red with or without red points) reveal residual pathogenic heat and sha, then Gua sha essentially clears what is left and is comforting, lifting the fatigue associated with fever sequelae. There would be no worsening of symptoms.

Acute pain is most often associated with a Shi Excess condition that responds differently from a Deficient one: Excess is associated with more sha. The sha is deep in color: red, purple or black. The darker the sha, the longer the Blood has been stuck. Gua sha resolves the pain immediately and any associated internal pain is likewise affected. Relief is pronounced and range of motion immediately expanded.

Sha always represents stasis which is an Excess; sha related to Deficiency can be red and even replete, but is less so than in Excess. In Deficiency the sha can appear throughout an area but not be abundant. It can be dark or light but is thin-looking. At root may be Deficient Blood or that Qi and Blood do not move well and stagnate. Pain associated with Deficiency is dull, achy and lingering. Deficiency pain also responds to Gua sha immediately due to the resolution of stasis, but gradually some pain, which may be slight, may return.

Dull lingering pain that recurs points to Deficiency. It shows that even with a resolution of stasis, the new Blood-return to the area does not supply enough warmth or nutrients. The muscles hurt once again and are, in a sense, starving. Gua sha can be applied sequentially, but further evaluation and treatment is required to tonify (Bu) and supplement Qi and Blood through food, adjustment of activity, acupuncture and herbs. A provider might ask what and when does this patient eat? What hours do they keep? How much do they work and doing what? Does behavior represent a kind of ‘leaking’? Or is there a hypofunctional problem at root?

Assessing Gua sha in chronic disorders; what to expect from treatment

Patients have relationships with their chronic disorders and the common expectation is that chronic disorders are slow to change, with regard to the patient’s presenting complaints as well as indicators such as Tongue. Most chronic disorders have features of stasis, and features of Deficiency with hypo- or hyperfunction. In what way the stasis yields to Gua sha, and how deeply that movement reaches into the Interior enlightens prognosis. How much a condition has the potential to change can often be sensed in the first treatment. Gua sha is an essential tool to shift not only the stasis symptoms but to create the possibility of change. This can be experienced firsthand within the session, and can serve to break the stalemate often seen in chronicity.

Treating a chronic disorder over time requires continually checking for sha stasis, and reapplying Gua sha as needed at least every two weeks. But if, for example, a patient presents a week after Gua sha treatment with symptoms of sha, questions must be asked regarding their behavior and in relation to
Wei Qi function. Does the patient sleep with some clothing or are they exposed to night chill; do they drink wine or other alcohol daily? Is the patient exposed to air conditioning? To what extent is their Wei Qi functioning, and in what way might it be challenged.

If a patient with a chronic problem has Gua sha, say, weekly or biweekly the provider will notice that the sha lightens, that is, typically early applications of Gua sha result in dark or very red sha. Over time as the stasis resolves and the heat is vented the sha that does appear is lighter in color, a fresher red. The features of stasis, including pain, resolve as well.

In chronic or acute disorders there can be responses that are between an extreme Deficiency and Excess. The Excess aspect is most responsive to Gua sha in the short term. The patient feels great, the provider feels adept. But this should not deter the use of Gua sha in Deficiency, where Gua sha can not only relieve stagnation but support creation of new Blood. Gua sha is absolutely indicated in Deficient conditions, in weak patients or patients who are menstruating. This is a common question in Gua sha seminars, but not so much from the perspective of TEAM. The timing, term, amount and quality of Blood at menstruation is informative for TEAM. Menstruation should not be considered by nature a state or stage of debilitation. For an interesting discussion on sources of taboos related to menstruation see The Woman in the Body (Martin 1987).

What follows are details as to the proper position and technique for application of Gua sha for conditions specific to areas of the body. *Gua sha: Step-by-Step*, a teaching video/DVD in English or German, is recommended as a visual aid to proper application of Gua sha (Nielsen 2002).

### Treating the upper back, neck, shoulders and head

#### Position

The rule for Gua sha positioning is that the area to be treated should be exposed but relaxed. If a pain is experienced only in a certain position or movement, attempt to situate the patient close to the position that elicits the pain while keeping the area relaxed. Seat the patient with their arms relaxed in their lap. If the arms are raised to brace against a table or back of a chair, the muscles of upper back and neck bundle together, greatly reducing their availability to proper palpation and to Gua sha (see Figure 6.12 for correct and incorrect positioning). Patients will often automatically raise their arms for the support of something to lean on. This can indicate stress, fatigue in the back and or a Deficiency of the Central Qi that is engaged when holding the body erect.

I have the patient sit facing the treatment table. I double over a pillow, placing it between them and the table. Their hands remain in their lap and the pillow gives them some cushioning as they lean forward against the table. I place a
smaller, firmer support under the forehead. In this position, unlike any other, the areas of the neck and upper back are exposed but relaxed. The patient is not having to hold themselves up; they are supported.

Body Support Systems (www.bodysupport.com) makes a Body Cushion that patients can lie on in a prone position. With this device, the upper back and neck can be accessed at the same time as mid back, lower back, hip and legs. (see Figure 6.12D).

**Technique: Gua sha to upper back**

First treat the spine or Governing Vessel Du mo (see Figure 6.11). The skin over the spine should be relaxed, not taut. Flatten the instrument considerably and stroke lightly. Complete this line before moving laterally right or left. Follow the sequence in Figure 6.11A: the Hua tuo line, then the first Bladder channel (1–1½ inches lateral to the back midline). Avoid making stripes. This part of the Bladder channel contains the Shu points associated with the Internal Organs. Figure 6.3 shows the Shu points and lists their associated Organs.

When the sequence is complete on one side of the spine, repeat the procedure, if desired, on the other side (Plate 8). Gua sha should be applied in 4–6 inch length strokes resulting in sha ‘above, through and below’ the area that needs treatment.

**Technique: Gua sha to shoulders**

For shoulder, upper back or trapezius problems be sure to Gua sha medial to the scapula. Figure 6.3 shows that this area contains the Gao Huang Shu point, one of the five most important points on the body, also known as the shoulder Yu point, BL 43 (Bl 38). This is a main point for the entire shoulder area and diaphragm or ‘mo yuan’.

At the neck base stroke along the top of the shoulder outward and slightly down toward the top of the scapula. Keep the stroke line length at 4–6 inches. Allow the strokes to follow the curvature of the body. Soon you will gain a feel for exactly what kind of stroke suits the musculature. Again, complete the sha in one area before moving on. Moving off one stroke line before completing is referred to as ‘going shopping’. Returning to complete it will sting the patient. So don’t ‘go shopping’; complete each stroke line before moving over to the next one.

Gua sha is almost always done North to South, that is, using downward strokes especially when the patient is sitting. The more lateral aspects of the body as well as the shoulders are better treated with strokes that follow the angle of the muscle (see Figure 6.11C and D). At the occiput, stroke up into the hairline (see Figure 6.11B).

Painful problems specific to the shoulders can require a change in position. If the shoulder hurts only in a certain position, then it can be important to have the patient assume that position. Often only a particular position or motion will expose the site that can be needed, released and then Gua sha-ed. Positioning of the arm is critical in treating frozen shoulder. Positioning is just as relevant when you are applying Gua sha without needling.

If you need to Gua sha the latissimus dorsi proximal to the arm, it is necessary to have the arm extended and supported to expose the muscle (see Figure 6.13C). For treatment of the upper arm see below.

**Technique: Gua sha to neck**

The neck can best be treated in a seated position shown in Figure 6.12B and C. If the head is dropped too far forward the muscles of the neck become too tight to effectively Gua sha. If pain and restriction are coming from the lateral neck, feel free to apply Gua sha to the sides of the neck. One can also follow the sternocleidomastoid muscle downward. One should remember the neck is more sensitive than the back so proceed tenderly. Some patients get the shivers or feel ticklish at the neck.

**Technique: Gua sha to scalp**

In cases of fixed focal pain at the head or in the scalp as in migraine or cluster headache, Gua sha is typically applied to the upper back, neck and shoulders (Plate 24) and then finally to the scalp. A lubricant is not usually necessary for scalp treatment. Pull the hair up and Gua sha stroke across the section of scalp that is exposed. (See Plate 25). Gua sha until petechiae appear. Then expose the scalp just above or below so that the entire foci of pain is addressed. This specific treatment is very effective for migraine, cluster headache or focal pain from lasting injury or trauma to the head.

**Indications: head, neck, shoulders, upper back**

Any pain or disease of the neck, eyes, ears, nose, throat, head, shoulders, upper back, chest, breast, arms, hands or elbows can reflect stagnation in the upper back, neck and shoulders (Plates 8, 10 and 11). This includes any problems of the upper extremities. Lung problems are especially responsive to Gua sha at the upper back, including cough caused by bronchitis, emphysema, asthma and pneumonia and also psychological or emotional problems including depression, anxiety, panic disorders, ADD, ADHD, nightmares, insomnia and so on (see Chapter 9).

**Treating the middle body**

**Position: middle body**

To treat the mid-back region a prone position is preferable (see Figures 6.13 and 6.14). If you do not have a table with a face cradle, you can use a pillow to support the body mid-section so that the back is not arched. A regular sized bed pillow placed under the patient lengthwise supports from the shoulders to the pubic bone. This prevents back strain. The head is turned to one side but the position can be changed every few minutes to prevent neck strain. A table or Body Cushion with a face...
Figure 6.13 • Seated positions for treatment of the neck, shoulders and upper back including the area between scapula •
A Hands resting in lap, head tilted forward. B Right hand clasping left upper arm. C Right arm is stretched out onto table.

Figure 6.14 • A–D Positions for Gua sha to mid- and low back • C and D can be used to treat the low back, iliac crest and waist. D Exposes the ischium and hamstring area.
CHAPTER 6

Application of Gua sha

As before, GV line first, then just lateral to the spine, and after that just lateral to that line. When complete, one does not expect to see lines of sha that would match meridian lines. No stripes. The sha should be brought up over the entire muscle area lateral to the spine, as though coloring in an entire area. When one side is finished, proceed to the opposite side.

If you want to extend the Gua sha over the lateral ribs the strokes should follow the contour of the ribs angled down and outward (see Figures 6.11C and 6.11D). Move the flesh over with your other hand so that you do not leave stripes over the ribs.

Indications: middle body

Any presenting symptom or disorder of the abdomen, upper, middle or lower, will be touched by sha resolution of the mid-back. For example, any abdominal pain, feeling of fullness, cradle is ideal and can even accommodate a pregnant patient (see Figures 6.14B and 6.15A). Feet can be supported or if using a flat table, can extend over the edge of the table to prevent the back arching. Arms rest along the sides of the body, not up over the head unless on a Body Cushion. The patient is relaxed.

Some patients cannot lie flat on a table at all. Have them sit leaning forward against the table, arms in lap, forehead supported by a firm pillow or rolled towel (see Figure 6.12C). Sitting upright in a chair, as in Figure 6.14A, is also fine. The advantage of being completely prone is access to other areas of the back, back of the legs, arms and neck.

Technique: middle body

Palpate Ah Shi points or trigger points in the area as well as along related channels locally and distally. Treat these as well as related main points with needles, if using acupuncture. Gua sha as before, GV line first, then just lateral to the spine, and after that just lateral to that line.

When complete, one does not expect to see lines of sha that would match meridian lines. No stripes. The sha should be brought up over the entire muscle area lateral to the spine, as though coloring in an entire area. When one side is finished, proceed to the opposite side.

If you want to extend the Gua sha over the lateral ribs the strokes should follow the contour of the ribs angled down and outward (see Figure 6.11C and 6.11D). Move the flesh over with your other hand so that you do not leave stripes over the ribs.

Figure 6.15 • For treatment of the hips and Shao Yang areas • A Prone position: for dorsal sciatica. B Lateral recumbent position: for lateral sciatica. C Lateral recumbent position: top leg drawn up, bottom leg straight. D Lateral recumbent position: top leg extended, bottom leg drawn up.
congestion or stickness, from a simple stomach ache, nausea or vomiting to stomach ulcers, gastritis to colitis, gallstones or gallbladder inflammation, diarrhea to constipation, hepatomegaly to splenomegaly, constrained Liver Qi to congealed Blood tumors. Sha resolution releases the Blood that is stuck at the surface and affords more complete Blood and lymph flow to the tissues and Organs in the body cavity. The effect persists for days and is both anti-inflammatory and immune stimulating (see Chapter 3). In traditional medical terms, the effect is to move Blood, vent heat, cool areas that are hot and warm areas that are cool (Plate 8).

One must keep in mind that in traditional terms health reflects the proper flow of Qi, and movement of Phlegm, Food, Blood and Fluid. The destructive consequences of accumulation are the ‘meat and potatoes’ (or ‘tofu and rice’) of Chinese medicine. What might appear as a subclinical condition to a Western doctor and warrant the response ‘There is nothing wrong with you’ will usually fall into the category of accumulation and or dysfunction for a doctor of traditional East Asian medicine, because almost every disease or disorder begins as stuck Qi, and then exhibits signs of accumulation of Food, Fluid, Phlegm or Blood. Prevention of illness, with resulting increase in longevity and quality of life, is directly dependent on the ability to perceive and correct early signs.

Treating the lower back

Low back pain is a common presenting complaint. Whether the pain is muscular in origin or involves discs, tendons or ligaments, application of Gua sha will facilitate healing.

Position: lower back

This area can be treated in prone, sitting, standing and leaning positions, sometimes on all fours (cat/dog position) (see Figure 6.14D). The area to be treated should be exposed with the muscles relaxed and supple, always ensuring that the patient is comfortable.

Technique: lower back

Palpate the most tender points in the area of the lower back. Mark them, but before treating (with needles or Gua sha) palpate the mid-back, upper back and along the back of the leg for Ah Shi trigger points or areas where the muscles and fascia are constricted. Tender points in these areas can be distal trigger points for the lower back. Apply Gua sha first to the middle back, then to the lower back area of pain, finally to related areas of the hip and thigh, following the ‘above, through and below’ rule.

Sequencing of treatment of the lower back is the same as for the upper and mid-back. Start with the GV line and follow the sequence in Figures 6.11A and C. Complete one line before beginning the next, taking care to not create stripes therefore missing areas of sha.

The quadratus lumborum muscle attaches the bottom of the ribs to the iliac crest. Injury to this muscle is common with back strain. To thoroughly Gua sha this area, stroke along the bottom of the ribs outward. In addition, stroke just along the top of the iliac crest, from the center outward. The best position for this is leaning over a table.

Sometimes a sitting, leaning or cat position better exposes the iliac crest and gluteus medius area (see Figure 6.14C and D). With the torso lengthened and exposed it is important that the Gua sha strokes penetrate into the area. The effects are remarkable, with the patient often rising and moving immediately, relieved of pain.

Indications: lower back

Gua sha of the lower back is imperative in the treatment of any lower back strain or pain, including disc problems. In addition, any abdominal or lower abdominal problem with or without referred pain to the back should be treated with Gua sha to the back and lower back. These include, but are not limited to, intestinal, anorectal or genitourinary problems, pelvic floor dysfunction and pain, and history of abdominal surgery or trauma. The lower back is always treated in any lower extremity problem, including fractures, sprains, strains, difficulty walking for any reason, arthritis of knee, lower leg or foot, tarsal tunnel syndrome, Morton’s neuroma, plantar fasciitis, heel spurs, and so on (Plate 17).

Treating the hips

Position: hips

The hips can be treated in the prone or lateral recumbent position (see Figure 6.15).

Technique: Gua sha to hips, prone position

In the prone position, palpate and needle the sacral and lateral sacral areas as well as channels distally that course through the hip and sacral area. There are trigger points here for the knee and leg. Gua sha strokes should follow anatomical lines, from sacral edge outward and slightly downward. When these areas are treated the Qi and Blood can flow properly to the extremity. Treating the extremity without clearing the corresponding trigger points on the body can result in a worsening of the extremity condition. Dredging the channels reestablishes a circuit that both feeds and drains the distal problem area with Qi and Blood.

Indications: Gua sha to hips, prone position

Treatment of the hip area is appropriate for local pain or to release back-to-front any problem of the pelvic region. This includes any menstrual, uterine, ovarian, prostate, Bladder, Small Intestine or Large Intestine, rectal, prostate or genital problems. Local pain in the hips, the gluteus muscle group, the...
psoas, piriformis including sciatic pain can all be treated by this method, in the prone position.

Sciatica that trajectories down the back of the leg (Bladder channel) most often emanates from just lateral to the sacrum (Plate 17). The prone position gives best access.

**Technique: Gua sha to hips, lateral recumbent position**

For sciatica that trajectories down the side of the leg (Gall Bladder channel) to the lateral foot, the lateral recumbent position is best. The affected hip should face up. With bottom leg extended, the top leg should be bent forward and resting on a supporting pillow (see Figure 6.15C). This position opens the hip joint, exposing the involved channels. If there is hip pain in the lateral hip joint, ask the patient to bend their bottom leg while extending the top leg. This opens the joint for Gua sha to the area (see Figure 6.15D).

Palpation follows a course from above the site of pain to below, along the indicated zone or channel. Often the central trigger point is GB 30, the main sciatica point. Gua sha strokes follow the downward depression along the hip that this position creates. Stroke outward if treating the gluteus medius area. Gua sha may be uncomfortable if this area is especially fatty so be gentle with stroking. More repetitions of lighter strokes will gain the same results as harder strokes with fewer repetitions. Gua sha can also be done along the side of the thigh if the sciatic pain extends into the leg (see Plate 18, and sciatica case, Chapter 9). See section below for special consideration of fatty areas of the upper arm, hips and legs.

**Indications: Gua sha to hips, lateral recumbent position**

In addition to sciatica, Gua sha to the hip in the lateral recumbent position treats any leg problem: spasm, pain, numbness or leg paralysis, difficulty in walking for any reason, uneven leg syndrome (treat the long leg, see Long leg treatment, Chapter 9), any one-sided pelvic disorder, hip pain, any problem of the GB meridian, including temporal migraines, and hearing or ear problems, especially those associated with fullness of the Gall Bladder and Liver channel.

**Treating the ischium**

**Position: ischium**

The ischium is the sitting bone, the bottom of the body. Sha can be retained there from sitting on cold surfaces (see book cover) or from extended periods of sitting, a modern-day work-related condition. Applying Gua sha to the ischium directly may be necessary.

For ischium problems or any pelvic or pelvic floor dysfunction first apply Gua sha to the hip areas and possibly even the low back. Then the best way to access the ischium is to have the patient assume the cat/dog position (see Figure 6.14D), with underwear pulled up from the leg, so the ischium and back of the leg are exposed.

**Technique: ischium**

Gua sha downward starting above the affected area and going beyond. Be sure to check the back of the leg for involvement (see Chapter 9).

**Indications: ischium**

Indications include pain at the ischium, pain along the hamstring muscles and/or down the BL meridian in the leg. Hemorrhoids, rectal pain or prolapse, anal fistula and lymph drainage of the pelvic floor or pelvic floor dysfunction are treated by Gua sha at the ischium. Pelvic floor pain, epididymitis, vulvodynia, neurogenic bladder or pain from injury to the ischium are also indications for this area.

**Treating the coccyx**

**Position: coccyx**

Treatment of the coccyx region is best achieved in the prone or cat/dog position. The leaning position is suitable for patients who cannot assume the other positions (see Figure 6.14C).

**Technique: coccyx**

Lightly palpate and massage the area with oil, noting any tenderness and any knotty spasm above or below on the sacrum, back or legs. Be careful if using preparations with volatile oils, such as camphor in Vicks or eucalyptus or ginger in Badger Balm, since this area is so close to the sensitive skin of the anus. The volatility of the oil, should it somehow touch this area, can be uncomfortably stimulating though not harmful.

Gua sha strokes can descend from above, from the sacrum down over the coccyx. The strokes should be light. It is just as important to include the area lateral to the coccyx and lower sacrum.

**Indications: coccyx**

Apply Gua sha at the coccyx for coccyx pain, which can happen in the months following childbirth or from a fall or contusion that has developed into chronic sensitivity. It is also useful for any problem of the anus and rectum such as hemorrhoids, anal fistula, prolapse, rectal or anal pain or bleeding, or pelvic floor pain. Apply Gua sha around the coccyx but not directly at the coccyx if the patient has just been injured.
Treating special sites: ribs, chest, scapula and lateral body

Gua sha is most often applied to the areas considered above. However, it can also be applied to other sites, such as the ribs, chest, scapula and lateral body regions.

Position for chest

The chest can be treated in a seated or supine position (see Figure 6.16).

Position for ribs and lateral body

The ribs and lateral body can be treated in any position that exposes them comfortably, seated, prone, lateral recumbent or supine (see Figures 6.13, and 6.16A and B). You may need to ask the patient to shift positions, raise or extend the arms to expose the area of pain.

Position for scapula

The scapula can be treated with the patient sitting, arm resting in their lap if that exposes the scapular pain. They can also grab their elbows with each hand, allowing the arms to rest against the front of the body (see Figure 6.13A) or they can grasp the upper arm with the opposite hand (see Figure 6.13B). This position comfortably exposes the area between the two scapulae. If the pain is at the medial border of the scapula, ask the patient to extend their arm forward out on the table (see Figure 6.13C).

Sometimes pain will occur only with certain movements. Ask the patient to repeat the movement. The patient must assume the position that exposes the areas of pain in a relaxed posture.

Technique: Gua sha to ribs, scapula and lateral body

The strokes of Gua sha are unique at these sites. After completing Gua sha at the back, Du mo and Bladder channels, moving laterally it is best to follow the line of the ribs, stroking from the medial aspect of the back outward and slightly downward along the curvature. Pull the flesh over with your opposite hand so that you are not raising sha at the ribs alone and missing areas between the ribs. Completely raise the sha before moving, if necessary, around to the lateral ribs. Follow the rib lines under the arm, which can be raised but in a relaxed position to treat the axilla (Plate 12).

If the pain is around the scapula be sure to palpate for sha in all the possible positions, at the upper and middle back as well as the back of the upper arm. At the medial border of the scapula, Gua sha strokes can go down or from the center outward, though they should be short strokes.

Technique: Gua sha to chest

The chest sites are the sternum and ventral ribs. The sternum should be stroked from the top down to the xiphoid process. Remember it is a bony area so proceed gently, as you would on the spine, with more repetitions of less pressure, if needed. Flatten the instrument.

The ribs in the chest area are Gua sha-ed like the ribs of the back. Strokes proceed from the center of the chest outward following the curve of the rib.

You can Gua sha above and below the breast tissue, (see Plate 13) but take care not to wander too far onto the breasts of women or men. The breast area is distinctive, not because of the fatty tissue but because of the glands within the tissue. Gua sha can be applied to the breast area but only by an experienced practitioner and only when necessary, as in cases of mastitis or breast distension (Chiu et al. 2010).
Indications: Gua sha to chest and ribs

These areas are essential to treat in cases of shingles where there is pain and to prevent postherpetic neuralgia (Nielsen 2005; see Chapters 2 and 9). In addition to Gua sha at the upper back, these areas are useful in the release of any Lung problem, chronic cough, asthma, emphysema or weakness in the Lungs. The back ribs and lateral body area on the right or left can be used in cases of hepatomegaly and splenomegaly. Gua sha may be applied to the chest and upper back in cases of bronchial cough or bronchial asthma, angina or esophageal reflux disorder.

It is important to Gua sha the area of the back between the scapulae, especially with the scapula moved forward, not only if there is pain at the site but for any problem of the Lung, Stomach, Spleen or Liver.

Treating the extremities

Position: extremities

The rule for treating extremity problems is to first treat the corresponding area of the torso, usually the back. Then go to the extremity. Have the area of the limb relaxed since sha cannot be completely released from an area of contracted muscles. This may be in a seated, prone or supine position.

For the top of the thigh or the foreleg, a sitting position or reclining with support under the knee is fine. For the back of the thigh, a prone position is the best, rather than standing. For the calf, a prone position is best.

The arm can be positioned with the patient either sitting or reclining. Be careful to use the position that best exposes and relaxes the painful area. To treat the upper arm in a reclining position, the arm should be at the patient’s side, with the elbow bent and forearm resting on the body (see Figure 6.13B and C). To treat below the elbow, the arm can rest with the elbow bent or straight but not overextended or ‘locked’. The wrist and hand should be relaxed.

Technique: extremities

The strokes of Gua sha on the extremities can go North or South. Sometimes you will want to do both to raise the sha completely. The strokes go along the channel of trajecting pain, along the muscle, not across it.

For a problem with a joint, you can apply Gua sha to muscles above, below and over the joint. Do not apply Gua sha over a joint that is ‘hot’, i.e. red, hot or swollen.

Indications: extremities

Gua sha is indicated for pain that extends through a limb. This can be as a result of injury that has not fully healed or from a condition that involves pain on the body trunk that extends into an extremity.

Sciatica often involves back and hip pain that passes down the leg. Arm pain, numbness or tingling can extend from the neck and back. In these situations it is appropriate to treat and Gua sha the extremity as well as the body proper (Plates 14, 15 and 18).

Painful joints can be treated by Gua sha to muscles above and below the joint and then at the joint itself (Plate 15). Gua sha can be used for any pain in a limb except directly at the site of recent fracture, contusion, abrasion or rash.

Other application considerations

Fatty areas of the upper arm, hip and leg

The upper arm, areas of the hip and upper leg tend to be more fatty in some patients, with more cellulite and or water retention. These areas are more sensitive to Gua sha. Care should be taken to not apply the same pressure and to not expect the same kind of sha to appear as would be in an adjacent area that is leaner.

Apply Gua sha with light strokes and when petechiae begin to appear, repalpate to check if the original pain is gone. If not, proceed carefully, checking in with the patient. More strokes with lighter pressure is recommended rather than heavy pressure. Acupuncture needling with de qi response before Gua sha, or within the Gua sha treatment, can help to raise the sha with fewer strokes.

Treating painful problems in particular fatty areas may take more than one session. It is also the case that raising any sha in a fatty area begins to thaw the area and the patient will experience relief.

Some disorders can require Gua sha at more than one site. If you are uncertain, check Chapters 8 and 9. Disorders that occupy a particular part of the body are addressed by Gua sha to that area. That is, whether a patient has a cough, chronic obstructive pulmonary disease (COPD), asthma or bronchitis Gua sha to the upper back and even chest area is indicated. Even if a particular diagnosis is not covered in this book, consider what area of the body it occupies or affects. Gua sha is applied by a problem’s morphology: the location, quality and mutability of its nature.

Whether at the main body, extremity or odd body site once Gua sha is complete lightly massage the area treated. Ask the patient to sit up and move around and to move their head, neck, arms, etc. If the patient presented with any pain in the muscles ask if there is any pain still there. Most often 95–100% of the pain is gone. The areas you first massaged and palpated will be softer, less tight or ropey.

Repalpating an area that may have made the patient wince before will now feel very comfortable. If there is still a spot of pain or restriction, or if the most painful spot has moved, palpate and find the center of the pain, clean that area with alcohol and needle using strong stimulation. Ask if the patient has gotten the ‘de qi’ as you feel for needle response and grasp. Then lubricate and Gua sha that spot again. Start above, end below. Though the sha here may have seemed complete, now it will come up more and often darker in color.
Dr So used to speak of pain like numbers in a circle. The most painful Ah Shi points would be given the higher numbers and the less painful points the lower numbers. But as you clear the most painful spots, the ones previously less painful and less noticeable now become apparent, no longer in the shadow of the more painful spots. This can be confusing to both the patient and practitioner unless explained. The ancients called treating the pain pattern as ‘Chasing the Dragon’, or ‘Chasing the Dragon’s Tail’, that is, tracking and treating the pain until the entire complex of pain is resolved. Sometimes the pain goes and when the patient returns in a few days, the pain is in a different area. This is the same phenomenon.

Review of rules

- Follow safety guidelines to prevent exposure or transfer of bloodborne pathogens.
- Explain and discuss Gua sha as you are treating your patient.
- Treat children with their parent or guardian in the room.
- Adjust stroke pressure to the comfort of the patient.
- Treat the body torso for any internal organ problem.
- Treat the body first for extremity problems; then treat the extremity.
- Do not treat the extremity without releasing sha on the body.
- Any area to be treated should be exposed but relaxed.
- Follow sequencing, starting at the middle part of the body and working outward in stroke lines.
- Gua sha along muscles not across them: dredge the channels.
- The provider’s instrument-holding hand also makes contact with the flesh. Hand contact while stroking ‘dims’ the sensation of the instrument.
- Keep strokes to 4–6 inches in length.
- Don’t make stripes.
- Don’t ‘go shopping’: finish a stroke line before starting the adjacent stroke line.
- Complete Gua sha so that sha is raised ‘above, through and below’ the area of interest.
- Always show the patient their sha so it is not a shock to them later.
- Always give the Gua sha handout (Appendix A), even if you have treated this patient and given the handout before.
- Remember to be grateful for the gift that has been given to us by the ancestors of our medicine. Pass it on with gentleness, grace and compassion.

References


Immediate and significant Tongue changes as a direct result of Gua sha*

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Discovery in an ancient practice

Teachers say that they learn by teaching. The process of reviewing basic principles over and over highlights their essentiality. And then there are those moments when something is revealed that comes not from the teacher or from the student but rather from the interaction.

This occurred in 1996, in a Gua sha seminar I was teaching in Amsterdam. One of the acupuncturist participants asked me about a distended and very deep purple area on the lateral fore aspect of her Tongue that corresponded to a right shoulder injury. The class was learning to apply Gua sha to the upper back, neck and shoulders and proceeded to practice on one another. Within moments of having Gua sha applied to her back, her Tongue changed: the distension and the purple color were less. I instructed her seminar partner to extend the area of Gua sha laterally to the right scapula, corresponding to the Small Intestine channel, specifically the area of SI 11, 10 and 9 and to the LU 1 on the front of the body at the corresponding side (note: in Vietnamese medicine, these areas are included when applying Gua sha/cao gio for any Lung problem). The sha was pronounced and dark; a reexamination of the Tongue revealed the purple area was now completely gone (and did not recur). Her shoulder pain shifted significantly with increased range of motion and strength. But that was expected. The elimination of the distended purple area on the Tongue was a shock. After this event, we began to pay attention to Tongue changes before and immediately after Gua sha.

This is a departure from Tongue ‘looking’, in the modern traditional Chinese medicine (TCM) setting, which is typically done only once or twice at the beginning of the session because, so say the texts, the Tongue is not expected to change within

*Some of the content on immediate and significant Tongue changes as a direct result of Gua sha was first presented at the Anglo–Dutch Institute of Oriental Medicine International Acupuncture Conference in Amsterdam, November 1999, and first appeared in print in the German translation of the first edition of the Gua sha book as Gua Sha, Eine traditionelle Technik für die moderne Medizin, Verlag für Ganzheitliche Medizi, ISBN 3-927344-51-6 (Nielsen 2000).
the classical 'where sections of the Tongue relate to organs. Note the fore aspect of the Tongue includes the head, neck, sinuses and throat as well as the organs of the chest.

Figure 7.1 • The Tongue according to Jiaos • The classical East Asian medicine perspective in the lineage of Dr So starts with viewing the Tongue according to Upper, Middle and Lower Jiao, i.e. three-Jiao differentiation 'San Jiao bian zheng', before internal-organ differentiation 'zang fu bian zheng' where sections of the Tongue relate to organs. Note the fore aspect of the Tongue may or may not alter the 'how to think about a problem'.

Stases of body substances as well as system dysfunction appear on the Tongue as variations in color, shape, coat, fur and moisture (Kirschbaum, 2000; Maciocia 1995; Song, 1981). The very definition of pain in traditional East Asian medicine relates to some form of stasis. Sha stasis can relate to a spectrum of symptom severity, from the more superficial stiffness or myalgia, to bothersome pain, to severe fixed recurring pain, and further to actual 'hsieh' syndrome illness (see Chapter 5), where the 'pathogenic agent' has progressed from the surface Lo vessels, to the Jing vessels and the deeper tissues and organs. While channel communication can become disrupted or blocked, the channels '… may equally serve as a pathway for causative agents' (Epler 1980). Gua sha, then, not only relieves surface sha stasis but can also disrupt the process of pathogenic factors deepening into the body.

Qi stasis may or may not alter the Tongue presentation. Ongoing Qi stasis may produce stasis of other body substances. Blood stasis can appear as a darkening of the Tongue or as areas of the Tongue appearing blue or purple, or in some cases of Deficiency it will appear peachy in color. Heat stasis can appear as areas of increased redness; intensified Blood and Heat stasis as red or white points. When Fluids are not moving, all or part of the Tongue may be swollen or misshapen or may appear excessively wet, or even dry. Phlegm or Food stasis may appear as a thickened Tongue coat, and so on.

It is as important to examine the color and quality of the patients face, lips and body surface; it may be unremarkable at first look or may have discolored areas appearing blue or red, or the skin may redden from touch. The temperature of the surface may be warm or cool, but also may vary significantly even in areas proximal to one another. The presence of sha is confirmed by surface blanching that is slow to fade from pressing palpation (see Chapter 6, Figures 6.1 and 6.2; Plates 1, 2, and 3). A careful evaluation of history combined with palpation will reveal whether there are correlative symptoms of stasis or dysfunction deeper in the body. Removing this Blood stasis at the surface with Gua sha can, in turn, impact the deeper problem.
Heat-related fatigue, and developed formulae to clear that. A more adept herbalist recognized that theirs was pathogenic virus (HIV) patients to address their extreme fatigue, only to were prescribing tonifying herbs for human immunodeficiency relieves, regulates and cools, but can also ‘tonify’. symptoms? Venting Heat is an intervention that not only in what way does the trend correspond to other signs and pathology is trending. Is the Heat increasing or decreasing, chronic Internal Heat, it is important to note the way in which. However, even the smallest shift can clarify the depth, direction or range of a pathology or pattern. The sets of before and after photographs below and in the Plate Section show examples of significant Tongue changes commonly associated with Gua sha. In general, the most profound Tongue changes occur after applying Gua sha to the upper back, neck, and shoulders, confirming the Tongue’s direct correspondence with the Upper Jiao and indirect correspondence with the Middle and Lower Jiao. Documentation of immediate and significant changes in Tongue flesh color, shape and coat as a direct result of Gua sha are discussed below. Changes in the color of the face, lips and body flesh are also important to note, as well as the relationship of these to Tongue color, and the relationship of sha color to Tongue color.

The Tongue before and after Gua sha

Tongue changes from Gua sha reflect the depth of transformation as a result of removing Blood stasis at the surface. Not all patients experience this and not all Tongues change immediately. However, even the smallest shift can clarify the depth, direction or range of a pathology or pattern. The sets of before and after photographs below and in the Plate Section show examples of significant Tongue changes commonly associated with Gua sha.

In general, the most profound Tongue changes occur after applying Gua sha to the upper back, neck, and shoulders, confirming the Tongue’s direct correspondence with the Upper Jiao and indirect correspondence with the Middle and Lower Jiao. Documentation of immediate and significant changes in Tongue flesh color, shape and coat as a direct result of Gua sha are discussed below.

Gua sha and Tongue flesh color

Tongue becomes less red: Gua sha vents Heat

In cases of Heat, whether acute onset Wind Heat or more chronic Internal Heat, it is important to note the way in which the pathology is trending. Is the Heat increasing or decreasing, and in what way does the trend correspond to other signs and symptoms? Venting Heat is an intervention that not only relieves, regulates and cools, but can also ‘tonify’.

In the years prior to protease inhibitors, many herbalists were prescribing tonifying herbs for human immunodeficiency virus (HIV) patients to address their extreme fatigue, only to find that their fatigue became worse or did not respond at all. A more adept herbalist recognized that theirs was pathogenic Heat-related fatigue, and developed formulae to clear that Heat. The same therapeutic approach is used for post-fever fatigue, whether from an acute respiratory infection or from other infectious agents, as in dengue fever, Lyme disease, or even sequelae to heat stroke where residual pathogenic Heat dries fluids and suppresses Qi. Venting Heat is an essential therapeutic strategy that must be considered within the treatment session itself.

See Plates 19, 20 and 21: For subject 1 the red Tongue is associated with Wind Heat and early respiratory symptoms, as well as fatigued state, deficiency related to recent childbirth, nursing and student life (Plate 19). Her sha color (Plate 21) is a similar red color to that of the ‘before’ Tongue (Plate 19). Plate 20 is of her Tongue after Gua sha: the change in redness shows that Gua sha was able to vent Heat. There is slight coat observed and an underlying paleness that the ‘before’ Heat obscured. Childbirth, nursing and overwork can result in Blood deficiency. With the ‘before’ picture, an herbal formula might include blood nourishing herbs second to Wind Heat herbs, while the ‘after’ picture might reverse the order of emphasis in terms of dosage.

See Plates 22, 23, 24, and 25: Subject 2 had chronic cluster headaches with recurrent fixed pain at the side of the head. Her Tongue was very red, shiny and scalloped before Gua sha (Plate 22). After Gua sha to the back and neck (Plate 24), the focal area of cluster headache pain was treated at the scalp shown in Plate 25. After Gua sha subject 2’s Tongue, lips and face are less red (Plate 23). Tongue scallops remain, but there is a slight increase in coat. Gua sha has vented Heat. Note that even with the dense ecchymosis from the student participant’s over stroking, the sha is very similar in color to the ‘before’ Tongue (Plates 24 and 22).

Purple Tongue resolves: Gua sha moves Blood

See Plates 26 and 27: Subject 3 exhibits a deep purple and red Tongue with concentrated redness at front end and sides; the coat is concentrated on back right portion (Plate 26). After Gua sha the Tongue is less purple, less red, with a thicker coat overall (Plate 27). The coat at the back right portion is thicker, pasty and less rooted. Note the face and lips and nasi anni are also less red after Gua sha. Here Gua sha has vented Heat and moved Blood. The increase in coat points to a need for fluids.

Blue Tongue resolves: Gua sha harmonizes Blood and Gan Qi

See Plates 30, 31 and 32: Subject 3 exhibits a blue Tongue with a redder front rim (Plate 30). Immediately after Gua sha the blue aspect of the Tongue has almost completely resolved (Plate 31). The front end of Tongue is less red, less fluted. Plate 32 shows the same person two weeks later. The Tongue is fluted with a red scalloped front rim, showing an increase in Heat and Fluid stasis at the Upper Jiao related to new symptoms. The progression demonstrates that Tongue blueness can resolve from Gua sha, and remain resolved.
Peachy Tongue reddens: Heat concentrates

See Plates 28 and 29: Subject 4 exhibits a pale peachy Tongue (Plate 28). The peachier color at the front and sides represents Heat (a kind of redness) within Blood deficiency associated with the peachy color. After Gua sha (Plate 29) the peachy areas are darker, almost red, with appearance of points that are often associated with concentration of Heat; the coat is slightly increased, especially on the right. The face is a bit ‘redder’ as well. Heat appears to increase here further clarifying deficiency of Blood.

Changes in Tongue shape: Gua sha moves Qi, Blood and Fluids

See Figure 7.2 below. Subject 5 exhibits a Tongue that is asymmetrical, with one side larger than the other. Here the left side is swollen, distended and visibly larger than the right side (see Figure 7.2A), a sign that can be associated with injury and obstruction of the channels on the affected side. Though shown in black and white here, the Tongue color is rather normal: pink, pale and slightly blue.

Immediately after Gua sha the Tongue’s left-sided swelling has changed. The Tongue has reddened slightly, particularly at the pockets of the side scallops, which appear darker (see Figure 7.2B). Figure 7.2C shows the Tongue two weeks later: the left-sided swelling remains resolved. The Tongue color is particularly fresh, and the Shen is bright.

Changes in Tongue coat

See Plates 33 and 34: Subject 6 exhibits a red fluted Tongue with a white coat a bit thicker at the right top (Plate 33). Immediately after Gua sha the Tongue is less fluted, slightly less red with remaining red sides but with an increase in coat (Plate 34). Notice the Stomach crack is somewhat ‘healed’ after Gua sha, i.e. the fur is filling in the area, indicating movement of fluids that moistens the flesh. However, the Tongue coat is thicker, which can point to a lack of fluids or dehydration. This subject had been up most of the night and his sleep deprivation and overwork was depleting the Yin. Increase in the Tongue coat after Gua sha should trigger an inquiry into the status of fluids and Yin. Gua sha moves Fluids and when there is not enough fluid, the Tongue coat will thicken. Gua sha also vented Heat for Subjects 1, 2 and 3 (above, and see Plates 19 through 27) but an increased coat in Subjects 3 and 6 points to need for fluids.

Summary of Tongue changes and their significance

The body is always changing. We are interested in understanding a problem in the context of what changes and what appears to stay the same. What is presenting right now? What can be said about its location, quality and mutability? How is the situation trending? Which aspects are more recent or superficial; which are more tenacious, deep, or stuck.

The Tongue is not a magnetic resonance imaging (MRI) scan of the internal organs. It should not be consulted like an MRI, but more like a rising or setting sun, indicating a building or declining of conditions, a very direct indicator of conditions at the surface and the Upper Jiao, reminding us that the Tongue is the bud of the Heart. Changes on the Tongue as a result of Gua sha give essential information about the depth, direction and potential of a problem to respond, resolve or worsen. Tables 7.1, 7.2 and 7.3 detail the most common immediate changes of Tongue flesh color, shape, and moisture/coat as a direct result of Gua sha. The color and texture of sha, as well as how fast it surfaces and how fast it fades, gives more information, and is discussed in Chapter 6.

Figure 7.2 • Subject 5 presents with an asymmetrical Tongue • A The left side is distinctly larger and distended, associated with blockage of the channels on the left side of the body possibly from an old injury. B Directly after Gua sha the Tongue’s left-sided distension is ‘resolving’. The scallops are a bit redder (darker). C Two weeks later, the left-sided distension remains resolved. The Tongue color is fresh, the Shen on the Tongue is bright, the scallops have resolved.
Table 7.1 Significance of Changes in Tongue Flesh Color from Gua sha*

<table>
<thead>
<tr>
<th>Tongue appearance</th>
<th>Immediately after Gua sha</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Less red</td>
<td>Heat is vented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Areas remaining red indicate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>residual Heat</td>
</tr>
<tr>
<td>Pale</td>
<td>Reddens to ‘normal’</td>
<td>Qi moved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Qi and Blood quickened, warming</td>
</tr>
<tr>
<td>Pale, or pale</td>
<td>Reddens</td>
<td>Possible Yin deficiency, or</td>
</tr>
<tr>
<td>with red areas</td>
<td></td>
<td>not enough fluid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Movement of Qi and Blood</td>
</tr>
<tr>
<td></td>
<td></td>
<td>warms</td>
</tr>
<tr>
<td>Peachy</td>
<td>Becomes pink</td>
<td>Deficient Blood is quickened</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and nourished</td>
</tr>
<tr>
<td>Blue</td>
<td>Pinks to normal</td>
<td>Blood stasis is resolved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cold condition is warmed</td>
</tr>
<tr>
<td>Areas of purple</td>
<td>Turn normal pink</td>
<td>Blood stasis is resolved</td>
</tr>
<tr>
<td>Red points</td>
<td>Pale, flatten or</td>
<td>Heat and Blood stasis</td>
</tr>
<tr>
<td></td>
<td>disappear</td>
<td>resolving</td>
</tr>
<tr>
<td>White points/</td>
<td>Flatten tending to</td>
<td>Heat and Blood stasis</td>
</tr>
<tr>
<td>thorns</td>
<td>normal fur and pink</td>
<td>resolving</td>
</tr>
<tr>
<td></td>
<td>or disappear</td>
<td></td>
</tr>
</tbody>
</table>

*As with all signs and symptoms, Tongue changes are considered in the context of the entire presenting picture: the location, quality and mutability of a problem or problems.

Table 7.2 Significance of changes in Tongue shape from Gua sha*

<table>
<thead>
<tr>
<th>Tongue appearance</th>
<th>Immediately after Gua sha</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swollen or thick</td>
<td>Reduces in size and shape</td>
<td>Fluids are astringed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tones Qi and Yang</td>
</tr>
<tr>
<td>Scalloped edges</td>
<td>Reduce in size or</td>
<td>Fluids are astringed Tones Qi and Yang</td>
</tr>
<tr>
<td></td>
<td>disappear</td>
<td></td>
</tr>
<tr>
<td>Thin</td>
<td>Thickens or becomes</td>
<td>Fluids are collecting</td>
</tr>
<tr>
<td></td>
<td>scalloped (rare)</td>
<td>Consider internal Deficiency</td>
</tr>
<tr>
<td>One-sided swelling</td>
<td>Reduces: Tongue becomes</td>
<td>One-sided channel stasis has resolved Qi and Blood</td>
</tr>
<tr>
<td></td>
<td>symmetrical</td>
<td></td>
</tr>
<tr>
<td>Swollen and pulls</td>
<td>Reduces and corrects</td>
<td>Channel stasis and Wind resolved Channels</td>
</tr>
<tr>
<td>to one side</td>
<td>extension</td>
<td>nourished</td>
</tr>
</tbody>
</table>

*As with all signs and symptoms, Tongue changes are considered in the context of the entire presenting picture: the location, quality and mutability of a problem or problems.

Table 7.3 Significance of changes in Tongue moisture and coat from Gua sha*

<table>
<thead>
<tr>
<th>Tongue appearance</th>
<th>Immediately after Gua sha</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry</td>
<td>Moistens</td>
<td>Fluids circulated</td>
</tr>
<tr>
<td>Drippy, wet</td>
<td>Resumes normal moisture</td>
<td>Fluids astringed</td>
</tr>
<tr>
<td></td>
<td>Drier</td>
<td>Harmonized</td>
</tr>
<tr>
<td>Normal</td>
<td>Dries</td>
<td>Fluids not enough, not moving</td>
</tr>
<tr>
<td>Thick coat</td>
<td>Becomes thin</td>
<td>Accumulated Dampness resolving</td>
</tr>
<tr>
<td>No coat</td>
<td>Becomes thin coat</td>
<td>Stomach Qi and Yin strengthened</td>
</tr>
<tr>
<td>Coat not rooted</td>
<td>Begins to root</td>
<td>Stomach Qi and Yin strengthened</td>
</tr>
<tr>
<td>Thin coat</td>
<td>Thickens or becomes drier</td>
<td>Damp collecting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Possible lack of fluids, dehydration or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>unresolved pathogenic factor</td>
</tr>
<tr>
<td>Coat at specific</td>
<td>Changes</td>
<td>Factors are either resolving or deepening at</td>
</tr>
<tr>
<td>area</td>
<td></td>
<td>the corresponding Jiao, Channel or Organ</td>
</tr>
<tr>
<td>Tongue fur is</td>
<td>Cracks ‘heal’, fur</td>
<td>Blood is harmonizing, Yin supported</td>
</tr>
<tr>
<td>cracked</td>
<td>becomes ‘grassy’</td>
<td></td>
</tr>
</tbody>
</table>

*As with all signs and symptoms, Tongue changes are considered in the context of the entire presenting picture: the location, quality and mutability of a problem or problems.

Tongue changes and indications for herbal medicine

It is not unusual in practice in the Northeast United States to see some form of residual pathogenic Heat (Maciocia, 1995) in a patient’s lingering symptoms. Often in winter a person is exposed to cold but also to an overheated indoor environment that is also quite dry. People will become overheated and dry and their Tongues will become red and dry. Research has shown that dry air promotes respiratory viruses to become trapped in mucosa and reproduce. Also influenza viruses stay alive longer in dry air, favoring transmission (Lowen et al. 2007). When such a person contracts a Wind Cold, there is rarely a recognizable Wind Cold stage; the problem immediately transforms to Wind Heat.

Correspondingly the Tongue will have reddening (with or without red raised points) at the front fore aspect. Heat-clearing herbs come immediately to mind, as an internal medicine response seems indicated. But after applying Gua sha, the redness may decline substantially, and the red points flatten, pale or even disappear. Now the Tongue can actually look pale,
Immediate and significant Tongue changes as a direct result of Gua sha

Chapter 7

Immediate and significant Tongue changes as a direct result of Gua sha associated with Blood stasis. The evidence presented here of immediate Tongue changes has demonstrated that Gua sha alone can not only vent Heat but move Blood, making significant changes that ramify deep into the body. This can, in turn, inform herbal prescribing if herbs are needed at all.

It is, therefore, recommended that providers palpate for and consider Gua sha in any stasis or pain presentation, whatever the stasis pattern, before prescribing herbs. Applying Gua sha and viewing the Tongue before and after Gua sha can inform the practitioner with regard to the depth and direction of a pattern and the ease of communication within the tissues. Furthermore, given the import of immediate changes from Gua sha, seeing no change in the Tongue is as significant as seeing an immediate change.

Alternatively, the reverse may happen, where Gua sha pinks the Tongue when the Tongue began as pale. This is an excellent sign, as the Qi and Blood have been quickened. But if the Tongue began as red, and becomes redder, then it is possible that a greater internal Heat or a deficiency Heat is now visible. In this situation, consider offering fluids to hydrate the patient and recommend more consistent hydration. Continue treatment and check the Tongue again at the end of the session. If the Tongue still remains red, then Heat-clearing herbs and Heat-reducing foods and behaviors are justified.

A myth in the Western acupuncture community holds that only herbs can address deeper dysfunction, particularly that calling for reconsideration of medicines. Gua sha is able to vent and clear Heat, making visible the underlying terrain.

References


Classical treatment of specific disorders: location, quality, mutability and association

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Classical ‘diagnosis’: location, quality, mutability and association

Gua sha is used alone or in combination with other therapies as is evident from the studies and articles published in Chinese and English. Gua sha is taught in acupuncture schools and is increasingly being taught in medical programs for physicians, nurses, massage and physical therapists. Depending on the scope of practice of these varied providers, Gua sha may be applied for a range of problems from acute or chronic illness to acute or chronic musculoskeletal problems.

How and when to use Gua sha within an acupuncture session is detailed in the tables below. If applying Gua sha alone, the middle column indicates where to treat for the condition named in the first column. These tables are adapted from an engaged classical perspective in the tradition of Dr James Tin Yau So: what is a problem’s location, quality, mutability and association? If applying Gua sha it is assumed an aspect of a condition’s quality is blood stasis, whether related to Excess or Deficiency, or related to Hot, Cold, Damp or Dry, etc. A condition’s inherent mutability is of interest for interpreting a patient’s response to any treatment. Gua sha always creates change; What effect does Gua sha have? What is the significance of a shift and what does it indicate in terms of the depth, direction, longevity and responsivity of a problem.

How to use these treatment tables

The following tables list specific disorders that respond to the application of Gua sha as might be seen in a general acupuncture practice. The points suggested in the first column are needled first to raise Qi in the area. One, two or three de qi responses are indicated at each point to both disperse and congest the Qi in the area. The technique of multiple strong de qi is considered dispersing; however, when there is sha, even a dispersing needling technique congests the area because of
the sha stasis. Congesting the area promotes a more complete release from Gua sha.

The second column indicates where to apply Gua sha. If Gua sha is to be applied alone, these are the indicated areas. The points in the third column are needled after application of Gua sha, allowing the patient to relax. These tables and points should be considered as the core aspect of treatment; the provider may choose from these and then also individualize a treatment with additional points to respond to the patient’s specific presentation.

Gua sha is relevant for the disorders listed with or without acupuncture. In addition to treating specific problems such as those listed in the tables, Gua sha should always be considered whenever there is pain, discomfort, compromised function or range of motion, alteration of senses, or any indication of sha stasis whether by palpation or Tongue indication.

Most of the acupuncture points suggested are empirical prescriptions of classical Chinese medicine, except for the TW gummy point popularized by Kiiko Matsumoto. Main acupuncture points are essential to tap the conduit system and additional trigger points and or Ah Shi points are expected to be applied according to the individual need of the patient, and so are not listed here. It is not recommended to acupuncture trigger points alone without accessing the channel system; nor is it recommended to acupuncture alone if there are indications of sha.

The disorders are organized by Jiao (see Chapter 4), beginning with the Upper Jiao, which includes disorders of head, neck, eyes, ears, nose, throat, chest, upper back and extremities. The Organs of the Upper Jiao are the Heart and Lungs. The Middle Jiao includes disorders of the trunk, back and middle ribs. The Organs involved are the Stomach, Spleen, Liver and Gall Bladder. The Lower Jiao includes disorders of the lower body, pelvis and lower extremities. The Organs involved are the Kidneys, Bladder, Intestines, reproductive and sexual organs. Aspects of Liver function belong to the Lower Jiao. Of course the Organ San Jiao, Triple Warmer, is accessed at its channel but also at any area of the body where the fascia is stretched, probed, pressured, poked or Gua sha-ed.

According to the functional system of traditional East Asian medicine, certain areas of the body relate to or associate with function even when seemingly distal from a presumed anatomical site. So, for example, for problems with the head, the upper back would be treated but also possibly the middle back or lower back, since the Liver and Kidneys relate to aspects of eyesight, hearing, and head pain. Or Gua sha might be applied to an extremity along a channel that accesses internal organ function, like the Heart channel for insomnia for example. Gua sha would still be applied to the upper back to address stasis of the Heart or upper body.

### Upper Jiao disorders (Table 8.1)

For problems of the upper extremities, Gua sha would always be applied to the upper back and or chest area on the affected side, never to the extremity alone. As well, Gua sha can be extended from the upper body down the affected aspect of the arm, above, below and to a joint directly. The acupuncture points are not intended as a delimiting prescription but are suggested as options for core treatments to be adapted to a patient’s specific presentation by the practitioner.

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Needle</th>
<th>Gua sha</th>
<th>Needle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza: Wind-Cold, Damp</td>
<td>GV 14, BL 12, BL 13, GB 20, BL 38</td>
<td>Gua sha to upper back, neck, shoulders, chest</td>
<td>LI 4, LU 7, LI 11</td>
</tr>
<tr>
<td>Acute head cold</td>
<td>GV 14, BL 12, BL 13, GB 20</td>
<td>Gua sha to upper back, neck, shoulders, chest</td>
<td>LI 4, LU 7, LI 11, LI 20</td>
</tr>
<tr>
<td>Sinusitis: touch the neck and forehead to assess for ‘fever’; palpate occipital region for pain</td>
<td>GV 14, BL 12, BL 13, GB 20, GB 21 (needle GB 21 across the muscle)</td>
<td>Gua sha to upper back, neck, shoulders, chest</td>
<td>LI 4, LU 7, LI 11, LI 20, BL 7, ST2, LIV 2</td>
</tr>
<tr>
<td>Rhinitis</td>
<td>Same</td>
<td>Gua sha to upper back, neck, shoulders, chest</td>
<td>LI 4, LU 7, LI 11, LI 20, BL 7, ST 2, LIV 2, TW 5, BL 20, BL 23</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>GV 14, BL 13, BL 38, GB 20, GB 21</td>
<td>Gua sha to upper back, neck, shoulders, chest</td>
<td>LI 4, LU 7, LI 11, CV 17, CV 22, LU 5, PC 6, SP 4, BL 20</td>
</tr>
</tbody>
</table>
### Table 8.1 Treatment of Upper Jiao disorders—cont’d

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Needle</th>
<th>Gua sha</th>
<th>Needle</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asthma</strong></td>
<td>GV 14, Ding Chuan, BL 13</td>
<td>Gua sha to upper back, neck, shoulders, chest</td>
<td>Li 4, LU 7, or LU 9</td>
</tr>
<tr>
<td></td>
<td>BL 38</td>
<td></td>
<td>PC 6, SP 4</td>
</tr>
<tr>
<td></td>
<td>GB 21, GB 20</td>
<td></td>
<td>CV 17, CV 21 CV 22, ST 36 or ST 40</td>
</tr>
<tr>
<td></td>
<td>BL 15, ear Shen men</td>
<td></td>
<td>BL 20, BL 23</td>
</tr>
<tr>
<td><strong>Emphysema/COPD</strong></td>
<td>Same</td>
<td>Gua sha to upper back, neck, shoulders, chest</td>
<td>Li 4, LU 7, or LU 9</td>
</tr>
<tr>
<td>(Note: patients with a long-term breathing disorder are more vulnerable to pneumothorax because the lungs are closer to the surface. Only shallow needling is recommended)</td>
<td>BL 15, ear Shen men</td>
<td></td>
<td>PC 6 or KI 7</td>
</tr>
<tr>
<td></td>
<td>BL 38</td>
<td></td>
<td>PC 6, SP 4</td>
</tr>
<tr>
<td></td>
<td>GB 21, GB 20</td>
<td></td>
<td>Yin tang</td>
</tr>
<tr>
<td></td>
<td>BL 15, ear Shen men</td>
<td></td>
<td>ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 38</td>
<td></td>
<td>CV 17, CV 21 CV 22</td>
</tr>
<tr>
<td></td>
<td>GB 21, BL 20</td>
<td></td>
<td>BL 18 or BL 20, BL 23</td>
</tr>
<tr>
<td><strong>Cough</strong></td>
<td>GV 14, BL 13</td>
<td>Gua sha to upper back, neck, shoulders, chest</td>
<td>Li 4, LU 7, LU 9, LU 5, ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 38, GB 20</td>
<td></td>
<td>PC 6, SP 4</td>
</tr>
<tr>
<td></td>
<td>GB 21, BL 20</td>
<td></td>
<td>CV 17, CV 21</td>
</tr>
<tr>
<td><strong>Deficient Yin, cough</strong></td>
<td>GV 14, BL 13</td>
<td>Gua sha to upper back, neck, shoulders, chest</td>
<td>Li 4, LU 7, KI 6, LU 5, PC 6, SP 4</td>
</tr>
<tr>
<td>(Note: patients with COPD or any other long-term breathing disorder are more vulnerable to pneumothorax because the lungs are closer to the surface. Only shallow needling is recommended)</td>
<td>BL 38, GB 20</td>
<td></td>
<td>CV 17, CV 21 and/or CV 22</td>
</tr>
<tr>
<td></td>
<td>GB 21, BL 23</td>
<td></td>
<td>ST 36, Yin tang</td>
</tr>
<tr>
<td><strong>Neck pain</strong></td>
<td>GV 14, TW 15</td>
<td>Gua sha to upper back, neck, shoulders; Gua sha into occiput, SCM lateral neck, LU 1 area chest</td>
<td>Li 4, LU 7</td>
</tr>
<tr>
<td></td>
<td>TW 13, BL 10</td>
<td></td>
<td>TW 3 or TW 4</td>
</tr>
<tr>
<td></td>
<td>GB 20, 21, Pak Loh, Ah Shi Neck + upper back; BL 60</td>
<td></td>
<td>TW 5, GB 41</td>
</tr>
<tr>
<td></td>
<td>BL 57 area per palpation</td>
<td></td>
<td>SI 3, GB 39, TW gummy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Check SCM, pectoralis and scalene areas for constriction</td>
</tr>
<tr>
<td><strong>Thyroid problems, hypothyroid</strong></td>
<td>GV 14, GB 20 BL 10, 11, 12 + 13, TW 13 Needle between cervical vertebra: 4–5, 5–6, and one eye division lateral to these points</td>
<td>Gua sha to upper back, occiput, back of neck, sides and SCM muscle</td>
<td>Li 4, LU 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LW 5, CV 22 ST 10, CV 17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>BL 18, BL 19, BL 20, BL 23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>BL 31 to BL 32</td>
</tr>
<tr>
<td><strong>Goiter, hyperthyroid</strong></td>
<td>As above</td>
<td>Gua sha to upper back, occiput, back of neck, sides and SCM muscle</td>
<td>Consider points above and KI 3 KI 6, KI 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LI 11, ST 36 ST 40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TW 4, GB 38</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CV 22, points lateral to thyroid</td>
</tr>
<tr>
<td><strong>Headache</strong></td>
<td>GV 14, GV 15 GV 16, TW 15 or TW 16, GB 20 GB 21, BL 10 BL 12 or BL13, BL 38 (43)</td>
<td>Gua sha to upper back, neck, shoulders, sides of neck* Focal to site of scalp if pain is fixed (see Plate 25)</td>
<td>Li 4, LU 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Li 11, ST 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>GV 20, GB 40 LIV 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Extra points: Yin Tang, Tai Yang</td>
</tr>
<tr>
<td><strong>Migraine, cluster headache, Fire of Stomach, Gall Bladder or Liver</strong></td>
<td>As above</td>
<td>Gua sha to upper back, shoulders, neck, including sides* Focal to site of scalp if pain is fixed</td>
<td>As above, plus consider</td>
</tr>
<tr>
<td></td>
<td>GB 12, TW16</td>
<td></td>
<td>TW 5, GB 41 if one-sided; GB 38, LIV 2</td>
</tr>
<tr>
<td><strong>Stagnant Blood, headache</strong></td>
<td>As above but emphasize use of GV 20, GB 20 BL 10, BL 13 BL 17, BL 38 (43)</td>
<td>Gua sha to upper back, neck*, shoulders Focal to site of scalp if pain is fixed</td>
<td>Similar to above, but consider:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SP 6, CV 6, SP 10, GB 40</td>
</tr>
</tbody>
</table>

*Continued*
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Needle</th>
<th>Gua sha</th>
<th>Needle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back of head Tai Yang headache</td>
<td>General headache points above and GV 19, GV 16, GB 20, BL 10, BL 12, BL 13, BL 38 (43)</td>
<td>Gua sha to upper back, both BL channels, shoulders, neck</td>
<td>Consider SI 3, BL 60, BL 62; if pain is occipital see treatment for sinusitis</td>
</tr>
<tr>
<td>Sinus headache, front Yang Ming, orbital</td>
<td>Headache points above with GB 20, BL 10 GV 16, BL 12, BL 13, BL 38 (43)</td>
<td>Gua sha to upper back, neck*, shoulders</td>
<td>LI 4, LU 7, LI 20, Yin Tang ST 8, GV 23 GB 14 ST 44, consider ST2, BL7</td>
</tr>
<tr>
<td>Side Shao Yang headache</td>
<td>Headache points above with GB 20, BL 10, GV 16, BL 12, BL 13, BL 38 (43)</td>
<td>Gua sha to upper back, neck*, shoulders, esp. TW channel</td>
<td>TW 5, GB 41, ST 8 Tai Yang extra pt, GB 40, GB 8 Check SCM, pectoralis and scalene areas for constriction</td>
</tr>
<tr>
<td>Top of the head Tsiue headache</td>
<td>Headache points above plus consider GV 20, BL 7</td>
<td>Gua sha to upper + mid-back, neck*, shoulders Focal to site of scalp if pain is fixed</td>
<td>LI 4, LIV 2, LIV 3, GB 38, check for sinusitis</td>
</tr>
<tr>
<td>Yin headache</td>
<td>Headache points above and: GB 20, BL 15, BL 17 BL 18</td>
<td>As above</td>
<td>LI 4, LU 7, LI 11, Yin tang, KI 3, BL 23</td>
</tr>
<tr>
<td>Deficiency Xu headache</td>
<td>Headache points above emphasizing GV 20, GB 20, GV 14, BL 13</td>
<td>Gua sha to upper back, neck, shoulders Focal to site of scalp if pain is fixed</td>
<td>SP 6, ST 36 KI 3, LIV 3 BL 23, BL 20</td>
</tr>
<tr>
<td>Toothache</td>
<td>Headache points and include GV 20, GB 20, BL 13, TW 16</td>
<td>Gua sha to upper back, neck, shoulders</td>
<td>LI 4, ST 44 CV 24, ST 6 (lower teeth) GV 26, ST 7 (upper teeth)</td>
</tr>
<tr>
<td>Trigeminal neuralgia</td>
<td>GV 14, BL 13 GB 20, GB 21 BL 13 TW 15, TW 16 GB12</td>
<td>Gua sha to upper back, neck, shoulders Focal to site of scalp if pain is fixed</td>
<td>LI 4, LU 7, LI 11 Tai Yang extra pt, LIV 2, GB 37, 38, or 39 Levels: (Upper) ST 8, BL 2 GB 2, TW 21, TW 23 (Middle) GB 2, LI 20, ST 7 SI 19, ST 4 (Lower) ST 4, ST 6, ST 7, GB 2, SI 19, CV 24</td>
</tr>
<tr>
<td>Bell’s palsy, facial paralysis</td>
<td>GV 14, GB 20, GB 21, TW 15, BL 13</td>
<td>Gua sha to upper back, neck, shoulders</td>
<td>Bilaterally. Research shows there can be nerve damage on both sides of spine. LI 4, LU 7, GB 14, ST 4 ST 2, ST 7, ST 8, Tai Yang, extra pt, GB 2, SI 19, TW 21, ST 44</td>
</tr>
</tbody>
</table>
Table 8.1 Treatment of Upper Jiao disorders—cont’d

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Needle</th>
<th>Gua sha</th>
<th>Needle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye problems</td>
<td>GV14, BL 13, GB 20, TW 15, TW 16, BL 18, BL 19, BL 23</td>
<td>Gua sha to upper back, neck, shoulders</td>
<td>LI 4, LI 11, ST 8, BL 1, GB 1, GB 15, GB 37, SI 1, Extra pt Tai Yang</td>
</tr>
<tr>
<td>Ear problems</td>
<td>GB 20, GV 14, TW 16, TW 15, GB 12</td>
<td>Upper back, neck, sides of neck, shoulders</td>
<td>TW 3, TW 5, SI 3, SI 19, GB 2, TW 17, TW 21, BL 23, BL 18, GB 40</td>
</tr>
<tr>
<td>Temporomandibular joint disorder</td>
<td>GV 14, GB 20, TW 15, TW 16</td>
<td>Gua sha to upper back, neck, sides of neck, shoulders</td>
<td>GB 2, ST 7, SI 4, ST 44, Check SCM and Scalenes for constriction</td>
</tr>
<tr>
<td>Herpes zoster, shingles head, neck or upper body</td>
<td>GV 14, BL 13, BL 38, BL 15, BL 17, GV 20 Huato and BL channel points at the level of the affected dermatome</td>
<td>Gua sha is applied after lesions have healed. Upper back and neck for upper body shingles. Follow dermatome to axilla and front of the body (note: while tx is focused on affected side, palpate opposite side at dermatome level and treat if indicated)</td>
<td>LI 4, LI 3, LI 11, SP 10, Yin tang ‘Surround the Dragon’ treatment: shallow needle insertion every inch along but outside of lesion scars. Point needles toward lesion. Set for 20–25 min. If shingles at level of eye see eye treatment above</td>
</tr>
<tr>
<td>Upper back pain, injury, fibromyalgia</td>
<td>GV 14, B 13, GB 20, GB 21, TW 13, TW 15, SI 14, BL 38 (43)</td>
<td>Gua sha to upper back, neck, shoulders to mid-back</td>
<td>LI 4, SI 3, TW 5, TW Gummy, LI 11, LU 7</td>
</tr>
<tr>
<td>Chest pain, palpitation, angina, fibrillation, tachycardia</td>
<td>GV 14, GB 20, GB 10, BL 15, BL 17, GV 11</td>
<td>Gua sha to upper + mid-back, neck, shoulders, sternum</td>
<td>PC 5, PC 6, SP 4, HT 5, HT 7, Check chest muscles and ribs for constriction</td>
</tr>
<tr>
<td>Breast pain, distension, premenstrual syndrome, mastitis, fibrocystic breast condition</td>
<td>GV 14, GB 21, BL 13, BL 38, TW 15, GB 21, SI 11, BL 18</td>
<td>Gua sha to upper + mid-back, medial scapula border, neck, shoulders, sternum</td>
<td>LI 4, PC 6, SI 1, LU 1, CV 17, ST 16, ST 18, ST 34, LIV 14 SP 10, ST 30, LIV 3, GB 34</td>
</tr>
<tr>
<td>Upper extremity problems</td>
<td>GV 14, GB 20, SI 14, TW 15, BL 13, BL 38, Ah Shi or trigger points by palpation</td>
<td>Gua sha to upper back, shoulders, neck, mid-back</td>
<td>LI 4, SI 3, TW 5, LI 11, palpate for constriction</td>
</tr>
</tbody>
</table>

Continued
### Middle Jiao disorders (Table 8.2)

For problems located in the Middle Jiao, Gua sha is applied to the back and may also be applied to the front and sides of the body. Treatment must also be considered above and below any area of the middle back. These considerations point to a need to not only treat a specific area of pain but also those areas that feed, drain or otherwise associate with a primary area or problem. The acupuncture points are not intended as a delimiting prescription but are suggested as options for core treatments to be adapted to a patient’s specific presentation by the practitioner. Modern research has confirmed that most main acupuncture points are located at concentrations of connective tissue planes where propagation of mechanical and chemical signals from needling is enhanced. Therefore, main acupuncture points indicated for a problem are the essential core of treatment that can then be nuanced for the individual.

### Table 8.1 Treatment of Upper Jiao disorders—cont’d

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Needle</th>
<th>Gua sha</th>
<th>Needle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder pain, rotator cuff tear, bursitis, frozen shoulder (Alternate points when treating a chronic problem over time: point selection should be based on location of pain and where there is restriction in range of motion, i.e. follow the ‘Dragons Tail’))</td>
<td>GV 14, GB 20, BL 38, TW 15, TW 14, SI 14, SI 9, LI 16, LI 15, LI 14, LU 1, LU 3</td>
<td>Gua sha to upper back, shoulder, neck, arm back, front + side</td>
<td>LI 4, LI 7, SI 3, SI 6, LI 11, TW 4, TW 5, LU 1, ST 39, Jiaeiling</td>
</tr>
<tr>
<td>Upper arm injury/strain</td>
<td>GV 14, SI 14, SI 9, SI 10, SI 11, GB 21, LI 16, TW 15, TW 14, TW 13</td>
<td>Gua sha to upper back, shoulders, neck, arm back, front + side</td>
<td>LI 4, LI 11, LI 13, LI 14, LI 15, TW 5, TW 13, TW 14, TW 15, TW gummy, SI 3, SI 6</td>
</tr>
<tr>
<td>Tennis elbow</td>
<td>GV 14, GB 20, GB 21, BL 38, SI 11, TW 14, SI 10, SI 9</td>
<td>Gua sha to neck, shoulder, upper back, arm above and below elbow on channel</td>
<td>LI 4, LI 10, LI 11, LI 12, TW 10, HT 3, TW 2, TW 3, TW 5, LI 5</td>
</tr>
<tr>
<td>Forearm injury/strain</td>
<td>GV 14, GB 20, GB 21, LI 16, LI 15</td>
<td>Gua sha to neck, shoulder, upper back, upper arm</td>
<td>LI 4, LI 10, LI 11, TW 5, Ah Shi</td>
</tr>
<tr>
<td>Carpal tunnel syndrome, wrist problems</td>
<td>GV 14, GB 20, GB 21, TW 15, BL 38, LI 16, LI 15, TW 14</td>
<td>Gua sha to neck, shoulder, upper back, arm above and below elbow on channel</td>
<td>LI 4, LI 5, LI 9, LI 11, PC 5, PC 6, PC 7, TW 4, TW 5, TW 6, SI 3</td>
</tr>
<tr>
<td>Joints of hand related to trauma or Bi syndrome arthralgia</td>
<td>GV 14, BL 13, TW 15, BL 16, GB 21, LI 16, GB 20, GB 21, LI 15, TW 14</td>
<td>Gua sha to neck, shoulder, upper back, arm above and below elbow on channel</td>
<td>LI 4, LI 11, LI 10, PC 6, TW 5, Local pts on or between knuckles proximal or distal (Direct moxa on painful aspect of the joint)</td>
</tr>
<tr>
<td>Frostbite, fingertip snake boils (eruptions at fingertips from exposure)</td>
<td>GV 14, BL 12, BL 13, GB 20, TW 15</td>
<td>Gua sha to neck, shoulder, upper back, arm above and below elbow on channel</td>
<td>LI 4, LI 11, LI 10, PC 6, TW 5, Bleed Jing Well point</td>
</tr>
</tbody>
</table>

*Sternocleidomastoid muscle (SCM) can be treated on the side of headache pain*
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Needle</th>
<th>Gua sha</th>
<th>Needle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal or epigastric pain</td>
<td>BL 13, BL 18</td>
<td>Gua sha to mid-back</td>
<td>PC 6, SP 4, ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 20, BL 21</td>
<td>BL 12 to BL 22</td>
<td>CV 12, Yin tang</td>
</tr>
<tr>
<td></td>
<td>BL 22</td>
<td>Consider neck and GB 21 area</td>
<td></td>
</tr>
<tr>
<td>Lower abdominal pain</td>
<td>BL 17, BL 18, BL 20</td>
<td>Gua sha to mid-back</td>
<td>PC 6, SP 4, ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 21, BL 22</td>
<td>BL 13 to BL 25</td>
<td>CV 12, CV 6, ST 25</td>
</tr>
<tr>
<td></td>
<td>BL 23, BL 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flank pain</td>
<td>BL 18, BL 20</td>
<td>Gua sha to mid-back, include lateral BL channel and ribs to axillary line</td>
<td>TW 6, GB 34</td>
</tr>
<tr>
<td></td>
<td>BL 23, BL 38</td>
<td></td>
<td>LIV 3, LIV 14</td>
</tr>
<tr>
<td></td>
<td>GB 25, BL 47</td>
<td></td>
<td>Dai Mo: GB 41 (left is left sided pain), TW 5 (right if left sided pain) reverse if right sided pain palpate and Tx oblique constriction</td>
</tr>
<tr>
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</tr>
<tr>
<td>Subcostal pain, hepatomegaly, splenomegaly</td>
<td>BL 13, BL 15</td>
<td>Gua sha to upper and mid-back to BL 23 lateral to include areas of pain referred to back</td>
<td>PC 6, SP 4, ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 38, BL 17</td>
<td></td>
<td>CV 12, LIV 4</td>
</tr>
<tr>
<td></td>
<td>BL 18</td>
<td></td>
<td>LIV 13, ST 21</td>
</tr>
<tr>
<td></td>
<td>BL 20</td>
<td></td>
<td>SP 6, SP 9, SP 10</td>
</tr>
<tr>
<td></td>
<td>Pee Gen</td>
<td></td>
<td>TW 6, GB 34</td>
</tr>
<tr>
<td>Hepatitis/jaundice</td>
<td>BL 13, BL 15</td>
<td>Gua sha to upper back, mid-back to low back epigastric to hypochondrial region</td>
<td>PC 6, SP 4, ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 18, BL 19</td>
<td></td>
<td>CV 12, CV 13</td>
</tr>
<tr>
<td></td>
<td>BL 20, GV 9</td>
<td></td>
<td>LIV 14, LIV 3, GB 38, GB 34</td>
</tr>
<tr>
<td>Stomach ulcer</td>
<td>BL 13, BL 15</td>
<td>Gua sha to upper and mid-back</td>
<td>PC 6, SP 4, ST 36, LI 11</td>
</tr>
<tr>
<td></td>
<td>BL 18, BL 20</td>
<td>Gua sha to epigastric region</td>
<td>CV 12, CV 13</td>
</tr>
<tr>
<td></td>
<td>BL 21, Ah Shi</td>
<td></td>
<td>ST 21, CV 4, CV 6, ST 25</td>
</tr>
<tr>
<td>Nausea with or without vomiting</td>
<td>GV 14, BL 13, BL 18</td>
<td>Gua sha to upper and mid back</td>
<td>PC 6, SP 4, ST 36</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CV 12</td>
</tr>
<tr>
<td>Hiatal hernia</td>
<td>BL 17, BL 18</td>
<td>Gua sha to upper back, mid-back</td>
<td>PC 6, SP 4, ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 20, BL 21</td>
<td></td>
<td>CV 12, CV 13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LIV 14, LIV 13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ST 18, ST 21</td>
</tr>
<tr>
<td>Bloating, gas distension</td>
<td>BL 13, BL 18</td>
<td>Gua sha to mid-back, low back, upper, if tender</td>
<td>PC 6, SP 4, ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 20, BL 25</td>
<td></td>
<td>CV 12, CV 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CV 4, LIV 13</td>
</tr>
<tr>
<td>Hypochlorhydria</td>
<td>BL 18, BL 20</td>
<td>Gua sha to upper + mid-back</td>
<td>PC 6, SP 4, ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 21, BL 23</td>
<td></td>
<td>SP 6, LIV 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CV 12, ST 21</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>BL 18, 19, 20, 21</td>
<td>Gua sha to upper back, mid-back; Gua sha to epigastric region</td>
<td>Li 4, 11, PC 6</td>
</tr>
<tr>
<td></td>
<td>Yi Shu (&quot;pancreas hollow&quot;) aka M-BW-12 between BL 17 and BL 18</td>
<td></td>
<td>ST 36</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CV 4, CV 12, ST 25</td>
</tr>
<tr>
<td>Cholecystitis</td>
<td>BL 18, BL 19</td>
<td>Gua sha to upper, mid-back, epigastric region, hypochondrial region on right</td>
<td>Li 4, PC 6, CV 12, ST 21</td>
</tr>
<tr>
<td></td>
<td>BL 20, GV 9</td>
<td></td>
<td>TW 6, GB 34</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>extra point M-LE-23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LIV 13, GB 24</td>
</tr>
<tr>
<td>Any Phlegm disorder</td>
<td>BL 13, BL 20</td>
<td>Gua sha to back area according to palpation and constriction</td>
<td>Yin tang, SP 6, ST 36, CV 6</td>
</tr>
<tr>
<td></td>
<td>BL 23</td>
<td></td>
<td>shorten time of needle retention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Continue to rest patient for 30 min</td>
</tr>
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</table>

Continued
Table 8.2 Treatment of Middle Jiao disorders—cont’d

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Needle</th>
<th>Gua sha</th>
<th>Needle</th>
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</thead>
<tbody>
<tr>
<td>Deficient Blood/anemia</td>
<td>BL 15, BL 20, BL 23</td>
<td>Gua sha to back area according to palpation</td>
<td>CV 12, PC 6, CV 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and constriction</td>
<td>ST 36</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea, irritable bowel, Crohn’s/colitis, Deficient Spleen Yang,</td>
<td>Bai Hui GV 20</td>
<td>Gua sha to whole back, emphasis on mid- to</td>
<td>ST 36, ST 37</td>
</tr>
<tr>
<td>collapse of Central Qi</td>
<td>BL 13, BL 18</td>
<td>low back, across hips into GB 30 area</td>
<td>CV 12, ST 25</td>
</tr>
<tr>
<td></td>
<td>BL 20, BL 23</td>
<td>Bl 50 area at crease of lower buttock</td>
<td>CV 6, CV 4, KI 16</td>
</tr>
<tr>
<td></td>
<td>BL 25, GB 30, BL 50, BL 57</td>
<td></td>
<td>SP 6</td>
</tr>
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</tr>
<tr>
<td>Rib pain, intercostal neuralgia</td>
<td>BL 13, BL 17 BL 18</td>
<td>Gua sha to area of back according to</td>
<td>TW 6, GB 34</td>
</tr>
<tr>
<td></td>
<td>Ah Shi pts</td>
<td>ribs affected, – above, below and lateral on</td>
<td>PC 6, Yin tang</td>
</tr>
<tr>
<td></td>
<td>Posterior ribs and back</td>
<td>ribs to mid axillary line</td>
<td>LIV 13, LIV 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use small cap to apply Gua sha between ribs,</td>
<td>LIV 2, LIV 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>move flesh off of ribs to complete</td>
<td>LIV 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>expression of sha.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rib fractures/dislocation</td>
<td>BL 13, BL 17 BL 18</td>
<td>Gua sha to area of back according to</td>
<td>TW 6, GB 34</td>
</tr>
<tr>
<td></td>
<td>Ah Shi pts</td>
<td>ribs affected and on back above and below,</td>
<td>LIV 14, PC 6</td>
</tr>
<tr>
<td></td>
<td>Posterior ribs and back</td>
<td>apply Gua sha up to point of tolerance at</td>
<td>ST 18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>axilla. Note: do not Gua sha over acute</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>fracture, sprain, dislocation or</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>confusion</td>
<td></td>
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</tr>
<tr>
<td>Back pain</td>
<td>BL 60, BL 54 (40) or BL 57</td>
<td>Gua sha to back, with sha expressed above,</td>
<td>TW 5, GB 41, bilateral:</td>
</tr>
<tr>
<td></td>
<td>BL 10, BL 11 BL 13, BL 15</td>
<td>through and below affected area.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BL 17, BL 20 BL 23</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Herpes zoster, shingles at mid-body</td>
<td>GV 14, BL 13 BL38, BL 15</td>
<td>Gua sha is applied after lesions have</td>
<td>Li 4, LiV3, Li 11, SP 10</td>
</tr>
<tr>
<td>(Treat shingles with acupuncture at initial signs of prodromal pain or</td>
<td>BL 17, BL 18 Huato and BL</td>
<td>healed. Upper back and middle back for</td>
<td>Yin tang, ST 36, GB 38</td>
</tr>
<tr>
<td>outbreak even if patient is on medication. Add Gua sha as soon as</td>
<td>channel points at the level of the</td>
<td>mid-body shingles. Follow dermatome to</td>
<td></td>
</tr>
<tr>
<td>lesions have healed to prevent PHN. If patient has PHN within 6 months</td>
<td>affected dermatome</td>
<td>axilla and front of the body (note: while</td>
<td></td>
</tr>
<tr>
<td>to a year of an outbreak, emphasize repeated Gua sha treatment at the</td>
<td></td>
<td>bx is focused on affected side, palpate</td>
<td></td>
</tr>
<tr>
<td>back and along the dermatome)</td>
<td></td>
<td>opposite side at dermatome level and treat</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>if indicated)</td>
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</tr>
</tbody>
</table>

Lower Jiao disorders (Table 8.3)

For problems located in the Lower Jiao, Gua sha is applied to the back and may also be applied to the front and sides of the body. Treatment must also be considered above and below any area of the lower back. These considerations point to a need to not only treat a specific area of pain but those areas that feed, drain or otherwise associate with a primary area or problem.

For treatment of leg problems Gua sha would always be applied to the mid- to lower back and hip on the affected side, never to the extremity alone. As well, Gua sha can be extended from the body down the affected aspect of the leg, above, below and over a joint directly. The acupuncture points are not intended as a delimiting prescription but are suggested as options for core treatments to be adapted to a patient’s specific presentation by the practitioner.
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Needle</th>
<th>Gua sha</th>
<th>Needle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low back, acute pain</td>
<td>BL 60 BL 54</td>
<td>Guasha to back, with sha expressed above</td>
<td>SI 3, BL 62</td>
</tr>
<tr>
<td></td>
<td>BL 25 BL 23</td>
<td>expressed above, through and below affected area</td>
<td>TW 5, GB 41</td>
</tr>
<tr>
<td></td>
<td>GV 14, BL 10</td>
<td></td>
<td>ST 36, CV 6</td>
</tr>
<tr>
<td></td>
<td>Ah Shi above or below</td>
<td></td>
<td>Palpate and Tx constricted obliques</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and iliopecto muscles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dai mo, as above with mid-back pain</td>
</tr>
<tr>
<td>Chronic back pain</td>
<td>As above + BL 17, 20</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ki 3, ST 36</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SP 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dai mo TW 5, GB 41, bilateral or if pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>is one-sided: tx GB 41 on affected side, TW 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>opposite to affected side</td>
</tr>
<tr>
<td>Lumbar disc herniation</td>
<td>BL 60, BL 54</td>
<td>As above</td>
<td>Ki 3, ST 36</td>
</tr>
<tr>
<td></td>
<td>BL 25, BL 23</td>
<td></td>
<td>SP 6</td>
</tr>
<tr>
<td></td>
<td>GV 14, BL 10</td>
<td></td>
<td>GB 41</td>
</tr>
<tr>
<td></td>
<td>Ah Shi above or below</td>
<td></td>
<td>Dai mo as above</td>
</tr>
<tr>
<td>Renal colic/kidney pain</td>
<td>GV 14, BL 13</td>
<td>Guasha to mid-back, lateral over posterior</td>
<td>TW 6, GB 34</td>
</tr>
<tr>
<td></td>
<td>BL 17, BL 18</td>
<td>ribs + low back</td>
<td>LIV 3, LIV 14</td>
</tr>
<tr>
<td></td>
<td>BL 23, BL 47</td>
<td>Back – above, through and below affected</td>
<td>SP 6, Ki 3</td>
</tr>
<tr>
<td></td>
<td>GB 25</td>
<td>area</td>
<td>Dai mo as above</td>
</tr>
<tr>
<td>Deficient Kidney Yang</td>
<td>GV 14, GV 4</td>
<td>Guasha to back, with sha expressed above</td>
<td>Ki 3, SP 6</td>
</tr>
<tr>
<td></td>
<td>BL 20, BL 23</td>
<td>expressed above, through and below affected area</td>
<td>ST 36</td>
</tr>
<tr>
<td>Bladder pain</td>
<td>GV 14, BL 15</td>
<td>Guasha to mid-back, low back, sacral and</td>
<td>SP 6, SP 9</td>
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<tr>
<td></td>
<td>BL 18, BL 23</td>
<td>hip</td>
<td>LIV 8</td>
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<tr>
<td></td>
<td>BL 28, BL 32, BL 57</td>
<td></td>
<td>CV 6, CV 4, CV 3, ST 29, or point between</td>
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<td>ST 29 and ST 30</td>
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<tr>
<td>Cystitis</td>
<td>GV 14, BL 15, BL 18</td>
<td>Guasha to mid-back, low back, sacral and</td>
<td>SP 6, SP 9</td>
</tr>
<tr>
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<td>BL 23, 27, 28</td>
<td>hip area</td>
<td>CV 6, CV 4</td>
</tr>
<tr>
<td>Urinary retention/incontinence</td>
<td>BL 23, BL 32</td>
<td>As above</td>
<td>CV 3</td>
</tr>
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<td>BL 33, BL 15</td>
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<td>ST 29</td>
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<td></td>
<td>BL 27, BL 28</td>
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<tr>
<td>Urinary frequency</td>
<td>As above</td>
<td>As above</td>
<td>SP 6, SP 9</td>
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<td></td>
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<td>ST 36, BL 57</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>CV 3, CV 4, CV 6, ST 29+</td>
</tr>
<tr>
<td>Prostatitis</td>
<td>BL 17, BL 20</td>
<td>Guasha to mid-back, low back, sacrum and</td>
<td>SP 6, SP 9</td>
</tr>
<tr>
<td></td>
<td>BL 23, BL 25</td>
<td>lateral</td>
<td>CV 3</td>
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<td>BL 26, BL 28</td>
<td></td>
<td>ST 27, ST 29</td>
</tr>
<tr>
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<td>BL 57</td>
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<td>CV 1</td>
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<tr>
<td>Pelvic floor pain</td>
<td>BL 15, BL 18</td>
<td>Guasha to mid- and low back, across top of</td>
<td>Sp 6, SP 10</td>
</tr>
<tr>
<td></td>
<td>BL 20, GB 30</td>
<td>hips, at BL 50 crease to drain pelvic</td>
<td>ST 36, ST 39</td>
</tr>
<tr>
<td></td>
<td>BL 50, BL 57</td>
<td>floor; top of thigh and inguinal area if</td>
<td>Yin tang</td>
</tr>
<tr>
<td></td>
<td></td>
<td>indicated</td>
<td>Tx Ah Shi trigger points at thigh</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Palpate and Tx constricted obliques and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>iliopecto muscles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tx pelvic floor Ah Shi points</td>
</tr>
<tr>
<td>Genitals/pain</td>
<td>BL 18, BL 23</td>
<td>Guasha to mid- to low back, sacrum and</td>
<td>LIV 3, LIV 5</td>
</tr>
<tr>
<td></td>
<td>BL 32, BL 57, GB 30</td>
<td>lateral to sacrum, across top of hips, at</td>
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<td>Irregular menses</td>
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<td>Gua sha to mid-back, low back, sacrum and area lateral to sacrum</td>
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<td>Menorrhagia</td>
<td>GV 20, BL 15, BL 18, BL 23, BL 23, BL 32, GB 30</td>
<td>Gua sha to mid-back, low back, sacrum and area lateral to sacrum</td>
<td>HT 5, SP 10, SP 9, SP 6, CV 3, CV 4, Moxa SP 1 and LIV 1</td>
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<td>Uterine fibroids/leiomyoma</td>
<td>BL 57, BL 15, BL 17, BL 18, BL 20, BL 32, Pee Gen</td>
<td>As above</td>
<td>SP 10, SP 9, SP 8, SP 6, PC 6, SP 4, CV 3, CV 4, CV 6</td>
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<td>BL 17, BL 18, BL 23, BL 32, GB 30</td>
<td>Gua sha to mid-back, low back, sacrum and area lateral to sacrum</td>
<td>SP 10, SP 9, SP 6, Li 4, ST 25, ST 29, GB 26, Palpate and treat obliques on affected side</td>
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<tr>
<td>Inducing, treating labor</td>
<td>BL 17, BL 23, BL 31 BL 32, GB 21 across the muscle</td>
<td>Gua sha to whole back, sacrum across buttocks to GB 30 area</td>
<td>Li 4, SP 6, retain and repeatedly rotate and stimulate needles as patient walks around clinic ear Shen men and Uterus point apply ear seeds or ear magnets</td>
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<td>Sciatica</td>
<td>BL 60, BL 54, BL 25, BL 23, BL channel, sacrum + lateral</td>
<td>Gua sha to low back to sacrum, back of leg Patient is prone on table</td>
<td>CV 6, LI 3, Dai mo: GB 41 (left if left-sided pain) TW 5 (right if left-sided pain) Reverse if pain is on right or Tx bilateral TW 5, GB 41</td>
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<tr>
<td>Sciatica</td>
<td>GB 30, GB 31, GB 34, GB 39, GB 29, GB 26</td>
<td>Gua sha to low back, sacrum GB 30 area in lateral recumbent position GB 31 area on leg</td>
<td>CV 6, LIV 3, Dai mo: GB 41 (left if left sided pain) TW 5 (right if left sided pain) Reverse if right sided sciatica, or Tx bilateral TW 5, GB 41</td>
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<td>GB 31, GB 30, GB 29, GB 34, Ah Shi</td>
<td>Gua sha to low back, sacrum and lateral to hip and GB 30 area Hip Ah Shi</td>
<td>Dai mo: GB 41 (left if left sided pain) TW 5 (right if left sided pain) Reverse if right sided sciatica, or Tx bilateral TW 5, GB 41</td>
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<td>Strained hamstring/quads</td>
<td>BL 54, BL 25, BL 26, BL 50 at ischium Ah Shi sacrum and lateral to sacrum Ah Shi leg BL 60, BL 57</td>
<td>Gua sha to low back, sacrum, back of leg Ah Shi leg area</td>
<td>SP 6, ST 36, SP 10, ST 34</td>
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<td>Knee injury/Bi</td>
<td>BL 23, BL 25 BL 54, BL 60 Sacral Ah Shi Lateral sacral Ah Shi</td>
<td>Gua sha to low back, sacrum and hip Gua sha to quads</td>
<td>SP 6, SP 9, SP 10 GB 34, GB 31, LIV 8 Eyes of knee Wings of knee Palpate and reduce constriction at thigh For acute sprain apply gauze soaked in Zhen Gu Shui for 20 min</td>
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<td>Ankle sprain/Bi</td>
<td>BL 60, BL 54 BL 25, BL 23 BL 57 and calf points Sacral Ah Shi Lateral sacral Ah Shi</td>
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<td>SP 5, LIV 4 GB 40, SP 6 KI 3, KI 6 Ah Shi For acute sprain apply gauze soaked in Zhen Gu Shui for 20 min Needle distal points then lightly massage over ankle to reduce swelling</td>
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<td>Foot/toe injury/Bi</td>
<td>BL 60, 54, 25, 23 GB 30, 31, 34 Sacral Ah Shi Lateral sacral Ah Shi</td>
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<td>Heel pain</td>
<td>As above</td>
<td>As above</td>
<td>KI 3, BL 60 KI 7, KI 8 Palpate and Tx BL 57 area, reactive points of the calf</td>
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<td>Plantar fasciitis</td>
<td>As above</td>
<td>Gua sha to calf, low back and hip area</td>
<td>K3, BL 60 Palpate and Tx BL 57 area and reactive points of the calf</td>
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<td>Any difficulty walking</td>
<td>GB 30, GB 31 GB 34, GB 39, GB 40 BL 60, BL 54 (TCM 40)</td>
<td>Gua sha to low back, sacrum, back of leg, GB 30 area in lateral recumbent position GB 31 area at leg</td>
<td>SP 6, ST 36 LIV 3 Dai mo: GB 41 (left if left sided problem) TW 5 (right if left sided problem) Reverse if right-sided problem; or Tx bilateral TW 5, GB 41</td>
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<td>Uneven leg length, long leg syndrome (treat the long leg side)</td>
<td>GB 26, GB 30, GB 31, GB 32, GB 38, BL 60</td>
<td>Lateral recumbent position: Gua sha to: GB 29-30 area GB 31 area</td>
<td>Dai mo: GB 41 (left if left sided problem) TW 5 (right if left sided problem) Reverse if right-sided problem, or Tx bilateral TW 5, GB 41</td>
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<tr>
<td>Herpes zoster, shingles at the lower body (Treat shingles with acupuncture at initial signs of prodrome pain or outbreak even if patient is on medication. Add Gua sha as soon as lesions have healed to prevent PHN. If patient has PHN within 6 months to a year of an outbreak, emphasize repeated Gua sha treatment at the back and along the dermatome)</td>
<td>BL 15, BL 17 BL 18, Huato and BL channel points at the level of the affected dermatome</td>
<td>Gua sha is applied after lesions have healed to the middle back, lower back and hip area for lower body shingles. Follow dermatome around to the front of the body (note: while Tx is focused on affected side, palpate opposite side at dermatome level and treat if indicated)</td>
<td>LI 4, LIV3, LI 11, SP 10 Yin tang ST 36 GB 38 ‘Surround the Dragon’ treatment: shallow needle insertion every inch along but outside of lesion scars. Point needles toward lesion. Set for 20–25 min</td>
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Introduction

The following cases are patients treated by the author using Gua sha, except for the hepatitis case, which is a cited article. Each case is outlined by presenting disorder but includes Tongue, Pulse, other signs and symptoms, and recommendations, as is the tradition in classical Chinese medicine. Rather than list each treatment given in each case, I have compiled the overall treatment approach. The treatment section is divided into three parts: acupuncture points applied before Gua sha, Gua sha itself, and acupuncture points used subsequent to Gua sha. Classical Chinese medicine in the lineage of Dr So treats both the back and the front of the body but not always in the same session. Venting Heat and reducing Excess in the Yang channels is considered first and is the reason why Gua sha is done primarily on the Yang surfaces. Therefore, the back is almost always treated first. Gua sha is applied, and then the lateral and Yin surfaces or front of the body are treated.

The acupuncture point list in each treatment section includes all points used over a period of time. Points for a single treatment were among those listed, not necessarily all those listed. Determination of points was based on location, quality, mutability and association of a problem, application of distal as well as proximal sites, use of palpation and knowledge of previous treatment.

In some cases Gua sha was instrumental in resolution. In others Gua sha was a contributing factor in speeding resolution. Although Gua sha can be done whenever there are the proper indications, in these cases it was not done more frequently than once every one or two weeks.

If you find indications of sha soon after you have done Gua sha, it may indicate low Wei Qi. It can also be a result of repeated alcohol intake, which expands the peripheral capillaries, allowing chill to penetrate.

Where relevant, I noted studies that relate to the case being discussed. Chapter 2 has a complete literature review of studies. Cases here have been arranged by Jiao, beginning with the Upper Jiao. Pinyin names of the points are listed in Appendix B.

Headache, esophagitis, neck and shoulder pain, cervical disc degeneration

Female, 39

Presenting complaint
Patient complained of pain in her neck and shoulders, with numbness, tingling and twitching down her arms. There was loss of mobility in her neck. Headaches ensued from the neck pain. She was diagnosed with arthritis at C4–5, with degenerative disc thinning and cervical disc herniation at C5–6 and bone fusion at C6–7. Magnetic resonance imaging (MRI) showed disc bulge anterior and posterior. Patient received biannual neurological check-ups. It was recommended she have a discectomy with transplant of the hip bone to fuse cervical vertebrae.

Previous treatment
Patient was under the care of a neurologist and chiropractor.

Tongue
Her tongue was swollen and pale, with pronounced swelling at borders where the flesh was pale and shining. The end of the tongue had tiny raised red dots. An alley down the midline of the tongue was yellow, furry and slightly depressed.

Pulse
Rate 76; Kidney pulses were deep, with Kidney Yin deep and wide. The entire Blood pulse was tight with the Heart pulse also wide.

Other signs and symptoms
Patient had good muscle mass, was a little overweight with slight edema overall. She took Xantac or Tagamet for stomach pain, hiatal hernia, esophagitis and pain in the chest so that she could not swallow her own saliva. She had uterine fibroids with early heavy menses. She had a history of back pain and weakness, frequent urination and sinus problems. Her voice was slightly sing-songy, she preferred talking to feeling or experiencing treatment. She worked as a nurse and was a single mother of three.

Treatment

Back
• GV 14, BL 13, BL 38, TW 15, GB 20, GB 21, alternating Pak Loh, SI 10, Ah Shi trigger points at neck and upper back.
• Gua sha was applied to her neck, shoulders, upper and middle back, depending on signs for sha and presenting area of constraint and tenderness.

Front
• LI 4, ST 36, LIV 3, PC 6, LI 13, TW gummy, alternating TW 5, GB 41, neck massage and stretching.

Course of treatment
Five acupuncture treatments for esophagitis, headache, neck and shoulder pain.

Recommendations
Eliminate coffee, cold and sour foods. Keep neck covered to protect from temperature change. Neti pot washes were recommended for sinuses (see Appendix C).

Results
Esophagitis was gone after the first treatment, headaches gone after the second. With each treatment patient experienced
increased range of motion with decreasing neck pain. No tra-
jecting pain, tingling or numbness after the fourth session. Off
stomach medications by fifth session.

Patient presented again in 6 weeks. A neurological check
corroborated her experience of improvement and surgery was
cancelled. She had slight neck and shoulder pain, but full range
of motion. She received one or two treatments per month (31
total) over the next 2 years for her neck and shoulders, an
occasional acute upper respiratory infection and menstrual
problems. The improvement in her neck and shoulders contin-
ued until it was no longer a chronic problem.

Note: Gua sha has been shown to be effective for neck pain
in a randomized controlled trial published in the journal
Pain Medicine (Braun et al. 2011). Gua sha for neck pain is one of
the most studied areas of Gua sha in the Chinese language
database (see Chapter 2).

Cluster headaches, post-trauma

Male, 37

Presenting complaint
Patient had attacks of head pain that would completely debili-
tate him. He carried oxygen with him at all times. His left eye
would redden, burn and weep. Diagnosed as cluster headaches,
the attacks occurred after an accident where his nose was
broken by a baseball. A fragment of bone lacerated an artery
and emergency surgery was performed. A piece of metal was
left at the site. He had had headaches for 4 years.

Previous treatment
After the emergency surgery, the patient was under the care
of neurologists for 4 years. He had been tried on 17 different
medications. At one point he was hospitalized and given intra-
venous antihistamines. Lithium stopped the headaches for
1 year, but he felt weak on the medication. Eventually the
headaches returned. The patient wanted to avoid further medi-
cation so he was referred by his physician for acupuncture
treatment.

Tongue
Bright red and wet with only slight coating at the back center.

Pulse
Deep and slight.

Other signs and symptoms
This patient had a strong muscular build. He worked with
computers all day and labored outdoors in his free time. When
he first presented he was taking prednisone, 5 mg four times
per day, Cardene, 20 mg twice per day, and Zantac. He had
severe head pain that would wake him in the night or start in
the day. He had to use oxygen to relieve the pain. His urine
was frequent, though he had edema from the prednisone. He
felt weak, had no sexual drive and had diarrhea. He was
desperate.

The head pain would begin as a burning in the right corner
of the eye and nose. The pain would shoot into the eye like
fire and then back over the head along the Gallbladder channel,
into the occiput, neck and right shoulder.

Treatment

Back
• GV 14, BL 13, GB 20, BL 10. Right side: TW 15, BL 38,
SI 14, Pak Loh, GB 12, TW 16.
• Gua sha to upper back, concentrating on the right neck
and shoulder. Initially sha was dark.

Front
• LI 4, LU 7, GB 40, BL 7, Yin Tang, right LI 11, TW
gummy, LI 20, BL 1, BL 2, Yu Yao, Pi Yen, ST 8, Tai Yang,
Ah Shi at scar along right nose.
• Bleeding technique applied with small cups around area of
trauma. Blood expressed was extremely dark.

Course of treatment
Patient was treated every 10 days for the first 12 treatments,
after which the sessions were spaced 2 weeks apart, then 3
weeks, then a month.

Recommendations
Patient was screened for allergens and offensive foods. He was
asked to stop all caffeine, alcohol and sugar. This meant he
needed to eat a meal for breakfast as opposed to coffee and a
Danish. He was eating ice cream before bed each night. All
cold, sweet foods were discouraged. Regular meals of nutri-
tious food were encouraged to avoid hypoglycemia.

Yunnan Bai Yao (Yunnan White Medicine) was given for
post-trauma congealed Blood. It was recommended to be taken
with a shot of rice wine.

Lung Tang Xie Gan (Gentiana Drain the Liver Pill), was
given for Shao Yang Heat in the Upper Jiao.

Tien Ma Hu Gan Wan (Gastrodia Tiger Bone Pill) was given
initially, with Jiang Ya Pill Pian Hypertension Repressing Tablets
subsequently.

Results
His diarrhea stopped with the cessation of all dairy products
and was likely due to lactose intolerance. With treatment and
other dietary recommendations, his headaches began to dimin-
ish in intensity, then in frequency. He was able to reduce and
finally stop all medication.

He continued with treatment once every 4–6 weeks. A year
after complete recovery he had a recurrence following a neck
injury. He resumed treatment every 2 weeks and recovered
fully in 6 months. He received a treatment every 4–8 weeks
for another year to maintain free flow. It has been over 20 years
since he has had treatment and he has had no recurrence.
(Gua sha at the scalp is an essential addition to Gua sha to the upper neck, back and shoulders in cases of migraine or cluster headaches. See Plate 25 as an example).

Cluster headache with allergic rhinitis ‘Wind exposure’

Female, 34

Presenting complaint
Patient suffered for years from recurrent fixed and severe head pain diagnosed as ‘cluster headache’, accompanied by labile allergic rhinitis symptoms that worsened in spring with exposure to pollen. Symptoms worsened if exposed to wind in any season.

Previous treatment
Patient was given migraine medication by her primary care physician to use as needed. Over-the-counter (OTC) analgesics did not relieve her pain. Chinese herbal medicine given by another provider did not address her pain.

Tongue
Tongue was normal pink to pale, with front end and rim of the tongue redder. No red or white points.

Pulse
Pulse was normal with the exception of a fuller active pulse at the sinus position that is proximal to the first position on both wrists.

Other signs and symptoms
Patient sometimes suffered from constipation that was related to stress, Liver Qi constraint. Her cluster headaches were debilitating when they occurred and frustrating.

Treatment
Back
• GV 14, BL 13, BL 38, TW 15, GB 20, GB 21 BL 10, GB 12, de qi and remove.
• Gua sha to upper back and neck, including sides of neck.

Front
• Needle focal fixed area of pain at the scalp.
• Gua sha to the scalp at the area of focal fixed head pain.
• LI 4, LU7, TW gummy, LI 20, ST 2 Yin tang ST8.

Additional points
• Liv 2, ST 36, KI3, GB 40.

Course of treatment
Patient had two sessions.

Recommendations
Daily use of Neti wash, which patient began immediately. Eat regular meals of warm cooked food. Avoid fruit during pollen season. Avoid exposure to wind. Patient was already moderate in terms of work and activity.

Results
First treatment resolved cluster headache focal pain. Patient reported for one follow up treatment for allergic rhinitis. Headaches did not recur.

Headache, chronic sinusitis, food allergies

Female, 45

Presenting complaint
Patient complained of chronic headache at the bridge of the nose, chronic, allergic, inflamed sinuses, postnasal drip alternating with stuffy nose.

Tongue
Thin tongue body with shallow cross cracks and red tip. Coating was normal and rooted but with thickening at back and overlaid with foamy residue.

Pulse
Fast and wiry. There was a roughness at the Lung pulse and fullness at the sinus positions found distal to the Upper Jiao positions.

Other signs and symptoms
This patient was thin with boundless energy, loud voice and joie de vivre. She had normal menses but had premenstrual breast tenderness. Stools were normal and urine frequent. She was allergic to, craved and ate peanut butter, chocolate, wheat, garlic and onions.

Treatment
Back
• GV 14, BL 12, BL 13, GB 20, BL 10, GV 15, BL 38, BL 18, BL 20, BL 23.
• Gua sha to upper neck, back and shoulders.

Front
LI 4, LU 7, LI 20, ST 2, BL 2, Yin Tang, ST 8, Tai Yang, BL 7, CV 6, ST 36.
**Allergy desensitization**

- LI 4, LIV 3, Mu point or Source point of Organ or Organs weakened by allergen \(\text{(Nambudripod (1989))}\).

**Course of treatment**

Nineteen treatments in the first year, weekly or every other week; 12 treatments in the second year; four treatments in the third year and one treatment in the fourth year. Gua Sha was done no more than monthly.

**Recommendations**

Avoid allergies during desensitization process. Use Neti washes daily (see Appendix C).

**Results**

Patient's sha was initially thin, small and purple. Subsequently, the sha appeared lighter in amount and color. Presenting headache left after the first treatment. Subsequent sessions dealt with sinus pain and blockage and tenderness at the bridge of the nose. Headaches became less intense and less frequent, triggered by eating sugar. Premenstrual symptoms resolved. Eventually sessions included the desensitization to allergens. The outcome was that she no longer craved the offending foods and could eat them occasionally without symptoms.

In the third year she presented with headache and sinus infection producing green mucus. Bi Jen Pian was given following acupuncture and Gua sha with good results.

After that she used the acupuncture sessions to explore the roots of her addictive/allergic behavior. She realized that though the allergic foods caused headaches and sinus problems they also stimulated her high energy state. She liked the power of feeling boundless energy and though the pain was unpleasant it was also a form of self-stimulation, a way to bring attention to herself in the midst of too many projects. As she healed she became less driven in her schedule, created more time for herself and changed her orientation from ‘pain as pleasure’.

**Neck and shoulder tension pain: Shi Excess condition**

**Male, 35**

**Presenting complaint**

Patient complained of neck and shoulder pain from overuse of muscles and overwork. His muscles would seize up, causing pain so severe his lips would turn blue. His neck pain extended into his shoulders and down his arms, causing numbness in both hands. He was diagnosed with mild herniations of C4–5 and 5–6, with cervical and thoracic radiculitis.

**Previous treatment**

This patient had been receiving chiropractic adjustments and had also received a few acupuncture treatments without lasting results.

**Tongue**

He had a large tongue, damp with a foamy white coating, even throughout in color and texture with occasional red dots at the rim and tendency toward scallops. Coating was varied, greasy in back center. The thickness, greasiness and foaminess of the coating increased or receded depending on the patient’s condition.

**Pulse**

Surprisingly Deficient, thin, deep and weak. This patient’s overwork habits severely weakened his Qi allowing concomitant accumulation and stagnation of Qi, Fluids and Blood.

**Other signs and symptoms**

This patient made fine violins and cellos. He would lose himself in his craft, sometimes working more than 24 hours without a rest. He also suffered from migraines, possibly occasioned by the resins and finishes. He was extremely allergic to the Urishi resin extracted from the poison ivy plant, which is used to finish the wood of violins. He had bouts of asthma, sinusitis and headaches, allergic dermatitis and heat rash. Physically a large muscular man, a tremendous generator of heat and always slightly sweaty. Stools loose, urine infrequent and sleep erratic.

**Treatment**

**Back**

- GV 14, BL 13, BL 38, TW 15, GB 20, BL 10, points lateral to CV 4 and 5. Alternating presenting trigger or Ah Shi points, GB 21.
- Gua sha to upper back and neck, including sides of neck, shoulders, upper arms and forearms.

**Front**

- LI 4, LI 11, TW gummy, LI 15.

**Additional points for tonification of Spleen**

- BL 20, BL 23, CV 12, ST 36, SP 6, CV 6, alternating ST 40, LIV 13.

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1There is no scientific research to support the use of this technique for desensitization of immune mediated allergies. It does appear to shift a patient’s subjective relationship to ‘sensitivities’.
Course of treatment

First course for neck, shoulders, arms and hands. Fourteen weekly treatments. Subsequent treatments continued to tonify Spleen. Patient used acupuncture and Gua sha to increase creativity.

Recommendations

Stop coffee or any stimulants. Reduce intake of dairy products as they can increase Damp stagnation internally. Regulate work hours, rest when tired and nap if necessary. Er Chen Tang (Two Cured Pill), given for mucus, Lien Chiao Pai Du Pien ( Forsythia Defeat Toxin Tablet), for poison ivy outbreak and Lung Tang Xie Gan (Gentiana Drain Liver Pill), for heat rash in groin.

Results

Neck and shoulders stopped seizing up. Patient described improvement as ‘not suffering’, where he was able to extend himself in work and recover with rest. Body Heat was reduced, heat rash was gone. All numbness of hands and forearms gone, as were headaches. Tongue, pulse and body signs indicated a strengthening of digestion. As sweat was contained and transport of fluid normalized, the urine frequency increased to normal.

Note: Gua sha for neck and shoulder problems are one of the most studied areas of Gua sha in the Chinese language database (see Chapter 2).

Neck and shoulder tension pain: Xu Deficiency condition

Female, 29

Presenting complaint

Patient complained of chronic neck and shoulder pain, cold all over but especially in hands and feet.

Previous treatment

Patient was on a yeast-free diet, taking nystatin three times a day as prescribed by a physician.

Tongue

Pale pink with white coating.

Pulse

Slow, slightly irregular, with spleen Pulse weak and both Kidney pulses scattered.

Other signs and symptoms

She was thin, tired, cold and reported craving sugar and coffee. Appetite was reduced. She was nauseous from the nystatin. Stools were daily and formed, urine was frequent. Sleep was sound but she woke tired. Menses were regular at 28 days, lasting 5 days. The menstrual flow was light, red, with some small clots and no pain. Her fingernails were thin, pale and lined. She had heart palpitations. Patient was vegetarian, ate lots of grains and vegetables but no animal protein. She was afraid that eating caused weight gain.

Treatment

Back

• GV 14, BL 38, TW 15, GV 4, BL 23, KI 3.
• Gua sha neck and shoulders. Indirect moxa to BL 20, BL 23 area. Massage neck and shoulders, slow stretch to neck.

Course of treatment

Patient received three treatments. I used few needles in these first sessions and relied equally on Gua sha, massage, indirect moxa and diet as intervention since this patient was extremely weak.

Recommendations

Increase protein intake to twice per day, preferably at breakfast and lunch. Eat warm cooked food, slowly.

Results

The sha that appeared was distinct, small petechiae, pale in color. Patient experienced marked improvement in body warmth and strength. Urination became less frequent. Neck and shoulder pain was reduced. She came back in 2 months for one neck and shoulder treatment and then moved out of the area.

She returned 6 months later. By this time her strength had increased, her tongue was less pale and more fleshy. The pulse picture was similar but stronger.

Treatment

Back

• GV 14, BL 13, 38, TW 15, SI 15, GB 21, 20 and BL 10.
• Gua sha and slow neck stretching (see Plate 11).

Course of treatment

Two sessions treating neck and shoulders.

Results

The sha appeared less pale than previously, but petechiae were still small and light. Treatment eased the pain in the neck and shoulders, but chronic Deficient ache slowly returned due to the severity of Deficiency, overactivity and nutritional inadequacy. It was clear that increasing nutrient-dense food helped this patient. Eventually she introduced some animal products and her Deficiency resolved.
**Chronic earache, draining and loss of hearing**

**Male, 55**

**Presenting complaint**
Patient complained of a lifetime chronic infection in the right ear subsequent to a punctured eardrum as a child. Had earaches and drainage, some headaches at the back of the head, sinus drainage and a peculiar taste in the mouth.

**Tongue**
Red with thick white coating, slightly dry and sticky.

**Pulse**
64; clear and even but for Moving Lung pulse.

**Other signs and symptoms**
His appetite and stools were normal. Urine normal with some night urine. Sleep was good. History of back problems and occasional hemorrhoids. Had two martinis each evening. Worked outside most of the day.

**Treatment**

**Back**
- GV 14, TW 15, GB 20, GB 21.
- Gua sha to right neck, shoulder and upper back.

**Front**
- TW 3, 16, 21, GB 2, SI 19, all on right side. Indirect moxa around ear.
- At the third session, left LI 11 and LI 4 were added.
- Gua sha in front of ear, along right SCM and scalenes.

**Course of treatment**
Nine sessions, eight weekly, with the ninth 5 weeks later.

**Recommendations**
Avoid cold and sour foods, keep ear covered and warm, even to the point of wearing a light hat indoors.

**Results**
The day after the first treatment he had a rush of brown and red fluid from the right ear, which abated. The ear was less sensitive to cold and noise. By the sixth session he had no pain and no draining with hearing much improved. His neck was now feeling warm. The last three sessions treated his back, hemorrhoids and his ears secondarily. During this time he had one more discharge of clear fluid from the ear.

He presented 5 years later for a hand injury. His ear remained completely healed.

**Pediatric bronchitis, croup**

**Male, 3**

**Presenting complaint**
This child had a severe cough with abundant phlegm in his chest and head, but no fever. Face was red on right cheek.

**Tongue**
Pink with Lung area red, greasy wet coating.

**Pulse**
Fast, slippery, moving in Lung position.

**Other signs and symptoms**
Stools were normal to loose. He was tired but overactive, not sleeping at night due to cough. Parents were exhausted.

**Treatment**

**Back**
- GV 14, BL 13.
- Gua sha upper back from BL 11 to BL 17.
- Massage BL 20 area, ST 36 to 40 area.

**Front massage**
- LU 9, LU 8, LU 7 and intercostal spaces at sternum.

**Recommendations**
Avoid cold food or fluid of any kind and no dairy or soy products. When the mucus is clear and abundant, avoid fruit juice. If mucus is yellow or green, room temperature fruit juice may be given. Er Chen Wan (Two Cured Pill) and San She Chen Pi Mo (Snake Gallbladder, Tangerine Peel Powder) were given for cough and mucus. A croup tent was recommended several times per day (see Appendix C).

**Results**
Treatment caused increased expectoration of mucus from chest. Coughing lessened so that all slept through the night. He continued herbs for cough for 5 more days, at which time the mucus was resolved and cough infrequent.
Pediatric reactive airway, wheeze

**Female, 6 months**

**Presenting complaint**
Patient had respiratory infection that resulted in wheeze, diagnosed as reactive airway condition. This would previously have been diagnosed as asthma and subjected patient to automatic maintenance on asthma medication. Experience led to caution by primary care physicians to assess individual cases in terms of severity, persistence and recurrence of reactive airways before giving a diagnosis of asthma.

**Previous treatment**
Mother gave infant homeopathic remedies, was nursing and recently introduced to solid food. Patient was nebulized with bronchial dilation medication and was given a prescription for nebulizer if needed.

**Tongue**
Tongue was normal healthy baby Tongue. Illness was recent onset and had not yet marked the Tongue. Infant was nursing.

**Pulse**
Pulse was normal but fast with the exception of fuller pulse associated with the Upper Jiao.

**Other signs and symptoms**
Otherwise healthy infant, no signs of eczema or other atopic symptoms.

**Treatment**

* **Back***
Mother supine on the table and held baby to her chest; mother removed babies shirt. In this position the child could nurse if she needed to nurse.

* **Gua sha** to infant’s upper back along Hua tuo and Bladder channel just to the point of the first appearance of petechiae and then moved to next area. In this manner, the infant remains comfortable and allows Gua sha to continue. Light Gua sha is very effective for infants and does not need to be applied in the same manner as one would for adults.

* **Front***
  - Light **Gua sha** to chest area CV channel.
  - Light manual stimulation along Lung channel.

**Course of treatment**
Patient had one emergency session with one follow up in a week, and then in two weeks for several sessions.

**Recommendations**
This child had very attentive maternal care, was kept warm, and fed, rested and engaged. Suggested first solids not rice- or grain-based but vegetable-based, e.g. avocado, sweet potato, then cooked fruit and stewed meat. Eventual grain solids to be cooked as thin gruel. Babies have appropriately immature digestion and are challenged by solid food that is difficult to break down. Premature solids or solids that are undercooked can result in production of mucus and phlegm damp mucous according to traditional East Asian medicine (TEAM), and add to food sensitivities.

Recommended to return for treatment at first sign of any respiratory infection to prevent reactive airway.

**Results**
One session stopped the baby’s wheezing. Several follow-up treatments every two weeks maintained her recovery. Child suffered from bronchitis and reactive airways recurrence at 21 months of age. Treatment was repeated and here too wheeze stopped and more serious illness and risk of medication was averted.

Acute asthma

**Male, 35**

**Presenting complaint**
Asthma attack of 6 hours duration. Patient got only temporary relief from inhaler.

**Previous treatment**
He was under the care of a physician who prescribed theophylline orally as well as a bronchodilating inhaler.

**Tongue**
Red, dry with yellow coating. The coating tended to dry out due to rapid breathing and breathing through the mouth.

**Pulse**
Rapid, fast and full. Medication increased heart rate. The Lung pulse was also floating.

**Other signs and symptoms**
When taking medication his pulse was rapid and stools loose. Urine was normal to slightly frequent. Muscles of the chest and upper back were tight and painful. He had difficulty

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2It has been suggested that the high glycemic index of white rice cereal may predispose infants to obesity as children and adults.
breathing in and out, but more with exhalation. He was tired and anxious.

**Treatment**

**Back**
- Gua sha to upper back, neck and top of shoulders.

**Front**
- LI 4, LI 11, ST 40, PC 6, SP 4, CV 22.
- Gua sha to sternum and lateral from sternum over first 3–4 ribs.

**Course of treatment**

For the acute asthma, two sessions.

**Recommendations**

Avoid cold food and drink as this congeals the mucus in the chest and dampens the Spleen into producing more mucus. This includes dairy products. Avoid hot, spicy food as well as shellfish because they cause the Lungs to overheat.

Qing Fei Yi Huo Pian (Lung Clearing, Fire Eliminating Tablets) were given. This formula treats Heat in the Lungs with Phlegm.

**Results**

The patient felt immediately better, able to inhale and exhale with much less effort. The Gua sha facilitated bronchodilation and expectoration of mucus. His mucus was abundant, yellow and slightly viscous.

For his chronic asthma controlled by medication, weekly treatment for 3 months allowed him to reduce and finally stop the medication with his physician’s guidance. Treatments once to twice per month helped to maintain him for a period of 2 years at which time he moved to a warmer climate. During those 2 years his acute attacks became less frequent and were treated as above.

**Emphysema**

**Male, 65**

**Presenting complaint**

Patient had extreme shortness of breath. He was able to drive a car, but only able to walk two or three steps without stopping to catch his breath.

**Previous treatment**

Patient was under the care of a physician and also received chiropractic adjustment.

**Tongue**

The tongue flesh was a burnt red or brownish color. There were many cracks and fissures. The coating was uneven, thick, greasy and not rooted.

**Pulse**

Rapid, thin, moving at the Lung position.

**Other signs and symptoms**

He continued to smoke two packs of strong cigarettes per day. His stools were loose, possibly from medication, and his urine was frequent.

**Treatment**

**Back**
- GV 14, Ding Chuan, BL 12, 13, 38, GB 21.
- Gua sha to upper back and top of shoulders in GB 21 area.

**Front**
- LI 4, LU 7 or 9, PC 6, SP 4, ST 40, LU 1, CV 22, 17.

**Course of treatment**

Patient received acupuncture and Gua sha every 2–5 weeks.

**Recommendations**

Avoid cold food and drink. He did not want to quit smoking.

**Results**

At the end of the session, he was able to expectorate mucus and breathe more freely. After that he could climb stairs and walk further without losing his breath. This patient died of emphysema a year later, but the regularity of his treatment greatly improved his quality of life in his last year.

**Chronic obstructive airway disease (COPD)**

**Female, 69**

**Presenting complaint**

Severe dyspnea (shortness of breath), unable to walk without use of oxygen; anxiety and insomnia.

**Previous treatment**

Patient regularly participated in Pulmonary Rehabilitation Clinic and was managed with oxygen, inhaled steroid medica-
tion and oral medication. Patient also took antibiotics episodically to prevent and treat respiratory infection.

**Tongue**
Tongue was red, cracked and peeled with redder front rim. Unrooted coat was present at the Stomach area. Central crack to the Tongue tip.

**Pulse**
Pulse was irregular, fast and smooth.

**Other signs and symptoms**
Fatigue from effort to breath, anxiety and insomnia.

**Treatment**

**Back**
- GV 14, BL 13, BL 43, GB 20, GB 21 (across muscle), SI 11.
- **Gua sha** to upper back, neck and SI 11 area.

**Front**
- **Gua sha** to LU 1 pectoralis area and at Lung channel upper arm.
- N to LI 4, left PC 6, right SP 4, right LU 7, left KI 6.
- St 36 Yin tang, CV 21, 22.
- Ear magnets were placed at Shen men in ear and renewed at each session.

**Course of treatment**
Patient had several weekly sessions over the period of time she attended clinic.

**Recommendations**
Neti wash daily to prevent postnasal drip and potential respiratory infection. Avoid cold and wind, eat and drink mostly warm cooked food. Practice ‘Controlled Pause Breathing’ (Butyenko BreathTherapy) as described in the book: *Breathing Free* by Theresa Hale (2000).

Recommended to return for treatment at first sign of any respiratory infection to prevent illness and worsening of symptoms.

**Results**
Anxiety was reduced and patient’s sleep improved. Patient experienced periods of time after treatment where breathing was easier, mobility was facilitated. Patient could walk around home without need for constant oxygen. Patient moved out of the area with the approach of winter.

**Sarcoidosis**

**Female, 65**

**Presenting complaint**
Dyspnea and cough, fatigue and weakness, episodic night sweats and occasional fever, anxiety and insomnia. Diagnosis of sarcoidosis-associated cough and difficulty breathing as well as vulnerability to respiratory infection.

Sarcoidosis is an inflammatory disease producing granulomas in affected tissue, for this patient, her lungs. The progression of the disease over time produced scarring or fibrotic lung tissue.

**Previous treatment**
Patient was being cared for by a pulmonologist. She was prescribed steroidal anti-inflammatory medication, and inhaler medication as needed. She tried to keep the inhaled medication to two doses a day, using more if needed. Patient saw a nutritionist and was taking probiotics and vitamin supplements to reduce inflammation, including B vitamins, EPA/DHA (docosahexaenoic acid and eicosapentaenoic acid) from fish oil, Vitamin A and Vitamin D3.

**Tongue**
Pink, swollen at sides, crack at Stomach and Lung area. Varied coat, sometimes red at the front rim of the Tongue.

**Pulse**
Alternately fast or slow, thready in second and third positions, fuller and moving in Upper Burner.

**Treatment**

**Back**
- GV 14, Ding Chuan, BL 12, 13, 38, GB 21 SI 11 TW 13.
- **Gua sha** to upper back and top of shoulders at GB 21 area.

**Front**
- **Gua sha** to the chest and LU 1 area.
- LI 4, LU 7 or 9, PC 6, SP 4, ST 36, ST 40, LU 1, CV 22, CV 17.
- If sinusitis, rhinitis or postnasal drip added: LI 20, ST 2, and BL 7 with warm moist compress over sinuses for 10 minutes.

**Recommendations**
This patient had been managing sarcoidosis for years and so she let me know what had been working for her and we set goals to improve her breathing and quality of life.

Patient was a great cook and had raised a family on home-cooked food so recommending warm cooked food for meals
was agreeable. Avoid drafts, moderate raw food or spicy food. Exercise to tolerance, i.e. pace periods of exercise to not become fatigued. Recommended meditation course to deal with fear related to condition.

Course of treatment
Treatments consisted of weekly sessions for several months using acupuncture and Gua sha. The patient specifically requested Gua sha treatment after experiencing significant benefit to breathing. When able to maintain the improvement for a week following treatment, sessions were then moved to every other week and continued for several years. At the first sign of a cold or return of symptoms of cough or worsening dyspnea, the patient would immediately present for treatment.

Results
Regular treatment with acupuncture and Gua sha relieved the severity of dyspnea and cough, night sweating and anxiety that sometimes resulted in insomnia, greatly improving her ability to be active and her quality of life. Her fatigue improved but never completely resolved. As the sarcoidosis progressed her lungs became fibrotic and the patient became home-bound and eventually passed away. During the term of her illness where she was able to have treatment, she credited acupuncture and Gua sha with helping her to live well.

Hyperthyroidism

Female, 43

Presenting complaint
Graves’ disease, multinodular goiter, overactive thyroid. Patient experienced flu-like symptoms, racing pulse, disturbed sleep, extreme fatigue, irritability, headaches at vertex and forehead, elevated temperature by 4 p.m. with flushing, sweats and night sweats. Sometimes she had chills in the evening. Her hair texture had changed. When she woke in the night she woke with a start, describing it as a ‘burst of alertness’.

Previous treatment
Medically prescribed Tapazole, which inhibits synthesis of thyroid hormones. Physician recommended radiation treatment of the thyroid to stop all thyroid function. Patient would then have to take thyroid hormones orally for the rest of her life. She wanted to avoid this procedure and the results if possible.

Tongue
Very red, reddish purple tip, back of tongue had deep longitudinal fissure and thick greasy yellow coating. Lips were quite red.

Pulse
She had a Shi pulse, fast and full with Liver pulse full and floating, Heart pulse wide and flat, Kidney Yin pulse deep and tight, Stomach Spleen pulse wiry, Kidney Yang pulse wide and not deep.

Other signs and symptoms
Patient’s stools were irregular, perhaps every other day. Urine was frequent. She drank 3–4 cups of coffee daily. Menses were early with cramps. She was hot and jumpy.

Treatment
Back
• BL 13, 15, 18, 20, 23.
• Gua sha to upper back, neck and shoulders; cumulatively Gua sha to entire back to vent Heat.

Front
• LI 4, LU 7, CV 22, KI 6.

Course of treatment
Twelve sessions in 18 weeks.

Recommendations
Stop coffee as it stimulates and is, in this case, Heat producing. Reduce activity to allow body to rest. Lung Tang Xie Gan (Gentiana Drain the Liver Pill), Tian Wan Bu Hsin Tang (Heavenly Emperor Benefit the Heart Pill) and Er Chen Wan (Two Cured Pill) given successively in pill form.

Results
By the third session she felt a shift in her condition: calmer, more subdued. By the fourth session the tongue was pink, reflecting a decrease in Heat Excess. Sleep was improving but she still woke early in ‘flight or fight mode’. By the sixth session sleep continued to improve as she was now sleeping until 6.40 a.m. Her menses was still early but with no fatigue, no headaches, no cramps or clots. By the sixth session, 7½ weeks since starting treatment with me, she began to lose her hair indicating a need to reevaluate the dosage of Tapazole. Her energy was good, even and relaxed; her sleep was not startled. The flushing, fevers, fatigue and headaches stopped but the stools were still sluggish.

Blood work after the seventh session showed she was now slightly hypothyroid. Her physician reduced and eventually stopped the Tapazole. The tenth session treated a shoulder bursitis. Her menses had come on time. At the eleventh and twelfth sessions it was early fall and she reported face flushing, dry skin, no sweats, no palpitations, but Heat in the head and neck. Her tongue was pink with a red tip. I changed the herbs to Da Bu Yin Wan and Ding Xin Wan which resolved the problem. Her thyroid had normalized and
she did not require any further treatment. The thyroid remained normal.

**Fibromyalgia, Deficient presentation**

**Female, 37**

**Presenting complaint**
Patient complained of chronic neck and shoulder pain of many years duration.

**Tongue**
Swollen at sides, reddish at the tip. Coating foamy and dry.

**Pulse**
Weak, thin overall, weak in Liver position.

**Other signs and symptoms**
She was tired all the time, sleep was tense and she woke with muscles cramped and fists clenched. She had recurring premenstrual syndrome (PMS) and mid-cycle migraines, sweats near her menses and was cold at night. Her periods were regular and normal. She had phlebitis during pregnancy so she wore support stockings to prevent blood pooling. She drank coffee for breakfast. Had two small sons so ate last, if at all.

**Treatment**

**Back**
- GV 14, GB 20, Pak Loh, BL 13, 38, TW 15 right, Ah Shi points for upper body pain.
- **Gua sha** to neck, shoulders and upper back (first and third treatments).

**Front**
- LI 4, TW gummy, GB 41, massage and slow neck stretch with patient supine.

**Course of treatment**
Patient received four weekly treatments.

**Recommendations**
Discontinue coffee. Eat breakfast, lunch, dinner and snack in afternoon of nutritious, warm, cooked food to treat Deficiency through food. Regular eating also stabilizes blood sugar, which helps to normalize muscle metabolism.

**Results**
Her sha was pale with a purple hue. She experienced reduced pain after the first and second treatments. After the third treatment the patient was sleeping better, no longer waking with her fists clenched. By the fourth treatment the patient looked sturdy and less fragile. She requested treatment for seasonal allergic sinusitis. Her condition improved markedly in four sessions. When her health insurance refused payment she discontinued treatment with regret.

**Shoulder pain**

**Male, 38**

**Presenting complaint**
Patient complained of pain at the right wrist, elbow and shoulder from an injury 6 months prior.

**Previous treatment**
Medically diagnosed as a rotator-cuff tear while playing basketball. He received physical therapy prescribed by his doctor.

**Tongue**
Normal tongue, pink, slightly redder at the end, coating thicker at the rear and white.

**Pulse**
Normal, firm, Lung pulse was rough.

**Other signs and symptoms**
Patient was very healthy and active, mostly vegetarian. His stools, urine, sleep and digestion were normal. He showed some strain of knees and other joints from athletic use. His activity was restricted due to arm pain.

**Treatment**

**Back**
- GV 14, right side: BL 13, BL 38, TW 14, Ah Shi right shoulder anterior.
- **Gua sha** to upper back, shoulder, neck and top of the arm, front and back.

**Front**
- HT 3, LU 7, SI 5, LI 4, LI 15, LI 14, LI 11.

**Course of treatment**
Three sessions 1 week apart, another 3 weeks later, then monthly for 3 months. After that the patient came for a treatment after overuse approximately every 2–4 months.

**Recommendations**
Avoid cold and sour food to ease pain. Recommended Feldenkrais shoulder exercise to increase range of motion.
Pain greatly improved after the first treatment and became localized to shoulder. After the second treatment he returned to basketball or swimming each day. He regained full range of motion but the shoulder would tire before any other part of his body. Acute pain was gone after initial treatment. Though active, the shoulder felt vulnerable over another year then resolved completely.

**Tennis elbow**

**Female, 33**

**Presenting complaint**
Patient complained of pain at the elbow, shoulder and neck from excessive tennis.

**Tongue**
Pale, sides very scalloped and pale, wet white coating, tip had pink flat dots.

**Pulse**
Irregular with stops and starts, fast. Qi pulse was wiry, with the Kidney aspect slightly weaker. The Blood pulse was thin and the Heart pulse thin and weak.

**Other signs and symptoms**
Patient was vegetarian and ate erratically and very little. Hands were cold even in summer.

**Treatment**
**Back**
- GV 14, BL 13, TW 15, BL 38, SI 11, GB 21, 20, BL 10.
- Gua sha to upper back, neck and shoulder.

**Front**
- LI 15, TW 14, LI 13, LI 12, LI 11, TW gummy, HT 3, Ah Shi points around elbow.
- Gua sha above and below elbow on Yang skin (Plate 15).

**Course of treatment**
Eleven sessions over 11 weeks, then monthly for 5 months, then every 2–3 months for 8 months. Gua Sha was applied at the first session and then about once monthly.

**Results**
Improved after each session. Pain returned with repetitive traumatic arm motion, such as 5 hours of tennis. Over time the pain took longer to return and the sessions were spread out. The tendinitis at the elbow remained a barometer in helping her to judge her limits.

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**Carpal tunnel syndrome**

**Female, 41**

**Presenting complaint**
Patient complained of pain in the wrists, hand and up the arm, diagnosed as carpal tunnel syndrome by her physician and chiropractor. Her physician referred her for surgery, but the patient hoped to avoid surgical intervention.

**Tongue**
Red body, with deep longitudinal midline crack. Coating was greasy, especially in back. Tongue was wet.

**Pulse**
Clear but thin. Faint at Kidney positions; Liver pulse was wiry and more full.

**Other signs and symptoms**
Patient drank a lot of coffee and a good amount of alcohol. She was a high energy person and physically strong. Stools were normal and urine frequent. She had regular periods but with marked PMS and dysmenorrhea.

**Treatment**
**Back**
- GV 14, TW 15, BL 13, GB 21, LI 16, 15 and 14, TW 14, SI 11, 10.
- Gua sha to neck, shoulders, upper back and upper arm.

**Front**
- LI 4, LI 11, LI 10, TW gummy, PC 6, PC 7, SP 6.

**Course of treatment**
Four sessions 1 week apart, then three more at 2 weeks apart.

**Recommendations**
Stop coffee, avoid cold and sour food. Vitamin B6 was given, along with B complex, and vitamins C and E.

**Results**
After the first sessions the patient had relief from pain but had more tingling, almost like the feeling one gets when the blood returns to a hand that has fallen asleep. Soon after this the tingling and pain left. Activities such as ironing and splitting wood no longer caused pain. She stopped coffee but was aware that when she began to drink it again her pain would slowly return. Over time her hands improved so that she could tolerate some coffee without ill effect. Her problem resolved without the need for surgery.
Hand paraesthesia related to repetitive stress in jazz pianist

Male, 40

Presenting complaint
Repetitive stress injury from daily piano rehearsal and performance. Hands were numb with some tingling and some pain. Anxiety related to injury as music was his livelihood. Patient toured in US and Europe and reported vulnerability to respiratory infections related to fatigue and exposure.

Previous treatment
Physical therapy without remedy. Analgesic pain medication.

Tongue
Tongue was normal pink, some redness at the front rim and fluting at the sides reflecting Gan qi, Liver Qi Constraint.

Pulse
Pulse was 78, regular and otherwise unremarkable.

Other signs and symptoms
Anxiety related to injury/condition.

Treatment
Back
- GV 14, BL 13, BL 43, GB 20, GB 21 (across muscle), SI 10 and 11, TW 13.
- Gua sha to upper back, neck and SI 11 area.
- Gua sha to upper arms.

Front
- Gua sha to LU 1 pectoralis area and Lung channel at the upper arm.
- Gua sha to forearms at San Jiao, TW channel.
- N to LI4, TW channel points per palpation, TW5, TW3.
- Yin tang.
- ST 36.
- Ear magnets were placed at Shen men in ear and renewed at each session.

Course of treatment
Patient had three sessions a week apart, then every other week for 2 sessions.

Recommendations
For his respiratory vulnerability: Neti wash daily to prevent postnasal drip and potential respiratory infection. Avoid cold and wind, eat and drink mostly warm cooked food and drink. Practice ‘Controlled Pause Breathing’, (Butyenko Breath Therapy) as described in the book: Breathing Free by Theresa Hale (2000). Recommended to return for treatment at first sign of any respiratory infection to prevent illness and worsening of symptoms. Regarding his forearms and hands, recommended that he take breaks from playing, stretch and relax his arms and hands and engage in other exercise activities to benefit overall health.

Results
Patient exclaimed immediately after Gua sha: ‘Now that’s what I’m talking about’. He could feel his hands! Anxiety was reduced immediately. He continued to play, record and perform. He reported for treatment over the years at the first sign of any forearm tightening. The symptoms of paraesthesia, numbness and tingling never returned.

Acute rib fracture

Female, 34

Presenting complaint
Pain under left breast so severe that she could only take a shallow breath, could barely walk and laughing was unbearable. She remembered hearing a pop while loading a heavy object overhead onto a truck the day before. She consulted with her physician who diagnosed a fracture of the seventh rib and prescribed pain-relieving medication.

Tongue
Pale with wet edges, dry center (maybe from pain medication). This patient’s tongue was normally slightly pale and wet, with some swelling and redness at the edges.

Pulse
Wiry, slightly rapid, otherwise not very different from her usual pulse.

Treatment
Back
- Ah Shi points lateral to T5, T6 and T7, BL 13, BL 17 and BL 18.
- Gua sha was applied to the back only, where patient could tolerate touch comfortably.

Front
- Zhen Gu Shui (Rectify Bone Liquid) liniment was applied with gauze to the painful site under the left breast, for 20 minutes. Concurrent needling was performed at TW 6 and GB 37 for rib pain.

Course of treatment
This patient had one emergency session.
Recommendations
Further treatment was recommended, with rest from heavy labor and avoidance of cold and sour foods.

Results
The strangling nature of the rib pain subsided immediately with the first treatment. Patient could breathe deeply, walk, get in and out of a car and giggle slightly. She did not continue treatment as she needed to immediately resume a full work schedule. The rib ached until it healed, approximately 5 weeks.

Postacute rib fracture

Female, 65

Presenting complaint
Patient complained of severe pain at the side of the body, over the ribs. She had fallen on the ice 8 weeks before, sustaining a blow to the ribs. The bruising had long subsided but the pain had only slightly reduced. She had been diagnosed with a broken rib and told to limit her activities until it healed.

Tongue
Normally a big tongue, there was a new characteristic of purple color to the tongue material.

Pulse
Rate was 64 and the quality was tight in the middle positions. The Kidney pulses were deep and the Upper Jiao pulses were weak.

Treatment

Back
- Ah Shi points on the back, lateral to thoracic vertebrae 4–10.
- Gua sha applied to back.

Side
- In the recumbent position, with the top leg extended and bottom leg bent: TW 6, GB 34 and 37, Ah Shi points at loci of pain, GB 22.
- Gua sha to ribs: posterior to and right up to site of pain. Loci of pain withstood touch, but pressure caused too much pain.

Course of treatment
Patient received three treatments with Gua sha applied the first and second session. By the second session, the area of the break itself was treated with Gua sha.

Results
Patient felt 60% better after the first treatment, able to move without pain, and sleep was undisturbed. The area of the trauma remained sensitive to touch, but after the second and third treatment was 95% reduced. Gua sha could be applied to the site of the rib fracture only because the trauma was so old, there was no evidence of contusion or bruising and the patient could withstand some pressure at the site. The fracture healed and pain completely resolved.

Old trauma

Male, 38

Presenting complaint
Patient complained of back pain lateral to thoracic vertebrae 9 and 10.

Tongue
Red with dry, slightly greasy white coating.

Pulse
Tight and fast. Liver pulse wiry and full. Kidney pulses deep and tight.

Other signs and symptoms
Patient was mugged and beaten as a boy of 14. One area that was badly bruised remained tight, tender and restricted. In periods of stress this patient’s back pain would begin at this locus, spread and worsen. He also smoked 2–3 packs of cigarettes per day and drank coffee throughout the day.

Treatment

Back
- Needle to Ah Shi point of injury, points above and below along the BL channel. BL 17 added.
- Gua sha bilaterally from 3rd thoracic to 2nd lumbar vertebrae.

Course of treatment
Two treatments.

Recommendations
Avoid cold and sour food. Be conscious of the injured area, that is, take periodic breaks to stretch the back and relax from habitual positions.

Results
Patient was reluctant to have area treated as there was fear associated with the trauma. The sha was deep purple, almost
black, indicating it was very old congealed Blood. During the second treatment the patient wept as he remembered the pain of the beating. The specific locus of pain resolved and remained clear through subsequent years.

**Plum pit throat (globus hystericus, esophageal stenosis or spasm)**

**Male, 22**

**Presenting complaint**
Patient experienced episodes of difficulty in swallowing, which might begin with vomiting, then ‘feels like there is food stuck in my throat’. He became unable to swallow his own saliva, dehydrated and weak.

**Tongue**
Red with purple area at center. The coating was white and greasy.

**Pulse**
Fast and wiry. Liver position was full.

**Previous treatment**
This patient had been hospitalized for previous attacks.

**Other signs and symptoms**
Patient had a history of food allergies and dyspepsia related to stress. Urine and stool were normal. Sleep was good but he worked until 3 a.m. He liked cold milk and junk food. He reported the plum pit attacks were brought on by stress, marijuana, shellfish and turkey. He also noticed that milk increased mucus in his throat.

**Treatment**

* **Back**
  - GV 14, BL 15, BL 17, BL 18, BL 20.
  - **Gua sha** to neck and upper back.

* **Front**
  - LI 4, ST 36, CV 12, PC 6, CV 17, LU 9.

**Course of treatment**
Patient had four acute episodes over 9 years, requiring one to two sessions to clear acute attack. Gua sha was always done at the first treatment with excellent results.

**Recommendations**
For acute state, relaxation recommended: soft music, dim lights, etc. The aim here was to calm the Liver, which had constrained Qi and Phlegm in the throat. At all other times, avoid cold or greasy fluids and food, including milk. Eat slowly in a quiet atmosphere. Er chen Wan (Two Cured Pill) given for mucus. Ban Xia Hou Po Tang (Pinellia and Magnolia Bark Decoction) given subsequently.

**Results**
Acute attack cleared 80% after first treatment. A follow-up was always done within a few days. The first episode I treated was at the end of 1984, with the second 6 months later. He presented 3 years later with the same acute problem and again 5 years later. At the most recent attack the patient expressed interest in correcting precipitating factors using acupuncture, Gua sha, diet and lifestyle change.

**Deltoid–pectoralis pain**

**Female, 41**

**Presenting complaint**
Patient complained of chest pain at the pectoralis major and deltoid muscles. The pain radiated into the lateral ribs and down the arm.

**Tongue**
Normal color, slightly puffy at edges. There were cracks at the Lung area only.

**Pulse**
64, unremarkable.

**Previous treatment**
She had received massage, which gave only temporary relief.

**Tongue**
Normal color, slightly puffy at edges. There were cracks at the Lung area only.

**Pulse**
64, unremarkable.

**Treatment**

* **Back**
  - GV 14, BL 12, BL 13, BL 43, TW 15, TW 14, SI 9, SI 10, GB 20, GB 21, LI 16.

* **Front**
  - LU 1, Ah Shi on pectoralis major.
  - **Gua sha** at upper back, shoulder, chest, anterior upper arm, lateral ribs and at forearm (Plates 12 and 13).
  - LI 4, LU 7, LIV 3, PC 6, CV 17, ST 44.

**Course of treatment**
One session.

**Recommendations**
Avoid cold and sour food. Keep area warm, including at night, and wear a shirt that covers the muscles. Hydrochloric
Acid pills were recommended with large meals as pain in these muscles can relate to decreased hydrochloric acid production (hypochlorhydria).

**Results**
Patient fully recovered after one session.

### Arrhythmia

#### Male, 42

**Presenting complaint**
Patient had irregularity of heart rhythm. He was unsettled and mildly anxious; ‘feels like butterflies in my chest’.

**Previous treatment**
Patient was under the care of a cardiologist who had prescribed medication to normalize the heart rate and rhythm. If the medication did not remedy the arrhythmia in a few more days the patient was to be hospitalized.

**Tongue**
Pink, very red at the tip, with thin white coating.

**Pulse**
76, irregular and strong.

**Other signs and symptoms**
Patient had a history of cocaine use, which he recently resumed. He drank Coca-Cola and coffee throughout the day and worked like a horse. He also smoked cigars.

**Treatment**

* **Back**
  - BL 13, BL 14, BL 15, BL 23.
  - Gua sha to upper back, T1 through T7 area.

* **Front**
  - PC 6, HT 7, ST 36, CV 14.

**Course of treatment**
One session.

**Recommendations**
Relaxed breathing and meditation. Stop cocaine, caffeine and smoking.

**Results**
Normal heart rhythm resumed approximately 3 hours after treatment with acupuncture and Gua sha.

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**Fibrocystic breast ‘normala’**

#### Female, 30

**Presenting complaint**
Patient had pain and swelling in right breast, with lumpiness and distinct nodules.

**Previous treatment**
Patient was being treated by her gynecologist.

**Tongue**
Large and puffy with scalloped edges. Coating was light yellow and thicker at the rear of the tongue. The tongue tip and edges were red.

**Pulse**
The rate was normal, the quality was thin and wiry. The Liver pulse was full and wiry.

**Other signs and symptoms**
Patient’s stools and urine were normal. Her sleep was disturbed. At ovulation she felt pain and pressure at her right breast. One week prior to menses her right breast distended. She overworked at a high-stress job.

**Treatment**

* **Back**
  - GV 14, right BL 13, BL 38, GB 21, SI 11, GB 22, BL 18.
  - Gua sha to right upper back, shoulder and lateral ribs.
    (Plate 16 shows Gua sha of this patient.)

* **Front**
  - SI 1, GB 34, LIV 14, CV 17; right ST 16, ST 18; left GB 38, LIV 3.

**Course of treatment**
Patient was seen twice.

**Recommendations**
Patient was already avoiding methylxanthines found in coffee, black tea and chocolate. She did not drink alcohol. As a way of reducing the constraint of Liver Qi it was suggested that she walk daily ‘taking large strides and deep breaths’, and regulate her work habits to lessen the stress. Seven Forests Chih-ko Circuma and Blue Citrus tablets were given.

**Results**
The second session was on day 11 of her menstrual cycle. The right breast had reduced to normal size and comfort and was not increasing in size with the approach of ovulation. The herbs were renewed and the patient left to travel for the summer.
**Mastitis**

**Female, 32**

**Presenting complaint**
Patient had fever, breast pain and hardness, more so in right breast.

**Previous treatment**
Patient was taking antibiotics prescribed by her physician.

**Tongue**
Pale pink with red tip and sides.

**Pulse**
Full and wiry.

**Other signs and symptoms**
Patient was 3 days post-partum. She was tired but otherwise healthy.

**Treatment**

- **Back**
  - BL 38, BL 13, GB 21, GB 22.
  - Gua sha to upper back and mid-back.

- **Front**
  - SI 1 indirect moxa, CV 17, GB 22, ST 16, ST 18, LIV 14, ST 30.

**Course of treatment**
Three sessions – the second was 2 days after the first, the third a week later. Gua sha at first session only.

**Results**
The patient experienced 60% relief of pain immediately. By the third session she was healed and nursing without discomfort. Note: Gua sha has been shown to be effective in the treatment of breast distension/mastitis in a randomized controlled trial published in the *Journal of Nursing Research* (Chiu et al. 2010).

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**Influenza with nausea and diarrhea**

**Female, 35**

**Presenting complaint**
Acute flu symptoms of headache, fever, body aches, nausea and diarrhea. Patient was in her third day of illness.

**Previous treatment**
Self-prescribed ginger tea and vitamin C.

**Tongue**
Red at borders and tip, dry with coating white to light yellow, thicker at back.

**Pulse**
80, thin, weaker in both Kidney positions.
Other signs and symptoms

Patient was hypothyroid, in the process of increasing Synthroid. When her thyroid was low she got frequent acute illnesses. She would become fatigued, somnolent and edematous, had pressure in her head and a lowered voice. Her menses arrived early.

Treatment

**Back**
- GV 14, BL 12, BL 13, BL 18, BL 20.
- *Gua sha* to entire back.

**Front**
- LI 4, TW 5, KI 7, moxa burned on a slice of aconite on salt filling navel at CV 8.

Course of treatment

Two sessions with Gua sha at the first session.

Recommendations

Bedrest. Stop ginger tea that is useful at the initial stages of flu or cold where there is chill and nausea. By this stage the patient was hot with a red tongue and fast pulse and the ginger was countertherapeutic. Drink plenty of fluids at least at room temperature. If unable to eat regular food, start with rice congee (one cup of rice cooked with eight cups of water).

Results

All signs of flu left within 2 days after treatment. A follow-up session was given 1 week after the first session to ensure full recovery.

Shingles, postherpetic neuralgia

Female, 53

**Presenting complaint**
Shingles: postherpetic neuralgia (PHN), pain along thoracic dermatome 6 months post outbreak.

**Previous treatment**
Course of antiviral medication at herpes zoster onset, which did not prevent PHN.

**Tongue**
Tongue was normal, pink with swollen and redder sides and normal thin white coat.

**Pulse**
Pulse was 64; patient was athletic.

**Other signs and symptoms**
Nervousness, as she described, not anxiety. Always busy. Persistence of the pain bothered the patient because it reminded her of what she was told by another health care provider at the onset of shingles outbreak: that her immune system was compromised. This notion worried the patient.

**Treatment**

**Back**
- Prone position.
- GV 14, BL 12 or BL 13, BL 43, BL 15, to move Qi in area of upper body.
- BL 17, BL 18, BL 20, to move Qi in the middle body.
- *Gua sha* to the upper back and mid-back along the Huato channel and the first and second Bladder channel. Gua sha along the area of the dermatome taking care to cover above and below the dermatome. Gua sha on mirror dermatome area at alternate session.

**Front**
- *Gua sha* at axilla and around to the front of the body and upper abdomen area following the dermatome path of pain.
- Yin tang.
- LI 4, PC 6, SP 4, TW gummy.
- SP 6, ST 36, CV 4, CV 6, CV 12, CV 17.
- Treatment of any tender points along dermatome.

**Course of treatment**
Patient had three treatments.

**Recommendations**

Avoid spicy and salty food; otherwise eat warm cooked meals. If patient had been treated during acute term would have recommended: Seven Forests Myrrh Tablets and Red Peony Tablet two of each three time per day.

**Results**

PHN completely resolved without recurrence or any residual sensation. The patient attributed the resolution to Gua sha where she felt immediate change in pain after treatment.

Note: shingles can result in PHN that has a significant impact of functional status and health-related quality of life in older adults (Schmader et al. 2007). Shingles is responsive to acupuncture during the course of the outbreak (Ursini et al. 2011). The technique prescribed by Dr So included treatment of known skin points and to surround the lesions along the dermatome with shallow needling, one needle every inch, resting needles in place for 20–25 minutes (see Chapter 8).

Gua sha is indicated and may be applied after the lesions have healed and the skin is intact (Nielsen 2005). Treatment in these early stages of herpes zoster prevents PHN. It is recommended to treat not only the area of the pain along the
dermatome but to treat the mirror trajectory on the opposite side even if there were no lesions present. Studies have shown damage to epidermal nerve fibers in half of the patient who have PHN where pain severity in the apparent affected side correlates significantly with the severity of this contralateral fiber loss (Bennett and Watson 2009).

**Splenomegaly/hepatomegaly**

**Female, 27**

**Presenting complaint**
Patient complained of abdominal pain. There was tenderness and swelling of liver and spleen easily palpated and extreme fatigue with swollen glands of the neck and armpits.

**Previous treatment**
This patient’s medical specialist diagnosed her with Hodgkin’s disease (but later retracted this diagnosis after the patient recovered from treatment with me). She had been on Syn-throid until 5 years prior to this acute illness. Patient was taking vitamins B, C, A, D and E.

**Tongue**
Pink, pale, with orange color at the borders and red dotted tip. There were cracks at the center. The coating was unremarkable.

**Pulse**
Rate of 56, even, clear but thin. The Heart pulse softened and both Middle Jiao pulses were firm.

**Other signs and symptoms**
Patient’s appetite was good, stools were loose with some diarrhea, and urine was frequent with some night urine. Her menses was regular lasting 4–5 days, no clots or pain but the blood tending to darken. She slept a lot but did not feel rested when she woke. She got dizzy, especially if overheated. Both of her knees were weak and bothered her. She had occasional night sweats and her hands and feet turned orange.

**Treatment**

**Back**
- BL 13, BL 15, BL 17, BL 18, BL 20, BL 21, BL 38, Pee Gen.
- **Gua sha** to upper back, middle back and lower back: to entire back over time.

**Course of treatment**
Sixty-five sessions over 33 months. At first the patient received treatment a minimum of three times per month, then twice per month.

**Recommendations**
Avoid coffee, alcohol and recreational drugs. As the patient was eating very little protein I recommended 2–4 ounces of concentrated protein twice per day to be eaten at the beginning of the meal. Eliminate grape juice as it may be loosening the stool. Nap each afternoon for at least 20 minutes. Chinese patent herbs were given: Yan Hu Suo (Corydalis Pain Pills), Shu Kan Wan (Soothe the Liver pill) and initially Po Chai pills with meals. Later Wu Chi Pai Feng Wan (Black Cock, White Phoenix Pills), in chewable form, or Bazhen Tang (Women’s Precious) was given to nourish the Blood.

**Results**
The symptom of loose stool improved after the first treatment. Within a month of treatment her liver profile improved to normal and the hepatomegaly was reduced, but the liver remained tender and slightly enlarged. The enlargement of the spleen gradually improved over 3 months. Pulse rate increased from 56 to 64–72. After 3 months she was able to return to part-time work, but she was extremely sensitive to chemicals, strong smells and airborne particulates. Exposure would cause sore throats, headaches and liver pain. Treatment and support were aimed at dealing with any acute disorder: sore throats, swollen glands, fever, sinus infection or colds, while she was continuing to recover her health from the chronic lymphatic disorder. Her abdominal pain receded but would return when she was spent. As her health gained, the orange of the hands, feet and tongue turned to a normal pink.

She enrolled in a Masters program in her field and has fully recovered without recurrence.

**Chronic active hepatitis B (HBV)**

**Male, 20**

Approximately 17.5% of the 2 billion HBV carriers in the world are chronically infected. The goal of anti-HBV therapy is to prevent the development of progressive disease, specifically cirrhosis and liver failure, as well as hepatocellular carcinoma development and death. Anti-HBV agents are associated with systemic side-effects, including renal toxicity and development of resistance for long-term users (Chan et al. 2011). A case published in the Western journal *Clinica Chimica Acta* by Chan et al. documents a 20-year-old male chronic hepatitis B carrier who presented with abnormally high levels of alanine transaminase (ALT), aspartate transaminase (AST) and alkaline phosphatase (ALP) in liver function test, indicating immune-active phase of hepatitis B infection and inflammatory damage in the liver. Ultrasound examination of liver was normal without fibrotic or cirrhotic changes. He did not have any
known dermatological, neurologic, respiratory, cardiovascular, gastrointestinal, urogenital, musculoskeletal, neuropsychological, endocrinologic or vascular diseases. He did not take regular medication that affects the levels of liver function and cytokines, and did not have any antiviral drugs before and during the study period.

Gua sha was applied to the back. Forty-eight hours after receiving Gua sha, the patient showed changes in a number of serum markers: a decline of liver enzymes (ALT and AST) indicating reduced chronic inflammation, an elevated plasma heme oxygenase-1 (HO-1), and a modulation of T-helper (TH)1/Th2 balance. HO-1 has been shown to be hepatoprotective (Xia et al. 2008), and its upregulation is induced by Gua sha (Kwong et al. 2009).

In this case, and in general, Gua sha may be effective in transiently reducing the inflammatory injury to the liver when chronic hepatitis B moves into the immune active phase indicated by liver function test. Further trials are underway to determine the frequency or dosage of the application of Gua sha in cases of HBV and potential hepatitis C (HCV) (Zhu et al. 2008) liver inflammation.

## Stomach ulcer

### Male, 36

**Presenting complaint**

Patient complained of sharp epigastric pain, more after eating, and did not like touch or pressure. The complaint was medically diagnosed as a stomach ulcer but the patient refused medication.

**Tongue**

Red with Stomach crack, yellow greasy coating thicker at the center Stomach area.

**Pulse**

Wiry and full especially at both Middle Jiao positions.

**Other signs and symptoms**

Patient worked as a contractor. His job involved physical and mental stress.

**Treatment**

**Back**

* BL 13, BL 18, BL 21.
* **Gua sha** to middle back.

**Front**

* ST 36, PC 6, CV 12, ST 21, Ah Shi left lateral to CV 11.

**Course of treatment**

Six sessions.

**Recommendations**

Avoid overheating foods: spicy, greasy and roasted. Avoid alcohol and coffee.

**Results**

Patient experienced steady improvement over the six sessions. Symptoms resolved completely. There has been no recurrence in the 10 years since.

## Cholecystitis

### Female, 54

**Presenting complaint**

Patient had recently had two gall bladder attacks with severe hypochondrial pain and pressure into her abdomen and through to her back. The most recent attack followed a meal of scallops wrapped in bacon, rack of lamb and ice cream. A sonogram ordered by her physician confirmed gallstones.

**Tongue**

Red and dry. Coating white and foamy.

**Pulse**

Fast with Qi pulse smooth, wide and full. Wood pulse was flat, full and active.

**Other signs and symptoms**

Patient had frequent, loose stools. She was overweight with a jovial disposition. She volunteered that she did not like to exercise; she liked to smoke cigarettes and drink coffee. Her sleep was disturbed.

**Treatment**

**Back**

* GV 14, BL 13, BL 38, BL 18, GV 9, BL 19, BL 20, BL 23, BL 25.
* **Gua sha** to upper back, especially at BL 38 area of pain, and to middle back BL 18 and BL 19 area.

**Front**

* GB 34, TW 6 or TW Ah Shi forearm, GB 24 right, M-LE-23 right.

**Course of treatment**

Fourteen sessions over 7 months. The first three were 1 week apart. The fourth was 3 weeks later and treated an upper
respiratory infection. Following this she had treatment every 2–3 weeks.

**Recommendations**

Avoid fat by eating lean meats, fish and chicken without the skin. Avoid cold food and fluid because of their congealing effect. Avoid coffee, chocolate and alcohol because of their ability to increase Damp-Heat. Increase vegetable and grains in diet. Use raw flax oil on salad alternating with olive oil.

**Results**

She had no further attacks of pain. During the course of treatment she quit smoking and began exercising for pleasure. She joined a cooking class. At this point her blood sugar elevated. Her doctor wanted her to lose weight to bring her blood sugar down. He recommended Opti-fast, a liquid diet that causes rapid weight loss. It also precipitates gall stones as well as eventual weight gain. At this point the patient informed me she had done this diet before, which may have contributed to her stones. The doctor felt if the stones got worse they would remove them surgically.

**Back pain**

Male, 35

**Presenting complaint**

Patient complained of back pain, radiating into the left hip, groin, quad and down to foot. Top of left foot was numb. Disc herniations at L4 and L5.

**Previous treatment**

Patient was referred by his Rolfing practitioner.

**Tongue**

Scalloped, white coating, red tip.

**Pulse**

Overall the pulse was thin. The Blood pulse was weak, the Stomach and Spleen pulse was tight. The sinus pulse on the right was quite full.

**Other signs and symptoms**

Patient was a skiing, windsurfing, mountain climbing athlete. Though he was in great physical shape, his muscles stiffened and cramped, he tired easily and his extremities were chilled easily. He drank coffee, a lot of fruit juice and smoked marijuana every day. His stools were loose, he had frequent urine, slept well but did not remember his dreams. He was bothered by sinus congestion.

**Treatment**

**Back**

- BL 60, 54, GV 14, BL 23, left BL 25, Ah Shi near left BL 20.

- Gua sha to back neck and shoulders.

**Side**

- Left GB 30, 31, 34, 37 in recumbent position.

- Gua sha to left GB 30 area.

**Front**

- KI 3, TW 4, GB 41 alternating SI 3, BL 62.

**Course of treatment**

Six sessions over 8 weeks.

**Recommendations**

Here the function of the Kidneys and Spleen had been weakened by marijuana, coffee and fruit juice. As a diuretic, coffee stimulates the function of the Kidney. The overstimulation eventually weakens the Kidney causing frequent urination, night urine, weakened back and knees. Because coffee acts as a stimulant, it disrupts the harmony of Liver Qi. Overall there results an imbalance in the Liver Qi, Deficiency in the Kidney Qi, Kidney Yang, Liver and Kidney Yin.

Marijuana is a herb that depletes the Yin and the Yang. It weakens the Kidneys, eventuating Deficiency of Kidney Yang and Spleen Yang, Kidney Yin and Liver Yin. Patients who smoke marijuana, depending on their constitutional make-up, will present with symptoms of either an imbalance or Deficiency, of Yin or Yang. Chill, cramping and loose stool are typical of Deficient Spleen Yang. Chill, frequent urination, back pain and back injury are typical of Deficient Kidney Yang. Studies have shown that men who use marijuana regularly can also suffer from a decreased sperm count, representing in Chinese medicine a compromise of the Kidney Jing.

Fruit juice is often taken cold and is by nature cooling. This chills and dampens the Spleen, weakening digestion and causing the stool to be loose. It also contributes to congestion and mucus from the nose, since the Spleen owns the nose.

For his back to heal completely, it was recommended this patient stop marijuana and fruit juice. Eventually he might resume occasional coffee and fruit juice with no harmful effect.

Initially, a mix of Jade Pharmacy’s Meridian Circulation and Meridian Passage was given for the back, then a modified decoction of Sheng Ling Bai Du San (Ginseng, Poria, Attractylodes Powder) was given to strengthen the Spleen, support the back and the will. This worked so well that he requested to take it long-term while traveling and it was given in powder form.

He was referred back for continuation of Rolfing.

**Results**

Immediate relief of back pain was felt after the first treatment. The resolution of sha in the back greatly strengthened and
warmed him. He was able to reduce, then give up the mari-
juana, coffee and juice. His cramping and fatigue ended. He
reported for the fifth session with slight numbness at the top
of the left foot. This was after windsurfing for 5 days in a row.
By the sixth session all of his back symptoms were fine and he
requested a treatment for his sinuses.

Severe acute back pain: thoracic and
lumbar spine fracture, non-small cell
lung cancer

Female, 81

Presenting complaint
Severe acute back pain, unable to stand or dress, only able to
walk a few steps. Patient was being treated for stage 4 non-
small cell carcinoma of the lung with Navilbine and Tarceva®.
The chemotherapy created acute loss of bone density. A
stumble and fall resulted in fractures to the vertebra and
spinous processes at T11, T12, and L1.

Previous treatment
Patient was prescribed pain medication that made her groggy
and fearful of another fall. She stopped taking it.

Tongue
Tongue was red, dry with superficial cracks. Slight coat, no
leukopenia on the Tongue.

Pulse
The pulse was weak and thready, tight in the Middle Jiao posi-
tion, and deep in Lower Jiao position.

Treatment

Back
With patient seated in a chair, back to me:
* GV 14, BL13, BL15 for anxiety from pain.
* BL 38, BL 17, BL 18, BL 20, BL 21, Pee gen.
* Gua sha from BL 13 area to BL 22 at the back.

Front
* Yin tang, ear magnets at Shen men.

Course of treatment
Patient had two sessions five days apart with acupuncture and
Gua sha applied both times.

Recommendations
Suggested to patient to have someone purchase a wrap-around
back brace to wear if required to stand or walk. Encouraged
patient to move around a bit every day, and to eat meals even
if small meals. Suggested that patient have her vitamin D levels
checked by her oncologist at her next bloodwork and they were
0. Pharmaceutical vitamin D was prescribed for 1 month. High
doses of vitamin D can also pull calcium out of the bones.
Patient was then placed on 4000 IU/day of vitamin D3
supplement.

Results
After the first treatment the patient was immediately able to
take a full breath and to walk and stand without severe pain.
Her back fatigued easily. She reported she got the back brace.
Within a few days she was able to walk around her house and
to drive her car, and return to playing bridge. She discarded
the back brace after 2 weeks and was able to return to her full
activity level.

Treating cancer patients can be a challenge for any provider
who is always aware of an inability to cure the patient. In some
sense any offering pales. This case turned that notion on its
head. This patient lived another year beyond the expectation
of her doctors. And while no treatment cured her cancer,
acupuncture and Gua sha gave her precious active and pain
free months.

Low back pain, Shi presentation,
Damp-Heat stagnation

Male, 36

Presenting complaint
Patient had pain shooting down the left leg, sometimes both
legs. The pain worsened with use, so by the afternoon he could
no longer stand. He had back surgery 2 years before for herni-
ated disc. The surgery paralysed his right leg, which slowly
recovered. He reinjured his back a year later, resulting in the
current pain.

Previous treatment
Physical therapy and chiropractic adjustment.

Tongue
Big, red, furry and cracked body. Coating was white, sticky and
greasy, indicating Damp-Heat. There were red raised bumps
at the end of the tongue.

Pulse
Pulse was fast, slippery and wide. The middle positions were
especially wide.

Other signs and symptoms
Patient drank coffee, smoked cigarettes, occasionally mari-
juana, and used alcohol infrequently. He was accustomed to
rigorous physical labor. His stools were loose, several times per
day. Urine was normal. Sleep was interrupted by leg pain. He
had high blood pressure but could not tolerate medication.
Treatment

Back
• BL 62, SI 3, BL 20, BL 23, BL 25, BL 26 left of laminectomy scar, L2, L3 Hua Tuo, Ah Shi points: left hip, top of left thigh and right mid-back trigger point.
• Gua sha to back area at first treatment and when needed.

Front
• Shen men, LIV 2, TW 5, GB 41, ST 36, GB 26. Fu Fang Du Zhong Pian.

Course of treatment
Patient had 5 treatments over 5 weeks, then a session every 2-4 weeks as needed.

Recommendations
Eliminate coffee and marijuana due to their depleting effect of the Kidneys. The Kidneys own the back. All back pain, even injury, has its Ben or root in the Kidneys. Recommended quitting cigarettes soon. Keep back covered and warm. Avoid sour and cold foods. Fu Fang Du Zhong (Pian Eucommia tablets) given for back pain and hypertension.

Results
The first treatment provided relief for 4 days. The tongue became more pink, but had white foamy coating (Spleen Deficiency) over the white greasy coating. Red dots at the front remained. After the second treatment the patient was able to do more, with leg pain reduced and he was active in the evening. He quit coffee and eventually cigarettes. Diarrhea changed to semiformed stools. After the fifth session his blood pressure stabilized. Sleep became sound and he needed less of it. Treatments began in February. By summer the patient built a pond on his homestead, requiring considerable physical labor. He sustained a back injury mishandling a large log that necessitated surgery.

Lower back strain

Female, 42

Presenting complaint
Patient complained of straining her low back while using exercise equipment. She also overworks in a standing position.

Previous treatment
Patient was already receiving care for Deficient-Kidney-related fatigue, chill and frequency of urination.

Tongue
Pink, swollen sides, coating thin and dry.

Pulse
Rate 72, overall thin and slightly wiry. Kidney pulses deep and slightly wiry.

Other signs and symptoms

Course of treatment
Patient had two treatments 1 week apart with Gua sha at the first session.

Recommendations
Moderate activity, take a break from using exercise machines, rest and avoid coffee. Du Huo Ji Sheng Tang given in tincture form as Meridian Circulation.

Results
Pain and lumbar strain resolved completely.

Low back and knee pain from weakened Kidney

Male, 35

Presenting complaint
Patient strained his back shoveling snow. His knee locked and his back stiffened. He stood bent and crooked and he had fear of moving.

Tongue
Pink, pale and wet with white coating.

Pulse
Kidney pulses were deep and weak. Heart pulse was empty.

Other signs and symptoms
Patient dressed in lots of layers and was fearful of cold. Stools and sleep were normal with episodic frequent urine. He
officiated at and played basketball a few times a week, which was traumatic to his back. Patient ate regularly but was deficient in protein foods.

**Treatment**

**Back**
- BL 60, BL 40, BL 25, BL 17, Ah Shi points of low back and lateral to sacrum and coccyx.
- *Gua sha* to back, low back, sacrum and lateral buttocks for knee, eyes and wings of knee, ST 36, GB 34, LIV 8, massage.

**Front**
- SI 3, BL 62 or TW 5, GB 41.

**Recommendations**

**Course of treatment and Results**
Three sessions at the beginning of 1986 resolved complaint. He hurt himself shoveling in 1987, for which he received four sessions. The knee was operated on subsequent to a basketball injury. Five years later he presented with his crooked back from another basketball trauma. He could still play, but couldn’t touch his toes. Four weekly sessions resolved this, at which point I referred him to a practitioner of Feldenkrais to help him develop a back consciousness and strength to prevent further injury.

**Knee Bi syndrome – arthritis**

**Male, 71, retired**

**Presenting complaint**
Patient complained of pain in his left knee, diagnosed as arthritis. Knee replacement recommended by physician. Knee hurt when climbing stairs. It was swollen and painful but not red or hot to the touch.

**Previous treatment**
Pharmaceutical.

**Tongue**
Big, pink with red dot at the center. Sides of tongue were slightly purple. Coating was greasy, wet and yellow. There were purple spots under the tongue.

**Pulse**
Interrupted, rough and wiry in Heart position, with widened pulse at left Kidney Yin and right Lung position. Earth position was wiry, slightly floating.

**Other signs and symptoms**
Patient had normal appetite and stool. He urinated frequently, but also drank coffee. He had elevated blood pressure. His tongue coat was probably greasy white, stained yellow by the coffee.

**Treatment**

**Back**
- BL 60, BL 54, BL 20, BL 25, BL 23, Ah Shi at left gluteus medius for knee, GB 30, 34.
- *Gua sha* to mid- to lower back, left hip and sacrum (see Plate 17).

**Front**
- Left ST 36, LIV 8, eyes of knee and wings of knee, indirect moxa.
- Massage knee area toward body.
- Wrapped knee to retain heat in the joint.

**Course of treatment**
Patient received three weekly treatments for his knee. At the first and second treatments, *Gua sha* was used at different areas of the back. The fourth treatment was for pain and stiffness across shoulders and neck.

**Recommendations**

**Results**
After two treatments he was walking round 18 holes of golf. His knee felt great and he felt strong overall. The tongue normalized in color and coat. He continued to play 18 holes of golf. The knee surgery was postponed indefinitely.

**Foot pain/Morton’s neuroma and plantar fasciitis**

**Male, 53**

**Presenting complaint**
Patient complained of stabbing pain in both feet. He was an avid runner and downhill skier. The pain did not bother him while running or skiing, but afterward was excruciating. Continued movement and ice helped.

**Tongue**
Normal color. The front sides were swollen, reddish and wet. The coating was thin, even, rooted and slightly yellow.

**Pulse**
Slightly rapid, with the Lung pulse fine and weak, Heart pulse flat and wide and Liver pulse very full.
Other signs and symptoms
Took Ventolin for asthma, which was precipitated by cats, dogs and cold weather. He drank 4–5 cups of coffee per day. Appetite, stools and sleep were normal.

Treatment

**Back**
- BL 59, BL 23, GB 34, GB 30, Ah Shi on right hip.
- **Gua sha** to low back, hip and GB 30 area.

**Front**
- GB 38, 40, 41. LIV 3, Ah Shi on bottom of foot with moxa burnt on needle.
- Additionally for neuroma: electrical stimulation on needles between ST 44 and Ah Shi at bottom of right foot at 160 cycles/second and 2000 amps.
- Electrical stimulation in ‘Chase the Dragon’s Tail’ method with moist cotton probes from ST 36 to foot Ah Shi points, ST 36 through foot, points between the metatarsals through to bottom of foot, including LIV 3.

Course of treatment
He received three treatments, after which he left on winter vacation where he would be on a boat for 1 month and able to rest the foot.

Recommendations
Stop the coffee. Stretch, massage and, if necessary, ice foot after use. Seven Forests Stephania tablets were given.

Results
After the first treatment the intensity of pain decreased. He was able to run several times with less pain after. Both feet improved significantly by the time he left for vacation.

Sciatica, chronic, complicated by laceration scar to buttocks

**Male, 73**

Presenting complaint
Patient complained of pain in left buttock, down leg and concentrated at shin and ankle. Several years earlier, a tractor rolled over on him, lacerating his buttocks. The sciatica dated from the accident.

Previous treatment
He had been evaluated by two neurologists and had received physical therapy. The physical therapist thought his pain was vascular and recommended a vascular specialist. He had taken anti-inflammatory medication prescribed by his neurologist.

Tongue
Pale, wet, slightly puffy and swollen with greasy coating that had a foamy aspect. Pale red dots at tip. Shook slightly.

Pulse
Strong and wiry with Lung pulse slightly moving.

Other signs and symptoms
Patient was thin, active and in good health. His sleep was good but interrupted by night urine. He drank coffee and black tea. He was happily married, ate regularly and was involved in the community.
The sciatica pain compromised his activity and quality of life. When the scar was touched the muscles of the buttocks and upper leg spasmed. Stools were normal. Blood pressure was slightly high, but he was not on medication for it. He had involuntary spasms of muscles in legs and arms.

**Treatment**

**Back**
- Left BL 60, BL 54, BL 25, BL 23, BL 20 and Ah Shi at piriformis.
- *Gua sha* to lower back and buttocks.

**Side**
- Lateral recumbent, GB 30, 31, 34, 39 and 40.
- Scar treatment: points along the scar. *Gua sha* along scar.

**Course of treatment**
Nine sessions altogether. The first seven were 1 week apart, the eighth then at 2 weeks, the ninth 1 month later.

**Recommendations**
Avoid coffee and caffeinated tea. Supplement with 500 mg calcium and magnesium for a time. Fu Fang Du Zhung Pian given for blood pressure and to strengthen back. Huo Luo Xiao Ling Dan (Fantastically Effective Pill to Invigorate the Collaterals), modified, given in decoction.

**Results**
After the first session the Wind spasms began to abate and the leg began to improve slightly. After the third session he was considerably improved and began to work out. Now the pain would come and go, worsening if he stood for a length of time. He resumed fast walking and working out, having pain only with prolonged use. Each treatment to the scar improved his condition. Convinced the scar tissue was the cause of his problem, I referred him back to his neurologist. Four doctors told him that if the scar was involved with the pain, it would be much worse.

I referred him to a physician certified in acupuncture who could inject the scar with medication. Several of these treatments completely cured his chronic sciatica.

**Hamstring strain**

**Female, 46**

**Presenting complaint**
Cramping and pain at the back of right leg. Patient bicycled 3–4 times per week. He rode 35 miles one day, the next day gardened, then biked 16–20 miles. The next day he played softball with leg cramps and sustained an injury. He was unable to affect the pain by movement, stretching, hot or cold application. The leg was contracted, unable to extend fully without pain.

**Previous treatment**
Patient had received no other treatment for his injury.

**Tongue**
Normal, unremarkable.

**Pulse**
Normal, slightly wiry.

**Treatment**

**Back**
- BL 60, BL 57, BL 54, BL 36 and Ah Shi lateral to BL 36. Ah Shi points on mid area, back of leg.
- *Gua sha* to back and buttocks while prone; then *Gua sha* to ischium and hamstring muscles with patient on hands and knees, in ‘dog’ position.

**Course of treatment**
Patient received two treatments.

**Recommendations**
Stop coffee because of its pro-inflammatory effect. Take calcium and magnesium supplement. Keep area warm, postpone rigorous physical activity. Stretch the leg with care.

**Results**
Patient was 95% improved a few days after the first treatment. He recovered fully a short time after the second treatment, returning to his usual schedule of activity.

**Chill, chillphobia, knee pain and swelling**

**Female, 33**

**Presenting complaint**
Patient felt very cold, had knee pain and swelling and mild low-back pain.

**Tongue**
Flat, pale pink, slightly pinker at the tip. Coating at the rear of the tongue was slightly yellow.
Pulse
Slow, weak overall with Middle Jiao showing more strength.

Treatment

Back
- BL 60, BL 54, BL 25, BL 23, Ah Shi on lateral gluteus medius trigger point for knee.
- Gua sha to whole back (see Plate 8) and lateral gluteus medius.

Front
- ST 36, SP 10, ST 34, eyes of knee, medial wing of knee.

Course of treatment
Two sessions 8 days apart, then a third session 4 months later.

Results
After the first session she felt warm all over. Her knees were no longer swollen or painful, but weak. Four months later she asked to be treated again for knee weakness. She reported that the sensation of warmth had remained.

Leg pain, quads

Male, 56

Presenting complaint
Patient complained of pain from inguinal region down the top of both legs.

Tongue
Thick, red, with dry, pasty, dirty white coating. Crack along the midline.

Pulse
Slow and leathery, Kidney pulses deeper and weaker. Lung pulse was tight.

Other signs and symptoms
He smoked two packs of cigarettes per day, drank lots of coffee. His job involved many hours of driving. He did not exercise beyond walking to and from the car. His stools were stuck, urine was frequent, sleep was disturbed.

Recommendations
Stop coffee and cigarettes. Walk daily, especially on days that involve long drives.

Treatment

Back
- BL 17, BL 18, BL 23, BL 25, BL 57.
- Gua sha to mid- to low back.

Front
- ST 36, ST 34, three Ah Shi points at the top of thigh.
- Gua sha to top of thigh.

Course of treatment
Three sessions.

Results
The leg pain and restriction were relieved immediately. The follow-up treatments cleared remnants of discomfort and served to destagnate the Qi and Blood in the pelvis. He did not alter the habits that contributed to his problem and presented 2 years later with the same problem caused by long hours of driving and inactivity. The same treatment was applied successfully.

Constipation

Female, 28

Presenting complaint
Patient complained of constipation with abdominal distension and fatigue. She also had pain at the back of the ears extending to the occiput. Her ears felt stuffy and hearing was obstructed.

Tongue
Pale with a red tip. The coating was light yellow, thick and greasy at the back. The front of the tongue was wet. The sides were pale and wet.

Pulse
Rate 76–80, weak in both Kidney positions. Blood pulse was thin and weak. Liver pulse was thin and wiry.

Other signs and symptoms
Menses regular and normal, but with prolonged premenstrual symptoms of breast distension and mood swings. Stools were every 5 days and passed with difficulty. Patient drank coffee, which helped stimulate bowel movements. Her job was stressful, she ate erratically and forgot to drink fluid. She was cold, with colder hands and feet.

Treatment

Back
- BL 57, BL 25, BL 23, BL 20 for bowels, BL 13, GV 14, GB 20, GB 12, TW 16 for ears and temporomandibular joint.
- Gua sha to upper back, neck and shoulders for ears and to middle and lower back for bowels.

Front
- LI 4, TW 6, ST 36, CV 6, ST 25 for bowels, TW 17, GB 2, ST 7 for ear and temporomandibular joint (TMJ).
**Course of treatment**
Patient was treated three times per month for 3 months.

**Recommendations**
Stop the coffee as it depletes fluids and increases Heat and obstruction in the Shao Yang, affecting the ears. Drink fluid throughout the day. Referred to dental specialist to be fitted for TMJ appliance.

Seven Forests Asarum 14 was given for ear pain and Bao He Wan (Passive Harmony Pill) for stool, changed to Modified Ji Chuan Wan, (Benefit the River Flow decoction) for constipation due to Deficient Kidney Yang and Kidney Qi.

**Results**
The stuffiness in her ears cleared and the pain resolved, specifically after Gua sha. The pain gradually returned though not as severe. She agreed to see a dentist who could evaluate her jaw and fit her for an appliance.

The constipation resolved at first, then returned after a business trip. She was very distended, uncomfortable and tired. Ju Chuan Wan was given with excellent results.

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**Diarrhea**

**Female, 52**

**Presenting complaint**
Frequent loose stool and diarrhea for 5 months. Patient associates onset with drinking water from a bottle of water she left in her car for weeks. Weight loss, burning stool, fatigue and stress due to urgency and bowel incontinence.

**Previous treatment**
Antibiotic therapy, Flagyl and Lomotil to slow stool frequency. No response.

**Tongue**
Tongue was pale, with fluted borders and thin white coat.

**Pulse**
Pulse was 72 but could race to 88 with stress in the short term.

**Other signs and symptoms**
Anxiety and fatigue.

**Treatment**
*Back*
Prone position:
• BL 60, BL 57, BL 18, BL 20, BL 25, BL 26, BL 31, GB 30.

**Front**
• Yin tang.
• LI 4, PC 6, SP 4, TW 9.
• SP 6, ST 36, CV 4, CV 6, KI 16 or ST 25.

Pressure manipulation applied to iliacus to stimulate and close Houstonian ‘valve’ on left, iliocecal ‘valve’ on right.

**Course of treatment**
Patient had one treatment.

**Recommendations**
Eat mainly warm cooked food and fluid in the form of regular meals. Chew food at least 50 times before swallowing. Reduce or eliminate raw food, nuts and seeds until stools normalize. Soak feet in hot water at night for 10 minutes, then cover. Keep feet warm.

**Results**
Patient was shocked that her unrelenting diarrhea from which she suffered for months stopped completely after one treatment.

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**Hemorrhoids**

**Female, 36**

**Presenting complaint**
Patient had prolonged severe pain during and after defecation, with some bright red blood at end of stool or on toilet paper.

**Previous treatment**
Patient was under the care of a physician who prescribed ointment and time.

**Tongue**
Large with scalloped edges. Slightly dry in center, cracked with edges more wet and pale. Tip slightly red.

**Pulse**

**Other signs and symptoms**
Her activities were limited by pain. She had fear of defecation. Stools were twice per day. Urine normal. Sleep altered due to pain.
Treatment

Back
- BL 57, BL 25, BL 23, BL 20, BL 18, GV 1, points bilateral to the coccyx.
- Gua sha to mid-to lower back, lateral to sacrum and coccyx.

Front
- Bai Hui, ST 36, ST 25, CV 6, PC 4.

Course of treatment
Five weekly sessions. Each session treated hemorrhoids and tonified Spleen. The focus on hemorrhoids was primary in the first four sessions, the Spleen primary in the fifth session.

Recommendations
Avoid sitting on cold surfaces. Daily sitz baths recommended. Take psyllium husk powder to bulk and soften stool. Patent herbal formula Qiang Li Hua Zhi Ling (Fargelin for Piles) given.

Results
This patient had 75% relief within 2 days of the first session, no bleeding and only slight discomfort with the stool. Successive treatments built on this improvement. The Spleen Qi is said to hold things in place. Ptosis in a channel or organ is a sign of weakness in the Spleen. Therefore, tonification of the Spleen stabilizes the resolution of the hemorrhoids and prevents their recurrence.

Acute urinary tract infection, frequent urination

Female, 28

Presenting complaint
Burning urine, pelvic pain over bladder area. Anxiety related to acute pain. Insomnia due to frequent urination. Patient had history of urinary tract infection for which she was treated by antibiotic therapy.

Previous treatment
Antibiotics in past for urinary tract infection. Analgesic pain medication.

Tongue
Tongue slightly red with thicker coat at the back.

Pulse
Pulse was 78 and wiry.

Other signs and symptoms
Cold feet, stress at work, lack of water intake, irregular meals, irregular stools.

Treatment
Back
Prone position:
- BL 60, BL 57, BL 23, BL 28, BL 31, GB 30.
- Gua sha to mid-back, low back, sacrum, lateral to sacrum and across gluteus medius.

Front
- Yin tang.
- LI 4, LU 7, KI 6.
- SP 6, SP 9, ST 36, CV 2, CV 3, CV 4, CV 6, ST 29+ (point between ST 29 and ST 30 specific for urinary problems).
- Ear magnets at Shen men in ear.

Course of treatment
Patient had a urine dip to rule out infection. Urine had small number of leukocytes but no blood; sample was sent out for culture. Patient was given prescription for D-mannose3 and for antibiotics if needed. It was suggested to try the D-mannose first while waiting for the results of the culture. Patient had two treatments with acupuncture and Gua sha.

Recommendations
In addition to the D-mannose, eat mainly warm cooked food and fluid in the form of regular meals. Soak feet in hot water at night for 10 minutes, then cover. Keep feet warm (which supports normal flow of Qi and Blood in pelvis).

Results
Note: acupuncture is effective in treatment and prevention of uncomplicated recurrent lower urinary tract infections (Alraek et al 2002; Aune et al. 1998). Acupuncture also improves urge- and mixed-type incontinence in women after 12 treatments with improvement maintained even at 3 months after the last treatment (Bergstrom et al. 2000).

With Gua sha, acupuncture and D-mannose this patient’s frequent and burning urine resolved completely in a much shorter time. Patient kept D-mannose handy to take at the earliest sign of any urinary discomfort and before or just after intercourse (¼ tsp in water).

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3D-mannose is the sugar extracted from cranberries that has been shown to treat and prevent urinary tract infection, not by killing bacteria but by preventing Escherichia coli from adhering to the mucosa. E. coli is responsible for 90% of urinary tract infections (UTI). In practice, I have found D-mannose to be soothing to patients with a history of urinary problems and I prescribe a therapeutic dose if symptoms are acute. A preventive dose may be taken just before or just after intercourse for patients who experience UTI symptoms after sex.
**Frequent urination, prostatitis**

**Male, 56**

**Presenting complaint**
Burning urine, pelvic pain over bladder area. Anxiety related to acute pain. Insomnia due to frequent urination. Patient had history of urinary tract infection for which he was prescribed antibiotic therapy.

**Previous treatment**
No previous treatment for frequent urination. Patient was advised that his urinary frequency might persist for months or years.

**Tongue**
Tongue red, thick, swollen with thick coat.

**Pulse**
Pulse was 76 and smooth, coinciding with complications of dampness seen on the Tongue.

**Other signs and symptoms**
Lethargic, depressed and anxious. Sleep apnea. Occasional pain at pelvic floor. Aversion to water to avoid urination.

**Treatment**

**Back**
Prone position:
- GV 14, BL 13, BL 38, BL 15, BL 17.
- BL 60, BL 57, BL 23, BL 28, BL 31, BL 32, GB 30.
- Gua sha to upper back, mid-back, low back, sacrum, lateral to sacrum and across gluteus medius.

**Front**
- Yin tang.
- LI, 4 LU 7, KI 6.
- SP 6, SP 9, ST 36, CV 2, CV 3, CV 4, CV 6, ST 29+ (point between ST 29 and ST 30 specific for urinary problems).
- PC 6, SP 4.
- Release trigger points at obliques for lateral lower abdominal pain.
- Ear magnets at Shen men in ear and at prostate point.

**Course of treatment**
Patient had weekly treatment over 6 months.

**Recommendations**
Eat mainly warm cooked food and fluid in the form of regular meals. Soak feet in hot water at night for 10 minutes, then cover. Keep feet warm (which supports normal flow of Qi and Blood in pelvis). Recommend D-mannose for any sign of urinary burning.

Patient’s oncologist discouraged him from taking herbal medicine.

**Results**
Reduced anxiety and improved sleep. Frequency of urination abated gradually over time. Sudden sensation of urgency when he was about to urinate still bothered him. Referred for sleep study that confirmed sleep apnea and use of a continuous positive airway pressure (CPAP) machine resulted in much better sleep, energy and mood.


**Testicular pain**

**Male, 45**

**Presenting complaint**
Patient complained of episodic pain in the left testicle, with slight swelling after a trauma to the area. For a short time, the ejaculate had pink streaks of blood. No pain with ejaculation, no change in urine. The injury seemed to have healed but then he took a long hike and sat on some cold rocks. After this the pain came back.

**Tongue**
Pink, slightly scalloped at sides, coating white and dripping, crack in middle of tongue that extended longitudinally but not to end. Slightly purple at center.

**Pulse**
Normal; right Kidney pulse was tight indicating possible stagnation.

**Other signs and symptoms**
Normal urine, sleep and appetite. Stool occasionally loose.

**Treatment**

**Back**
- BL 57 for perineum, BL 17, BL 18, BL 23, BL 25, BL 36, GB 30.
- Gua sha to mid- to lower back and lateral gluteus medius to GB 30 area.

**Front**
- CV 1, SP 10, LIV 5, CV 4, ST 27.
- Indirect moxa to lower abdomen and at perineum.
Course of treatment
Two sessions 1 week apart.

Recommendations
Avoid sitting on cold surfaces and avoid intake of cold or sour food. A decoction of Ju He Wan (Tangerine Seed Pill) was given for the pain.

Results
After the first session and Bao of herbs, the pain in the testicle left. There was sensation in the perineum that resolved after the second treatment.

Vulvodynia

Female, 36

Presenting complaint
Conditions of vulvodynia are unique to each patient who experiences them. By necessity, approaches must vary based on the history and response to intervention. This patient had vaginal pain, pain with intercourse, burning pain with urination and no inflammatory signs. Infection ruled out by gynecologist.

Previous treatment
Analgesic pain medication, antibiotics in past for urinary tract infection.

Tongue
Tongue was unremarkable: normal flesh color, slightly redder at the tip with normal coat. Red tip may have related to vexed Heart.

Pulse
Pulse was 72, unremarkable.

Other signs and symptoms
Anxiety related to pain and impact on relationship because of pain during sex. Some aversion to drinking water to avoid urination and emotion associated with the signal of burning urine. Cold hands and feet; patient was thin and focused on maintaining reduced food intake.

Treatment
Back
Prone position:
- BL 60, BL 57, BL 23, BL 25, BL 28.
- Gua sha to mid-back, low back, sacrum, lateral to sacrum and across gluteus medius.

Course of treatment
Patient had six sessions 1 week apart, with Gua sha at the first, third session, and fifth session.

Recommendations
Eat mainly warm cooked food and fluid in the form of regular meals. Soak feet in hot water at night for 10 minutes, then cover. Keep feet warm (which supports normal flow of Qi and Blood in pelvis).

Referred to a physical therapist who specializes in pelvic floor dysfunction; she had physical therapy (PT) sessions concurrently with acupuncture and Gua sha. PT consisted of releasing pelvic floor muscles through vaginal and rectal manipulation and fascial pressure.

Prescribed D-mannose powder: 1/2 tsp four times a day with water.

Results
Burning urine reduced by 80% after the first treatment. Patient was able to have intercourse after the second treatment with only mild tenderness. After the third treatment she was able to have intercourse regularly with no problem. Remaining sessions focused equally on hip pain. Maintenance sessions are given whenever patient experiences any early sign of recurrence. One or two sessions resolves.

Spermatorrhea, premature ejaculation

Male, 40

Presenting complaint
Patient complained of involuntary loss of semen during long periods of sitting meditation. The loss of semen is referred to as Tsa Lung, ‘disease of the winds’, in Tibetan Buddhism. There was occasional burning urine.

Tongue
Red, with yellow coating, thinner in the middle.

4D-mannose is the sugar extracted from cranberries that has been shown to treat and prevent urinary tract infection, not by killing bacteria but by preventing Escherichia coli from adhering to the mucosa. E. coli is responsible for 90% of urinary tract infections (UTI). In practice, I have found D-mannose to be soothing to patients with a history of urinary problems and I prescribe a therapeutic dose if symptoms are acute.
Pulse
Slightly fast at 80. Lung pulse was moving, Kidney pulses were deep, Kidney Yin pulse soft. The Spleen pulse was scattered.

Other signs and symptoms
Occasional hemorrhoids, normal stool. Appetite was excellent, sleep good. Had occasional night sweats in addition to burning urine and chronic dry cough. He showered only once a week. He practiced celibacy and wanted to use treatment sessions to improve his meditation.

Treatment
Back
• BL 15, BL 18, BL 23, BL 27, BL 28, BL 52, GV 4, Bai Hui.
• Gua sha to entire back.

Front
• SP 9, SP 6, CV 4, CV 3, ST 29 or ST 27, KI 3.

Recommendations
Stop all caffeine beverages including kukicha tea. Shower daily or every other day. Patient was encouraged to cultivate a sense of surrender and self-acceptance rather than judge the loss of semen as a measure of inferior meditation practice.

Course of treatment and results
This patient received almost weekly treatments for a year. Early on his symptoms changed from acute to episodic burning urine, loss of semen or night sweats. His coughing resolved. Over time his pulse rate fell to 68 and his tongue became less red overall. He achieved greater meditative concentration from acupuncture treatment. Eventually he got married and then received treatment for the Tantric practice of orgasm without ejaculation.

Dysmenorrhea, uterine fibroids
Female, 49

Presenting complaint
Patient complained of pain and heavy bleeding with menses that was regular every 25 days. She was anemic, weak and tired.

Previous treatment
Patient was also seeing her gynecologist. A sonogram revealed multiple fibroids 3 cm in size. She was prescribed Progest cream, then 10% Progest oil.

Tongue
Short tongue body, swollen at the borders, furry, wet, with peeled areas. Color was pale with some areas pale brown/red as opposed to bright red.

Pulse
Rapid, from 92 to 125, and thin. Kidney pulses were deep.

Other signs and symptoms
Patient was extremely anxious and easily frightened. She was weak and anemic from months of menorrhagia. She had heart palpitations, chest pains and insomnia, loose stools or constipation, stomach pain, abdominal pain and lower back pain. She had episodes of near-fainting fatigue while at work. Her urine was frequent and she was chilled easily. She was vegetarian.

Treatment
Back
• Massage and palpate entire back and legs. GV 14, BL 13, BL 15, BL 17, BL 18, BL 20, BL 23, BL 25, BL 32, BL 57.
• Gua sha to entire back or mid- and lower back to sacrum.

Front
• LI 4, SP 4, PC 6 opens Chong Mai for treatment of uterus, fibroids and chest/heart; SP 6, SP 8, SP 10, ST 36, CV 3, CV 4, CV 6, CV 17, CV 12, ST 30, ST 29, ST 28, ST 25, Pee Gen, TW 5, GB 41 for back.
• For heavy bleeding, indirect moxa to both feet at SP 1 and LIV 1, five times at each site, to the point of pain. Patient was taught this method to use at home.

An example treatment was:
• GV 14, BL 15, BL 20, BL 23, BL 32.
• Gua sha to back.
• SP 4, PC 6, CV 17, CV 12, CV 6.

Course of treatment
Patient was seen biweekly for 2 years.

Recommendations
Avoid cold and sour foods to comfort pain. No stimulants or alcohol. Eat 3–5 small meals per day with attention to increasing protein.

Yunnan Bai Yao (Yunnan White Medicine) given for heavy bleeding, Ba Zhan Tang (Women’s Precious) for anemia (as well as iron prescribed by physician). Changed to Seven Forests Restorative Tablets for chaotic menopausal symptoms of Heat and chill.

Xiao Liu Pian (Tumor Reducing Tablet) in granules given for fibroids, Ding Xin Wan (Calm the Heart Pill) for heart palpitations and anxiety. She took Po Chai when traveling.
Results

Treatment and Gua sha helped to resolve the external aspects of her back pain. Her periods became regular at 26–28 days and after a year the flow became normal. The palpitations stopped and anxiety became infrequent. The fibroids initially decreased in size and then stabilized. The patient eventually had a hysterectomy.

References


Gua sha handout

It is strongly recommended to give each patient a handout after applying Gua sha, even if you have provided it on a prior occasion. On the following page is a handout in simple language and format required by our hospital’s education and information board (Beth Israel Medical Center, New York, NY).
WHAT IS GUA SHA?

*Gua sha* is an important hands-on medical treatment that has been used throughout Asia for centuries. *Gua* means ‘to rub’ or ‘press-stroke.’ *Sha* is a term that describes the blood congestion in surface tissue that accumulates in areas where the patient may experience stiffness and pain; *sha* is also the term for the little red dots that are raised from applying *Gua sha* (Nielsen 2012). When *Gua* press-stroking is applied in repeated even strokes, *sha* appears as small red dots called ‘petechiae’ and the pain immediately shifts. In minutes the small red dots fade into blended reddishness. The *sha* disappears totally in two to three days after treatment. The color of *sha* and rate of fading can indicate important information about a patient’s condition. Pain relief lasts even after the *sha* is completely gone.

The benefits of *Gua sha* are numerous. It resolves spasms and pain, and promotes normal circulation to the muscles, tissues, and organs directly beneath the area that is treated, as seen in *Gua sha*’s immediate effect on coughing and wheezing. Research has shown that *Gua sha* causes a four-fold increase in microcirculation of surface tissue (Nielsen et al. 2007) and can reduce inflammation (Braun et al. 2011; Chan et al. 2011).

The patient experiences immediate changes in stiffness and pain with increased mobility. Because *Gua sha* mimics sweating, it can help to resolve fever. *Gua sha* cools the patient who feels too warm, warms the patient who feels too cold, while relaxing tension and reducing anxiety. Acupuncturists and practitioners of traditional East Asian medicine consider *Gua sha* for any illness or condition where there is pain or discomfort, for upper respiratory and digestive problems, and any condition where touch palpation indicates there is *sha*. *Gua sha* is often done in combination with acupuncture for problems that acupuncture alone cannot address.

After treatment the patient is advised to keep the area protected from wind, cold and direct sun until the *sha* fades. They are also encouraged to drink plenty of water and eat moderately.

References


List of common acupuncture points by number and name

**Governing vessel (Du mai)**

- GV 1 Changqiang
- GV 2 Yaoshu
- GV 4 Mingmen
- GV 9 Zhiyang
- GV 11 Shendao
- GV 12 Shenzhu
- GV 13 Taotian
- GV 14 Dazhui
- GV 15 Yamen
- GV 16 Fengfu
- GV 20 Baihui
- GV 24 Shenting
- GV 26 Renshong

**Conception vessel (Ren mai)**

- CV 1 Huiyin
- CV 2 Qugu
- CV 3 Zhongji
- CV 4 Guanyuan
- CV 5 Shimen
- CV 6 Qihai
- CV 7 Yinjiao
- CV 8 Shenque
- CV 9 Shuifen
- CV 10 Xiawan
- CV 11 Jianli
- CV 12 Zhongwan
- CV 13 Taotian
- CV 14 Juque
- CV 15 Jiuwei
- CV 17 Shanzhong
- CV 21 Xuanji
- CV 22 Tiantu
- CV 23 Lianquan
- CV 24 Chengjiang

**Bladder channel**

- BL 1 Jingming
- BL 2 Zanzhu
- BL 7 Tongtian
- BL 10 Tianzhu
- BL 11 Dazhu
- BL 12 Fengmen
- BL 13 Feishu
- BL 14 Jueyinshu
- BL 15 Xinshu
- BL 16 Dushu
- BL 17 Geshu
- BL 18 Ganshu
- BL 19 Danshu
- BL 20 Pishu
- BL 21 Weishu
- BL 22 Sanjiaoshu
- BL 23 Shenshu
- BL 24 Qiai
- BL 25 Dachangshu
- BL 26 Guanyuanshu
- BL 27 Xiaochangshu
- BL 28 Pangguanshu
- BL 30 Baihuanshu
- BL 31 Shangliao
- BL 32 Ciliao
List of common acupuncture points by number and name

Heart channel
- HT 1 Jiquan
- HT 3 Shaohai
- HT 4 Lingdiao
- HT 5 Tongli
- HT 6 Yinxi
- HT 7 Shenmen
- HT 8 Shaofu
- HT 9 Shaochang

San Jiao (Triple Burner) channel
- TB 1 Guanchong
- TB 2 Yemen
- TB 3 Zhongzhu
- TB 4 Yangchi
- TB 5 Waiguan
- TB 6 Zhigou
- TB 7 Huizhong
- TB 10 Tianjing
- TB 13 Naohui
- TB 14 Jianliao
- TB 15 Tianliao
- TB 17 Yifeng
- TB 21 Ermen
- TB 23 Sizhukong

Pericardium channel
- PC 1 Tianchi
- PC 4 Ximen
- PC 5 Jianshu
- PC 6 Neiguan
- PC 7 Daling
- PC 8 Laogong
- PC 9 Zhongchong

Gall bladder channel
- GB 1 Tongziliao
- GB 2 Tinghui
- GB 12 Wangu
- GB 14 Yangbai
- GB 15 Linqi
- GB 20 Fengqi
- GB 21 Jianjing
- GB 24 Riyue
- GB 25 Jingmen
- GB 26 Daimai

Kidney channel
- KI 1 Yongquan
- KI 2 Rangu
- KI 3 Taixi
- KI 4 Dazhong
- KI 5 Shuiquan
- KI 6 Zhaohai
- KI 7 Fuliu
- KI 8 Jiaoxin
- KI 9 Zhubin
- KI 10 Yingu
- KI 16 Huangshu
- KI 23 Shenfeng
- KI 27 Shufu

Small intestine channel
- SI 1 Shaoze
- SI 2 Qiangu
- SI 3 Houxi
- SI 4 Wanggu
- SI 5 Yanggu
- SI 6 Yanglao
- SI 7 Zhisheng
- SI 8 Xiaohai
- SI 9 Jianzhen
- SI 10 Naoshu
- SI 11 Tianzhong
- SI 12 Bingfen
- SI 13 Quyuan
- SI 14 Jianwaishu
- SI 15 Jianzhongshu
- SI 17 Tianrong
- SI 18 Quanliao
- SI 19 Tinggong

Bladder channel
- BL 33 Zhongliao
- BL 34 Xialiao
- BL 36 Chengfu (classical BL 50)
- BL 43 Gaohuangshu (classical BL 38)
- BL 40 Weizhong (classical BL 54)
- BL 50 Chengfu
- BL 52 Zhishi (classical BL 47)
- BL 57 Chengshan
- BL 58 Feiyang
- BL 60 Kunlun
- BL 62 Shenmai
- BL 63 Jinmen
- BL 67 Zhiyin
# List of common acupuncture points by number and name

## GB channel
- GB 27 Wushu
- GB 28 Weidao
- GB 29 Juliao
- GB 30 Huantiao
- GB 31 Fengshi
- GB 32 Zhongdu
- GB 34 Yanglingquan
- GB 37 Guangming
- GB 38 Yangfu
- GB 39 Xuanzhong
- GB 40 Qiuxu
- GB 41 Zulingqi
- GB 42 Diwuhui
- GB 43 Xiasi
- GB 44 Zuqiaoyin

## Liver channel
- LIV 1 Dadun
- LIV 2 Xingjian
- LIV 3 Taichong
- LIV 4 Zhongfeng
- LIV 5 Ligou
- LIV 6 Zhongdu
- LIV 7 Xiguan
- LIV 8 Ququan
- LIV 11 Yinlian
- LIV 13 Zhangmen
- LIV 14 Qimen

## Stomach channel
- ST 2 Sibai
- ST 4 Dicang
- ST 6 Jiache
- ST 7 Xiaguan
- ST 8 Touwei
- ST 9 Renwing
- ST 12 Quepen
- ST 18 Rugen
- ST 21 Liangmen
- ST 25 Tianshu
- ST 27 Daju
- ST 28 Shuidao
- ST 29 Guili
- ST 30 Qichong
- ST 34 Liangqiu
- ST 35 Dubi
- ST 36 Zusanli
- ST 37 Shanjuxu
- ST 38 Tiaokou
- ST 39 Xiajuxu
- ST 40 Fenglong
- ST 41 Jiexi
- ST 42 Chongyang
- ST 43 Xiangu
- ST 44 Neiting
- ST 45 Lidui

## Spleen channel
- SP 1 Yinbai
- SP 2 Dadu
- SP 3 Taibai
- SP 4 Gongsun
- SP 5 Shanqiu
- SP 6 Sanyinjiao
- SP 8 Diji
- SP 9 Yinlingquan
- SP 10 Xuehai
- SP 15 Daheng
- SP 21 Dabao

## Large intestine channel
- LI 1 Shangyang
- LI 4 Hegu
- LI 5 Yangxi
- LI 10 Shousanli
- LI 11 Quchi
- LI 12 Zhoushao
- LI 14 Binao
- LI 15 Jianyu
- LI 16 Jugu
- LI 20 Yingxiang

## Lung channel
- LU 1 Zhongfu
- LU 3 Tianfu
- LU 5 Chize
- LU 7 Lieque
- LU 8 Jingqu
- LU 9 Taiyuan
- LU 10 Yuji
- LU 11 Shaoshang
**Extra points**

- Yintang
- Tàiyáng
- Yuyao
- Huatuojiaji
- Dingchuan
- Jianeiling
- Pakloh
- Tukyin
- Eyes of knee
- Wings of knee
- Dannangxue M-LE 23
- Erbai M-UE-29
- TB gummy (palpate for tight or fasciculation point between TW 9 and TW 10)
- Yi shu ‘pancreas hollow’ M-BW-12
Directions for Neti wash and Croup tent

Neti wash

Neti washing comes from the yogic practice of nasal rinsing. It is recommended to Neti wash daily when you bathe or shower. It is beneficial to be more consistent during the winter months, if exposed to dust or air pollutants, and during nasal, sinus or upper respiratory events. Fill the Neti pot (also called naso-cup) with warm water and \( \frac{1}{4} \) to \( \frac{1}{2} \) teaspoon sea salt or kosher salt that is fine, not coarse. Stir to dissolve the salt.

Place the spout of the pot in one nostril with your head tilted up, that is, slightly back and slightly to the opposite side. Not too far back … not too far to the side.

Let the water flow into the nose, over the septum and out the other nostril. Some will also travel over the nasopharynx into the back of the throat. Catch it there and spit it out rather than swallow.

You do not need to suck the water into your nose or blow it out with vigor. The pressure created from blowing the nose while pinching the nostrils drives some of the mucus and fluid back into the sinuses. Just let the water fall out, blowing gently without pinching the nostrils. In the beginning, to be completely relaxed, it is a good idea to Neti wash in private. The saline solution will burn if there is too much salt, or not enough salt (happens more often).

It is not recommended to Neti over the sink tilting the head forward or to the side. Aside from missing the nasopharynx area, you risk infiltrating the Eustachian tube. If the nostrils are completely swollen so that none of the water can get through, then follow the directions for a croup tent.

Neti washes are excellent in the treatment and prevention of sinus conditions, colds and stuffiness. The head not only feels better but thinking becomes clearer. Neti pots may be obtained from health food stores, pharmacies, health care practitioners or ordered online.
Croup tent

A croup tent is an age-old home care treatment for sinus infections, sinus headaches, colds and coughs. Simple steam can be used, but relief is more pronounced if done in the following manner, adapted from the Native American tradition of my ancestors.

Break off 8–10 end branches from a white pine tree. White pine needles are soft and thin. An end branch might have five needle bunches. Thank the tree. Place these end branches in a soup pot, cover with water and bring to the boil. Simmer for a few minutes and then turn it off. If you do not have access to white pine branches, essential oil of eucalyptus with a drop or two of tea tree oil will do. If none of these are available, simply use water.

Let it cool a little; you do not want it too hot, but you want it still to be steamy. Now sitting at a table, set the pot in front of you and with the lid off place a towel over it and over your head. You are now in a croup tent.

Alternate inhaling the vapor through your mouth and nose. You can adjust the amount of steam by lifting an edge of the towel. The steam will penetrate the sinuses through your nostrils and face. White pine is very high in vitamin C and the vapors help open and soothe the nasal passages. Stay under for 5 or 10 minutes. Take a break and do it again if you like. This pot of pine needle soup can be reheated and reused for several days but don’t reuse if it has begun to ferment or grow mold.

Children can use croup tents too but it is best done with an adult in the tent to adjust the steam. Use especially before going to bed. A croup tent will not only shorten a cold, cough or sinus problem but also decrease the discomfort that accompanies these syndromes.

Croup tents are not recommended for ‘reactive airways’, wheezing or asthma in children.
# Tabled articles and studies with full citations: Gua sha literature review

## Tables for different categories of papers (Tables 2.3–2.10)

As discussed in Chapter 2, Tables 2.3 to 2.10 (below) are grouped according to kind of article or study, from clinical recommendations to case series to clinical trials of Gua sha treatment alone or in combination with other modalities for specific conditions. Tables 2.1 and 2.2 are found in Chapter 2. The full citations are grouped for each table and follow the Tables below. For studies and discussion on Gua sha biomechanisms, see Chapter 3.

## Table 2.3  Gua sha alone: descriptive clinical recommendations for specific conditions (121 articles)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Authors and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical spondylosis, spondylopathy</td>
<td>Jiang 2005; Zhang 2010; Zhen and Bai 2007</td>
</tr>
<tr>
<td>Cervical tendon lesions</td>
<td>Deng et al. 2009</td>
</tr>
<tr>
<td>Cervical spondylosis or pain at waist and lower extremities</td>
<td>Kang 2004</td>
</tr>
<tr>
<td>Neck + low back pain</td>
<td>Kang 2003</td>
</tr>
<tr>
<td>Head and facial neuralgia</td>
<td>Ge 2008</td>
</tr>
<tr>
<td>Soft tissue injury rehabilitation</td>
<td>Chen 2004; Gui 1994</td>
</tr>
<tr>
<td>Frozen shoulder</td>
<td>Yu 1998</td>
</tr>
<tr>
<td>Tennis elbow</td>
<td>Gao 1999; (<em>Gua sha</em> Scraping) 2001</td>
</tr>
<tr>
<td>Acute symptoms</td>
<td>Li and Liu 2002</td>
</tr>
<tr>
<td>Traumatology disease</td>
<td>Liang 2001b</td>
</tr>
<tr>
<td>Fever, cholera</td>
<td>Zhao et al. 2008</td>
</tr>
<tr>
<td>Heatstroke</td>
<td>Ruan and Cui 2005</td>
</tr>
<tr>
<td>Upper respiratory infection: cold</td>
<td>(Fingers Gua sha) 2010; (Head and Upper) 2010; Ruan 2008a; Wang and Tang 2001</td>
</tr>
<tr>
<td>Relapsing respiratory infection</td>
<td>Pang et al. 2008</td>
</tr>
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</table>

*Continued*
<table>
<thead>
<tr>
<th>Condition</th>
<th>Authors and date</th>
</tr>
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<tbody>
<tr>
<td>Cough</td>
<td>Gao 2002</td>
</tr>
<tr>
<td>Eye diseases</td>
<td>Liang 2001a</td>
</tr>
<tr>
<td>Pseudomyopia</td>
<td>Zou et al. 2009</td>
</tr>
<tr>
<td>Breast carbuncle/mastitis ($Staphylococcus aureus$ or $Streptococcus$)</td>
<td>Wang 2002b</td>
</tr>
<tr>
<td>Infant diarrhea</td>
<td>Qu 2010</td>
</tr>
<tr>
<td>Stomach problems: constipation</td>
<td>Yang 2010</td>
</tr>
<tr>
<td>Epigastric pain</td>
<td>Wang 1996</td>
</tr>
<tr>
<td>Ascites due to cirrhosis</td>
<td>Wang 2000</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>He 2010</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>Du 2003</td>
</tr>
<tr>
<td>Hypertension + coronary artery disease</td>
<td>Hu and Zuo 2005</td>
</tr>
<tr>
<td>Stroke</td>
<td>Dong 1998</td>
</tr>
<tr>
<td>Cerebellar Atrophy</td>
<td>Zhang and Jiang 1999</td>
</tr>
<tr>
<td>Acne</td>
<td>Lin and Chen 2000</td>
</tr>
<tr>
<td>Chloasma</td>
<td>Wang 1997; Yao 2009</td>
</tr>
<tr>
<td>Urticaria</td>
<td>Mao 2009</td>
</tr>
<tr>
<td>Neurodermatitis; lichen simplex</td>
<td>Liao et al. 2010</td>
</tr>
<tr>
<td>Stress</td>
<td>Liu 2010b</td>
</tr>
<tr>
<td>Fatigue, athletic</td>
<td>Fang et al. 2008</td>
</tr>
<tr>
<td>Chronic fatigue</td>
<td>Ruan 2008b; Wang 2002a</td>
</tr>
<tr>
<td>Stress, insomnia, neck and shoulder pain</td>
<td>Geng 2010</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Hu and Chen 2010; Li and Qi 2007</td>
</tr>
<tr>
<td>Sleep quality in patients with diabetes</td>
<td>Zhang 2006</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>Chen et al. 2006; Cong et al. 2005</td>
</tr>
<tr>
<td>Systemic lupus</td>
<td>Geng and Yang 2007</td>
</tr>
<tr>
<td>Pain, tropical (Africa)</td>
<td>Zhang 2009</td>
</tr>
<tr>
<td>Aesthetic medicine</td>
<td>(Gua sha) 2008; (Jade Gua sha) 2009; Wang 2008a; Wang 2008b; Zhang and Mo 2000</td>
</tr>
<tr>
<td>Foot self-care</td>
<td>Huang 2010; Wang 2010a</td>
</tr>
<tr>
<td>Elder health, natural</td>
<td>Lin and Yan 2006</td>
</tr>
<tr>
<td>Sub-health</td>
<td>Ke 2007</td>
</tr>
<tr>
<td>Pain and health</td>
<td>Zhang 2008a; Zhang 2008b</td>
</tr>
<tr>
<td>Self-treatment: sleep and headaches</td>
<td>Peng and Liao 2010a; Peng and Liao 2010b</td>
</tr>
<tr>
<td>Self-treatment</td>
<td>Wei 2002; Yang and Liu 2007</td>
</tr>
<tr>
<td>Obesity</td>
<td>Li 2007</td>
</tr>
<tr>
<td>Improve cost-effectiveness</td>
<td>Hai 2007</td>
</tr>
<tr>
<td>General guidelines</td>
<td>Cui et al. 2009; (Gua sha is) 2008; (Gua sha Ten) 2009; (Gua sha the) 2004; (Gua sha Treatment) 2009; Liu 2010a; Xu 2008a; Zhang 2009</td>
</tr>
</tbody>
</table>
### Table 2.3 Gua sha alone: descriptive clinical recommendations for specific conditions (121 articles)—cont’d

<table>
<thead>
<tr>
<th>Condition</th>
<th>Authors and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gua sha commerce</td>
<td>Yin and Qu 2008</td>
</tr>
<tr>
<td>How to apply</td>
<td>Liu 2004; Xu 2008b; Yang 2004</td>
</tr>
<tr>
<td>To which part of the body</td>
<td>(Human Four) 2000; Liang et al. 2009; Zhang 2008c; Zuo and Wang 2010</td>
</tr>
<tr>
<td>Treatment of various illness</td>
<td>Huang 2007; Jiang and Shi 2005; Ruan 2008c; Wang 2010b; Zuo 2010</td>
</tr>
<tr>
<td>Oils and tools</td>
<td>Bai and Wu 1998; Chan and Chen 1998; Chen 2008; Chen and Zhang 2001; Sun 2010; Yang 2010</td>
</tr>
<tr>
<td>Clinical effect</td>
<td>Wang et al. 2006; Zuo and Wang 2007</td>
</tr>
<tr>
<td>As natural medicine</td>
<td>(Simple and natural) 2010; (Traditional Chinese Medicine) 2010</td>
</tr>
<tr>
<td>Gua sha as non-toxic, non-drug, natural medicine</td>
<td>Bi 2010; Chen et al. 2010; Dong 2009; (Fu di energy scraping) 2010</td>
</tr>
<tr>
<td>History (also related to fever, heatstroke, thermal dysregulation)</td>
<td>Cai 2003; Cao and Dao 2002; Ji 2008; Li et al 2001; Min 2007; Ming 2004; Wu 2010</td>
</tr>
<tr>
<td>Gua sha as public health policy</td>
<td>Wu 2010</td>
</tr>
<tr>
<td>Misunderstood as abuse in the West</td>
<td>Hu 2002; Xu 2008a</td>
</tr>
</tbody>
</table>

### Table 2.4 Gua sha combined with other modalities: descriptive clinical recommendations for specific conditions (62 articles)

<table>
<thead>
<tr>
<th>Modality combination</th>
<th>Conditions</th>
<th>Authors and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gua sha and acupuncture</td>
<td>Stiff neck</td>
<td>Zhang 2010</td>
</tr>
<tr>
<td></td>
<td>Scapulohumeral periarthritis</td>
<td>Chen 2000</td>
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<td>(The Five Elements) 2007</td>
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<td>Gua sha and vibration</td>
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<td>Chen 2010</td>
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<td>Chen and Wang 1999</td>
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<td>General discussion of risks of infection: acupuncture, physiotherapy, massage, Gua sha and cupping</td>
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<td>Zhou et al. 2005</td>
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Table 2.5 Case series: Gua sha alone for specific conditions (100 articles)

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<td>58 cases (Leng 1997)</td>
</tr>
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<td></td>
<td>35 cases (Liu 2003)</td>
</tr>
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<td>97 cases (Qi et al. 2009)</td>
</tr>
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<td></td>
<td>186 cases (Sun et al. 2003)</td>
</tr>
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<td>68 cases (Tong 1999)</td>
</tr>
<tr>
<td></td>
<td>30 cases (Wang 2000)</td>
</tr>
<tr>
<td>Vertigo, related to cervical problem</td>
<td>48 cases (Jia 2003)</td>
</tr>
<tr>
<td>Stiff neck</td>
<td>19 cases (Xiao and Tian 2002)</td>
</tr>
<tr>
<td></td>
<td>50 cases (Liu 2001)</td>
</tr>
<tr>
<td></td>
<td>40 cases (Ma 2004)</td>
</tr>
<tr>
<td></td>
<td>50 cases (Xiao et al. 2001)</td>
</tr>
<tr>
<td></td>
<td>90 cases (Song and Zhang 2002)</td>
</tr>
<tr>
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<td>100 cases (Zhao 2001)</td>
</tr>
<tr>
<td></td>
<td>28 cases (Zhou and Yang 2002)</td>
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<tr>
<td>Neck + shoulder pain</td>
<td>130 cases (Xing and An 2006)</td>
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<td>Shoulder periarthritis</td>
<td>69 cases (He 2007)</td>
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<tr>
<td></td>
<td>150 cases (Liu and He 2003)</td>
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<tr>
<td>Frozen shoulder</td>
<td>25 cases (Chen 2000)</td>
</tr>
<tr>
<td></td>
<td>80 cases (Hu 2001)</td>
</tr>
<tr>
<td></td>
<td>52 cases (Tan 2001)</td>
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<tr>
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<td>32 cases (Wang et al. 1998b)</td>
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<td>Scalpulohumeral periarthritis</td>
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<td>82 cases (Zhao 2006)</td>
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<td>Shoulder coagulation disorder</td>
<td>58 cases (Ma 2009)</td>
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<td>Rotator cuff injury</td>
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<td>Shoulder and back myofascitis</td>
<td>124 cases (Shi and Zou 2001)</td>
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<td>106 cases (Shi et al. 2000)</td>
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<td>Muscle spasm</td>
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<td>Lumbar myofibrosis</td>
<td>36 cases (Peng 1999a)</td>
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<td>Lumbar disc herniation</td>
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<td>Acute lumbar sprain</td>
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<td>256 cases (Wu et al. 2001)</td>
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<td>Lumbar pain</td>
<td>64 cases (Bao et al. 2003)</td>
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<td>Inpatient back pain</td>
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<tr>
<td>Ankylosing spondylitis</td>
<td>36 cases (Liu and Sun 2001)</td>
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<tr>
<td>Epicondylitis</td>
<td>65 cases (Dong 2003)</td>
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<tr>
<td>Sprained ankle</td>
<td>32 cases (Yang 2006)</td>
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Continued
### Table 2.5 Case series: Gua sha alone for specific conditions (100 articles)—cont’d

<table>
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<th>Condition</th>
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<tbody>
<tr>
<td>Tx and prevention: asthma</td>
<td>38 cases (Fan 2009)</td>
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<td>Prevention asthma: ‘dog days’ Tx</td>
<td>38 cases (Yang et al. 2006)</td>
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<td>Asthma</td>
<td>30 cases (Men and Wu 1999)</td>
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<td>Acute mastitis</td>
<td>50 cases (Dong 2002)</td>
</tr>
<tr>
<td>Adolescent breast hyperplasia</td>
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<tr>
<td>Breast disease</td>
<td>38 cases (Liu 2010)</td>
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<tr>
<td>Recovery from induced abortion</td>
<td>30 cases (Ran and Shi 2009)</td>
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<tr>
<td>Chronic hepatitis B</td>
<td>12 cases (Qin 2009)</td>
</tr>
<tr>
<td>Jaundice/chronic hepatitis B</td>
<td>38 cases (Wang 2004)</td>
</tr>
<tr>
<td>Acute first aid</td>
<td>30 cases (Li and Liu 2002)</td>
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<tr>
<td>Hiccup in stroke patients</td>
<td>41 cases (Cong 1998)</td>
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<td>Hypertension</td>
<td>50 cases (Xiong and Min 2008) 52 cases (Zhong 1994)</td>
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### Table 2.6 Case series: Gua sha paired with another modality for specific conditions (106 articles)

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<td>Gua sha + acupuncture</td>
<td>Peripheral facial paralysis, pediatric</td>
<td>126 cases (Guo 2005)</td>
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<td>Peripheral facial paralysis</td>
<td>39 cases (Zhang and Li 2006a)</td>
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<tr>
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<td></td>
<td>39 cases (Zhang and Li 2006b)</td>
</tr>
<tr>
<td></td>
<td>Refractory facial paralysis</td>
<td>30 cases (Guo and Wu 2005)</td>
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<td></td>
<td>Trigeminal neuralgia</td>
<td>30 cases (Ma 2010)</td>
</tr>
<tr>
<td></td>
<td>Pediatric cerebral palsy</td>
<td>20 cases (Tu 2000)</td>
</tr>
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<td></td>
<td>Cervical spondylosis</td>
<td>24 cases (Wang 2002)</td>
</tr>
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<td>Cervical spondylopathy</td>
<td>68 cases (Yang and Zuo 2005)</td>
</tr>
<tr>
<td></td>
<td>Stiff neck</td>
<td>86 cases (Feng 2008)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>120 cases (Li 2000)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>60 cases (Wang and Ge 2009)</td>
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<tr>
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<td>Cervical vertigo</td>
<td>76 cases (Xing 2003)</td>
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<td>Occipital neuralgia</td>
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<td>Fascitis of back</td>
<td>86 cases (Wang 2005a)</td>
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<td>Tuberositae tibiae epiphysitis</td>
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<td>Juvenile chronic sinusitis</td>
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<td>Student sub-health</td>
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<td>16 cases (Lu and Li 2005)</td>
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<td>Therapies</td>
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<td>Gua sha + electro-acupuncture EA</td>
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<td>87 cases (Fan 2001)</td>
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<td>Headache</td>
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<td>Cervical curvature</td>
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<td>Lateral femoral cutaneous neuritis</td>
<td>32 cases (Xing et al. 2000)</td>
</tr>
<tr>
<td>Gua sha + moxibustion</td>
<td>Lateral femoral cutaneous neuritis</td>
<td>28 cases (Hu 2001)</td>
</tr>
<tr>
<td></td>
<td>Ankylosing spondylitis</td>
<td>52 cases (Zhang 2010)</td>
</tr>
<tr>
<td>Gua sha + venom cream</td>
<td>Facial paralysis</td>
<td>42 cases (Chen 2003)</td>
</tr>
<tr>
<td></td>
<td>Frozen shoulder</td>
<td>37 cases (Cheng et al. 2000)</td>
</tr>
<tr>
<td>Gua sha with Fulin cream</td>
<td>Cold rheumatoid arthritis</td>
<td>50 cases (Liu et al. 2003)</td>
</tr>
<tr>
<td>Guasha + herbal medicine</td>
<td>Acne</td>
<td>56 cases (Jiang 2005)</td>
</tr>
<tr>
<td></td>
<td>Facial chloasma</td>
<td>38 cases (Kong and Zhou 2005)</td>
</tr>
<tr>
<td></td>
<td>Chloasma</td>
<td>65 cases (Zhang et al. 2010)</td>
</tr>
<tr>
<td></td>
<td>Primary hypothyroidism</td>
<td>30 cases (Zhu 2009)</td>
</tr>
<tr>
<td></td>
<td>Cervical spondylisis</td>
<td>150 cases (Liu and Cui 2006)</td>
</tr>
<tr>
<td></td>
<td>Breast hyperplasia</td>
<td>286 cases (Luo and Liu 2007)</td>
</tr>
<tr>
<td></td>
<td>Acute stomach cramps</td>
<td>18 cases (Miao and Zhou 2005)</td>
</tr>
<tr>
<td></td>
<td>Chronic hepatitis B</td>
<td>27 cases (Zhao et al. 1998)</td>
</tr>
<tr>
<td></td>
<td>Knee osteoarthritis</td>
<td>46 cases (Li and Gua 2002)</td>
</tr>
<tr>
<td>Gua sha + bupleurum powder</td>
<td>Refractory insomnia</td>
<td>80 cases (Sun 2002)</td>
</tr>
<tr>
<td></td>
<td>Vertigo</td>
<td>52 cases (Wang et al. 2005)</td>
</tr>
<tr>
<td>Gua sha + Dang gui tablets</td>
<td>Dysmenorrhea, student</td>
<td>28 cases (Lu et al. 2006)</td>
</tr>
<tr>
<td>Gua sha + Buzhongyiqi pill</td>
<td>Sub-health, college students</td>
<td>78 cases (Ma et al. 2006)</td>
</tr>
<tr>
<td>Gua sha + Huoxiang Zhengqi Liquid</td>
<td>Heatstroke</td>
<td>48 cases (Lan 1999)</td>
</tr>
<tr>
<td>Gua sha + herbal retention enema</td>
<td>Ulcerative colitis</td>
<td>61 cases (Ya 2003)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>62 cases (Ya 2008)</td>
</tr>
<tr>
<td>Gua sha + medication</td>
<td>Chronic prostatitis</td>
<td>150 cases (Zhang and Wang 2006)</td>
</tr>
<tr>
<td></td>
<td>Insomnia in cancer patients</td>
<td>42 cases (Jia et al. 2007)</td>
</tr>
<tr>
<td></td>
<td>Trachoma</td>
<td>100 cases (Liu et al. 2003)</td>
</tr>
<tr>
<td>Gua sha + interferon</td>
<td>Chronic hepatitis B</td>
<td>46 cases (Wang 2010)</td>
</tr>
<tr>
<td>Therapies</td>
<td>Condition</td>
<td>Number of cases, and authors</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Gua sha, acupuncture and massage</td>
<td>Cervical spondylosis</td>
<td>60 cases (Li 1999)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>150 cases (Xia 2006)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 cases (Li et al. 2006)</td>
</tr>
<tr>
<td>Gua sha, acupuncture and herbs</td>
<td>Pseudomyopia, student</td>
<td>400 cases (Yue et al. 2004)</td>
</tr>
<tr>
<td>Gua sha, acupuncture and cupping</td>
<td>Facial paralys</td>
<td>30 cases (Cui and Li 2007)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>129 cases (Ma 2009)</td>
</tr>
<tr>
<td></td>
<td>Shoulder periarthritis</td>
<td>64 cases (Hu 2001)</td>
</tr>
<tr>
<td>Gua sha, acupuncture and bloodletting</td>
<td>Recurrent stye</td>
<td>89 cases (Wu 2006)</td>
</tr>
<tr>
<td>Gua sha, acupuncture, cupping and physiotherapy</td>
<td>Knee osteoarthritis</td>
<td>132 cases (Cheng et al. 2007)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>210 cases (Cheng 2008)</td>
</tr>
<tr>
<td>Gua sha, acupuncture, cupping and massage</td>
<td>Rheumatism</td>
<td>1000 cases (Liu et al. 2001)</td>
</tr>
<tr>
<td>Gua sha, cupping and massage</td>
<td>Acute/chronic periarthritis shoulder</td>
<td>25 cases (Yang 2005a)</td>
</tr>
<tr>
<td></td>
<td>Frozen shoulder</td>
<td>104 cases (Zhang 1998b)</td>
</tr>
<tr>
<td>Gua sha, cupping, massage and herbs</td>
<td>Neck and shoulder pain</td>
<td>410 cases (Li 2002)</td>
</tr>
<tr>
<td>Gua sha, cupping and pressure points</td>
<td>Hiccup</td>
<td>30 cases (Lu et al. 2006)</td>
</tr>
<tr>
<td></td>
<td>Allergic rhinitis</td>
<td>20 cases (Yang 2005b)</td>
</tr>
<tr>
<td>Gua sha, cupping and bloodletting</td>
<td>Acute mastitis</td>
<td>89 cases (Wang 2005)</td>
</tr>
<tr>
<td></td>
<td>Facial melasma</td>
<td>120 cases (Liu 2008)</td>
</tr>
<tr>
<td></td>
<td>Soft tissue shoulder disorder</td>
<td>40 cases (Zhou et al. 2006)</td>
</tr>
<tr>
<td>Gua sha, cupping, tai chi and aerobics</td>
<td>Sub-health status</td>
<td>59 cases (Yang et al. 2007)</td>
</tr>
<tr>
<td>Gua sha, cupping, and rehab exercise</td>
<td>Bi syndrome joint pain</td>
<td>366 cases (Wang 2004)</td>
</tr>
<tr>
<td>Gua sha, massage and Tongluo plaster</td>
<td>Shoulder periarthritis</td>
<td>150 cases (Lin et al. 2007)</td>
</tr>
<tr>
<td>Gua sha, massage and laser</td>
<td>Cervical spondylopathy</td>
<td>72 cases (Li 2003)</td>
</tr>
<tr>
<td>Gua sha, massage, traction and TENS</td>
<td>Stiff neck</td>
<td>200 cases (Cheng 2005)</td>
</tr>
<tr>
<td>Gua sha, exercise and herbs</td>
<td>Shoulder periarthritis</td>
<td>120 cases (Geng et al. 2006)</td>
</tr>
<tr>
<td>Gua sha, herbs and local injection</td>
<td>Shoulder periarthritis</td>
<td>176 cases (Hou et al. 2005)</td>
</tr>
<tr>
<td>Gua sha, acupuncture, moxa, cupping, massage and TENS</td>
<td>Shoulder periarthritis</td>
<td>120 cases (Cheng 2004)</td>
</tr>
<tr>
<td>Gua sha, ear pressure, diet and exercise</td>
<td>Obesity</td>
<td>67 cases (Li et al. 2001)</td>
</tr>
<tr>
<td>Gua sha as part of comprehensive therapy</td>
<td>Acne</td>
<td>44 cases (Li et al. 2007)</td>
</tr>
<tr>
<td></td>
<td>Cervical spondylosis</td>
<td>130 cases (Yang 2003)</td>
</tr>
<tr>
<td></td>
<td>Frozen shoulder</td>
<td>89 cases (Nie and Peng 2000)</td>
</tr>
<tr>
<td></td>
<td>Shoulder–neck pain</td>
<td>410 cases (Zhang 1998a)</td>
</tr>
<tr>
<td></td>
<td>Food addiction</td>
<td>33 cases (Yang 2003)</td>
</tr>
<tr>
<td></td>
<td>Obesity</td>
<td>56 cases (Xin et al. 2003)</td>
</tr>
<tr>
<td></td>
<td>Radiohumeral epicondylitis</td>
<td>148 cases (Ma 2010)</td>
</tr>
<tr>
<td></td>
<td>Acute viral hepatitis</td>
<td>45 cases (Chi et al. 2006)</td>
</tr>
<tr>
<td>Gua sha as part of integrative medicine</td>
<td>Heatstroke</td>
<td>62 cases (Yan et al. 2008)</td>
</tr>
<tr>
<td></td>
<td>Fibrositis</td>
<td>26 cases (Gu and Li 2003)</td>
</tr>
</tbody>
</table>
Table 2.8  Gua sha case studies of $n = 1$ (12 articles: 9 Chinese, 2 English, 1 German)

<table>
<thead>
<tr>
<th>Therapy or combination</th>
<th>Condition</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gua sha</td>
<td>Chronic active hepatitis B</td>
<td>Chan et al. 2011</td>
</tr>
<tr>
<td>Gua sha</td>
<td>Breast engorgement/mastitis</td>
<td>Chiu et al. 2008</td>
</tr>
<tr>
<td>Gua sha</td>
<td>Postherpetic neuralgia, buttock</td>
<td>Nielsen 2005</td>
</tr>
<tr>
<td>Gua sha</td>
<td>Migraine</td>
<td>Schwickert et al. 2007</td>
</tr>
<tr>
<td>Gua sha</td>
<td>Misdiagnosed as syphilis</td>
<td>Wang et al. 2003</td>
</tr>
<tr>
<td>Gua sha and cupping</td>
<td>Health approach for youth rehabilitation</td>
<td>Wei 2002</td>
</tr>
<tr>
<td>Gua sha, bloodletting and herbs</td>
<td>Hypertension and cerebral arteriosclerosis</td>
<td>Fang 2002</td>
</tr>
<tr>
<td>Gua sha and foot reflexology</td>
<td>Shoulder periarthritis</td>
<td>Xue and Chen 2001</td>
</tr>
<tr>
<td>Gua sha with fitness exercise</td>
<td>Weakness from congenital heart disease</td>
<td>Zhang 2005</td>
</tr>
<tr>
<td>Gua sha with foot acupuncture</td>
<td>Pelvic inflammatory disease</td>
<td>Zhang and Wang 2010</td>
</tr>
<tr>
<td>Integrative treatment</td>
<td>Guillain–Barré with respiratory paralysis</td>
<td>Zuo 2005</td>
</tr>
</tbody>
</table>

Table 2.9  Gua sha in clinical trials: comparative, controlled, and/or randomized controlled (55 articles: 53 Chinese, 2 English)

<table>
<thead>
<tr>
<th>Intervention/controls</th>
<th>n (total/intervention/control)</th>
<th>Condition</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gua sha + acupuncture vs. medication orlistat</td>
<td>208/108/100</td>
<td>Obesity</td>
<td>(Acupuncture with Gua sha) 2006</td>
</tr>
<tr>
<td>Gua sha vs. usual care</td>
<td>200/100/100</td>
<td>Insomnia with COPD patients</td>
<td>Chen et al. 2008</td>
</tr>
<tr>
<td>Gua sha vs. electro-acupuncture (EA) vs. Gua sha + EA</td>
<td>90/30/30/30</td>
<td>Lobular hyperplasia of breast</td>
<td>Chen 2008</td>
</tr>
<tr>
<td>Gua sha + massage vs. massage alone</td>
<td>48/24/24</td>
<td>Shoulder periarthritis</td>
<td>Ji and Wang 2010</td>
</tr>
<tr>
<td>Gua sha + cupping vs. acupuncture + herbs</td>
<td>80/40/40</td>
<td>Stroke sequelae</td>
<td>Li 2008</td>
</tr>
<tr>
<td>Gua sha + psychotherapy vs. oral estazolam</td>
<td>60/30/30</td>
<td>Insomnia</td>
<td>Li 2007</td>
</tr>
<tr>
<td>Gua sha + interferon vs. interferon alone</td>
<td>71/33/38</td>
<td>Chronic hepatitis B</td>
<td>Li and Huang 2003</td>
</tr>
<tr>
<td>Gua sha + Dang gui formula vs. Gua sha vs. Dang gui</td>
<td>56/28/14/14</td>
<td>Dysmenorrhea</td>
<td>Li et al. 2006</td>
</tr>
<tr>
<td>Gua sha + acupuncture vinegar iontophoresis vs. frequency current therapy</td>
<td>180/90/90</td>
<td>Cervical spondylosis (nerve root type)</td>
<td>Li et al. 2008</td>
</tr>
<tr>
<td>Gua sha + cupping vs. ?</td>
<td>65/39/26</td>
<td>Cervical spondylosis</td>
<td>Liao et al. 2004</td>
</tr>
<tr>
<td>Gua sha + moxibustion vs. frequency iontophoresis</td>
<td>60/30/30</td>
<td>Cervical spondylosis</td>
<td>Lin 2009</td>
</tr>
<tr>
<td>Gua sha + herbs Zhi Sou San vs. amoxicillin plus licorice tablets</td>
<td>76/42/34</td>
<td>Cough/upper respiratory infection</td>
<td>Liu and He 2008</td>
</tr>
<tr>
<td>Gua sha + point injection (HCL DL anisodamine) vs. drug therapy</td>
<td>83/43/40</td>
<td>Cervical vertigo</td>
<td>Liu et al 2010</td>
</tr>
<tr>
<td>Gua sha + seton* vs. oral tagamet</td>
<td>100/50/50</td>
<td>Peptic ulcer</td>
<td>Liu et al. 2007; same results but half relapse rate</td>
</tr>
<tr>
<td>Gua sha + herbs vs. herbs alone (Qingrejiedu Sanjie)</td>
<td>172/86/86</td>
<td>Acute mastitis</td>
<td>Luo and Liu 2007; combination better</td>
</tr>
</tbody>
</table>

*Seton is an early Western medicine and early Chinese medicine technique of embedding a kind of thread under the skin and allowing it to produce a response. Also known as catgut embedding.
<table>
<thead>
<tr>
<th>Intervention/controls</th>
<th>n (total/intervention/control)</th>
<th>Condition</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gua sha + herbs vs. herbs alone (Qingrejiedu Sanjie)</td>
<td>172/86/86</td>
<td>Acute mastitis</td>
<td>Luo and Liu 2008; combination better</td>
</tr>
<tr>
<td>Gua sha + point injection vs. point injection</td>
<td>166/83/83</td>
<td>Cervical spondylosis</td>
<td>Ma et al. 2003</td>
</tr>
<tr>
<td>Gua sha + acupuncture vs. oral pills</td>
<td>120/60/60</td>
<td>Pediatric stagnant heat: indigestion syndrome</td>
<td>Mi 2010</td>
</tr>
<tr>
<td>Gua sha + acupuncture + diet &amp; health education vs. education alone</td>
<td>70/35/35</td>
<td>Obesity: phlegm damp type</td>
<td>Peng et al. 2009</td>
</tr>
<tr>
<td>Gua sha + cupping vs. ibuprofen or other pain medicine</td>
<td>156/72/84</td>
<td>Primary dysmenorrhea</td>
<td>Qiao et al. 2007</td>
</tr>
<tr>
<td>Gua sha + EA + cupping vs. EA + infrared Tx</td>
<td>70/35/35</td>
<td>Cervical spondylosis neck pain</td>
<td>Sha 2007a</td>
</tr>
<tr>
<td>Gua sha + EA + cupping vs. EA + infrared Tx</td>
<td>70/35/35</td>
<td>Cervical spondylosis neck pain</td>
<td>Sha 2007b (same study different journal)</td>
</tr>
<tr>
<td>Gua sha vs. oral medication</td>
<td>304/176/128</td>
<td>Mastitis</td>
<td>Shang and Zhang 2009</td>
</tr>
<tr>
<td>Gua sha, herbs + point injection vs. pain pills Voltaren + warming</td>
<td>106/60/46</td>
<td>Shoulder myofascitis</td>
<td>Shi, Bai and Xiong 2000</td>
</tr>
<tr>
<td>Gua sha + liquid vs. liquid alone</td>
<td>150/79/71</td>
<td>Recurrent respiratory infection, pediatric</td>
<td>Sun and Wang 2010</td>
</tr>
<tr>
<td>Gua sha, acupuncture with moxa vs. acupuncture alone</td>
<td>100/50/50</td>
<td>Back fasciitis</td>
<td>Wang 2006</td>
</tr>
<tr>
<td>Gua sha + bloodletting with cupping vs. acupuncture</td>
<td>123/82/41</td>
<td>Acute mastitis</td>
<td>Wang and Li 2006</td>
</tr>
<tr>
<td>Gua sha + massage vs. herb brain Ning pills</td>
<td>90/45/45</td>
<td>Headache</td>
<td>Wang and Wei 2009</td>
</tr>
<tr>
<td>Gua sha vs. control</td>
<td>88/48/40</td>
<td>Ascites from liver cirrhosis</td>
<td>Wang 2000</td>
</tr>
<tr>
<td>Gua sha vs. control</td>
<td>98/50/48</td>
<td>Chronic hepatitis B</td>
<td>Wang 2007</td>
</tr>
<tr>
<td>Gua sha + acupuncture vs. usual care conventional medicine</td>
<td>72/42/30</td>
<td>Facial paralysis</td>
<td>Wang 2009a</td>
</tr>
<tr>
<td>Gua sha, acupuncture + traction vs. intravenous TMP Tx</td>
<td>86/46/40</td>
<td>Cervical spondylosis pain and cerebral blood flow/cervical vertebral artery</td>
<td>Wang 2009b</td>
</tr>
<tr>
<td>Gua sha, acupuncture + moxa vs. acupuncture + moxa</td>
<td>104/?</td>
<td>Scapulohumeral periarthritis</td>
<td>Wang and Li 2004</td>
</tr>
<tr>
<td>Gua sha vs. acupuncture</td>
<td>240/160/80</td>
<td>Lumbar disc herniation</td>
<td>Wang et al. 2004</td>
</tr>
<tr>
<td>Gua sha + cupping vs. blood circulating ‘drugs’</td>
<td>120/60/60</td>
<td>Low back pain</td>
<td>Wei 2008</td>
</tr>
<tr>
<td>Gua sha + qi gong vs. acupuncture</td>
<td>216/160/56</td>
<td>Simple obesity</td>
<td>Wei et al. 2003</td>
</tr>
<tr>
<td>Gua sha + Zhuang medicine vs. oral pill group vs. all three</td>
<td>250/?</td>
<td>Chronic colitis</td>
<td>Ya 2009a</td>
</tr>
<tr>
<td>Gua sha + Zhuang medicine vs. oral pill group vs. all three</td>
<td>231/?</td>
<td>chronic colitis</td>
<td>Ya 2009b</td>
</tr>
<tr>
<td>Gua sha vs. conventional symptomatic Tx</td>
<td>89/45/44</td>
<td>’Autumn diarrhea’, hospitalized pediatric patients</td>
<td>Yao and Guo 2009</td>
</tr>
</tbody>
</table>

Continued
### Table 2.9 Gua sha in clinical trials: comparative, controlled, and/or randomized controlled (55 articles: 53 Chinese, 2 English)—cont’d

<table>
<thead>
<tr>
<th>Intervention/controls</th>
<th>n (total/intervention/control)</th>
<th>Condition</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gua sha vs. Western medicine</td>
<td>??/20/control?</td>
<td>Rheumatoid arthritis</td>
<td>Yu 2005</td>
</tr>
<tr>
<td>Gua sha + acupuncture vs. acupuncture alone</td>
<td>96/48/48</td>
<td>Cervical spondylosis</td>
<td>Zhang 2007</td>
</tr>
<tr>
<td>Gua sha vs. usual care</td>
<td>128/64/64</td>
<td>Sleep disorders in diabetic patients</td>
<td>Zhang 2006</td>
</tr>
<tr>
<td>Gua sha + plum blossom vs. control</td>
<td>99/45/44</td>
<td>Neurodermatitis</td>
<td>Zhang and Wang 2006</td>
</tr>
<tr>
<td>Gua sha vs. plaster vs. herbal medicine</td>
<td>80/40/40</td>
<td>Cervical spondylosis</td>
<td>Zhang and Yang 2008</td>
</tr>
<tr>
<td>Gua sha, cupping + analgesic cream vs. gua sha cupping + vaseline</td>
<td>356/180/176</td>
<td>Cold Bi syndrome arthralgia</td>
<td>Zhang et al. 2009</td>
</tr>
<tr>
<td>Gua sha + acupuncture vs. acupuncture</td>
<td>85/45/40</td>
<td>Intractable hiccup</td>
<td>Zhong 2006</td>
</tr>
<tr>
<td>Gua sha + Tunbi ointment vs. medicine</td>
<td>894/447/447</td>
<td>Lumbar disc herniation</td>
<td>Zhou 2008</td>
</tr>
<tr>
<td>Gua sha vs. control</td>
<td>136/68/68</td>
<td>Prevention and treatment of pediatric influenza</td>
<td>Zhou and Xu 2001</td>
</tr>
<tr>
<td>Gua sha vs. cupping vs. EA</td>
<td>127/?/?</td>
<td>Head cold</td>
<td>Zhu et al. 2010</td>
</tr>
<tr>
<td>Gua sha + B12 vs. oral B12</td>
<td>48/24/24</td>
<td>Postherpetic neuralgia</td>
<td>Zou 2009</td>
</tr>
<tr>
<td>Gua sha vs. drug control</td>
<td>72</td>
<td>Internal injuries, pain</td>
<td>Liu et al. 2002</td>
</tr>
<tr>
<td>Gua sha vs. control usual care</td>
<td>44/24/20</td>
<td>Intestinal obstruction after stomach cancer surgery</td>
<td>Xie 2000</td>
</tr>
<tr>
<td>Gua sha + pak sha + cupping vs. cupping alone</td>
<td>49</td>
<td>Insomnia</td>
<td>Yang et al. 2006</td>
</tr>
<tr>
<td>Gua sha vs. hot packs and massage usual care</td>
<td>81/54/27</td>
<td>Breast engorgement</td>
<td>Chiu et al. 2010 (English)</td>
</tr>
<tr>
<td>Gua sha vs. thermal</td>
<td>48/24/24</td>
<td>Neck pain</td>
<td>Braun et al. 2011 (English)</td>
</tr>
</tbody>
</table>

### Table 2.10 Gua sha reviews

<table>
<thead>
<tr>
<th>Type of review</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research review</td>
<td>Liang and Yuan 2009; Luo 2008; Wang et al. 2006</td>
</tr>
<tr>
<td>Literature review</td>
<td>Wang and Yang 2009</td>
</tr>
<tr>
<td>Systematic review for pain</td>
<td>Lee et al. 2010 (English)</td>
</tr>
</tbody>
</table>

### References for Table 2.1: terms and complications (see Chapter 2)


References for Table 2.3: Gua sha alone: descriptive clinical recommendations for specific conditions (121)


2008. Guasha is not the more pain the more effective. Jiankang Bidu 6, 29.
2010. Head and upper back trilogy, the family Guasha treatment of a cold. Zhonghua Yangsheng Baojian 1, 5.
Huang, D., 2010. Guasha foot self-care a good way. Medpharm & Health 1, 64.
Ke, A., 2007. Traditional Chinese medicine Guasha therapy effective in improving sub-health. Medical and Health Care Instruments 1, 70.

Phtomegroup
References for Table 2.4: Gua sha combined with other modalities: descriptive clinical recommendations for specific conditions (62)


Pan, L., Li, Y., Ma, Y., et al., 2006. An integrated approach to the sub-health status of college students. Health Vocational Education 24 (23), 68.


References for Table 2.6: Case series: Gua sha paired with another modality for specific conditions (106)


Han, W., Yang, M., 2006. Selection treatment identified all the way through 56 cases of stiff neck. Shanghai Journal of Acupuncture and Moxibustion 25 (11), 27.


Qi, C., Li, Z., 2001. Variable traction and ‘Gua sha’ scrape the treatment of cervical vertigo...
Tabled articles and studies with full citations: Gua sha literature review

summary of 60 Cases. Gansu Journal of

Wang, Z., 2009. Segmental manipulation with
gua sha treatment for 53 cases of cervical
spondylotic radiculopathy. Jiangxi J Trad

Qu, B., 2001. 35 Treatment of Ankylosing
spondylitis with Guasha and cupping
therapy. New Journal of Traditional Chinese
Medicine 33 (10), 49.

treatment combined with Gua sha in 86
cases of levator scapulae injury. Shaanxi
Journal of Traditional Chinese Medicine 28
(10).

Shi, L., Li, J., 2002. Gua sha and cupping
the back for prevention and treatment of 100
cases of recurrent respiratory tract infection
in children. Fujian Journal of Traditional
Medicine 33 (2), 48.

Sun, R., Wang, Q., 1999. Clinical study of 120
cases of treatment of straightening of
cervical curve with Guasha combined with
massage. Chinese Manipulation & Qigong
Therapy 15 (3), 34–35.

Sun, S., 2003. Gua sha ear pressure treatment
of 30 cases of ADHD children (30 cases of
treatment of hyperkinetic child syndrome with
Guasha combined with ear-acupoint
pressing. Chinese Acupuncture & Moxibustion
23 (2), 120.

Sun, X., 2002. Clinical observation of
bupiverum powder point scraping treatment
in 80 cases of refractory insomnia. Chinese
Journal of Clinical Rehabilitation 6 (11),
1671.

cases of treatment of lumbar disc herniation
with Guasha combined with rotary
manipulation. Journal of Practical Traditional

observation of massage and gua sha
treatment on sleep quality in chronic
insomnia. Guangxi Medical Journal 7,
795–797.

Tu, Q., 2000. Primary Trigeminal Neuralgia
treated by acupuncture and scrape therapy.
Report of 20 cases. Journal of Clinical
Acupuncture and Moxibustion 16 (7),
40–42.

2005. Twenty-six Patients with Gastrointestinal
Dysfunction Treated by Gua sha scraping
and Cupping. China’s Naturopathy 13 (10),
40.

Wang, C., Qi, W., 2001. 60 Cases of treatment of
influenza with Guasha and baguan. Journal of Changchun College of Traditional
Chinese Medicine 17 (4), 30.

Wang, F., 2009. Baguan and Gua sha in 80 cases of
neurodermatitis. Hefei Traditional
Chinese Journal of Medicine and 4, 581.

Wang, H., Guan, S., 2009. Gua sha and
massage in the treatment of headache, 45
cases. Hunan Journal for Traditional Chinese
Medicine 4, 52–53.

Wang, H., 2002. Clinical Observation of
Acupuncture and ‘Gua sha’ treatment on 24
Patients with Cerebral Palsy. Chinese Journal of
Basic Medicine in Traditional Chinese
Medicine (TCM based on the Chinese
Medical Journal) 8 (8), 58–59.

treatment of 86 cases of greater occipital
neuralgia. Jilin Journal of Traditional Chinese

Wang, L., 2004. Gua sha and acupuncture
treatment of 68 cases of fasciitis of the back.
Jilin Journal of Traditional Chinese Medicine
24 (5), 46–47.

method combined with interferon in 46
cases of chronic hepatitis B. Chinese Journal of
Ethnomedicine and Ethnopharmacy 12, 189.

Wang, M., 2001. ‘Gua sha’ scraping treatment with
acupuncture and 43 cases of cervical
vertigo. Journal of Anhui Traditional Chinese
Medical College 20 (5), 37–38.

Wang, R. Li, Wu, J., 2005. Vertigo treated by
Gua sha with dai horns and modified
Xiaoyaoasen: 52 cases. Yunnan Journal of
Traditional Chinese Medicine and Materia
Medica 26 (6), 42–43.

Wang, X., Wang, Y., 2008. Twenty-six cases of
chloasma treated by foot reflexotherapy
combined with face gua sha. Journal of
External Therapy of Traditional Chinese
Medicine 4, 42–43.

Wang, X., 2005b. Warm needle treatment with
Gua sha in 48 cases of knee osteoarthritis.
Journal of North China Coal Medical
College 7 (2), 199.

Wang, Z., Ge, L., 2009. Sixty cases of cervical
spondylitis treated by acupuncture
combined with gua sha (scraping). Chinese
Journal of Convalescent Medicine. 10,
930–931.

Wang, Z., Tang, C., 2001. Treatment of
common cold with massage combined with
Guasha. Chinese Manipulation & Qigong
Therapy 17 (3), 24–25.

Wei, D., Pi, L., 2003. Auricular therapy with
Gua sha for chloasma (50 cases). Henan
Journal of Traditional Chinese Medicine and
Pharmacy 23 (2), 53–54.

of the ankle joint with electroacupuncture
and Gua sha: a report of 52 cases. Jiangxi J

Xiaoyaosan: 52 cases. Yunnan Journal of

Yang, X., Guo, Y., Li, Y., 2005. Traditional
treatment methods 36 cases of periarthritis
of shoulder. Practical Preventive Medicine
12 (2), 426.

Yang, X., Zhang K., 2006. Fifty-six Patients
with Acute and Chronic Gastroenteritis
Treated by Scraping Combined with
Cupping. China’s Naturopathy 14 (8), 56.

Yang, X., 2004a. Gua sha and cupping
treatment of 68 cases of cervical disease.
China’s Naturopathy 12 (11), 35.

Yang, X., 2004b. Twenty-eight Patients with
Third Vertebrae Transverse Process
Syndrome Treated by Gua sha Scraping and
Cupping. China’s Naturopathy 12 (10), 34.

Yin, T., Bai, Q., 2008. Ear electroacupuncture
with Gua sha for 107 cases of simple
obesity. Liaoning University Journal of
Traditional Chinese Medicine 5, 123–124.

Yuan, J., Huang, W., 2000. Clinical study of
108 cases of treatment of L3 transverse
process syndrome with massage therapy and
Guasha. Chinese Manipulation & Qigong
Therapy 16 (6), 31.

Zhang, J., Wang, Z., 2006. Gua sha treatment of
150 cases of chronic prostatitis. Medical
Journal of Chinese People’s Health 18 (10),
792.

Zhang, M., Chen, Y., Jing, Z., 2010. Treatment of
65 cases of chloasma with Gua sha skin


References for Table 2.7: Case series: Guasha combined with two or more other modalities for specific conditions (38)


Cheng, L., 2008. Observation of the curative effect of combined therapy mainly with Shenfengjing on lumbar intervertebral disc protrusion (lumbar disc herniation) clinical observation. Modern J Integrated Traditional Chinese and Western Medicine 17 (4).


Liu, W., 2008. Guasha, bloodletting and cupping of 120 cases of facial chloasma. Chinese Medicine Modern Distance Education of China 6 (4).


References for Table 2.8: Gua sha n = 1 case studies (12 articles: 9 Chinese, 2 English, 1 German)


References for Table 2.9: Gua sha in comparative, controlled, and/or randomized controlled trials (55: 53 Chinese, 2 English)


Li, A., 2008. Gua sha and cupping treatment compared to acupuncture and Chinese herbs for 80 cases stroke sequela (40 per group). Shaanxi Journal of Traditional Chinese Medicine 9, 1222.

References for Table 2.10: Gua sha reviews (5: 4 Chinese, 1 English)


**Glossary of terms**

**Ah Shi** refers to points that are painful on palpation and may or may not represent ‘trigger points’.

**Anatripsis** – from early Western medicine: to rub back again.

**Apotherapy** a term derived from Greek to describe hands-on techniques that are applied to the body to affect the outcome of a disorder.

**Bloodletting** a counteractive and antiphlogistic technique where the skin is pierced at specific body sites to intentionally allow blood to come out. Some bloodletting techniques extravasate blood from the vascular without letting it come out of the skin, such as Gua sha and cupping. There are many micro bloodletting techniques that should not be confused with venesection, letting blood from a vein.

**Bu tong ze: tong; tong ze: bu tong** means if there is no free flow (of Qi), there is pain; if there is free flow, there is ‘bu tong’, no pain.

**Cao Gio** is the Vietnamese practice of press-stroking the skin with a coin or other smooth edged instrument to alleviate various common symptoms of illness. The technique is identical to Gua sha.

**Cautery** is a counteractive technique involving burning small spots or areas of the skin.

**Chasing the Dragon’s Tail** is a treatment approach that follows and treats the area of most pain. When that area is relieved the next is found and treated, and so on until the pain is completely resolved.

**Classical Chinese medicine** refers to various traditional East Asian medical practices based in the scholarly archive of classical medical texts as well as in oral and domestic practice and transmission. Classical practice was common before the articulation of TCM that emphasized internal organ patterns of disharmony. The oeuvre and practice of Dr James Tin Yau So was based in classical Chinese medicine.

**Cou Li** refers to ‘pores’ in much of the Su Wen. The Cou Li is between the skin and muscles. It serves as an entrance and outlet for the flow of Qi and Blood, as one of the routes for the excretion of Body Fluid and as a barrier against or transmitter of exogenous evils. It has been compared to the subcutaneous fascia.

**Coup tent** is an adjunct therapy using steam to treat congestion or inflammation of the nasal passages, sinuses, chest and lungs.

**De qi** is the sensation of Ying Qi arriving at the acupuncture point as it is being needled. De qi can feel like soreness, heaviness, an ache or sharp twitch.

**Derivation** is a bloodletting technique involving diversion of blood from an affected part to a nearby one. Local bloodletting as well as cupping were considered derivative.

**Diapedesis** vasodilation and extravasation of blood cells into the tissue from the surface capillaries without necessarily damaging the capillaries.

**Disperse** – to scatter obstructed Qi, Blood, fluid or Phlegm.

**Ebers Papyrus** is the oldest, most complete and unspoiled book in existence. It documents that Egyptian medical and surgical knowledge was as advanced at the time of its writing as it was 1500 years later during the time of Galen.

**Ecchymosis** represents the passage of blood into subcutaneous tissue, marked by red or purple discoloration of the skin. Sha petechiae readily become ecchymosis, or ecchymotic patches.

**Exterior** refers to the outermost tissue of the body including the Tai Yang area and the Biao or skin.

**Extravasation** refers to blood cells moved outside their vessels.

**Frictio** – Latin from fricare, to rub.

**Galen** (AD 129–200) was one of the most famous physicians in Rome during the reign of Marcus Aurelius who established direct trade with China. Galen followed Greek methods of medicine known as Hippocratic.

**Gao Huang** refers to the greasy membrane or Li, the lining between the Heart and diaphragm, and to acupoint BL 43 (classical BL 38). **Ga sal** is Cambodian for Gua sha.

**Gua sha** is a traditional East Asian medicine healing technique that applies instrument-assisted unidirectional ‘press-stroking’ of a lubricated area of body surface to intentionally create transitory therapeutic Pthomegroup
petechiae representing extravasation of blood in the subcutis.

Han texts are medical texts written in 220–200 BC, sealed in a tomb in 165 BC and uncovered in 1975.

Heme oxygenase-1 (HO-1) is the rate-limiting enzyme of ferroheme metabolic pathway, which catalyzes the transformation of ferroheme into biliverdin, carbon monoxide (CO) and free iron. HO-1 and its catalyses (biliverdin, bilirubin and CO) exhibit not only anti-oxidative but also anti-inflammatory effects. HO-1 regulates cell cycle and anti-smooth muscle hyperplasia providing protection in many disease models, such as asthma, hepatitis, organ transplant rejection, inflammatory bowel disease and experimental autoimmune encephalomyelitis, even though the immune pathological mechanisms of these diseases are dissimilar.

Hsieh is the term used to describe pathogenic aspects of illness or disease associated with factors with agency to, for example, penetrate from the Exterior and progress to the Interior. Gua sha is one technique that liberates the Exterior aspect of hsieh syndrome.

Iatralyptes from Latin means a physician who heals by anointing with oil.

Iatramea from Latin meaning a female physician who heals by anointing with oil.

Issue was a seton made with bulkier material such as metal.

Jin Ye are the Body Fluids, a kind of nourishing substance produced by the joint functions of the Stomach, Spleen, Lungs and San Jiao. Body Fluid is a constituent of Blood when in the blood vessels. When it is outside the blood vessels, it stays in the slit of the body Organs. Jin fluids are lighter and clearer; Ye fluids are heavier and thicker.

Jing (Ching) vessels are deep and not visible. They are the main channels associated with the Internal Organs (Ling Shu).

Jue Yin associates the Liver and Pericardium and is characterized by Hot and Cold symptoms complexes and delirium, reflecting illness of a serious nature.

Kerik or kerok is Indonesian for Gua sha

Khoud lam is Laotian for Gua sha

Ling Shu is the part of the Nei Ching, known as the Spiritual Axis or Divine Pivot, and is thought to have been written much later than the bulk of the Su Wen.

Lo Luo vessels are channels at the surface, visible just beneath the surface of the skin (Ling Shu). Lo vessels connect the Jing vessels to one another.

Ming Men Gate of Life, is considered the origin of the Yang aspect in the human body.

Mo Yuan refers to the membrane found between the viscera and the wall of the trunk, connected to the muscles externally and close to the Stomach internally. It is the gateway to the San Jiao or Triple Burner and, in fact, is at the half-Exterior, half-Interior level of the body. It is another term for mesentery, greater omentum, peritoneum or, broadly, the fascia of the abdominal cavity.

Moxibustion is a form of cautery using moxa, processed Artemisia vulgaris, at points on the skin. Direct moxa burns the herb directly on the skin, aggressively moving Qi and dispersing cold; indirect moxa burns the herb close to the skin that moves Qi and warms.

Mu points also know as alarm or front collecting points, are on the Yin or ventral aspect of the body. Each Organ’s ability to be influenced is concentrated in a bilateral Mu point. The point can become tender or alarmed when the Organ is imbalanced.

Neti wash is a daily hygienic practice that uses water and salt mixed in a Neti pot and allowed to wash through the nasal passages and into the back of the throat. Neti washes are used to treat and prevent cold, flu, headaches, rhinitis and sinusitis.

Pain is defined as obstruction in the movement of Qi and or Blood.

Path of Qi refers to the horizontal emanation of Qi within the Jiao whereby Mu points on the front, Shu points on the back and stimulation at the surface affect underlying muscles and Organs.

Pathogenic factors (Hsieh) are factors able to penetrate the body causing imbalance and illness. When elements of Wind, Cold, Heat, Damp and Dryness are in excess of the body’s ability to regulate, there occurs penetration, obstruction and Excess. They are also known as exogenous factors not only because they can enter from outside the body but because entry is indicated by symptoms at the body Exterior.

Petechiae are small crimson, purple, red or livid and sometimes slightly raised spots on the skin due to extravasation of blood. Sha rash appears as transitory therapeutic petechiae.

Piezoelectric effect is electricity produced by pressure on crystals. One theory hypothesizes that the fibers found in connective tissue ground substance produce piezoelectricity that is conducted within the connective tissue system.

Pneuma is the Galenic term for air as it applies to body function; it resembles the Chinese Qi.

Qi – literally air. Regarding the body Qi is substance and function. Qi is not limited to a notion of ‘energy’.

Release the Exterior refers to liberating the pathogenic factor that is obstructing the surface and includes techniques like sweating and Gua sha.

Revulsion is a bloodletting technique diverting blood from an affected part to a distant one.

Rice congee is used for patients with serious illness or digestive disorder. One cup of rice is cooked with eight cups of water. The gruel is given as a warm drink. Congee can be cooked with herbs, vegetable, meat or fish.

San Jiao is the organ in Chinese medicine that regulates Fire and Water, transformation and circulation of life humors in the three burning spaces, the Upper, Middle and Lower Jiao. Also known as the Triple Burner or Triple Heater, it is said to surround and protect the Kidneys in the way that the Pericardium or Heart Protector surrounds and protects the Heart. The San Jiao is the organ associated with the Li or lining, the fascia and connective tissue.

Sedate – to calm.

Seton was the threading of strands of silk, twine or hair through the skin, leaving it in place indefinitely. The effect was to counteract an internal disease or inflammation by creating an external running sore.

Shao Yang is the lateral aspect of the body, traversed by the Gall Bladder and San Jiao channels. Shao Yang is said to be the hinge between the outside and inside of the body and corresponds to aspects of connective tissue. Pathogenesis at the Shao Yang is characterized by chills alternating with fever, body aches and mild sweating that does not result in resolution.

Shao Yin involves the Heart and Kidney Organs and channels characterized by extreme aversion to cold, lack of fever and desire to sleep, it is considered extreme Deficiency of Yang.

Shi indicates an Excess condition.

Shu points also known as associated or back transporting points, are on the Yang or dorsal aspect of the body. They are said to transport Qi to the inner Organs.

Six body areas and six stages dates to the Shang Han Lun, AD 220. Illness caused by external pathogenic factors progressively penetrates areas of the body. The presence of factors in an area is characterized by a particular symptom complex. The six areas are the Tai Yang, Shao Yang, Yang Ming, Tai Yin, Shao Yin and Jue Yin.

Su Wen is the part of the Nei Ching, known as the Plain Questions. It is the
**Tai Yang** is the outermost aspect of the body including the area traversed by the Small Intestine and Bladder channels. Pathogenesis at the Tai Yang is characterized by chills, low or no fever, no sweat or change in the Tongue coat.

**Tai Yin** aspect of the body is the area traversed by and associated with the Lungs and the Spleen. Pathogenesis at the Tai Yin resembles the pattern of Deficient Spleen Yang with digestive problems: vomit, diarrhea or loose stool, abdominal distension.

**TCM** refers to traditional Chinese medicine, the official traditional medicine of China as promulgated by the postrevolutionary government, the People’s Republic of China (PRC) that was articulated in the 1980s to emphasize diagnostic ‘organ patterns of disharmony’.

**TEAM** refers to traditional East Asian medicine.

**Tonify** – to strengthen.

**Tripsis** – an Early Western medicine term, to move along the surface of a body with pressure, friction or stress, to aggravate.

**Venesection** is to cut a vein for the purpose of letting blood, an early Western medicine form of bloodletting that was excessive and eventually abandoned.

**Wei Qi** is the body’s protective aspect. The Wei is greasy, slippery, cannot enter the channels or vessels, but resides in between the skin and the muscles, at the Couli. This is the superficial fascia in Western anatomy. Wei assumes form as body fat, the adipose tissue of the superficial fascia. Functionally, Wei Qi warms the muscles, fills up the skin, opens and closes the pores (Cou Li) to protect the body from penetration of Cold and Wind. Wei Qi is an aspect of body resistance, circulating within the Couli, controlled by the San Jiao.

**Xian biao hou li** – ‘first treat the Exterior, then the Interior’.

**Xu** indicates a Deficiency condition.

**Yang Ming** is the Interior aspect of the body, traversed by the Stomach and Large Intestine channels. Pathogenesis at the Yang Ming is characterized by the Four Bigs: big fever, thirst, sweat and pulse.

**Yang** – sunny side of the river, active, functional aspect.

**Yin** – shaded side of the river, quiescent, containing aspect.

**Ying Qi** is the nourishing Qi. Ying flows in the blood vessels and channels, suffuses the entire body through the vascular system and the meridian system. Ying and Blood are often synonymous; though the Blood carries Ying, Ying is not contained only in Blood. Ying Qi is the Qi activated when a needle is inserted in an acupuncture point.

**Yuan Qi** means original, primordial source Qi. It is our life force endowed by heaven, manifest through our parents, accumulated in the Kidneys and circulated by the San Jiao.
Plate 1 • Pressing palpation. The provider palpates the surface to discover not only painful or tight areas but to examine the color and response of the flesh.

Plate 2 • Blanching from pressing palpation that is slow to fade indicates sha stasis in the surface tissue.

Plate 3 • Sha has been raised on the patient palpated in Plates 1 and 2. Most sha is a variation of red, with other colors signaling aspects of stasis.

Plate 4 • Sha for a person of color appears as petechiae that redden the skin.

Plate 5 • Two-day-old sha shows the effect of sha fading; the yellow tinge to the hyperpigmentation is indicative of bilirubin and biliverdin in the tissue.
Plate 6 • Pale sparse sha: may associate with blood deficiency (or may be from incomplete expression of sha by poor technique).

Plate 7 • Blue sha may relate to cold, Liver Qi constraint or Heart problems retarding the circulation of blood. Dark round-shaped area at bottom right is from over-cupping done by a student a few days prior to Gua sha.

Plate 8 • Gua sha to entire back. (For a case of chillphobia, knee pain and swelling associated with deficient Yang see Chapter 9)

Plate 9 • Dark red sha, purple or black sha reflects more intense stasis or Heat within longer-standing blood stasis.
Plate 10 • Brown sha appearing here at the neck area may be associated with Yin deficiency. Gua sha was applied to the neck and shoulder for treatment of pain and constriction from whiplash. This subject also had hyperglycemia but refused diabetic medication.

Plate 11 • Gua sha to neck and shoulder for tension pain: Xu Deficiency condition. (For case see Chapter 9).

Plate 12 • Gua sha to lateral back and ribs. (For case of deltoid-pectoralis pain see Chapter 9)

Plate 13 • Gua sha to chest and arm. (For case of deltoidpectoralis pain see Chapter 9)
Plate 14 • Gua sha to upper back, shoulder, upper arm and forearm for fibromyalgia.

Plate 15 • Gua sha to the arm for tennis elbow. Gua sha was first applied to the upper back, shoulder and neck. (For case of tennis elbow see Chapter 9)

Plate 16 • Gua sha to back, upper back and ribs. (For case of fibrocystic breast normal see Chapter 9)

Plate 17 • Gua sha to lower back and buttock in the treatment of a knee problem. (For case of knee Bi syndrome (arthritis) see Chapter 9)

Plate 18 • Gua sha to buttocks and leg for the treatment of sciatica.
Plate 19 • Subject 1 was experiencing fatigue and early onset upper respiratory symptoms. The “before Tongue” shows redness concentrated at the front and sides of the Tongue.

Plate 20 • Immediately after Gua sha the Tongue is less red with residual Heat at the front end corresponding to sinus inflammation. Tongue coat is slightly increased. Notice after Gua sha the face is also paler with some appearance of Heat still at nasi anni. With Gua sha clearing Heat, the underlying Blood deficiency is more apparent.

Plate 21 • Note the sha is bright red and similar to the color of the redness of the ‘before Tongue’ (Plate 19). This Gua sha was performed in a student seminar: even with a beginner’s technique where some areas were missed, Gua sha had a significant effect on the Tongue.
Plate 22 • Gua sha vents Heat. Subject 2’s Tongue is very red, with redness and scalloping at the sides. Subject 2’s sha (Plate 24) is similar to the color of her ‘before’ Tongue.

Plate 23 • Immediately after Gua sha on Subject 2, her Tongue, lips and face are less red, with resumption of very slight coat. Heat has been vented.

Plate 24 • Sha, Subject 2. Note the color of the sha is very similar to the color of the ‘before Tongue’. Plate 22. Also the sha is excessively ecchymotic, indicating the student who performed Gua sha here may have over-stroked the subject (Chapter 6).

Plate 25 • For subject 2’s migraine and cluster headaches Gua sha is applied to the upper back, neck and shoulders and then to the scalp at the site of the fixed pain. For Gua sha at the scalp, expose the area to be treated and press-stroke across the exposed area, here left to right.
Plate 26 • The ‘before Tongue’ of Subject 3 is purple-red with concentrated redness at front end and sides; the coat is concentrated on back right portion

Plate 27 • Immediately after Gua sha the Tongue is less purple, less red, with a thicker coat overall. The coat at the back right portion is thicker, pasty and less rooted. Note the face and lips and nasi anni are less red after Gua sha

Plate 28 • Before Gua sha the Tongue is pale peachy. The more concentrated peachy color at the front and sides represents Heat (a kind of redness) within blood Deficiency associated with the peachy color

Plate 29 • Immediately after Gua sha the peachy areas of the Tongue are darker, almost red, with appearance of points that are often associated with concentration of Heat; the coat is slightly increased, especially on the right. The face is a bit ‘redder’ as well. Heat appears to increase here, further clarifying deficiency of Blood/ Yin
Plate 33 • The ‘before Tongue’ is red, with red fluted sides and a Stomach crack.

Plate 34 • Immediately after Gua sha the Tongue is slightly less red, it is less fluted with an increase in coat throughout. As Gua sha circulates fluids the Stomach crack is less pronounced. However, because of the general lack of fluids/dehydration the coat has increased. In fact, this subject had gotten little sleep and was dehydrated.

Plate 30 • The ‘before Tongue’, while blurry, is recognizably blue, fluted and redder at the front.

Plate 31 • Immediately after Gua sha the blue of Plate 27 has almost completely resolved. The front end of the Tongue is less red, less fluted. The ‘Shen’ of the Tongue has brightened.

Plate 32 • Shows the Tongue from Plate 30 and 31 two weeks later. The Tongue is fluted with red scalloped front rim. The progression demonstrates that Tongue blueness can resolve from Gua sha, and remain resolved.
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Note: Conditions listed in Appendix D are not included in the index. Page numbers in bold refer to illustrations and tables.

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