Allison Bailey, MD

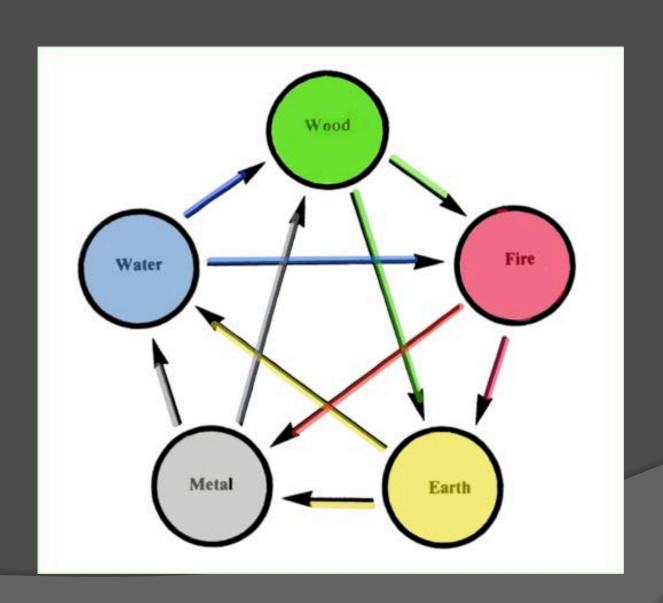
# METAL WATER TREATMENTS

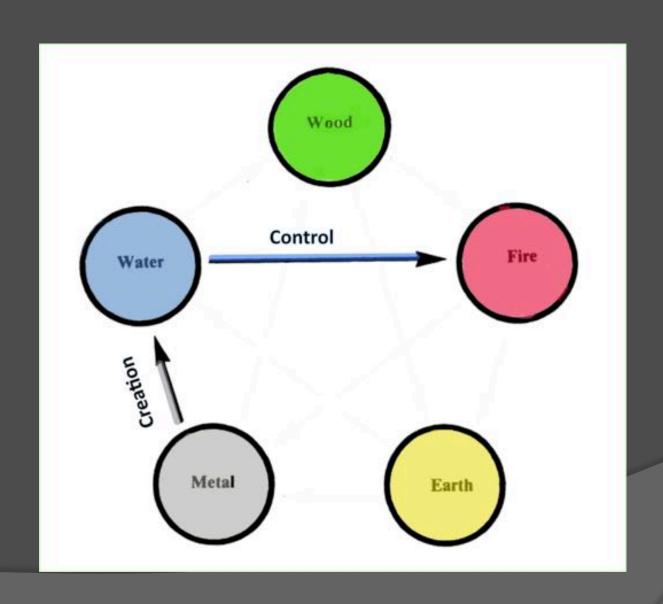
#### Goals of lecture

- Review Metal Water Point Locations
- Clinical Correlations
  - Musculoskeletal Conditions
  - Zang Fu Conditions
  - Other
    - Herpetic neuralgia
    - Scar Treatments
    - Emotional Trauma
    - Hormonal

#### Fire Metal Water

- From TCM perspective, Fire can be thought of as a pathogenic factor
- Fire point palpation indicates "Heat" or inflammation in that meridian
- Inflammation is calmed (fire cooled) by Water point
- Metal nourishes water (mother of water) to strengthen effect





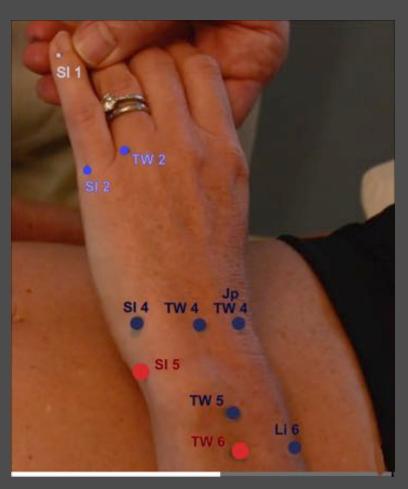
## Metal Water Points

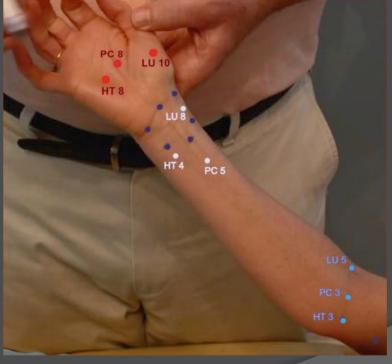
Meridian	Fire	Metal	Water
Lung	LU 10	LU8	LU 5
Heart	HT 8	HT 4	HT 3
Pericardium	PC 8	PC 5	PC 3
Spleen	SP 2	SP 5	SP9
Kidney	KD 2	KD 7	KD 10
Liver	LV 2	LV 4	LV 8

Meridian	Fire	Metal	Water
Large Intestine	LI 5	LI 1	LI 2
Small Intestine	SI 5	SI 1	SI 2
TW	TW 6	TW 1	TW2
Stomach	ST 41	ST 45	ST 44
Bladder	BL 60	BL 67	BL 66
GB	GB 38	GB 44	GB 43

## Yin Meridians of Hand

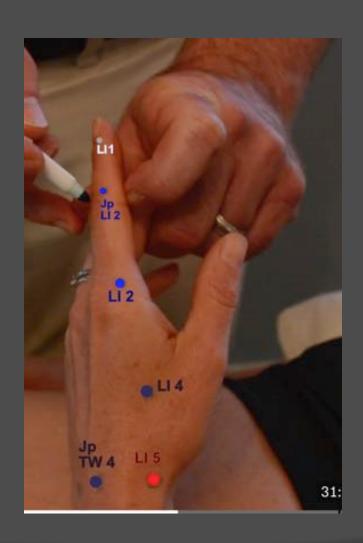
Meridian	Fire Point	Metal Point	Water Point
Lung	LU 10 – Japanese location, at thenar eminence in muscle belly of Abductor Pollicis Brevis	LU 8 – Located 1 cun proximal to LU 9 (wrist crease) at the level of the radial styloid process	LU 5 – Japanese location, halfway between the lateral edge of cubital crease and the radial side of the biceps tendon in brachioradialis muscle
Pericardium	PC 8 – Between 2 <sup>nd</sup> and 3 <sup>rd</sup> metacarpal bones, closer to radial side of 3 <sup>rd</sup> , where tip of middle finger falls with loose fist	PC 5 – Japanese location in region of TCM PC 5, which is 3 cun proximal from PC 7 (wrist crease), but can vary proximal and distal to this location based on which point releases PC 8	PC 3 – On Transverse cubital crease on either radial side of biceps tendon (Japanese point) or ulnar side (TCM point)
Heart	HT 8 – Located between the 4 <sup>th</sup> and 5 <sup>th</sup> metacarpal bones, where the small finger lands when making a loose fist	HT 4 – Located 1.5 cun proximal to HT 7 (wrist crease), on radial side of the flexor carpi ulnaris tendon	HT 3 – Located at the end of the ulnar side of the cubital crease when the elbow is fully flexed, near medial epicondyle of elbow

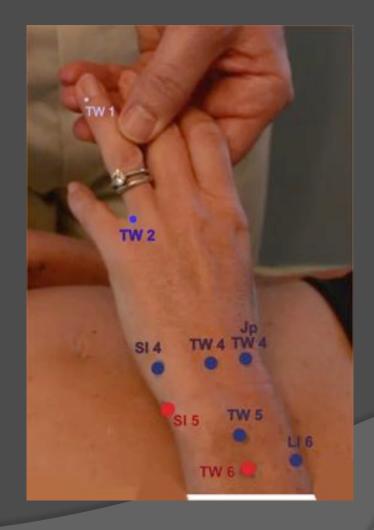




# Yang Meridians of Hand

Meridian	Fire Point	Metal Point	Water Point
Large Intestine	LI 5 – Located on radial aspect of wrist in anatomic snuffbox, between tendons of extensor pollicis longus and brevis	LI 1 – Located at corner of 2 <sup>nd</sup> finger nail bed on radial side	LI 2 – Located distal to metacarpal-phalangeal joint of 2 <sup>nd</sup> finger (TCM)  Alternate Japanese location is distal to proximal interphalangeal joint of 2 <sup>nd</sup> finger
Triple Warmer	TW 6 – Located 3 cun proximal from TW 4 (wrist crease) between radial and ulna bones	TW 1 – Located at corner of 4 <sup>th</sup> finger nail bed on ulnar side	TW 2 – Located distal to metacarpal-phalangeal joint of 4 <sup>th</sup> finger, ulnar side
Small Intestine	SI 5 – Located at ulnar border of wrist in the depression between the head of the ulna and the triquetral bone	SI 1 – Located at corner of 5 <sup>th</sup> finger nail bed on ulnar side	SI 2 – Located distal to metacarpal- phalangeal joint of 5 <sup>th</sup> finger, ulnar side





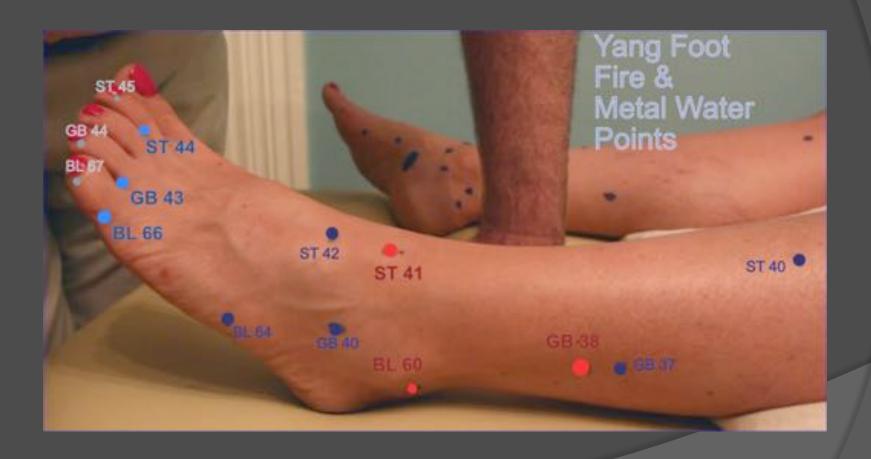
## Point Location Yin Meridians of Foot

Meridian	Fire Point	Metal Point	Water Point
Spleen	SP 2 – Located on the medial side of the great toe, anterior and inferior to the 1 <sup>st</sup> metatarsophalangeal joint at the junction of the red and white skin	SP 5 – Located in the depression distal, anterior and inferior to the medial malleolus	SP 9 – On the medial aspect of the lower leg, in the depression of the lower border of the medial condyle of the tibia.
Kidney	KD 2 – On the medial aspect of the foot, below the tuberosity of the navicular bone – a region that extends to plantar surface	KD 7 – On the medial aspect of the lower leg, 2 cun directly above KID 3, anterior to achilles tendon	KD 10 – When the knee is flexed, the point is on the medial side of the popliteal fossa, between the tendons of m. semitendinosus and semimembranosus.
Liver	LV 2 – On the dorsum of the foot, proximal to the margin of the web between the 1st and 2nd toes, at the junction of the red and white skin.	LV 4 – On the dorsum of the foot, between SP 5 and ST 41, in the depression on the medial side of the tendon m. tibialis anterior.	LV 8 – On the medial aspect of the knee, in the depression on the medial end of the transverse popliteal crease, in depression anterior to the tendons of the m. semitendinosus and semimembranosus.



## Point Location Yang Meridians of Foot

Meridian	Fire Point	Metal Point	Water Point
Stomach	ST 41 – At the junction of the dorsum of the foot and the lower leg. in the depression at the midpoint of the transverse crease of the ankle between the tendons m. extensor hallucis longus and digitorum longus.	ST 45 – On the foot, on the lateral side of the end of the second toe, . 0.1 cun from the corner of the nail.	ST 44 – On the dorsum of the foot, proximal to the web margin between the second and third metatarsal toes, at the junction of the red and white skin.
Bladder	BL 60 – On the foot, behind the external malleolus, in the depression between the tip of the lateral malleolus and Achilles tendon.	BL 67 – On the lateral side of the end of the small toe, 0.1 cun from the corner of the nail.	BL 66 – On the lateral aspect of the foot, anterior to the 5th metatarso-phalangeal joint, at the junction of the red and white skin.
Gallbladder	GB 38 – On the lateral aspect of the lower leg, 4 cun above the tip of the lateral malleolus, slightly anterior to the anterior border of the fibula.	GB 44 – On the foot, on the lateral side of the end of the 4th toe, 0.1 cun from the corner of the nail.	GB 43 – On the lateral side of the dorsum of the foot, proximal to the margin of the web between the 4th and 5th toes, at the junction of the red and white skin.



#### Indications

- Checking fire points should be part of the palpatory assessment of our patients after examination of the Hara
- If tender to light pressure (blanch of fingernail), will treat metal/water points
  - Spleen 2 often sensitive
  - Kidney 2 may not be tender but tight
- Reexamine fire points after constitutional treatment, as clearing the Hara may reduce pressure pain at fire point (ex. KD 2)

## Musculoskeletal Issues

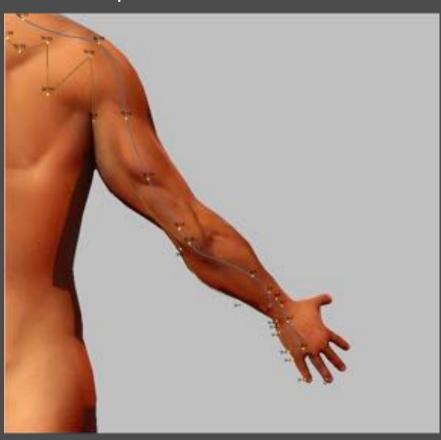
- Tendonitis
- Epicondylitis
- Plantar fasciitis
- Bursitis
- Acute flare of arthritis
- Sciatica

#### Musculoskeletal Issues

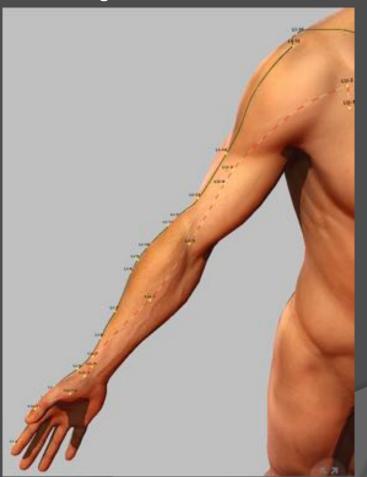
- Check fire point in corresponding meridian
- Even if fire point not tender, can see if Metal Water treatment reduces symptomatic complaint
  - Tenderness/pressure pain at symptomatic area
  - Range of motion and/or pain with movement
- Consider treating the fire point itself to "disperse" the heat (needled against the flow of the meridian)
- Local treatment follows Metal Water treatment

## **Shoulder Tendonitis**

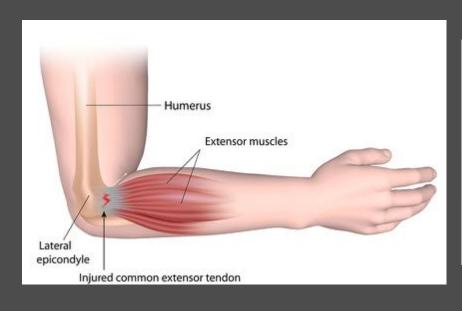
Posterior – Small intestine Triple warmer

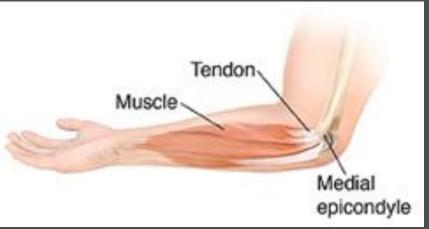


Anterolateral – Lung Large Intestine



# **Epicondylitis**





Tennis Elbow
Lung/Large Intestine/TW

Golfer's Elbow
Heart/Small Intestine

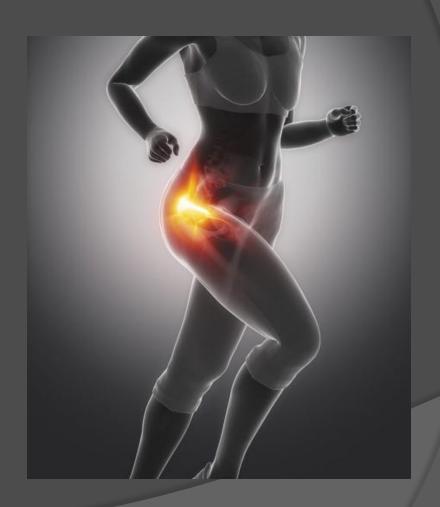
#### Plantar Fasciitis



- Kidney Fire Point often tender
- Check other fire points
- Typically find chronic MSK issues proximally (hip, knee)
- Spleen deficiency common

#### **Trochanteric Bursitis**

- Lateral hip pain
- Iliotibial band often involved
- Gallbladder meridian
- Gallbladder M/W
   points may reduce
   symptomatic
   complaint even if GB
   Fire point not tender



## Zang Fu Conditions

- Inflammatory condition may be at a deeper level, not only in the meridian but in the organ itself.
- Helpful to remember the trajectory of the meridian.
  - In prostatitis, Liver fire point often active, since the Liver meridian goes through the region of the genitalia.
- Active fire points may correspond more to TCM function of organ
  - With GI inflammatory conditions, may find more sensitivity at the spleen fire point related to its role in digestion from TCM standpoint.

# Zang Fu Conditions

- Sinusitis: ST
- Pelvic inflammatory conditions: KD/SP/LV
- Uterine Fibroids: SP/LV
- Prostatitis: LV
- Gastrointestinal inflammatory conditions: SP/ST
- Bronchitis/Respiratory conditions: LU/KD
- Hepatitis: LV
- Cholecystitis: GB/TW
- Headaches: LV/GB/TW

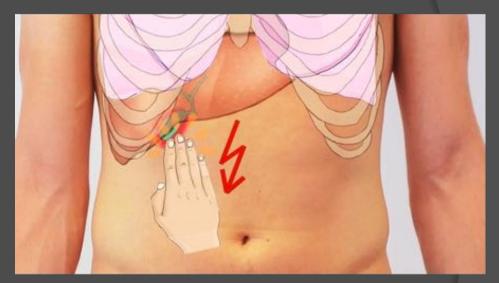
### Sinusitis

- In TCM, acute sinusitis due to invasion by Wind-Heat
- Check ST 2 for pp
- Treat ST M/W to reduce pp at ST 2
- Then apply local treatments



# Cholecystitis

- Gallbladder MetalWater
- Triple Warmer MetalWater
  - Usually both treated ipsilateral to Gallbladder (right side)
  - Fire point GB 38 may not be tender but often the M/W points will still reduce gallbladder pain



#### Headache

- Headache due to an upsurge of Liver Yang
  - Sharp pain
  - Distention of the head
  - Irritability, easily angered
  - Dizziness and blurred vision.
  - Top of the head Headache.
  - The Liver channel reaches the top of the head.

- Headaches behind the eyes.
- If the pain is dull, it is due to liver-blood deficiency.
- If the pain is sharp and severe, it is due to Liver Yang rising.
- CHECK FIRE POINT LIVER

#### Headache

- Headaches on one or both sides of the head. Possibly in the temples.
- This areas correspond to the Foot Shao Yang, GB channel.
- This headache is most frequently associated with Liver Yang, Liver Fire, or Liver Wind rising
- These headaches are sharp and throbbing in character
- CHECK FIRE POINT OF LIVER and or GALLBLADDER/TRIPLE WARMER



## Other

- Emotional trauma
- Hormonal
- Herpetic neuralgia
- Scar treatments

# Herpetic Neuralgia

- Viral attack on the body creates a proinflammatory state
- Check all fire points and treat corresponding metal water points
- Often positive in the affected meridian
- Do NOT needle directly in the region of neuralgia

#### Scar Treatments

- Scars may act to disrupt the meridian where they occur
- Disruption may create heat or fire within that meridian
  - Disturbance field
- Certain types of scars may have deeper affects
  - Appendectomy scars affect immune function
    - Often scar sensitivity released by SP m/w
  - C-section scars affect Hara Energetics
    - Often scar sensitivity released by KD m/w (ST may also be affected)

# Appendectomy scar



Scar appearance (keloid/redness) and sensitivity to palpation help determine if there is a disturbance field



Even laparoscopic ports can disrupt meridian flow





## Summary

- Fire point evaluation is an important part of our clinical diagnostic methods
- Fire point sensitivity can reflect both meridian disturbance (heat/inflammation along meridian pathway) as well as a Zang Fu level of disturbance
- The trajectories of the meridians (both externally and internally) provides clues to which metal/water points can reduce symptoms
  - In many cases fire point will not always be tender even though the m/w points can help the condition (eg. Cholecystitis or bicep tendonitis)