Integrating the eight extraordinary meridians in bioresonance therapy

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In addition to the main meridians in Chinese medicine, the extraordinary meridians, also known as miraculous meridians, form additional energy pathways (secondary meridians), composed of sections or points of the main meridians and performing a kind of coordinating role in the overall meridian system. According to traditional belief their task is to distribute around the body the ancestral energy originating in the kidneys and suprarenal glands.

Their use is clinically indicated primarily with therapy-resistant and recurrent pain and chronic disorders involving dysfunction. In my opinion they are also outstandingly effective when combined with Bicom therapy

in treating chronic and auto-immune disorders where two or more elements are disturbed, as they perform a coordinating role resulting in the element or meridian disturbance being corrected more rapidly.

There are eight extraordinary meridians, with each two with the same function (Yin or Yang function) forming a meridian pair. Each meridian has a characteristic master point (opening point). A link can be established through these eight points to the important meridians not present in the Combined Test Technique (CTT) 5 element system, namely the governing vessel (Du Mai) and conception vessel (Ren Mai) as well as an interconnection between the meridians which are already well-known.

Table 1: The paired arrangement of the eight extraordinary meridians and their master points

1st pair	CHONG MAI SP 4	YIN WEI MAI PC 6	YIN FUNCTION
2nd pair	DU MAI (governing vessel) SI 3	YANG QIAO MAI BL 62	YANG FUNCTION
3rd pair	DAI MAI GB 41	YANG WEI MAI TW 5	YANG FUNCTION
4th pair	REN MAI (conception vessel) LU 7	YIN QIAO MAI KI 6	YIN FUNCTION

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The path of the meridians will now be briefly described once more. The individual points on the meridians are not important for Bicom therapy. For certain types of pain or vague symptoms around the meridian points, however, they provide a guide as to which meridian could be affected and consequently which master point should be tested.

In practice pain symptoms are frequently present on various meridians (e.g. gallbladder and bladder meridian) where patients are chronically ill. Here, for example, the third meridian pair can be tested and, if appropriate, treated with the master points **GB 41** and **TW 5**.

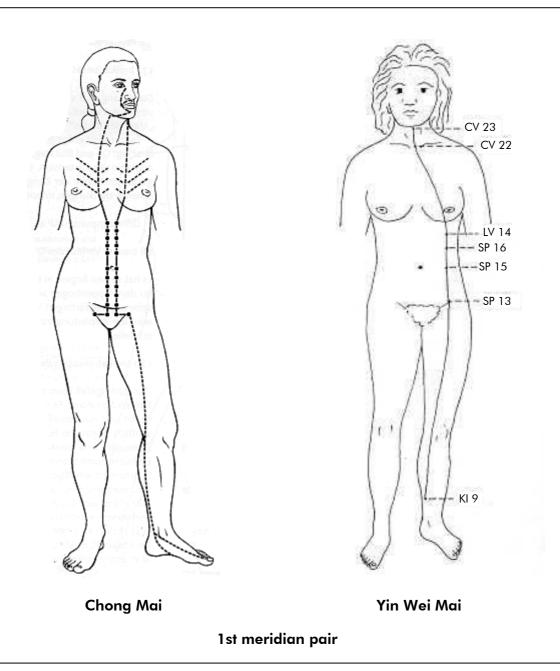
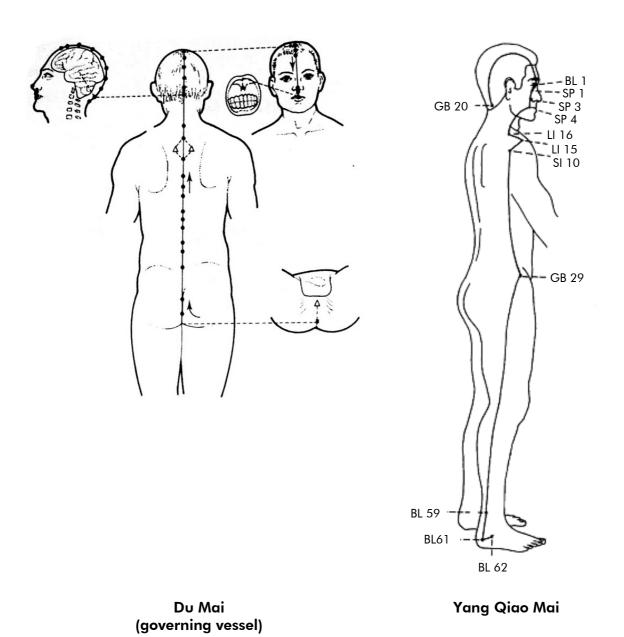


Fig. 1



2nd meridian pair

Fig. 2

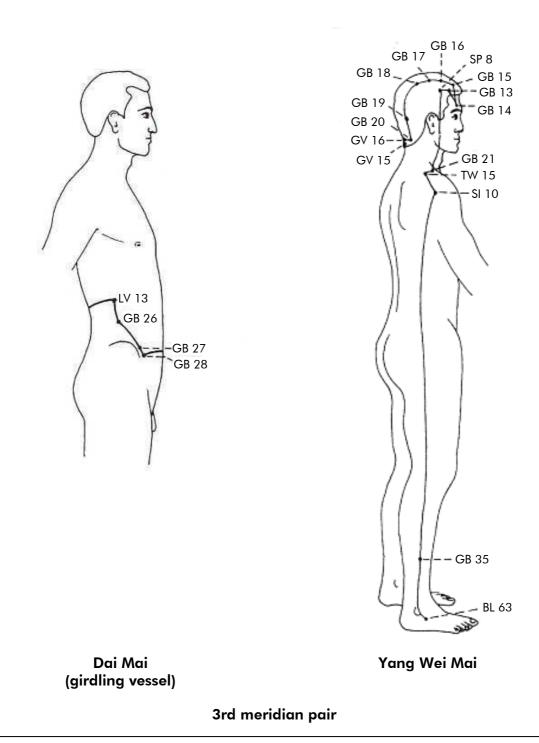
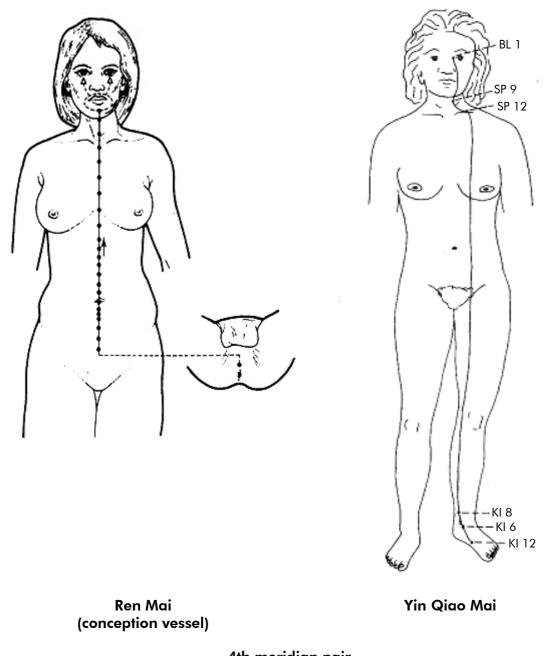


Fig. 3



4th meridian pair

Fig. 4

In practical therapy you can use these drawings of the meridian pathways as a guide. However, for testing, you should be familiar with the position of the eight master points. Interestingly these master points often lie anatomically opposite one another which makes it easier to locate them.

I should like to begin by describing the point SP 4 which you will already be familiar with from testing geopathic stress. It lies in a depression distal and inferior to the base of the first metatarsal bone at the boundary between red and white flesh (fig. 5). It is the master point of the CHONG MAI (penetrating vessel). It connects the suprarenal glands and the kidneys to the kidney meridian and the conception vessel.

SP 4 KI 6

Fig. 5

Indications:

- acute and chronic gastritis, general digestive complaints. meteorism
- cardiovascular disorders (e.g. cardiac irregularity of uncertain origin)
- venous congestion, oedema
- gynaecological and urological disorders (dysmenorrhoea, sterility, prostatitis)
- geopathic stress

The master point **GB 41** of the **Dai Mai** (girdling vessel) lies almost anatomically opposite this. It is situated on the upper surface of the foot in the proximal angle between the 4th and 5th metatarsals (fig. 6).

Indications:

- paraesthesia and pareses of the lower extremities (including following apoplexy)
- pain in the hip, knee and ankle joints (including with arthrosis)
- gynaecological and urological disorders with no objectifiable evidence
- spasmodic abdominal pain with no objectifiable evidence

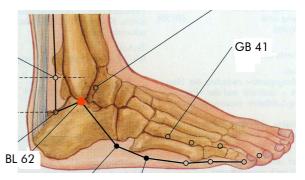


Fig. 6

Point **PC 6** is the master point of the **YIN WEI MAI** (preserver of Yin) (fig. 7). It links the points of the kidney meridian, of the spleen/pancreas meridian, of the liver meridian and of the conception vessel (CV).

The point is situated 2 Cun* proximal to the distal wrist crease between the tendons of the palmaris longus muscle and the flexor carpi radialis muscle.

Indications:

- functional heart disease (palpitations, angina)
- pressure in the thoracic region and feeling of being full
- intercostal neuralgia
- emotional disorders, anxiety, agitation, depressive moods
- stomach ache, nausea, vomiting
- congestion in the portal vein area
- hoarseness, difficulty swallowing, oesophagitis
- circulatory disorders
- pseudoradicular syndrome L3/L4

^{* &}quot;Cun" is an abbreviation of a unit of measurement in acupuncture. 1 Cun corresponds to one thumb's breadth at the interphalangeal joint.

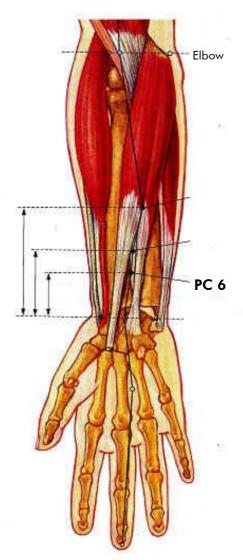


Fig. 7

Master point **TW 5** of the **YANG WEI MAI** (preserver of Yang) lies anatomically opposite (compare fig. 9). It is located 2 Cun proximal to the dorsal wrist crease between the ulna and radius.

Indications:

- headache in the forehead and temples (migraine)
- pain and motor disturbance in the shoulder, back, upper extremity and hand
- intercostal neuralgia
- pseudoradicular syndrome L5
- removes wind and cold (pathological climatic influences of the head)

- ear disorders (including tinnitus, reduced hearing)
- dermatoses with blistering (dyshidrotic eczema, neurodermatitis)

The next master point **BL 62** (fig. 6) opens the **YANG QIAO MAI (Yang heel vessel)** and is located in a depression directly below the external malleolus.

Indications:

- headaches with dizziness and dazed state
- pain in conductor pathways (shoulder, hips, knees, etc.)
- correction of structural imbalance between two sides of the body (including scoliotic pelvis)
- motor disturbance and impaired balance, paraesthesia
- migraine and headaches in the forehead, facial neuralgia
- sleep and concentration disorders, depressive moods
- hot flushes
- impaired wound healing dermatoses (acne, furuncles)
- pain in the ankle joint (lateral)

Anatomically opposite this is master point **KI 6** (fig. 5) of the **YIN QIAO MAI (Yin heel vessel)**. This is located in a depression below the tip of the medial malleolus.

Indications:

- tiredness, absences, narcolepsy, sleep disorders
- chronic pharyngitis and laryngitis
- bronchial asthma
- chronic cough, emphysema, rhinitis, sinusitis
- gynaecological and urological disorders such as irregular periods, dysmenorrhoea, sterility, impotence, enuresis, pain in the lower abdomen and genital area

- correction of structural imbalance between two sides of the body (see above)
- headaches
- pain in the ankle joint (medial)

The master point of its meridian partner **REN MAI (conception vessel)** is **LU 7**.

This is located in the depression superior to the styloid process of the radius, between the tendons of the brachioradialis muscle and the abductor pollicis longus muscle (fig. 8).

Indications:

- disorders of the Yin meridian (reservoir of Yin energy)
- bronchial asthma, chronic bronchitis
- palpitations, angina
- disorders in the mouth, throat and laryngeal area
- paresis of the facial nerve
- trigeminal neuralgia
- menstrual disorders, regulation of the hormonal processes
- gastrointestinal disorders
- hyperhidrosis
- conservation and support for the embryo/ foetus, tendency to premature labour or miscarriage

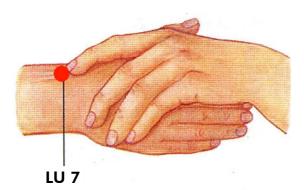


Fig. 8

Master point **S1 3** (fig. 9) of the **DU MAI** (governing vessel), the reservoir of Yang energy, lies diagonally opposite it anatomically. It is located at the end of the small transverse fold of skin which forms, with the fist loosely clenched, at the 5th metacarpophalangeal joint.

Indications:

- pain in the neck and shoulders, torticolis
- rheumatic and neuralgic pain in the extremities
- back ache (whole spine)
- headaches
- toothache
- ophthalmalgia
- paraesthesia
- "nourishes" spinal cord and brain (Parkinson's disease, dementia, multiple sclerosis, etc.)

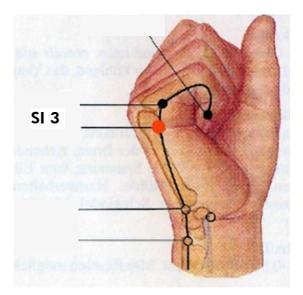


Fig. 9

Following this digression into the anatomy of the eight master points I should now like to give you some practical tips and describe some case studies. For those of you not trained in acupuncture, working with the Bicom device via these master points may perhaps initially appear rather complicated. But, on the whole, these points are relatively quick and easy to find with a little practice.

Practical procedure

I test all patients who are suffering pain, as well as all chronically ill patients, kinesiologically or with the tensor to determine whether the patient requires supplementary therapy through one of these eight points. For this you can direct the tensor at the patient and ask yourself this question or let the patient touch the point and test them. Usually only one, or at most two, of the points tests positive, and almost always on both sides. Then you enquire whether and how (input/output?) and for how long (during which program?) the point should be connected to the Bicom device.

Version 1:

In my early phase of testing at first I only pierced the points while the tested Bicom therapy programs were running. You should check again during therapy whether the needles need to be left in the whole time or whether they can be removed from time to time. I had the impression just from this needling during Bicom therapy that the patient became free from pain relatively rapidly and disturbed meridians and elements in the CTT system could be corrected more quickly.

Version 2:

In this version testing is carried out as above. In addition, the question is asked as to whether and how the patient (the master point) should be connected to the device (input/output?) The acupuncture needle is then connected appropriately to the device

using clamp electrodes. Here too enquire again about therapy time.

Version 3:

For those amongst you who are not acupuncturists the best thing to do is to use ECG adhesive electrodes. These are stuck on the point as precisely as possible after testing and connected to the cables of the Bicom device using a cable with a banana plug. The point is perhaps not stimulated as precisely with this method as with needling yet the results are just as good in my opinion.

Obviously you can also touch the points with the goldfinger or a different type of electrode. This is very tiring however and usually requires the help of an assistant. Obviously there is no limit to your ingenuity to develop new systems for connecting these points to the Bicom device.

I have found when testing my patients that over 60% of those who are chronically sick test positive for additional therapy using the eight extraordinary meridians.

Recently these patients have usually been treated using version 2 or 3.

You can perform this therapy at the same time as various other therapy systems. My therapy regime is mostly based on the CTT system (Combined Test Technique) modified in line with Dr Rohrer's method (basic therapy, releasing blocks, eliminating therapy, meridian-related therapy, pathogenic stresses and finally correcting using the 5 elements (CTT)).

However you can treat your patients using other therapy regimes and do not require any previous experience of CTT for this.

It is merely important that you test on the patient which points are involved, how they should be connected to the device (input/output?) and into which programs the master points which have been discovered should be integrated and when

the connection with the device should be removed again. In the overwhelming majority of patients tested, this therapy took place via the master points during basic therapy and the eliminating therapy programs and, where appropriate, the tested programs from the therapy manual (pain therapy, etc.).

The cable was released from the electrode while treating pathogenic stresses and then reconnected for stabilisation using the 5 elements (CTT).

The points I most frequently tested were, in order of frequency:

SI 3

TW 5

GB 41

BL 62

KI 6

LU 7

SP 4 PC 6

This is obviously also determined by my patient clientele. You will obtain different results according to the disorders you mainly treat.

Points SI 3 and BL 62 are very often found with rheumatic diseases and auto-immune disorders.

Points GB 41 and TW 5 occur frequently with skin diseases (neurodermatitis, dyshidrotic eczema, herpes zoster).

Points SP 4, GB 41 and KI 6 are often associated with vague lower abdominal complaints and gynaecological and urological disorders and sleep disorders.

Points LU 7, PC 6 and KI 6 occur with bronchial asthma, thoracic symptoms and functional heart trouble.

You should test these points with all cases of chronic pain. You can use the location of the symptoms as a guide.

Finally I should like to present two case studies.

CASE STUDIES

Case 1: female patient G. H., aged 36

Bechterew's disease diagnosed some 6 years previously. At start of therapy complained of fibrinous iritis which recurred frequently (about once per month) and which did not improve despite administration of eye drops containing cortisone. Movement in thoracic and lumbar spine severely restricted and painful. Grade III arthritis in sacroiliac joint. No significant improvement in condition even after methotrexate therapy. Planned therapy with the TNF - α -inhibitor Adalimumab was declined by the patient.

Bicom testing with the CTT test sets revealed disturbance in the wood, metal, earth and water elements. The patient displayed wheat intolerance. In addition the following stresses were tested: Candida, Aspergillus, amalgam, cortisone, various E numbers, Campylobacter, worm 4, worm 10, Herpes virus.

There were numerous energy blocks (temporomandibular joint, scars, dental interference fields, etc.)

Following testing the patient first attended three Bicom therapy sessions at weekly intervals. In addition to basic therapy and treatment of the energy blocks, eliminating and meridian-related therapies were performed at first and, after each session, stabilisation via the 5 elements (CTT). When testing the master points SI 3 (governing vessel) first tested positive. The points were connected on both sides with the output of the device using adhesive electrodes (throughout the entire therapy period, apart from the attenuation of the tested elements performed at the end).

By the end of the second Bicom therapy session the patient's iritis symptoms had already disappeared. Her lumbago was also soon regressive. A retest after the third

therapy session discovered that two elements were still disturbed (metal and wood). The pathological stresses were subsequently treated one after the other. During this follow-up therapy the master points TW 5 (Yang Wei Mai) and KI 6 (Yin Qiao Mai) were also treated according to the indications.

The patient now manages without basic medication and painkillers. Her iritis has not recurred since either.

Case 2: male patient B. K., aged 32

Previous Hodgkin's disease in 2003, chemotherapy and radiotherapy.

On initial contact pronounced itching especially on the chest, arms and legs with no visible change in the skin. Aggravated in warm bed and by sweat. The patient was a gardener by trade and in recent years had increasingly developed allergies, lately also asthmatic symptoms. Dyshidrotic eczema occurred from time to time in both hands.

Bicom testing with the CTT test sets revealed numerous parasitic infestations and fungi (Candida, Aspergillus, Alternaria, Mucor), in addition to wheat intolerance. The patient displayed energy blocks and geopathic stress.

Testing the 5 elements revealed four disturbed elements with numerous meridian disturbances (metal, water, fire, wood).

With this patient too stabilising and eliminating therapies were first performed before the pathogenic stresses were treated.

The patient was treated through the master points **LU 7 (conception vessel)** and later

also through the points **TW 5** and **KI 6**. After testing the points were connected with the input of the device. Happily, after just three therapy sessions, the disturbed elements and meridians were significantly improved in this case too. From a subjective viewpoint, the itching diminished relatively quickly. The asthmatic symptoms and the eczema continued to improve following further therapy of the pathogenic stresses.

The patient now no longer requires any medication (antihistamine, asthma spray, cortisone).

These were just two brief examples to raise your awareness of therapy using the extraordinary meridians. Even without the integration of these meridians, Bicom therapy is certainly a method which functions very well and helps speedily improve the condition and alleviate the symptoms of many patients. Where patients suffer chronic pain and, in particular, manifest autoimmune disorders and several disturbed elements and meridians, treatment through the master points of the miraculous meridians can be very helpful however and, in my opinion, achieve the intended objective even sooner.

Why not test your patients with these points in future and, if appropriate, integrate them into your therapy regime. It would give me great pleasure to have suggested some new ideas for you to try out with this method.