



Dynamic Chiropractic – November 5, 2001, Vol. 19, Issue 23

Acupuncture Orthopedics

By John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC

The combined total of all the gastro-intestinal; respiratory; neurologic; dermatologic; circulatory; metabolic; genitourinary; gynecologic; and psychiatric conditions seen by doctors of all disciplines internationally pales in comparison to the overwhelming number of musculoskeletal conditions presented in professional practices worldwide.

As DCs, we are in a unique position to offer more to the general population regarding orthopedic problems than any other type of physician. The typical DC reading this article is generally not a subluxation-oriented doctor, but rather more apt to use a variety of approaches in the handling of a case beyond simple adjustment of the spine. Physiotherapeutics; nutrition; homeopathy; acupuncture; meridian therapy; exercise; etc., have become standard approaches in the treatment of human ailments by the overwhelming majority of DCs in North America, if not the world.

Patients who present to the doctor of chiropractic with a rotator cuff injury, a shoulder impingement syndrome, or an acute inflammatory process of the infraspinatus tendon are looking for as much immediate relief as possible. Even though cervical and upper thoracic adjustments may be indicated, that alone will not relieve an acute episode of pain. Anti-inflammatory medications are usually the first and final approach to the treatment of these conditions medically, but are often not as effective as one would hope. The patient is left with a chronic problem that results in extensive physiotherapy, and more often than not, failure to relieve the condition.

As virtually millions of people are turning toward what used to be called alternative care, but which is now commonly referred to as complementary, the chiropractic profession has an opportunity to emerge as the most sought-after medical authority in the nation.

The general public is more aware of the stellar benefits of acupuncture today than ever before in its 30-year history in the U.S. I can say without hesitation, acupuncture is still intriguing and very much sought by the average patient. It may also be practiced by a variety of noninvasive means, which are as effective, if not more so, than needle stimulation, and are considered physiotherapy. Noninvasive stimulation also opens up an entire marketplace of patients who, though intrigued with the prospect of acupuncture, would never submit to having needles placed in them. These patients outnumber the patients who would use needles by more than two to one.

Traditional Chinese medicine (TCM) is steeped in legend, myth and folklore. In the practice of acupuncture, there are numerous shamanistic approaches that are vital to the general TCM philosophy. I realize that as professionals, many of the concepts of acupuncture just do not fit easily into a 21st-century American practice. However, just as we have seen in chiropractic, with two distinctly different practice approaches, namely "straights" and "mixers," the same scenario occurs in acupuncture.

Just as there is traditional Chinese medicine (TCM), there is likewise medical/clinical acupuncture (MCA). Do not think for a second I am being critical of TCM, as it is extremely effective and its practitioners experience incredible results. However, MCA is much more user-friendly for professionals, and the clinical results are without question superior.

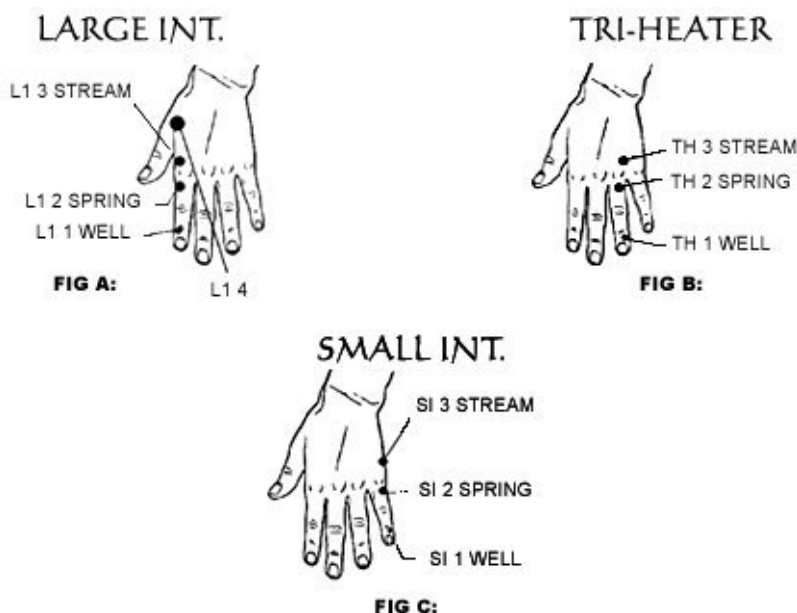
If one learned how to play the organ and another learned to play the piano, both would play the exact same keys on the keyboard. Thus, we will find that even though there are two totally different styles of acupuncture with different rationales, both use the identical points and achieve the same clinical responses. The straights and the mixers still adjust the same spine, but have different philosophies.

The main thing necessary to a chiropractic physician is to achieve the highest level of clinical result in the shortest span of time. To help patients eliminate, alleviate or drastically reduce their level of pain quickly is paramount. It is far easier to rehabilitate a patient who is not in acute pain. Also, the quicker you help a patient relieve symptoms, the higher the confidence and the more apt a patient is to refer.

In this and future articles, we will be focusing on acupuncture orthopedics and specific applications to assist the myriad of musculoskeletal conditions we see clinically. The following three illustrations are perhaps some of the most significant notes you will ever see regarding the elimination of pain in the shoulder, elbow, arm and neck.

Even though much more can be said about the specific applications of acupuncture and meridian therapy for upper-extremity involvement, the points shown on these three illustrations are, without question, some of the most powerful points on the body for any upper musculoskeletal condition.

The illustrations show the well, spring and stream points of the three yang meridians of the upper extremity - namely large intestine (LI), small intestine (SI) and triple heater (TH). The "well" point, also known as *tsing* (*akabane* in some circles), is where the musculotendon meridian begins on each of the meridians. The "spring" point is the most specific point on each meridian for the treatment of any inflammatory condition affecting the meridian. This "stream" point is the point of selection for any painful stagnation of energy along a meridian, especially when the pain is associated with environmental factors (wind, damp, cold).



(Copyright 1981 by Dr. John Amaro, International Academy of clinical Acupuncture P.C., revised 2001. All rights reserved.)

For those of you with a background in acupuncture, it is recommended to "surround the dragon," or palpate and stimulate any and all points that are tender to touch in the area of pain. These may be classic acupoints. For some of the most incredible clinical results you will ever achieve, stimulate either with a one-half-inch metal-handled ribbed needle, or with noninvasive techniques, the nine points illustrated in figures A, B and C. The points are extremely easy to locate on the body, as they are precisely in the same location as the graphic.

Try these nine points on your next 10 cases of upper extremity/neck involvement. Perform at least four treatments before you call the case a success or failure. I can practically guarantee that if you use these points, your clinical success in upper extremity conditions will be phenomenal.

Save this article and graphics to add to my next column on the successful condition of lumbalgia; lumbar disc syndrome; sciatic neuralgia; femoral neuralgia; spinal stenosis (pain); and knee, ankle, groin and general lower extremity involvements.

Best wishes for a great month!

John Amaro, DC, FIAMA, Dipl. Ac. (IAMA) (NCCAOM)

Carefree, Arizona

phoenixdragon@fiestanet.com

Click [here](#) for more information about John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC.



Page printed from:

http://www.chiroweb.com/mpacms/dc/article.php?id=18279&no_paginate=true&p_friendly=true&no_b=true