

Upper Extremities

■ Shoulder

Symptoms of Vacuity

Slowly increasing pain, chronic pain, feeling of fatigue in the shoulder region, pale tongue with white fur, fine pulse.

Symptoms of Repletion

Suddenly occurring pain, pain that is more severe at night than during the day, localized sensitivity to cold, tongue with white fur, superficially stringlike pulse.

Shoulder Syndrome

Pain that can be associated with the shoulder as a functional unit.

For Symptoms of Vacuity

An 按 Pressing

- With the thumb
- On the seated patient
- ST-36
- BL-23

For Symptoms of Repletion

An 按 Pressing

- CV-4
- BL-18

General Treatment

An 按 Pressing

- On the seated patient
- Treatments on the affected side of the shoulders
- GB-20
- The pushing direction of your thumb tip points medially and cranially in an imaginary line to the opposite eye.
- GB-21
- SI-14
- SI-11
- SI-10
- LI-14
- LI-11

Tui 推 Pushing

- With the ball of the hand
- On the seated patient
- On both sides on top of the bladder channel, from the cervicothoracic transition down to the sacrum
- Five to 10 times per side

→ Fig. 2.30

! Make sure that the ball of the hand is firmly positioned. You can increase the pressure by propping your elbow against your flank and iliac crest and by accompanying the hand's downward stroke with a flexion in the knees and hip.



Fig. 2.30

Rou 揉 Kneading

- With the ball of the hand
 - Above the trapezius region and paravertebral from the cervicothoracic transition to the lower cervical spine on the side of the affected shoulder. You can also treat the same area with *gun* by means of the ulnar edge of the hand.
 - Three to 5 minutes
- Fig. 2.31

Gun 滚 Rolling

- With the ulnar edge of the hand
 - On the seated patient, with the arm raised to the side (up to 70°)
 - Standing next to and facing the patient, place the foot that is closer to the patient on the sitting surface and support the patient's arm with your thigh. The arm should be kept in approximately 30° forward flexion and approximately 70–80° lateral flexion.
 - Treatment proceeds upward from the distal (humeral) attachment of the deltoid, continuing above the front, middle, and back sections of the deltoid. Perform 30–40 rolling movements in each section.
- Fig. 2.32



Fig. 2.31



Fig. 2.32

Sprain Injuries of the Finger Joints (e.g., Volleyball Injuries), Tendinosis of the Hand and Forearm

An 按 Pressing

- LI-11
- HT-3

Gun 滚 Rolling

- With the ulnar edge of the hand
- On the seated patient with slight elbow flexion and extended wrist. Treat from distal to proximal on the radial and ulnar flexors of the wrist, for about 2–3 minutes.

→ See Fig. 2.5 in Chapter 2

Na 拿 Grasping

- With the patient's finger slightly extended or in functional position, work the radial and ulnar side of the finger in rapid succession from the base joint to the tip and back, using a pinch grip between the tips of your thumb and index finger.
 - In the same way on the volar and dorsal side
 - Two to three times
- Fig. 3.3

Qian Yin Lü 牵引捋 Traction with Casting Off

- On the seated patient
 - Clamp the patient's fingers, one after the other, gently between your index and middle finger and pull while loosening the grip in such a way that the patient's finger glides through.
 - With the other hand, immobilize the wrist; three to five times per finger.
- Gripping positions, see Fig. 2.12a, b in Chapter 2



Fig. 3.3

Qian La Lü 牵拉捋 Traction with Pulling on the Extensor Tendons of the Thumb

- Immobilize the patient's thumb with your three fingers in the palm of your hand. Your thumb and index finger clasp the ball of the thumb. Apply a mild pull.
- With the tip of the thumb of your other hand, stroke deeply and slowly over the tendons and slide bearings of the extensor tendons distally to the saddle joint.
- Three to five times

→ Fig. 3.4

Qian Yin 牵引 Traction with Mobilization of the Wrist

- On the upright sitting patient, supported by a backrest
- Raise the arm of the affected side in the shoulder approximately 50–60° forward and abduct approxi-

mately 45°. The forearm is in pronation (inward rotation), the elbow is extended.

- Clasp the patient's metacarpus and carpus with both of your hands. In rhythmic alternations, move the wrist slowly and with gentle pulls into extension and flexion as well as ulnarly and radially, each to the maximum position.
- Three to five passes

→ Fig. 3.5

! It is essential that the patient's shoulders and upper arms are mostly relaxed. The only counterpoint to the traction is provided by the weight of the patient's upper body, leaning back slightly against the backrest.



Fig. 3.4



Fig. 3.5

4 Internal Medicine Indications: Psychovegetative Disorders, Headaches

Colds and Flu, Disorders of the Upper Respiratory Tracts

Leading Symptom: Sensation of Cold

Accompanied by shivering, headache, drowsiness, lack of thirst, no sweating.

Leading Symptom: Sensation of Heat

Accompanied by sweating, sore throat, headache, dry mouth.

For Sensation of Cold

An 按 Pressing

- BL-12
- LU-7

For Sensation of Heat

An 按 Pressing

- GV-14
- LI-4, on both sides (see Chapter 1, Fig. 1.11, p. 12)
- GB-20, on both sides

Chronic Bronchitis, Bronchial Asthma

Symptoms of Vacuity

Forceless cough, pale facial complexion, tendency to sweat even when resting, subjective cold sensation and sensitivity to cold, soft stools, dry mouth and throat, dark red tongue with no fur, moist hands and feet, deep and stringlike pulse.

Symptoms of Repletion

Forceful cough, loud breathing, impatient behavior, loud voice, distended abdomen, solid stools, combination of dry mouth and bitter taste, tongue with white fur, yellowish bronchial phlegm, stringlike and slippery pulse.

General Treatment

Tui 推 Pushing

- With the balls of both hands
 - In prone position
 - Stand at the head of the table and treat the bladder channel from C6 down to the sacrum, on both sides simultaneously.
 - Apply three pushes in each expiratory phase.
- See Fig. 1.3 in Chapter 1

Tui 推 Pushing

- With thumbs placed on top of each other
- On the bladder channel one after the other (right/left) also caudally
- Here, it is sufficient to treat the area between the lower cervical spine and the middle thoracic spine, three times on each side.

→ Fig. 4.1

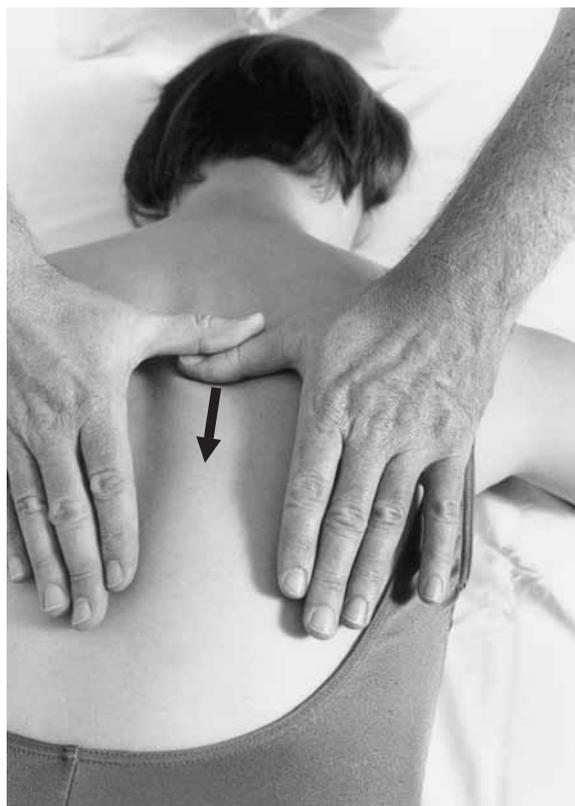


Fig. 4.1

Heng Ca 横擦 Transverse Scrubbing

- With the flat palm of the hand
 - In supine position
 - On the chest in the area between the second and fourth rib rapidly 100–200 times
- Fig. 4.2

Heng Ca 横擦 Transverse Scrubbing

- With the flat palm of the hand
 - In prone position
 - On the upper back in the area between the seventh cervical and the third thoracic vertebra rapidly 100–200 times
- Fig. 4.3



Fig. 4.2

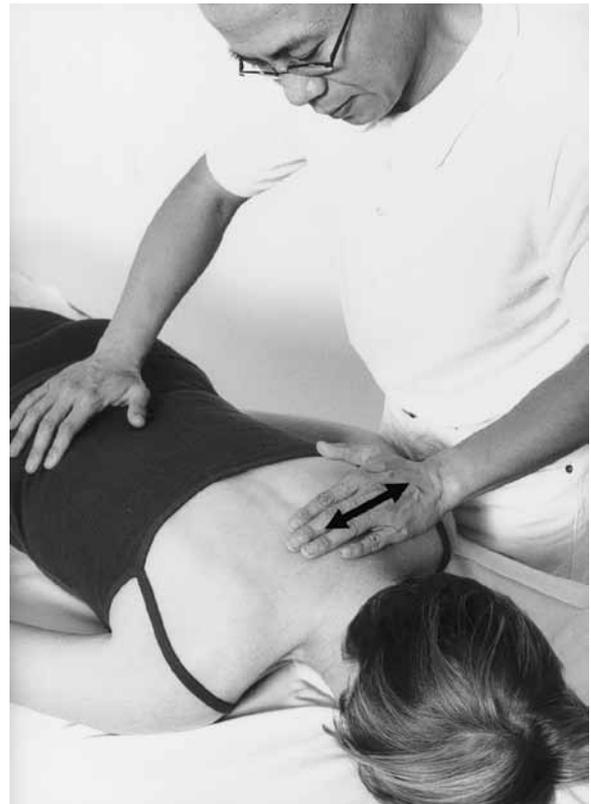


Fig. 4.3

Various Indications

Diarrhea

Symptoms of Vacuity

Mucous stool, pale stool color, not very intense smell, intestinal sounds, abdominal pain, pale facial complexion, no desire for drinks, long-lasting or frequently recurrent diarrhea, often for 2 months, lack of appetite, undigested food particles in the stool.

Symptoms of Repletion

Close link between abdominal pain and diarrhea, explosive diarrhea, intense yellow coloration of stool, stinking stool, dry mouth, desire for drinks, intense yellow urine, bad breath, agitation and crying before the diarrhea, calming down after the diarrhea.

For Symptoms of Vacuity

Xuan Tui (Bu Pi Jing) 旋推 (补脾经) Rotating Pushing (Supplementing the Spleen Channel)

- On the gripping surface of the thumb
- Approximately 100–500 times

→ Fig. 7.6

Tui (San Guan) 推 (三关) Pushing (the Three Bars)

- With the radial edge of the thumb across the radial side of the thumb proximally. Hereby grasp the distal phalanx of the thumb with two fingers while the active hand pushes with rapid repetitions.
 - Approximately 100–500 times
- Fig. 7.7

Tui (Tian He Shui) 推 (天和水) Pushing (Water from Heaven's River)

- With two fingers
- On the volar side of the forearm from the wrist to just below the elbow, that is, ascending proximally
- Approximately 100–300 pushes

→ Fig. 7.8

Tui (Da Chang) 推 (大肠) Pushing (the Large Intestine Channel)

- With the radial edge of the thumb across the gripping surface of the index finger proximally, up to the adduction crease of the thumb
- Approximately 100–300 times

→ Fig. 7.9



Fig. 7.6



Fig. 7.7



Fig. 7.8



Fig. 7.9