Yamamoto New Scalp Acupuncture

YNSA

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Medical Tribune

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Foreword

It is an honor and pleasure for me to write the foreword to this book: first, because I hold Dr. Yamamoto in high regard, both as a research scientist and as a person, and second, because this book concerns scalp acupuncture.

I recall my own experience with scalp acupuncture. During the Second World War, I served as a doctor in the German army. My commander at a military hospital, Dr. Hoellriegel, had been one of the first neurosurgeons in Germany. I lost all contact with him after the war and do not know whether he is still alive. In 1944, far fewer methods and less equipment were available than now for the then still very young field of neurosurgery. The main source of information was an old textbook from the First World War. The author, a doctor whose name I have forgotten, presented a method of finding various regions of the brain by marking longitudinal and transverse lines on the skull. This system enabled the surgeon to judge the location of a bullet or shell fragment and to determine problems or difficulties that could be expected during surgery.

When I first saw Chinese scalp acupuncture in China in 1974, I remembered what I had seen during the war. The Chinese used the same system of lines that I had once learned. They inserted needles, which were then passed subcutaneously from the midline of the skull caudally, often for more than 20 cm. This procedure was extremely painful for the patients, who often lost consciousness and bled profusely. Being a surgeon, I extremely shocked when I watched this method of treatment. I thought that the only explanation for why the TCM doctors had developed this "heroic" form of treatment was that they had a very poor understanding of anatomy.

On my return to Vienna I discussed this method with my friend Dr. Zeitler. He suggested that we should try a method similar to that used in the treatment of scar pain. For scar pain, needles are inserted superficially in a zigzag pattern along the scars. The use of the zigzag method of needle insertion along imaginary lines on the scalp would markedly reduce the stress on the patient and allow scalp acupuncture to be used more widely. We achieved very good results. Patients did not lose consciousness and lost little blood. The therapeutic effect was the same as that which I had seen in China. This modified form of scalp acupuncture was used interna-

tionally for many years, especially for the treatment of paralyses and their sequelae. Suddenly, my friend Dr. Yamamoto's first papers and lectures appeared. He presented a far more precise form of scalp acupuncture, using fewer needles and achieving better results. Since good methods are usually replaced by better one, Dr. Yamamoto's method is now recognized internationally as the most effective form of scalp acupuncture. I am certain that this book will educate the reader about the theory, practice, and clinical results of Dr. Yamamoto's new scalp acupuncture method.

I congratulate the author and hope that this book will achieve the wide circulation it deserves. I am certain that the reader will be able to make extensive use of this information to the benefit of his patients.

With kindest regards to the author and reader,

Prof. Dr. Johannes Bischko, M.D., Ph.D.
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Preface

Many years have passed since I developed and first reported about Yamamoto New Scalp Acupuncture (YNSA) at the 25th annual meeting of the Japanese Society of Ryodoraku in Osaka, Japan, in 1973. To distinguish my method from the earlier "Chinese scalp acupuncture," I added "New" to its name.

I published a book in German about YNSA several years ago. However the present English version is not a direct translation of its German predecessor. Additional material has been included on the basis of increased knowledge and experience.

Basic explanations of acupuncture are not provided. It is assumed that anyone studying this specialized method of YNSA already has extensive knowledge of the theory and practice of traditional acupuncture and Asian medicine. The sole purpose of this book is to provide the busy practitioner with a short, compact source of information on YNSA which can serve as a quick and easy reference.

I actually came to develop YNSA by chance. After studying Western medicine and graduating from Nippon Medical College in Tokyo I did 2 years of internship in Japan and the United States, then went to Columbia University St. Lukes Hospital in New York to specialize in anesthesiology. There, I met my wife. Together, we went to Cologne University in Germany, where I specialized in obstetrics and gynecology. I used these specialties in my own medical practice when I returned to my hometown of Nichinan, Miyazaki, Japan, in the mid-1960's.

Many of my patients were elderly farmers, who had numerous aches and pains after working for years in water-covered rice paddies. Treating these patients forced me to focus on pain therapy with nerve blocks and local injections of anesthetics. I have always tried to avoid using too much medication. Generally, for a nerve block I dilute 1 ml of 1% lidocaine hydrochloride (Xylocaine) with 10 ml of sterile water. However, one day, while preparing to give an elderly woman a nerve block, I accidentally neglected to add Xylocaine to the sterile water for injection. An injection of only sterile water is very painful. The patient complained of a sharp, severe pain, but what I had not expected and could not explain was that the pain radiated to another part of her body. The severe pain lasted for only a short time. Soon the patient was smiling, because all her pain was gone, both the

pain at the injection site and the pain for which she had sought treatment. I assumed that this effect might have something to do with acupuncture points or acupuncture meridians.

Although I had occasionally heard and read about acupuncture, until that time I had never had much interest in it, much less an urge to study it. After this incident, however, I began to study the subject seriously.

My painful, but very effective injections soon became well known throughout the town, and the number of patients increased dramatically. I learned a great deal from each patient. At first I injected traditional Chinese acupuncture points with the Xylocaine/sterile water mixture or just sterile water, which some patients preferred. Later, I started using acupuncture needles.

Beginning in 1970, and for many years thereafter, I successfully used acupuncture analgesia for obstetric and gynecologic procedures, as well as for general surgical procedures, especially appendectomies. We performed about 2,000 successful operations. The one and only disadvantage was that the procedure itself takes more time because the needles have to be placed about 30 to 40 minutes before the start of surgery, which means that procedures are separated by at least 1 hour. Of course, postoperative recovery is much easier. I became so busy that my wife and I eventually decided to discontinue obstetrics, and later surgery as well, to concentrate on pain relief and the ever increasing number of medical cases.

When the first reports came from China about scalp acupuncture as a treatment for hemiplegia and paraplegia, I applied it enthusiastically but was unable to achieve the desired results.

Again, I was very lucky to have an extremely sensitive hemiplegic patient. This patient experienced some kind of sensation in his arm and reacted with a slight movement when I palpated for the Chinese scalp acupuncture point and happened to touch what later became the YNSA Basic "C" Point on the forehead. This experience sparked my enthusiasm and led to the development of YNSA.

I imagined the Chinese Shenting Point (Fig. 1), located in the middle of the forehead, that I used to treat headaches, as part of the head (YNSA somatotope). Then, I progressed from there to find additional points representing the whole body and, in fact, a complete, new somatotope or microsystem situated along the forehead and temporal region, with mirrorlike reflections in the occipital scalp region. At first these new points were simply designated by letters of the alphabet. Later, however, they were subdivided into points for the kinetic apparatus, internal organs, and sensory organs, and, recently, brain points. They needed to be organized into a system to be more understandable, which resulted in their division into four groups of YNSA Points, which include the recently added YNSA Brain Points.

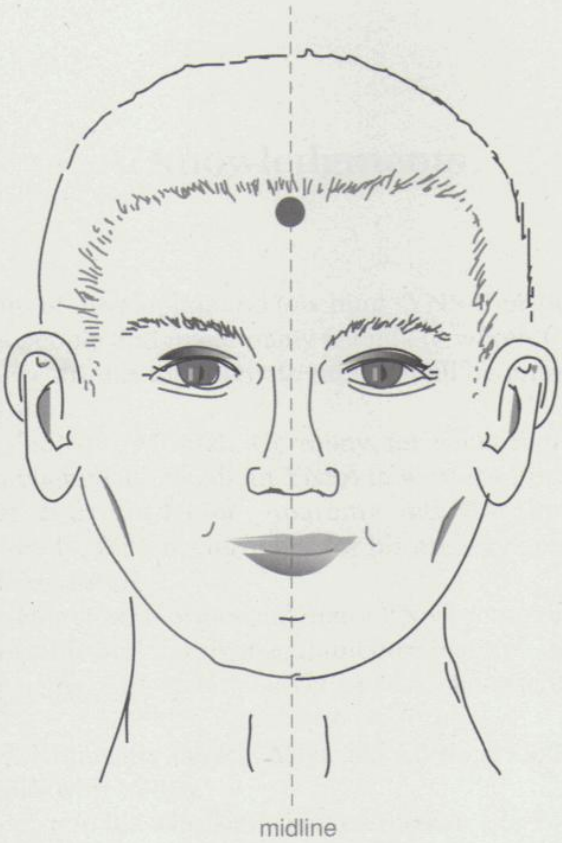

Fig. 1. The Shenting Point, known from traditional Chinese acupuncture.

After some experience with YNSA, physicians, regardless of their specialty, will appreciate its value in the treatment of many types of illnesses, disabilities, and painful conditions. Once the users becomes experienced YNSA is a fast-acting, reliable, time-saving method, especially in combination with the modified abdominal diagnosis and a newly developed neck diagnosis. Abdominal and neck diagnoses were developed in combination with YNSA and are described later in this book.

Unfortunately, as in many other countries, the national health system in Japan still does not recognize acupuncture as a standard medical treatment. The benefits would be great if acupuncture were widely used for therapeutic and preventative medicine. Acupuncture is especially valuable when its low costs, absence of side effects, and simplicity are considered. Also of great importance is that there is no addictive tendency.

I can only hope that the value of acupuncture will one day be better appreciated by the relevant authorities.

Acknowledgments

During the years of developing and teaching "YNSA" around the world, I have met many people and made many friends to whom I wish to convey my thanks. There are far too many to mention all by name, and I do not know where to start.

Dr. Jochen Gleditsch, Munich, Germany, for encouraging me and giving me the first chance to talk about YNSA in western Europe.

Professor Dr. Hartmut Heine, Anatomy and Morphology Institute, Herdecke University, Witten, Germany, for his great interest in YNSA and for his scientific research.

Dr. Gabriella Hegyi, who organized many YNSA seminars in Budapest, Hungary. She established her own acupuncture institute and honored me by giving it my name. She also uses YNSA very successfully to treat disabled children.

Professor Dr. Nobusada Ishiko, Miyazaki Medical College, Japan, for his scientific work with YNSA.

Dr. Stefan Popa and his wife Sofia, invited me twice to Bistrita, Romania to teach YNSA. They are now using YNSA very successfully, especially to treat disabled children.

Professor Dr. Margaret Naeser, Department of Neurology, Boston University Medical School, USA, who introduced me to America.

Dr. Walburg Maric Oehler, one of my very first students, and co-author of the German book, *"YNSA" NEUE SCHAEDELAKUPUNKTUR.*

Dr. David Paine and his wife Ann, who introduced YNSA in England.

Dr. Richard Umlauf, Brno University, Czech Republic, who uses and teaches YNSA extensively.

A very big thank you to all my colleagues everywhere who learned YNSA and use it successfully.

My very cooperative patients of many nationalities, and the little old lady who so kindly posed for the photos.

The publisher and his team, Kojima-san and many more who are left unnamed, but without whom this book would not have been published. To all, my appreciation and hearty thanks.

A very big thank you to all colleagues and patients, for their grateful and informative letters, which I could not always answer personally.

Nichinan, Miyazaki, 1997

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1

A BRIEF COMPARISON OF CHINESE SCALP ACUPUNCTURE AND YAMAMOTO NEW SCALP ACUPUNCTURE (YNSA)

1.1. Chinese Scalp Acupuncture

Chinese scalp acupuncture is not a strictly classic acupuncture method because the needles are not inserted into acupuncture points or meridians, as is usually the case, nor is it a somatotope, as is YNSA.

In Chinese scalp acupuncture the needle is inserted into the scalp over the corresponding motor and sensory regions of the brain directly underlying the cerebral area to stimulate the particular diseased or malfunctioning body structure.

In comparison to the ancient Chinese acupuncture, scalp acupuncture was developed only in the late 1960's and published in the western world some time thereafter (Fig. 2).

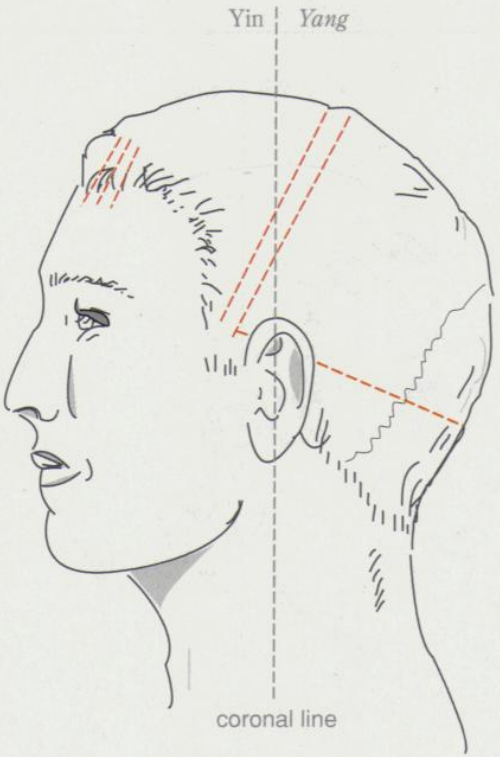


Fig. 2. Chinese scalp acupuncture.

1.2. Yamamoto New Scalp Acupuncture (YNSA)

YNSA is a completely new concept developed around 1970 and first officially reported in 1973 at the 25th annual meeting of the Japanese Society of Ryodoraku in Osaka, Japan. The word "NEW" was added to its name so it would not be confused with Chinese scalp acupuncture.

The location of YNSA is quite different from that of Chinese scalp acupuncture. YNSA should be classified as a somatic representation or microsystem comparable to other well-known microsystems, such as ear, mouth, nose, hand or foot acupuncture.

The YNSA basic somatotope is located mainly along the frontal hairline, or at least where the hairline should be, with the assumption that this line differs somewhat from person to person. YNSA Ypsilon Points , or internal organ points, are located in the temporal region. The YNSA somatotope is present in a frontal Yin position and again in a mirror image on the posterior scalp (Fig. 3).

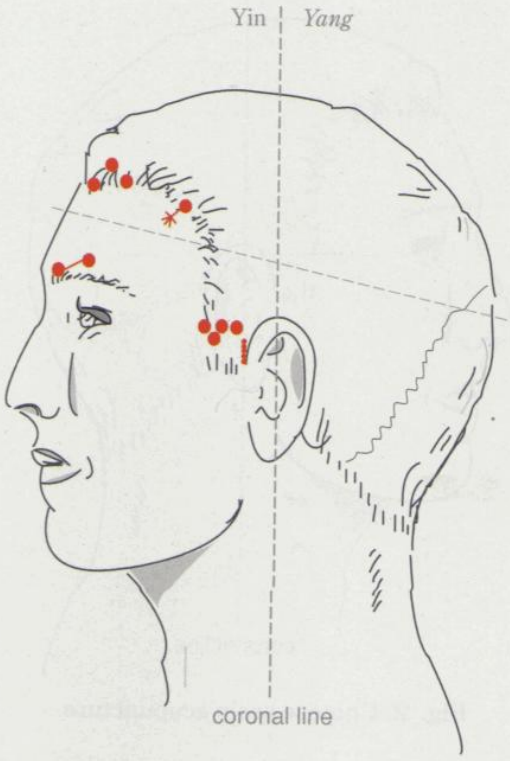


Fig. 3. The first YNSA Points.

2

INTRODUCTION TO YAMAMOTO NEW SCALP ACUPUNCTURE (YNSA)

The main or Basic YNSA somatotope is located bilaterally on the forehead in the Yin position, and a mirrorlike reflection of this anterior somatotope can be found bilaterally on the occipital scalp, in the *Yang* position (Fig. 4).

YNSA Points are divided into the following four groups:

(1) 9 Basic Points	= kinetic apparatus
(2) 4 Sensory Points	= sensory organs
(3) 12 Ypsilon Points	= internal organs
(4) 3 Brain Points	= *cerebrum-cerebellum and basal ganglia*

Five of the **Yin Basic Points (A, B, C, D, E)** are located on the forehead *on either side of the midline, along the natural hairline. The Basic* ***E***

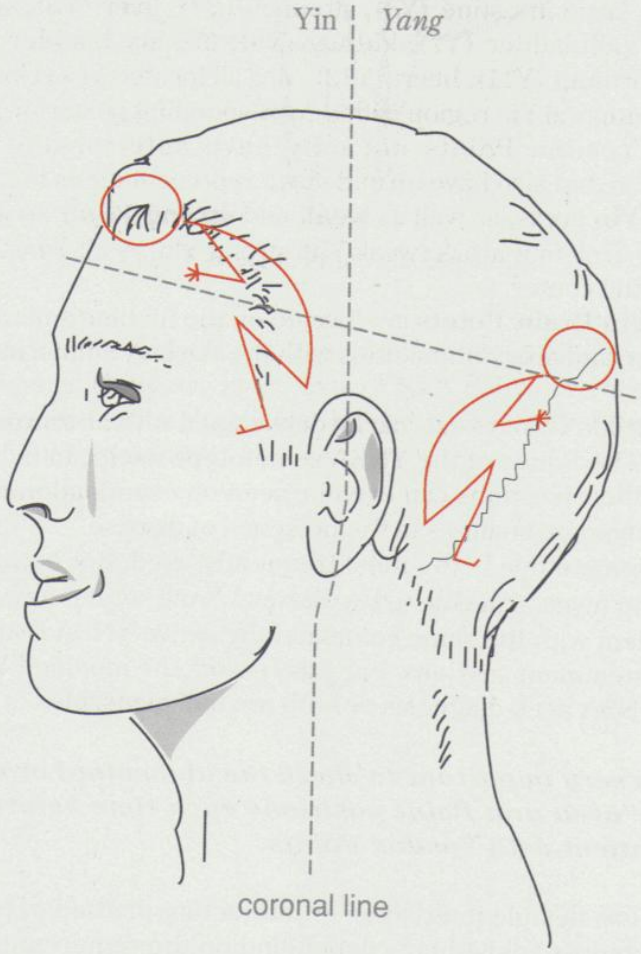


Fig. 4. Approximate position of the YNSA somatotope. Anterior Yin, posterior *Yang*, slightly lower in position and smaller.

Points are located above both eyebrows. One exception is the Basic **F** Point, which is located behind the ears over the mastoid process. This Basic Point (**F**) is so far only represented once, in the occipital *Yang* area. Two Basic Points, **H** and **I**, are complimentary, or extra Lumbar Points, *very recently added. They are situated in a caudally continuous line to the* Basic **B** and **C** Points. Basic Points **A**, **B**, **C**, **D**, **E**, **G**, **H**, and **I** are all *reflected bilaterally in the occipital area as Yang Points.*

Three **Yin Sensory Points** (**eye**, **nose**, **mouth**) are located bilaterally on the forehead about 1 cm lateral to the midline, below the Basic A Point. One Yin Sensory Point (**ear**) is situated on an oblique line below the Basic C Point. All Sensory Points are also reflected bilaterally in the occipital *Yang* region.

The 12 **Yin Ypsilon Points** (**Y Points**)– small intestine (Y1), triple heater (Y2), large intestine (Y3), stomach (Y4), liver (Y5), spleen/pancreas (Y6), gallbladder (Y7), kidney (Y8), urinary bladder (Y9), lung (Y10), pericardium (Y11), heart (Y12)– are all located in a relatively small area in the temporal Yin region with a corresponding posterior *Yang* representation. Ypsilon Points not only have anterior and posterior representation, but also have up and down representations to create **weak** and **strong Yin** areas, as well as **weak** and **strong *Yang*** areas. The Y12 Heart Points of all four areas (weak Yin, strong Yin, weak *Yang*, and strong *Yang*) form the center.

The three **Yin Brain Points** are located on the midline and to both sides of the midline and are continuations with the Basic A Points, in a posterior direction.

Which Ypsilon Point to use can be determined with **abdominal** or **neck diagnosis**. The Points of the YNSA somatotope itself can be palpated or sometimes their positions can even be seen on examination owing to superficial pathologic changes in the presence of disease.

The Yin somatotope is the most frequently used, but occasionally it is essential to insert a needle in the occipital *Yang* somatotope. Even in the same patient with the same complaint the active YNSA Point may vary in different treatment sessions. For this reason, the modified YNSA abdominal and YNSA neck diagnosis or both are indispensable.

It is very important to check the abdominal or neck diagnostic area and Point positions each time before treating the patient with Ypsilon Points.

YNSA is a flexible interlacing or interacting method of treatment (Fig. 5) that requires adjustments depending on the requirements of each patient. Sometimes the YNSA Points may be found in slightly different positions. Therefore, exact measurements and the precise locations of the

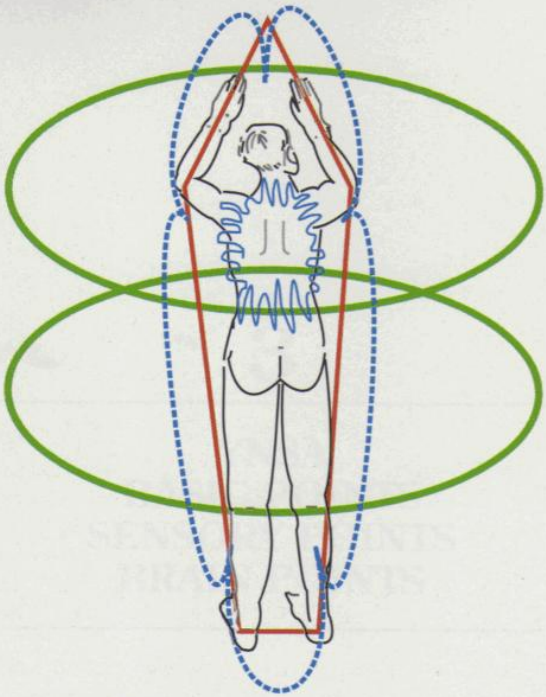


Fig. 5. Imaginary interlacing areas.

YNSA Points cannot and are not stated in this book. All quoted locations are approximate. There are some extra YNSA Points or combinations of Points that are not under a particular heading. These Points are described according to their locations.

3

YNSA
BASIC POINTS
SENSORY POINTS
BRAIN POINTS

3.1. YNSA Basic Points

As the name suggests, YNSA Basic Points were the first seven points to be detected. Another two extra Points were only recently added. Basic Points affect mainly the supporting structures of the body. They are used to treat any kinetic disorder or pain, although they may also sometimes be used very effectively to treat nearby internal organs, especially those of the thoracic cavity. The present network of YNSA, its subdivisions, and, in fact, the present somatotope as a whole were derived from the seven Basic Points. The YNSA network may well have the potential to expand further.

Basic Points represent the entire kinetic apparatus in an overlapping or interlacing manner (Fig. 5). This interrelationship is very important and must be kept in mind when treating a patient with, for example, shoulder pain. This complaint could be successfully treated with the Basic A Point or B Point or both, depending on the result of palpation. Of course, treatment could also be done in the frontal Yin, or posterior *Yang* position. Except in rare cases, which will be discussed later, there is no standard treatment.

It is of great importance that each YNSA Point is palpated or located precisely on each patient before each treatment.

Because YNSA Points are only about 1 mm in diameter, only approximate positions can be presented in the text and diagrams.

YNSA Points are not treated because of their location, but rather because of their pathologic changes, e.g., underlying tenderness, resistance, hardness, swelling, or even superficial redness or scaling of the skin.

The practitioner is advised to first study and practice thoroughly with Basic Points to gain experience before using the somewhat more complicated Ypsilon Points or Y Points. Ypsilon Points are only used in combination with abdominal or neck diagnosis (introduced later).

A minimal number of needles should be used. Often, only one needle is sufficient to achieve the best and fastest results. Because YNSA Points are extremely small, precise location of the Points can make the difference between satisfactory and unsatisfactory results.

The nine Basic Points are located bilaterally, both in the frontal Yin area and in the smaller occipital *Yang* area (Figs. 6, 7)

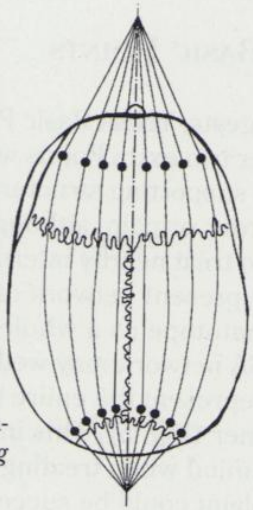


Fig. 6. Approximate relationship of Yin and *Yang* imagined from above.

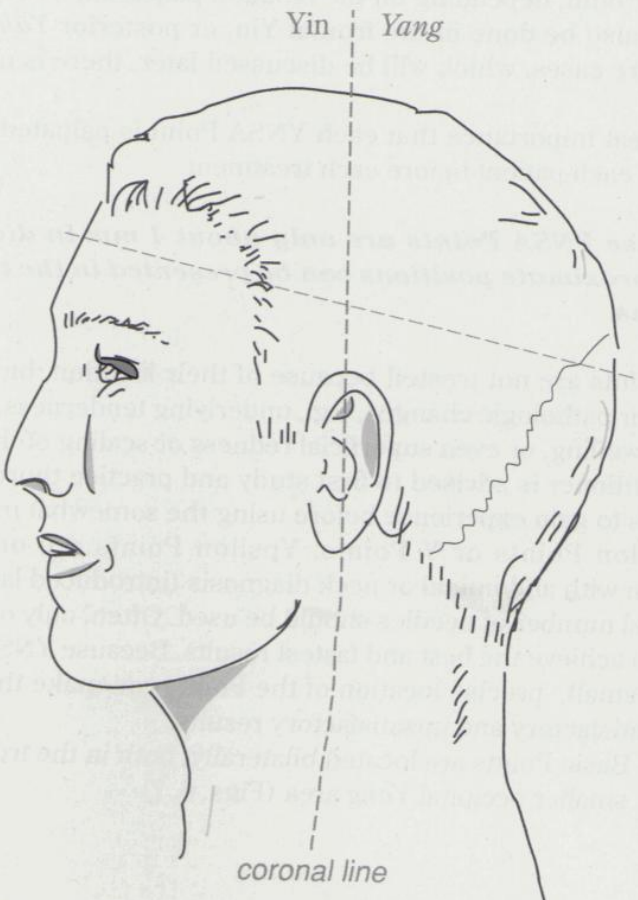


Fig. 7. Approximate levels of the Yin and *Yang* positions, seen laterally.

Basic Point Representation Areas

A = head, cervical spine, shoulder
B = cervical spine, shoulder, shoulder joint, scapular region
C = scapular region, shoulder joint, upper extremities
D = lumbar spine, lower extremities
E = thoracic spine, ribs, (lungs and heart)
F = sciatic nerve
G = knee
H & I = lumbar (extra Points)

Almost all Basic Points can be divided into several minute segments. In fact, Basic Points could also be called basic areas or basic lines. This fact makes very precise and localized treatment possible. At first, it may be difficult, without sufficient practice, to differentiate these very small Points.

The Yin Basic Points **A**, **B**, **C**, **D**, **G**, **H**, and **I** are located at the frontal hairline, and the **E** Point is on the forehead above the eyebrows. These nine points are all reflected on the posterior scalp just over the lambdoidal suture in the *Yang* representation. Seemingly out of place is the Basic **F** Point, which is located behind the ear in the area of the mastoid process. Unlike other Points, the F Point is present only as a *Yang* Point with (so far) no evidence of a corresponding Yin Point.

Anatomically, the Basic E Point (thorax) should be presented before the Basic D Point (lumbar), but the D Point was discovered first and, consequently, it was decided to present it first, so as not to conflict with earlier teachings. While this book was being written, several changes had to be made because of increased knowledge and changed perceptions.

In the following pages and in all the illustrations, YNSA Points are presented as accurately as possible, but because of the small size of the Points, they are difficult to measure precisely. Also, the size of the YNSA Points may seem larger in the pictures than they actually are. Different head shapes and sizes and hairlines have to be considered in each patient.

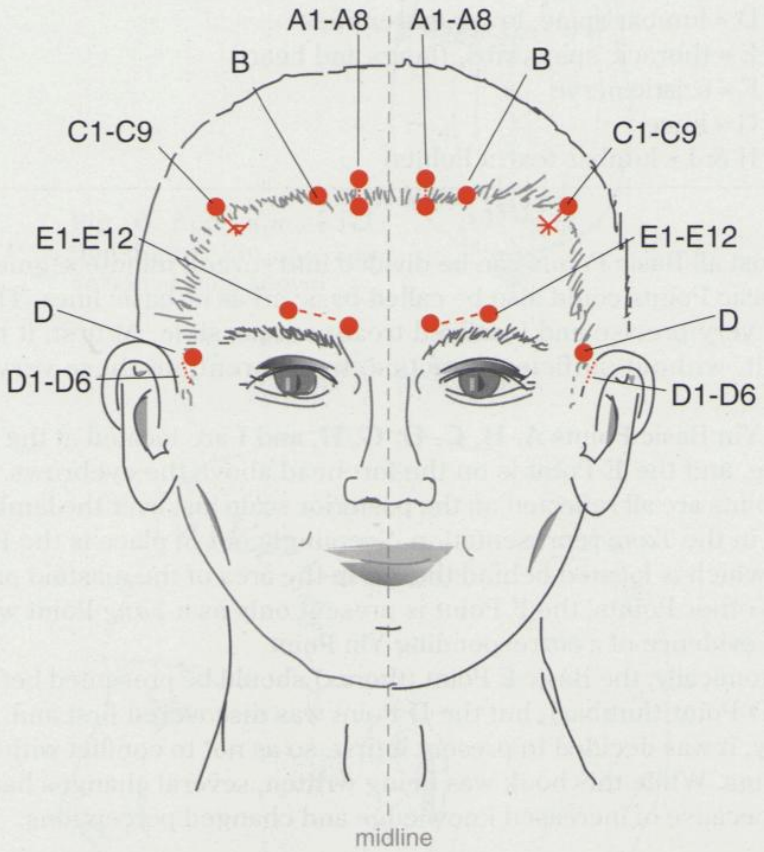


Fig. 8. Frontal **YNSA Basic Points, Yin**, representing: **A** = head, cervical spine, shoulder; **B** = cervical spine, shoulder, shoulder joint, scapular region; **C** = scapular region, shoulder joint, upper extremities, fingers; **D** = lumbar spine, lower extremities, toes; **E** = thoracic spine, ribs; **F** = sciatic nerve; **G** = knee; **H** & **I** = extra, or complimentary, Lumbar Points.

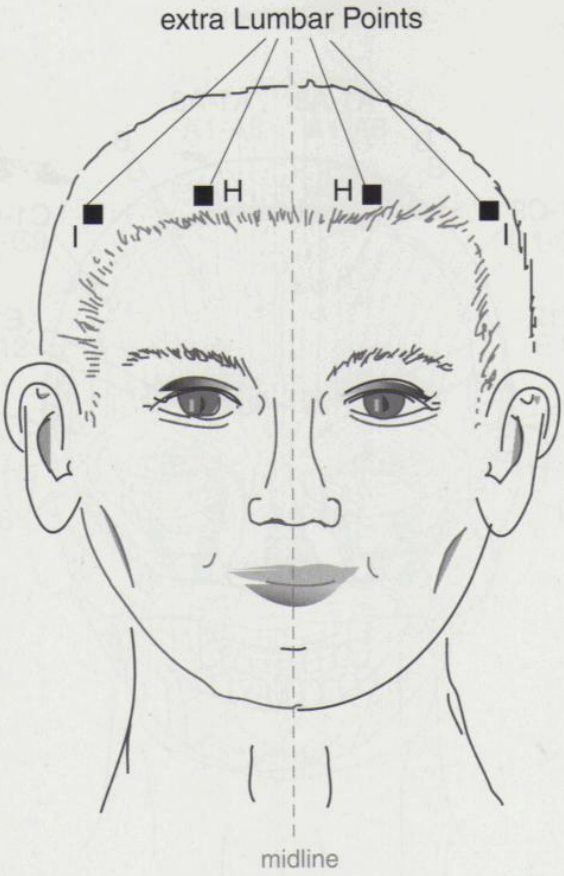


Fig. 9. YNSA extra, or complimentary, **Lumbar Points**, which are usually used only in combination with Basic **D** Points to intensify treatment in cases of chronic pain.

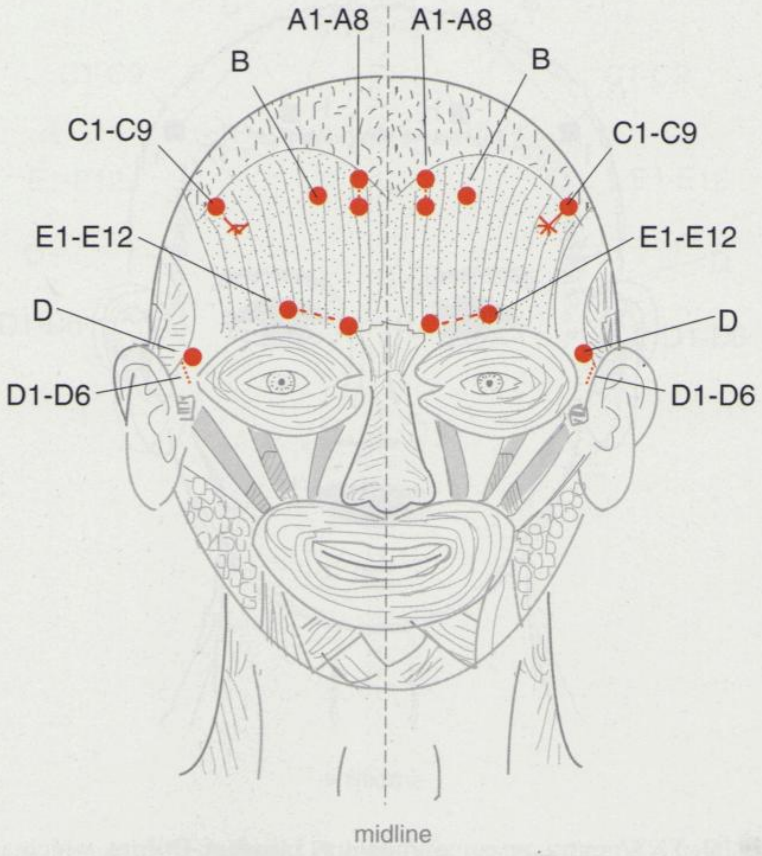


Fig. 10. Frontal **YNSA Basic Points** in relation to the muscles. All are situated over, or at the edge of, the frontalis muscle.

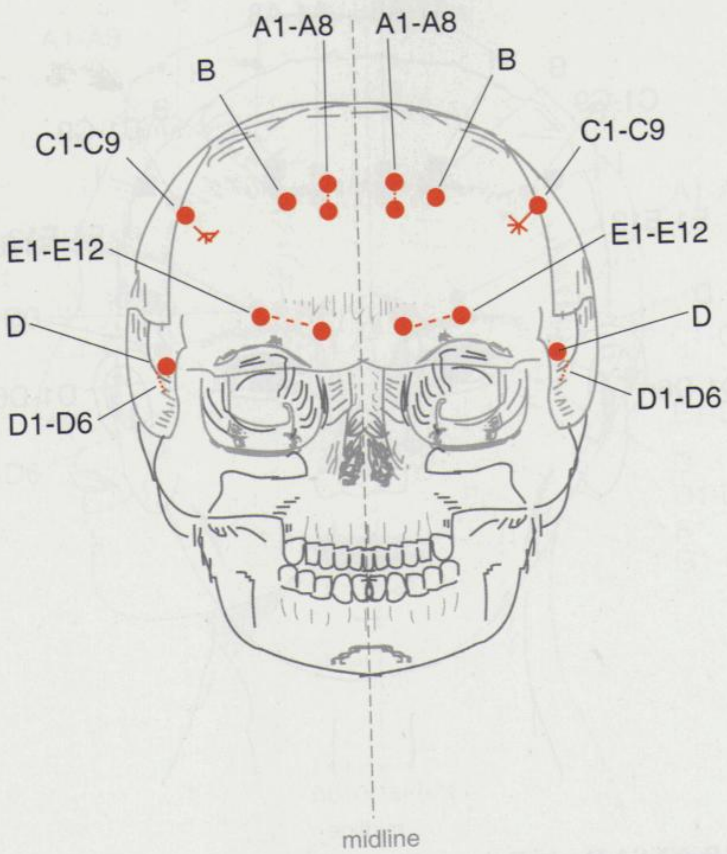


Fig. 11. Frontal **Yin Basic Points** in relation to the skull. Situated over the frontal bone, Basic **D** Points are at the upper edge of the zygomatic arch.

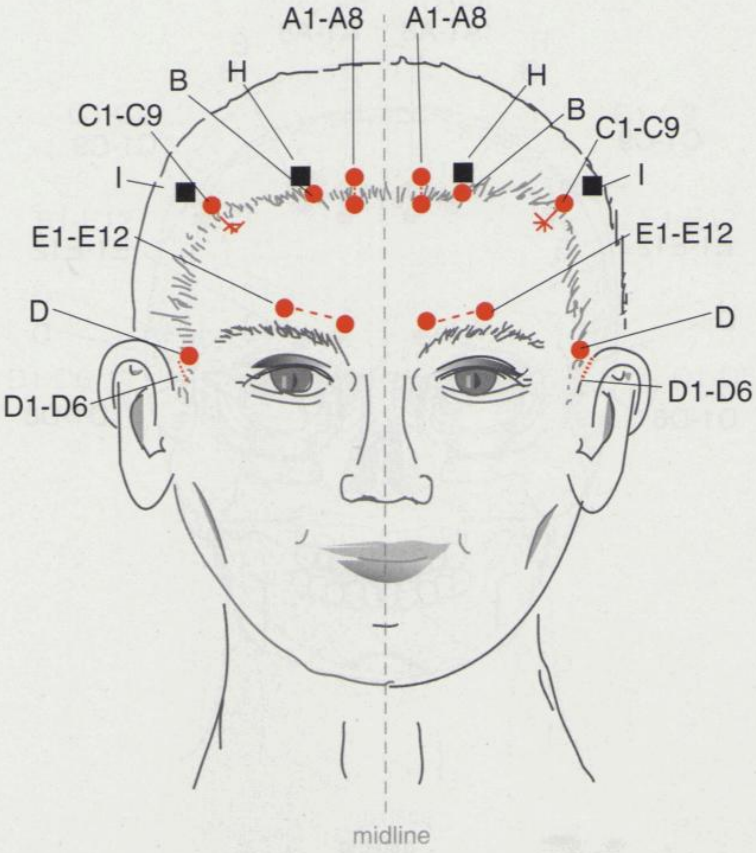


Fig. 12. YNSA Basic Points with extra Lumbar Points (**H** Points), just above the **B** Points and **I** Points in a continuous oblique line approximately 4-5 cm distal to the Basic **C** Points.

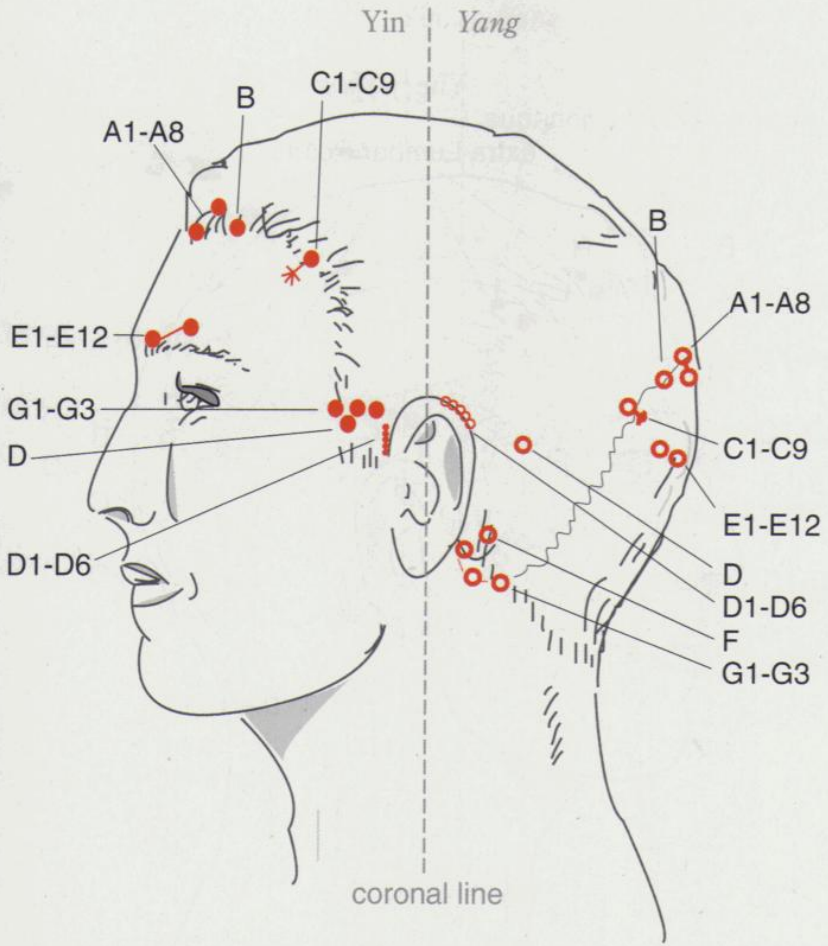


Fig. 13. Lateral view of the **YNSA Basic Points**. The *Yang* **D1-D6** Points are not exact inflections of the Yin Points but are situated higher and behind the pinna. The **F** Point is over the highest protrusion of the mastoid process, and **G** Points are at the lower edge of the mastoid process. Also included are the new Yin G Points, which are above the Basic D Point but much smaller than shown in the figure.

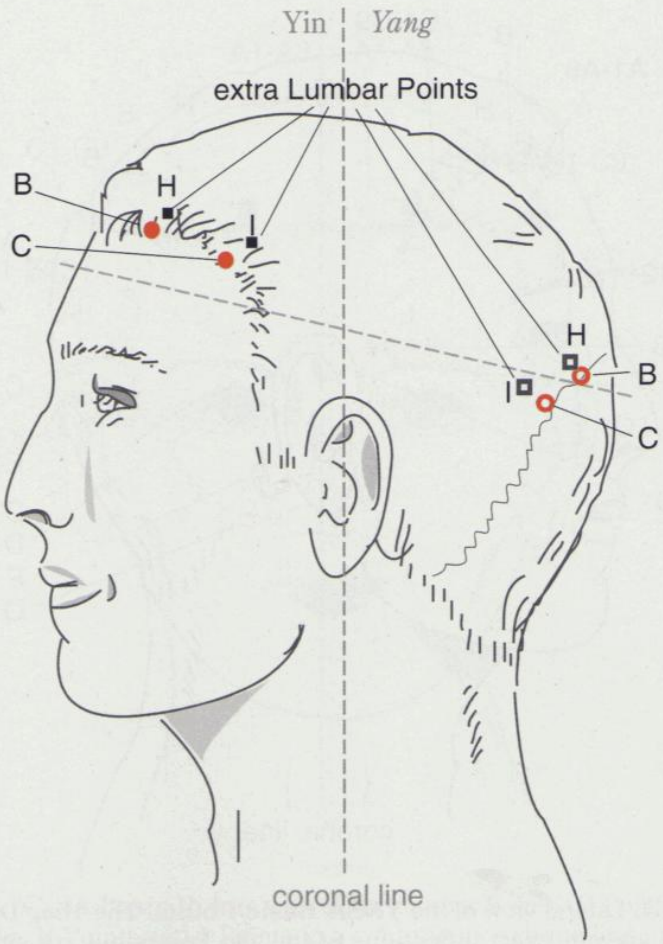


Fig. 14. Lateral view of the Yin and *Yang* **extra Lumbar Points**.

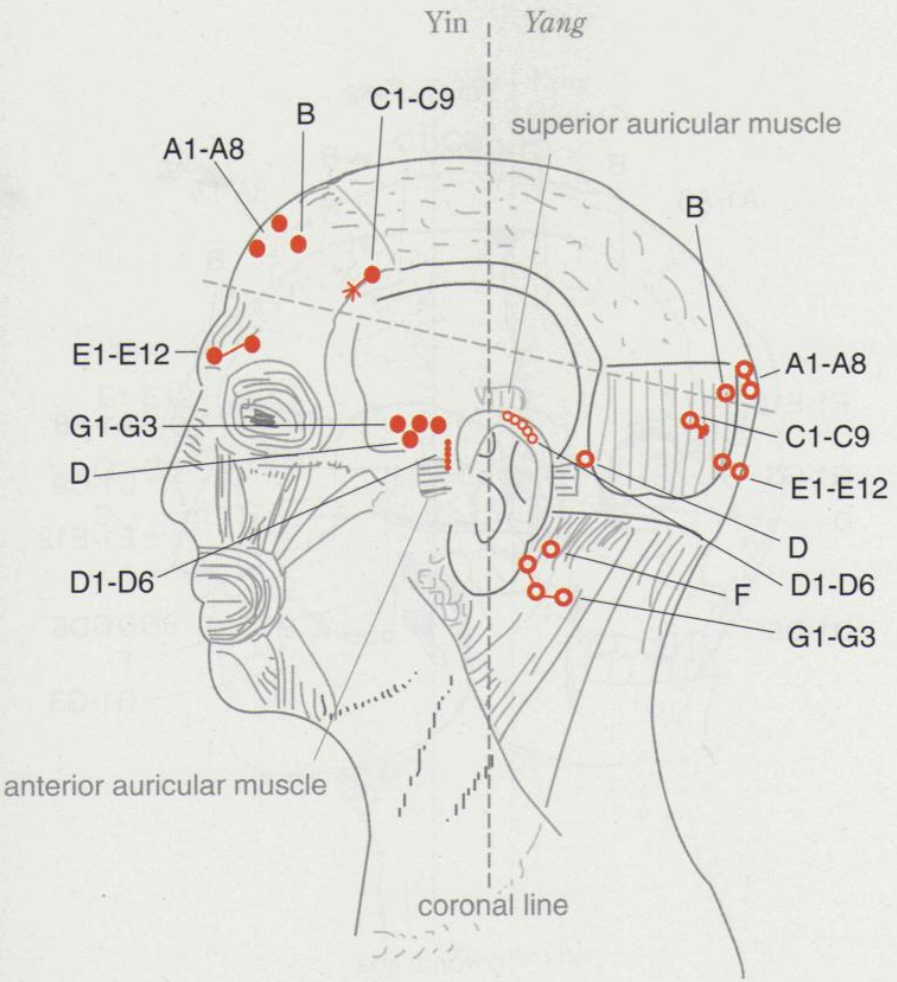


Fig. 15. Lateral view of the positions of the **Basic Points** in relation to the muscles. Yin Points are over the frontalis muscle, *Yang* Points are over the occipitalis muscle, and **F** and **G** Points are over the sternocleidomastoid muscle.

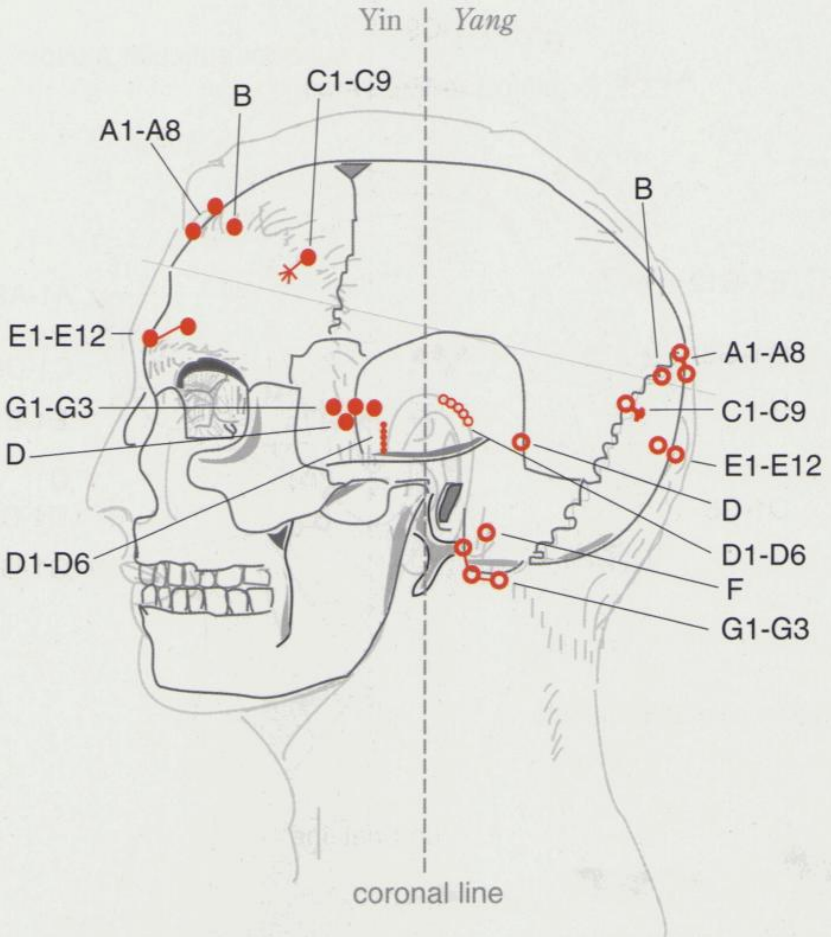


Fig. 16. Lateral view of the Yin and *Yang* **Basic Points** in relation to the skull.

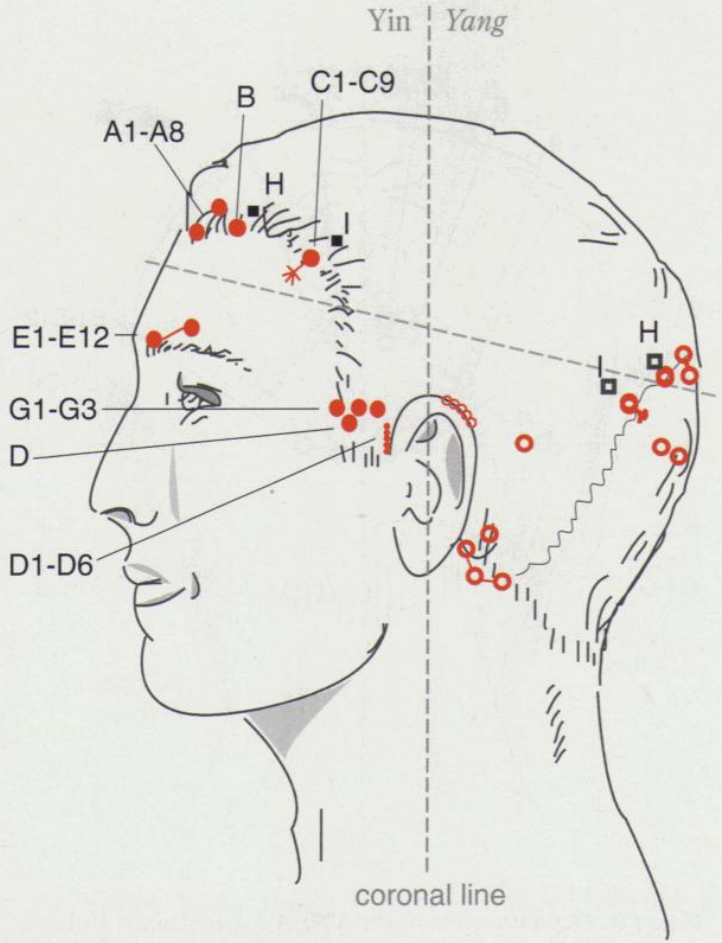


Fig. 17. Lateral view of the **YNSA Basic Points**, including **extra Lumbar Points**, for comparison of approximate positions.

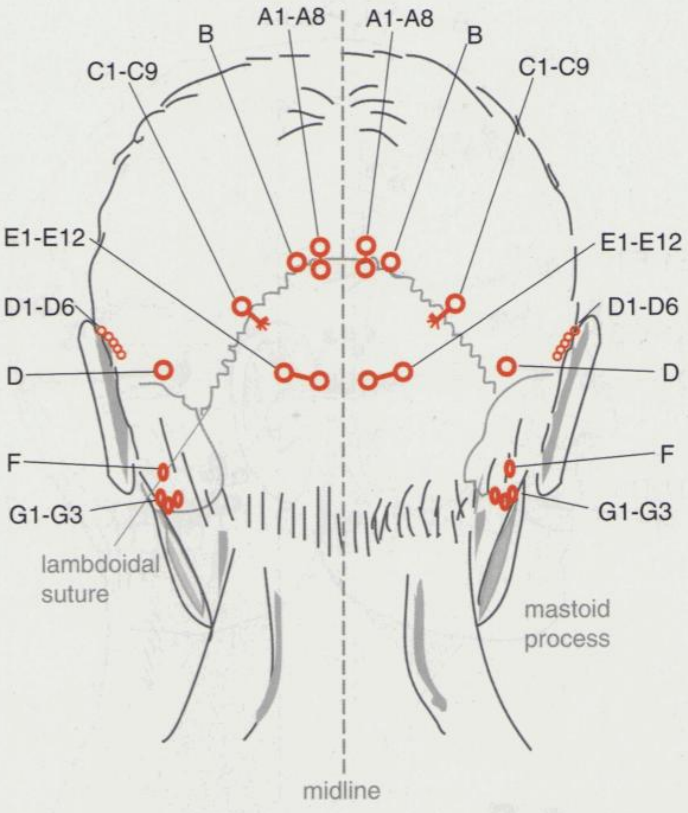


Fig. 18. Occipital view of the **YNSA *Yang* Basic Points**.

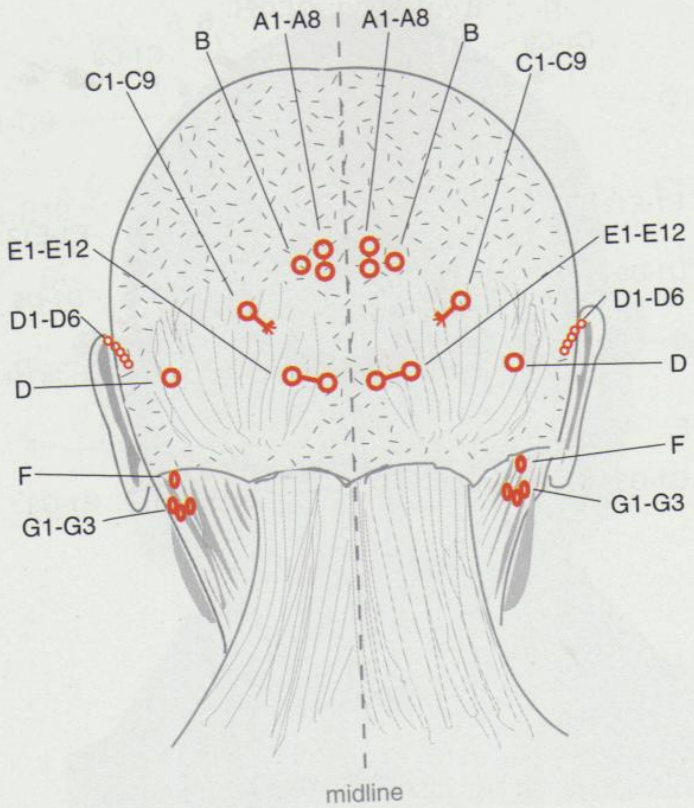


Fig. 19. YNSA *Yang* Basic Points positioned over the galea aponeurotica and occipital muscle.

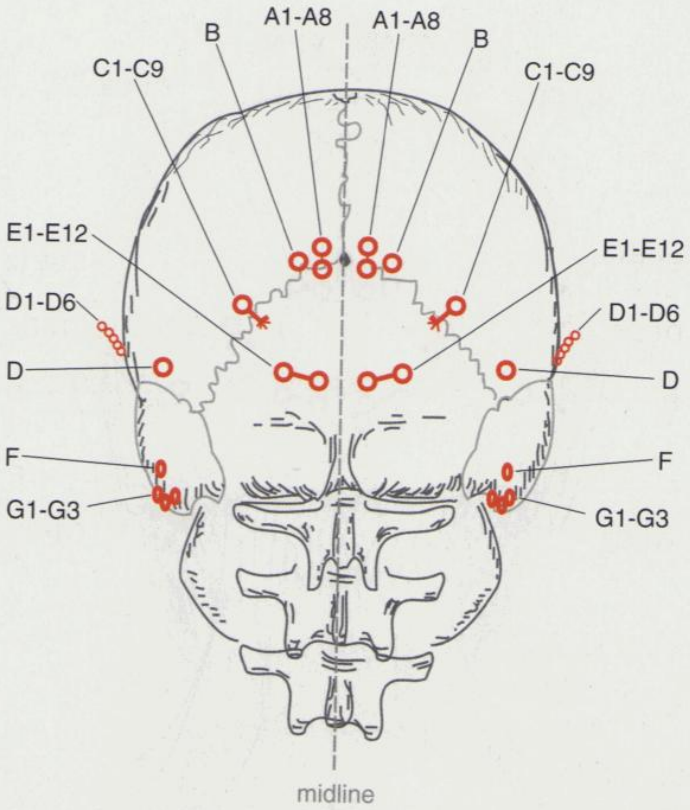


Fig. 20. Occipital ***Yang*** **Basic Points** in relation to the skull: around the lambdoidal suture, occipital, and parietal bones, and the mastoid process.

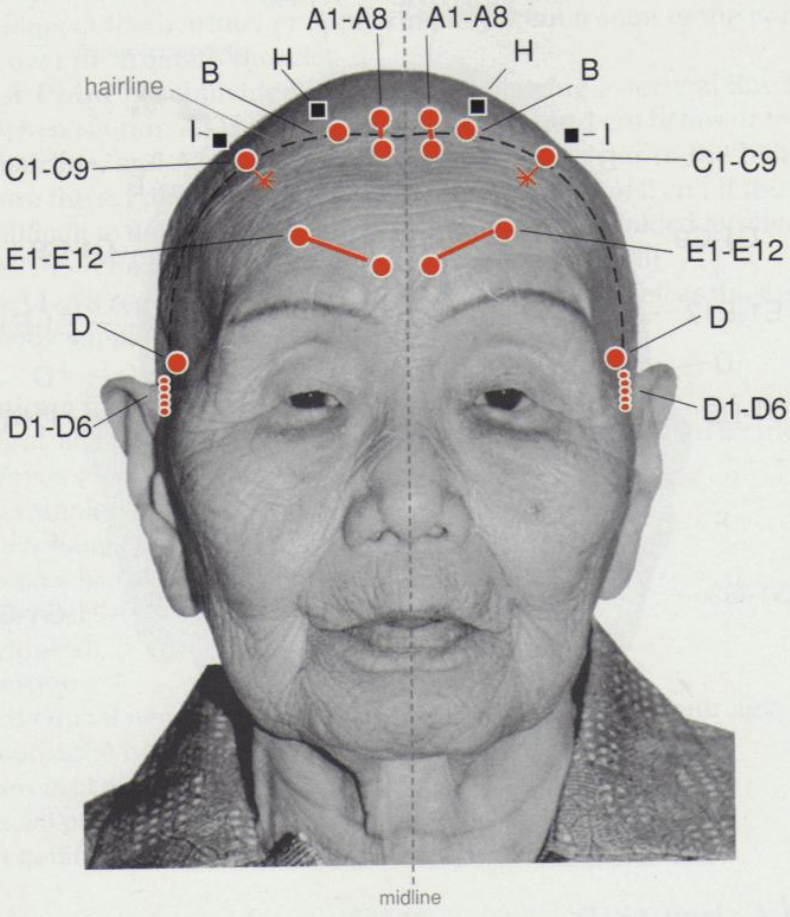


Fig. 21. Photographic representation of the frontal **YNSA Yin Basic Points**, with the **extra Lumbar Points, H** and **I** extending behind the Basic **B** and **C** Points.

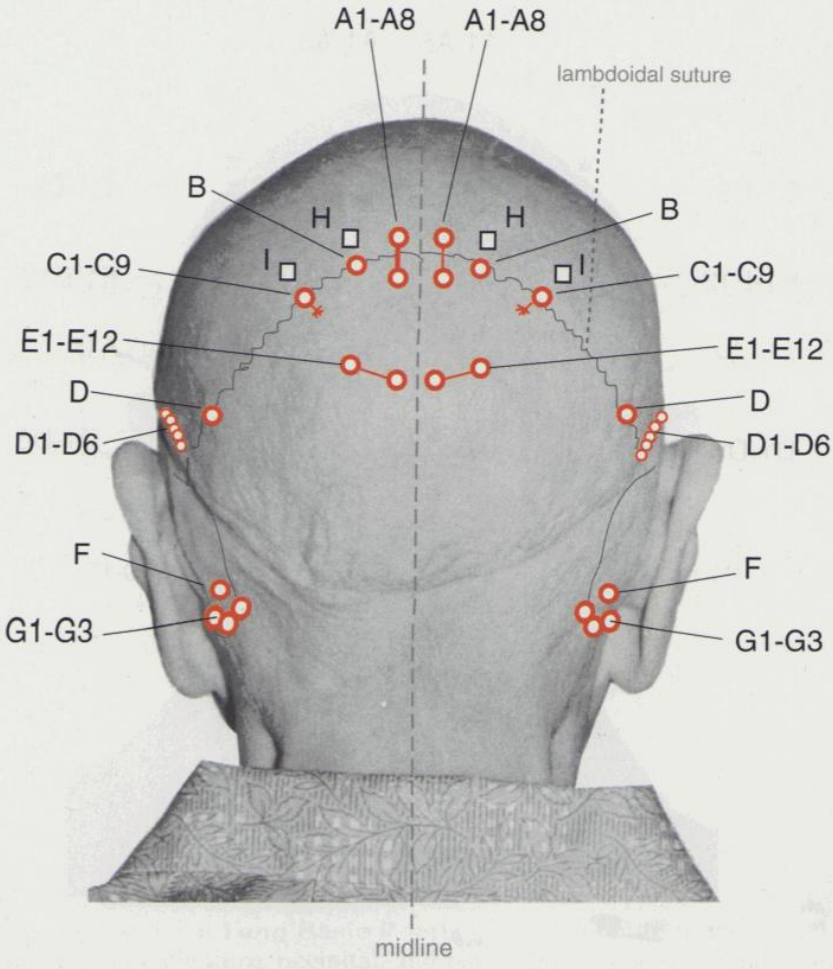


Fig. 22. Photographic representation of ***Yang*** **Basic Points**, including **extra Lumbar Points**.

3.2. YNSA Basic Points and Indications with Photographic Representations

3.2.1. YNSA BASIC A POINT (YIN)

The YNSA Basic A Point (Yin) is located approximately 1 cm bilateral to the midline, at the hairline, or approximately 5 cm frontal to the coronal suture, over the frontalis muscle.

The **A Point** is subdivided into **A1-A8** following a vertical line from anterior to posterior. A3 is at the hairline, A1 is about 1 cm below or frontal to the hairline, and A8 is about 1 cm above or posterior to the hairline. Therefore the A Point has an approximate total length of 2 cm. If the hairline is difficult to define, use the upper skinfold of the wrinkled forehead as a guide. The A Point is about 1 cm above this line (Fig. 23).

Points **A1-A8** represent the head and cervical spine as well as those parts of the body supplied by nerves derived from this region.

Indications for the Basic A Point (Yin)

In general, all reversible conditions within the areas innervated by the cervical nerves (deep and superficial).

For example:

- pain relief after injury or after surgery
- headaches and migraine of any origin
- cervical syndrome
- whiplash
- vertigo
- trigeminal neuralgia, or any facial, neck, or shoulder neuralgia
- toothache before, during, or after dental treatment
- cerebral disturbances
- facial paralysis
- vegetative disturbances, etc.

The same indications also apply to the occipital **YNSA Basic A Point (*Yang*)**.

The **occipital A Point (*Yang*)** is also divided into **A1-A8**, which are present in the same order in the occipital region, but in a slightly lower position (Fig. 18).

Fig. 23. Photographic representation of **YNSA Yin Basic A Points.**

3.2.2. YNSA BASIC B POINT (YIN)

The YNSA Basic B Points (Yin) are approximately 1 cm bilateral to the Basic A Point, or 2 cm lateral to the midline, at the hairline. If the hairline is difficult to define, use the upper skinfold of the wrinkled forehead as a guide. The B Point is about 1 cm above this line (Fig. 24). The Basic B Point has no known subdivisions.

The Basic B Point represents the cervical spine region and areas innervated by the cervical nerves – the shoulder, clavicular region, and, sometimes the shoulder joint.

The Basic B Point (*Yang*), an occipital representation, is due to the smaller area only about 0.7 mm lateral to the *Yang* Basic A Point (Figs. 18, 19, 20).

Indications for the Basic B Point (Yin)

All reversible conditions within the areas innervated by the cervical nerves, internal or external, deep and superficial areas.

For example:

All pain relief after injury or after surgery:

- neck-shoulder-arm syndrome
- shoulder pain due to immobility after arm fractures
- hemiplegia, etc.

The same indications apply to the occipital **Basic B Point (*Yang*)**.

3.2.3. YNSA BASIC C POINT (YIN)

The YNSA Basic C Point (Yin) is located approximately 2.5 cm lateral to the B Point or 4.5 to 5 cm to either side of the midline. The C Point with its division runs in an imaginary line of 45 degrees from the root of the nose to roughly the border of the frontalis muscle and the temporalis muscle, stretching over an area of about 2 cm in a slightly oblique line following the shape of the skull.

The C Point represents the upper extremities as a whole but can also be subdivided into 9 smaller parts. From superior to inferior, starting about 1 cm above the hairline, the C Point begins with the shoulder joint, followed by the upper arm, the elbow at the hairline, forearm, and hands. The hand, with abducted fingers, is about 1 cm below the hairline. The thumb is in the medial position (Fig. 25).

Fig. 24. Photographic representation of the **Yin Basic B Points** and shadows of the **A** Points. **B** Points have no known divisions, but there is an **extra Lumbar Point** just above (Fig. 21) and in the *Yang* position (Fig. 22).

Fig. 25. Photographic representation of the **Yin Basic C Points**, with their divisions, from above, the shoulder, upper arm, elbow, forearm, and hands and fingers, with the thumb in the medial position.

YNSA Basic C Point (*Yang*)
The same order is present in the occipital presentation. However, this C Point (*Yang*) is located about 1 cm lower than its Yin counterpart, over the lambdoidal suture, following the shape of the skull (Fig. 22).

Indications for the Basic C Point (Yin)
Indications for the Basic C Point (Yin) include:

- posttraumatic and postoperative pain
- frozen shoulder
- dislocation of the shoulder joint, for easier manipulation
- sprained joints
- fractures
- rheumatoid arthritis
- bursitis, tennis elbow
- tendosynovitis
- hemiplegia, paraplegia
- Parkinson's syndrome
- multiple sclerosis
- paresthesia
- circulatory disturbances, etc.

The same indications apply to the occipital **Basic C Points (*Yang*)**.

3.2.4. YNSA BASIC D POINT (YIN)

The YNSA Basic D Point (Yin) is located in the temporal region, at the hairline approximately 1 cm above the zygomatic arch, and 2 cm in front of the ear, over the temporalis muscle. The D Point is bilateral.

The D Point is divided, but not in a continuous line as are the Basic A and C Points. Owing to the recent discovery of the five specific Lumbar Vertebrae Points and also the involvement of an identical treatment area (lower body and extremities), these six points have been conveniently grouped as a division of the D Point (Fig. 26).

The main D Point, which was first to be discovered represents the whole lower part of the body, including the lumbar vertebrae and lower extremities. The divisions of the **D** Point – **D1-D6** lumbar, sacrum, and coccyx – resemble a string of beads in a vertical line about 1 cm in length posterior to the D Point and just in front of the ear, above the temporomandibular joint region. A very specific, accurate treatment can be achieved for each lumbar spine section when using these Points.

The line of D1-D6 Points is about 1 cm in length and explicitly represents the lumbar spine, sacrum, and coccyx.

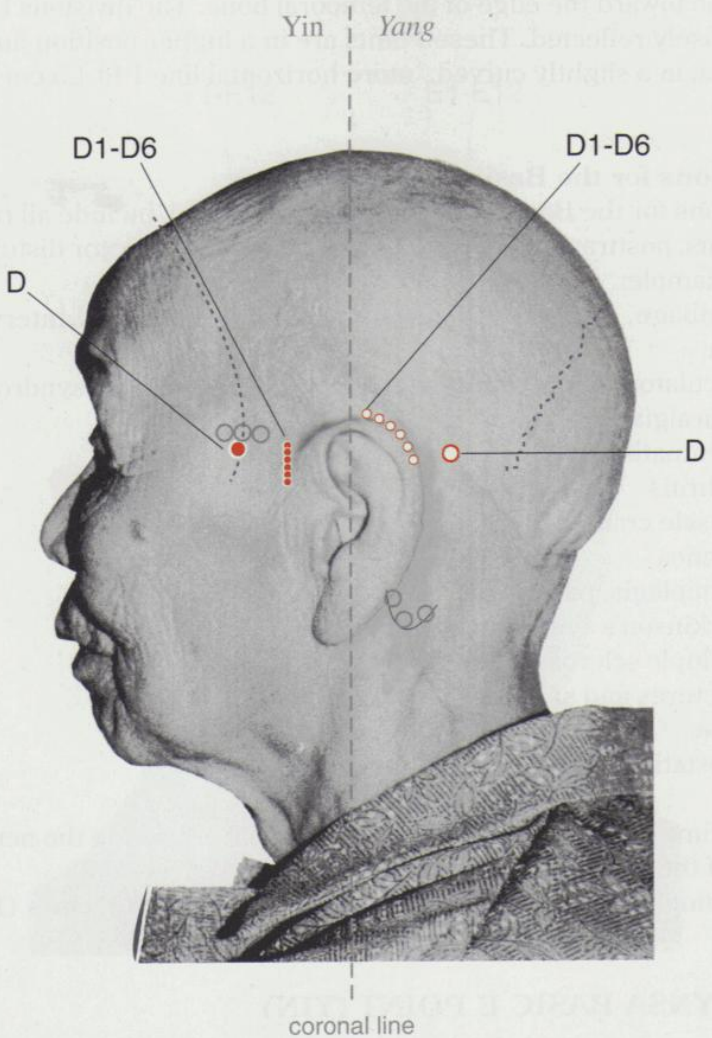


Fig. 26. Photographic representation of the approximate positions of Yin and *Yang* **Basic D Points** and their divisions **D1-D6**.

The D1-D6 Points are located in the same order as their anatomic positions; i.e., D1 represents lumbar vertebrae 1, D2-D5 represent lumbar vertebrae 2-5, and D6 represents the sacrum/coccyx area.

The Basic D Point (*Yang*) is located in the same manner over the sphenoid bone toward the edge of the temporal bone. The divisions D1-D6 are not precisely reflected. These Points are in a higher position just behind the pinna, in a slightly curved, more horizontal line 1 to 1.5 cm in length (Fig. 26).

Indications for the Basic D Point

Indications for the Basic D Point, including D1-D6, include all reversible conditions, posttraumatic or postoperative pain, and motor disturbances.

For example:

- lumbago, whatever the cause, including herniated intervertebral disc
- circulatory disturbances of the legs, e.g., Raynaud's syndrome
- neuralgia
- rheumatism
- arthritis
- muscle cramps
- sciatica
- hemiplegia, paraplegia
- Parkinson's syndrome
- multiple sclerosis
- fractures and sprains
- gout
- prostatic hypertrophy

Sometimes, disorders of internal organs that are within the nerve distribution of the lumbar region can also be treated successfully.

The same indications apply to the occipital **Basic D Points** (***Yang***).

3.2.5. YNSA BASIC E POINT (YIN)

The YNSA Basic E Points are located above the eyebrow, starting approximately 1 cm lateral to the midline and follow 15 degree oblique line laterally. Each line is about 2 cm long. The E Points are bilateral.

The E Point has 12 subdivisions. E1 is most superior and represents thoracic vertebrae 1.

E1-E12 represent the thoracic vertebrae, the ribs and thoracic cavity, and the internal organs innervated by the thoracic nerves (Fig. 27).

The Basic E Point is also present in the occipital *Yang* position (Fig. 22).

Fig. 27. Approximate positions of the **Yin Basic E Points, E1-E12**, about 1 cm bilateral to the midline, following a 15-degree line upward and outward. E12 is nearest to the nose.

Indications for the Basic E Point

Indications for the Basic E Point include all reversible conditions, post-traumatic or postoperative pain.

For example:

- intercostal neuralgia
- herpes zoster, etc.
- fractures

A variety of internal organ diseases can also be treated, such as:

- angina pectoris
- palpitations
- asthma
- dyspnea
- hyperventilation
- bronchitis

The same indications apply to the occipital **Basic E Point** (***Yang***).

3.2.6. YNSA BASIC F POINT (*YANG*)

The YNSA Basic F Points (*Yang*) have only one representation, which is located in the *Yang* area. No Yin Basic F Point has been identified.

The F Point is located in the retroauricular area, over the highest point of the mastoid process (Fig. 28).

Indication for the Basic F Point

The Basic F Point represents only the sciatic nerve. The only indication for the Basic F Point is sciatica.

It may be necessary to also insert a needle at the Basic **D** Point, which is located in the frontal Yin or occipital *Yang* area.

3.2.7. YNSA BASIC G POINT (YIN)

The YNSA Basic G Point is divided into three parts:

(1) G1 = medial knee area
(2) G2 = frontal knee area
(3) G3 = lateral knee area

Until recently, the G Points were believed to be located only in the *Yang* area. The Yin Basic G Points are now known to be located just above the

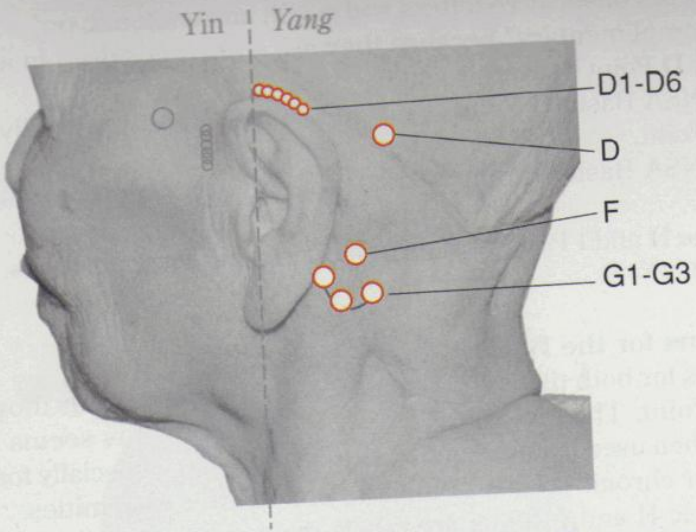


Fig. 28. Approximate position of the *Yang* **Basic F Point** over the highest point of the mastoid process. The *Yang* Basic **D** and **G** Points are shown for comparison.

Basic D Point. G1, which represents the medial aspect of the knee, is the most anterior (Figs. 13, 15, 16).

Indications for the Basic G Point

Indications for the Basic G Point include disturbances and all types of post-traumatic pain of the knee joint and patella.

For example:

- bursitis
- rheumatism
- arthritis
- patella fracture
- sprains

The knee can also be treated with the D Point (lower extremities) at the same time.

The Basic G Points (*Yang*) are situated around the edge of the mastoid process; all have the same functions (Fig. 28).

3.2.8. YNSA BASIC H AND I POINTS

The H and I extra, or supplementary, Lumbar Points have been added only very recently to the group of YNSA Basic Points and are, therefore,

labeled with consecutive letters and not in any anatomic order. They are called "complimentary" because they are sometimes used in addition to the Basic **D** Point but rarely alone.

The YNSA Basic **H** Point is located almost directly caudally from the Basic **B** Point.

The YNSA Basic **I** Point is located about 1cm caudal to the Basic **C** Point.

Both the H and I Points are present in Yin and *Yang* positions. (Figs.14, 21, 22, 29).

Indications for the Basic H and I Points

Indications for both the Basic H and I Points are the same as those for the Basic **D** Point. The effects of the Basic H and I Points seems to be increased when used in combination with the D Point, especially for chronic lumbago or chronic pain or numbness of the lower extremities.

The Basic H and I Points are rarely used alone. Usually, the H and I Points can be palpated very easily as a firm elevation in the presence of lumbago or disability and complaints in the lower extremities.

Fig. 29. Frontal **Yin Basic H and I Points** were found very recently. They complement or intensify the action of the Basic **D** Points.

3.3. YNSA Sensory Points

There are four Sensory Organ Points belonging to this group which, as the name implies, are related to the sensory organs and used to treat any malfunctions of these organs.

(1) Eye Point
(2) Nose Point
(3) Mouth Point
(4) Ear Point

The Sensory Organ Points are similar to the Basic Points because each Sensory Point represents a particular organ or anatomic structure.

The Sensory Organ Points were discovered as a second group of Points. They are not included in the hairline presentation of the Basic Point somatotope yet are also located on the forehead, below the hairline.

Eye, Nose, and Mouth Points are in a vertical line at approximately 1-cm intervals from the most inferior Basic A Point, 1 cm lateral to the midline (Fig. 30). The Ear Point is about 1.5 cm from the Basic C Point, on a 45-degree line between the C Point and the root of the nose.

All Sensory Points are also repeated in the occipital region as *Yang* representations.

Indications for the Sensory Points

Indications for the YNSA Sensory Points are as follows:

Eye Point: All ophthalmic disturbances and pain, e.g.,
- impaired vision
- glaucoma
- conjunctivitis
- strabismus
- epiphora
- posttraumatic or postoperative pain and discomfort

Nose Point: All conditions affecting the nose, e.g.,
- allergic conditions
- rhinitis
- sinusitis
- nasal obstruction
- posttraumatic or postoperative pain

Mouth Point: All conditions affecting the mouth, e.g.,
- stomatopathy
- stomatitis
- herpes simplex

- toothache
- pain after tooth extraction
- aphasia (see also Fig. 50)

Ear Point: Auricular disturbances, e.g.,

- otitis externa
- tinnitus (see also Fig. 34)
- posttraumatic and postoperative pain

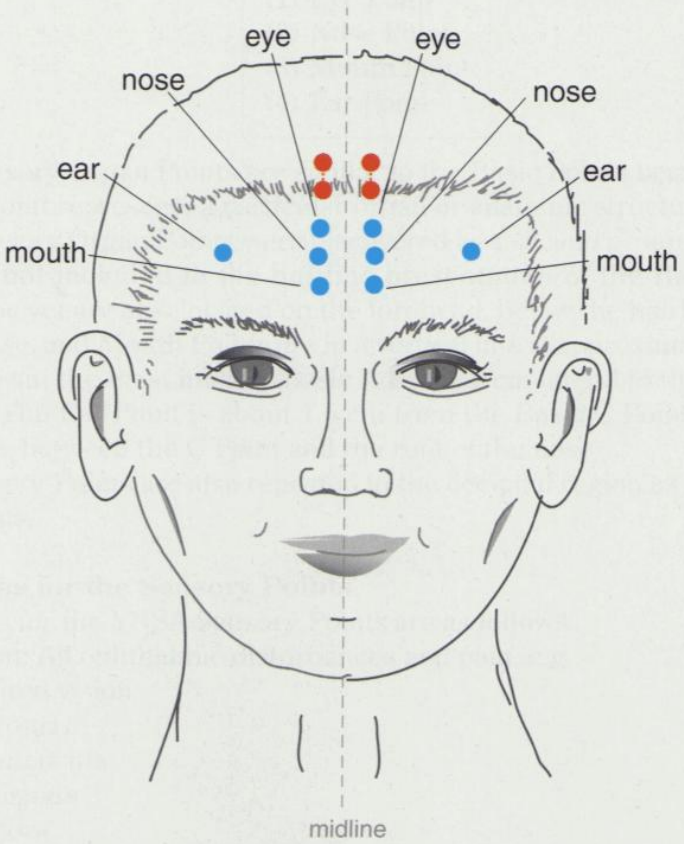


Fig. 30. Frontal representation of **Yin Sensory Organ Points** in a continuous line below the Basic **A** Points.

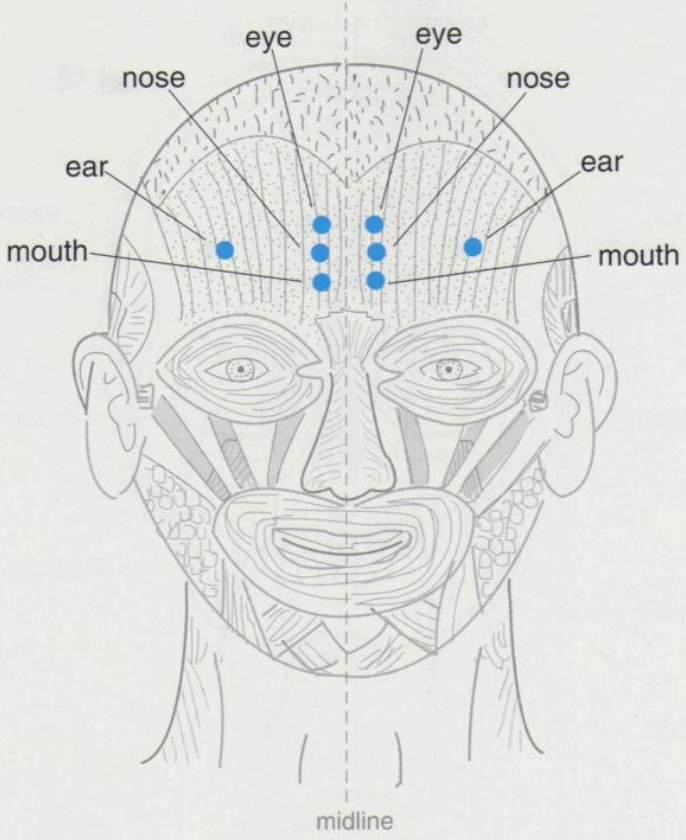


Fig. 31. Yin Sensory Points in relation to the muscles. All Points – eye, nose, mouth, and ear – are situated over the frontalis muscle.

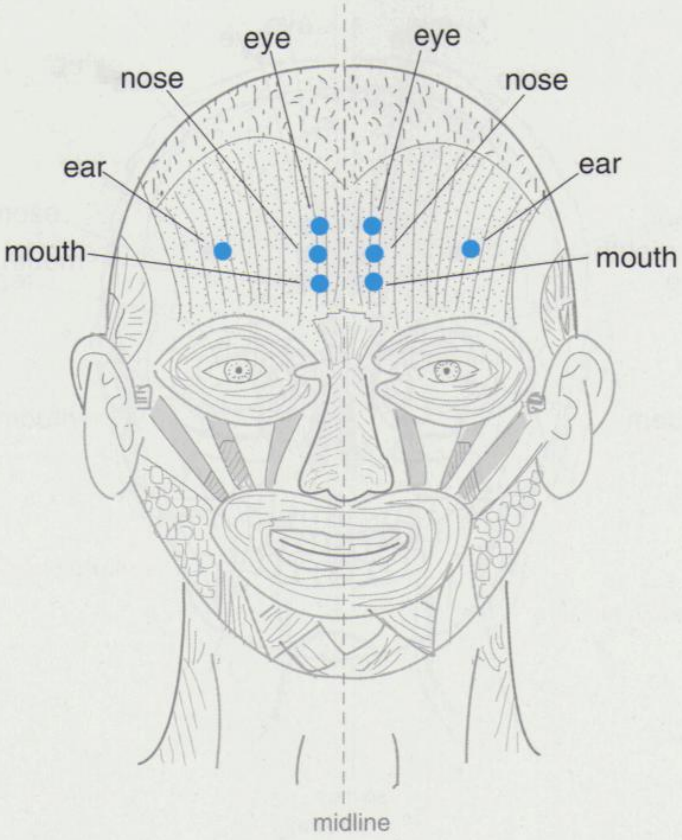


Fig. 31. Yin Sensory Points in relation to the muscles. All Points – eye, nose, mouth, and ear – are situated over the frontalis muscle.

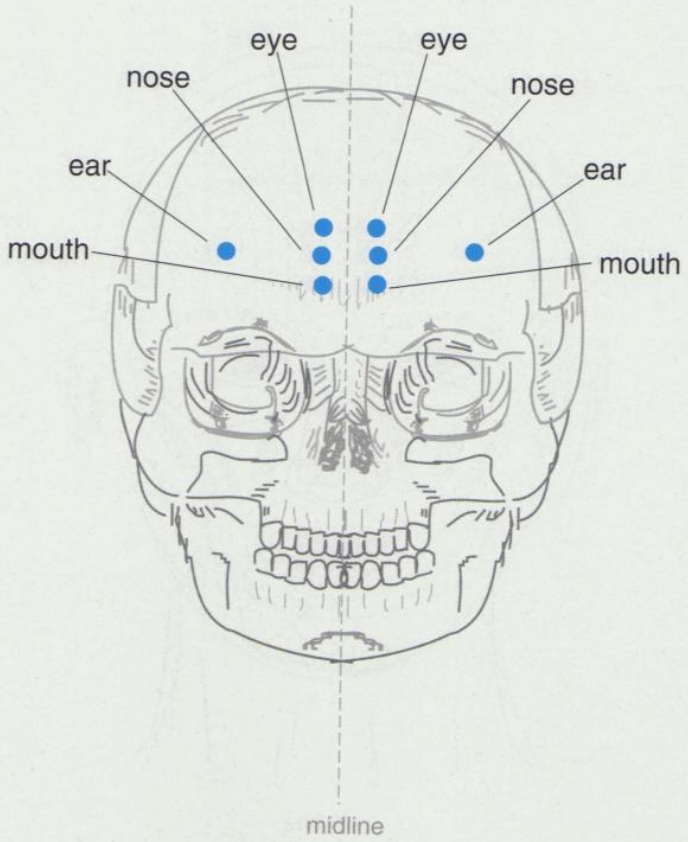


Fig. 32. Yin Sensory Points in relation to the bones. All Points are over the frontal bone.

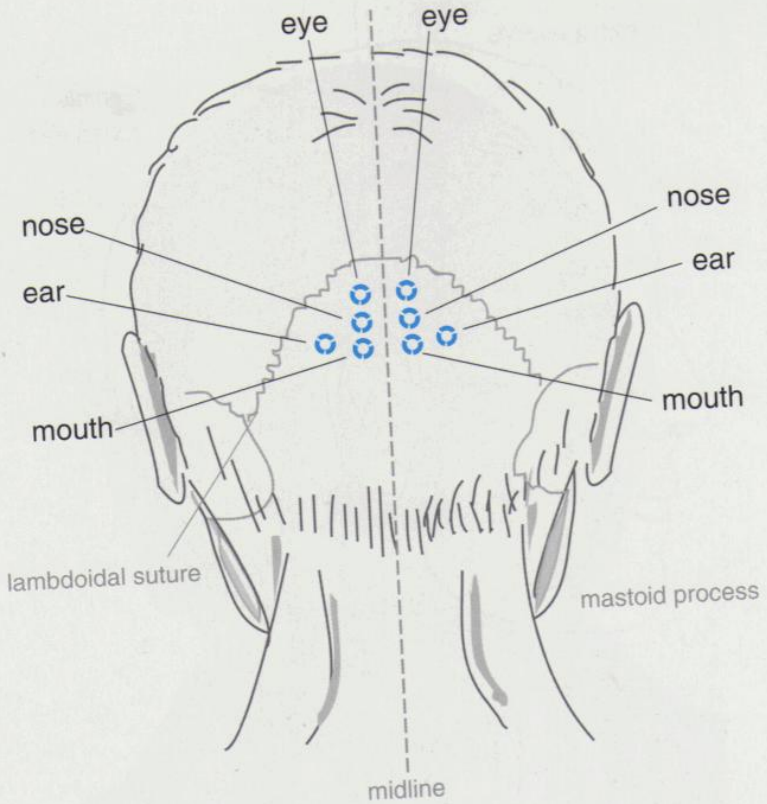


Fig. 33. *Yang* Sensory Points are all positioned below the lambdoidal suture and over the occipital bone.

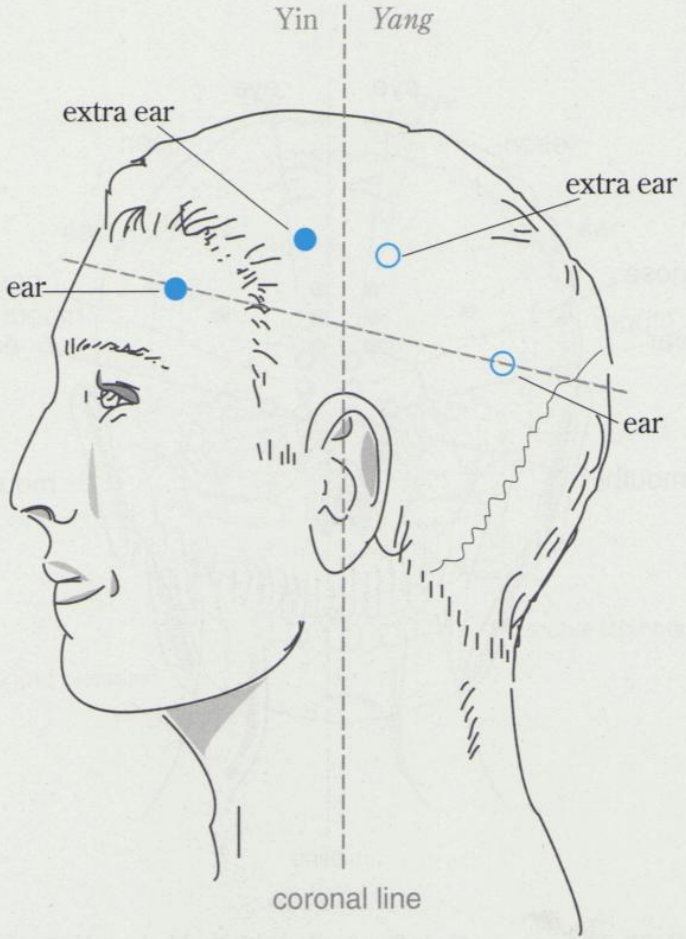


Fig. 34. For tinnitus insert needles at both the **Yin and *Yang* Ear Points** in combination with a "**Satellite Point**" (no name) midway between the Yin and *Yang* Ear Points.

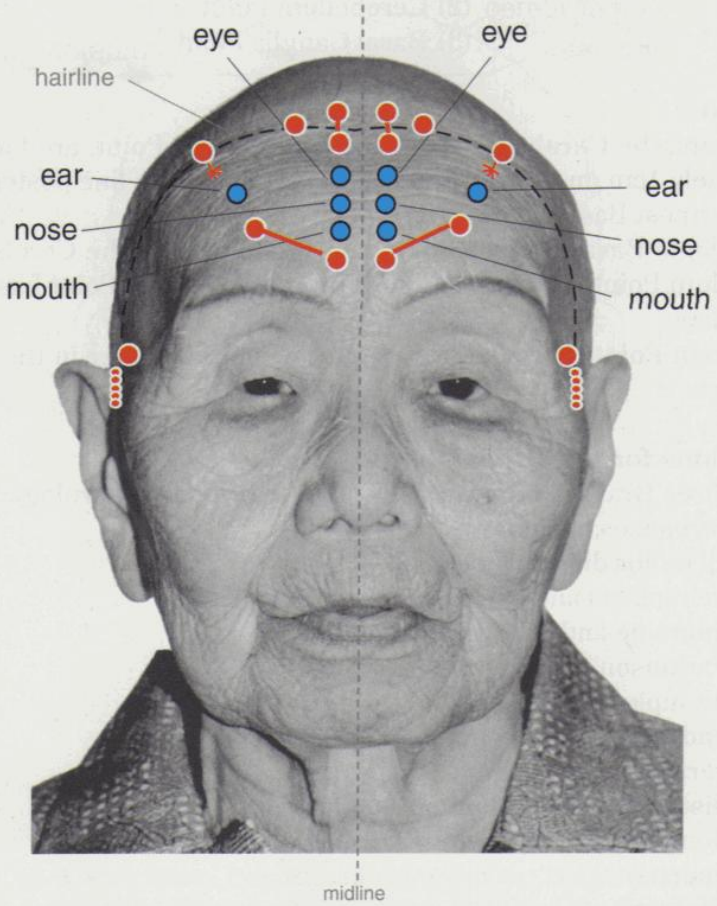


Fig. 35. The positions of the **Yin Sensory Points** (blue) in comparison with the positions of the Basic Points (red).

3.4. YNSA Brain Points

The YNSA Brain Points were also recently discovered. As with the Basic and Sensory Points, Brain Points have specific treatment areas.

There are three Brain Points:

(1) Cerebrum Point
(2) Cerebellum Point
(3) Basal Ganglia Point

Location

Two points, the Cerebrum Point and Cerebellum Point, are located approximately 1cm on the both sides of the midline on a line posterior from the uppermost Basic A Point (A1).

The single Basal Ganglia Point is located between the Cerebrum and Cerebellum Points on the midline. The Basal Ganglia Point has an elongated shape.

All Brain Points are also present in the same manner in the occipital *Yang* area.

Indications for the Brain Points

These three Brain Points can be used to treat many neurologic diseases and disturbances, including:

- all motor disturbances
- hemiplegia and paraplegia
- migraine and trigeminal neuritis
- Parkinson's syndrome
- multiple sclerosis
- endocrine disturbances
- vertigo
- disturbed vision, tinnitus, and aphasia
- dementia and Alzheimer's disease
- epilepsy
- insomnia
- depression and psychologic disturbances

These Brain Points should be of great value to the neurologist for a variety of conditions. The YNSA Brain Points also have diagnostic zones on the abdomen and neck, as will be shown later.

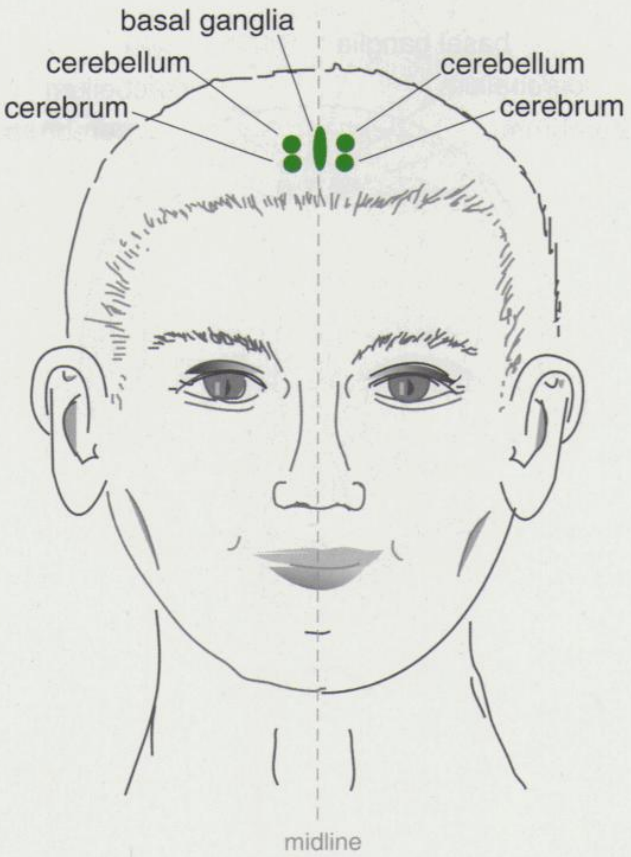


Fig. 36. YNSA Brain Points in the Yin position. The Basal Ganglia Point is elongated between the Cerebrum Point and the Cerebellum Point, extending slightly more posteriorly than the other two Brain Points.

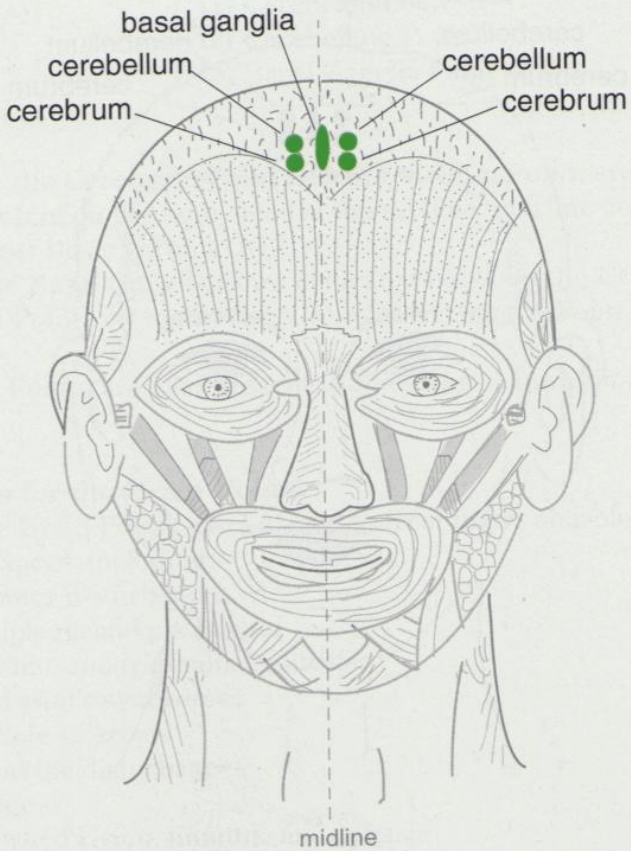


Fig. 37. YNSA Brain Points in relation to the muscles. The Brain Points extend posteriorly from just behind the edge of the galea aponeurotica.

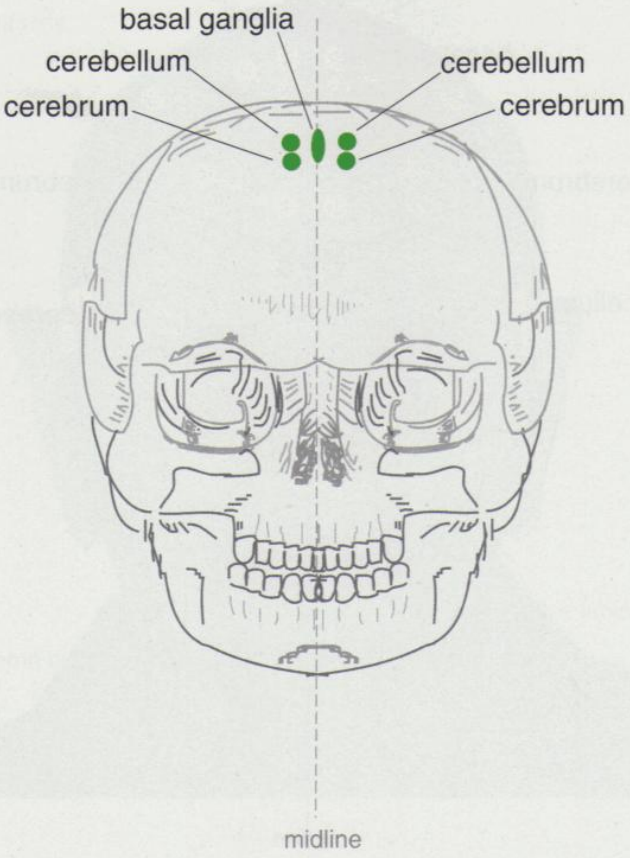


Fig. 38. YNSA Brain Points in relation to the skull. The Brain Points start approximately 3 cm in front of the coronal suture and extend about 1.5 to 2 cm to near the Basic A Points.

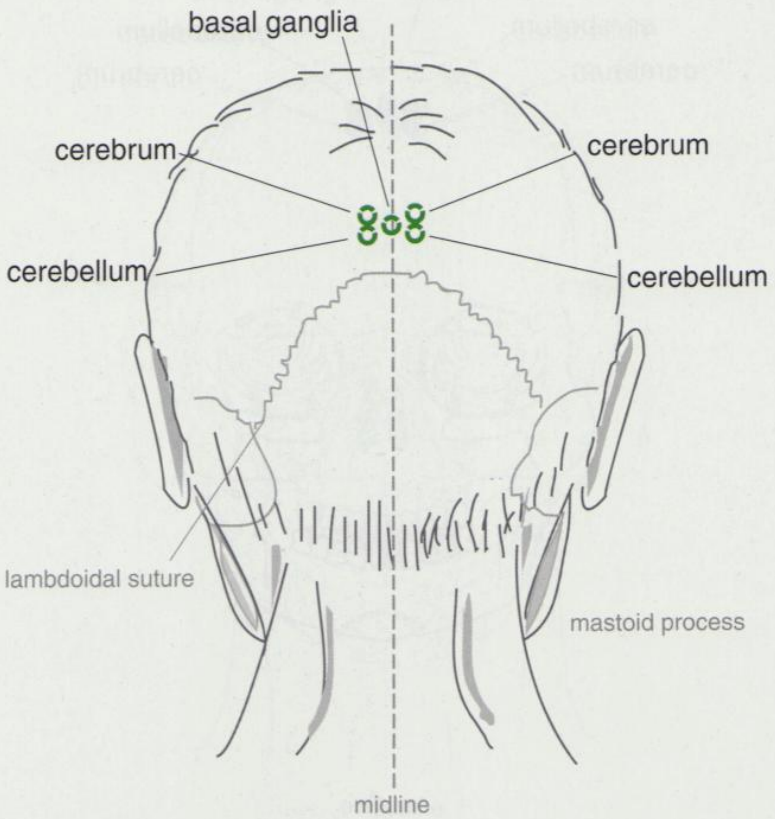


Fig. 39. This figure shows the **YNSA Brain Points** in the posterior *Yang* area superior to the lambdoidal suture.

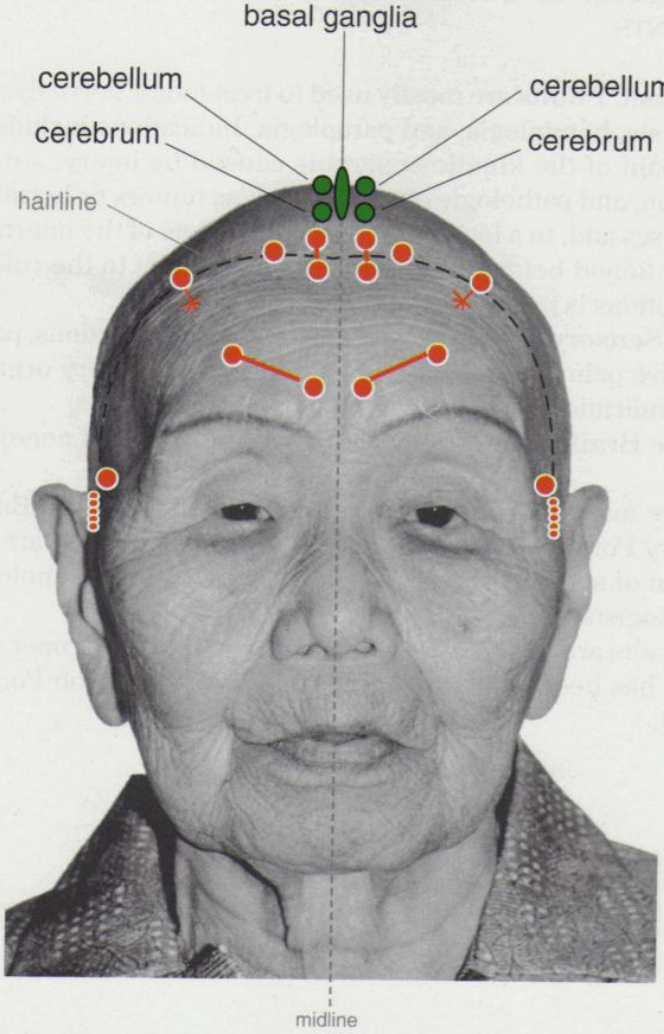


Fig. 40. YNSA Brain Points (green) shown in relation to the Basic Points (red).

3.5. Summary of YNSA Basic, Sensory, and Brain Points

The nine **Basic Points** are mostly used to treat motor nerve dysfunctions, as in paralysis, hemiplegia, and paraplegia. Indications include dysfunctions and pain of the kinetic apparatus caused by injury, surgery, and inflammation, and pathologic changes, such as tumors or herniated intervertebral discs and, to a lesser extent, dysfunctions of the internal organs. Yet, as mentioned before, there are also exceptions to the rule. Finding these exceptions is mostly left to specialists.

The four **Sensory Points** are used to treat all dysfunctions, pain, injury, postoperative pain, and allergic conditions of the sensory organs. Many additional indications will likely be found for these Points.

The three **Brain Points** are used to treat only central nervous system disorders.

There are many more possible indications for the YNSA Basic Points and Sensory Points than are stated in this book, but these are left to the imagination of specialists, such as neurologists, ophthalmologists, and otolaryngologists.

If the results are not completely satisfactory and the proper position of the needle has been confirmed, the use of YNSA Ypsilon Points can be considered.

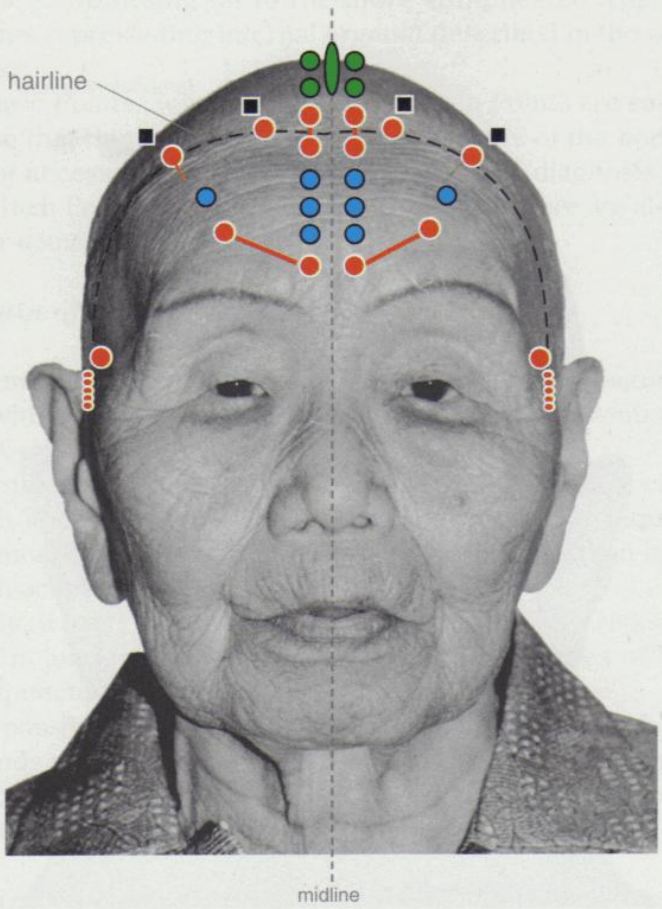


Fig. 41. To summarize the YNSA Points mentioned so far, all Yin Points are shown in relation to each other.

red = YNSA **Basic** Points
blue = YNSA **Sensory** Points
green = YNSA **Brain** Points
black square = extra **Lumbar** Points

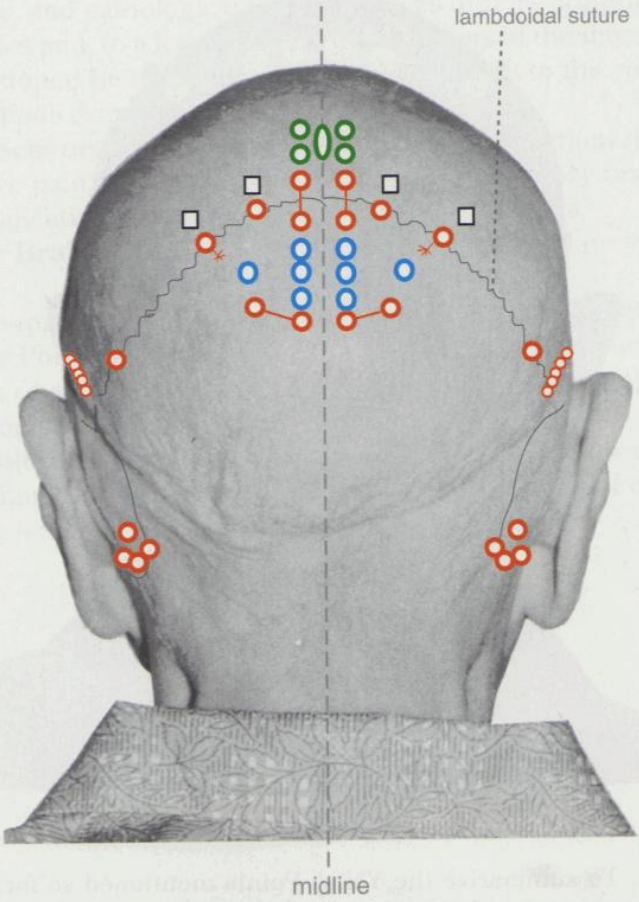


Fig. 42. The same Points as in the previous figure, in the *Yang* position.

3.6. How to Do in Practice

Users of YNSA are advised to first practice and become thoroughly acquainted with the use of YNSA Basic Points, Sensory Points and Brain Points before continuing on to the more complicated Ypsilon Points (YNSA Points representing internal organs) described in the second part of this book.

YNSA Basic Points, Sensory Points, and Brain Points are easier to use, in the sense that they each represent specific parts of the body. In addition, it is not necessary to master abdominal or neck diagnosis in order to decide in which Point to insert the needle, although there are also diagnostic areas for some Basic Points.

Be certain of the correct diagnosis.

It is extremely important to obtain the correct medical diagnosis before treatment with acupuncture. If there is any doubt, use conventional laboratory tests, X-ray, or MRI as indicated.

For example, in cases of a bacterial infection, the pain can be well treated with YNSA, but most likely, antibiotics will also be required. However, the amount of medication necessary is much less than in cases not treated with acupuncture.

Obviously, if less medication is used, there are fewer risks of side effects. This is just one of the very important advantages of YNSA and regular acupuncture.

Another possible danger is a cancerous growth of any kind. Again, the pain responds very well to YNSA treatment, but YNSA does not cure or delay the growth of cancer. Late recognition and delayed surgery or specialized treatment may be extremely harmful to the patient.

There are no contraindication to YNSA as such, but extra care should be taken in cases of high fever and patients who are extremely weak.

3.6.1. HOW TO FIND THE YNSA BASIC, SENSORY, AND BRAIN POINTS

YNSA Points can be found with a point-detector pen or instrument, but because of the high electropermeability of the scalp, this method does not seem to work well.

First, palpate the Hoku Point to find the most tender side, if the complaint is located above the diaphragm. This most tender side is treated

first.

After the approximate location is founded, the exact locations of all YNSA Basic, Sensory, and Brain Points, can best be determined by palpating with the tip of the finger or thumb in a rotating manner (Fig. 43). The position on the skin is marked by applying pressure with the blunt end of a needle. This requires some practice. However, with experience it becomes much easier, faster, and more accurate.

There is a definite change in consistency in the affected YNSA somatotope acupuncture Point. This may be felt in different ways, i.e., as an indentation, or even a hardening in the shape of a bead or string. Also, the patient will be able to confirm to you a sensation of slight pain or discomfort at this Point as you palpate it.

With a nervous patient, it may be advisable to also palpate around the Point, over another Point or on the opposite side. In this way the difference can be appreciated better by both the patient and the physician.

After some practice, palpation is the surest and quickest method to locate YNSA Basic, Sensory, and Brain Points.

3.6.2. LATERALITY

Basic and Sensory Points are usually treated ipsilaterally to the affected side, except in hemiplegia, for which contralateral treatment is indicated. Contralateral treatment is also indicated for Brain Points, although it is advisable in patients with complaints or disabilities above the diaphragm to palpate both Hoku Points for any tenderness or hardness. The side with the tender Hoku Point must be treated first. Then, both Hoku Points are checked again, because the reaction may have changed to the opposite side. This phenomenon may occur in about 15 to 20% of patients.

3.6.3. HOW TO INSERT THE NEEDLE

While the palpating finger is still in position over the YNSA Point, use the other hand to insert and guide the needle into the Point at an angle (Fig. 44).

Whether the needle is inserted into the YNSA Point from above, below, or the side is unimportant. However, the needle must penetrate the exact Point. The location of the Point may well be just over the periosteum. There is no exact measurement for the depth of YNSA Points. Depth differs among individuals. This is the reason it is extremely important to palpate for the exact location of each YNSA Point before inserting the needle.

As the needle is inserted and guided forward, the patient will feel when the exact Point is reached and describe the sensation in his or her own

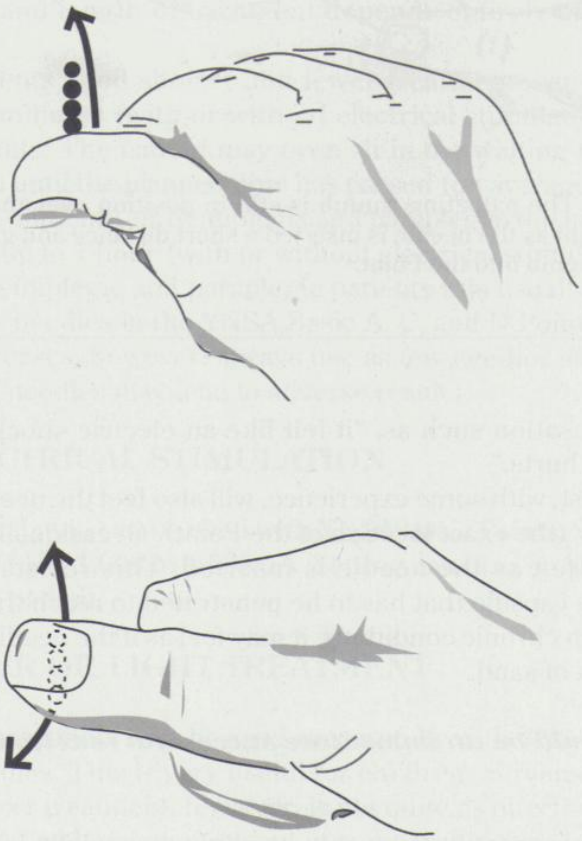


Fig. 43. The palpating thumb, rotating over a Point.

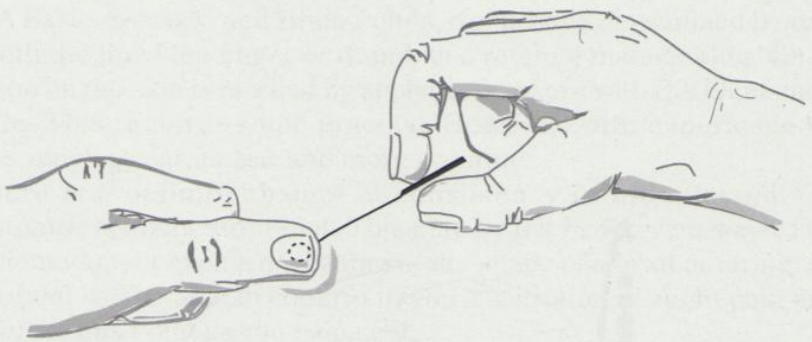


Fig. 44. The palpating thumb is still in position over the chosen YNSA Point as the needle is inserted a short distance and guided under the thumb into the Point.

words the sensation such as, "it felt like an electric shock," "it hit the point," and "it hurts."

The therapist, with some experience, will also feel the needle arriving in a small hollow (the exact location of the Point). Occasionally, some resistance can be felt as the needle is inserted. This resistance could be described as a capsule that has to be penetrated to reach the exact Point. In patients with chronic conditions, it may feel as if the needle has reached a small pocket of sand.

There should be an immediate successful reaction, however slight.

Although this reaction may only be slight, especially in longstanding disabilities, it must be present if the needle has been inserted correctly.

If there is no positive reaction, the needle can be manipulated slightly without being withdrawn. The needle's position could be incorrect by just a fraction of a millimeter. If there is still no change, treatment of the YNSA *Yang* Point should be considered, especially in chronic conditions. In fact, only about 5% of patients require *Yang* Point treatment. Treatment with Yin Point is far more common.

3.6.4. THE TYPE OF NEEDLE

The type of needle does not matter. However, I suggest a medium length No. 5 stainless steel needle, either disposable or reusable, if properly sterilized and sharpened.

3.6.5. NUMBER AND LENGTH OF TREATMENTS

The number and length of treatment depends entirely on the patient's progress.

Acute ailments need shorter and fewer treatments: anything from 1 minute to 20 minutes (with or without electrical stimulation) for two or three treatments. The patient may even sit in the waiting room with the needles in situ until the planned time has passed (on average, 20 minutes).

For chronic ailments, or hemiplegia and paraplegia, the needles may be left in situ for up to 1 hour (with or without electrical stimulation).

For most hemiplegic and paraplegic patients it is usually necessary to use only three needles in the YNSA Basic A, C, and D Points.

In all other cases, however, always use as few needles as possible. Excessive use of needles may lead to adverse results.

3.6.6. ELECTRICAL STIMULATION

Electrical stimulation can be used with YNSA Basic Points. Suggested setting are 5 to 15 Hz, 1,000 to 1,500 μA. Setting can also be adjusted to the comfort of the patient.

3.6.7. LASER OR LIGHT TREATMENT

Laser or light treatment may be used successfully with YNSA Basic Points instead of needles. This is very useful for children, nervous patients, and old people. Laser treatment, however, is not quite as effective and fast acting as treatment with needles, except in some acute cases.

3.6.8. INJECTIONS

Small amounts of local anesthetic or a homeopathic medication may be infiltrated into YNSA Points. This method has a slightly longer lasting effect but sometimes causes pressure pain or slight bleeding and bruising.

Another possibility is to use **magnetic treatment**.

The duration of the disturbance, the time since its onset, and its intensity are irrelevant. However, earlier treatment

usually provides quicker and better results. Chronic illnesses or disabilities require longer treatment.

Acute cases are often effectively treated in only one session with a single needle.

If treatment with a YNSA Basic Point has been ineffective, first check the position of the needle. Is it really in the correct position? A fraction of a millimeter can make all the difference. The needle can be manipulated slightly without withdrawal to correct the position. If there is still no satisfactory improvement, consider treating YNSA Ypsilon Points.

Remember, before treatment with YNSA Points be certain of the diagnosis. If there is any doubt, use conventional laboratory tests, blood-tests, X-ray or MRI, electrocardiogram, etc., as required.

YNSA can be combined with any other treatment modality, if necessary.

4

YNSA YPSILON POINTS (Y POINTS)

4.1. The 12 Ypsilon Points or Y Points

The YNSA Ypsilon Points (Y Points) are a dense collection of points located in the temporal region which form a somatotope representing the internal organs within the Basic Point somatotope.

The functioning of the Y Points is somewhat more complex than that of the Basic Points. Some knowledge and understanding of the theory of oriental medicine is required.

For treatment with Y Points to be effective and accurate, the simultaneous use of **abdominal or neck diagnosis** or both is compulsory. Deep-rooted and internal disorders or unbalances of the body and mind are always treated with Y Points. Often, stress-related or undefined areas of pain, for example, neck pain or backache, are better treated with Y points than with Basic Points, even if Basic Points were indicated at first sight.

Y Points must be determined in each patient and with every treatment using the new, modified method of **YNSA abdominal diagnosis**, or the more recently invented and gradually perfected **YNSA neck diagnosis** (described later in this book) or both. The success of YNSA treatment is greatly dependent on this diagnosis. Mastering the diagnostic field will lead to the correct YNSA Point.

The 12 YNSA Ypsilon Points represent the internal organs as follows.

Y1 = small intestine
Y2 = triple heater
Y3 = large intestine
Y4 = stomach
Y5 = liver
Y6 = spleen/pancreas
Y7 = gallbladder
Y8 = kidney
Y9 = bladder
Y10 = lungs
Y11 = pericardium
Y12 = heart

YNSA Ypsilon Points are, like the Basic Points, all present in both the Yin (anterior) and the *Yang* (posterior) regions of the head, again with the *Yang* Points in a slightly lower position then the frontal Yin Points.

Lately it has been recognized, that in addition to these two reflections of Y Points mentioned above there are also double reflections upward, resulting in four sections: lower frontal strong Yin, upper frontal weak Yin, lower posterior strong *Yang*, and upper posterior weak *Yang* (Fig. 45). In this

collection of four sections, the Heart Point (**Y12**) of all four sections form the center (Fig. 46).

The weak sections are rarely used, and there is no satisfactory rule as to when they should be used. However, they can be palpated when treatment of other sections seems to fail.

Ypsilon Points are, of course, primarily used in any case of dysfunction, disease, or unbalance of the internal organs, which they represent. However, they are also equally important in the treatment of any kinetic or motor disorders or disabilities.

If a patient has been treated unsuccessfully with Basic Points, the root of dysfunction or unbalance can be surmised to be deeper in origin. In such cases, Y Points are used. This occurs very often in patients with hemiplegia or paraplegia.

For example, to improve the mobility of the effected limbs in a patient with hemiplegia, it may be quite sufficient to treat only Basic C Point (upper extremities) and Basic D Point (lower extremities) to achieve good results. Occasionally, however, the results are not entirely satisfactory or the anticipated results are minimal. Therefore, the next step would be to check the abdominal or neck diagnostic areas, or both to find, for example, an active kidney diagnostic area or zone.

Acupuncture of the Y8 Point (kidney) should produce the desired results, not because the kidney is diseased, but because this particular patient has a kidney imbalance. As a result of treating this single Y8 Point, the energy balance of the whole body can be reestablished. This phenomenon may, of course, also occur with other kinds of complaint and also with other Y Points involved. Because more than one Point may be involved, the importance of palpating the diagnostic area before and after treatment cannot be emphasized too strongly.

4.1.1. POSITION OF THE YPSILON POINTS

The 12 Ypsilon Points are clustered in a comparatively small area of the temporal region. They are bilateral. The small size of the Y Points and their location makes it impossible to describe their anatomic positions precisely Point by Point.

The division between the frontal Yin Y Points and the posterior *Yang* Y Points runs approximately in a vertical line through the highest Point of the pinna (Fig. 47).

A slightly oblique horizontal line marks the border of the inferior strong Y Points and the superior weak Y Points, both in the Yin and *Yang* positions.

There may be a slight variation in the location of any Y Point, considering the different head shapes of human beings. Here again, experience

will teach you to palpate, feel, and locate Y Points, as done with YNSA Basic Points.

In relation to the muscles, the Y Points are located over the temporal muscle, approximately in the region between the anterior and superior auricular muscles (Fig. 48).

In relation to the skull, Y Points are situated over the temporal bone, bordered below by the zygomatic arch and anteriorly by the sphenoid bone (Fig. 49).

4.1.2. INDICATIONS FOR THE YPSILON POINTS

Indications include dysfunctions of any internal organs. All indications that apply to YNSA Basic Points, Sensory Points and Brain Points are also valid for Ypsilon Points. In addition any motor, functional, or psychologic disorder can be treated.

Treatment possibilities are almost unlimited for any reversible condition.

Some examples:

- intestinal irregularities, such as diarrhea, constipation, peptic ulcer, and diverticulitis
- chest pains, dyspnea, hyperventilation, asthma, bronchitis, angina pectoris, cardiac arrhythmia, and tachycardia
- renal disorders, calculus, polyuria, urine retention, and prostatic hypertrophy
- hepatitis, pancreatitis, diabetes, cholecystitis, and cholelithiasis
- headache, migraine, trigeminal pain, and facial palsy
- cerebral disturbances, such as hemiplegia, paralysis, cerebral palsy, and multiple sclerosis
- many kinds of kinetic disorders, cervical, thoracic, lumbar, and coccygeal pains of various origin, and osteoporosis

Apart from these more general occurrences, YNSA has a place in the treatment of any specialized medical field.

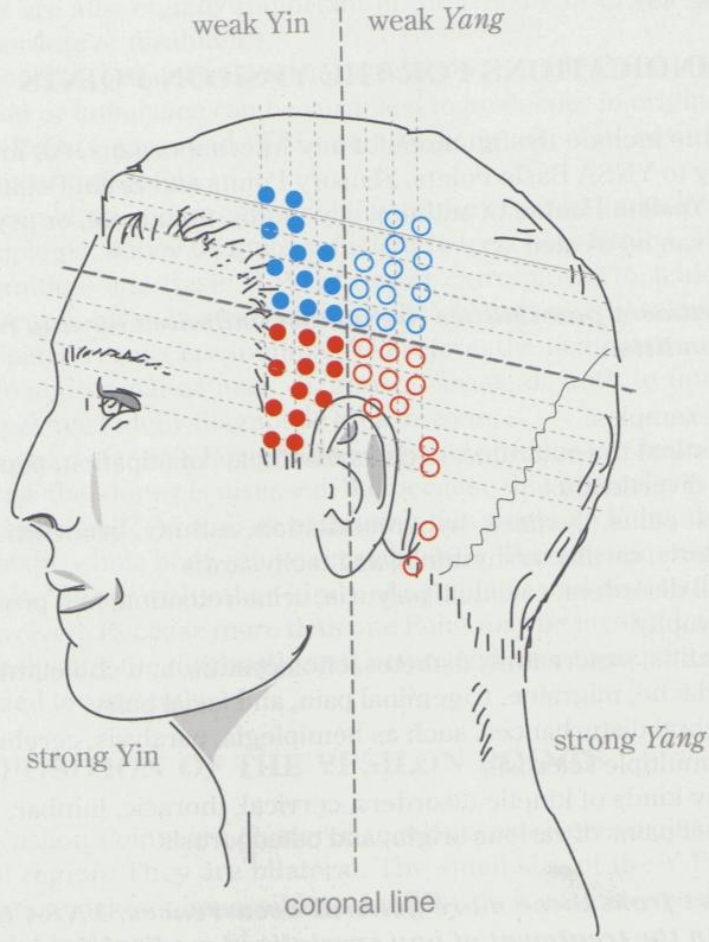


Fig. 45. The four reflections of the **Ypsilon Points**. The red strong **Yin Points** are the most frequently used Points.

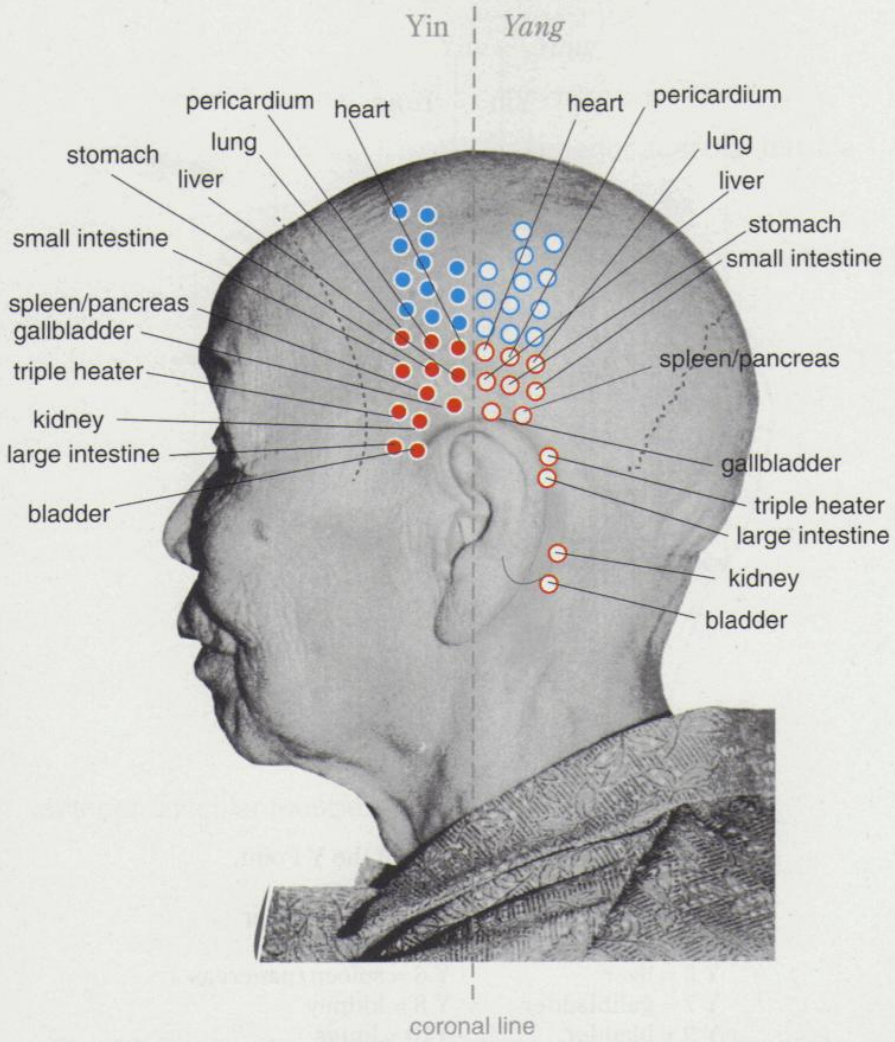


Fig. 46. Y Points showing the two Yin and two *Yang* reflections. The four Heart Points form the center.

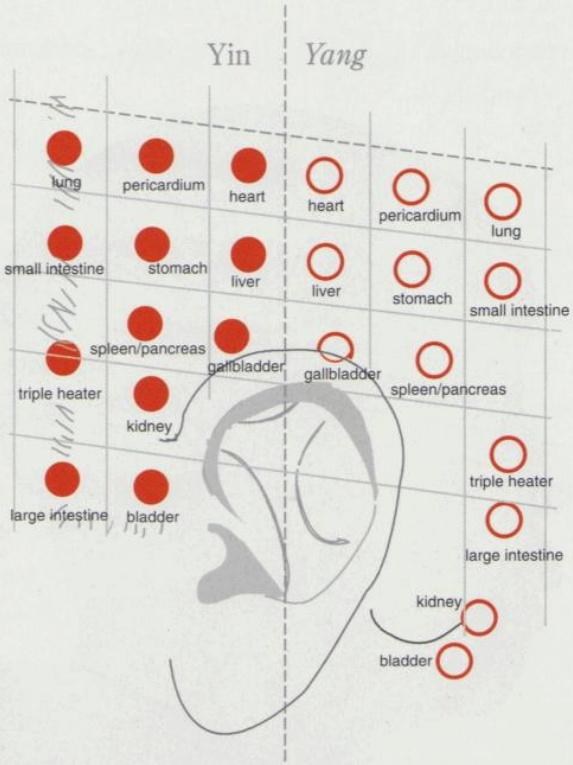


Fig. 47. A closer view of the Y Point.

Y 1 = small intestine	Y 2 = triple heater
Y 3 = large intestine	Y 4 = stomach
Y 5 = liver	Y 6 = spleen/pancreas
Y 7 = gallbladder	Y 8 = kidney
Y 9 = bladder	Y10 = lungs
Y11 = pericardium	Y12 = heart

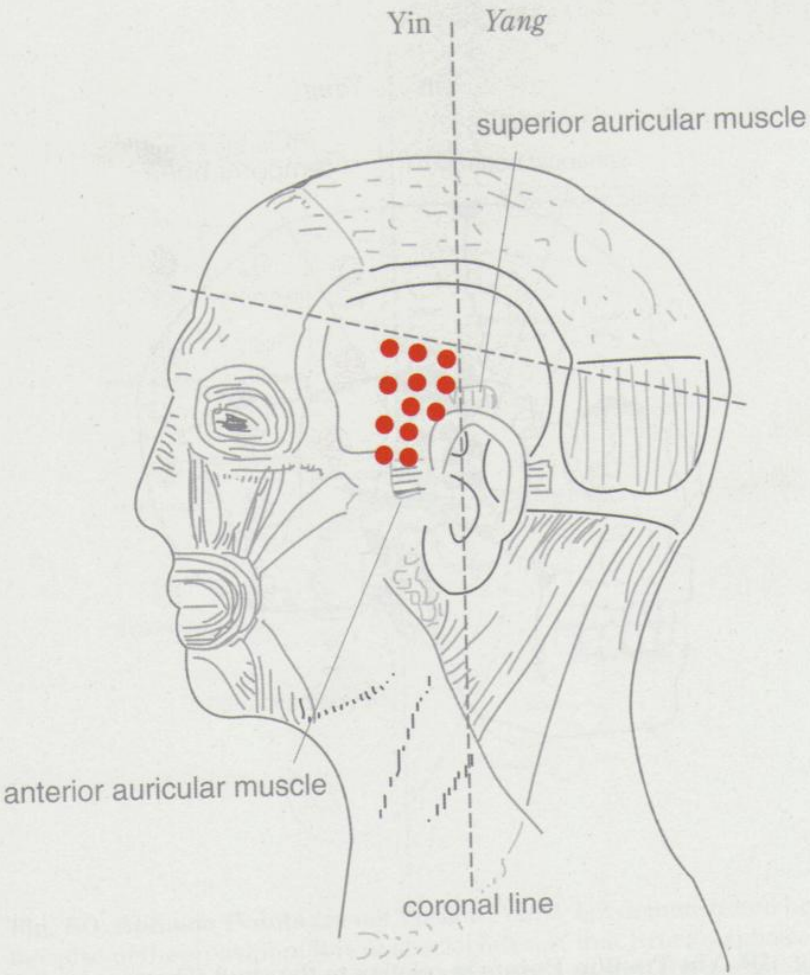


Fig. 48. Yin Ypsilon Points in relation to the muscles. They are located over the temporal muscle approximately in the region between the anterior and superior auricular muscles.

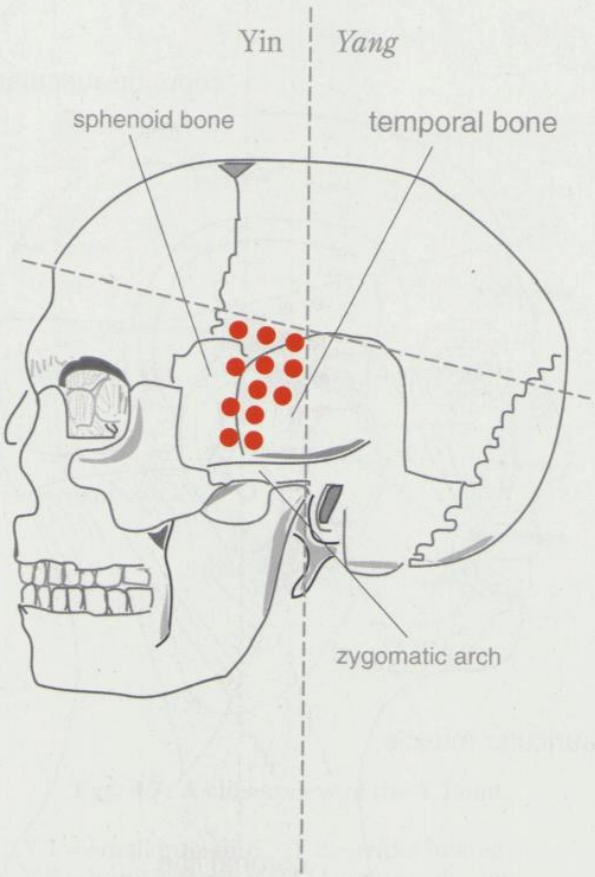


Fig. 49. Yin Ypsilon Points in relation to the skull. They are located over the temporal bone, bordered inferiorly by the zygomatic arch and anteriorly by the edge of the sphenoid bone.

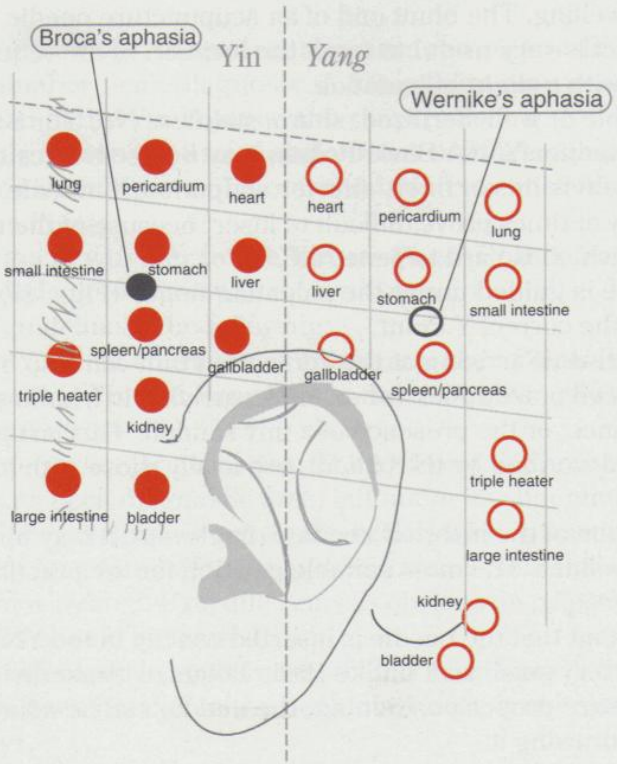


Fig. 50. Aphasia Points are not Ypsilon Points, but demonstrated here because of their position. It is of special interest that Broca's aphasia is treated with the Yin Point, and Wernicke's aphasia with the *Yang* Point.

4.1.3. METHOD OF TREATMENT

YNSA abdominal or **neck diagnosis** (introduced later) is essential before the decision of which Ypsilon Point to treat can be made.

After abdominal or neck diagnosis, the exact position of the Y Point that will be treated must be determined by palpation (Fig. 51) because it may occasionally differ slightly. Inspect the likely site for any superficial signs (redness, scaling, swelling) and palpate for hardening, indentation, or a string-like swelling. The blunt end of an acupuncture needle or any other pointed object is very useful to mark the location of the required Y Point and mark it with a slight indentation.

A disposable or well-sterilized, sharp, stainless No. 5 or 8 acupuncture needle, as used for YNSA Basic Points, may be used. Because of the absence of subdivisions, a finer, shorter acupuncture needle may also be used but may at times prove difficult to insert because of the tough underlying fascia, which is hard to penetrate.

The needle is guided under the palpating finger (Figs. 44, 52 for Basic Points) into the correct Y Point.

The sensation of arriving at the correct Y Point can also be noticed by the experienced practitioner, for example: arriving in a hollow; a feeling of slight resistance; or the presence of a tiny sandpit. This last phenomenon is also often described by the patient, especially those with long-standing complaints.

The direction of the inserted needle is irrelevant: it may be from above, below, or the sides. The most suitable position for the practitioner can be adapted.

It is important that the needle is inserted exactly in the YNSA Point. All Y Points are very small and, unlike Basic Points, without divisions. If necessary to ensure proper positioning, the needle can be adjusted slightly without withdrawing it.

The effectiveness and correct position of the needle must be checked and confirmed by **abdominal** or **neck diagnosis** or both. The initially active diagnostic area should be neutralized after Y Point acupuncture, without tension, tenderness, or any abnormal findings.

It is quite possible, that the energy balance has shifted from one side to the other or from one Point to another. There may also be newly activated diagnostic areas after the initial needling, especially in chronically ill patients. All indicated corresponding Y Points must be treated and rechecked until there are no more active diagnostic areas or points on palpation.

If there are multiple active diagnostic areas at the start of palpation, however, one of which is the kidney diagnostic area, the **Y8** Point (kidney)

definitely must be treated first. In most cases, there will be the same phenomenon as mentioned before, but in reverse. This means that the other active diagnostic areas have become negative at the same time, after only one point, the Y8 Point, has been treated. This, of course, makes any further treatment unnecessary during the present acupuncture session.

The needles or Y Points used for treatment should not exceed the indicated number of active abdominal or neck diagnostic areas.

On consecutive visits, the patient may have completely different results upon abdominal or neck diagnosis. A *Yang* Point may even have to be treated instead of the Yin Point on the same patient with the same complaint. For this reason the use of **abdominal or neck diagnosis** is very important and should never be omitted before or after treatment with YNSA Ypsilon Points.

The question of whether to use **Yin or *Yang* Points** from the beginning is very difficult to answer.

A general guideline is the following:

Strong Yin Y Points are the most frequently used Points. When palpating and comparing Yin and *Yang* Points, the most obviously activated and tender Y Point is treated.

There is one particular exception. The Y8 Point (kidney) has a definite difference in its neck diagnostic area, but not in its abdominal diagnostic area. If the kidney diagnostic area in the neck is hard and sensitive, the Yin Y8 Point must be treated; if the diagnostic area is soft and sensitive, the *Yang* Y8 Point is treated. If no difference is obvious on palpation, weak Yin or *Yang* Points should be treated.

A definite difference in appearance of the Yin or *Yang* in the diagnostic area has only been noticed in the neck diagnostic area related to the Y8 Point (kidney).

Electrical Stimulation

Electric stimulation of 5 to15 Hz, 1,000 to 1,500 μA or adjusted to the patient's level of tolerance can be applied for about 20 minutes, although this is not neccesary for most patients. The acupuncture needles in YNSA Points are naturally stimulated continuously with the movement of the facial muscles during talking and smiling.

The Number of Inserted Needles

The number of inserted needles depends entirely on the number of active diagnostic areas found. Always use as few needles as possible. A greater number of needles may interact with each other and even cause a worsen-

ing of the patient's condition.

Length of Treatment
Length of treatment averages about 20 minutes, with or without electrical stimulation. In chronic cases treatment may last up to 1 hour. At first, daily treatments, if possible, are recommended, especially for long-standing complaints. The interval between treatments can then be slowly increased as the patient's condition improves. The number of treatments is difficult to predict.

All Ypsilon Points can, of course, also be treated with small **continuous subcutaneous needles**, but because of the tape needed to hold the needle in place, this is very inconvenient in areas with much hair.

Treatment with Lasers and Super Lizer
Any YNSA Point can be treated very effectively with laser instruments of different capacity. Lasers are especially useful for treating children or old, or weak, or nervous patients. For YNSA Points the laser or Super Lizer light beam should be directed at an angle. The effect is more gentle, less dangerous, and less likely to induce too strong, sudden reactions.

TENS/Silverspike
Transcutaneous electrical nerve stimulation (TENS) may also be used. The electrical impulse is adjusted to the patient's level of tolerance and is applied for 20 minutes.

Injections
Small amounts of very weak Xylocaine or homeopathic solutions can be injected into the YNSA Point. This produces a prolonged effect but may cause slight bleeding or bruising accompanied by some discomfort.

Shiatsu and Massage
Shiatsu and massage can be applied to the YNSA Point directly or to the affected body part.

Magnetic Treatment
Magnetic treatment is also effective in uncomplicated cases, especially using YNSA versus ear acupuncture.

All other forms of treatment may be combined with YNSA if necessary, such as medications, physiotherapy, other methods of acupuncture, and manipulation.

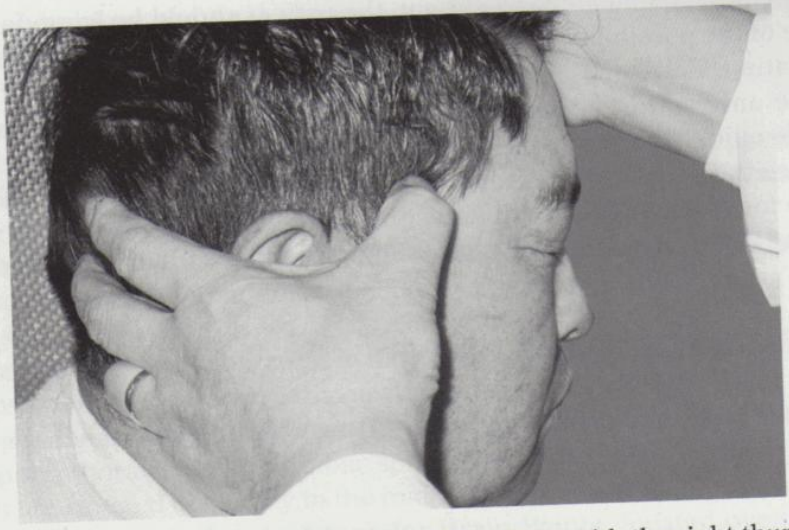


Fig. 51. Palpating for the position of the Y Point with the right thumb while steadying the patient's head from the opposite side.

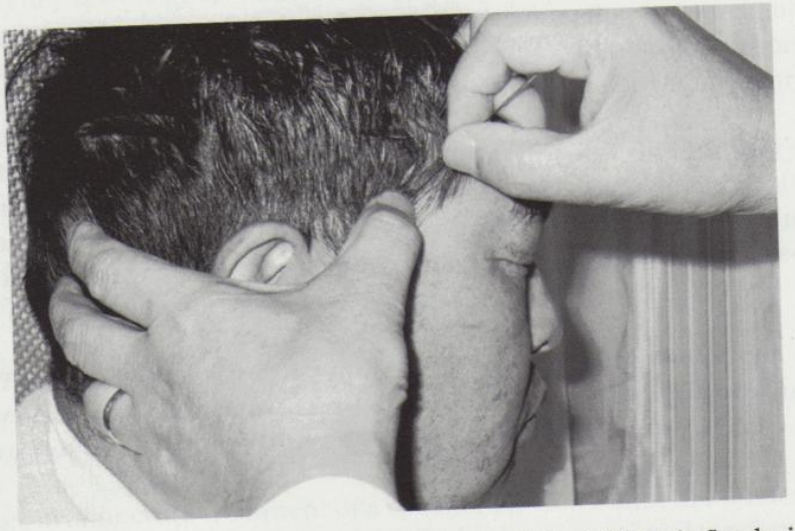


Fig. 52. After its exact location is determined, the Y Point is fixed with the thumb, while the acupuncture needle is inserted beneath the thumb.

4.1.4. CAUTION

For the first acupuncture treatment, the patient should be lying down because of the possibility of a strong reaction. There may be some dizziness or fainting. Collapse is encountered very, very rarely.

The only action necessary in such cases is to simply withdraw the needle quickly and have the patient lie down.

Once the patient has overcome the first reaction or fright, he or she can sit up for subsequent treatments. Some patients walk around, sit in the waiting room, or receive physiotherapy with their acupuncture needles in situ.

4.1.5. CONTRAINDICATIONS

The only contraindications are high fever and extreme weakness.

4.2. YNSA Abdominal Diagnosis

Both abdominal and neck diagnosis are essential for deciding which YNSA Point to treat.

Abdominal diagnosis has been used for a long time in traditional medicine in China as well as in Japan.

The abdomen presents definite diagnostic areas or zones representing the internal organs. The zones are functional and most are not in anatomically related to the position of the organ.

The diagnostic zones of YNSA abdominal diagnosis have modified and new areas have been added especially for use with the YNSA Ypsilon Points.

There are 12 test zones/areas in the abdominal region, one for each of the 12 Ypsilon Points. Recently, diagnostic zones for some of the Basic Points have also been recognized. These Basic Point test zones represent the cervical spine, thoracic spine, lumbar spine, the sacrum, and coccyx. These zones are situated bilaterally to the midline and around the umbilicus.

Even more recently a test zone for Brain Points, located over the xiphoid process, has been recognized.

The test zones/areas of the abdomen are all quite large and well defined. They are easily identified in the presence of disease, dysfunction, or imbalances. There is a definite, yet invisible, connection between abdominal diagnostic areas and neck diagnostic areas and also the respective meridian and YNSA Points. These relationships are shown in Figures 53 and 54.

If there is tenderness on abdominal diagnosis, it is definitely also present in the neck diagnostic zone. From the diagnostic point of view, which area is palpated does not actually matter; however, examining the neck is quicker and, perhaps, more acceptable for the patients because there is no need to undress.

The entire length of any meridian is encapsuled in the respective Ypsilon Point. Any classic acupuncture point along any particular meridian can be treated via Ypsilon Points.

After acupuncture treatment of a specific Ypsilon Point, the tender diagnostic zones should also be neutralized without any residual tenderness or hardness if the needle has really penetrated the exact Point.

In the contrary event, as mentioned before, the needle has to be slightly moved without withdrawal until it has arrived in the proper position. YNSA abdominal and neck diagnoses can be used equally effectively in traditional Chinese acupuncture and ear acupuncture.

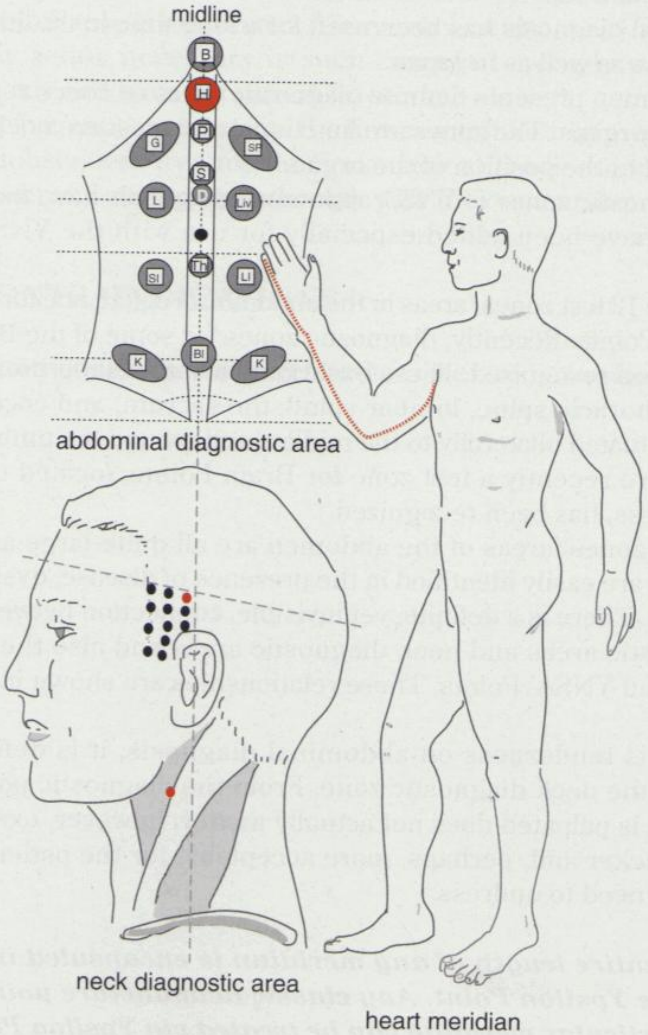


Fig. 53. The unity of meridians, neck diagnostic zones, abdominal diagnostic zones, and Y Points. **Y Points embody the full length of a meridian**. This figure describes the Y12 or Heart Point with its related diagnostic areas or zones and the heart meridian.

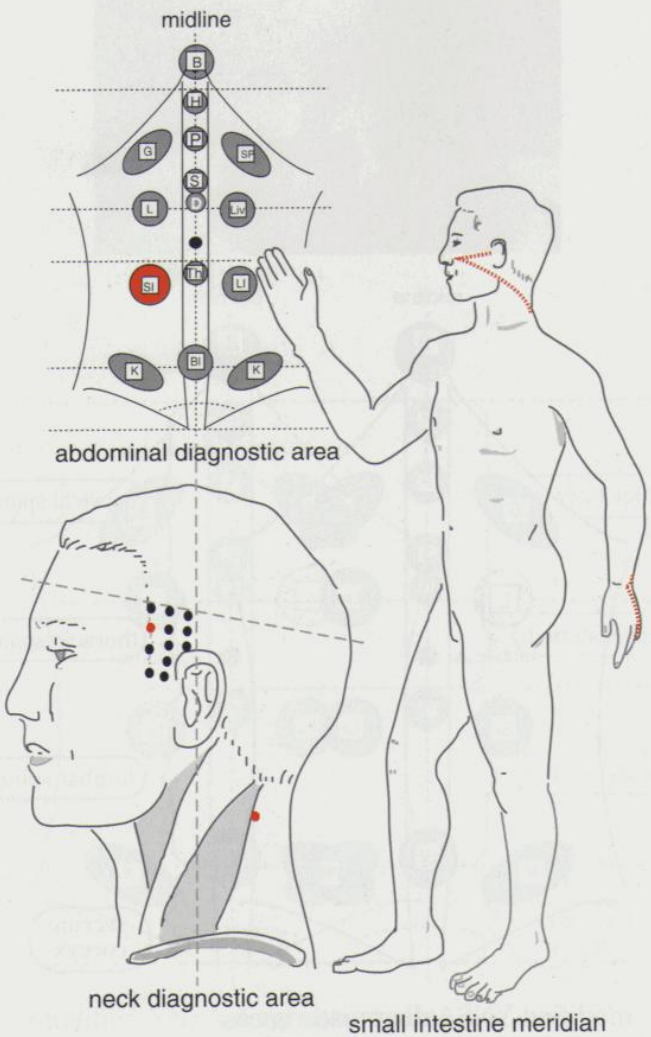


Fig. 54. Another example, this time demonstrating the Y1 or Small Intestine Point, meridians, and abdominal and neck diagnostic areas.

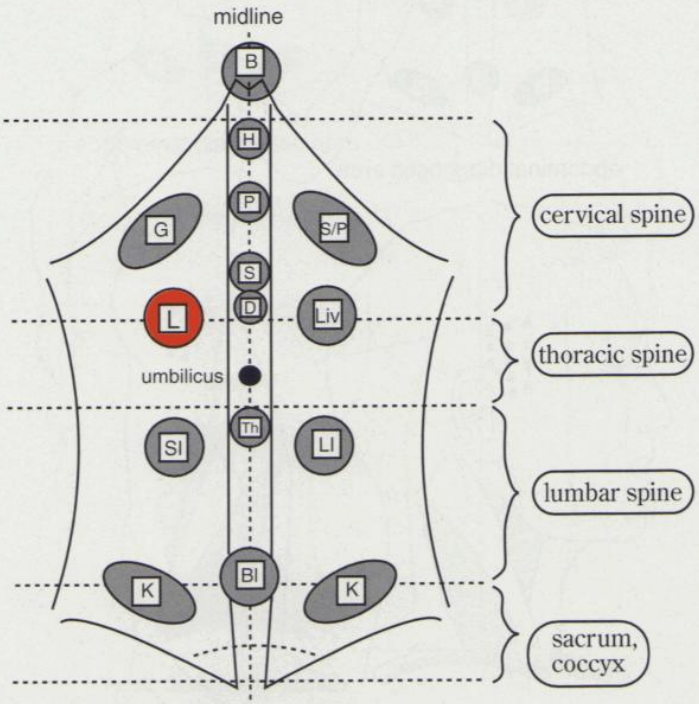


Fig. 55. The **lung diagnostic zone**, situated on the patient's right, halfway along a 45-degree line between the umbilicus and the costal margin. There is only one diagnostic zone representing both lungs.

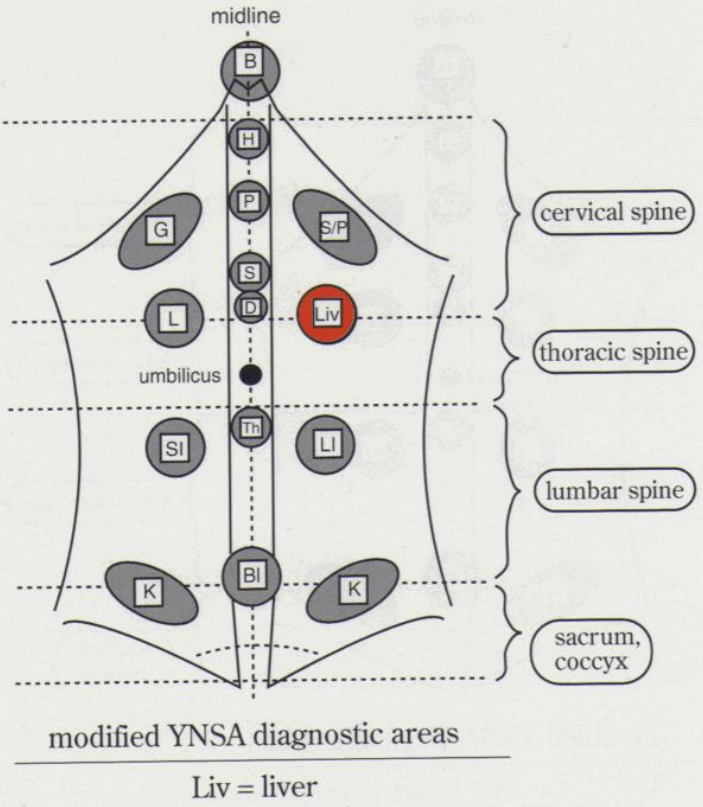


Fig. 56. The **liver diagnostic zone** is on the patient's left side exactly opposite the lung zone and the anatomic position of the liver.

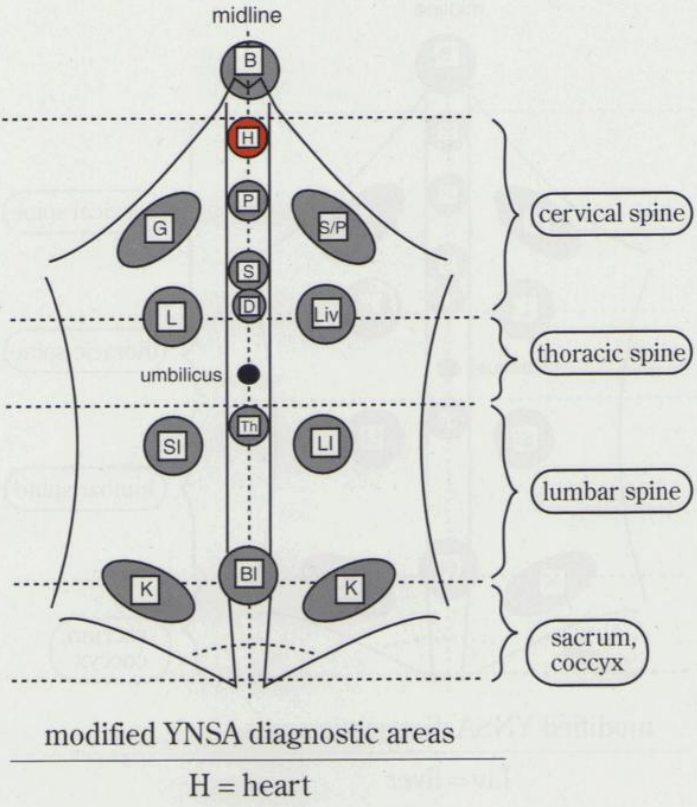


Fig. 57. The **heart diagnostic zone** lies 1 to 2 cm below the sternum.

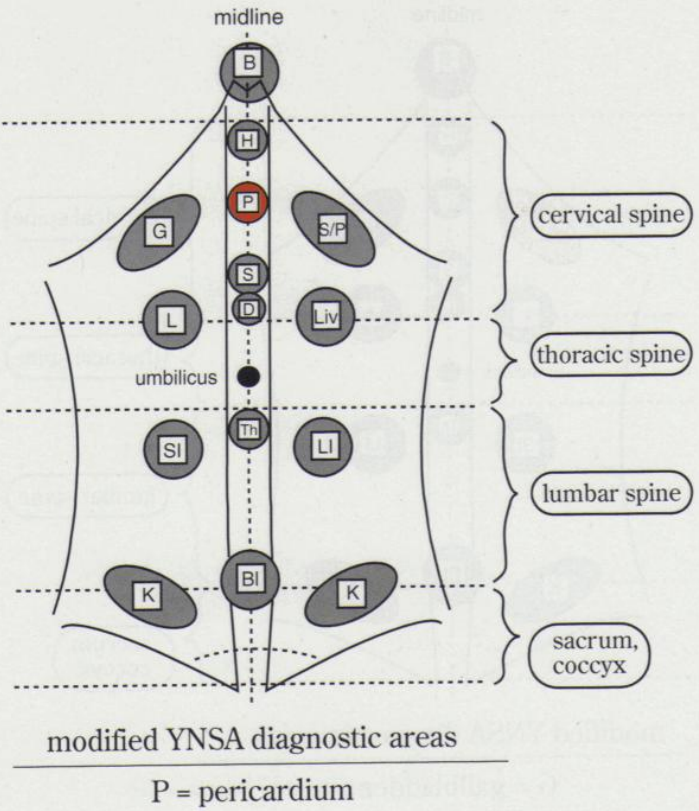
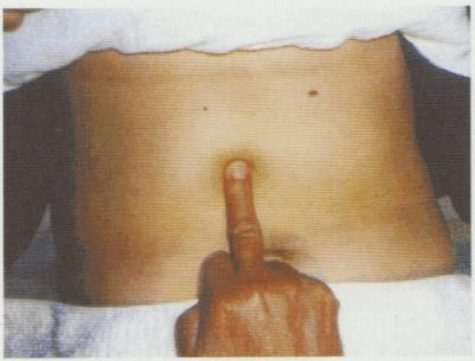


Fig. 58. The **pericardium diagnostic zone** is 1 to 2 cm below the heart zone. Take note of the skin mark on the left side of the patient's abdomen.



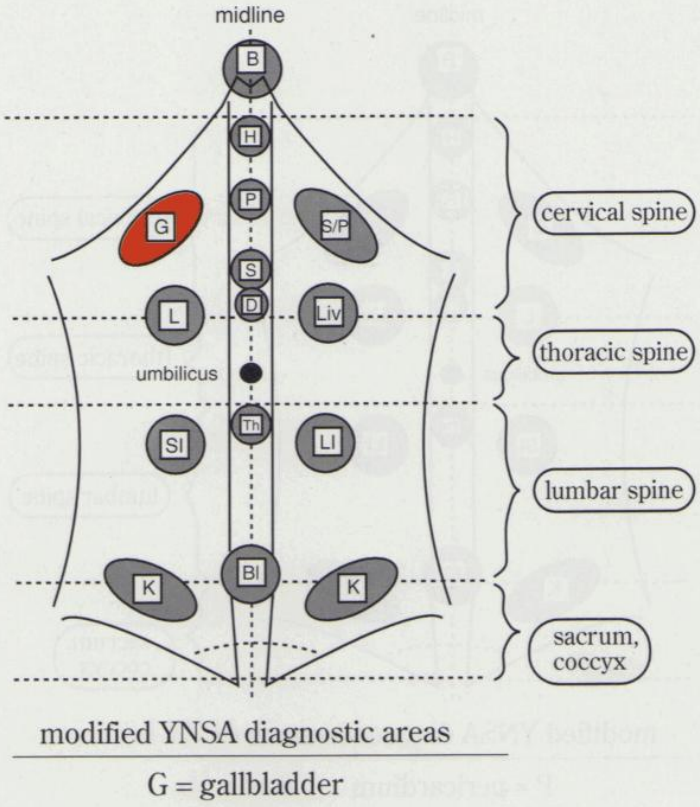


Fig. 59. The **gallbladder diagnostic zone** can be found under the right costal margin.

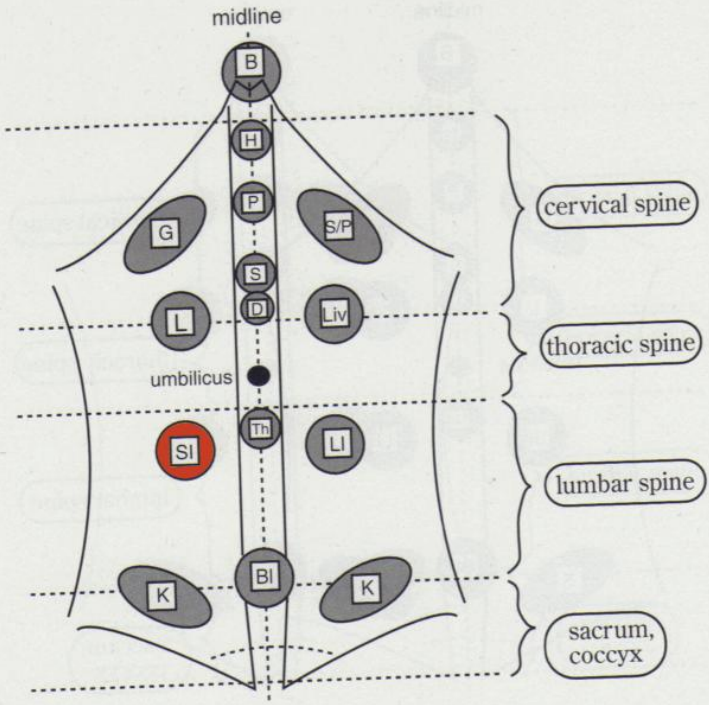


Fig. 60. The **small intestine diagnostic zone**, on the patient's right side, 6 to 7 cm inferiorly on a 45-degree line from the umbilicus.

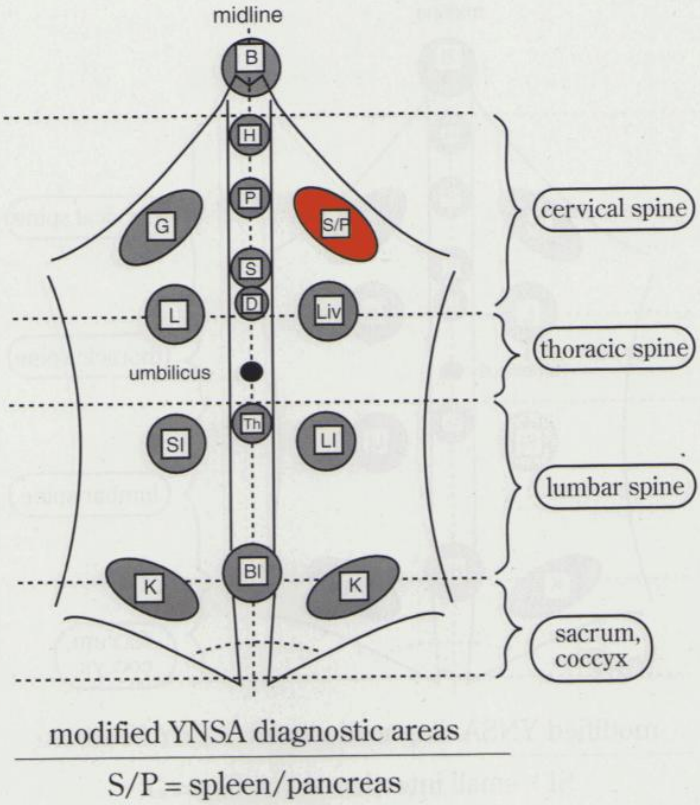
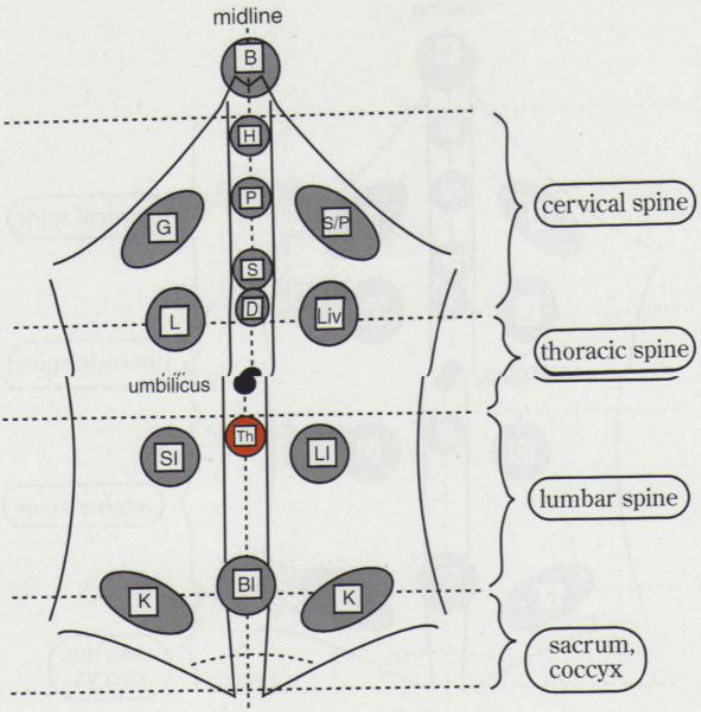


Fig. 61. The **spleen/pancreas diagnostic zone** can be found on the patient's left side, just below the costal margin.



modified YNSA diagnostic areas

Th = triple heater

Fig. 62. The **triple heater diagnostic zone** is 2 to 3 cm below the umbilicus.

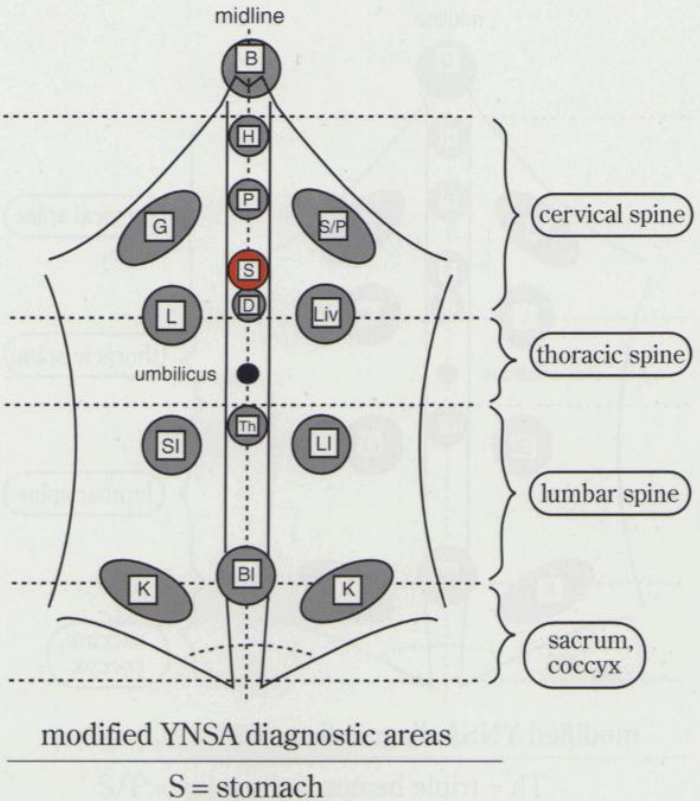


Fig. 63. The **stomach diagnostic zone** is 6 to 7 cm above the umbilicus with the **duodenum diagnostic zone** directly below.

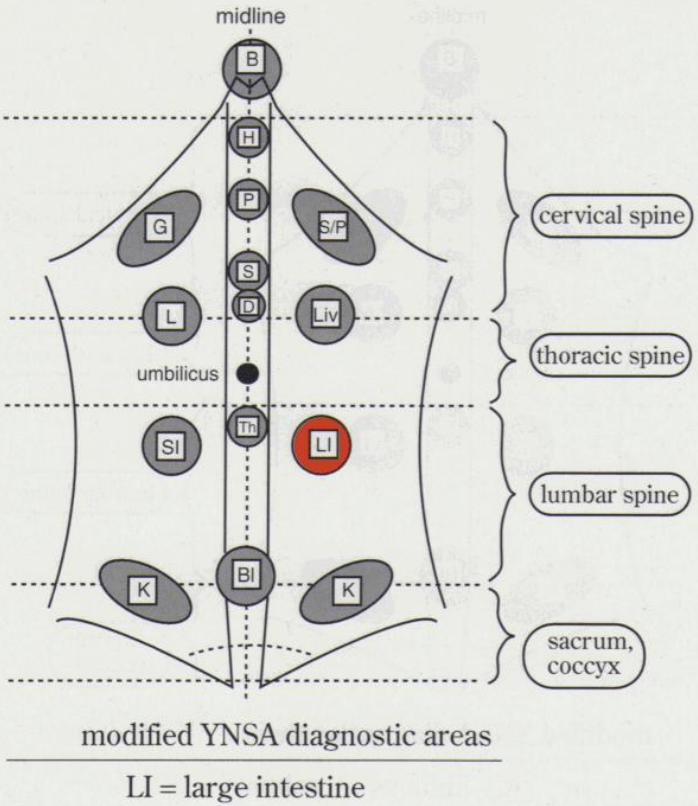


Fig. 64. The **large intestine diagnostic zone** is located on a 45-degree line below and to the left of the umbilicus.

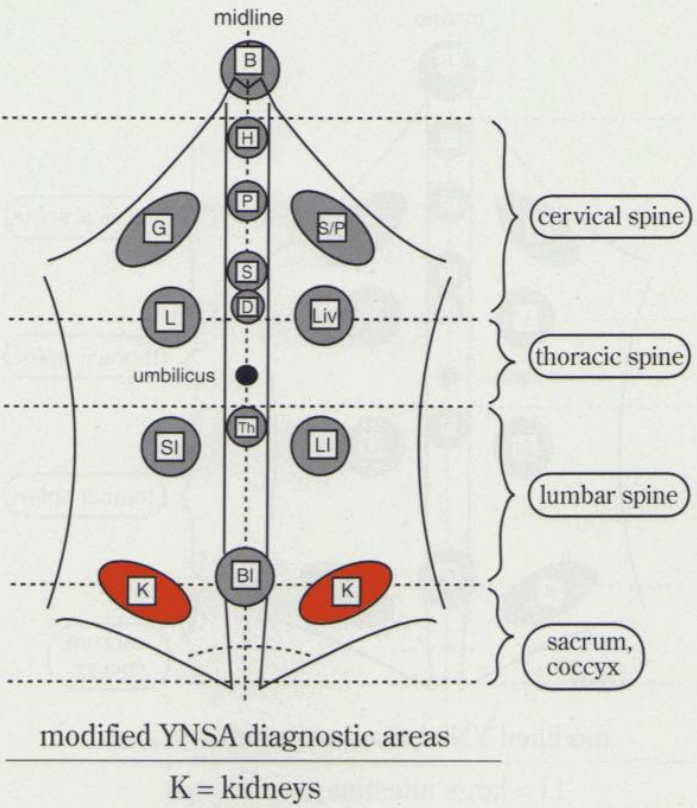
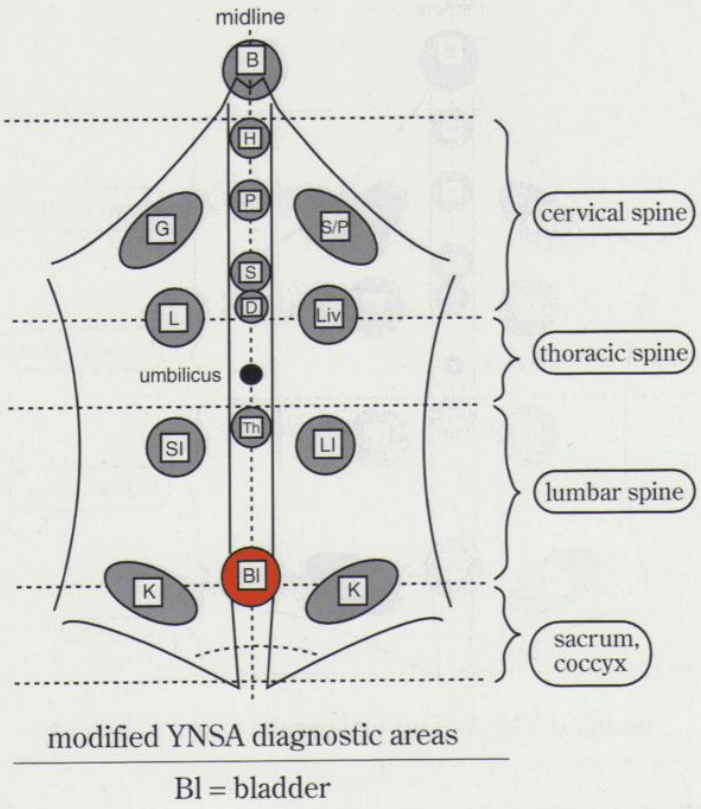


Fig. 65. The **kidney diagnostic zones** are present bilaterally above the pelvic bone.



modified YNSA diagnostic areas

Bl = bladder

Fig. 66. The **bladder diagnostic zone** is situated between the kidney diagnostic zones in the bladder region.

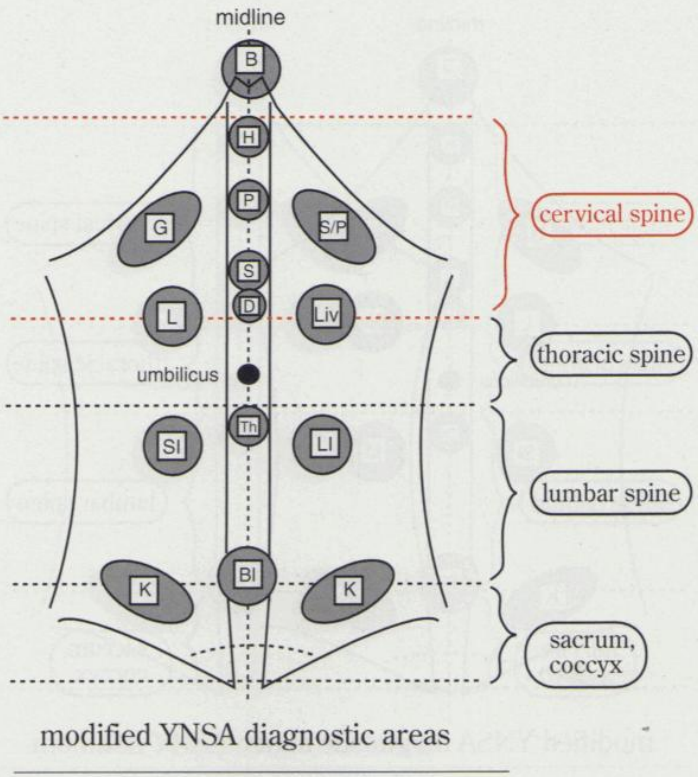
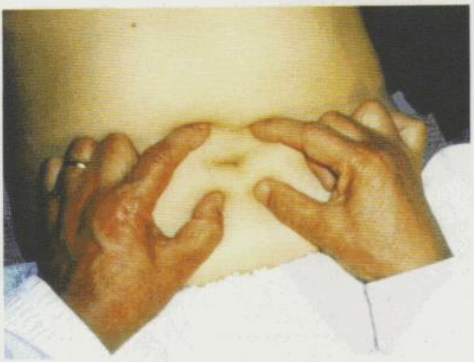


Fig. 67. The **cervical spine diagnostic zone** was, as were other Basic Point diagnostic zones, found at a later stage. It extends from below the sternum to 2 to 3 cm above the umbilicus, on both sides of the midline.



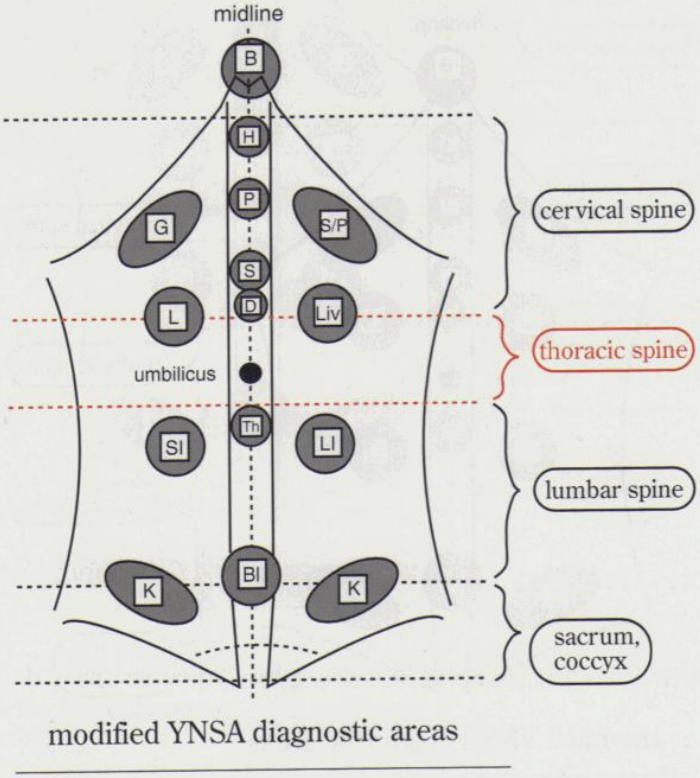
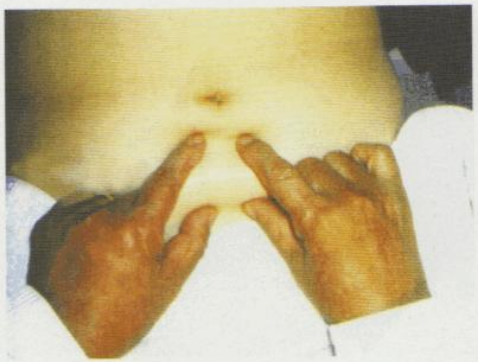


Fig. 68. The **thoracic spine diagnostic zone** occupies a much smaller space around the umbilicus.



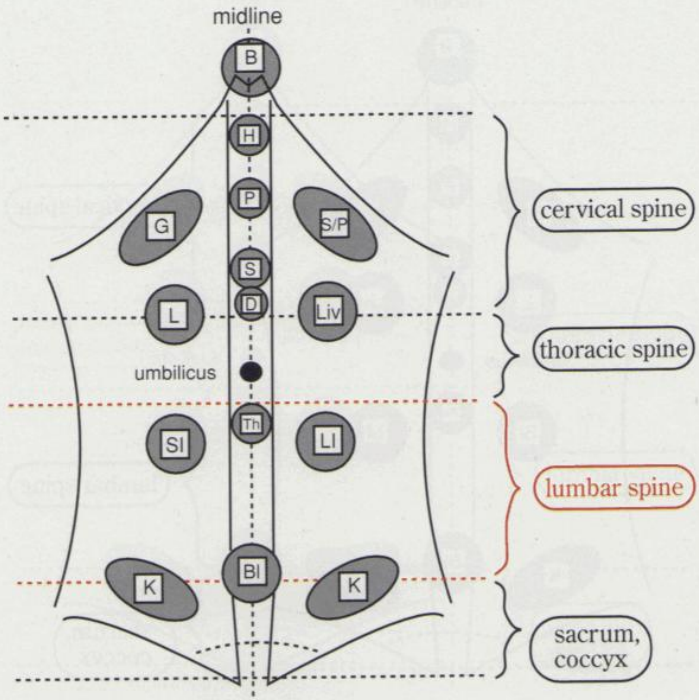


Fig. 69. The **lumbar diagnostic zone** extends from below the umbilicus to approximately the bladder zone and then continues with the sacrum/coccyx zone to the pubic bone.

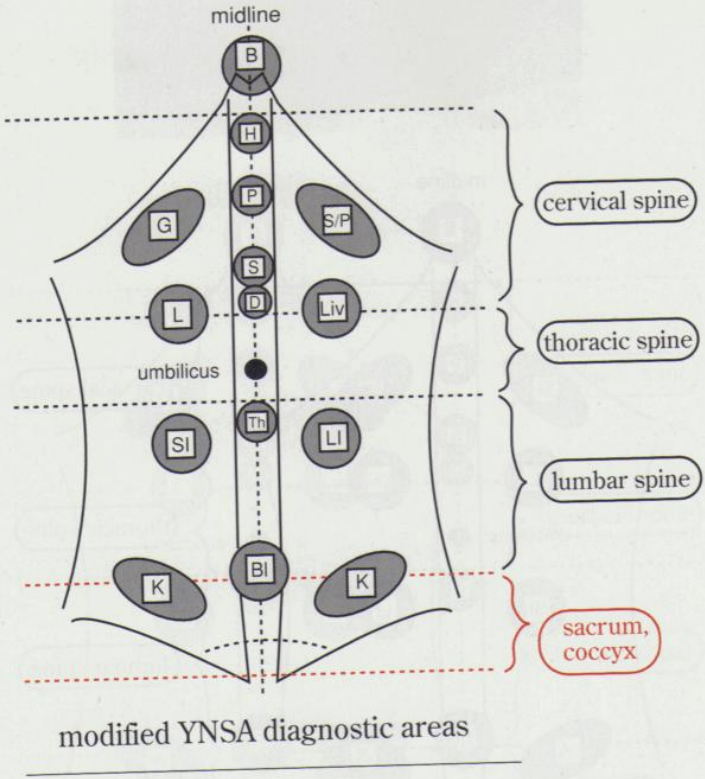


Fig. 70. The **sacrum and coccyx diagnostic zone** is continuous with the lumbar zone.

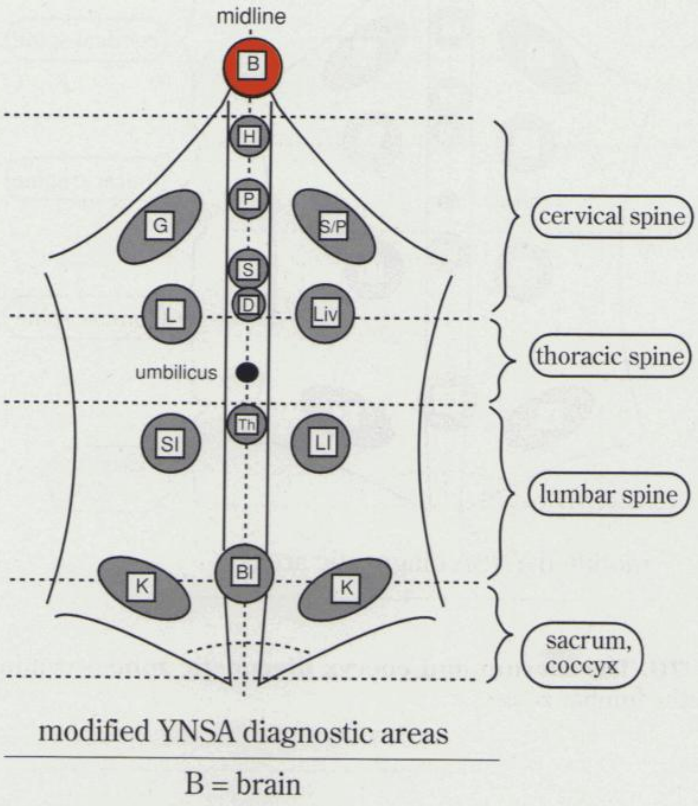
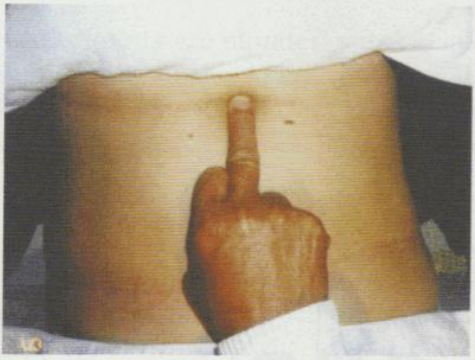


Fig. 71. The **brain diagnostic zone** is bilateral to the xiphoid process, with the cerebrum slightly lower than the cerebellum.



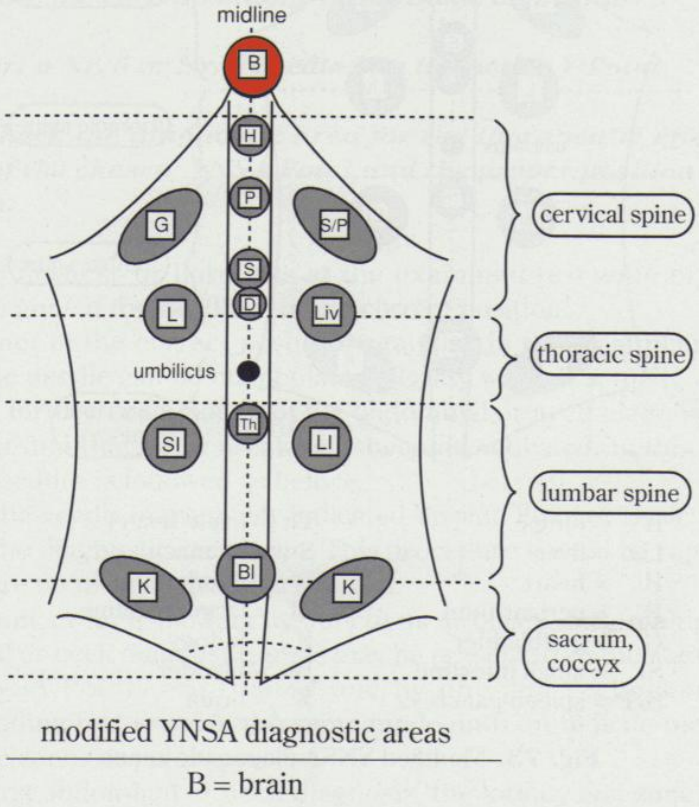
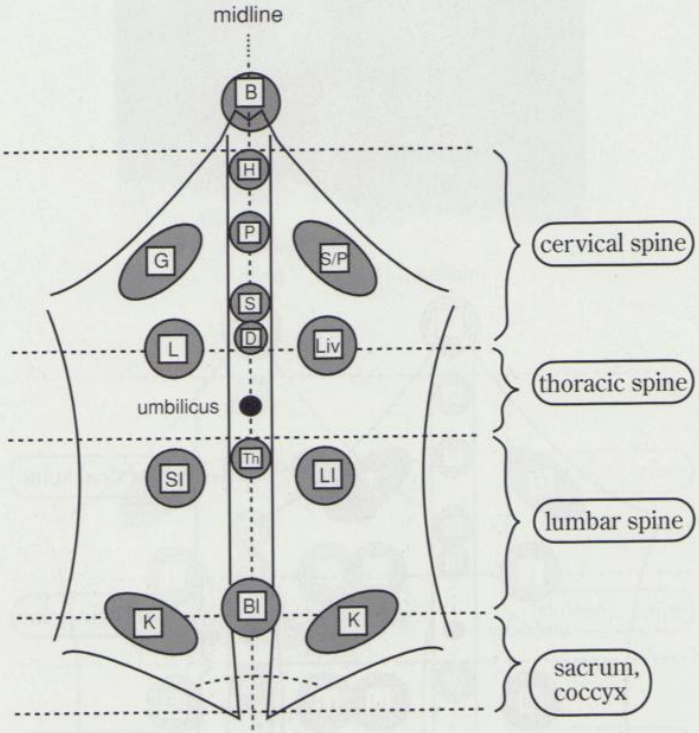


Fig. 72. The **basal ganglia diagnostic zone** is between the brain diagnostic zones over the xiphoid process.



L = lungs
Liv = liver
H = heart
P = pericardium
G = gallbladder
SI = small intestine
S/P = spleen-pancreas
Th = triple heater
S = stomach
D = duodenum
LI = large intestine
K = kidney
Bl = bladder
B = brain

Fig. 73. Modified YNSA diagnostic zones.

4.3. YNSA Neck Diagnosis

Not all neck diagnostic Points are situated superficially; some are quite deep at the edge of a muscle or even slightly below it. Accordingly, the pressure and position of the palpating finger has to be adjusted.

The normal, routine procedure for applying abdominal or neck diagnosis is as follows.

Palpate all diagnostic areas or zones in the abdomen or neck (or both) for any pathologic changes, such as tenderness, hardness, or swelling.

Locate the corresponding YNSA Basic or Y Point.

Insert a Nr. 5 or Nr. 8 needle into the active Y Point.

Recheck the diagnostic area for the therapeutic effectiveness of the chosen YNSA Point and the proper position of the needle.

The tenderness or hardness at the examined test zone or the pain should be gone if the needle is in the correct position.

If it is not in the correct position, again, as in the treatment of Basic Points, the needle can be manipulated slightly without actually withdrawing it. On further examination of the abdominal or neck diagnostic areas, you might find that other areas have become activated. In this case, the same procedure is followed as before.

Insert the needle in the newly indicated Ypsilon Point or Basic Point and recheck the diagnostic area again. This procedure should be repeated until there are no more activated test areas.

In chronic or longstanding dysfunctions or disabilities, multiple active abdominal or neck diagnostic areas may be present from the start. All indicated YNSA Points are treated one by one and rechecked on the corresponding test areas in the same mode until there is no more active diagnostic zones or points present.

If, on first abdominal or neck diagnosis, the kidney test zone is active, the very powerful Y8 Point (kidney) must be treated first. When treating the Kidney Point first, the same rule as mentioned before applies in a reverse manner. With the treatment of the YNSA Kidney Point, one or more of the other active test zones may become neutralized. Therefore, further acupuncture would, at this time, be unnecessary or even disadvantageous.

When all abdominal or neck test zones have finally been rechecked and

are found to be without abnormalities, the patient will definitely show improvement to a greater or lesser extent. In patients with acute conditions or complaints, this single acupuncture treatment may be sufficient and provide long-lasting results.

In cases of chronic disease, if there is even the slightest change during the first actual YNSA treatment it can be taken as an indication for further treatment and improvement.

The actual number of treatments for chronically ill patients cannot be predicted. The state of well being in reversible diseases will gradually increase. Accordingly, the periods between treatment can be lengthened.

It is very important to check the abdominal or neck diagnostic area or both before and after each treatment.

Virtually all reversible ailments can be treated with YNSA. Not all can be cured, but they can definitely be improved.

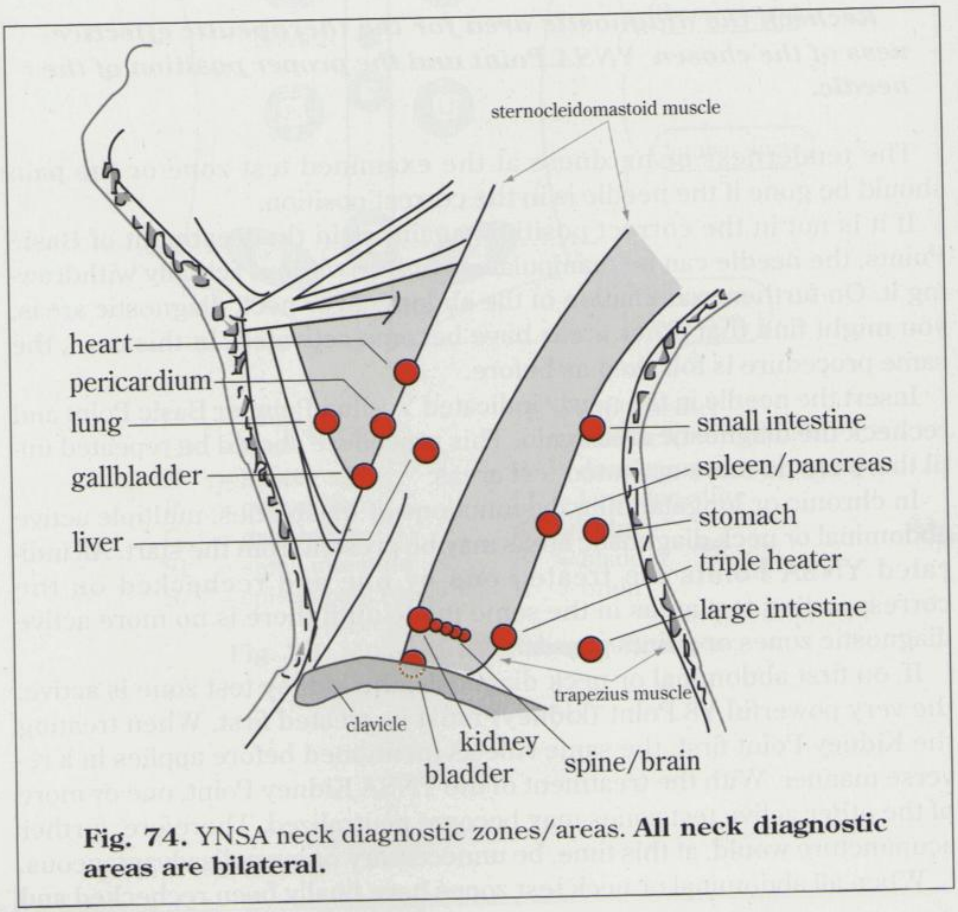


Fig. 74. YNSA neck diagnostic zones/areas. **All neck diagnostic areas are bilateral.**

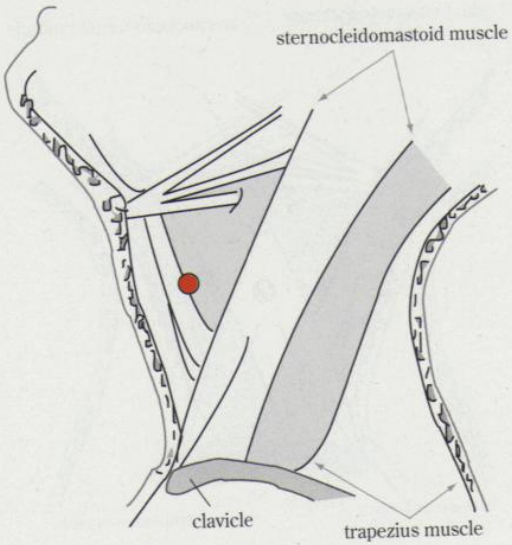


Fig. 75. The **lung diagnostic zone**, bilateral to the thyroid cartilage. The easiest way to palpate seems to be with two fingers, applying light pressure to both sides of the thyroid cartilage.

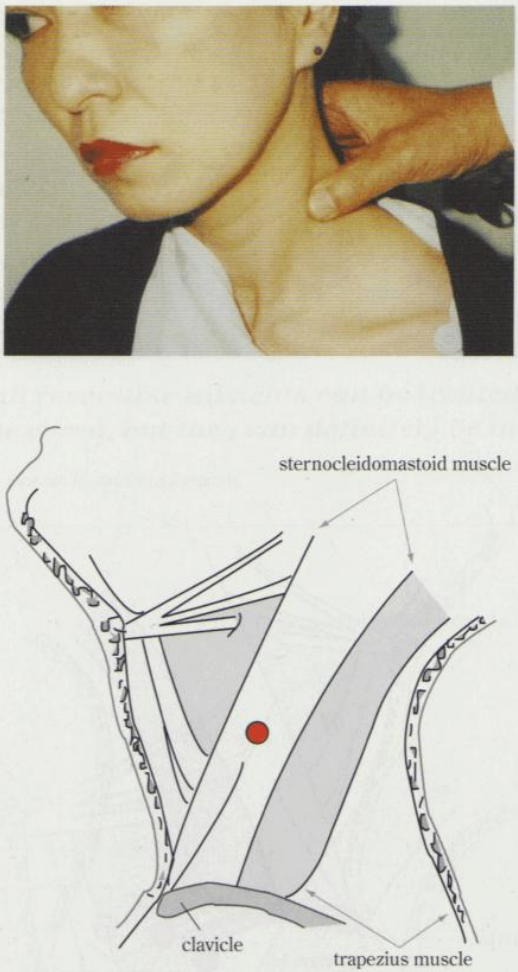
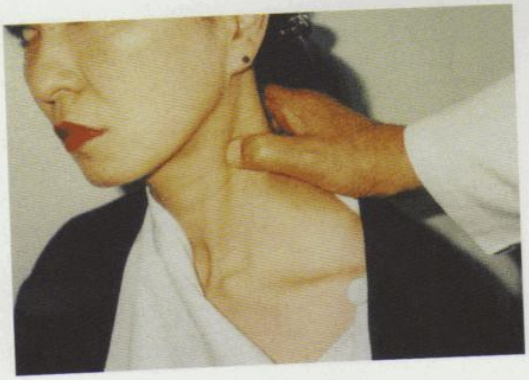


Fig. 76. The **liver diagnostic zone** is located in the middle of the sternocleidomastoid muscle. Only very light pressure needs to be applied on palpation.



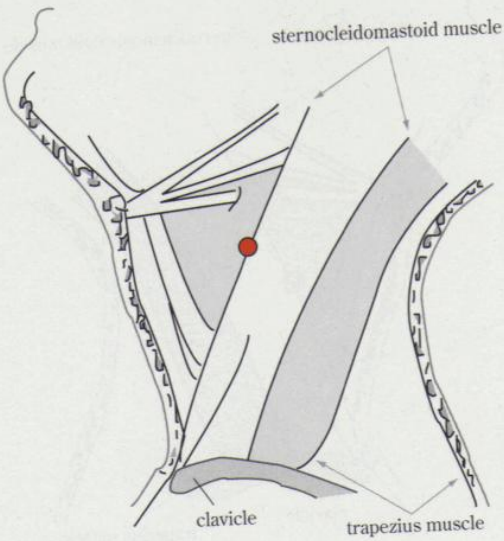
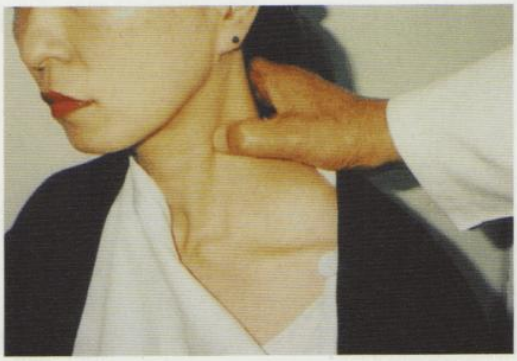


Fig. 77. The **heart diagnostic zone** is found just at the edge of the sternocleidomastoid muscle, a little higher than the liver zone. On palpation, pressure has to be applied over the edge of the muscle.



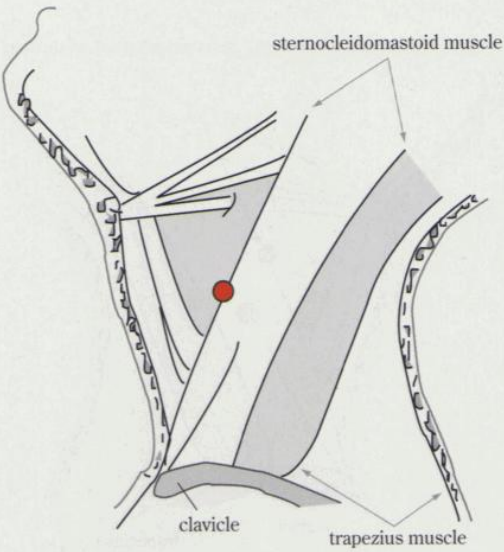


Fig. 78. The **pericardium diagnostic zone** is located slightly below the heart zone, also at the edge of the sternocleidomastoid muscle. Palpation is similar to that for the heart zone.

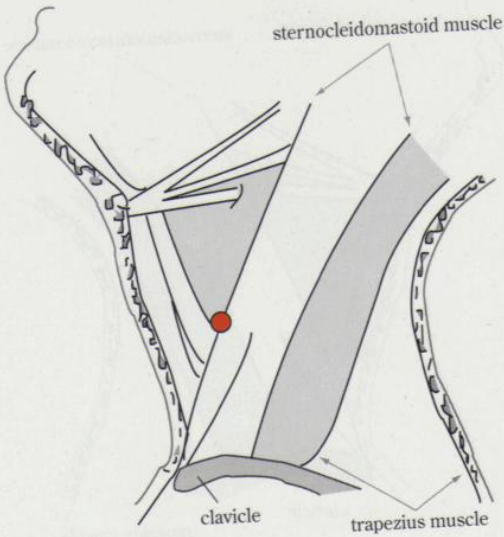


Fig. 79. The **gallbladder diagnostic zone** is also located at the edge of the sternocleidomastoid muscle, near the level where the infrahyoid muscles disappear under the sternocleidomastoid muscle.

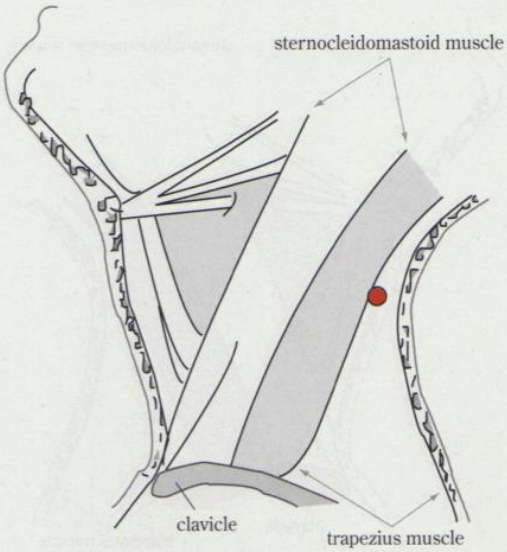


Fig. 80. The **small intestine diagnostic zone** is found at the anterior edge of the trapezius muscle; light pressure should be applied on palpation.

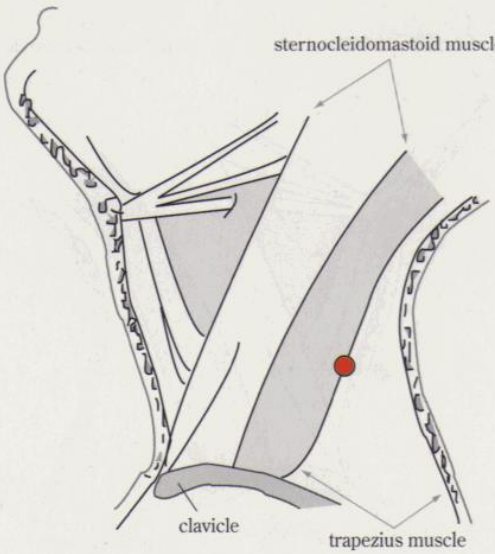


Fig. 81. The **spleen/pancreas diagnostic zone** is further anterior at the edge of the trapezius muscle. On comparison with Fig. 80, the different pressure applied by the thumb can be seen.

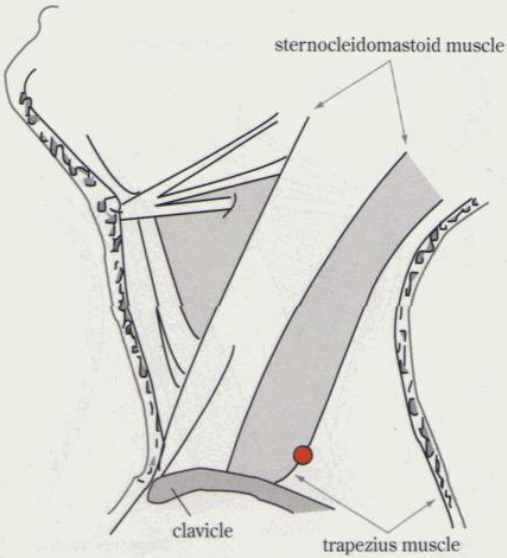


Fig. 82. The **triple heater diagnostic zone** is over the lower anterior edge of the trapezius muscle. Slightly more pressure is needed to palpate this zone.

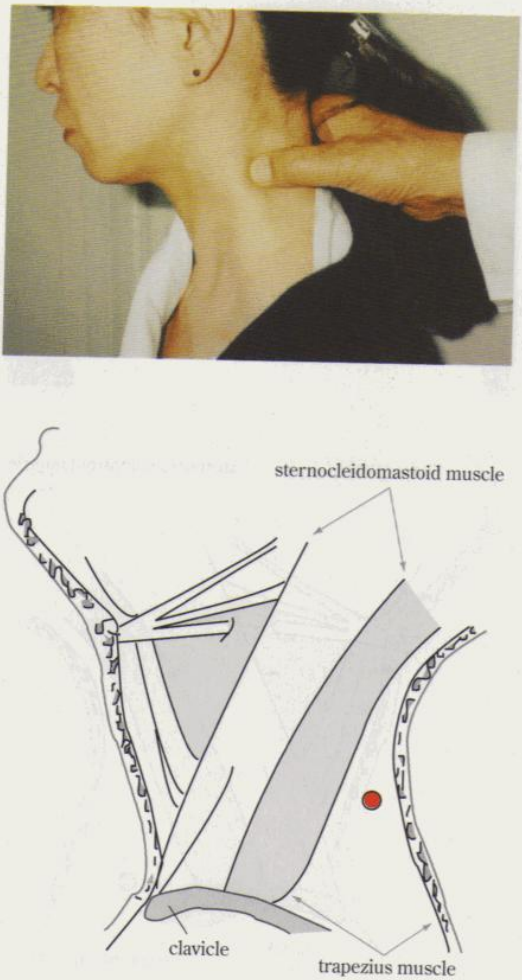


Fig. 83. The **stomach diagnostic zone** lies over the middle of the trapezius muscle and can be felt with light pressure.

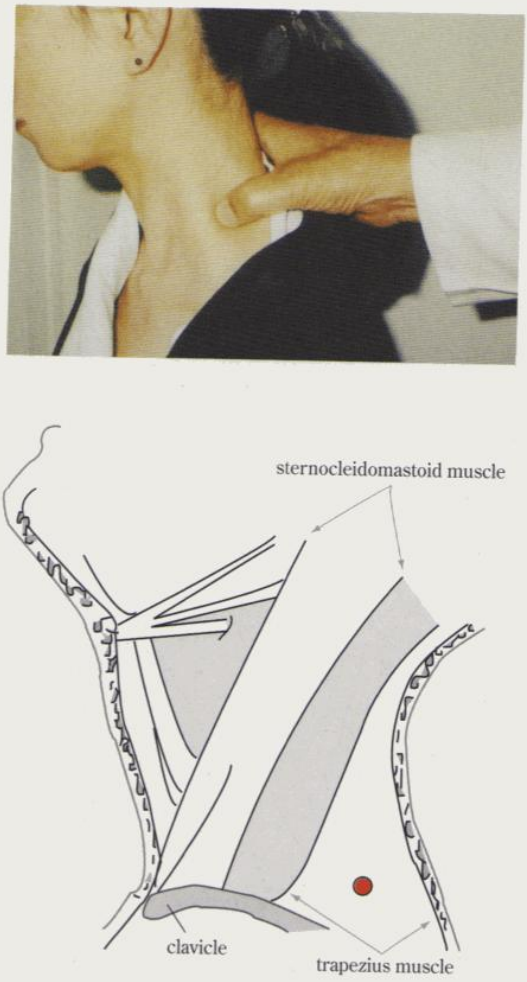


Fig. 84. The **large intestine diagnostic zone** is located over the trapezius muscle.

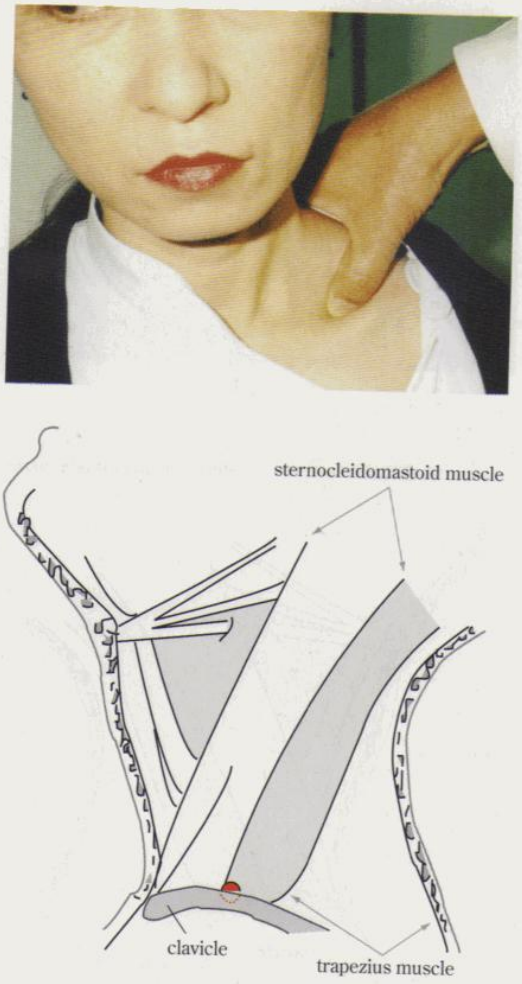


Fig. 85. The **bladder diagnostic zone** is partly behind the clavicle. When palpating, the thumb should press against the inner edge of the clavicle.

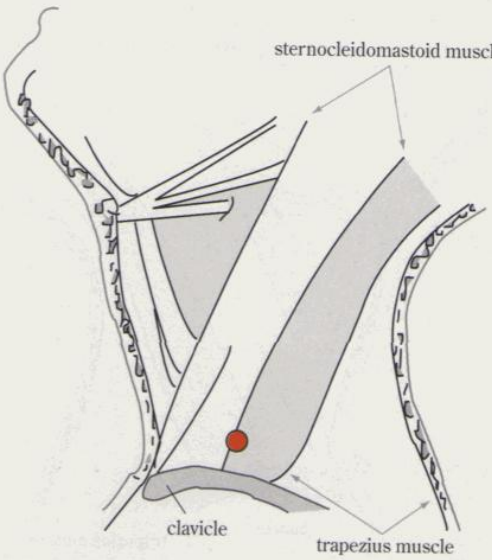
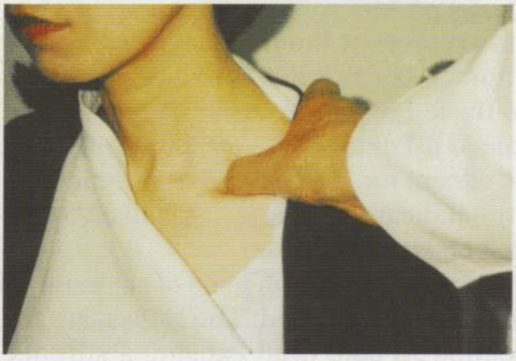


Fig. 86. The **kidney diagnostic zone** is over the posterior border of the sternocleidomastoid muscle.



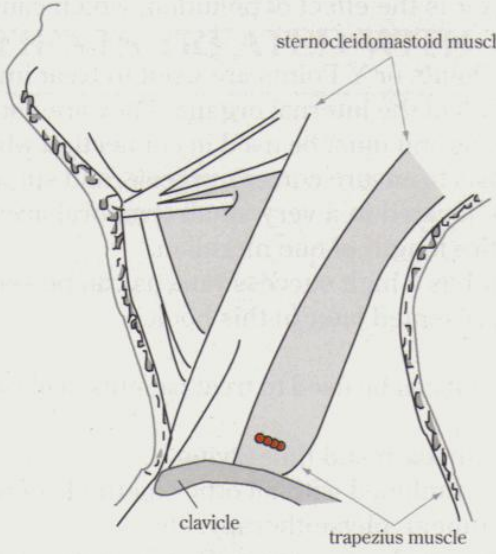


Fig. 87. The **spine and brain diagnostic zones** are stringlike zones, following the kidney zone posteriorly. To palpate these small areas, it is advisable to slide the thumb a little along this line of minute areas, from anterior to posterior.

4.4. Summary

YNSA Basic Points represent the kinetic or bony and supportive frame structure of the human body. It is a somatotope in anatomic order. The function of these Basic Points are easier to understand for the western mind because selected Points are used to treat specific body parts and specific ailments, except for the occasional interacting or interlacing areas. In general, the indicated Basic Point is used to treat its designated painful, or disabled body part.

The ailment or pain is often known to be of an "external" or "superficial" nature; no internal organ is involved. The causes are frequently an external agent, for example, a cold draft causing a stiff neck or neuritis, or traumatic injury, or postoperative pain and discomfort. A more recent but very important factor is the effect of pollution, which causes allergies and skin reactions.

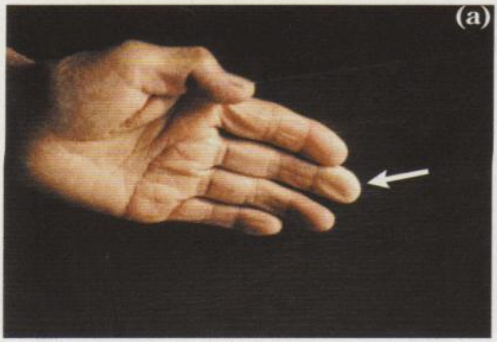
The 12 Ypsilon Points or Y Points are used to treat imbalances, disturbances, and ailments of the internal organs. They are named according to the respective organs and must be used in connection with YNSA abdominal or neck diagnosis to ensure correct, precise, and successful treatment. Ypsilon Points are located in a very small temporal area, but each Point represents the entire length of one meridian.

YNSA treatment has a high success rate, as can be seen from statistics and experiments presented later in this book.

- YNSA treatment can be used to treat patients of all ages with very few restrictions.
- YNSA is easy to learn and timesaving.
- YNSA can be combined with all other methods of acupuncture, conventional treatment, physiotherapy, etc.
- YNSA Points can be treated with a variety of appliances, e.g., needles, TENS, laser, light, and injection.
- YNSA Points can also be treated with massage, shiatsu, or magnets.
- YNSA abdominal diagnosis is a widely modified version of the older, well-known Japanese hara diagnostic method.
- YNSA neck diagnosis is a new, very convenient method of diagnosis developed by the author. Both methods are essential for correct YNSA treatment.

5

PRESENTATION OF PATIENTS TREATED WITH YNSA

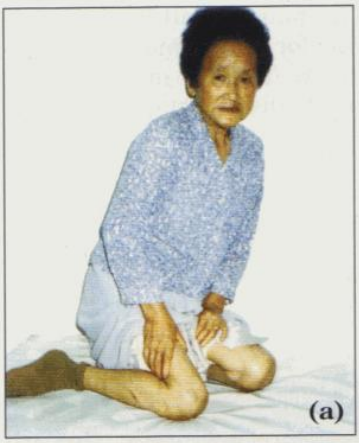


(a) The patient had been taking medicine for some time without improvement. The left middle finger had a white discoloration.

(b) A needle was inserted into the **Basic C Point** at the division for fingers on the affected side and left in situ for 20 minutes.

(c) Five minutes after insertion of the needle, the color and pain was markedly improved. The patient had 12 treatments, twice a week for 6 weeks.

Fig. 88. A 78-year-old woman with Raynaud's syndrome and complaints of pain and paresthesia in the left hand.

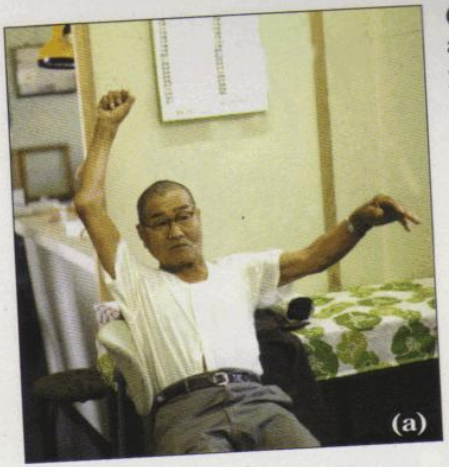


(a) This woman, 79 years old, had had pain in both knees for about 2 years.

(b) Three needles were inserted into the ***Yang* Basic G Points** behind the ears, bilaterally. At the time of treatment no Yin G Points were known.

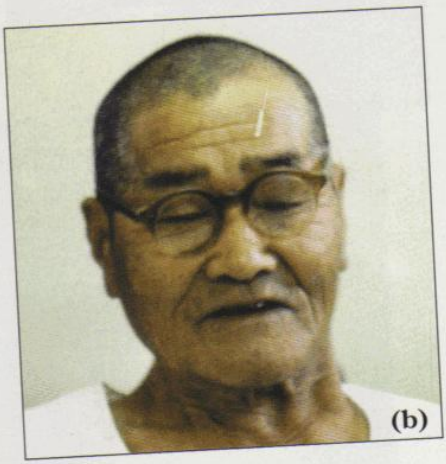
(c) The patient was then able to kneel almost normally. She had a total of 15 treatments, twice a week for 7 weeks.

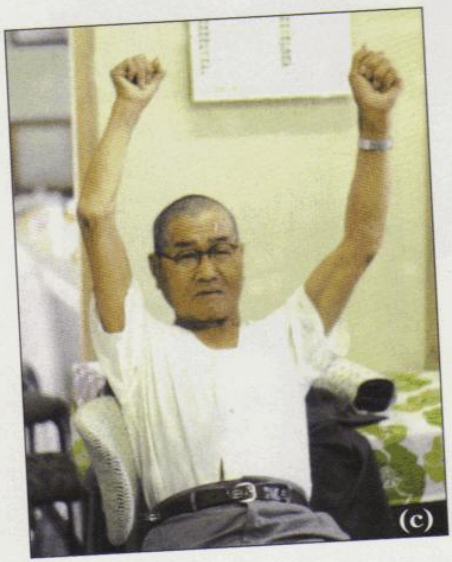
Fig. 89. In Japan, women spend a lot of time on their knees. They greet, serve, and eat while kneeling. In particular, they may spend up to 2 hours sitting in a straight kneeling position on official occasions, such as funeral services. It is considered rude not to.



(a) The patient was not able to lift his arm any higher than shown in the photograph.

(b) A needle was inserted into the **Basic C Point** and left in situ for about 20 minutes.





(c) He was able to lift his arm almost normal without pain. Five treatments were given at 3-day intervals.

Fig. 90. A 75-year-old man with a complaint of pain in the left shoulder for about 2 weeks.

Fig. 91.
(a) This woman had been discharged after a left mastectomy only a few days earlier.
(b) She had very limited movement in her left arm.
(c) The ipsilateral **Basic E Point** and **Y Points** (**Heart** and **Lung**) were treated.
(d) After 20 minutes, her movements had improved.
(e) After four treatments over 2 weeks, she had free movement.

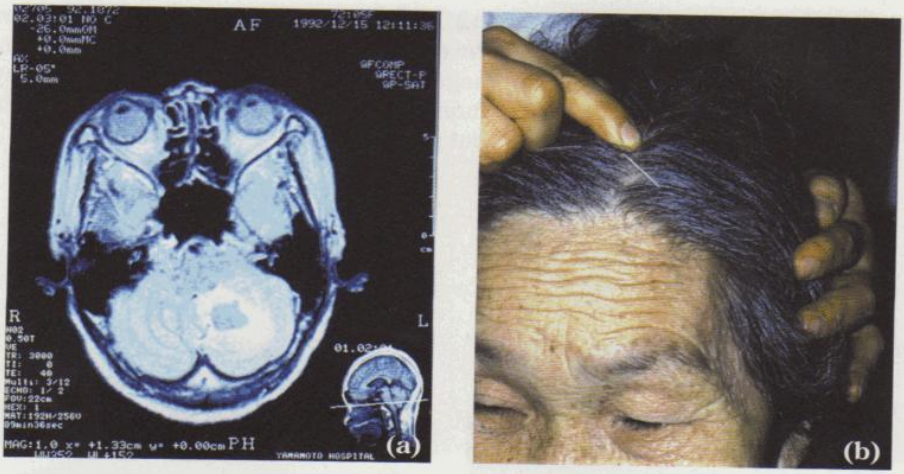
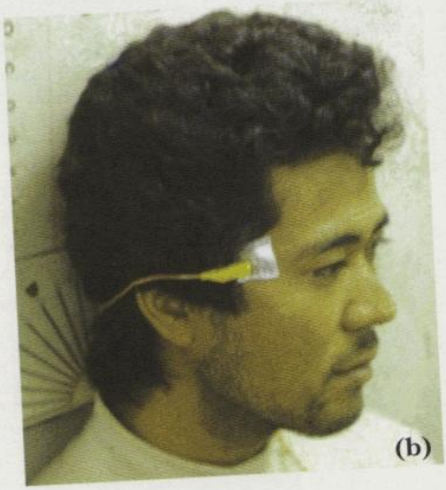


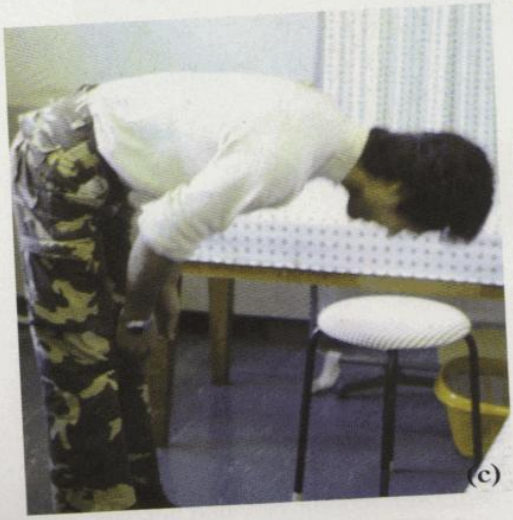
Fig. 92. A 73-year-old woman with a massive hemorrhage in the cerebrum. The patient suffered from vertigo and headache.

(a) MRI on admission.
(b) After insertion of one needle into the **YNSA Cerebrum Point** on the affected side the vertigo and headache were relieved.
She was treated as an inpatient with acupuncture 3 times a week for 6 weeks. She has made a good recovery.

(a) This young fisherman came home after 2 weeks at sea, complaining of severe lumbago. He was not able to bend forward any more than shown in the photograph without pain.

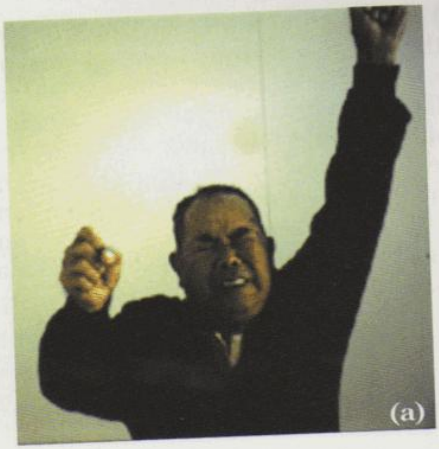
(b) Because he was too afraid to be treated with acupuncture, he was treated with "Silverspike" (TENS) applied to the **Basic D Points** bilaterally.





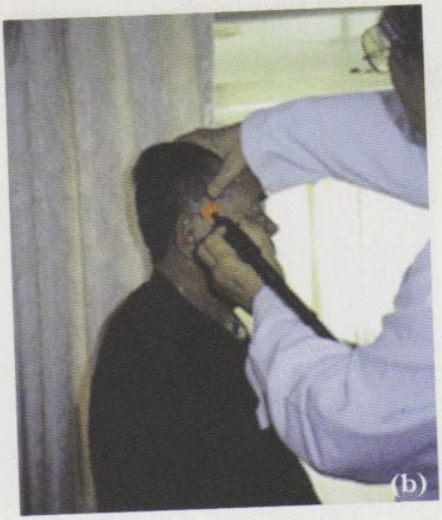
(c) After 20 minutes of electrical stimulation he was able to bend without pain.
He came for treatment for 3 consecutive days and was able to go to sea with the next ship.

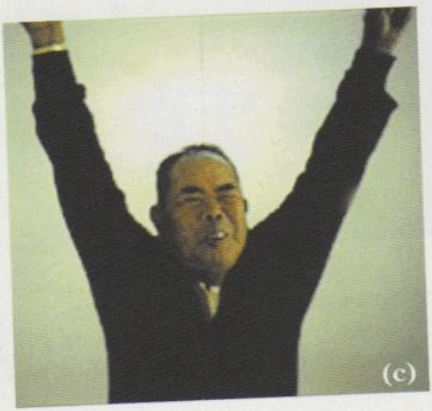
Fig. 93. The patient with severe lumbago.



(a) He suffered very painful whiplash with limited movement of the right arm.

(b) Because of his fear of needles, "Super Lizer," a spot-type light therapy, was applied at a rhythm of 2 second intermittence for 1.5 minutes at 1,800 mW, to the **Y8 Kidney Point**.

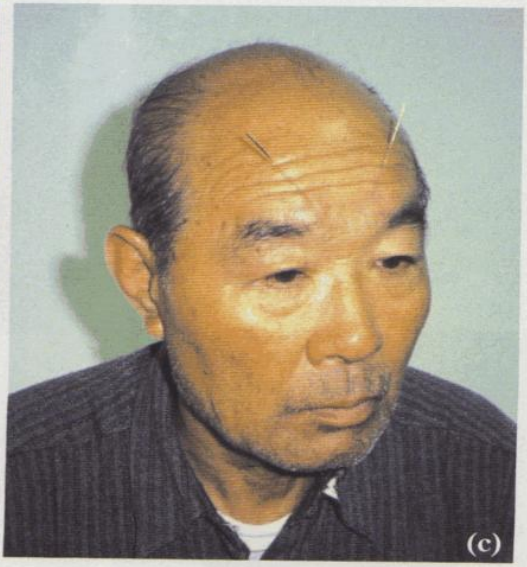




(c) After treatment he could lift his arm normally. The patient had four treatments in 2 weeks.

Fig. 94. A 85-year-old man was in a car accident 1 week before coming to our hospital.

(a) This was the first patient ever treated with the **Basic E Point**. She had been unsuccessfully treated for severe asthma with steroids. Acupuncture to the **Basic E Point** gave her relief after a few minutes. She was admitted to our hospital for about 3 months, steroids were discontinued, and the intervals between her attacks became longer. She was discharged and treated as an outpatient as needed.



(b) This 74-year-old man suffered a compression fracture of the thoracic spine from heavy lifting.
(c) Acupuncture was applied to the **Basic E Point** for pain relief three times a week for 4 weeks with good results. The patient did not need any pain medication.

Fig. 95. Treatment of the Basic E point.

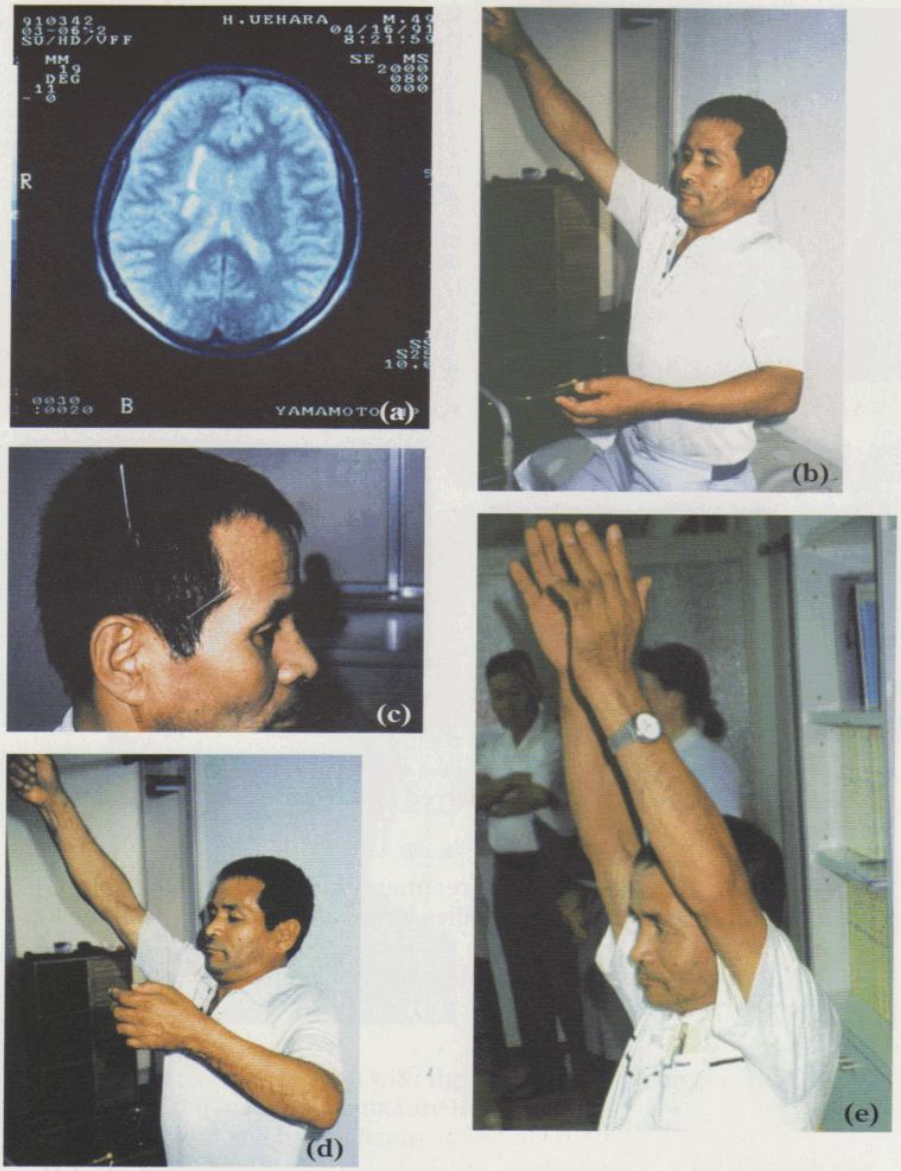
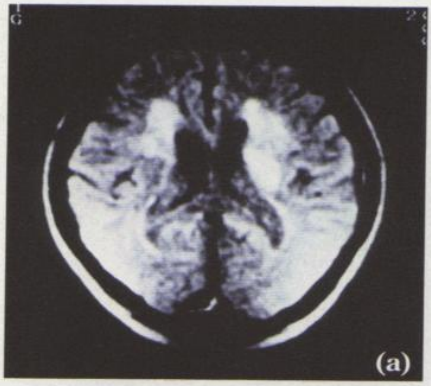


Fig. 96.
(a) MRI shows old cerebral infarction in a patient with left hemiplegia.
(b) The patient had had diminished movement in the left arm for 5 years.
(c) The **Y12 Heart Point** and the **Y8 Kidney Point** were treated at the initial visit **(d)** with some improvement.
The patient lives very far from the hospital, and could only come for treatment once every 2 weeks. He was treated for about 1.5 years according to neck diagnosis, most of them with the Kidney Point, until normal movement returned **(e)**.



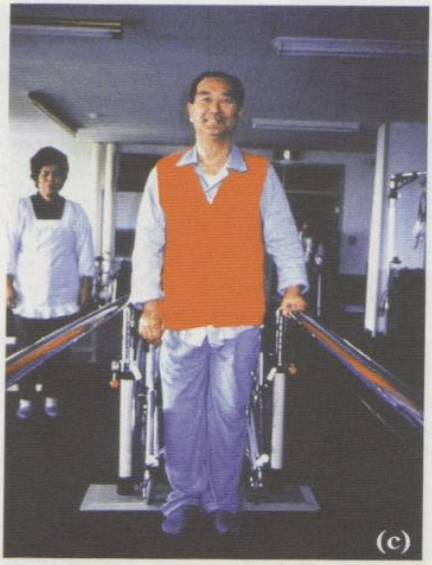


Fig. 97. This patient was transferred for acupuncture 14 days after infarction.
(a) MRI showing infarction.
(b) He was still quite drowsy. Treatment was given to the **Basic C** and **D Points** daily, with the needles left in situ for about 1 hour each time.
(c) Within 1 week he could stand by himself and walk with help. He made very good progress.

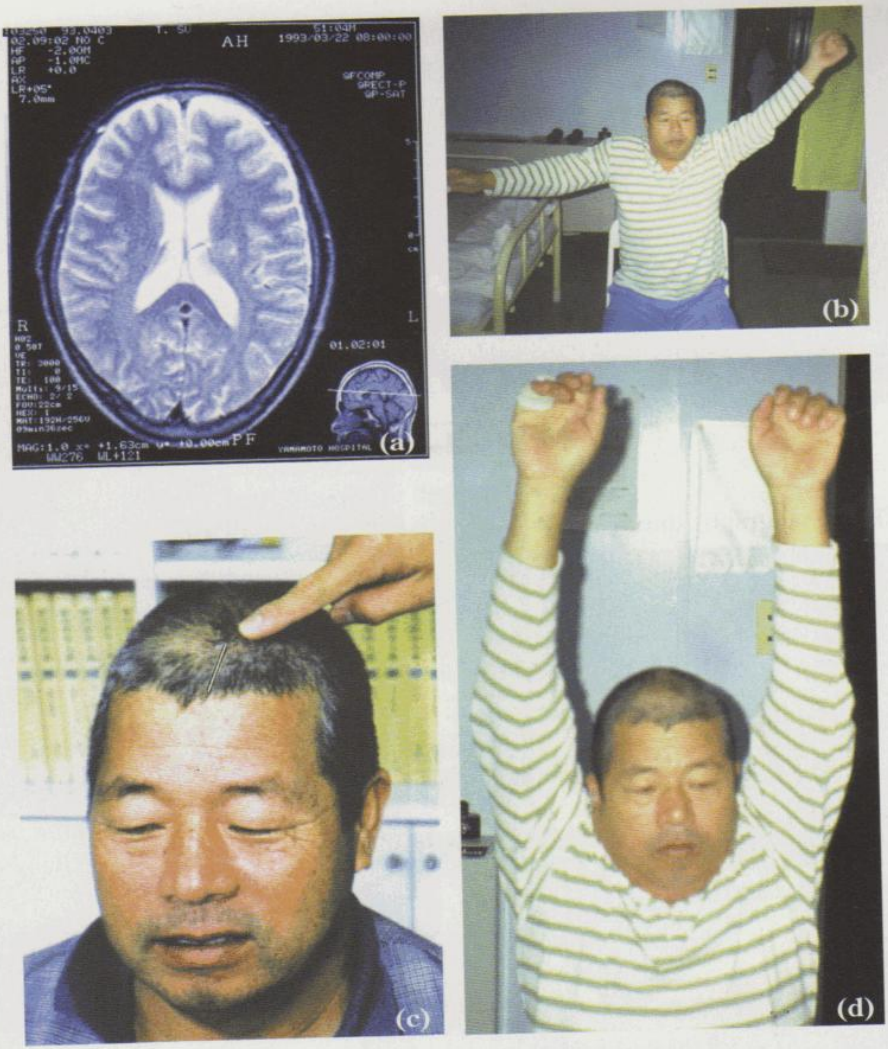
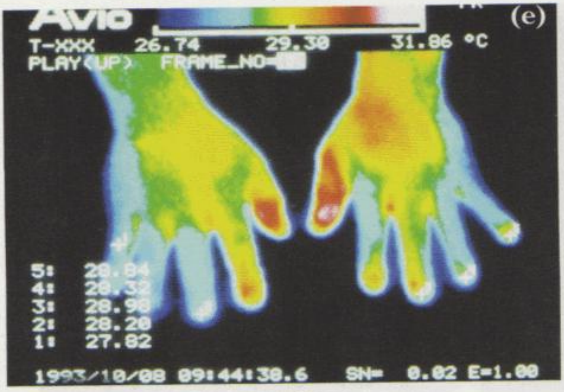
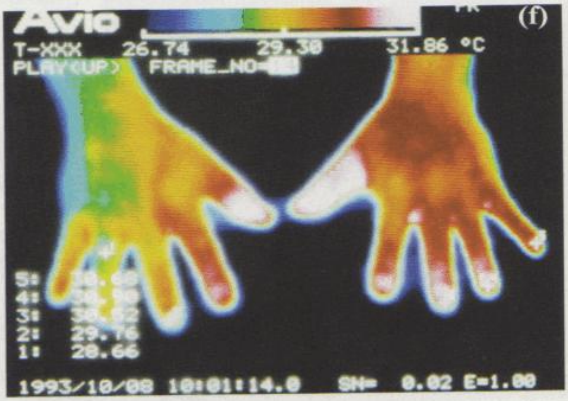


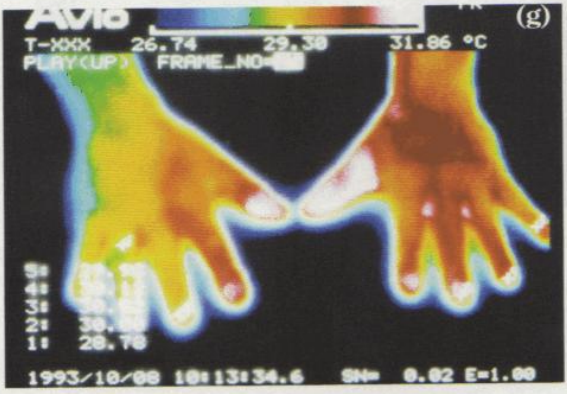
Fig. 98. A 52-year-old man with right-sided hemiplegia for 3 years.
(a) MRI taken before acupuncture treatment.
(b) The patient still had difficulty lifting his right arm.
(c) Acupuncture was applied to the contralateral **Y11 Cerebrum Point**.
(d) He was then able to lift his arm.
Treatment continued for 8 weeks, three times a week.
(Cont.)



(e) Thermograph taken before acupuncture.



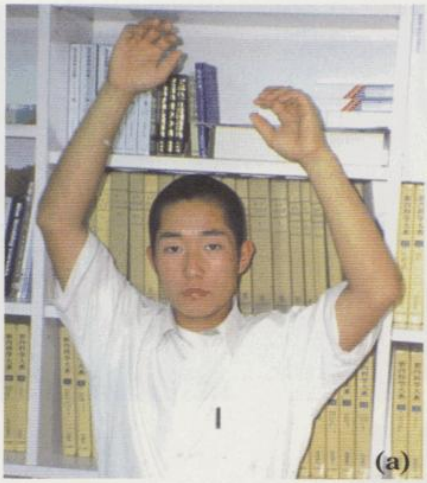
(f) Thermography during acupuncture to the **Cerebrum Point**.

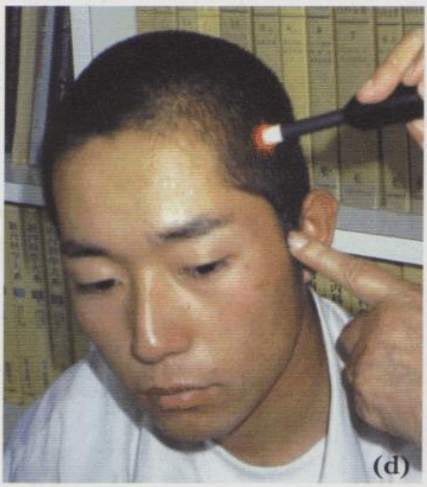


(g) Thermography about 5 minutes after withdrawal of acupuncture needles.

(Fig. 98, Cont.)
A thermograph was taken of the same patient which clearly showed improved circulation after treatment with YNSA. The patient was in the room for 30 minutes to stabilize his body temperature before the first thermograph was taken.

Fig. 99. Photographs sent by a colleague of patient with cerebral palsy, treated with the **Basic C and D Points**. There is a visible relaxation of all extremities.





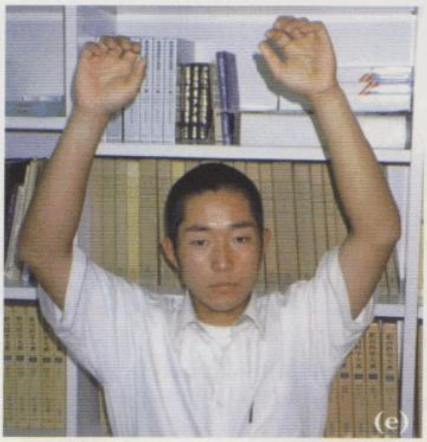
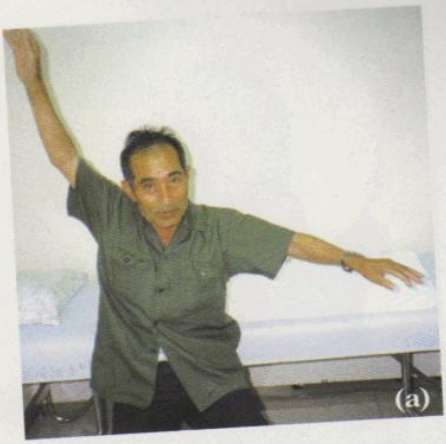
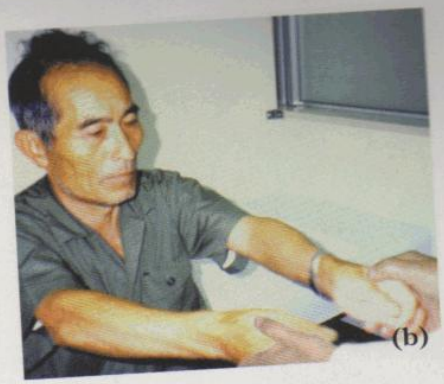
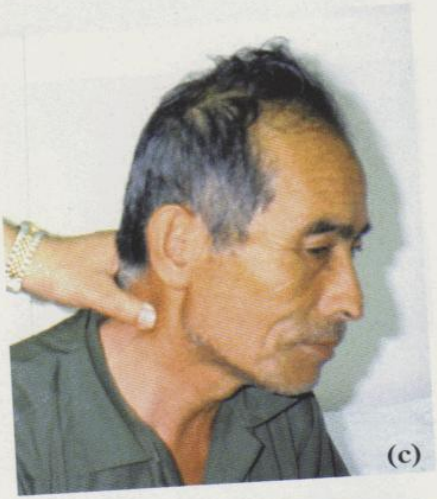
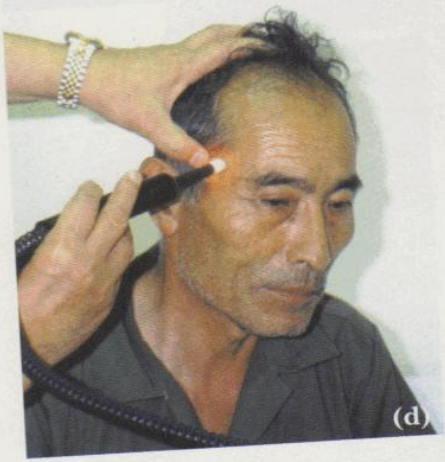


Fig. 100.
(a) High school student with left shoulder pain for 3 days.
(b) The Hoku Point on the right side is tender.
(c) The **pericardium neck diagnostic zone** is tender.
(d) Treatment of the **Y11 Pericardium Point** with Super Lizer.
(e) Good results were achieved.









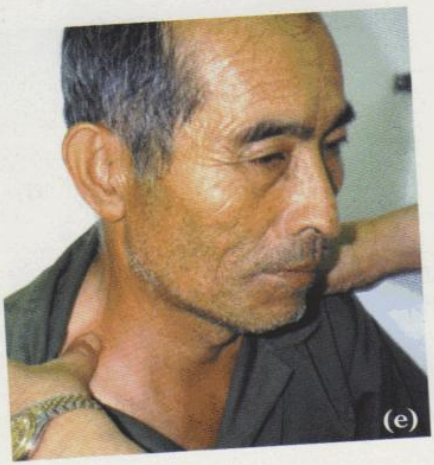
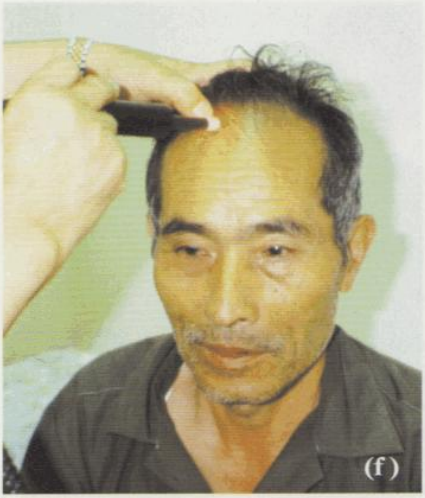
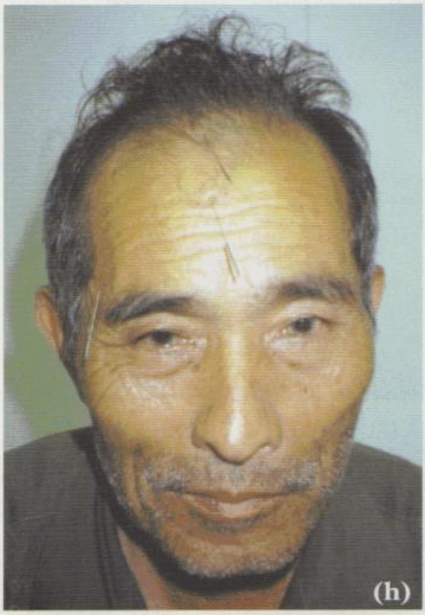
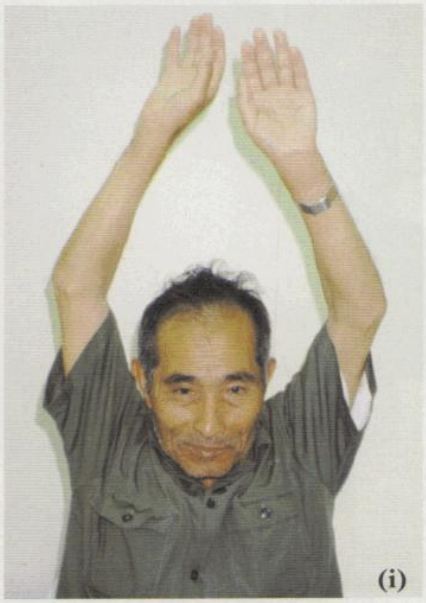


Fig. 101.
(a) A 62-year-old man with left hemiplegia for 7 months due to cerebral infarction. He could not lift his left arm.
(b) Determining the side of treatment with the Hoku Point and **(c)** neck diagnosis, **(d)** light treatment with Super Lizer was applied to the **Y1 Point (small intestine)**.
(e) On reexamination the brain diagnostic zone was found to be tender.
(Cont.)







(Fig. 101, Cont.)
(f) The **Brain Point** was treated.
(g) The results were not completely satisfactory.
(h) Acupuncture was then applied to the **Basic A Point**, **Brain Point**, and **Y1 Small Intestine Point**.
(i) Very good results were obtained.
All treatment was given contralaterally.

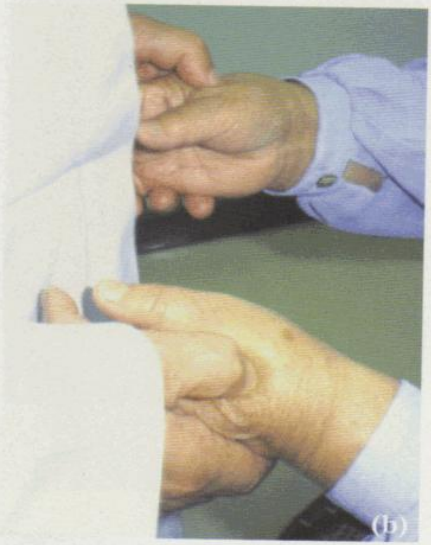
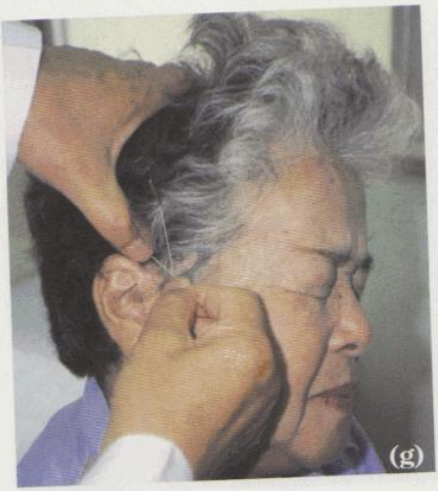
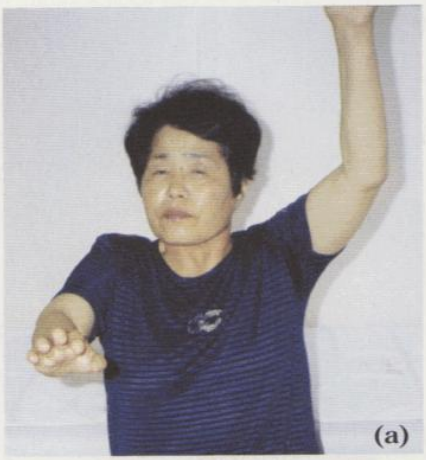


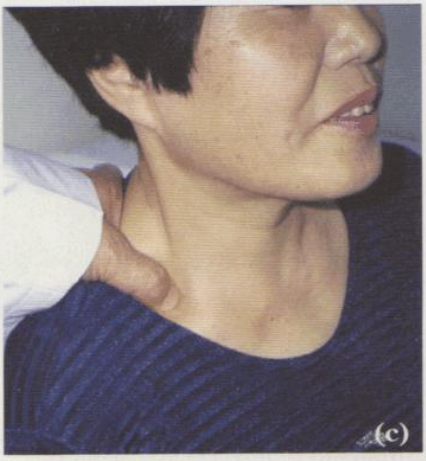
Fig. 102.
(a) A 74-year-old woman with a very painful right shoulder.
(b) The Hoku Point of the right side and **(c)** the **kidney diagnostic zone** were tender.
(d) The **Y8 Kidney Point** was needled.
(e) When reexamined, no tenderness remained in this zone, but (Cont.)



(Fig. 102, Cont.)
(f) was still present in the **gallbladder** and **pericardium diagnostic zone**.
(g) Treatment of the **Y7 Gallbladder Point**.
(h) Insertion of a needle into the **Y11 Pericardium Point**. Finally all diagnostic zones were found to be negative. The needles were left in situ for 20 minutes.
(i) Very good results were achieved with complete relief of pain. However, the patient came for three treatments.

Fig. 103.
(a) Patient with chronic left shoulder pain and limited movement.
(b) After neck diagnosis, Super Lizer treatment was given to the **Y12 Heart Point *Yang*** and **(c) Y8 Kidney Point *Yang***.
(d) Improvement was shown, but twice-weekly treatment was required for 1 month.





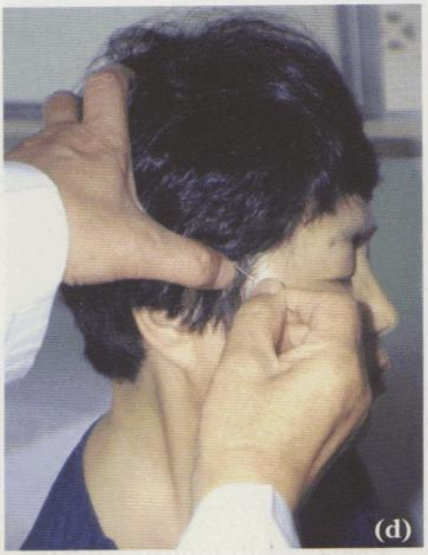
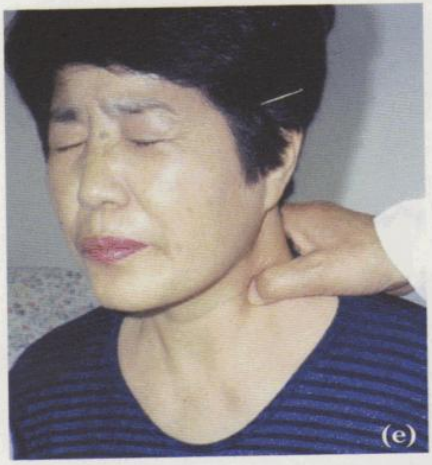
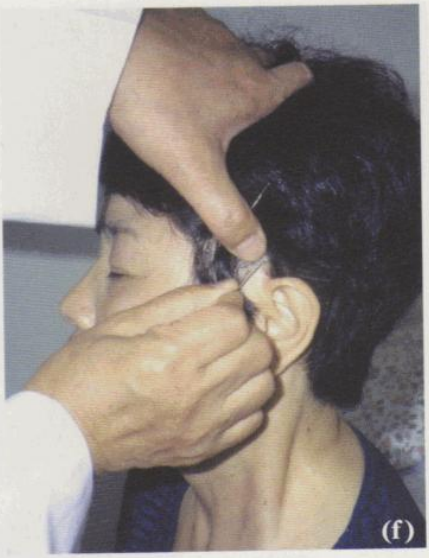
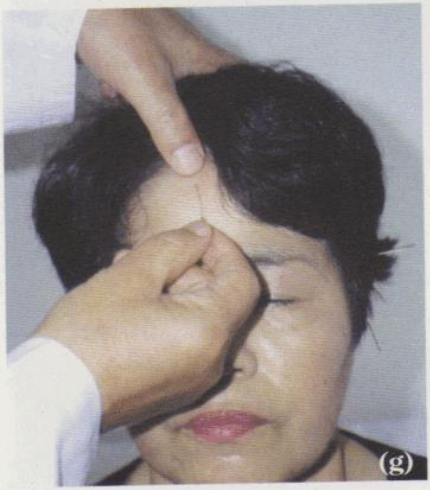
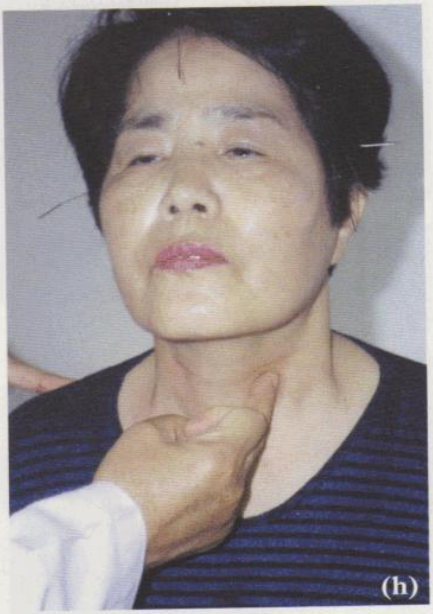


Fig. 104.
(a) A 59-year-old woman with a history of cervical spondylitis with stiffness and pain in the right shoulder and arm.
(b) The right Hoku Point was tender.
(c) The right **kidney diagnostic zone** was tender.
(d) Treatment of the right **Y8 Kidney Point**.

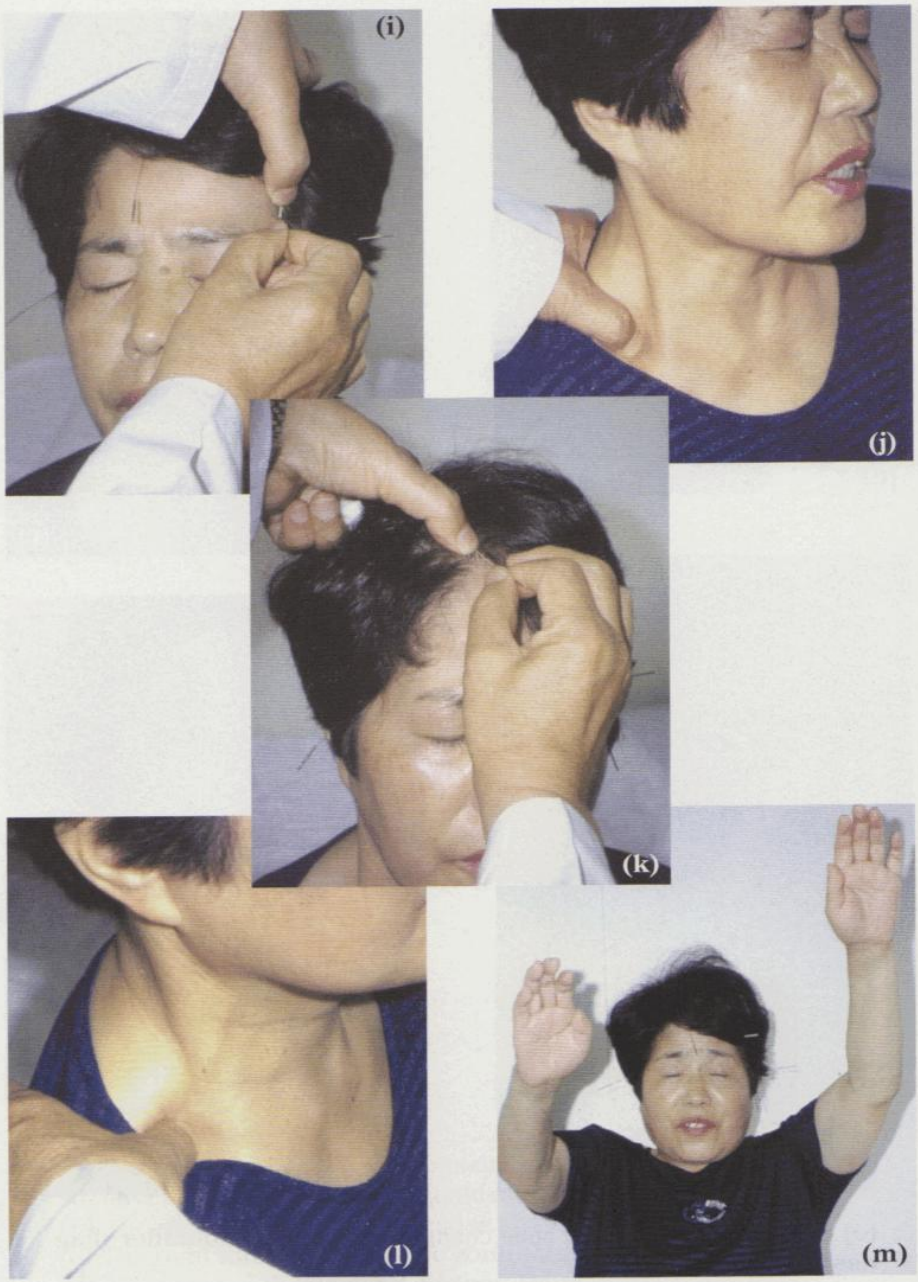








(e) The positive diagnostic zone changed to the left **gallbladder diagnostic zone**.
(f) Insertion of a needle into the **left Y7 Gallbladder Point** and **(g)** the right **Basic A Point**.
(h) Repeat neck diagnosis shows tender on the **left lung diagnostic zone**.
(Cont.)



(Fig. 104, Cont.)
(i) Treatment of the **Y10 Lung Point**.
(j) Painful right **brain diagnostic zone**.
(k) Needle insertion in the right **Cerebrum Point**.
(l) All diagnostic zones were rechecked and found to be negative.
(m) Pain was decreased and movement was increased. Twice-weekly treatment continued for 10 weeks.

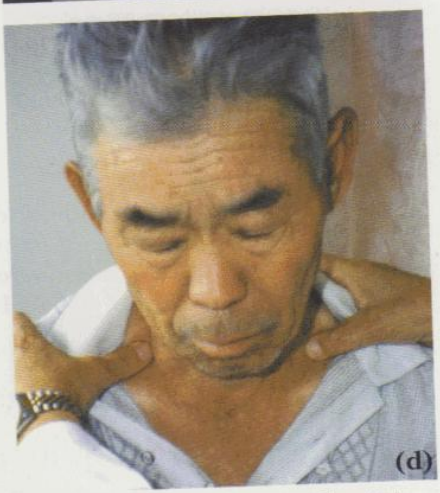
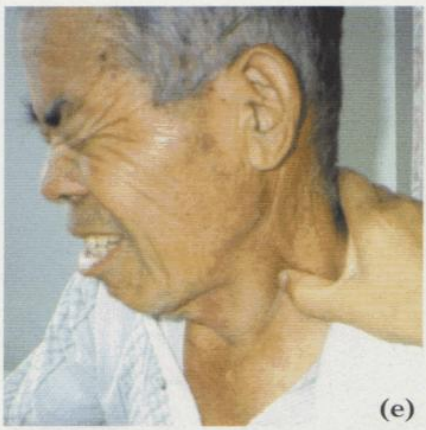
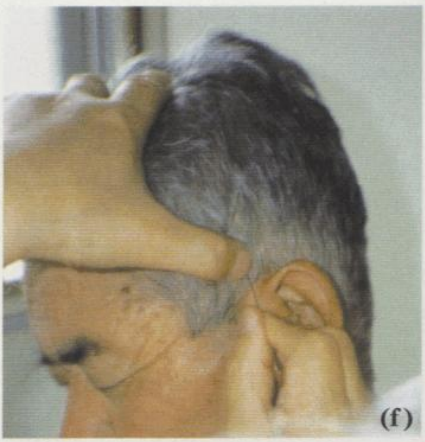
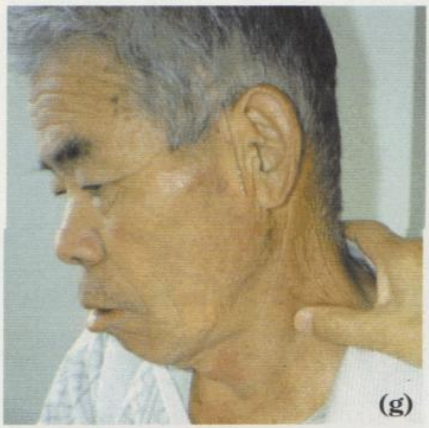
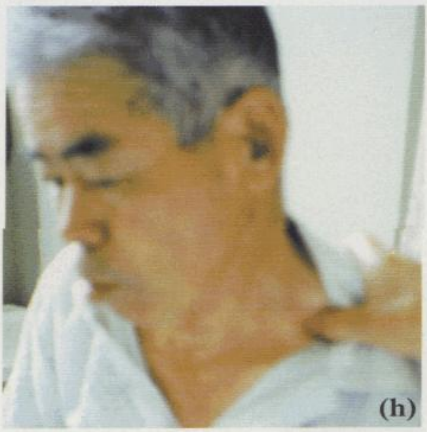


Fig. 105. A 68-year-old man who fell out of a 4-m-high tree about 4 years ago and fractured his cervical spine.
(a) MRI taken before treatment.
(b) Since the accident he has had stiffness, pain, and numbness in the left arm and difficulty forming a fist.
(c) The left Hoku Point was tender.
(d) No tenderness was found over the **kidney diagnostic zone**.
(Cont.)

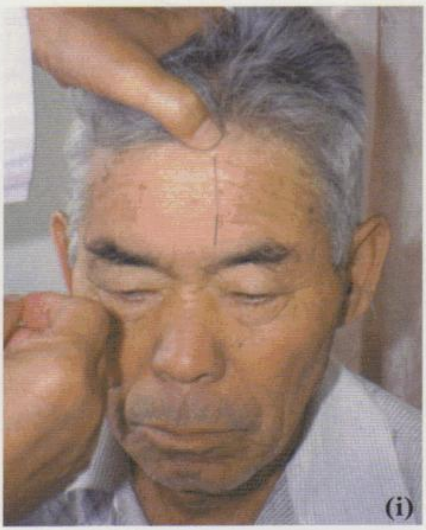




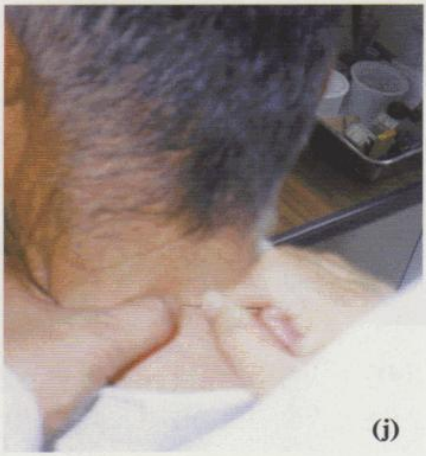




(Fig. 105, cont.)
(e) The **gallbladder diagnostic zone** was extremely tender.
(f) The **Y7 Gallbladder Point** was treated.
(g) The **gallbladder diagnostic zone** was reexamined and found to be negative, but **(h)** the **cervical spine diagnostic zone** was slightly tender.



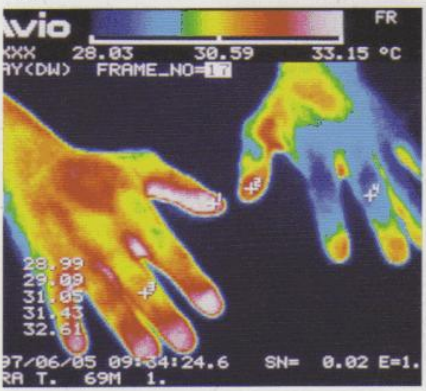
(i)



(j)

(k)

(l)



(m)

(i) Therefore, the **Basic A Point** and **(j)** the **Trigger Point** between cervical vertebrae 4 and 5 were treated.
(k) The patient was then free of pain and numbness and could close his fist more tightly. The patient came for 3 or 4 additional treatments at his own convenience.
(l) Thermography before acupuncture and **(m)** after acupuncture clearly show increased blood flow to the left hand.

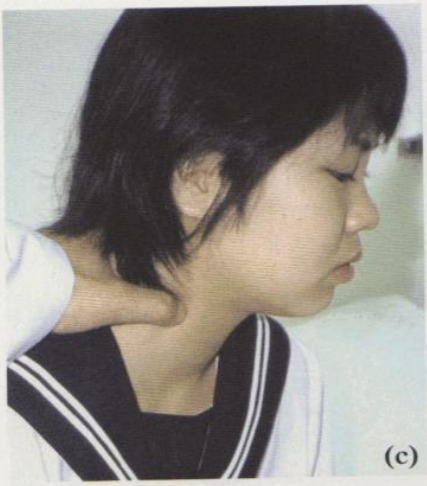
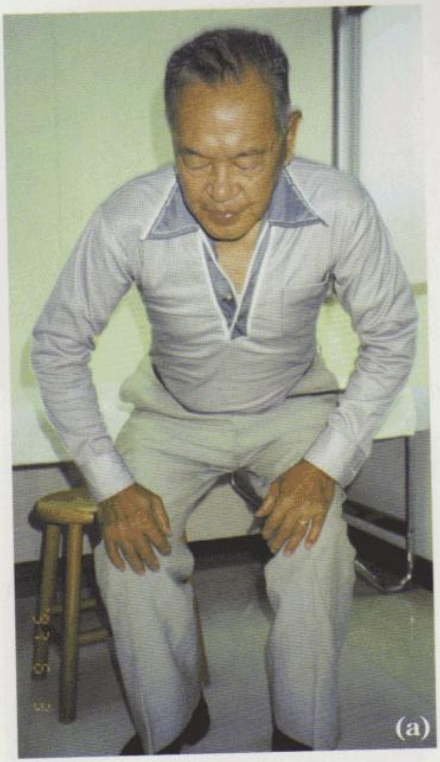
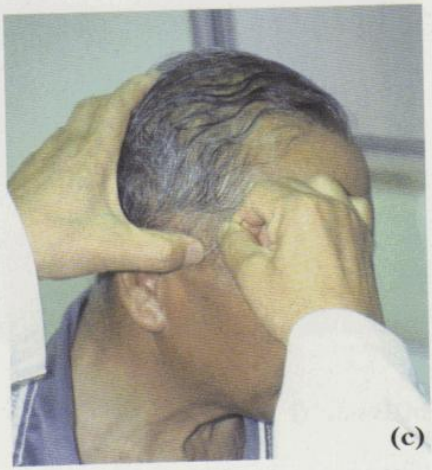


Fig. 106. A 14-year-old girl who complained of headache during examinations at school.
(a) The right Hoku Point was tender.
(b) The **kidney** and **(c) pericardium diagnostic zone** were tender.
(d) The **Y8 Kidney Point** and **(e)** the **Y11 Pericardium Point** were treated with the Super Lizer. She was then free of pain after only one treatment.





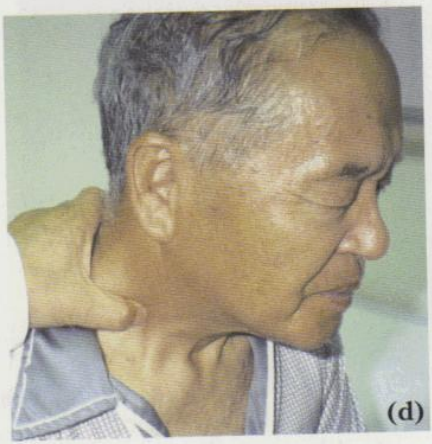
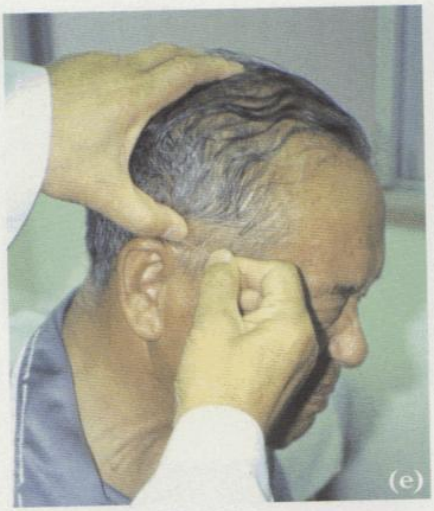
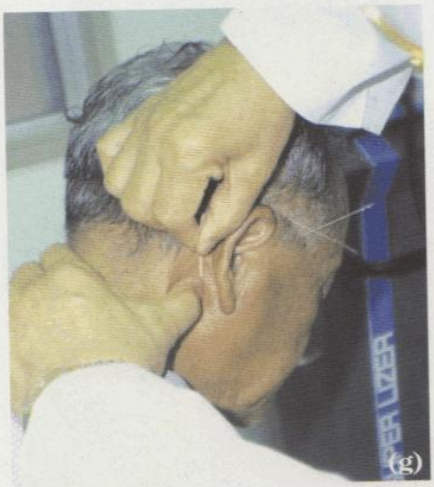


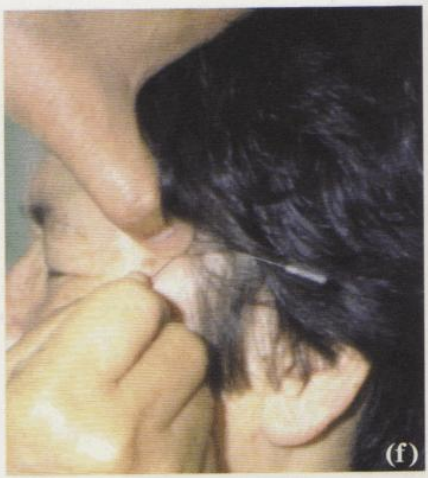
Fig. 107. A 68-year-old man with a history of periodic pain in his knees. X-ray findings were negative.
(a) He was not able to bend more than shown in this photograph.
(b) On bilateral neck diagnosis, the left **kidney diagnostic zone** was tender.
(c) Acupuncture to the left **Y8 Kidney Point**.
(d) Reexamination of the **kidney diagnostic zone**.
(cont.)

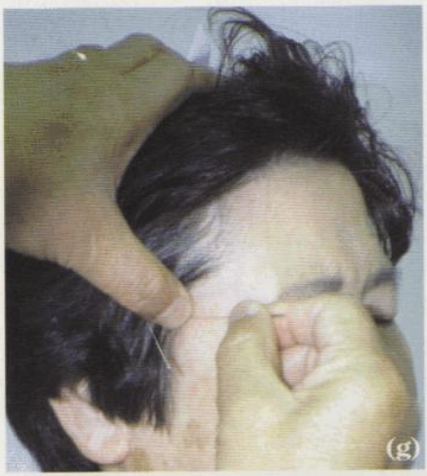


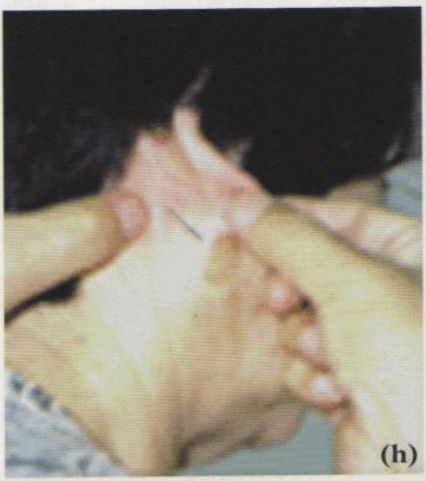


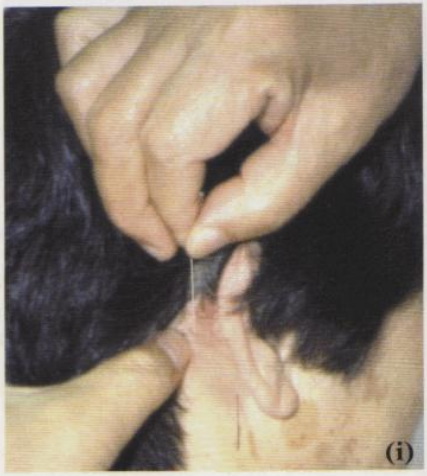
(Fig. 107, cont.)
(e) Insertion of a needle into the **Yin Basic G Point,** located just above the Basic D Point.
(f) Palpation of the ***Yang*** **Basic G Point** and **(g)** insertion of a needle into the ***Yang*** **Basic G Point** (right).
(h) The patient could bend his knees normally after one treatment but came for three additional weekly treatments.

Fig. 108. A 69-year-old woman with a long history of bilateral painful knees.
(a) Photograph shows extreme difficulty in bending and kneeling.
(b) The right **kidney diagnostic zone** was tender.
(c) The left kidney diagnostic zone showed no abnormality.
(d) Insertion of a needle into the right **Y8 Kidney Point**.
(cont.)

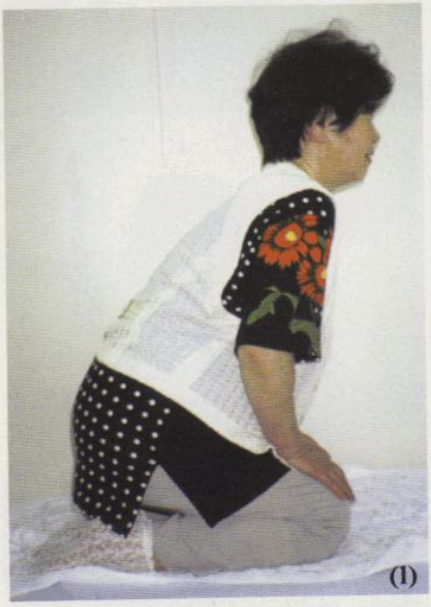






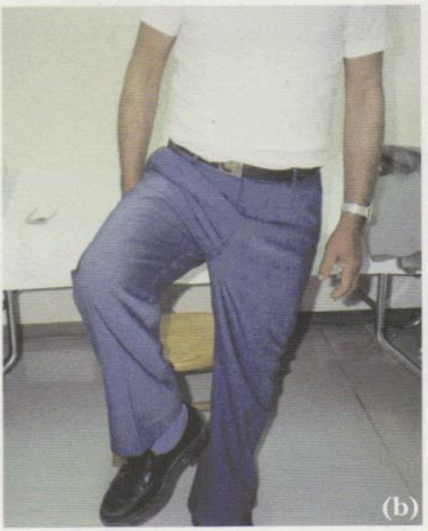


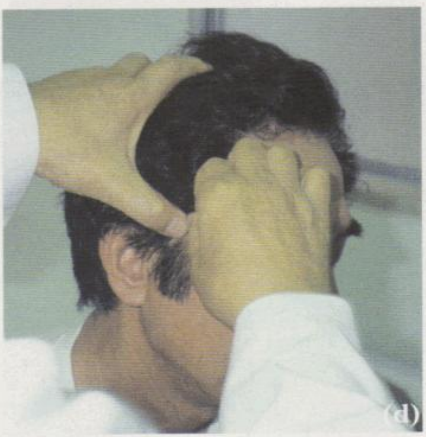
(Fig. 108, cont.)
(e) The left **Y5 Liver Point**.
(f) The left **Basic Knee Point Yin**.
(g) The right **Basic Knee Point Yin**.
(h) The right **Basic G Point *Yang***.
(i) The **Basic F Point** was tender because of a pulling sensation down the back of the leg.



(j) Treatment of the **Y11 Pericardium Point**.
(k) Great improvement was seen after the first treatment. Because the patient has to travel far, she came for treatment only once a week.
(l) and **(m)** show her continuing improvement.

Fig. 109.
(a) A 4-year-old girl paralyzed after receiving polio vaccine. She would not tolerate more than one needle a day.
(b), **(c)**, **(d)**, and **(e)** show the gradual improvement in the 8 months before returning home.





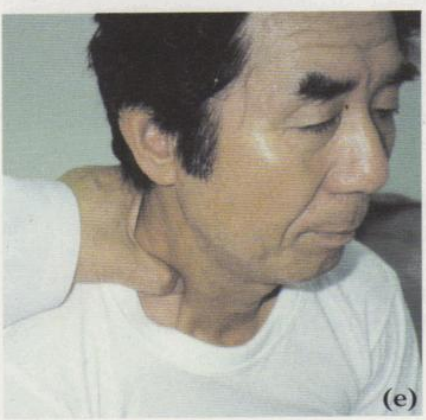
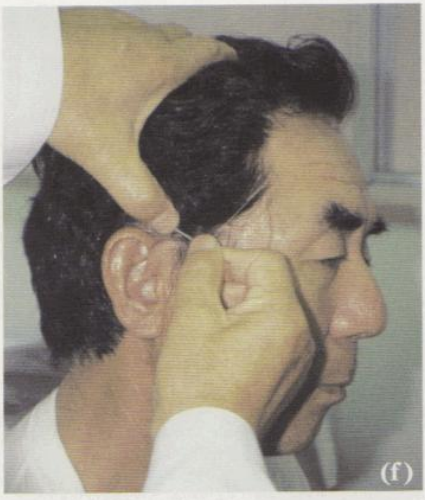
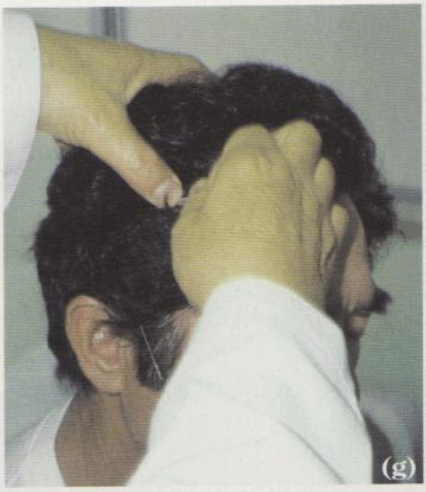
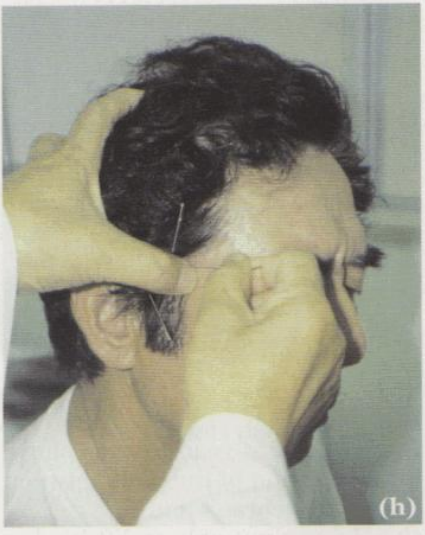
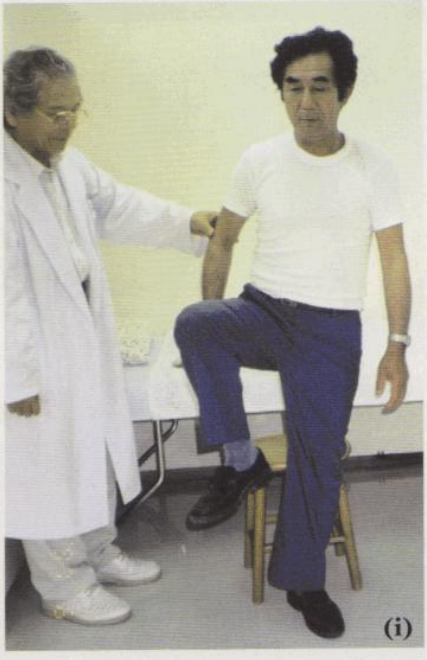


Fig. 110.
(a) MRI of a 54-year-old man showing herniation of the disk between lumbar vertebrae 4 and 5.
(b) He was not able to lift his leg more than shown in the photograph.
(c) The right **kidney diagnostic zone** was tender.
(d) Treatment of the **Y8 Kidney Point**.
(e) The **gallbladder** and **pericardium diagnostic zones** are tender.
(cont.)





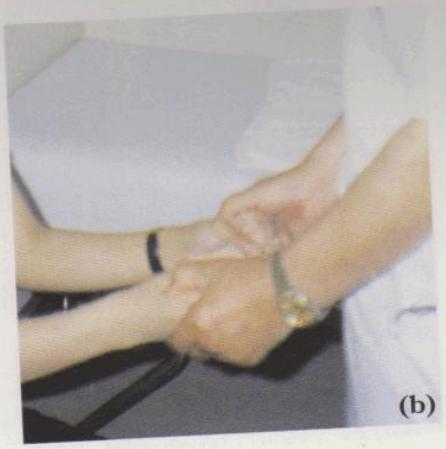




(Fig. 110, cont.)
(f) Treatment of the **Y7 Gallbladder Point**.
(g) Treatment of the **Y11 Pericardium Point**.
(h) Treatment of the **Basic D Point**.
(i) Good results were obtained. He can lift his leg much higher. The patient comes for treatment whenever he feels the need.

Fig. 111. A 63-year-old woman with facial twitching.
(a) The disability is above the diaphragm; therefore, the Hoku Point is palpated to determine the side of treatment.
(b) On neck diagnosis, the right **kidney diagnostic zone** was tender.
(c) Insertion of a needle into the **Y8 Kidney Point**.
(d) When the neck diagnostic zones were reexamined, the **gallbladder diagnostic zone** was found to be tender.
(cont.)

(Fig. 111, cont.)
(e) Acupuncture treatment of the **Y7 Gallbladder Point**.
(f) This condition is difficult to demonstrate photographically, but the twitching had stopped after this first treatment. However, the patient came for three additional treatments.



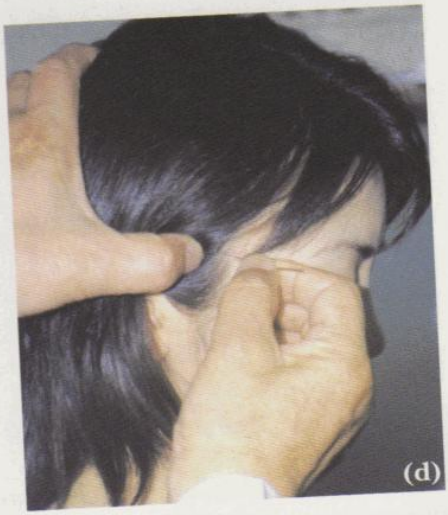
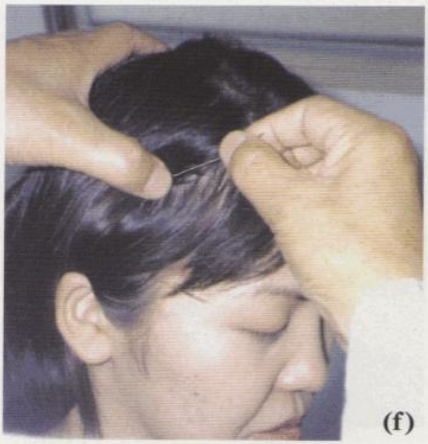
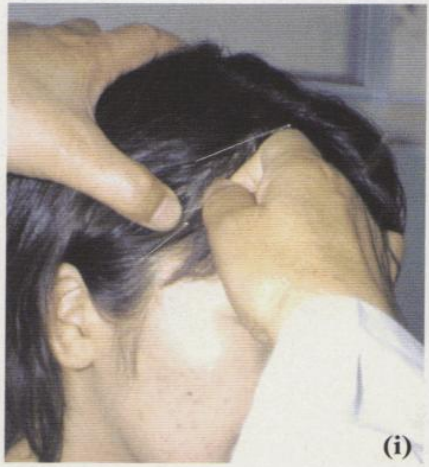


Fig. 112.
(a) Facial paralysis.
(b) The right Hoku Point was tender.
(c) Neck diagnosis shows tenderness in the **kidney diagnostic zone**.
(d) Treatment of the **Y8 Kidney Point**.
(e) The **heart diagnostic zone** was tender on reexamination.
(cont.)


(f)

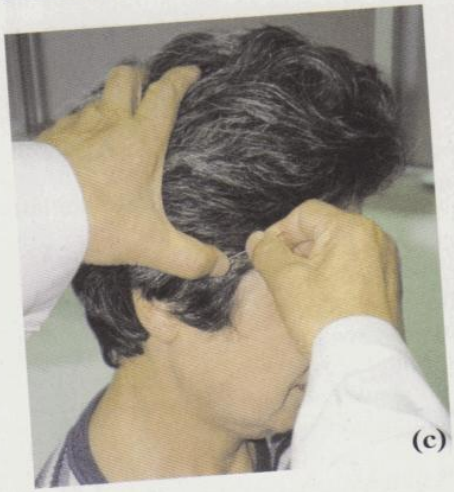

(g)


(h)


(i)


(j)

(Fig. 112, cont.)
(f) Treatment of the **Y12 Heart Point** and **(g) Sensory Eye Point.**
(h) When the neck was reexamined, some tenderness was found over the **stomach diagnostic zone**.
(i) Treatment of the **Y4 Stomach Point**.
(j) The patient showed marked improvement and can open and close each eye separately.
The patient had twice-weekly acupuncture treatments for 6 weeks.



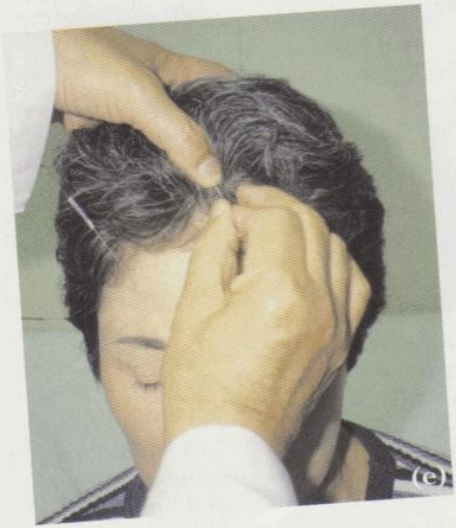
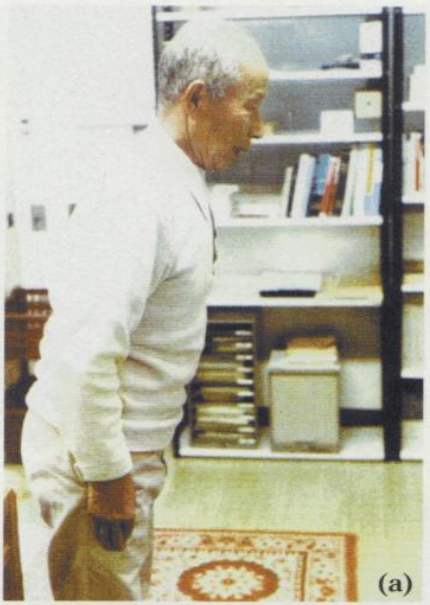


Fig. 113. A 59-year-old woman complaining of right tinnitus.
(a) The right Hoku Point was tender.
(b) The **kidney diagnostic zone** was positive.
(c) Needle insertion in the **Y8 Kidney Point**.
(d) Needles in the **Yin-*Yang*** and extra **Tinnitus Points**.
(e) **Brain Point** acupuncture.
A total of 10 treatments were given.



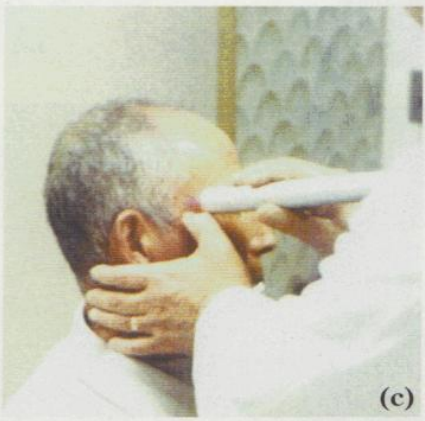
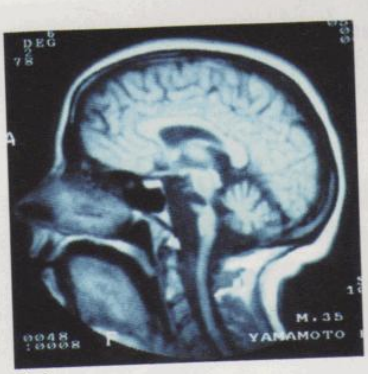


Fig. 114.
(a) A 75-year-old man complaining of low back pain.
(b) Palpation of the Basic D Point.
(c) Treatment with soft laser to the **Basic D Point**.
(d) The patient showed great improvement.
He comes for treatment whenever he feels pain.



(a)

(b)

Fig. 115. A 36-year-old woman with quadriplegia and aphasia due to pontine infarction.

History

Infarction occurred 6 years before admission to Yamamoto Hospital. After the infarction the patient remained in a coma for several weeks and required tracheotomy.

After 6 years the patient still required complete nursing care. She was not able to hold up her head or chase a fly away from her face and complained of continuous coldness in all extremities.

The patient's consciousness was completely clear and she was able to understand both German and English. She was only able to communicate by movements of her eyes or by pressing the keyboard of a computer, but only with tremendous difficulty and with support of her hand.

Treatments in several rehabilitation clinics were unsuccessful.

MRI showed an infarct in the pons which prevented roughly 80% of nerve transmission (**a**). This finding was unchanged throughout her treatment.

Treatment with YNSA Ypsilon and Basic Points

Results of abdominal/neck diagnosis were variable but mainly indicated the kidney, liver, heart, and cervical spine.

According to neck diagnostic findings, the **YNSA Ypsilon Points** and the **Basic Points A**, **C**, and **D** were treated daily with electrical stimulation: 10 Hz, 1,000–1,500 mA for 1 hour.

Physiotherapy was also given daily.

Results

During the first YNSA treatment, the patient observed a warming effect in her extremities, as well as a feeling that her great toe wanted to move. This fact was decisive in her decision to start long-term intensive treatment as an inpatient.

After 2 months she was able to eat with her left hand and also started writing. After 9 months of daily YNSA treatment, the patient had regained some movement in her left extremities. She could blow out a candle, attract attention by making a noise, chase flies away, and balance her head in a supported sitting or standing position.

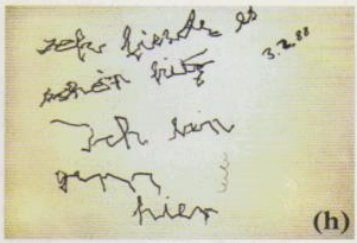
Her handwriting improved tremendously, so that she could communicate and

state what she wanted or needed on paper.

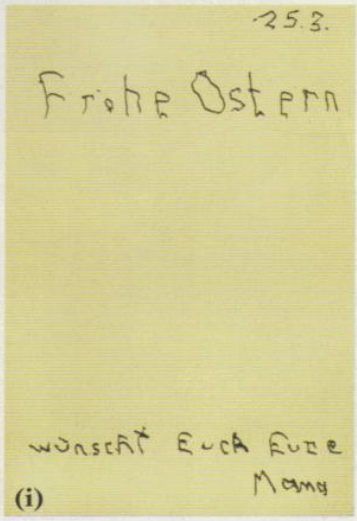
There was great improvement in her general condition as well as her appearance. However, the patient had to return home because of personal reasons. The MRI finding after 9 months of treatment (**b**) was the same as on the day of admission.

(c) Acupuncture with electrical stimulation.
(d) Some strength returned to her left arm.
(e) She could hold up her head and use her left hand to feed herself.
(f) She was able to sit supporting herself.

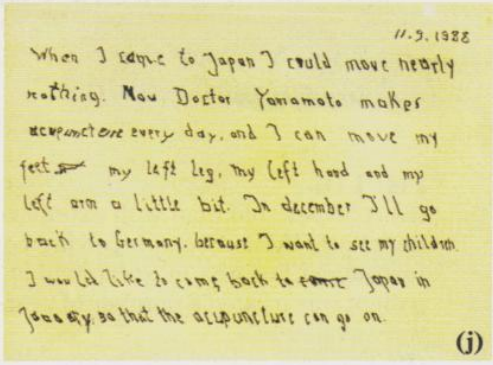
(g)



(h)



(i)



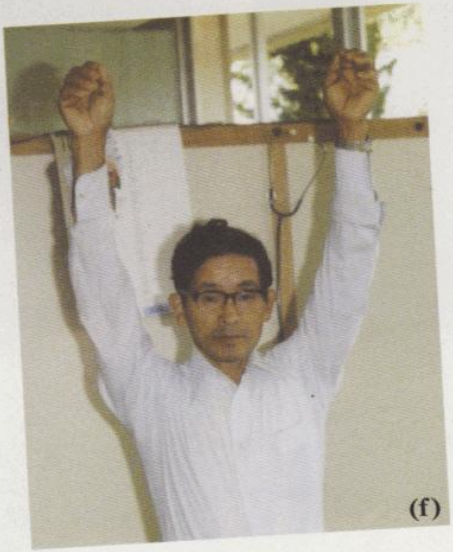
(j)

(g) Standing while supporting herself.
(h) Handwriting in February with her left hand.
(i) Handwriting in March and **(j)** in September, written in English.

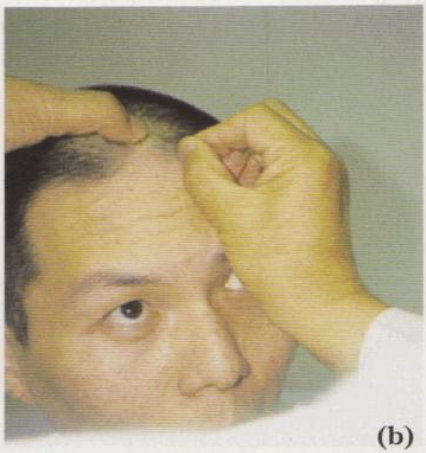
Fig. 116.
(a) A 56-year-old man with extensive herpes zoster of the left side of the chest. He had been receiving conventional treatment from a dermatologist but was in great pain and unable to stand straight. This patient was treated a number of years earlier, when no effective drugs were available.
(b) The patient had daily acupuncture treatment to the **Yin Basic E Point** and **(c)** the ***Yang* Basic E Point** with the needles left in situ for 1 hour. Electrical stimulation was not used.


(d)


(e)


(f)

(d) After 5 days of acupuncture, he could lift his arm, the herpes lesions were dry, and no dressing was needed.
(e) He could stand straight.
(f) One week later, he was discharged, free of pain and with full range of movement.
The patient had three more acupuncture treatments per week for 2 weeks.



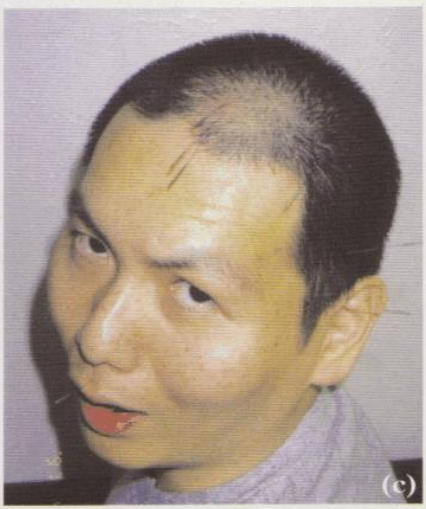
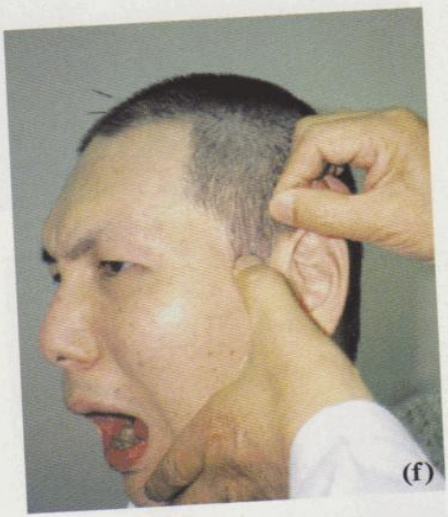


Fig. 117. A 29-year-old man.
(a) 1 year after a car accident. He suffered a cerebral contusion and has tetraplegia and aphasia.
(b) and **(c)** First, the **Brain Point** was used to relax spasms. The Basic C Point, Y8 Kidney Point, and Y5 Liver Point were also treated.


(d)

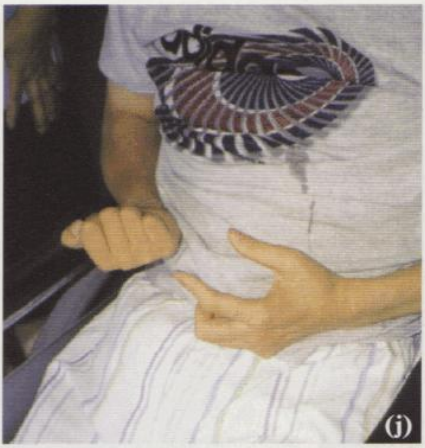

(e)


(g)

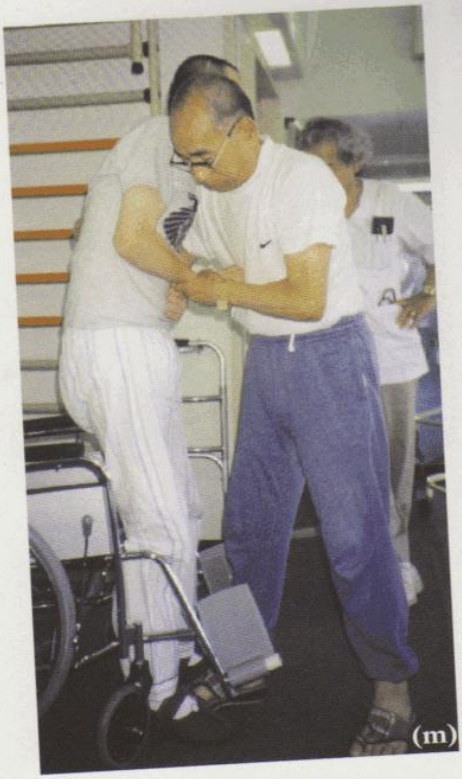

(f)

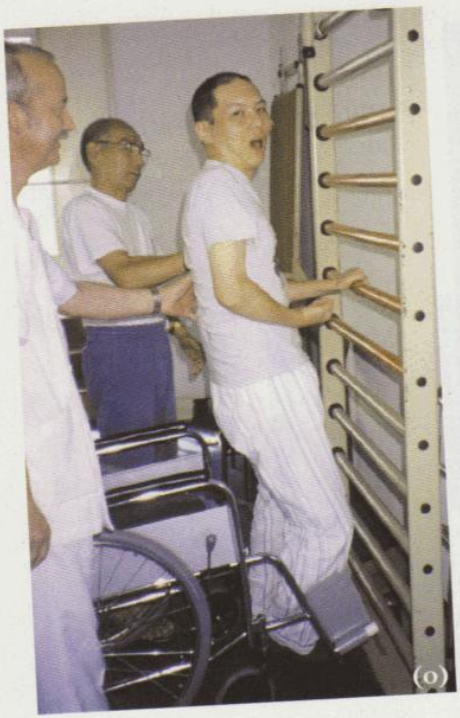

(h)

(d) After a few days of acupuncture, the spasm had decreased somewhat, and he was able to move his hand slightly.
(e) The **kidney diagnostic zone** was tender.
(f) Insertion of a needle into the **Y8 Kidney Point**.
(g) The **pericardium diagnostic zone** was tender.
(h) Acupuncture of the **Y11 Pericardium Point**.
Progress was slow, but the patient and others were delighted with the improvement.
(cont.)



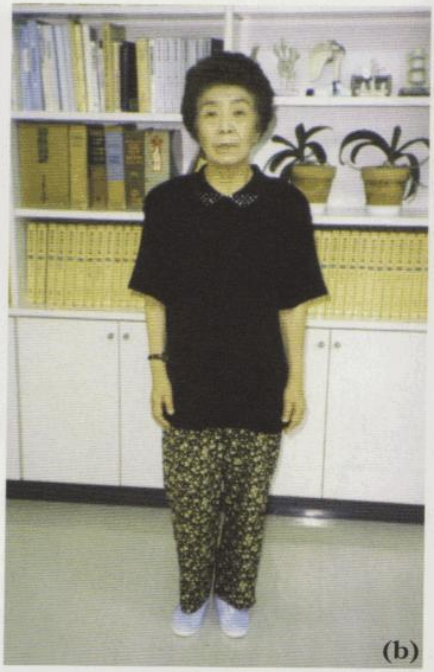
(Fig. 117, cont.)
(i) The patient regained some movement in the arms and **(j)** hands.
(k) **(l)** After about 3 months of acupuncture, he could open a door.



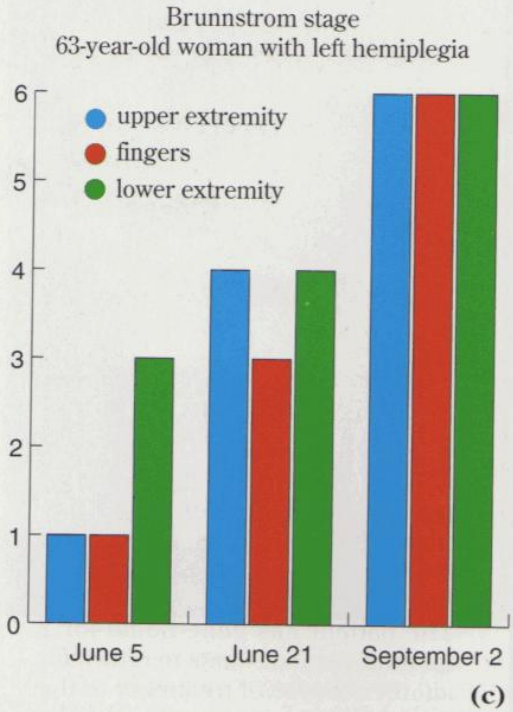


(m) The patient gets out of his wheelchair with help, **(n)** takes a few steps, and **(o)** can balance while holding onto a rail.
The patient has gone home for 2 months' rest but wants to return for another course of treatment in the future.

(a)



(b)



(c)

Fig. 118. Patient had completely normal range of motion after 3 months of YNSA treatment.

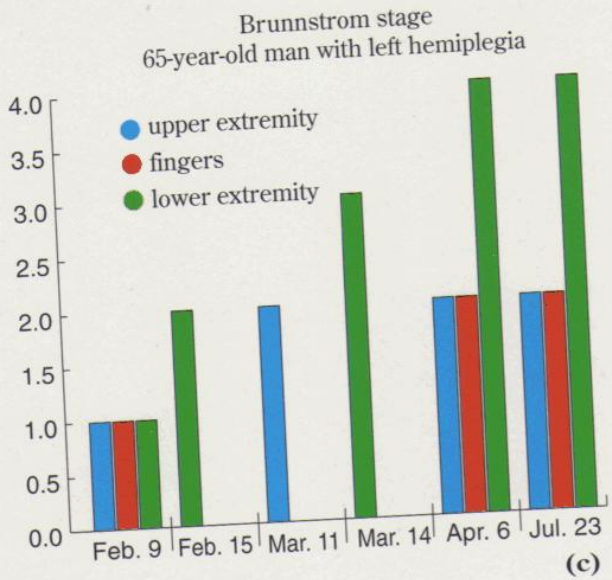


Fig. 119: Even after a massive infarction, fair improvement was achieved after 5 months of YNSA treatment.

6

STATISTICS AND EXPERIMENTS

6.1. STATISTICS

Because there are very few statistics and experiments, the success of treatment with patients is presented as evidence.

Many **thermographs** were taken but were not analyzed statistically. Some of the thermographs were seen with the patient presentations on previous pages.

All thermographs were taken after the patient had been in the same room at constant temperature for about 30 minutes: first before YNSA, then during treatment, and again approximately 5 minutes after withdrawal of the acupuncture needles. Most patients showed a temperature increase, evidence of improved blood circulation. When acupuncture was used for pain relief, there was often an increased temperature at the site of pain before acupuncture which subsided after YNSA treatment.

Brunnstrom stage, an internationally recognized measure of movement in hemiplegic patients, has also been used and shown in graphs with the patient presentations.

Some **statistics** were compiled of patients treated with **YNSA Basic Points** for pain relief and hemiplegia. Although statistics have not been compiled, since the use of Ypsilon Points, an even higher level of improve-

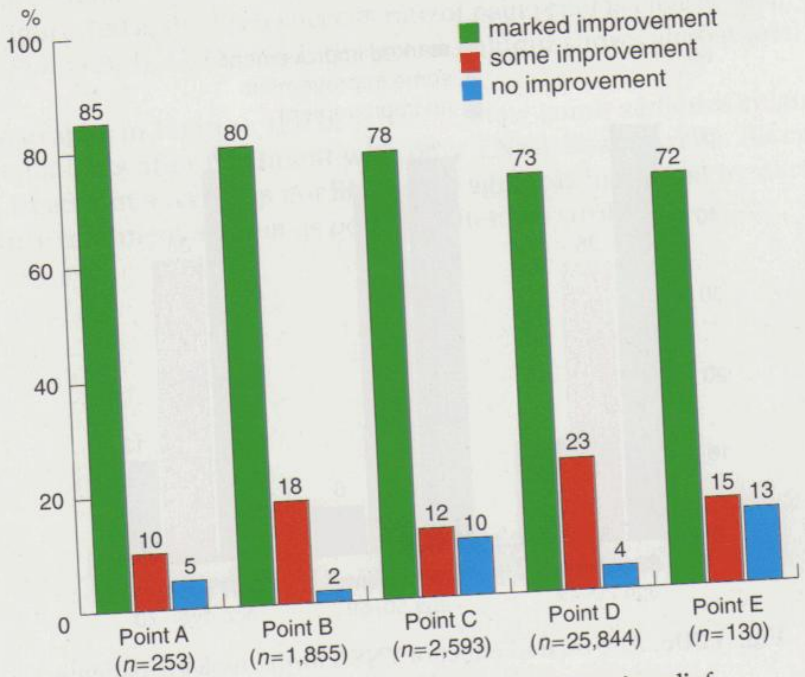


Fig. 120a. YNSA Basic Points used for pain relief.

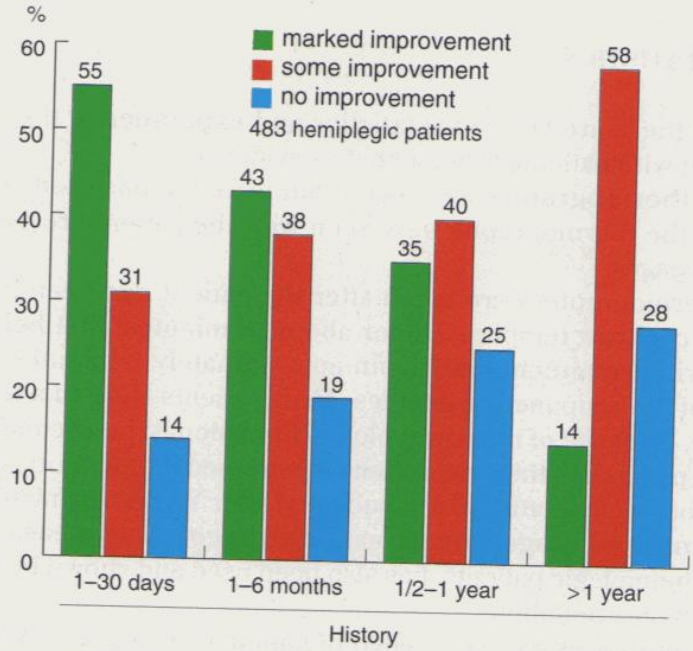


Fig. 120b. Time-related results with YNSA Basic Points.

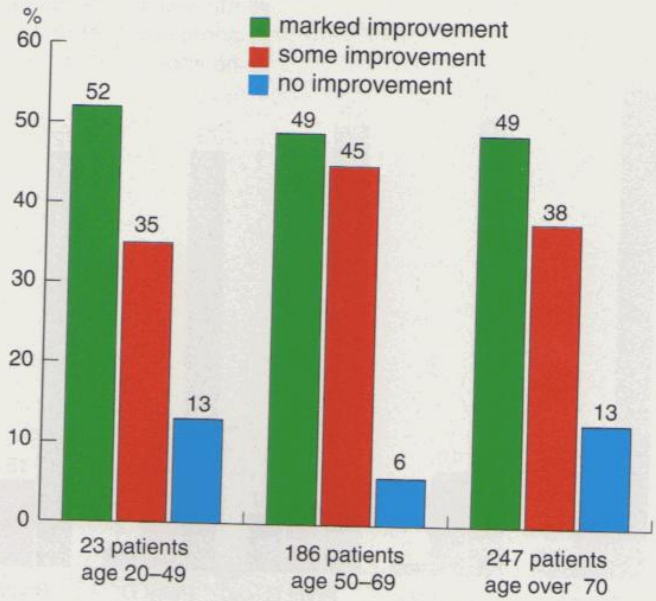


Fig. 120c. Age-related effect of YNSA for hemiplegic patients.

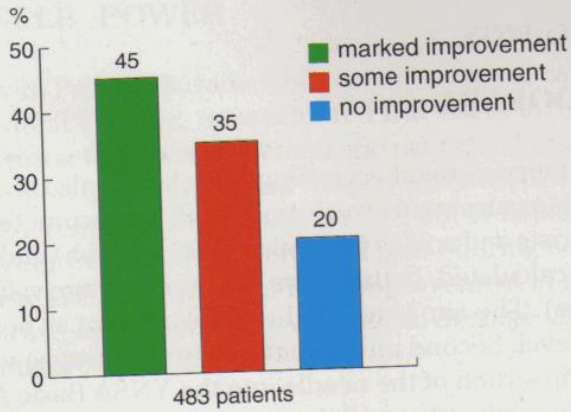


Fig. 120d. Combination of YNSA Basic C and D Points.

"Marked improvement" (green) indicates that the patient regained almost normal movement or had an improvement of at least 70%. The same percentage applies to the level of pain relief.
"Some improvement" (red) was an increase in motor activity of at least 50%.
"No improvement" (blue) indicates no change in mobility.

ment is certain.

In Figure 120 a, the high success rate of pain relief is clearly seen. With Basic Points A, B, C, D, and E the green column shows almost total pain relief.

The graphs in Figures 120 b, c, and d show some statistics related to stroke patients after treatment with only YNSA Basic Points. As can be seen, treatment success is not limited by age. It is important to start acupuncture treatment as soon as possible after the stroke.

6.2. Experiments

6.2.1. RYODORAKU

Ryodoraku measurement according to Nakatani also showed levels of improvement. Measurements were made with a neurometer of all 12 meridians at the wrists and ankles of a patient (black graph) and an average of the results was calculated. In the above case the average value was 38 ± 10 (horizontal lines). The aim is to get the measurement as near as possible to the average level. Second measurements (green graph) were made immediately after insertion of the needle into the YNSA Basic A Point. Third graph (red) was made after withdrawal of the acupuncture needle and shows improvement after the first treatment (Fig. 121).

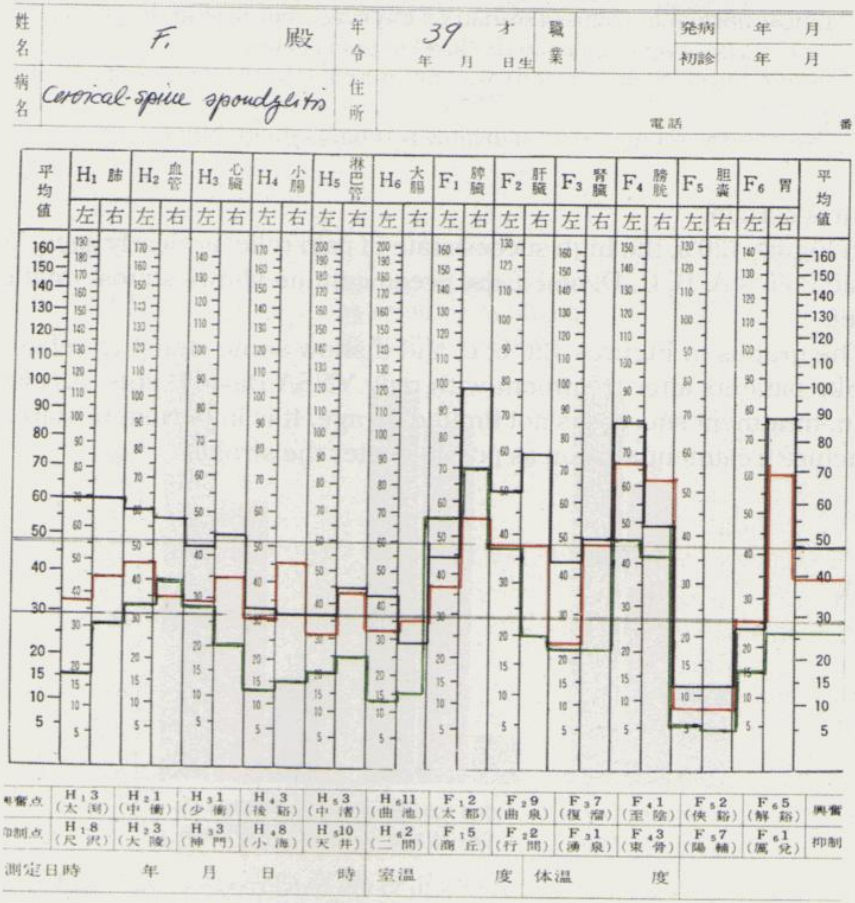


Fig. 121. Ryodoraku measurement.

6.2.2. MUSCLE POWER

In studies with Prof. Nobusada Ishiko of the Department of Physiology, Miyazaki Medical College, we examined the effect of **YNSA Basic D Point** on the **muscle power** of hemiplegic patients (Fig. 122).

Muscle strength in paralyzed and healthy subjects before, during, and after one YNSA treatment was measured. In 7 out of 13 paralyzed patients, leg muscle power increased an average of 0.26 J during acupuncture with the YNSA Basic D Point. This equals an improvement of muscle power of 53.8%. In contrast, muscle power decreased an average of 0.44 J, or 28.6%, during acupuncture of healthy subjects.

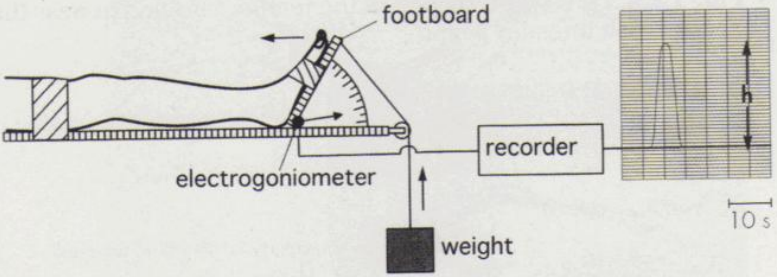


Fig. 122. The apparatus used in the study.

6.2.3. SUPERFICIAL BODY FASCIA

Prof. Dr. Hartmut Heine, now at the Institut für Antihomotoxikologie und Grundregulation in Baden-Baden, Germany, discovered the anatomic basis for the "Acupuncture Point" in 1987 at the University of Witten, Herdecke, Germany.

In the middle of the 19th century the Chinese adopted the expression "point" from Europe to describe an infinitely small section or particle. However, what is called a point in Europe means a hole or cave in Mandarin Chinese. In this regard, the problem of the acupuncture point could be explained morphologically.

The superficial body fascia (fascia corporis superficialis [FCS]) is collagenous layer separating the connective tissue of the skin and the muscles. The FCS covers the entire body, except the head, fingers, and toes, like a stocking. Near acupuncture points, the FCS is penetrated by a nerve-vessel bundle covered loosely with connective tissue. The perforation is present in the form of a laceration or round opening. Such a perforation is also the reason for the decrease in electrical resistance near the acupuncture point. More than 80% of the 361 classic acupuncture

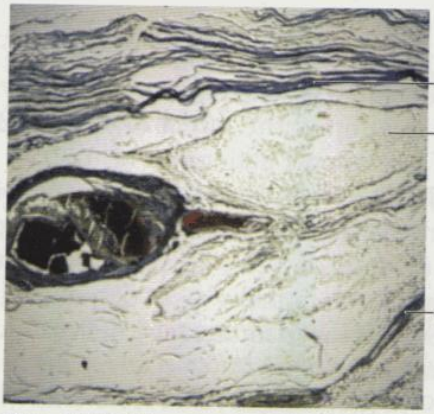


Fig. 123. Transverse section of the temporal region in near the YNSA Small Intestine Point.

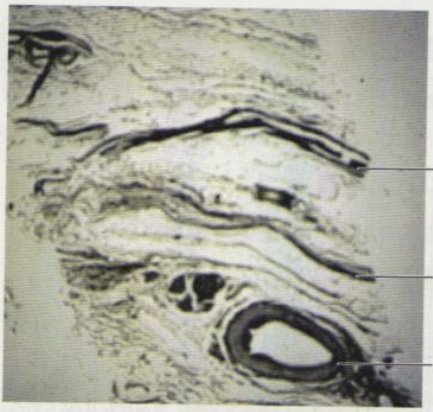


Fig. 124. Transverse section of the temporal region in near the YNSA Stomach Point.

Fig. 125. Histologic section from near the occipital YNSA Kidney Point.

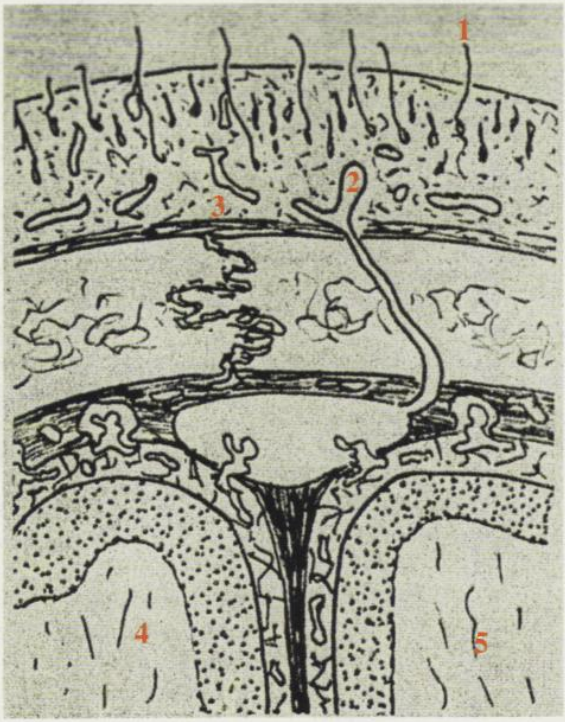


Fig. 126. Coronal section near the sagittal suture showing perforations through which nerve and vessel bundles penetrate.
1 = Hair.
2 = Venous anastomosis between the sagittal sinus and the galea aponeurotica accompanied by trigeminal nerve fibers.
3 = Sagittal suture, also interspersed with fine trigeminal nerve fibers and blood vessels.
4 = Left hemisphere.
5 = Right hemisphere.

points are structured as FCS-perforating nerve-vessel bundles, although Heine found about 3,000 such perforations to be present.

However, also in regions without FCS, the principle of the acupuncture points can be demonstrated, as in the case of YNSA, in which the nerve-vessel bundles penetrate the skull. Thus, the YNSA Points in the temporal region are near the trigeminal nerve, which has somatotopic, organic, motor, sensory, and secretory functions as well as connections with neighboring nerves. This gives the temporal region great importance (Figs. 123-126).

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