

Treating Chronic Neck Pain Via the Divergent Channels

By David Boyd

Chronic neck pain and tension account for many visits to an acupuncturist's office. Most practitioners are adept at treating acute neck conditions, but they frequently find that their treatments for a more chronic condition, while offering short term relief, do not hold for more than a couple of days.

There are many reasons for a patient's lack of response: structural disorders, stress level, improper sitting and posture, and lifestyle choices all can play a role. It is therefore important that patients with chronic neck pain have a complete evaluation, performed or ordered by the acupuncturist or another health care provider, in order to rule out any conditions that might be inappropriate to treat or might respond better to other treatment modalities.

If acupuncture treatment is appropriate, one clinically useful approach to treating chronic neck pain is via the divergent channels, which help circulate the *qi* and blood of the channels to the face and head. It is also in the neck region that yin divergent channels end and merge with their yang counterparts (lung with large intestine, kidney with urinary bladder) whose pathways continue into the head and neck (the *san jiao* divergent channel being the exception). Hence, not only does the energy of all the channels pass through the neck; *qi* and blood of the yin/yang pairs converge there as well and play an important role in maintaining a smooth, balanced flow of *qi* through this area. Theoretically, it therefore makes much sense that excess, deficiency, or stasis (or a combination of all three) of *qi* and blood in the channels can contribute to many cases of chronic neck pain, and that treating the divergent channels can help provide some long-term relief.

In order to determine which divergent channels require treatment, specific points need to be examined while palpating the neck that can be used as reflex zones for determining whether a divergent channel treatment is appropriate. These points are all found on the yang channels.

Channel	Point
Lung/Large Intestine	Large Intestine 18
Spleen/Stomach	Stomach 9 (for palpatory purposes, actually the anterior border of the SCM at the level of Stomach 9)
Heart/Small Intestine	Small Intestine 17
Kidney/Urinary Bladder	Urinary Bladder 10
Pericardium/San Jiao	San Jiao 16
Liver/Gallbladder	Gallbladder 12

It should be immediately apparent that five of the points are "window of the sky" points, which may be used to balance the flow of *qi* and blood between head and body. In my experience, however, they are quite useful as reflex point for divergent channel treatment. Gallbladder 12, which is not a window of the sky point, has been determined as a reflex zone through clinical practice.

The assessment protocol is simple but effective. Palpate each point bilaterally to determine which is the most sensitive, making certain that for Stomach 9 you press the anterior border of the SCM laterally, so that you do not occlude the carotid artery. Usually one or two points will respond more to pressure/pain, or the patient will comment that their symptoms seem to be reduced.

Once you have isolated the reflex zones in question, palpate the ipsilateral *he-sea* point of the yang channel or channels on which the reflex point lies. As you palpate the *he-sea* point, find the exact area that elicits the most response from the patient, massage this point for a few seconds, then check the reflex on the neck again. If the reflex is less sensitive (at least 30%), then using a divergent channel treatment is appropriate. If there is only a slight reduction in sensitivity, try palpating and massaging the *he-sea* point of the related yin channel as well (e.g., for Gallbladder 12, try using Liver 8). If there is insufficient response, divergent channel treatment will probably not achieve significant results. Repeat this procedure with all of the sensitive zones.

There are many approaches to treating divergent channels, ranging from simple to esoteric. I prefer a simpler approach. To treat affected divergent channels for chronic neck pain, simply needle the ipsilateral *he-sea* points of the affected the yin/yang channels. In other words, if the reflex zones indicate that the

greatest sensitivity is at Urinary Bladder 10 (left side), and palpating left Urinary Bladder 40 and Kidney 10 reduced the intensity of palpating the zone, needle these two he-sea points. Better results can frequently be achieved by applying draining techniques to the yang channel point and tonifying techniques to the yin channel point. Along with these distal treatments, you may choose to puncture a-shi points on the neck as well or even needle, if appropriate, the points of the reflex zones themselves.

The first few acupuncture treatments may reveal unilateral or bilateral imbalances in many divergent channels. The reflex zones should be rechecked at each treatment. It is important not to overtreat, but focus on the one or two most sensitive channels each time. As the patient improves, the practitioner will notice a concomitant reduction in zone sensitivities as well.

One final note: if there are acute flare-ups during the course of treatment, the practitioner may still continue the divergent channel treatment but may add to the protocol the contralateral *jing* well point of the reflex zone's yang channel. To take the above example of sensitivity at left Urinary Bladder 10, the practitioner in an acute situation may not only needle left Urinary Bladder 40 and Kidney 10, but also right Urinary Bladder 67 to reduce symptoms. This technique adds a degree of flexibility to the divergent channel protocol and increases its usefulness as a technique for dealing with a common clinical complaint.

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