

## **Treating Knee Disorders with the Extraordinary Vessels**

By David Boyd

Knee pain is a common complaint seen in many acupuncture clinics. From a biomedical perspective, such disorders may be a result of causes ranging from a displaced patella to osteoarthritis.

For this reason, it is important to perform the necessary orthopedic tests (or refer out for them) to determine whether a patient is a suitable candidate for acupuncture. In other words, a patient with a torn lateral collateral ligament is better off seeking conventional medical treatment and using acupuncture as an adjunctive therapy. Whether acupuncture therapy is used as a primary modality or along with physical therapy or other conventional modalities, knee disorders can prove recalcitrant and can be frustrating for both patient and practitioner. The primary reason for this, of course, is that the knee is one joint that, in order to be ambulatory, most people use even when a disorder is present. Thus, treating an area that is constantly aggravated and even reinjured proves to be a challenge to the practitioner.

Apart from treating local *a-shi* points with electrical stimulation, as I will discuss below, one of the most useful approaches I've found for treating knee disorders is through the extraordinary vessels. As all students learn in Oriental medicine school, four of the extraordinary vessels -- *yin qiao*, *yang qiao*, *yin wei* and *yang wei* -- run through the area of the knee. Since, as Japanese theorists have pointed out, the extraordinary vessels play an important role in maintaining the structural integrity of the body, using them to treat knee disorders provides a powerful treatment modality. This is even more important since the knees, like the extraordinary vessels themselves, are ultimately associated with the kidneys. It is for this reason that I always choose these vessels as my treatment modality of choice.

The key to using these vessels, of course, is to choose the correct one or two that are affected. The best diagnostic approach I've found is a palpatory approach that involves the areas around the knee. These areas are as follows:

- *Yin qiao*: area begins at SP9 and extends about two *cun* superior to the point;
- *Yang qiao*: area centers at UB40 but extends from KI10 to UB39;
- *Yin wei*: area begins at ST34 and extends one *cun* inferior to the point;
- *Yang wei*: area begins at medial xi yan (an extra point lateral to ST34) and extends one *cun* inferior to the point.

While three of these areas are discussed in a description of Dr. Ito's treatment style for the extraordinary vessels in general (see *Secondary Vessels* by Matsumoto and Birch), there is no diagnostic category given there for the *yang qiao* area, which I've discovered through clinical experience.

In order to diagnose the vessels involved, have the patient lie down with the knee slightly flexed. Palpate the diagnostic areas mentioned above, and note sensitivity in the different diagnostic areas of the vessels. Once these areas have been identified, palpate the opening points related to the extraordinary vessels (and their paired vessels as well). In other words:

- For *yin qiao* sensitivity, palpate Ki6 and Lu7 (*ren mai*) bilaterally.
- For *yang qiao* sensitivity, palpate UB62 and SI3 (*du mai*) bilaterally.
- For *yin wei* sensitivity, palpate PC6 and Sp4 (*chong mai*) bilaterally.
- For *yang wei* sensitivity, palpate TB5 and GB 41 (*dai mai*) bilaterally.

One of the four related points (each point is bilateral) to the vessel diagnosed as malfunctioning will normally reduce the discomfort felt when palpating the diagnostic area by at least 50%. This point may be ipsilateral or contralateral, and may be the opening point of the vessel in question or the opening point of its paired vessel. In any case, this is the primary treatment point to use.

Once the disordered vessel (or vessels, in which case you will have to use more than one point) has been discovered, a useful treatment protocol can be performed as follows. First, needle the selected opening point and achieve strong stimulation, tonifying the point if the patient's pulse is weak and dispersing it if the pulse is strong. It is not necessary to use both a master and a coupled point, but one may add the coupled point contralateral to the master if one prefers. Second, needle the xi-cleft point of the vessel involved. These points are:

*Yin qiao*: Kid8

*Yang qiao*: UB59

*Yin wei:* Kid9

*Yang wei:* GB35

Remember: as for all other acupuncture points, the actual point is in the "vicinity" of the textbook location; only palpation can actually reveal the "sick" xi-cleft point that must be needled. Third, needle local points as necessary. Finally, if appropriate for the patient, use electrical stimulation at local points and, if possible, create an electrical connection between the most sensitive local point and the xi-cleft point. Twenty minutes of treatment at each session is usually sufficient. Finally, the use of "take-home" approaches such as vaccaria seeds placed at ear points, the use of Korean hand acupuncture pellets at appropriate hand points, or intradermals used at local points for a few days, may all prove beneficial as well. Make certain, however, that the patient is taught how to care for these treatments.

While not appropriate for every knee disorder, this approach may prove useful in many cases and, with proper practice, will become an important adjunct to your treatment arsenal.

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