The Traumatic Dai Mai Obstructive Disorder, Part II

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Editor’s note: Part I of Dr. Smith’s article appeared in the November 2001 issue.

Treatment of the traumatic dai mai disorder should be aimed at the following: regulating the dai mai; rehydrating the fascia; and treating the structural injuries. Realistically, this will require more than one professional provider. Those individuals who have developed the knowledge to diagnose the dai mai problem must monitor the case to ascertain the improvement of the client. It must be emphasized that early treatment is generally successful. Catching the problem early will result in a shorter duration of treatment; a more comfortable patient; and a financial savings with regard to treatment costs.

Treatment via acupuncture should concentrate on the classic approach to EEV (eight extraordinary vessel) problems. In general, the master point of the dai mai (GB41) is opened first. The coupled point (TW5) is then added.

TW5 has uses in these cases that reach far beyond its function as a coupled point for the dai mai. The triple warmer itself was, in classic times, known to have an organ of its own. That organ was the external fascia of the body. As we will see, emphasis on the fascia is an essential component in the treatment of the dai mai syndrome.

The function of the dai mai is to move qi up and down in the body. When this function is impeded in the torso due to traumatic injury, using K6 and L7 together is very useful. This point combination was, at one time, called a "wheel" treatment (Zmiewski, 1983). It creates movement in the torso and therefore benefits the dai mai, whose job, similar to the liver, is to create movement from the upper body to the lower and back again.

Rehydration of the fascia is essential in most cases. In traumatic injuries that have not received immediate and appropriate care, the lymphatic fluid will begin to thicken slightly, reducing its ability to lubricate the connective tissues (Goodheart, 1995). In Oriental medical terms, we would say that the liver and gallbladder
meridians have failed to rehydrate the sinews. We must reverse this process.

One standard formula for rehydration of the sinews is to open with L7 and K6, adding GB34 (the influential point of the sinews), GB41 and LR3. This combination is very effective. Generally, I find a needle retention of 25 to 30 minutes sufficient, at which stage I treat any concurrent structural problems.

Should headaches and neck pain be major symptoms (as they so often are), the practitioner should also consider the addition of "window to the sky" points. LI18 and TW16 are particularly useful, especially since the standard protocol uses distal points on those two channels. In individual cases, I have also used L3; SI16; SI17; and ST9. Great care should be employed when using ST9 due to the proximity to the vasculature. SI16 and SI17 have the strongest impact on the SCM.

With regard to treating the posterior body, several things should be kept in mind. First, the application of SI3 and B62 is essential. For patients who have had this problem for a long time, adding the divergent channels is indicated. In such cases, open with SI3 and B62; B60; then B40 and K10. B11 is the point at which the divergents reconnect; this point is used next. B23, preferably with moxa, strengthens both bladder and kidney functions. This approach is useful in that within these six points, we have accomplished all of the following:

1. We have established the extraordinary vessel opening and treated via the du mai and yang qiao mai. The yang qiao mai is a secondary vessel of the bladder meridian and drains excessive yang, while the du mai directly affects the spine and surrounding tissues and supports areas of deficiency.
2. We have brought in the divergent meridians.
3. Therefore, we have affected the internal organs of the bladder and kidney.
4. We have treated the main meridians of the bladder and kidney.
5. We have treated the kidney shu (B23), affecting the divergents, main meridian and organ.

The ability to affect extra vessels; main meridians; divergent meridians; organs; the spine; and surrounding tissues, with a small number of points, is a very effective beginning to treatment. A shi local points must be added appropriately.

Spinal manipulation is an effective technique in such cases, but it must be applied secondary to treatment of the dai mai. Ideally, the dai mai should be treated via acupuncture; then the areas of local pain should be treated, followed (immediately if possible) by joint manipulation. The so-called "cold" or "straight"
manipulation - manipulation performed without first applying soft tissue therapy or acupuncture - should be discouraged, as the level of post-treatment inflammation will be unnecessarily high. Appropriate cranial treatment will greatly enhance the treatment effect.

**Fibromyalgia**

Untreated *dai mai* obstructive syndromes frequently lead to fibromyalgia. Proper treatment of fibromyalgia using EEV acupuncture; herbology; gentle breathing and stretching exercises; and dietary changes has shown promising results.

**Case History**

The patient, an 11-year old female, was a restrained passenger in a 1995 Plymouth Neon stopped at a stoplight. The patient was resting on the side window at the moment of impact. Her vehicle was struck from behind. She felt immediate tingling in the fingers and toes. C-spine x-rays were considered negative, although muscle spasms were noted. She was advised to take Advil. After several therapies failed, she was sent to my office.

Treatment began with GB41. K6 and L7 were also employed; TW5 was then added. LR3 and GB34 were added to reduce the muscle spasms. When the upper body and headache pain predominated, LI4 and LI11 were added.

The posterior treatment was based on a protocol called the posterior four point release. SI3 and B62 are opened. B60 is added and will be used if the low back pain is dominant. If it is not, GB20, B10 and GV16 are added. GB21 is then employed, and SI9 through SI12 are also used. *Shu* points can be added as needed.

After three visits, the headaches had diminished from 3-5 per week to one per week. After three months, the shoulder and neck pain occurred only if she spent long hours at school, and the headaches and back pain were eliminated.

**Summary**

It is my fervent hope that our professional community will consider taking the time to understand, diagnose and treat the traumatic *dai mai* obstructive disorder. With education, time and proper care, thousands of patients who are currently suffering needlessly may find comfort and healing. Feedback on this article is
warranted.

References