

Reexamining Traditional Chinese Medicine and Acupuncture: Addressing Misconceptions

Dr. Eric M. Hao. Acupuncture Center for Intractable Pain, Taiwan, ROC. Email: acip.ponams@gmail.com

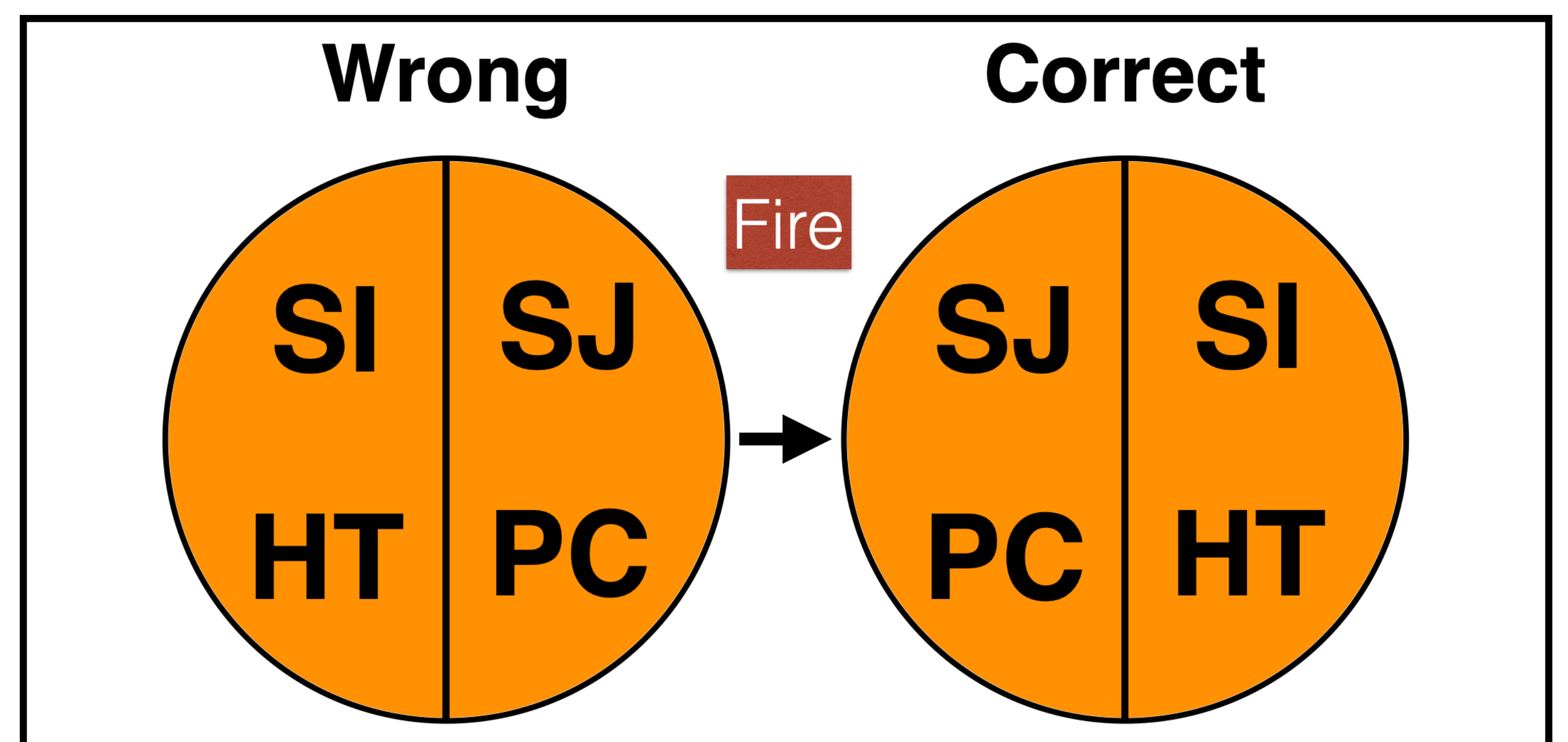
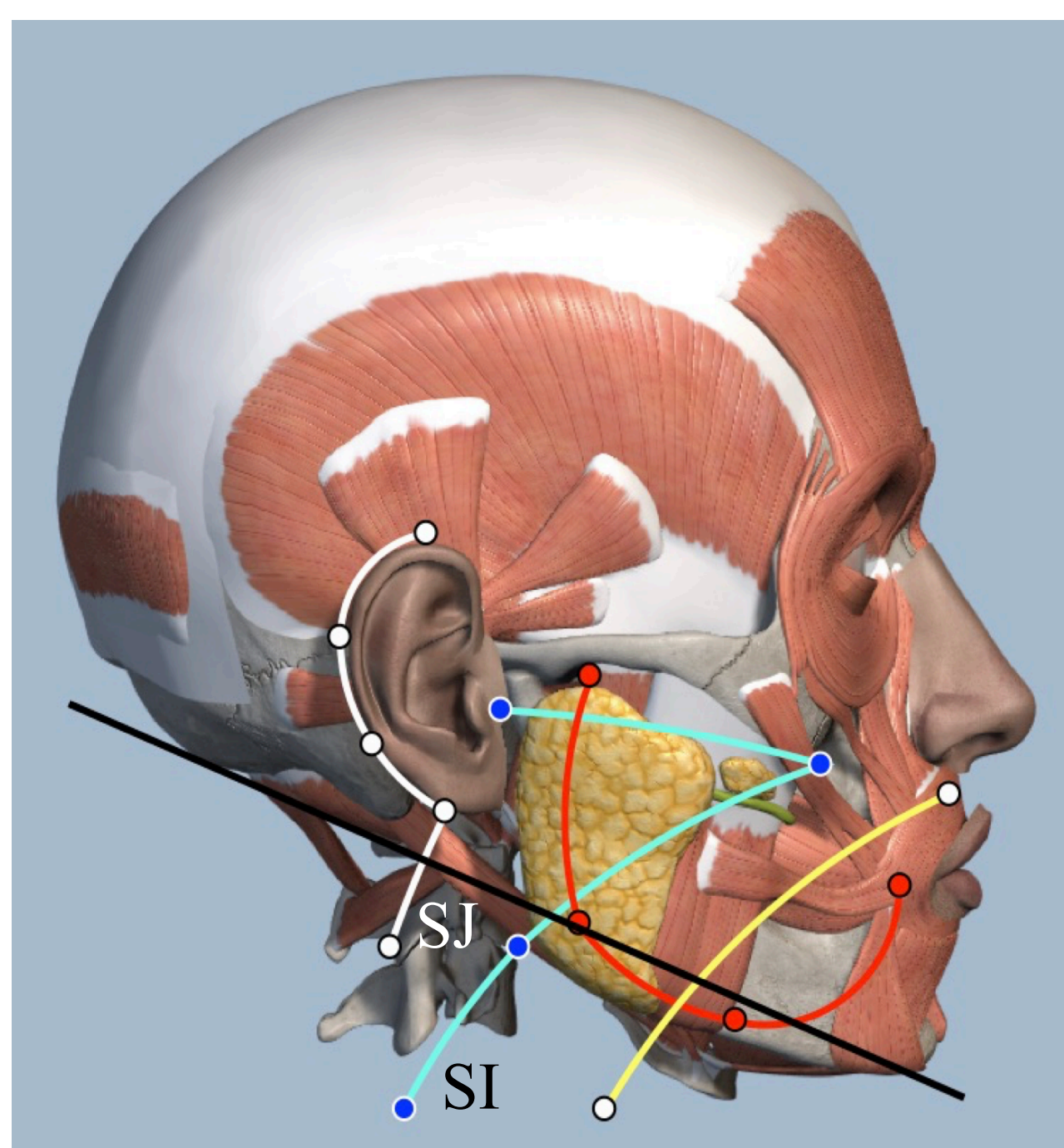
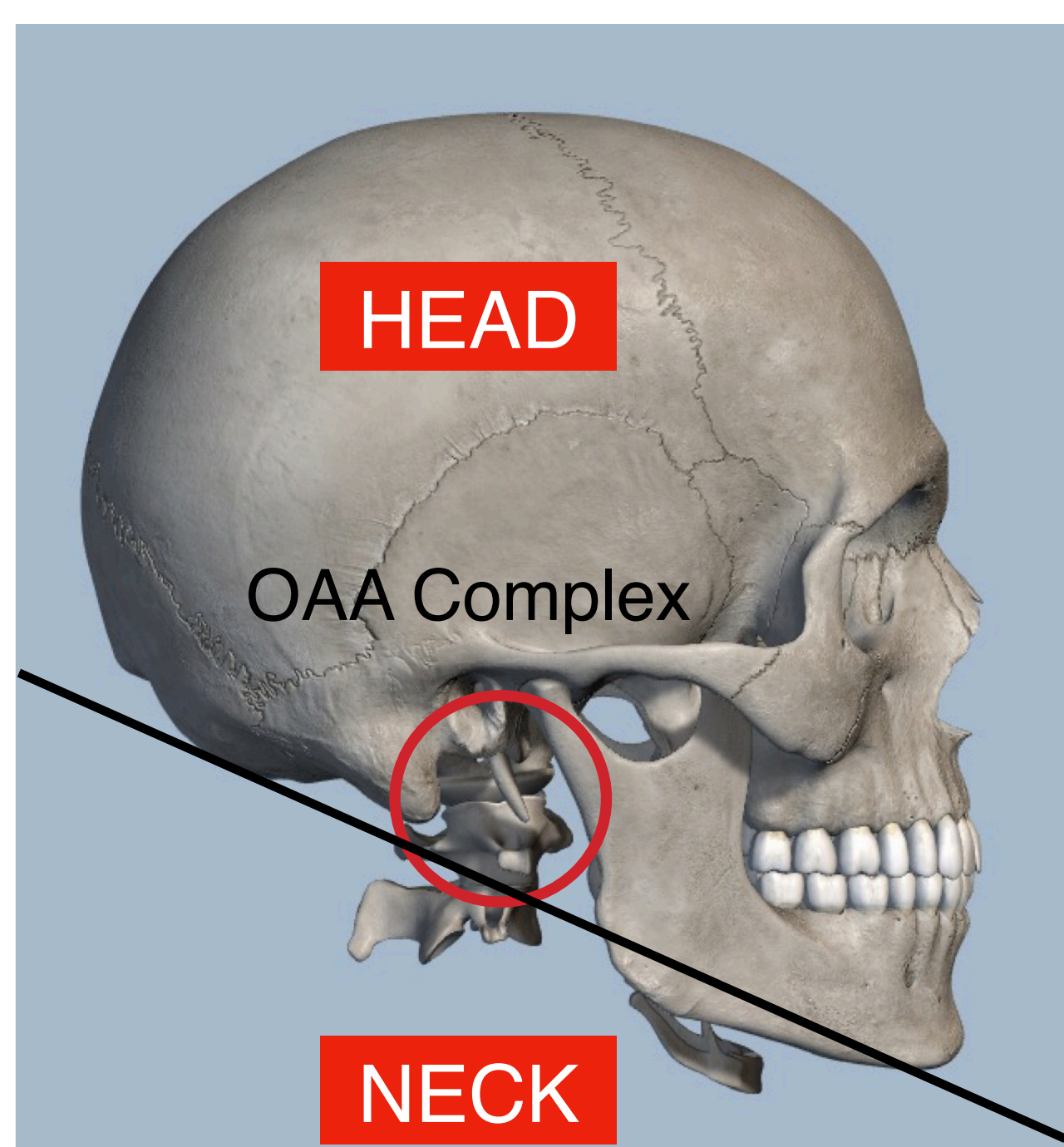
Introduction The worldwide recognition and application of acupuncture have never indicated the perfection of Traditional Chinese Medicine (TCM) theory and the succeeding therapeutic consistency, especially for intractable pain and functional disorders. Moreover, it is not uncommon to find fluctuating clinical results for the same medical condition managed by practitioners with advanced training. Hence, it is imperative to challenge the reliability of TCM/acupuncture fundamentals and scrutinize them with contemporary medicine to reassure the comprehensiveness of the basics and the subsequent treatments' effectiveness. The Occiput-Atlas-Axis (OAA) complex is a pivot that supports and enables the head's movement and a critical portal that affects physiological manifestations when blocked/malaligned. Three foundational deficiencies were exposed by incorporating OAA into the analysis of TCM theory: 1) The lack of a "father" concept does not reflect the laws of nature that both genders are required to reproduce in almost all species. 2) The unevenly distributed six paired meridians into five elements do not cohere with the state of balance TCM claimed. 3) The course of symptom transmission sequence in the five-element does not match the meridian routes on the OAA level.

Objective

Re-examining TCM fundamentals to disclose new discoveries, modifications made to the old concepts, and renewed principles for managing intractable disorders.

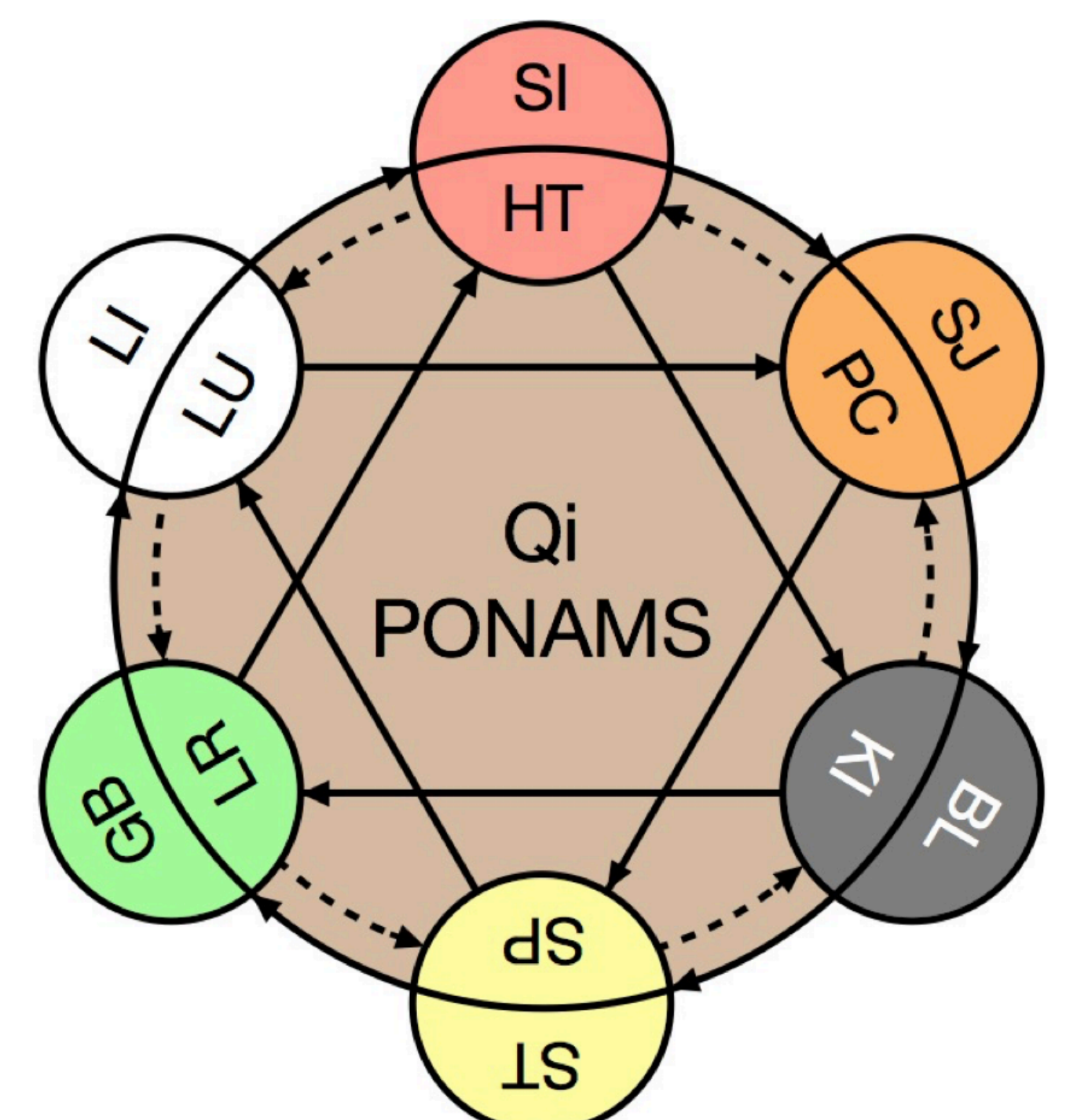
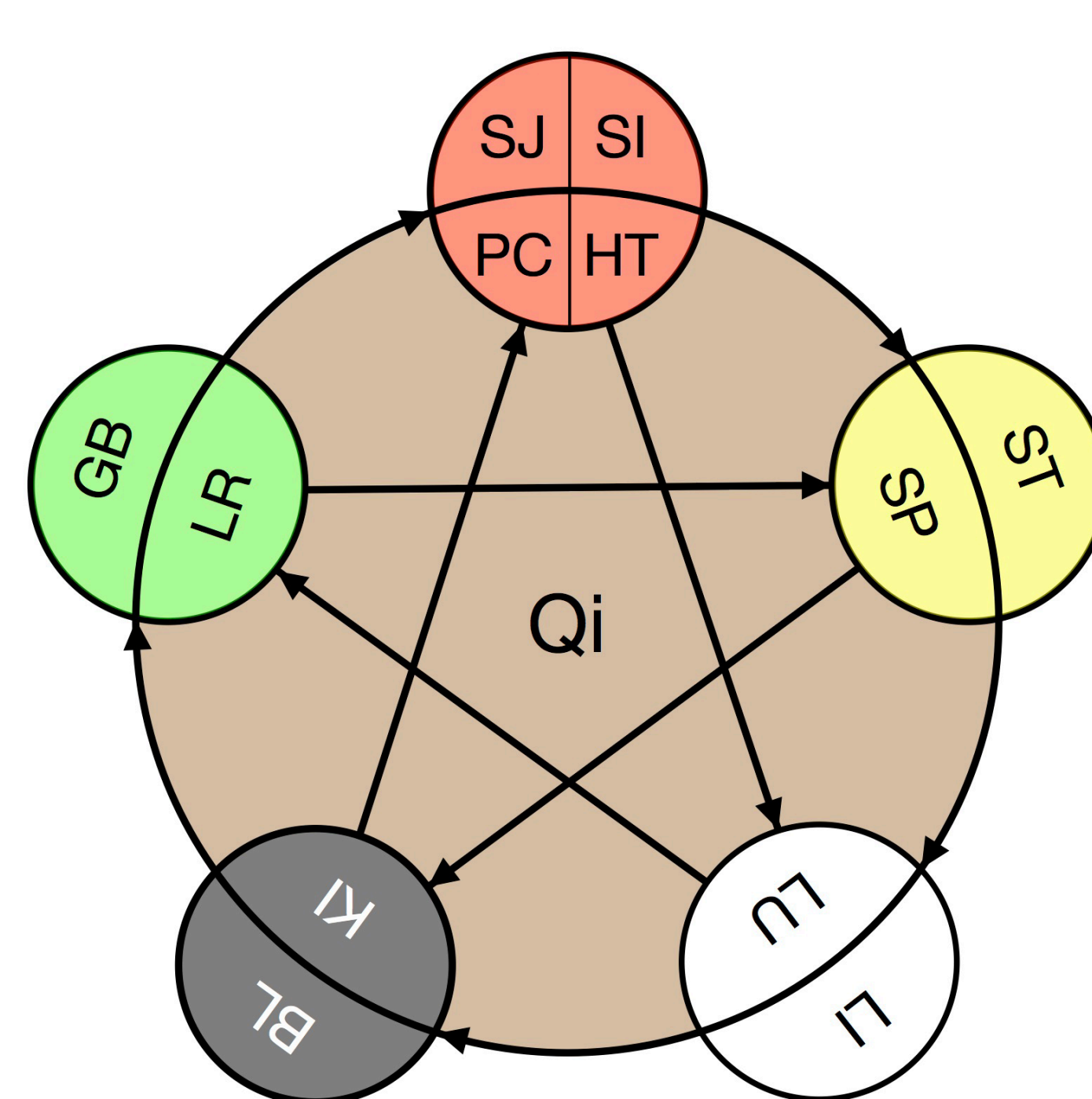
Methods

A line passes through the OAA complex connects the lowest point of the occipital bone (skull) and chin (facial bone) and is illustrated as the bony landmark delineating the head and neck. When mapping this line on the neck's surface, it intersects with meridian routes, from posterior to anterior midline, in a specific sequence—Bladder, Gallbladder, SanJiao (SJ, or Triple Heater), Small Intestine (SI), Stomach, and Large Intestine. The sequence differs from the traditional five-element in that SJ situates before the SI meridian in the fire element. The discrepancy results in a corrected five-element model, while critical thinking on both genders are required to reproduce, and the asymmetrical meridian allocation contributes to an innovative six-element model.



Results

The corrected five-element explicitly shows a precise route explaining the course of symptom transmission of spinal cord-associated pain and functional disorders. A new six-element model with a "father" presented was established to redistribute the six paired meridians, reach the actual state of balance, and guide the protocol-forming algorithms.



Conclusions

By applying the modified five-element, course of symptom transmission, and treatment protocols derived from the six-element, the underlying mechanisms of a disorder are revealed, and the therapeutic efficacy on w By hite blood cell hematopoietic modulation, diabetes/chemotherapy-induced peripheral neuropathies, whiplash-associated disorders, and RSD/CRPS is clinically testified.

"It ain't what you *don't* know that gets you into trouble. It's what you know for sure that just *ain't* so."
- Mark Twain

Keywords: Case Report; Acupuncture; TCM; Intractable Disorders; PONAMS



Video:
No "Father" in CM?