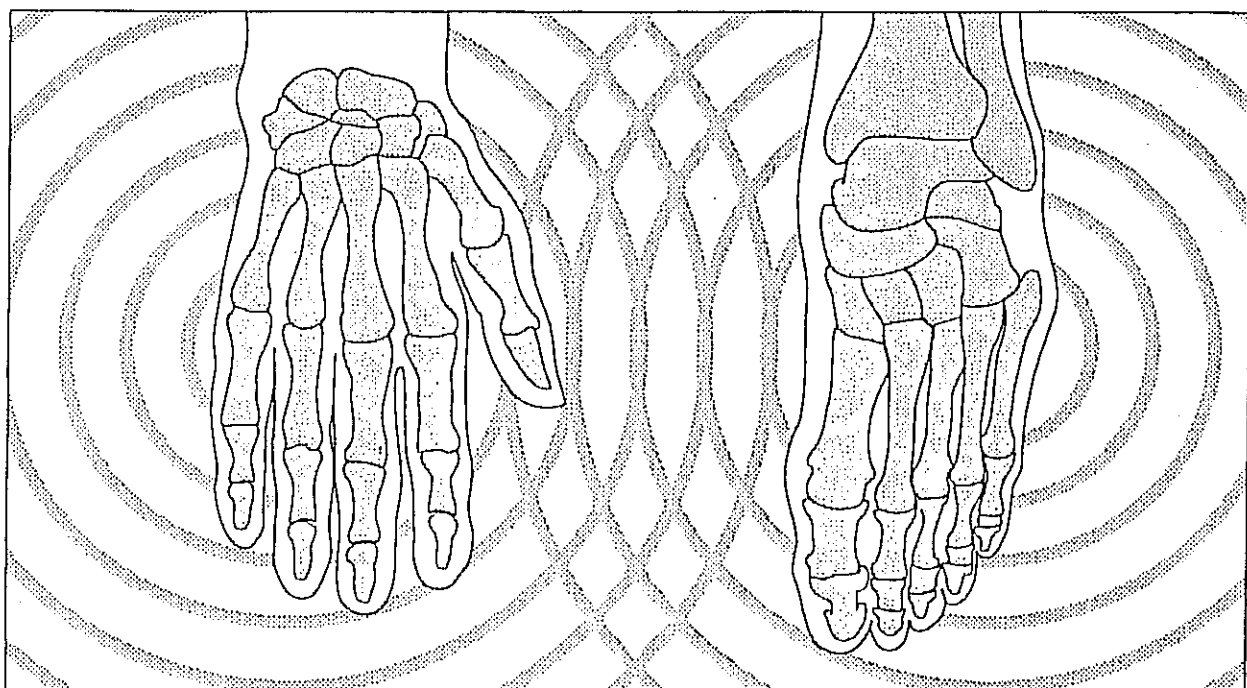


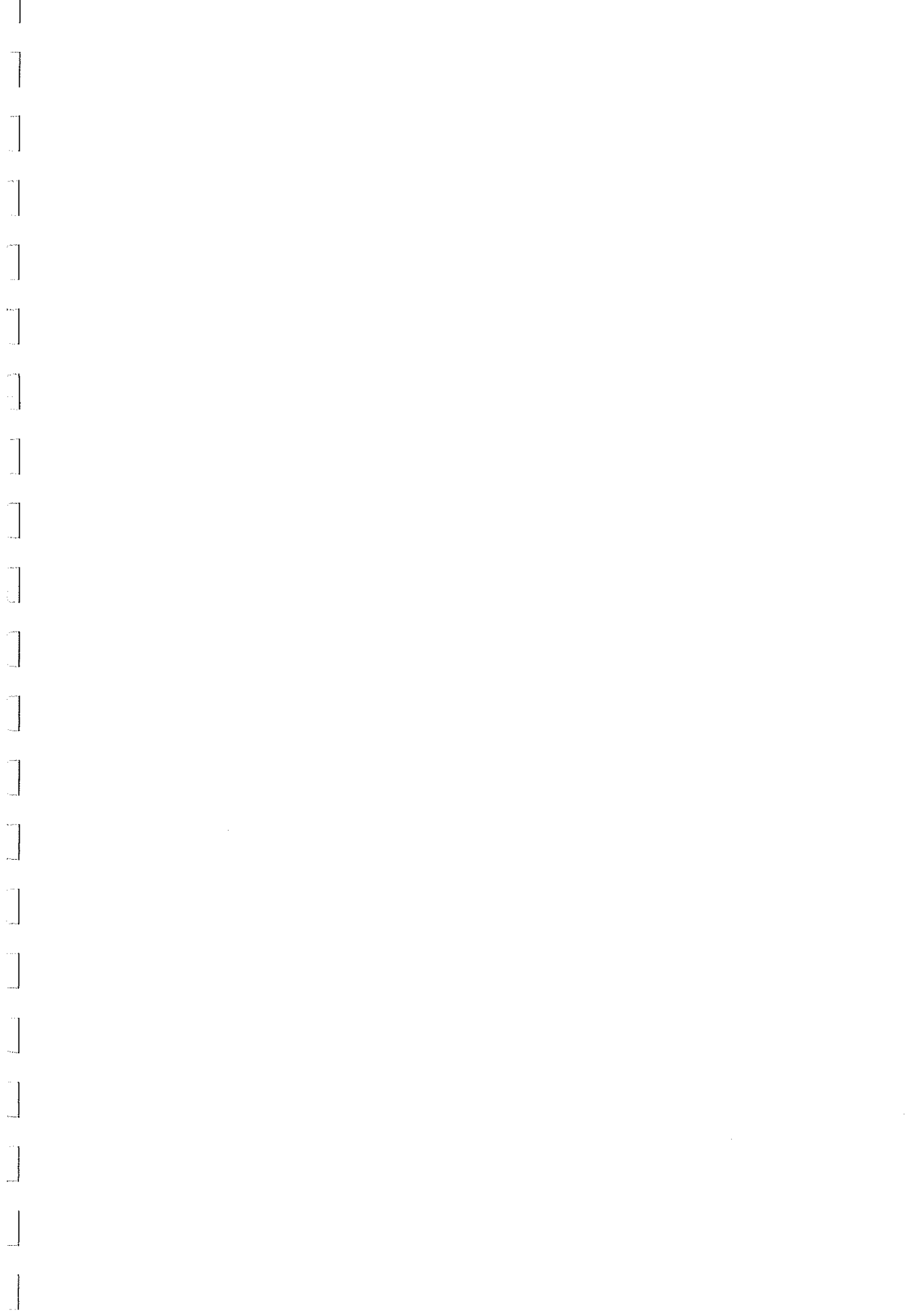
Electroacupuncture According to Voll

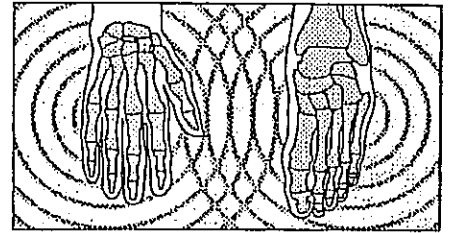
by W. John Diamond, M.B., B.Ch.



-Heel

Biologische Heilmittel Heel GmbH
Baden-Baden, Germany





History of electroacupuncture

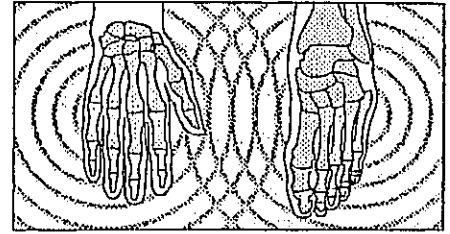
Electroacupuncture is a comprehensive term for all procedures based on measurements or therapy derived from Chinese acupuncture, using modern electronics. The word „Electroacupuncture" was first coined by the French acupuncturist Dr. Roger de la Fuye in Paris. He combined an electrical device (Diathermopuncture) with stimulation of inserted needles for 1/8 to 2 seconds. Acupuncture analgesia is also referred to as electroacupuncture.

In 1953 Werner and Voll developed an instrument for applying electroacupuncture to the skin without the use of needles. The instrument (named the K + F Diatherapuncteur) was able to locate acupuncture points, render them electrically measurable, enable electric treatment to be given and then to be remeasured electrically to assess the effect of the treatment.

Voll adopted the system of meridians as described in classical acupuncture. These are energy lines accessed by superficial points on the body's surface, each one relating to the energy status of an internal organ.

Electrical measurement at acupuncture points

Topographically, the measuring points are located with reference to certain fixed osseous points - usually the transition zone between the shaft and capitulum, or in the interstices of myofascial planes at the margins of muscles and tendons. The actual point is located on the skin 2-3 mm deep in the corium or subcutaneous tissue. The resistance of the corium and subcutaneous tissue is quite high (1 megohm) and in order to measure the points with some degree of reproducibility a state of maximum artifact is induced by applying sufficient pressure over the point. The instrument also has to have a high internal resistance, since the bio-electric energy of the acupuncture point is very small. The instrument also has to yield a current polarized in the opposite electrical charge to that of the body. The current must be small or it will distort the measurement and change the physiology of the body. The positive pole is usually the stylus. EAV diagnosis is based on sending direct current obtained from a current source with a high internal resistance through the body using an exactly calibrated value derived from a phantom. Measurement carried out by this direct current as stimulus is a functional test just strong enough to provoke a healthy body to bring about an equilibrium between the stimulus and its own reaction (stable value).



Clinical measurements

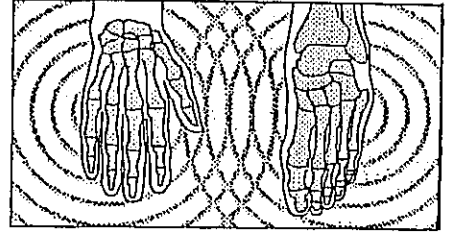
The hand electrode is placed in the patient's hand, while the stylus is stroked to the point of maximum deflection and then a measurement pressure is put on the acupoint. The indicator will travel upwards to a maximum which it either holds or will tend to drop back towards a lower value. This dropping back to a lower value is called an Indicator Drop (ID) and represents the most important reading in EAV. All IDs must be treated first.

Four consecutive points on each meridian must be measured in order not to miss an ID on a single point. Individual points may be used to diagnose problems with specific parts of specific organs. The hand electrode should be held on the same side that is being measured when measuring the feet. A number of different results can be obtained from a reading of the acupoint:

- a. A balanced reading:
Input voltage is matched by organ output voltage to give a reading of 50 (scale 0-100).
- b. An irritated or inflamed reading:
> 60 due to excess discharge from the irritated organ, the intruding current exceeds the capacitance of the organ.
- c. A degenerative reading:
Initial normal or inflamed reading followed by an Indicator drop (ID), that shows degeneration of the involved organ. An indicator drop below 30 is serious.
- d. A low reading or no reading:
Due to organ inability to respond at all, a case of advanced degeneration.
- e. The rate of rise of the indicator gives an indication of the state of energy within the organ. The slower the rate of rise the less energy can be mobilized to balance the intruding current - the organ is fatigued.

Precautions during measuring

Measurement of the entire conductance value (hand to hand) have to be made to assess the patient's suitability to be measured. If the patient has a reading >85, then he or she has too much sympathetic tone to be measured and needs to be discharged below 82. If the reading is <78, then the patient must be charged up to at least 80. Measurements of foot to foot and diagonal reading may delineate a single quadrant of the body that is the focus of a problem. This whole area may be addressed by



using a SEG or DFM. Balancing of the 4 quadrants can be used as a basic treatment in many patients.

Measurement parameters

All measurements at acupuncture points should be at 50 with no indicator drops. The readings should only be taken if the hand to hand reading is 82, otherwise all indicator drops will not be seen. Measurement of the hypothalamus point at the root of the ear will indicate the presence of disturbing foci in the head, if the values are discrepant from side to side or if >82 on any side. These focal disturbances usually occur in the teeth, jaws, tonsils, paranasal sinuses or mastoid. These foci will involve the central switchboard functioning of the CNS, the hypothalamus.

Searching for foci

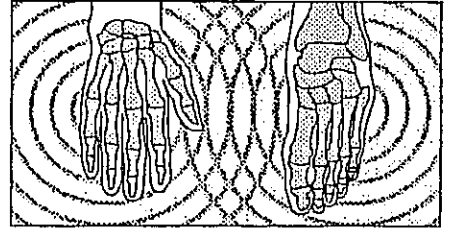
When the hypothalamus point indicates a focus, then the lymph meridian has to be measured to assess whether it is in the teeth and jaws, the sinuses or tonsil. The teeth can be further assessed as to focal disease, galvanic currents or metal sensitivity. This can be done using nosodes and by electrically stressing each tooth and remeasuring Lymph 2 point. A raised reading after stimulation identifies that tooth as having a focus.

Medication testing

Medication testing by Voll was a serendipitous finding. The patient has all his or her acupoints measured and all abnormal readings and indicator drops measured. Suitable medication (homoeopathic, biological or herbal) in ampules or bottle are introduced into the measurement circuit by having the patient hold the medication or inserting it into a honeycomb connected in series with the hand electrode. If the medication now causes disappearance of the ID or causes the reading of an abnormal point to return to 50, then that is the correct medication. If nosodes are used, then suitable drainage remedies should be included to enable the body to excrete toxins.

Precautions for medication testing

Pathological oscillations may be transferred from the physician to the patient and render false readings. In order to mitigate this problem, the physician should undergo continuous treatment towards his or her own health and wear cotton gloves to minimize contact with the patient.



The occurrence of geopathic zones of interfering electromagnetic fields in the testing room will also cause false readings. Similar problems can occur with the 50 or 60 Herz oscillating fields of the electricity supply. One should avoid neon lights and CRTs in the testing room. The floor should have an insulated covering and static electricity should be minimized.

The use of homotoxicology and EAV

Homoeopathic remedies may be used to balance each disturbed point that is obtained in EAV measurement. Certain remedies are more likely to balance certain points than others. These remedy clusters are delineated by homoeopathic history of organotrophic effect (certain homoeopathics have known activity on certain organs) and by clinical experience in the general patient population and in individual patients. Combinations of certain remedies can clear the mesenchyme of the patient, detoxify him or her, and clear the homoeopathic field for constitutional therapy. Nosodes can release toxins from old disease and complete the clearing process.

Firstly, we shall consider the organotrophic remedies at each EAV point, taking into consideration the clinical disease pictures characteristic of that point: e.g. use of bronchitis remedies at the lung point. Then we give some general combinations for use on the humoral and cellular phases of the Table of Homotoxicology.

Organotrophic remedies used in EAV

Lymphatic points:

Drainage - Lymphomyosot®

Ly1 (palatine tonsils)

Tonsilla compositum Ampullen

Streptococcinum®

Galium-Heel®

Echinacea compositum

Belladonna-Homaccord®

Viral nosode

Ly1.1 (auricular drainage)

Salicyclic acid

Mercurius-Heel® S

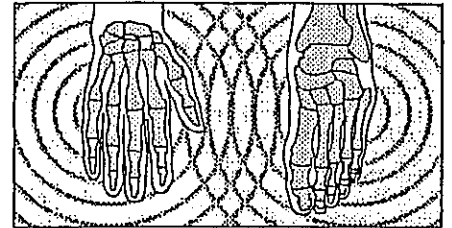
Viburcol®

Ly2.0 (teeth and jaws)

Osteoheel® S

Lamioflur®

Cruroheel® S



Traumeel® S
Granuloma dentis-Injeel

Ly3.0 (nose/paranasal sinuses)

Naso-Heel® S
Euphorbium compositum S
Sinusitis Nosode-Injeel
Mucosa compositum

Lung points:

Drainage - Echinacea compositum

CMP

Drosera-Homaccord®
Aconitum-Homaccord®
Bryaconeel®
Bronchalis-Heel®
Carbo compositum
Droperteel®
Engystol® N
Gripp-Heel®
Husteel®
Tartephedreel®
Viral and bacterial nosodes
Asthma Nosode-Injeel

Large intestine:

Drainage - Nux vomica-Homaccord®

CMP

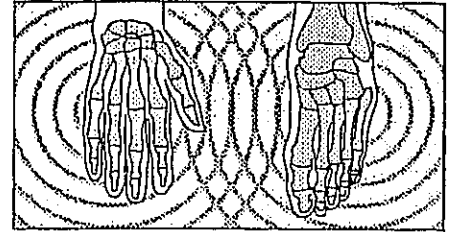
Anacardium-Homaccord®
Atropinum compositum
Berberis-Homaccord®
Diarrheel® S
Hepeel®
Heelax® S
Podophyllum compositum
Spascupreel®
Veratrum-Homaccord®
Vomitushheel®

Nerve degeneration:

Drainage - Geisemium-Homaccord®

CMP

Chemical toxins
Viral nosodes
Engystol® N
Thalamus compositum
Cerebrum compositum



Circulation:

Drainage - Circulo-Injeel[®]

CMP

Placenta compositum
 Aesculus compositum
 Anglo-Injeel[®]
 Arteria-Heel[®]
 Barijodeel[®]
 Cactus compositum

Allergy:

CMP

Galium-Heel[®]
 Allergen
 Liver or kidney remedies

Organ degeneration:

CMP

Graphites-Homaccord[®]
 Psorinoheel[®]

Triple warmer:

TW1 (adrenal/ovary/testis)

Hormeel[®] S
 Klimakl-Heel[®]
 Ovarium compositum
 Testis compositum Ampullen

TW2 (thyroid/parathyroids)

Thyreoidea compositum
 Strumeel[®]
 Glonoin-Homaccord[®]

Heart:

CMP

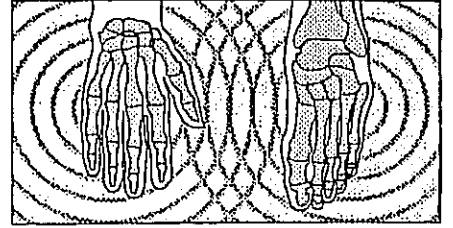
Anglo-Injeel[®]
 Aurumheel[®] N-Tropfen
 Cactus compositum
 Cor compositum
 Cralonin[®]
 Crataegus-Heel[®] S
 Strophantus compositum

Small intestine:

Drainage - Veratrum-Homaccord[®]

CMP

Nux vomica-Homaccord[®]
 Duodenoheel[®]
 Erigoheel[®]
 Podophyllum compositum
 Anacardium-Homaccord[®]



Pancreas/Spleen:

Drainage - Leptandra compositum

CMP

Ceanothus-Homaccord®
Syzygium compositum
Momordica compositum

Liver:

Drainage - Hepeel®

CMP

Hepar compositum
Anacardium-Homaccord®
Chelidonium-Homaccord®
Leptandra compositum
Injeel-Chol®
Nux vomica-Homaccord®
Phosphor-Homaccord®
Salmonella/Hepatitis-Nosode-Injeel

Joint:

Drainage - Zeel®

Traumeel® S
Rhododendroneel® S
Rheumaheel®
Discus compositum Ampullen
Kalmia compositum
Neuralgo Rheum-Injeel®
Colnadul®
Cimicifuga-Homaccord®
Colocynthis-Homaccord®

Stomach:

Drainage - Gastricumeel®

Erlgotheel®
Mucosa compositum
Duodenoheel®

Fibroid degeneration:

CMP

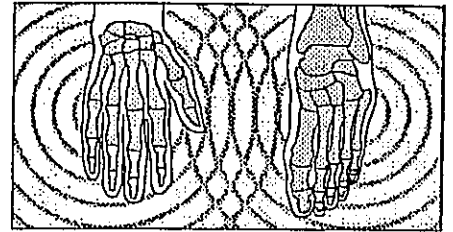
Graphites-Homaccord®

Skin:

Drainage - Schwef-Heel®

CMP

Psorinoheel®
Mezereum-Homaccord®
Sulfur-Heel®
Graphites-Homaccord®
Cutis compositum
Apis-Homaccord®



Fatty degeneration:

CMP
 Chemicals / pesticides
 Galium-Heel®
 Psorinoheel®

Gall bladder:

CMP
 Chelidonium-Homaccord®
 Injeel-Chol®
 Berberis-Homaccord®
 Hepar compositum

Kidney:

CMP
 Solidago compositum S
 Berberis-Homaccord®
 Cantharis compositum
 Populus compositum S
 Reneel®

Bladder:

CMP
 Cantharis compositum S
 Berberis-Homaccord®
 Plantago-Homaccord®

Bladder 65:

(Prostate/uterus)
 Sabal-Homaccord®
 Metro-Adnex-Injeel®
 Lamioflur®
 Gynäcoheel®

General formulas

Humoral mixture:

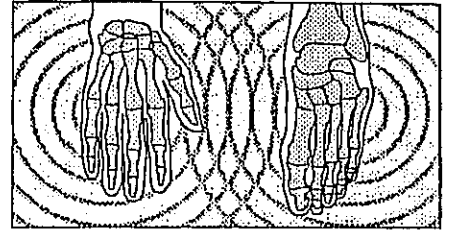
Gripp-Heel®
 Traumeel® S
 Engystol® N
 Lymphomyosot®

Cellular mixture:

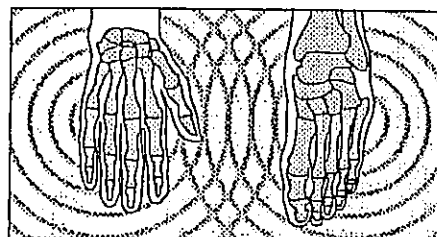
Galium-Heel®
 Coenzyme compositum Ampullen
 Ubichinon compositum Ampullen
 Psorinoheel®

Headaches:

Spigelon®
 Hepar compositum
 Spascupree®
 Gelsemium-Homaccord®

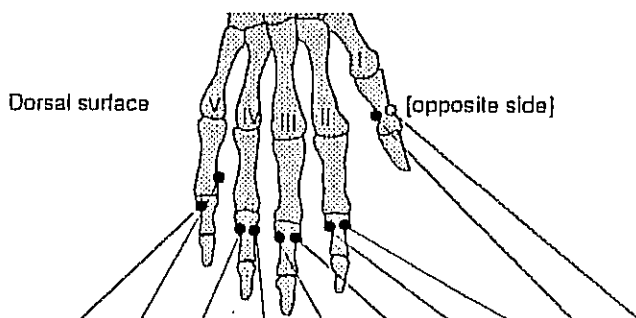


Colic:	Spascupree!® Nux vomica-Homaccord® Atropinum compositum
Constipation:	Hepeel® Heelax® S
Haemorrhage:	Cinnamomum-Homaccord® N Phosphor-Homaccord®
Laryngitis:	Phosphor-Homaccord®
Haemorrhoids:	Hamamelis-Salbe-Heel Aesculus-Heel® Paeonia-Heel®
Anxiety:	Nervoheel® Valerianaheel®
Hypertension:	Melilotus-Homaccord® Rauwolfia compositum
Vertigo:	Vertigoheel®
Vomiting:	Viburcol® Vomitushheel®
Obesity:	Graphites-Homaccord® Nux vomica-Homaccord® Thyreoidea compositum
Oedema:	Apis-Homaccord® Lymphomyosot® Solidago compositum S
Sprains/strains:	Traumeel® S Arnica-Heel®



**Control measurement point
meridian balance test sheet**

Name:
Date:
Time:



VSI		VHE		VTW		PED		AVD		VCI		NRD		VLI		VLU		LMV		
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	
																				90
																				80
																				70
																				60
																				50
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																				10

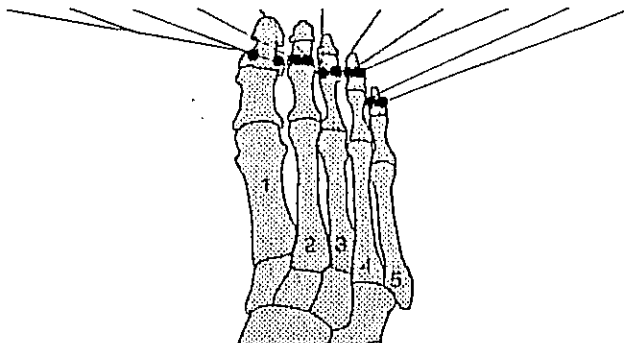
Inflammation

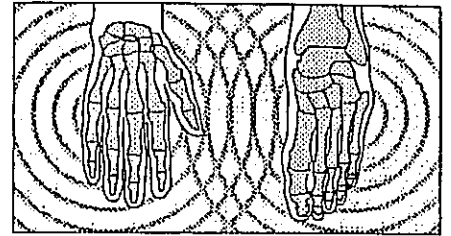
Degeneration

																					90	
																					80	
																					70	
																					60	
																					50	
																					40	
																					30	
																					20	
																					10	
VSP	VPA	VLV	CAD	VST	FBD	SKV	FTD	VGB	VKI	VUB	L	R	L	R	L	R	L	R	L	R	L	R

Inflammation

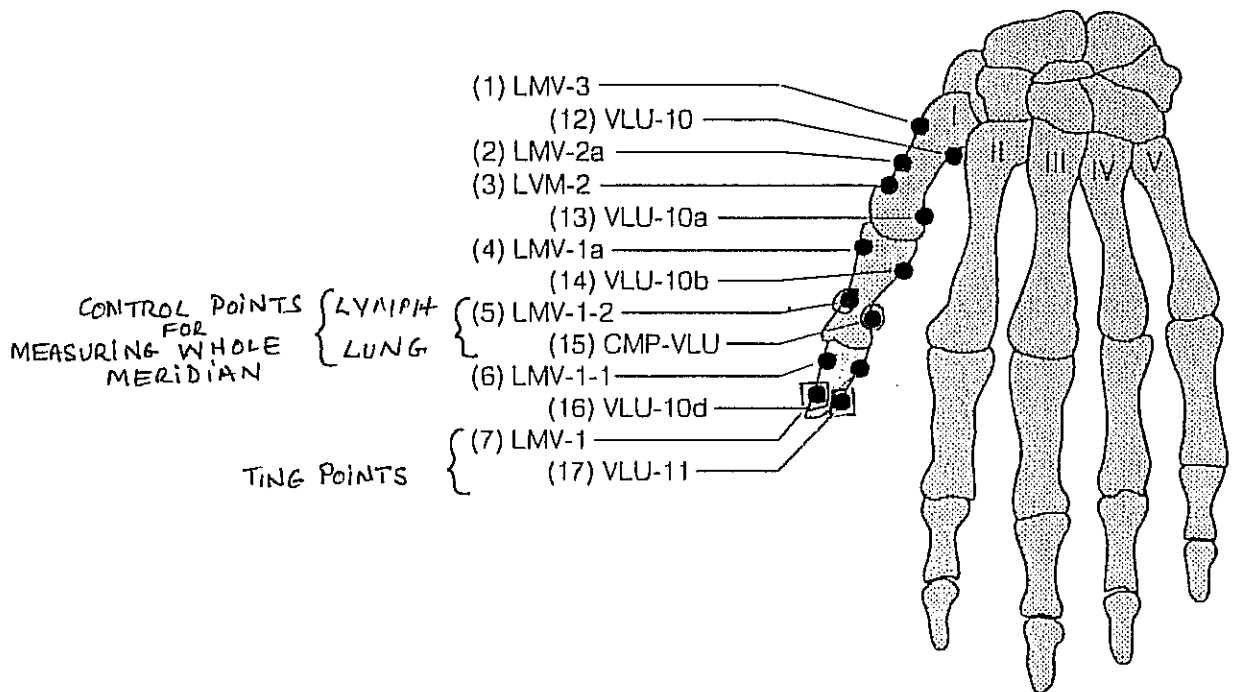
Degeneration



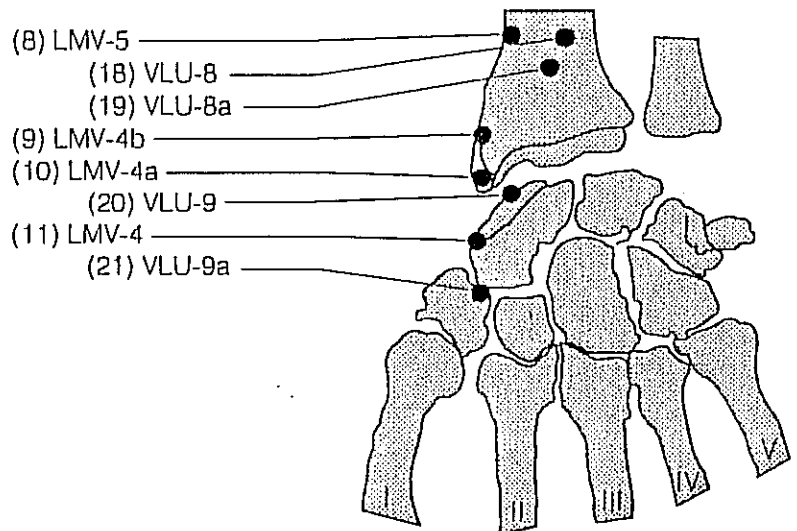


Reference chart 1: Lung meridian and lymph vessel

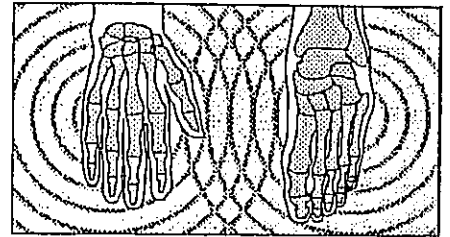
☐ = TING POINT.
 ⊙ = CONTROL POINT



The palmar aspect.

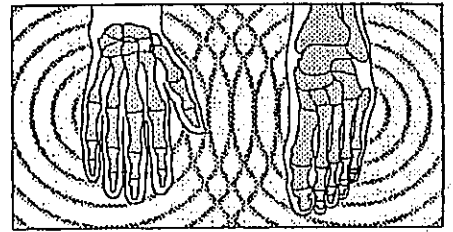


The palmar aspect.



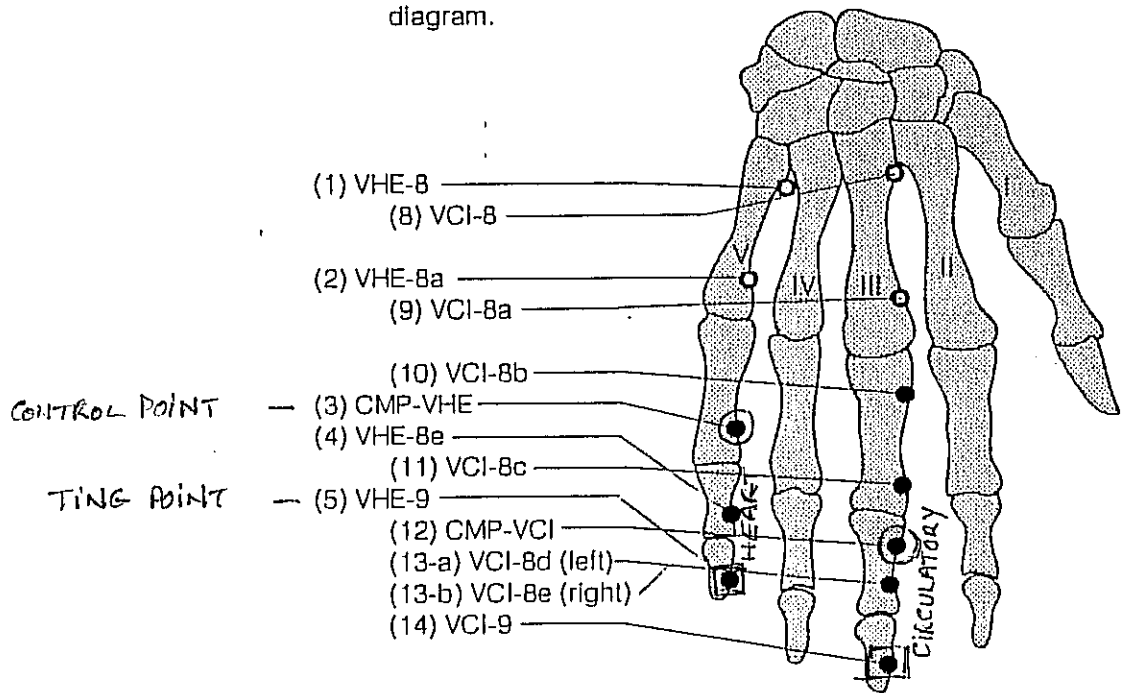
**Reference chart 1:
Point names**

- | | |
|---------------|---|
| (1) LMW-3: | MP. Lymph drainage of the nose + paranasal sinuses. |
| (2) LMV-2a: | MP. Lymph drainage of the eye. |
| (3) LMW-2: | MP. Lymph drainage for the upper + lower jaw. |
| (4) LMW-1a: | MP. Tubal tonsil (lateral lymphatic duct). |
| (5) LMW-1-2: | CMP. Five tonsils of the lymphatic pharyngeal ring. |
| (6) LMV-1-1: | MP. Auricular lymph drainage. |
| (7) LMW-1: | MP. Palatine tonsil. |
| (8) LMV-5: | MP. Lymph vessels of the heart. |
| (9) LMV-4b: | MP. Lymph drainage of the larynx + hypopharynx. |
| (10) LMV-4a: | MP. Lymph vessels of the esophagus. |
| (11) LMV-4: | MP. Lymph vessels of the lungs. |
| (12) VLU-10: | MP. Bronchi. |
| (13) VLU-10a: | MP. Pleura. |
| (14) VLU-10b: | MP. Bronchioles. |
| (15) CMP-VLU: | CMP. Lower respiratory passages. |
| (16) VLU-10d: | MP. Mediastinal plexus. |
| (17) VLU-11: | MP. Alveoli. |
| (18) VLU-8: | MP. Veins of the upper extremity. |
| (19) VLU-8a: | MP. Hypopharynx. |
| (20) VLU-9: | MP. Trachea. |
| (21) VLU-9a: | MP. Bronchial plexus. |

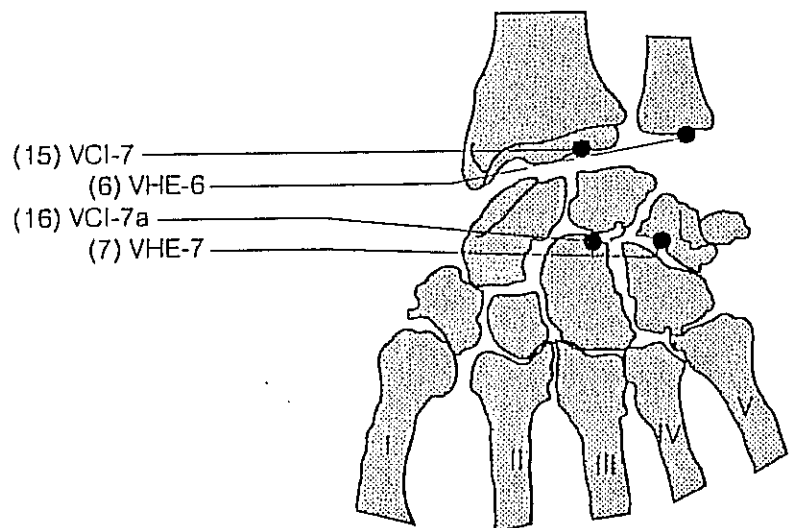


**Reference chart 2:
Heart and circulation meridians.**

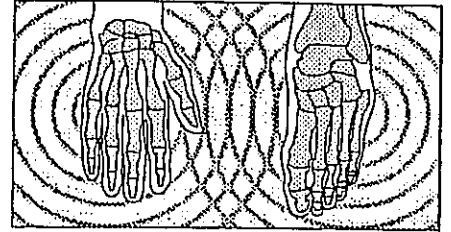
Note: ○ = points located on the palmar aspect, in top diagram.



The dorsal aspect.

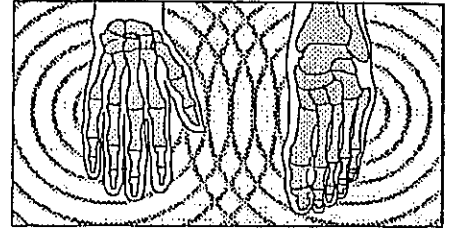


The palmar aspect.



**Reference chart 2:
Point names**

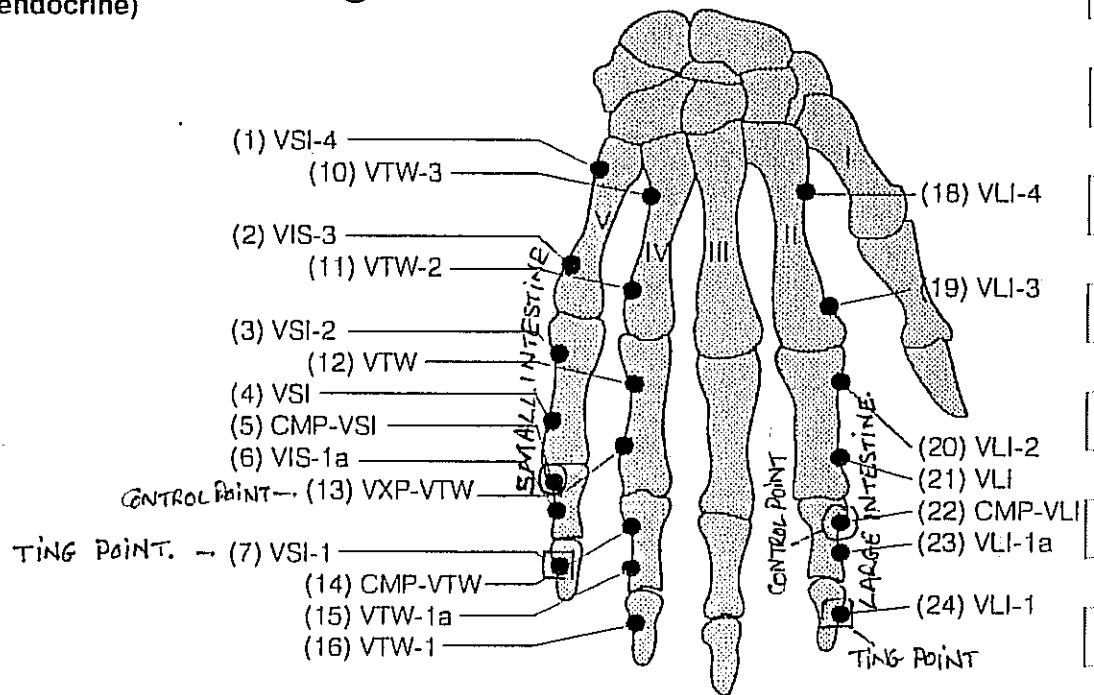
- | | | |
|--------|----------|---|
| (1) | VHE-8: | MP. Mitral (bicuspid) and tricuspid valves. |
| (2) | VHE-8a: | MP. Pericardium. |
| (3) | CMP-VHE: | CMP. Heart. |
| (4) | VHE-8e: | MP. Cardiac plexus. |
| (5) | VHE-9: | MP. Aortic and pulmonary valves. |
| (6) | VHE-6: | MP. Myocardium. |
| (7) | VHE-7: | MP. Heart conduction system, atrioventricular bundle (bundle of HIS). |
| (8) | VCI-8: | SMP. Venous functions. |
| (9) | VCI-8a: | MP. thoracic duct. |
| (10) | VCI-8b: | MP. Cisterna chyli. |
| (22) | VCI-8e: | a) MP. Abdominal aortic plexus.
b) MP. Abdominal aorta. |
| (12) | CMP-VCI: | CMP. Arterial, venous, and lymphatic vascular system. |
| (13-a) | VCI-8d: | (left side) MP. Thoracic aortic plexus. |
| (13-b) | VCI-8e: | (right side) MP. Cardiac ganglia. |
| (14) | VCI-9: | SMP. Arterial functions. |
| (15) | VCI-7: | SMP. Coronary vessels. |
| (16) | VCI-7a: | MP. Coronary plexus of the heart. |



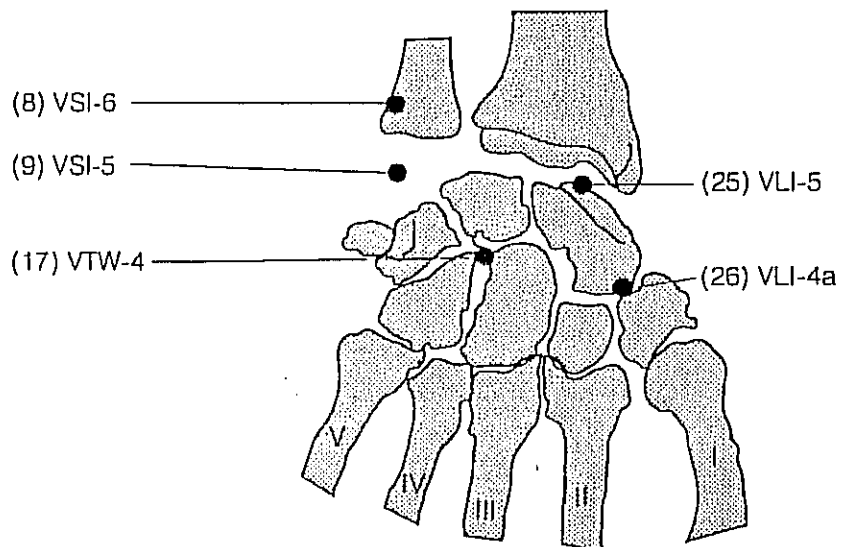
Reference chart 3: Large intestine, small intestine, and triple-warmer (endocrine) meridians.

◻ = TING POINT

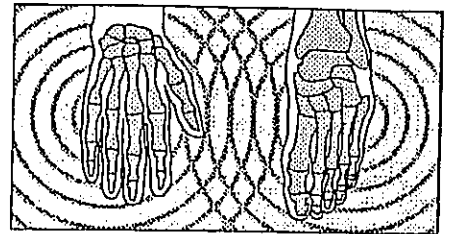
◉ = CONTROL POINT.



The dorsal aspect.

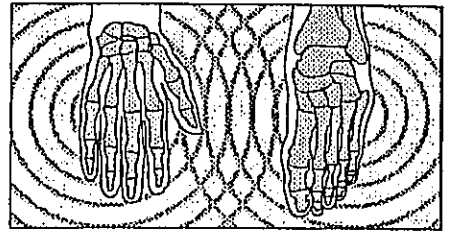


The dorsal aspect.



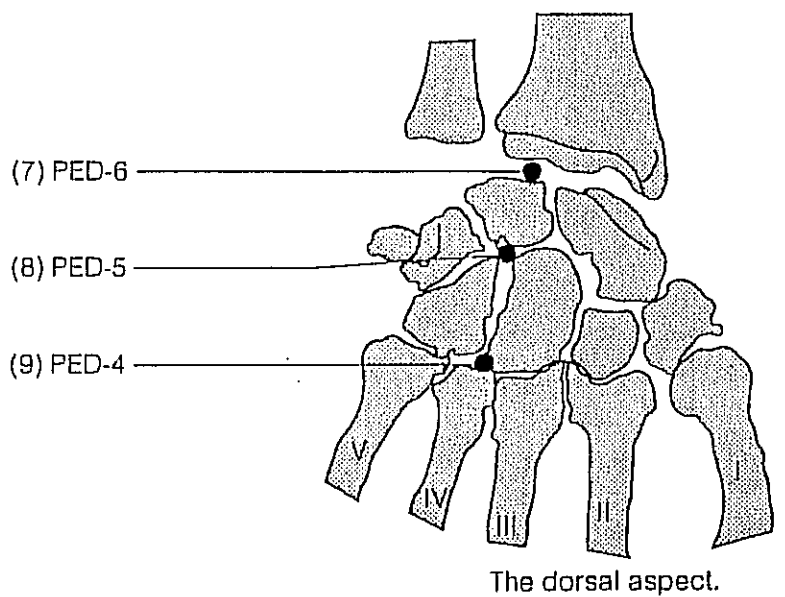
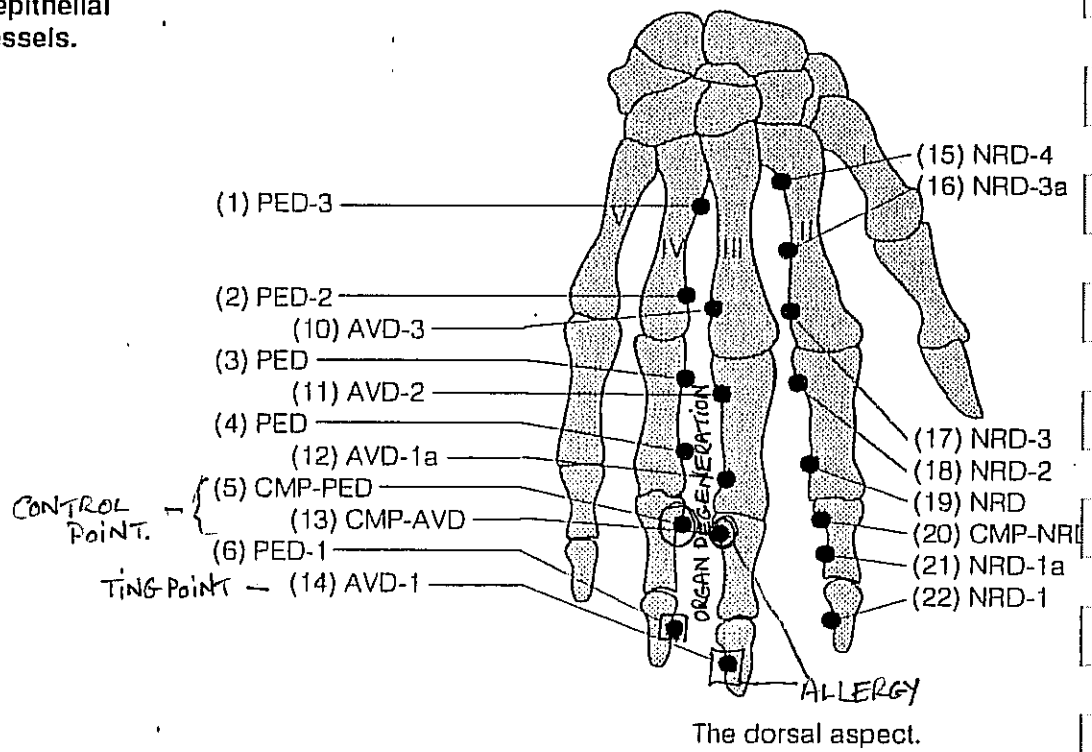
**Reference chart 3:
Point names**

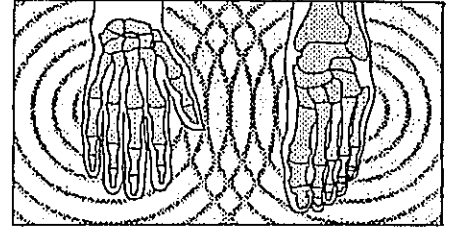
- | | |
|---------------|--|
| (1) VSI-4: | MP. Superior (1st) and ascending (4th) parts of the duodenum. |
| (2) VSI-3: | MP. Descending (2nd) part of the duodenum and duodeojunal flexure. |
| (3) VSI-2: | MP. Horizontal (3rd) part of the duodenum and jejunum. |
| (4) VSI: | MP. Peritoneum of the small intestine. |
| (5) CMP-VSI: | CMP. Small intestine. |
| (6) VSI-1a: | MP. Upper and lower mesenteric plexuses. |
| (7) VSI-1: | MP. Ileum. |
| (8) VSI-6: | MP. Cervical spine. |
| (9) VSI-5: | MP. Ulnar portion of the wrist joint or interarticular disc. |
| (10) VTW-3: | SMP. Pineal and pituitary glands. |
| (11) VTW-2: | SMP. Thymus, thyroid, parathyroid glands. |
| (12) VTW: | MP. Mammary gland. |
| (13) VXP-VTW. | MP. Incretogenic function (insulin-glucagon) of the pancreas. |
| (14) CMP-VTW: | CMP. Endocrine glands. |
| (15) VTW-1a: | SMP. Unilateral cervical parts of the sympathetic nerve. |
| (16) VTW-1: | SMP. Gonad and adrenal glands. |
| (17) VTW-4: | MP. Distal hand joint. |
| (18) VLI-4: | MP. Cecum and transverse colon. |
| (19) VLI-3: | MP. Ascending colon and splenic flexure. |
| (20) VLI-2: | MP. Descending colon and hepatic flexure. |
| (21) VLI: | MP. Peritoneum of the large intestine. |
| (22) CMP-VLI: | CMP. Large intestine. |
| (23) VLI-1a: | MP. Iliac and upper hypogastric plexuses. |
| (24) VLI-1: | MP. Transverse colon and sigmoid. |
| (25) VLI-5: | MP. Radial portion of the wrist joint. |
| (26) VLI-4a: | MP. Appendix and ileocecal (mesenterial) lymph nodes. |



Reference chart 4:
 Nerval, allergy/vascular, and
 parenchymal + epithelial
 degeneration vessels.

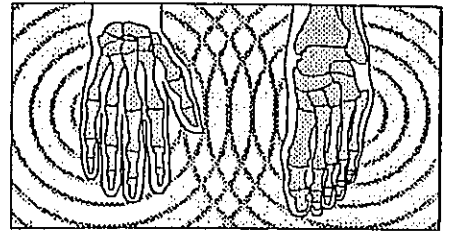
☐ = TING POINT
 ⊙ = CONTROL POINT.





**Reference chart 4:
Point names.**

- | | |
|---------------|--|
| (1) PED-3: | MP. Parenchymal and epithelial degeneration, organs of the head. |
| (2) PED-2: | MP. Parenchymal and epithelial degeneration, organs of the chest and neck. |
| (3) PED: | MP. Degenerative processes in the entire pleura. |
| (4) PED: | MP. Degenerative processes in the entire peritoneum. |
| (5) CMP-PED: | CMP. Organic degeneration in the entire body. |
| (6) PED-1: | MP. Parenchymal and epithelial degeneration, organs of the abdomen and pelvis. |
| (7) PED-6: | MP. Parenchymal and epithelial degeneration, organs of the head. |
| (8) PED-5: | MP. Parenchymal and epithelial degeneration, organs of the chest and neck. |
| (9) PED-4: | MP. Parenchymal and epithelial degeneration, organs of the abdomen and pelvis. |
| (10) AVD-3: | MP. Allergy/vascular degeneration, head region. |
| (11) AVD-2: | MP. Allergy/vascular degeneration, upper portions of the body. |
| (12) AVD-1a: | MP. Vascular sclerosis. |
| (13) CMP-AVD: | CMP. Allergic processes. |
| (14) AVD-1: | MP. Allergy/vascular degeneration, lower portions of the body. |
| (15) NRD-4: | CMP. Cranial nerves. |
| (16) NRD-3a: | CMP. Parasympathetic cranial ganglia. |
| (17) NRD-3: | MP. Nerval degeneration of the brain stem and cerebrum. |
| (18) NRD-2: | MP. Nerval degeneration of the cervical and thoracic spinal marrow. |
| (19) NRD: | MP. Meninges and spinal marrow. |
| (20) CMP-NRD: | CMP. Entire peripheral and central nervous system. |
| (21) NRD-1a: | SMP. Entire autonomic nervous system. |
| (22) NRD-1: | MP. Nerval degeneration of the lumbar and sacral spinal marrow. |

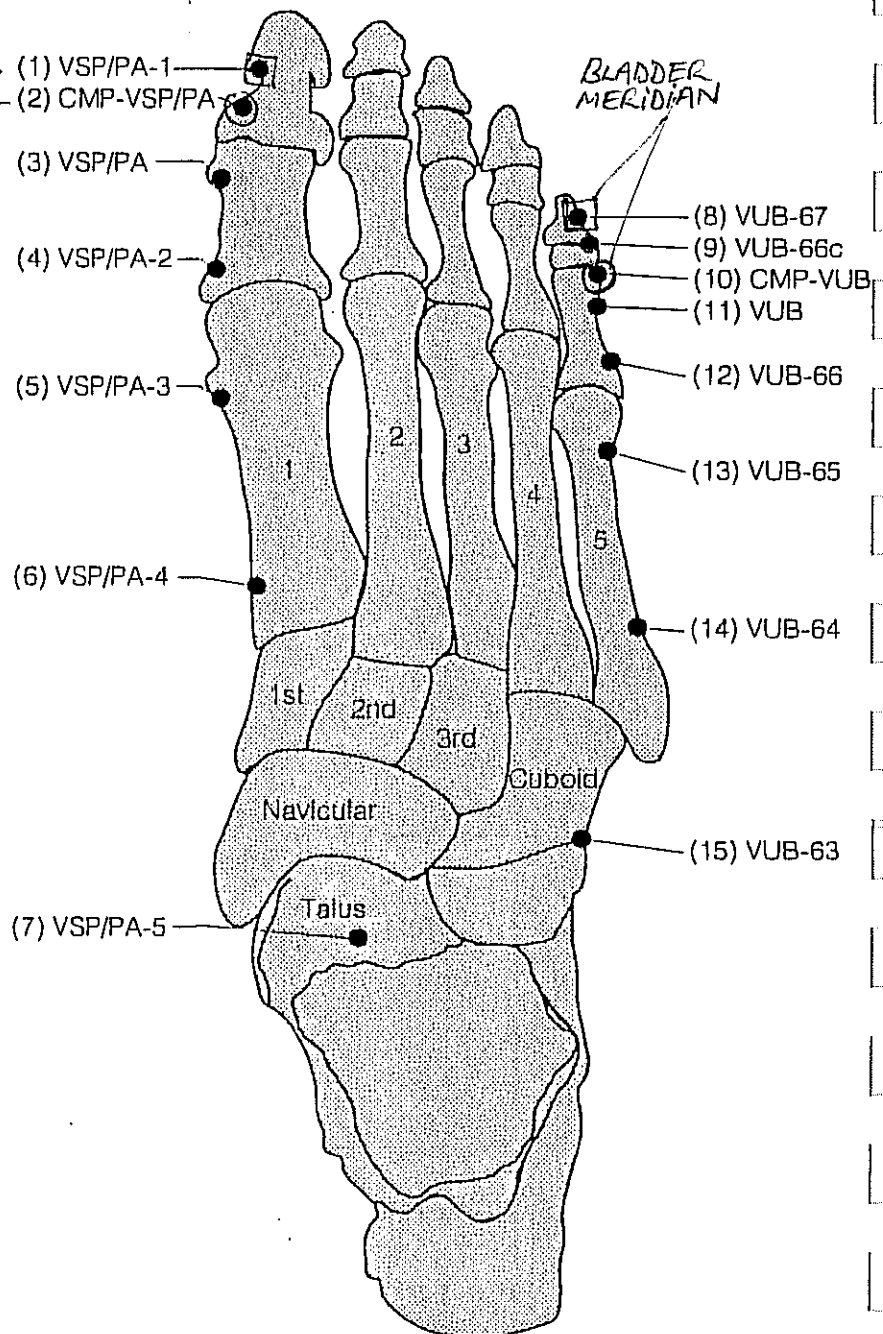


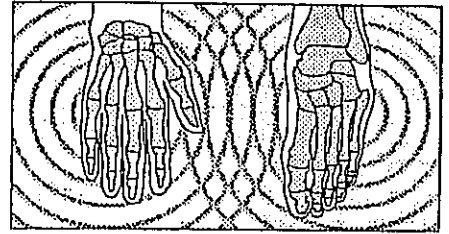
Reference chart 5: Spleen (left) / pancreas (right) and bladder meridians.

SPLEEN/
PANCREAS

TING (1) VSP/PA-1
CONTROL - (2) CMP-VSP/PA-2

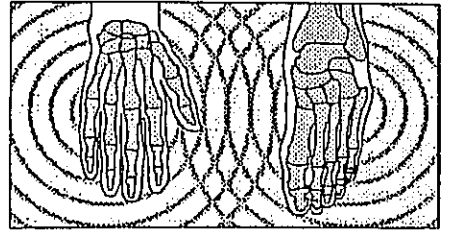
BLADDER
MERIDIAN





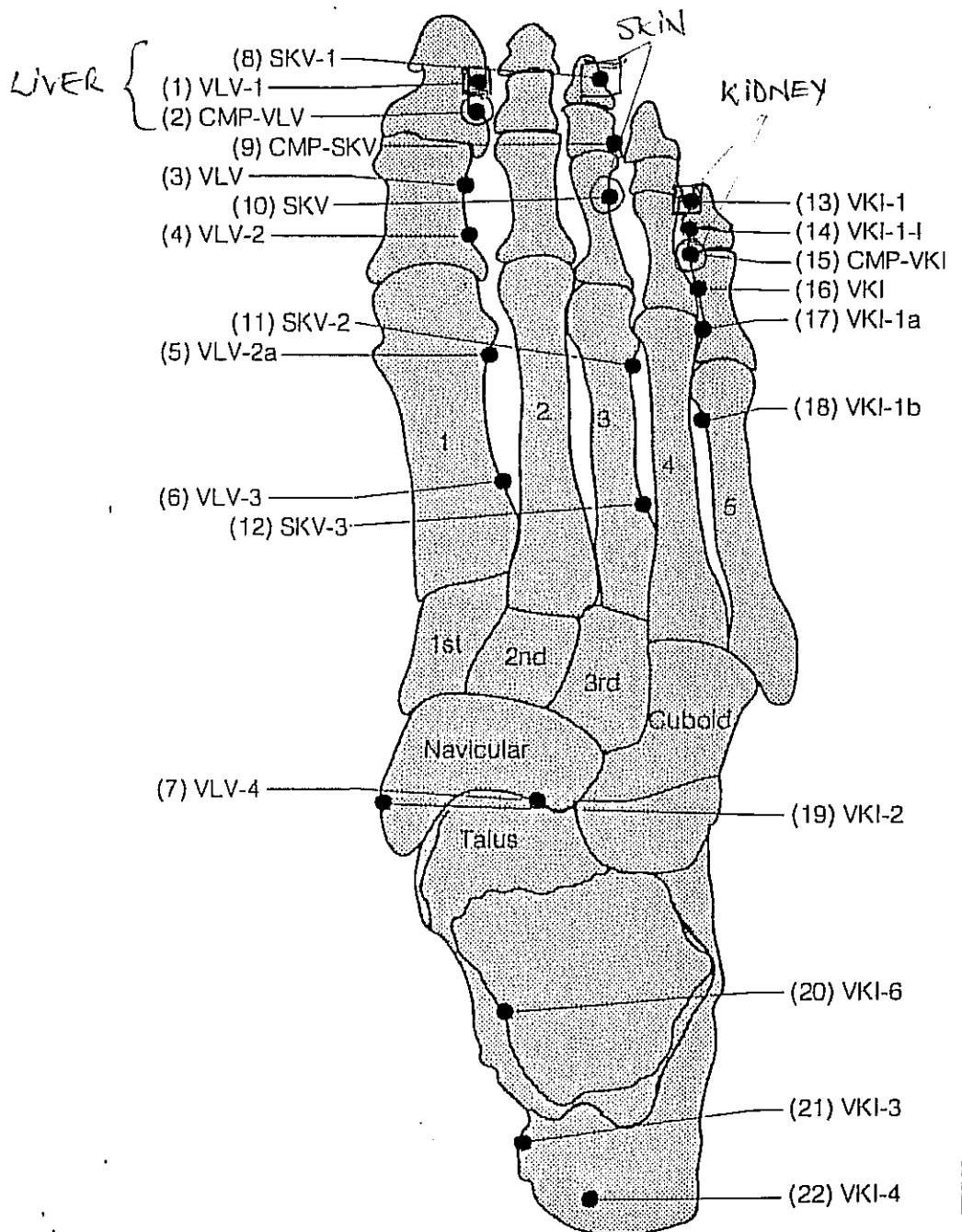
**Reference chart 5:
Point names.**

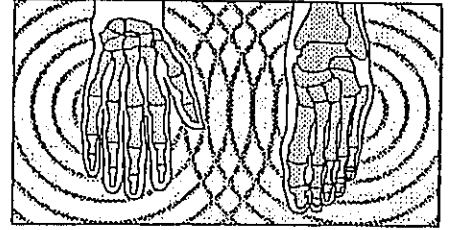
(1a) VSP-1:	MP. White pulp of the spleen.
(1b) VPA-1:	MP. Protein metabolism.
(2a) CMP-VSP:	CMP. Spleen.
(2b) CMP-VPA:	CMP. Pancreas.
(3a) VSP:	MP. Peritoneum of the spleen.
(3b) VPA:	MP. Peritoneum of the pancreas.
(4a) VSP-2:	MP. White pulp of the spleen.
(4b) VPA-2:	MP. Nucleoprotein metabolism.
(5a) VSP-3:	MP. Red pulp of the spleen.
(5b) VPA-3:	MP. Carbohydrate metabolism.
(6a) VSP-4:	MP. Reticuloendothelial system and splenic reticulum.
(6b) VPA-4:	MP. Lipid metabolism.
(7) VSP/PA-5:	MP. Medial portion of the talocrural joint.
(8) VUB-67:	MP. Corpus of the urinary bladder.
(9) VUB-66c:	MP. Vesical plexus.
(10) CMP-VUB:	CMP. Urinary bladder and genitourinary organs.
(11) VUB:	MP. Peritoneum of the urinary bladder.
(12) VUB-66:	MP. Fundus, cervix, and sphincter of the urinary bladder.
(13) VUB-65:	SMP. Prostate, seminal vesicle, seminal hillock (colliculus), penis, and urethra in males or uterus, broad ligament, parametrium, vagina, and urethra in females.
(14) VUB-64:	SMP. Spermatic cord and epididymis in males or uterine (fallopian) tube in females.
(15) VUB-63:	SMP. Lower hypogastric (pelvic) plexus.



Reference chart 6:
Liver and kidney meridians, and
skin vessel.

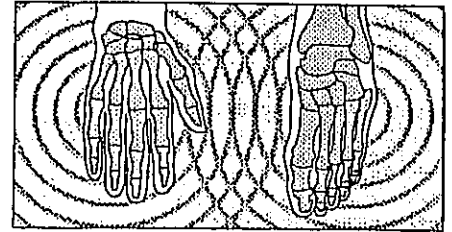
☐ = TING
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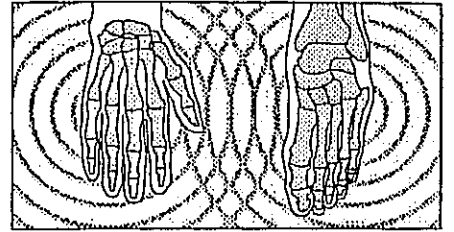
**Reference chart 6:
Point names.**

(1) VLV-1:	MP. Central venous system of the liver.
(2) CMP-VLV:	CMP. Liver.
(3) VLV:	MP. Peritoneum of the liver.
(4) VLV-2:	MP. Liver cell and lobular system.
(5) VLV-2a:	MP. Interlobular ducts of the liver.
(6) VLV-3:	MP. Perivascular system of the liver.
(7) VLV-4:	MP. Talocalcaneonavicular joint.
(8) SKV-1:	MP. Skin (lower portions of the body).
(9) CMP-SKV:	CMP. Skin and scars of the skin.
(10) SKV:	Scars of the skin.
(11) SKV-2:	MP. Skin (upper portions of the body).
(12) SKV-3:	MP. Skin of the head.
(13) VKI-1:	MP. Renal pelvis.
(14) VKI-1-l:	MP. Renal plexus.
(15) CMP-VKI:	CMP. Kidney and ureter.
(16) VKI:	MP. Peritoneum of the kidneys.
(17) VKI-1a:	MP. Ureter.
(18) VKI-1b:	MP. Suprarenal plexus.
(19) VKI-2:	MP. Pyelorenal boundary layer.
(20) VKI-6:	MP. Rectum.
(21) VKI-3:	MP. Renal Cortex.
(22) VKI-4:	MP. Rectal (middle hemorrhoidal) plexus.



**Reference chart 7:
Point names.**

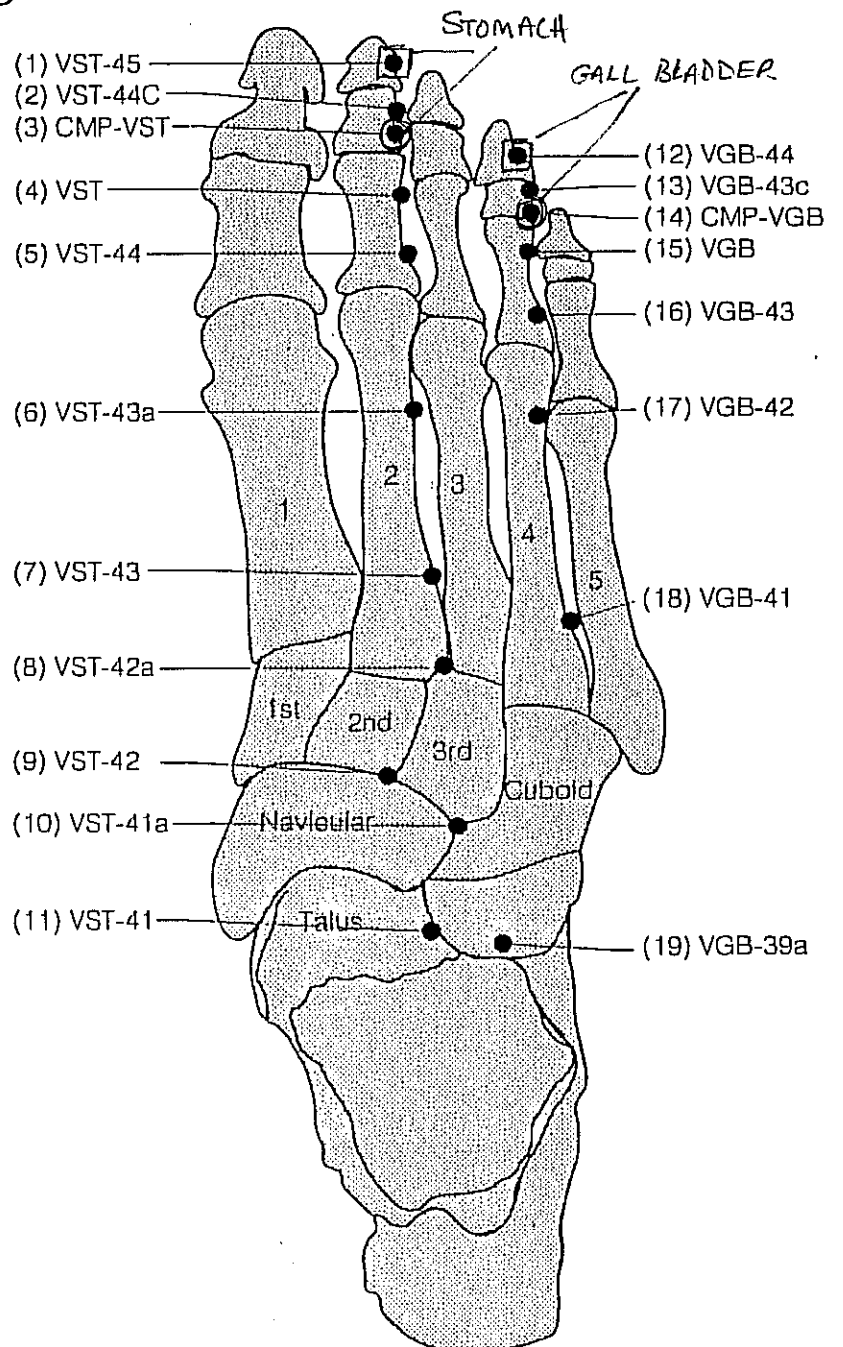
- | | |
|---------------|--|
| (1) VST-45: | MP. Corpus and pylorus/pyloric canal. |
| (2) VST-44c: | SMP. Celiac (solar) plexus. |
| (3) CMP-VST: | CMP. Stomach. |
| (4) VST: | MP. Peritoneum of the Stomach. |
| (5) VST-44: | MP. Fundus (vault) and pyloric antrum. |
| (6) VST-43a: | MP. Gastric tract. |
| (7) VST-43: | MP. Cardia and corpus of the stomach. |
| (8) VST-42a: | MP. Esophagus (lower portion). |
| (9) VST-42: | MP. Esophagus (upper portion). |
| (10) VST-41a: | MP. Mammary gland. |
| (11) VST-41: | MP. Lateral portion of the talocrural joint. |
| (12) VGB-44: | MP. Common hepatic and bile ducts. |
| (13) VGB-43c: | MP. Hepatic plexus. |
| (14) CMP-VGB: | CMP. Biliary ducts and gall bladder. |
| (15) VGB: | MP. Peritoneum of the gall bladder. |
| (16) VGB-43: | MP. Right hepatic and cystic ducts. |
| (17) VGB-42: | MP. Gall bladder (corpus) and left hepatic duct. |
| (18) VGB-41: | MP. Biliary duct. |
| (19) VGB-39a: | MP. Lower portion of the talocrural joint. |

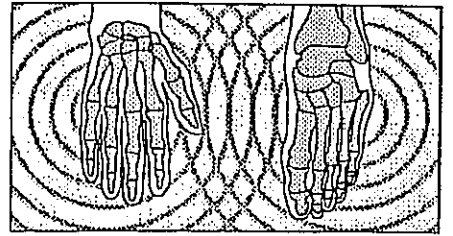


Reference chart 7:
Stomach and gall bladder
meridians.

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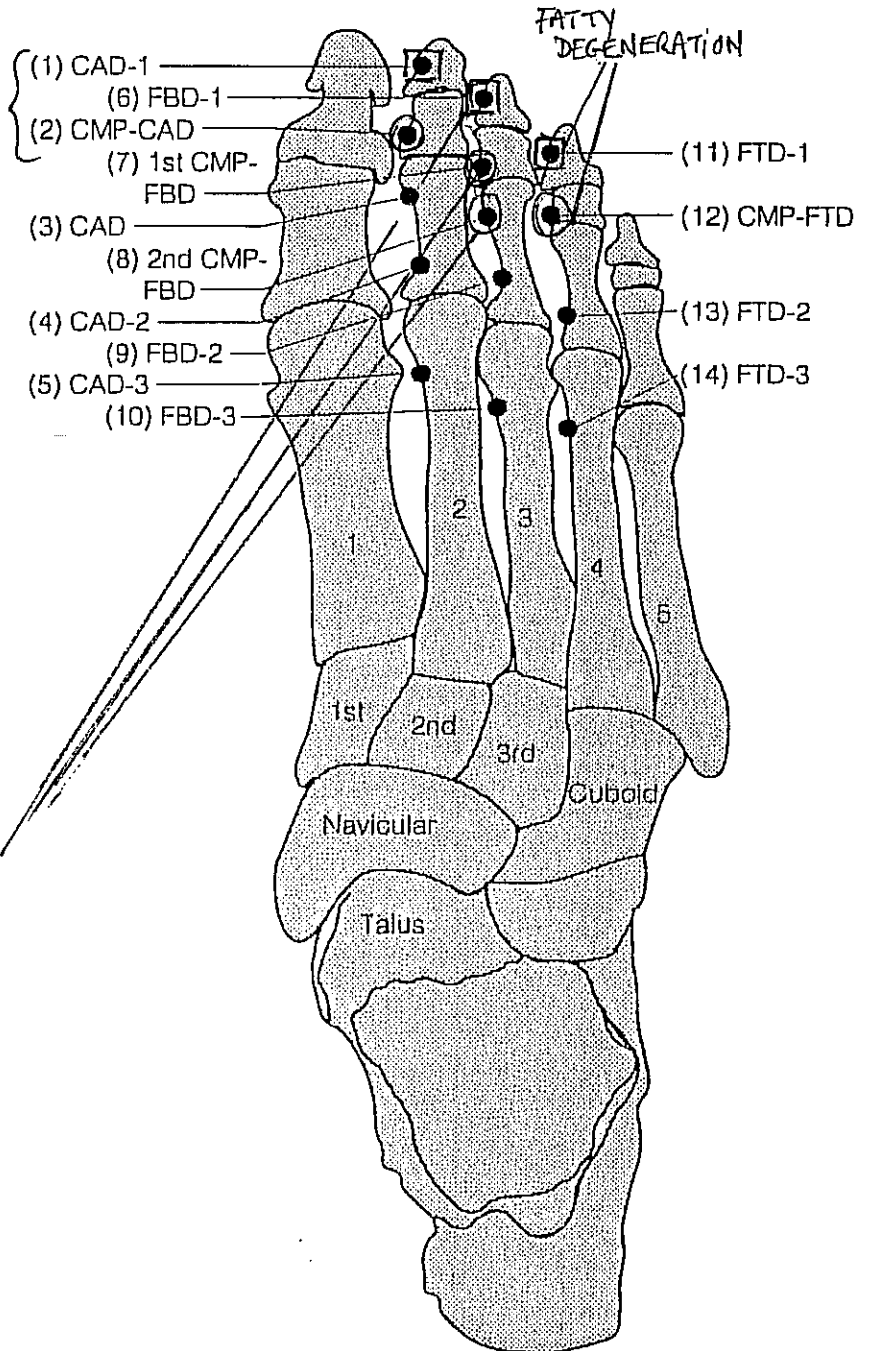




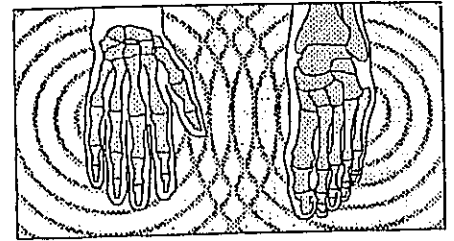
Reference chart 8:
 Cartilaginous + articular,
 fibroid, and fatty degeneration
 vessels.

CARTILAGINOUS AND
 ARTICULAR DEGENERATION —
 (JOINT DEGENERATION)

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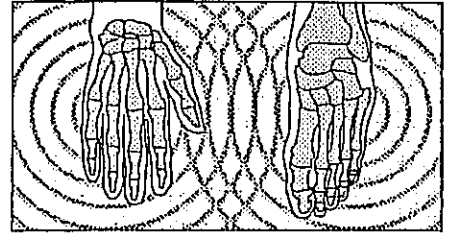


FIBROID DEGENERATION
 (CONNECTIVE TISSUE DEGENERATION)



**Reference chart 8:
Point names.**

- | | |
|------------------|---|
| (1) CAD-1: | SMP. Joints of the pelvic girdle and lower extremity. |
| (2) CMP-CAD: | CMP. All joints including the spine. |
| (3) CAD: | MP. Synovial membranes for all joints. |
| (4) CAD-2: | SMP. Joints of the shoulder girdle and upper extremity. |
| (5) CAD-3: | SMP. Joints of the atlas, and jaw (temporo-mandibular). |
| (6) FBD-1: | MP. Fibroid degeneration, organs of the abdomen and minor pelvis. |
| (7) 1st CMP-FBD: | CMP. Fibroid degeneration of the entire body. |
| (8) 2nd CMP-FBD: | CMP. Fibroid degeneration of the mucous membranes. |
| (9) FBD-2: | MP. Fibroid degeneration, organs of the chest and neck. |
| (10) FBD-3: | MP. Fibroid degeneration, organs of the head. |
| (11) FTD-1: | MP. Fatty degeneration, organs of the abdomen. |
| (12) CMP-FTD: | CMP. Fatty degeneration in the entire body. |
| (13) FTD-2: | MP. Fatty degeneration, organs of the chest. |
| (14) FTD-3: | MP. Fatty degeneration, organs and vessels of the head. |



Reference chart 9:
Urinary bladder meridian.

