

中医人生：一个老中医的经方奇缘

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Life In TCM: Lou's Adventure in Jingfang Medicine

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Chapter 3 Master Acupuncture Overnight

For a year, I had been hesitant about pursuing TCM, because the subject was too abstruse and alien. Though I had read many books, hardly did I dive deep nor form my own ideas about them. Hence I was dreadful of the prospect of making a living by practicing traditional medicine. The close contact with Dr. He before had ignited my interest, yet I still could not make up my mind.

In the spring of 1965, I trudged for five hours and arrived in town. Spending half a day at the bookstore and the library, I hurried my dinner at a small street stand. At dawn, I figured that Dr. He must be off work, so I set out towards his house.

Dr. He and his wife warmly welcomed me, regretting that I didn't have dinner in their house.

I asked about the patient who had nephritis and edema, who according to Dr. He, had recovered a lot after six months of acupuncture. The patient's self-reported symptoms nearly disappeared and all laboratory biomarkers returned to normal.

To dispel my concern and to give me the necessary motivation to move forward, Dr. He decided to focus on several succinct case studies that night.

"You must learn acupuncture through practicing. Don't wait until you understand everything to start," Dr. He talked with sincerity, "because the key to acupuncture lies in the clinical takeaways."

What he said was exactly what I needed to uplift my morale.

"One night is all it requires to build the theoretical foundation, after which you will be at its doorstep," he looked at me with excitement and continued, "I will take you there tonight, to the reign of 'less is more'."

It was a wonderful evening. With patience, Dr. He illustrated his clinical experience, to show me what is meant by "the right path must be simple" and "the truth is what can be easily attained." He adopted the strategy of divide-and-conquer to teach me the several steps necessary for practice, by connecting the big picture to every small clinical nuance. Four decades later, I still remembered his every sentence, facial expression and hand gesture of that night.

"There are five ways to select needling points which you should know," Dr. He started counting with his fingers, "First, there are eight primary acupoints. Second, there are eight converging acupoints. Third, select points by affected regions. Fourth, find Ashi points on the governor vessel (Du Mai) of the back. Fifth, needle contralaterally."

These five methods sounded so complex that I doubt I could master it overnight.

It seemed that Dr. He had read my mind. He said with a smile, "Don't worry, everything will make sense after I explain."

"First of all, the eight primary acupoints selection is a foundational method," he smiled and raised the left thumb, continuing, "Knowing these eight points, the acupuncturist can treat almost any disease."

I was shocked. He must be joking.

"Start by remembering them in a song." Dr. He said.

"Hegu (LI4) for the head and face.

Lieque (LU7) for the neck and shoulder.

Neiguan (PC6) for the thoracic cavity.

Zusanli (ST36) for the stomach and abdomen.

Weizhong (BL40) for the lumbar and back.

Yanglingquan (GB34) for the chest and upper abdomen.

Sanyinjiao (SP6) for the lower abdomen.

Taichong (LR3) for the head and brain.”

He chanted this song several times as I repeated after him. I soon memorized it because there were, after all, only a dozen characters. He then pointed to the relevant parts on my hands, arms, feet and legs and marked them with ink. As I recited the song, I pressed on the ink dots and tried to mold my memory with the special feelings I got by touching them. In less than thirty minutes, I remembered all eight of them, their locations and destinations.

He then started quizzing me on the primary acupoint selection for several diseases, for which I would insert a 30mm needle into the corresponding meridian points on my own extremities. For example, when he said “redness of the eyes,” an issue of the face and head, I needled Taichong (LR3) and Hegu (LI4). When he said “chest blockage, stress and insomnia,” an issue affecting the chest and brain, I did acupuncture on Neiguan (PC6) and Taichong (LR3). When he said “vomiting and stomachache,” a problem in the abdomen, I pricked Neiguan (PC6) and Zusanli (ST36). When he said “stiff and painful neck,” I did Lieque (LU7) and Weizhong (BL40).

Half an hour had gone by since I began my quiz. I already felt confident to apply the eight primary acupoints to a spectrum of symptoms with ease.

Dr. He was glad to see me master the basics of the primary acupoint selection.

He said, “The most critical piece in acupuncture is to know meridian channels and points,” he continued, “Among them, the eight primary acupoints are the most important. Our ancestors condensed their wisdom in this system through thousands of years of trials and errors. It is the epicenter of all point location methods to attain clinical efficacy. Using this, a beginner can formulate a holistic treatment framework that is replicable across diseases. It forms the pillar of a doctor’s practice. In addition, knowing meridian channels is also important, but you can take time out to study them in the future. The channel knowledge will in turn strengthen your understanding of the eight primary acupoints.”

It was unbelievable for me to learn so much in less than an hour; I started to see an outline of this mystical medical system. Dr. He’s instruction was simple and intriguing; I was completely absorbed. His teaching had sparked my anticipation for a better career for the first time since I returned to the countryside. The seeds of hope were sprouting in me.

While we were talking, Mrs. He had been busy serving us with hot tea and snacks. Concerned about my progress, she sometimes stood next by to listen and observe.

Dr. He continued his lesson.

“The second part is the selection of eight converging acupoints,” he smiled, stretching his left thumb and index to gesture the number “8” and continued, “The eight converging acupoints are where the vital energy of the Fu and Zang (visceral organs), Qi, Xue (blood), Jin (flesh, muscle, tendon), Mai (meridian), Gu (bone) and Sui (marrow) converges. They are: 1. Zhongwan (RN12), where six hollow digestive organs (Fu) meet; 2. Zhangmen (LR13), where five internal organs (Zang) meet; 3. Yanglingquan (GB34), where tendons and sinews meet; 4. Juegu, where marrow energy meet; 5. Dazhu (BL11), where bone energy gathers; 6. Geyu (BL17), where blood gathers; 7. Taiyuan (LU9), where meridians meet; 8. Danzhong (RN17), where Qi converges. You will learn the first three for now.”

From his tone, I detected the importance of the eight converging acupoints, as well the gravity to master the first three.

“What does it mean by ‘Zhongwan (RN12), where six hollow digestive organs (Fu) meet’ and ‘Zhangmen (LR13), where five internal organs (Zang) meet’?” I asked.

“‘Zhongwan (RN12), where six hollow organs (Fu) meet’ is to say that for gastrointestinal issues, you should first consider using Zhongwan (RN12). Do you know where it is?”

I nodded, pointing to the center of the upper abdomen between xiphoid and navel.

Dr. He continued, “‘Zhangmen (LR13), where five internal organs meet,’ says that for the lack of Qi, blood and body fluids as a consequence of spleen Qi deficiency, consider acupuncture Zhangmen (LR13).”

“What do you mean by ‘spleen Qi deficiency’?”

“It is a type of Qi deficiency with symptoms of exhaustion and lack of stamina, a low voice, shortness of breath, perspirations, a bland flavor and weak pulses. If the patient also has yellow complexion, weak built, poor appetite, loose stools, we can diagnose his condition to be spleen Qi deficiency.”

Dr. He not only taught me acupoint locations, but also fundamental TCM theories. The concepts he explained were easy to follow, because they were grounded on specific symptoms.

“Do you know where is Zhangmen (LR13)?” He asked.

I shook my head.

Dr. He pointed to my hypochondria with his right index. “Here, on the mid-axillary line, superior to the first floating ribs. With arms resting naturally on both sides of the body and the elbows flexed, it is where the tips of the elbows point. The application of eight converging points stipulates that we should ‘reserve the left side for men and the right side for women’, and please do not forget that beginners should always use half-inch filiform needles.”

I did as he instructed, bending my left arm and pressing between the ribs with my elbow. I found the spot with my right index and quickly made a mental note of the location.

Seeing that I was paying close attention, he went deeper, “Among the other six converging acupoints, I find Yanglingquan (GB34) the most helpful for my practice, especially for the treatment of neurological or joint spastic diseases.

I was mesmerized and couldn’t wait for an example.

“Too many!” He cried, “My old neighbor caught herpes zoster, or ‘fire snake’ (‘Huodanshe’) in Wenzhou dialect. The disease had persisted for half a month; the blisters on the surface of the skin had dried up and the scabs had peeled off, leaving a temporary red erythema. The skin was very sensitive and could not be touched, with the worst occurring on his left chest. He suffered spasms from time to time, especially between midnight and 3 am. When his family called me over, he was lying on bed and his face looked grim. The first point I selected was Yanglingquan (GB34). After the needle was left in for a while, he reported great relaxation. Then I needled on Neiguan (PC6) and Gongsun (SP4) for another ten minutes.”

“Did it work?” I asked gingerly.

“The next day, his family said he had been quiet all night,” Dr. He lowered his voice in delight, “He slept well and regained good appetite in the morning, so I treated him for another five days until he recovered.”

I couldn’t help but rejoicing over acupuncture’s magic.

“These three acupoints employed two selection methods, the first is the eight converging acupoint method we just talked about, the other one is called the selection of confluent points where Qi from the twelve meridians and eight additional channels meets. These are treasures from our ancestors; needling on them brings out infinite power.” His words exuded solemnness.

“The third way is to select acupoints on or around the affected site, in other words, to needle where the problem is. This is the most primitive method, what our ancestors first invented.”

It is as simple as to needle the head if the head bothers you, or the foot if the foot irks you.

I must have looked dumbfounded as he explained, “Do not underestimate this method; it is highly reliable in practice, particularly for severe and chronic illnesses that drugs cannot cure. Sometimes if we bloodlet with a three-edged needle on the affected region prior to cupping, we can achieve much better results.”

Mrs. He sensed my curiosity as she began giving an example:

Two years ago, a middle-aged teacher fell from his bike and scraped his right heel, after which the surrounding skin became infected and couldn't heal. For two years, he wore no socks nor shoes but slippers. He finally came to Dr. He who disinfected the wound and pierced several dots on the skin two to three millimeters away from the site of the ulceration with a one-inch needle until blood came out. Dr. He did this every other day for three sessions until the wound healed.

Mrs. He continued, "Acupuncture is truly amazing. It would always be at your service if you master it."

Then Dr. He started to teach me the basics of safety practice.

"When giving acupuncture, you should know where not to needle to avoid potential hazards." As he said so his face turned serious.

"There are three areas you should be cautious about," he stressed every subsequent word, "The first area is under the occipital bone. For points such as Fengfu (GV16), Yamen (GV15), and Fengchi (GB20), close to the medulla oblongata, a small mistake can lead to detrimental consequences. In 1950s, it was a popular practice to needle on Fengfu (GV16) to treat mental illnesses, and Yamen (GV15) to treat deaf-and-mute, but since then, a Pandora box of malpractice opened, which wouldn't have happened if those doctors had abode by the principles of "avoid puncturing the five internal organs when needling on the chest and abdomen; avoid Naohu (GV17) because it can kill a person immediately."

To make sure I paid full attention, he called me to his side, placing one hand on my head and pointing to Fengfu (GV16), Yamen (GV15) and Fengchi (GB20) behind my occipital bone with the other index finger.

He then continued to talk about the other two regions to be avoided, "The second one is the eyes and their surrounding areas. Last one is the navel. Oh, and please also do not needle Tiantu (RN22) for now."

As he spoke of Tiantu (RN22), he pointed to my supraclavicular fossa, and started to explain to me the special techniques to acupuncture it.

"Dr. He, can we use moxibustion on the navel?" I interjected.

"The navel is called Shenque (RN8)," he referred to its folk name reluctantly, "It is a very important acupoint. You'd better put some salt on it when doing moxibustion."

I wanted to ask "why" but I realized my endless questions would be an annoyance.

Dr. He paused for a bit and continued, "Practice on yourself first and get good at it before you needle others. There are two insertion techniques. One is to rotate left-and-right, the other is to move up-and-down, until you have the 'de qi' sensation."

I was very familiar with the "de qi" experience thanks to my father.

Dr. He continued, "The 'de qi' phenomenon is very strange. The three fingers you use to hold the needle will encounter what we call 'Qi', a force field with interweaving actions and reactions underneath, through your manipulation of the needle. Patients sometimes reported soreness or tingling pain at the needling site or at a translocated site in other parts of the body."

As I practiced on myself before, I did have the "de qi" sensations in some occasions. It is a common experience, far from being mysterious.

There were two more things on his safety list. First, as beginners, we should never go beyond half-an-inch deep when acupuncture the chest, back and abdomen. Second, we should always place the exhausted or physically weak patients flat during the treatment to prevent them from fainting or needle shock. He then explained what is "needle shock".

I wondered why these tiny needles can elicit such intense reaction from patients without the use of any drug, yet I decided to listen first.

“For many diseases you can feel tender points or firm protrusions along the back spine,” he continued, “Hence finding the ‘Ashi’ points on the governor vessel. We use ‘Ashi’ to refer to those tender points. Needling on tender points often produce satisfying results, therefore, we ranked it fourth on our list.”

He made me lie in a prone position, then he pressed on each vertebra along my spine with his thumb and said, “Dazhui (GV14), below the 7th cervical vertebra (C7), is important for treating problems of the head, neck and shoulders, as well as febrile conditions. Zhiyang (GV9), below the 7th thoracic vertebra (T7), is good for treating diseases of the stomach, chest and ribcage. And lastly, Mingmen (GV4), below the 2nd lumbar vertebra (L2), is beneficial for treating diseases of the lumber, lower abdomen and the uterus. As long as you find a tender spot, you can needle it directly.”

Through his simple and hands-on demonstrations, I began to connect the knowledge of acupoints with that of the meridians. Interestingly, the location indices of Dazhui (GV14), Zhiyang (GV9), and Mingmen (GV4) are all multiples of seven. Dazhui (GV14) is C7, the 7th spinous process from the top; Zhiyang (GV9) is T7, the 14th spinous process from the top; Mingmen is L2, which is also T14 or C21, the 21st spinous process from the top.

To make sure I apply the right amount of pressure every time, he made me work on his spine for the second time. My major takeaway is that, using tender points for needling is really effective. We just have to exert constant pressure throughout the spinal diagnosis.

He looked at me in the eyes and remarked, “It’s easier said than done.”

He wanted to hear my opinion so he asked, “Why do you think is the case?” I shook my head, signaling that I had never dealt with such situation before.

He nodded, “For professional acupuncturists, it is common sense to use constant pressure on patients when finding tender points. Yet in reality, doctors tend to exert more pressure on places they consider tender points because they’d like their hypothesis verified. This is involuntary, so please pay attention to it.”

His words made great sense; doctors have to be as fair as possible in obtaining information about clinical symptoms. I would remember this forever.

“Now let me tell you a story.” He paused for a break, lit a cigarette and continued, “Kampo doctor Tanba Mototane recorded in Chapter “*Headaches*” in his book *Key to Miscellaneous Diseases* a banned, secret formula Wang Anshi used to treat migraines: lay the patient flat, inject raw radish (Luofu) juice and corbicula shell (Xianke) into the nose; inject into the left nostril if migraine is on the right, and vice versa; this works for chronic cases as well. Wang Anshi told his servants that this method had cured many.”

He continued, “My idea is that this is a special form of acupuncture therapy, which I call ‘herbal acupuncture’. It is intended to stimulate the meridian channels in the nose and head, while the content of injection is not so important. Otherwise, why did he stress ‘inject into the left nostril if migraine is on the right, and vice versa’. This method was invented by doctors living in the Song Dynasty who hadn’t developed the concept of contralateral acupuncture. This is an example of experiential medicine.”

His story was as riveting as it was meaningful in laying the foundation for our next discussion.

“Hence No. 5 on our list, contralateral acupuncture,” he said delightfully, “This is also called ‘Miuci’ in Neijing, and ‘Balance Method’ in Kampo medicine (traditional Japanese medicine). It is particular helpful for pain management such as joint pain. It has two sub-categories: one is left-right contralateral acupuncture; the other one encompasses all three of the left-right, top-bottom and front-back components—the complete contralateral acupuncture.”

As he approached me, Dr. He held my right hand and said, “For instance, if you have pain in your left wrist, using the left-right method, you can insert a one-inch needle into the respective acupoints of both wrists, manipulate up-and-down or rotate quickly for thirty seconds.”

As he squatted down he pointed to my right ankle and said, “If you have pain on your right wrist, using the second method, you can insert needles in your left ankle and right wrist, manipulate up-and-down or rotate quickly for thirty seconds.”

¹ An onomatopoeia: the Chinese equivalent to “Ouch!” in English.

Then he asked me, “If you sprained your left ankle and couldn’t walk because of the pain. How do you select the acupuncture points according to the contralateral method?”

He then took out some needles and alcohol swabs for me to show him what to do.

Having his teachings in mind, I started off by sterilizing the respective regions on the left and right ankles, inserting the needles and finishing the process by manipulating the needles for half a minute. This was according to the left-right method.

He monitored my every step with attention until finally nodded.

Then according to the complete contralateral method, I inserted needles into my left ankle and right wrist, and finished off the treatment with needle manipulation. There was no “de qi” sensation since I wasn’t skilled yet, but I was satisfied.

In little more than three hours Dr. He finished his class on the five methods of selecting where to needle.

In the evening, I slept on a tiny bed next to his; a thin screen separating us did not prevent us from continuing our conversation.

He mentioned several times that I should be more courageous in embracing a career in TCM, which would for sure warrant itself in the future.

“Although formal universities closed their doors before you, the gate of self-study is always wide open,” he spoke with sincerity, “Selecting the right profession is critical. Under the current social climate, those studying humanities have difficulty finding a job, while those doing engineering or science lack research infrastructures such as lab equipment. This is the same case for western medicine. TCM might be the only option for you.”

He was absolutely right. I understood the importance of selecting the right profession, since there were very limited options, and not many subjects can be self-taught.

However, what touched me most was the following:

“You could be living and working in the countryside your whole life. In a resource-limited setting, it is dangerous to not know medicine. Fever, stomachache, diarrhea and back pain are common. Adults might overcome them easily, but not so much for young children. If your kids suffer high fevers at night, wouldn’t you be worried and scared, not knowing what would happen?”

I was deeply moved; I had never thought of such situation. Indeed, knowing TCM would help the most.

While half-asleep, Dr. He still murmured about the twelve meridians, the eight additional meridian channels, and a few major acupoints.

Suddenly, he seemed remembering something and jolted awake, saying, “I have a question for you to see if you fully understand today’s class.”

It must be a brain teaser! My drowsiness was gone immediately.

“If your patient is unconscious due to an unknown reason, how would you select the acupuncture points?” He then added, “You don’t need to worry about other confounders.”

For someone in a coma, the key to the treatment should be the brain, so Hegu (LI4) and Taichong (LR3) are necessary. In addition, TCM believes that “heart is where the spirit resides,” hence Neiguan (PC6) should also be used. I told him my ideas.

He laughed with content, waking up Mrs. He who advised us not to stay up too late. She then turned her body to the other side and fell asleep.

“Good! You have master the basics of the eight primary acupoints,” he said in a low voice, “When using Hegu (LI4) and Taichong (LR3) on both sides of the body, we call it ‘opening the four gates’ (kai-si-guan), which ventilates the qi and refreshes the brain. In addition, needling Neiguan (PC6) on both sides strengthens the heart and boosts the spirit, which is also necessary.”

I was glad that I got it right.

“But you forgot the most important point. I haven’t taught you that yet-Renzhong (GV26).”

I heard about Renzhong in Chapter 57 of *A Dream of Red Mansion*, when the hero of the book Baoyu heard from servant Zijuan the news of Daiyu leaving the red mansion, he fainted due to shock. Nurse Li took his pulse and pinched him on Renzhong, and successfully resuscitated Baoyu.

Finally, there was something I knew. I remarked with haste, “I know it is at the center of the groove above the upper lip, the philtrum. And it is an important acupoint in case of emergency!”

“That’s right, such as for coma.” He then added, “To be more precise, Renzhong is located in the depression 1/3 from the nose and 2/3 above the upper lip.”

As he became pumped up, Dr. He came up with another problem to test my understanding of the five selection methods.

“How do you treat a dysmenorrhea patient who reported intense pain when you press under her 2nd lumbar vertebra (L2)?”

I thought over the five methods and replied, “According to the first method, we should select Zusanli (ST36) and Sanyinjiao (SP6). According to the second, we should select Geyu (BL17). According to the third, we should needle, bloodlet and cup the tender points found on abdomen. According to the fourth, we should needle, bloodlet and cup Mingmen (GV4) of the lumbar vertebra. According to the last method, we should needle, bloodlet and cup the corresponding acupoints on the front and back of the lumbar-sacral area.”

Dr. He was satisfied, especially with my mention of Geyu (BL17) without his help. Yet he believed what I described could be simplified in practice.

“For dysmenorrhea,” he said: “It is highly likely that Yaoyangguan (GV3) under the 4th lumbar vertebra would become tender under pressure. Japanese acupuncturists call it ‘the divine spot’ (shang-xian-xue), which is the preferred acupoint for treatment of dysmenorrhea. Nevertheless, you should stick with the general principle of selecting tender points regardless of whether Yaoyangguan (GV3) is tender or not.”

“Is there more?” I asked eagerly.

“To give Sanyinjiao (SP6) strong stimulation, you can use two-inch needle on both sides. In addition, you can needle, bloodlet and cup on Weizhong (BL40) if surrounding veins are visible. As for abdominal reactive sites, moxibustion is better than cupping in my opinion.”

Far from adhering to a didactic procedure, treatment can be quite flexible in practice.

“Through this example, you can see that the theory and practice depend on each other. Practice without the theory is blind; theory without the practice is vacuous.”

As Dr. He was talking, all the noise dissolved around me, leaving his Yongjia accent echoing in my ears. I soon fell asleep in his nostalgic voice.

The next morning, I said goodbye to him and his wife. Before leaving Dr. He repeatedly mentioned that “to start acupuncture is easy, but to master it is difficult,” and I should devote my whole life to it, not to give up halfway. He also encouraged me to explore the channel meridians, to memorize through understanding and to comprehend TCM theories through conscious clinical practice.

It was a life-changing evening. What he taught me was useful for the rest of my life. Some major clinical cases in my forty years of practice benefitted directly from these acupuncture techniques, to be coupled with herbs. And the point selection methods hardly went beyond what he had explained on the five methods that night.

Certainly, the general framework programed by Dr. He requires refinement. Clinically, it needs to be upgraded with new contents. But for beginners timid of making the first step, his teaching will dispel fear and bewilderment. But as you enter the gate, you are likely to see its limitations and realize that there is more to learn.

What mattered most was that, Dr. He, my guru-for-life, had pointed out a bright path for me to survive by practicing traditional medicine.

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第三章：针灸入门“一夜通”

一年来，我一直还在徘徊、等待与观望之中，因为学习中医针灸毕竟太难了，离我太遥远了。在这期间，中医的书没有少看，然而只是无事乱翻书罢了，谈不上有什么心得，一想起今后要以中医维生总觉得非常惶惑，谈何容易啊。虽然在和何老师近距离接触以后，针灸的魅力已经荡漾在我的胸怀，但是学习中医针灸的决心还是定不下来，一直摇摆于学与不学之间。

一九六五年春天，我又一次步行了五个小时上城。在书店、图书馆逗留了半天以后，就在饮食店草草地吃完了晚餐。在夜幕即将降临，华灯初上的时分，我估计何黄淼老师应该已经下班，才径直向他的家走去。

何黄淼老师与师母热情地接待了我，嘘寒问暖，直怪我在外面小摊用餐。

我询问那个肾炎水肿病人的近况。何老师告诉我，那个病人经过半年的针灸治疗，进步很快，自觉症状几乎已经消失，西医的化验指标也明显好转。

那天晚上，何黄淼老师用种种简易浅近的例子以身说法，来解答我的诸多疑问。他针对我畏难的情绪，做了许多动员工作。

“针灸的学习一定要在学中用，不要等到全明白了才去动手。”何黄淼老师语重心长地说：“因为它的真谛就在临床的感受中。”

何黄淼老师的话富有诱惑力，让我的心又热了起来。

“只要一个晚上的理论学习，你就可以基本入门，还是有模有样，中矩中规的入门呢。”何黄淼老师兴奋地看着我，“今天晚上我就把你带入‘真传一句话，假传万卷书’的境界。”

这是一个美妙的春晚，何黄淼老师从临床实践出发的精彩讲解，使我体味到什么叫做“大道至简”，什么叫做“真理素朴”。他把博大精深的针灸学，化为可操作性的几个具体的步骤。整个教学大处着眼，小处入手，环环紧扣，贴近临床。时隔四十多年后的今天，那天夜晚何黄淼先生的每一句话，每一个面部的表情，每一个手指的动作，我都看在眼里，记在心头。

“针灸取穴可以从五个方面考虑。”何黄淼老师伸出左手的五指，一边说一边用手指示意，“第一，八总穴；第二，八会穴；第三，局部取穴；第四，背部督脉寻找阿是穴；第五，病位交叉对应取穴。”

五个方面的取穴，也够复杂的，一个夜晚的时间能掌握吗？

何黄淼老师早已料到我会这样想，笑着对我说：“不要怕，等一下我把它们分头讲解了一番以后，你就会慢慢地明白。”

“第一，八总穴取穴法，这是一个整体取穴法，”何老师竖起了左手的大拇指，笑着说，“根据八总穴所针对的人体部位取穴，针灸医师就能把所有疾病纳入你的诊治范围。”

我听了大吃一惊，八个穴位就能统揽诸病？这不是在搞笑吗？

“你首先要记住一首歌诀：‘头面合谷，颈项列缺，胸膻内关，腕腹（足）三里，腰背委中，胸胁阳陵，少腹（三）阴交，颅脑太冲’。”何黄淼老师神采飞扬地说。

他把这首歌诀反复念了几次，我也跟着念了几次就记住了，毕竟只有三十几个字嘛。然后，他就用自己的大拇指与食指在我的手、臂、脚、腿的相应部位指指点点，并用墨水作了标志。我也当场在作了标志的穴位上反复按压，嘴里也不停地唠叨这首歌诀，脑子里记忆与感受穴位在手指按压下的异常的知觉。不到半个小时，我就把以上的八个穴位的位置与作用记住了。

之后，何黄淼老师马上对我进行“八总穴取穴法”的考查。考查的方法是，何黄淼老师讲一个病证，我就在常规消毒的情况下，用右手把一寸的毫针捻转着刺进自己手、臂、脚、腿的相应的穴位。譬如，他

说眼睛红肿。我想了想，眼睛所在的部位和头面与颅脑有关，于是就在太冲与合谷穴位上扎针；他说胸闷心烦失眠，我想了想，胸闷心烦所在的部位和胸部有关，与颅脑有关。于是就在内关与太冲穴位上扎针；他说呕吐胃痛，我想了想，呕吐胃痛所在的部位和胃脘有关，于是就在内关与足三里穴位上扎针；他说颈项强痛，我想颈项强痛所在的部位和颈项与肩背有关，于是就在列缺与委中穴位上扎针等。经过半个钟头的反复现场考查与具体操作，我就已经能把一些病证在八总穴范围内的取穴规矩灵活机动地用上。

何黄森老师看见我领会了八总穴的初步应用，也很高兴。

“在针灸学这一门学科中，经络与穴位是最重要的。”他说，“在这些经络与穴位之中，八总穴又是最重要的。八总穴是老祖宗几千年的经验结晶，是取得临床速效高效的必备穴位。一个针灸的初学者学会了它，就能对疾病建立起基本的诊治观念。同时这种观念还是整体的、全局的，适用于所有疾病的诊治。有了它，医者的心中就有了理念的依靠。当然，经络的分布也很重要，但你可以在以后临床的应用中慢慢地学习。学了经络学说以后，你对这八个穴位的作用就会有更加深入的了解了。”

真想不到一个钟头的学习就有了如此大的收获，使我能够对完全陌生的针灸学有了一个模糊的框架。何黄森先生的教学方法平易而神奇，吸引了我的整个心身。我自从下乡以后从未有过的对未来生活的希望，突然在心中燃烧了起来。

希望的种子萌生了。

在我们谈话期间，师母进进出出了好几趟，给我拿来点心，送来热茶。有时候也站在我们的旁边听着、看着，脸上时时露出关切的表情。

何黄森老师继续他的讲解。

“针灸取穴的第二个方面，就是学会八会穴，”何老师把左手的大拇指与食指撑开摆成八字，微笑着说，“八会穴是指脏、腑、气、血、筋、脉、骨、髓等精气所会聚的腧穴。它们分别是一、腑会中脘；二、脏会章门；三、筋会阳陵泉；四、髓会绝骨；五、骨会大杼；六、血会膈俞；七、脉会太渊；八、气会膻中。你开始阶段先学习其中的三个。”

从何老师说话的声调中，我已经感觉到这八会穴的特殊地位以及先行学习的三个穴位的重要性。

“何老师，腑会中脘，脏会章门是什么意思？”

“腑会中脘，”何黄森老师解释道，“就是规定所有消化道的疾病首先要考虑使用中脘穴，中脘在哪里知道吗？”

我点点头，用手指点点腹部剑突与肚脐的中点。

何黄森老师继续说：“脏会章门是指由于脾气虚引起精、气、血、津液化生不足，针灸要考虑取章门穴。”

“何老师，什么叫‘脾气虚’？”

“‘脾气虚’是气虚中的一种。”何黄森老师耐心地说，“气虚证的临床表现是：神疲乏力、语声低微、气短自汗、舌淡脉弱，四个方面的症状。如果再加上面黄、肌瘦、纳呆、便溏等症状就是脾气虚的诊断依据了。”

何黄森老师又教我针灸的穴位，又教中医学基本概念。他口中的中医概念比较容易理解，因为它们都有具体的症状依据。

“章门穴在哪里你知道吗？”何黄森老师突然发问。

我摇摇头。

何黄森老师就用右手食指点点我左边季肋前的体表部位，“在这里，在腋中线，第一浮肋前端，屈肘合腋时正当肘尖尽处。右边也是同样的位置，八会穴的使用一般规定‘男左女右’，初学者用0.5寸的毫针，切记勿忘。”

我就依照何老师所示，把左手臂屈肘合腋，使肘尖尽处压着左侧胸肋部的肌肤，再把右手食指在章门穴按压几下，就记住了这个“脏会”穴位了。

何黄森老师看见我学得有滋有味，就说：“以下六个穴位，其中临床上我使用得最多的是筋会阳陵泉，特别是有关神经与关节的痉挛性疾病，针刺阳陵泉常常会收到意想不到的疗效。”

我听得入了神，迫不及待地问：“何老师，能否举一个例子？”

“这样的病例太多了，”何黄森老师越说越兴奋，“隔壁一个老先生患带状疱疹，温州人称之为‘火丹蛇’。发病已经半个月了，皮肤表面的水疱已经干涸，结痂脱落后留有暂时性淡红斑。但是皮肤十分敏感，不能抚摸，左胸更甚。全身时发痉挛性抽痛，特别是在夜间十二点至凌晨三点，痉挛性抽痛加剧。他的家人请我出诊，我看见他平躺在床上，精神异常紧张。我给他针刺的第一个穴位就是阳陵泉，入针不久，病人说自己整个人都放松了下来。随后我就再针刺两侧的内关与公孙，留针十分钟。”

“疗效如何？”我紧张地问。

“第二天，听他家人来说，一夜无话，”何黄森老师放低声音，以欣喜的声音告诉我，“夜里睡得好，早晨的食欲也比平时好。按上法连续针刺了五天，病人基本恢复。”

针灸真是神奇得不得了，我的心为之狂跳。

“区区三个穴位，其取穴的方法来自于两大类型，”何老师一边思考，一边述说，“一个是八会穴，另一个是八脉交会穴。它们都是我们祖先千锤百炼所得来的珍宝，所以针下汹涌着难以估计的力量。”

何老师的话使气氛陡然肃穆了起来。

“针灸取穴的第三个方面，”何老师声音有点嘶哑，他清了清嗓门接着说，“就是在发病的部位的体表取穴或者发病部位的邻近取穴。也就是说，哪里不舒服就在哪里针灸。这种取穴的方法是最原始的方法，也可能是先人最早发现的一种取穴的方法。”

头痛医头，脚痛医脚。这样简单，这样直白。

何黄森老师看见我发呆的样子，就明白了我心中的疑惑，就说：“你千万不要小看了这种邻近取穴的方法，它的临床疗效是不容怀疑的。有一些用药物久治不愈的病痛，在患病部位的体表针刺以后就有了效果。如果针刺后加以拔火罐，特别是用三棱针点刺出血后，再拔火罐，就可能收到更满意的疗效。”

师母看见我还没有领会的样子，就举了一个病例来证明这种取穴方法的可取之处。

一个中年男教师，两年前骑自行车时不慎跌倒，右脚的后跟擦破了皮。后来周围皮肤感染了，久治不愈。两年来，不能穿袜子，不能穿鞋子，只能穿着拖鞋。后来求诊于何黄森老师，何老师在常规消毒后，用一寸的小毫针在患者的右脚跟溃破处的外面，离开溃破处大约二三毫米处的边缘一路点刺，稍有一点出血。隔天一次，点刺三次以后，脚跟溃破处渐渐地愈合了。

师母绘声绘色地介绍了这个病例后，又说：“针刺的效果真是不可思议，真是不可思议。你好好学，将来一定有用的。”

何黄森老师接着就给我介绍针灸取穴的注意事项。

“针刺的时候，首先要知道什么部位不能针刺，不然的话会出医疗事故的。”

他的表情一下子严肃了起来。

“有三个部位你先不要针刺，”何老师一字一句严肃地说：“一是枕骨下面的区域，如风府、哑门、风池等穴位，它们与延髓靠得很近，一不小心就会出大事故。深刺风府治精神病，在五十年代初期名噪一时，成为时髦的风尚，然而不久发生了多起严重的医疗事故。还有深刺哑门治聋哑，也曾造成不幸事件。我想，如果我们能够把：‘刺胸腹者，必避五脏’，‘刺头，中脑户，入脑立死’牢记心中，并能如实照章去做，错误就绝对不会重演了。”

他怕我不重视，把我叫到他的身边，一只手按在我的头顶上，另一只手食指在我枕骨后面的风府、哑门、风池等穴位所在的部位一一指明，以期引起我的高度重视。

他接下去又讲了另外两个不要针刺的部位：“一个就是眼睛以及它的周围的区域；一个就是肚脐眼。对，还有一个地方你目前暂时先不要针刺，就是天突穴。”

当说到“天突”穴的时候，他用手指点划着我的锁骨上窝，一并告诉我针刺“天突”的特殊的针刺手法。

“何老师，肚脐眼可不可以用艾条熏灸？”

“肚脐眼命名为‘神阙’穴，”何老师很不习惯地言说着这个民间的俗称，“这是一个非常重要的穴位，艾条熏灸时最好在‘神阙’上面加一点盐巴。”

我本来想问一问为什么，后来想到这样不断地问下去是没完没了的，就不问了。

何老师停下来想一想以后，又说：“你要在自己的身体上练习针刺的手法，手法熟练了以后，才可以针刺病人。手法主要有左右捻转与上下提插两种，以‘得气’为好。”

“得气”，这种针刺现象我在父亲那里已经司空见惯。

何老师顺着自己的思路讲下去：“‘得气’这种经络现象很奇怪，你持针的三个手指会感到针下有一个东西，不，应该是一种气，一种活动着的气场和你在不停捻转着提插着的手指的合力之间对抗着，较量着，吸引着。这时病人会感到针下有一种酸麻重痛的反应，甚至出现上下传导贯通的针感。”

刚才我在自己身体上练习针刺手法的时候，也曾经有一二次出现何老师所说的“得气”的感觉。看来“得气”是经常出现的一种临床现象，并不神秘。

何老师扎针时的注意事项还有以下二项，一项就是在胸背部与腹部初学阶段针刺深度不超过0.5寸；还有一项就是对于体弱者、因劳累而体能消耗过多者，一定都要平卧在床上针刺，以免“晕针。”他还对“晕针”现象作了详细的解释。

我非常好奇，没有用药物，细细的小毫针刺在皮肉上为什么会有这样强烈的反应呢？但是，我想先不要多问，记住再说。

“许多疾病都可能在背部脊椎上，寻找到压痛点等异常的感觉与赘状物。”何老师侃侃而谈，“取穴方法中，少不了在背部督脉寻找‘阿是穴’。‘阿是穴’就是出现在人体体表的敏感的压痛点，在这些压痛点上针灸能够取得非常满意的疗效。所以我把在背部督脉寻找‘阿是穴’列为第四种取穴方法。”

他要我俯卧在床上，用大拇指在我的脊椎骨上从颈部开始向尾骨方向用力均匀地一节一节按压。一边压，一边说，“第七颈椎棘突下的大椎穴是一个重要的穴位，对头部、颈部、肩部的疾病与发热的疾病有很好的疗效；第七胸椎棘突下的至阳穴是一个重要的穴位，对胃部、胸部、肋部的疾病有很好的疗效；第二腰椎棘突下的命门穴是一个重要的穴位，对腰部、下腹部与妇女的胞宫部的疾病有很好的疗效。临床上任何疾病，只要发现脊椎骨上有压痛，就要在这里取穴。”

通过他现场直接的按压与解释，我感到这些穴位与经脉的知识非常贴近，看得见摸得着，一下子就懂了。再说大椎穴、至阳穴、命门穴三个穴位都跟“七”有关，大椎穴是颈七，至阳穴是胸七，命门穴是胸二七，就是十二节胸椎加二节腰椎是二七十四椎了。

何老师为了使我能够更好地掌握按压的要领，就要我在他背脊骨的督脉上再按压一次，看看我的用力轻重均匀不均匀。

按压了之后告诉我一个经验：“通过指压发现压痛点是一种很好的取穴方法，但关键是指压的用力一定要到位，一定要均匀。”

说完这句话，他还特地看了我一眼，并语重心长地说：“这个道理很容易懂，但是操作起来并不容易。”

他想知道我对这个知易行难的问题的态度，于是问我：“你知道为什么吗？”

我没有接触到类似的问题，因此只能摇摇头。

何老师点了一下头，继续他的话题：“对针灸医师来说，‘诊察体表的压痛点时，指压的用力要均匀’，这是一个基本的常识。然而临床按压时，医师的手指一般会不自觉地自认为可能会压痛的穴位上加大力量，以证明自己判断的正确。这种行为往往是无意识的，所以要特别注意。”

何老师的话，很有道理，医者的客观心态才能获得临床真实的资料。我把他的这句话牢牢地记住了，一辈子也不敢忘记。

“先说一个故事，”何老师抽了一支香烟，休息了片刻之后，继续刚才的话题。“日本丹波元坚撰《杂病广要·头痛》记载一个《苏沈良方》中的王安石偏头痛方，说是禁中秘方。用生萝菔汁一蚬壳，仰卧

注鼻中，左痛注右，右痛注左，数十年的患者都一注而愈。王安石曾经对他家的仆人说过，这种治疗方法已经治愈好几个人。我的理解与别人不同，这是一种特殊的针灸疗法，可称之为‘药针法’，治疗中起主要作用的是鼻子内的经络与穴位，药物反而是第二位。不然的话，为什么强调‘左痛注右，右痛注左’的方法呢，发现这个方法的宋代人固不知‘病位交叉对应取穴’为何物，而经验的可贵在这里可以看得明明白白。”

何老师的故事真吸引人。他是为继后的述说作铺垫的。

“针灸取穴第五个方面的内容就是‘病位交叉对应取穴’。”何老师兴致勃勃地说，“这种取穴法在《内经》中叫做‘缪刺’，日本针灸家称之为‘天平疗法’，对肢体与关节疼痛的疗效比较显著。它可以分两种，一种是左右对称取穴，一种是左右、上下、前后大交叉取穴。”

何老师走近我，拉着我的右手说：“譬如，你的左手腕疼痛，如果使用左右取穴法，可以在右手腕与左手腕相对应的部位用一寸的毫针针刺。针刺后，快速地左右捻转与上下提插三十秒左右。”

他突然蹲了下来，用手指指点着我的右脚的外踝，说：“假设你的右手腕疼痛，使用左右、上下、前后大交叉取穴法，可以在左踝与右手腕相对应的部位，用一寸的毫针针刺，针刺后，快速地捻转与提插半分钟左右就可。”

接着，他给我出了一个题目，说：“如果你左踝挫伤了，现在隐隐作痛，行走不利，运用‘病位交叉对应取穴’法，应该如何取穴？如何针刺？”

说完，就拿来一寸的毫针与酒精棉花球，要我马上在我自己身体上取穴、扎针。

我根据他的思路，先在自己的右踝与左踝模拟疼痛处相对应的部位作常规消毒后针刺，然后左右捻转与上下提插三十秒左右，完成了左右对称取穴与扎针。

何老师全神贯注地看着我，仔细检查我的操作，之后微笑地点点头。

接着，我在自己的右手腕与左踝模拟疼痛处相对应的部位针刺，然后捻转、提插，完成了大交叉取穴与扎针。

由于手法不熟练，扎针后都没有“得气”，同时被扎针后的部位也有一些疼痛，但我心里仍然很高兴。

经过了三个多小时，何老师把五种取穴法全部讲解完毕。

那天夜晚我就睡在何老师隔壁的小床上，他的床与我的床只有一板之隔。我们虽然都躺在床上，但谈话还在继续进行。

何老师反复强调，为将来的前途筹谋，我也应该义无反顾地投身于中医针灸一业。

“正规大学的大门已经在你的面前关闭，但是自学的大门永远敞开着。”何老师言之谆谆，“自学专业的选择非常重要。根据现在的社会现状，学习人文学科前途莫测，学习理工科缺乏实验条件，学习西医更要教学、实验、设备。因此学习中医针灸才是你唯一可行的选择。”

他的话一点也不错，我也明白，能够自学的学科是很有限的，并不是什么学科都可以自学的，所以学科的选择很重要。

然而真正打动我的是他以下这一段话：“你现在生活、劳动在农村，今后一辈子都可能生活在那里。在一个缺医少药的农村中，如果自己不懂医药，生急病的时候是很危险的。如发热、腹痛、腹泻、腰伤等，这些常见疾病时时都可能发生。在这种情况下，大人还好一些，如果是小孩就糟了。譬如小孩高热，特别是发生在夜里，那时候你会六神无主，你会感到恐惧，不知道等待你的是什么？”

我从来没有这样想过，听了何黄森老师的这段话，我被深深地打动了。设身处地地把自己的处境想一想，就会感到学习中医针灸，对我来讲应该是最好的选择了。

何老师在半睡半醒中，还呢呢睡语，还在讲叙有关十二经脉与奇经八脉的分布和作用，还在自言自语每条经脉的几个主要穴位等。

何老师大概是想到了一个问题，突然清醒起来，说：“问你一个问题，看你对今天讲的东西理解了没有？”

我想一定是一个比较灵活的临床思考题，于是朦胧的睡意一下子就消失了。

“当你遇见一个原因不明的昏迷的病人，从针刺取穴的角度，你应该如何选穴？”何老师问，随后慢慢地补充，“这里不涉及其它种种的诊治与处理。”

我想昏迷的病人主要是头脑的问题，取穴少不了合谷与太冲，但是中医认为“心主神明”，心位于胸部，所以应该加内关穴。于是我就把自己的意见告诉了何老师。

何老师满意地笑了，笑声惊醒了睡梦中的师母，她劝诫我们早点睡觉，一个转身又睡去了。

“很好，你已经基本领会了‘八总穴’取穴的精神。”何老师压低声音对我说：“你取的‘合谷’与‘太冲’两个穴，它们左右各一个，它们配伍使用的时候，针灸学上称之为‘开四关’。这个命名，顾名思义就是说明它们具有醒脑开窍的功效。‘内关’一穴在这里发挥了强心通神的作用，加上这个穴位，不，左右应该也是两个穴位，是必不可少的。”

我暗暗自喜，想不到给我猜中了。

谁知何老师话锋一转说：“可惜啊，你遗忘了一个最重要的一个穴位。应该说，是我还没有告诉你这个穴位，它就是‘人中’穴。”

“人中”穴，我在《红楼梦》第五七回中看到过它。书中说，宝玉听紫鹃说林黛玉要走了，就一下子发痴发昏了过去。李嬷嬷用手向他脉上摸了摸，嘴唇“人中”穴上着力掐了两下才苏醒了过来。

说了一个夜晚，终于听到一点我熟悉的东西了，于是我就接过何老师的话题，急急地说：“我知道，‘人中’位于人体鼻唇沟的中点，是一个重要的急救穴位。”

“对，‘人中’为急救昏厥要穴，”何老师高兴地说：“准确地讲，它位于上唇唇沟中，在鼻唇沟的上三分之一与下三分之二交界处。”

何老师越说越兴奋，“根据今天夜晚我讲的五种取穴方法，再让你作一个综合性的练习。”

他停顿片刻，说：“面对一个痛经发作的病人，她的背部第二腰椎棘突下有强烈的压痛，你怎么处理？”

我把五种取穴方法，前前后后想了想之后回答：“根据第一种方法取足三里与三阴交；根据第二种方法取血会膈俞；根据第三种方法给小腹部的压痛点刺血后拔罐；根据第四种方法给腰脊部的命名穴刺血后拔罐。根据第五种交叉取穴位的方法，小腹疼痛可以给腰骶部前后对应的穴位刺血后拔罐。”

何老师听了以后表示很满意，特别是我能无师自通地取了血会膈俞。但是他认为临床取穴还可以更为精简，不必如此面面俱到。

“对于痛经的诊治，”他说：“急性发作时腰骶部第四腰椎棘突下的‘腰阳关’穴出现压痛的机会最大，日本针灸家称之为‘上仙穴’，它是治疗痛经的首选穴。当然这里取穴的最高原则还是‘以痛为穴’。”

“还有呢？”我急切地问。

“三阴交强刺激，可以用2寸毫针两侧取穴。”何老师说：“委中穴区如果有皮静脉显露，也要刺血拔罐。小腹部的压痛点我的经验不是刺血后拔罐，而是以艾条熏灸为好。”

原来临床操作更为具体多变，并不都是按照理论照样画葫芦。

“通过这个病证的分析，你会知道，理论与实践，原则性与灵活性是相依为命的。”何老师说：“没有理论指导的实践是盲目的，同时也要记住，离开实践的理论往往也会变成空洞的教条。”

何老师不紧不慢地同我攀谈，我觉得周围的声响都消失了，只有他那带着一股浓浓乡情的永嘉场方言在我耳边飘荡。就在这声音编织的光环中，我不知不觉地进入了梦乡。

第二天早晨，我告别了何老师与师母。临走时何老师反复地强调，针灸学入门容易深造难，要用一辈子的努力去学好它，千万不能掉以轻心而半途而废。同时告诫我，一定要刻苦学习经络学说，学习时要在理解的基础上去记忆，在临床实践中细心地去领悟中医针灸的理论。

“与其临渊慕鱼，不如退而结网。”何老师以古人的话作为临别赠言。

这是一个改变我命运的夜晚，何老师讲的东西给我受用了半辈子。一直到现在，四十多年来，我的一些重要的病例大多是运用这种针药合治的方法而取效的。针灸的取穴，基本上离不开这个夜晚何老师讲的五个方面取穴的方法。

当然，何老师讲的仅仅是一个总体性与纲领性的东西，需要不断的深化与细化，要在临床的过程中不断地增添新的内容。在一个初学者畏惧不前的时候，何老师讲的东西使你丢掉了胆怯与迷茫，让你能够大胆地向前走。但是当你走近这个大门，你就会发现上述东西虽然初具规模，但毕竟“疏而有漏”，并发现应该掌握的东西比你已知的东西还要多得多。

然而，最重要的是，在我人生最关键的时刻，这位能激起我青春激情再度烧燃的长辈，给了我这样一个“不知所求、亦不知所往”的懵懂小子，指明了一条宽敞的生存之路。