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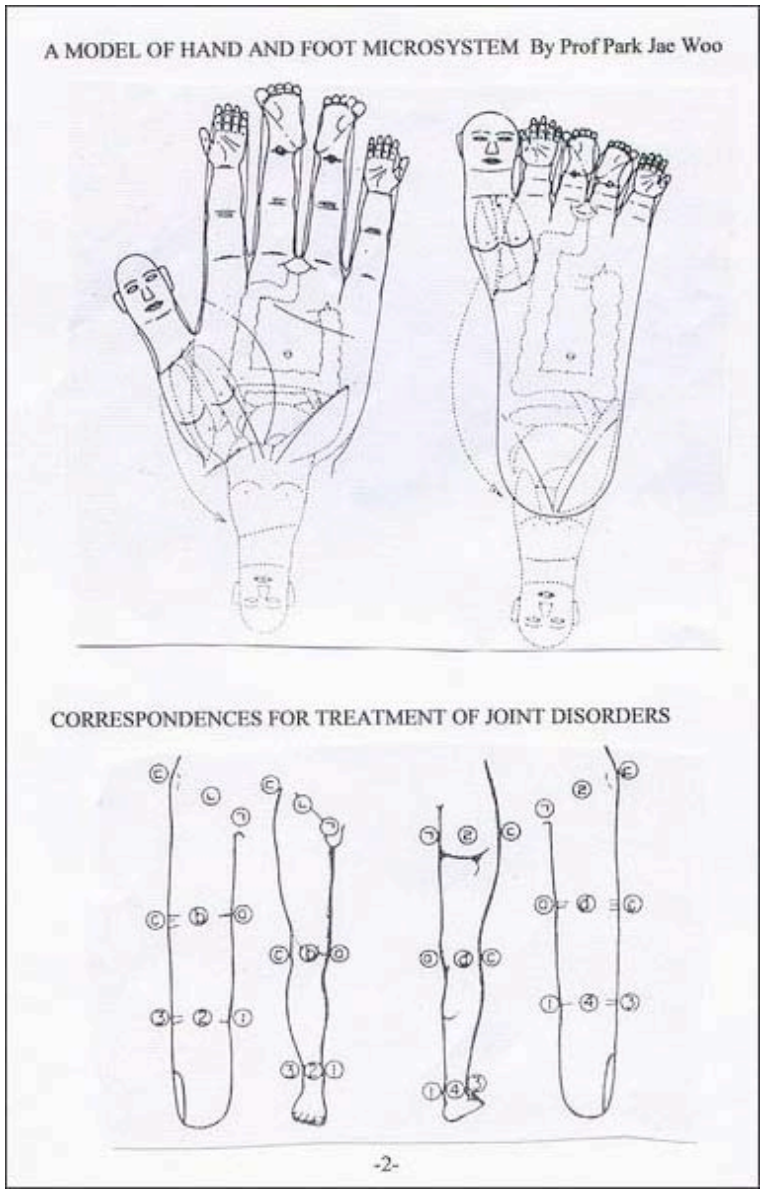
Abstract

This paper explores the links of acupuncture systems to main sites of injury. The application of LLLT on distal points of correspondence stimulate neurohormone complexes of similar subtype to those present at the site of injury, and accelerates the healing process.

Microsystem Theory and the Nature of Correspondence

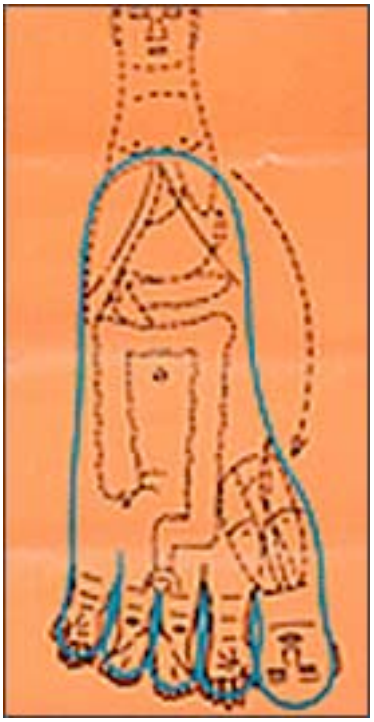
Over the past few decades, practitioners of acupuncture accidentally discovered microsystems in the body, particularly where distally located projections occurred as the fingers, toes and ears. These projections were found to be somatotopically represented, whereby the microsystem reflex map replicated the anatomical arrangement of the whole body. Microsystems are connected to somatotopic, neurological reflexes in the brain, where a picture of a homunculus or little man can be identified by brain mapping studies. The significant microsystems for ear, hand and feet are represented through somatotopic inversion as the brain reflexes progress from feet higher up to head lower down.



A closer look at the structure of the human hand shows that the hand reflects a miniature picture of the human body. The thumb resembles the shape of the head and neck.
Significantly, the thumb was expected to contain information of the health status of the head and neck region and correspondence principles indicated that treatment of the thumb would give effects on the actual head and neck region. Likewise with the big toe of the foot. Again a closer look at the human body shows four major projections in the form of limbs and four minor projections in the form of fingers and toes. The projections were equally found to obtain an organo-cutaneous reflex when microstimulated which allows the microsystem to reveal the

underlying body pathology, and a cutaneo organic reflex when microstimulated which allowed for the healing of the pathological condition, as neurochemicals were triggered of by the stimulation that connected both therapeutic zones clinically. The central palms and soles of hand and feet were known to contain information of the internal organs system.

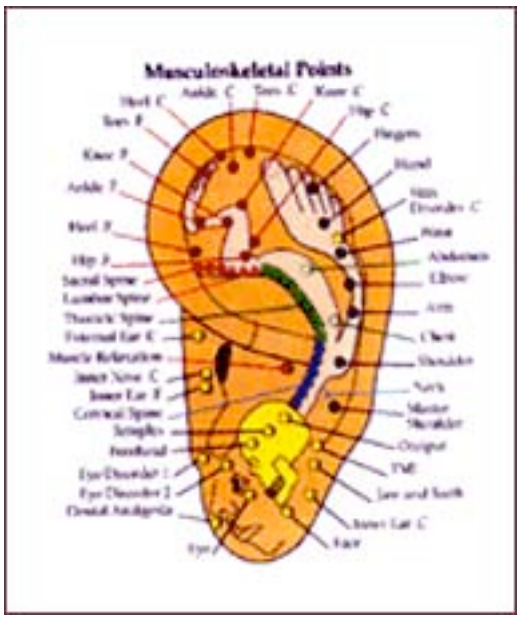
The fingers which represented the arms and legs contain three sections and three joints which represented the upper arm or leg, the lower arm or leg and the hand or foot as indicated in the drawings below. The finger joints equally have the capacity to treat the macrosystem or corresponding shoulder or hip, elbow and knee or ankle and wrist joint.



The fingers and hands are capable of obeying more complicated commands from the brain than any other part of the body, and have the properties of versatility and flexibility. They must therefore, necessarily contain a more evolved and elaborate network of communication with the brain than any other part of the body to perform their physical functions. Likewise with the foot system. It is the feet that first obey the command of weight bearing and shifting and the entire body follows its movement. This advanced, complex and evolved system of the hand and foot in relation to the brain and body makes possible a new science which may be used for diagnosis of disease and healing.

Auriculo acupuncture

Another important microsystem is the auricle. Elaborate studies in the French school of Dr Nogier has revealed that the ear is comprised of three types of embryonic tissue, the endoderm the ectoderm and the mesoderm. After much clinical testing the auricle was proved to bear a somatotopic correspondence to an inverted fetus both embryonically and anatomically. According to Nogier the embryologically based endodermal organs are found at the concha region central to the ear, the mesodermal tissue that becomes the somatic musculature is represented on the middle ridges of the auricle, and the ectodermal skin and nervous system tissue are found in the outer ridges of the ear. Likewise the differential correspondence of internal visceral organs disorders are treated from the central concha of the ear, musculoskeletal



problems are linked to the surrounding antihelix and neurological pain patterns to the outer helix.

Neurohormone Relay

In 1981, research in the field of auricular acupuncture from Navach and others showed the existence of clusters of neurohormones {distinct from neurotransmitters} which were photosensitive, and occurred in the injured site, the cerebral cortex and the spinal cord. Further research has shown these compounds to be present at acupuncture sites in the ear, fingers and toes as well as in collagen, on the surface of melanocytes of the dermis, and in the central surface of the medulla oblongatta, and sheaths of all electroconductive tissue as axion membranes and Schwann cells. These neurohormones are produced in one part of the body and then transported by polypeptides in blood, lymph and cerebrospinal fluid to other parts of the body. Laser stimulation causes photo resonance in the neurohormones which in turn changes their geometric configuration as also the surrounding biochemistry. Consequently, neurohormones function not only as receptors of photoenergy but also as relay amplifiers and end organ effectors.

When neurohormone clusters are induced into resonance through photobiostimulation to create a polarity, after which the neurohormone clusters begin to function as information relay points. Acupuncture points are also found to participate in this rapid relay, while nerves and their axions act as semiconductors. The principles of photomagnetic induction can be used for the healing of non union fractures and injuries as the process releases both locally and systemically active hormones, steroids and endorphins. At any particular relay point neurohormones can cause changes to occur in messenger RNA cells, in nearby clusters of neurohormones and neurotransmitters. Every relay amplifies this phenomenon, thereby increasing the signal strength to the target site. A particular neurohormone type exists simultaneously in those anatomic areas connected clinically. In a fracture for instance, the same neurohormone subtype will exist in the corresponding ear point, in the site of the fracture, and in those parts of the CNS involved in the production and utilization of the active healing compound. Whereas some thirty receptor sites of neurohormone clusters may exist at the site of fracture, their resonance through photostimulation will induce resonance in similar clusters existing in the medulla of the midbrain as well as six other associated areas of the CNS. The potential for this healing phenomenon may be utilized by the lasertherapist to induce healing through activation of a distal point which corresponds to the site of trauma.

Laser Specifications

The intention of the therapist here is to induce neurohormone clusters into resonance, for which purpose a 5mw 670nm beam is adequate. However any low powered beam in the visible red or invisible infrared range will do, provided it gives biostimulatory effects. Nogier's seven frequency laser is ideal for auricular points. Laser dosage for microsystem is 0.5 Joules per sq.cm.

Pictures of hand and foot courtesy Prof. Park Jae Woo.