

Practical Bloodletting for Everyday Clinical Use

Abstract

Bloodletting is an often-overlooked but highly effective practice in Chinese medicine. Contrary to what many practitioners believe, bloodletting can be incorporated into everyday clinical use with excellent patient acceptance, practitioner confidence and safety. In this article the author describes his personal experiences with bloodletting, including techniques, best points and areas to bleed, and conditions most likely to respond.

Introduction

Many years ago, a huge man limped into my clinic with crippling sciatica, his face contorted in suffering. The pain, he told me, was unbearable. An epidural had given him some relief, but a week later the pain came back full-force. Chiropractic had not helped, and drugs had no effect. He was at his wit's end. I did my best acupuncture, but at the end of the session when he stood up and grimaced in agony, I knew I had failed.

I had recently read about the effectiveness of bloodletting at Weizhong BL-40, particularly for sciatica. So I had my patient lie again prone. The sciatica was in his left leg, so I inspected his left Weizhong BL-40, and there, behind his knee, was the most amazing web of dark purple spider veins I had ever seen. I did not have a proper bleeding needle - just some diabetic lancets. I also had some safety lancets - the single-use, spring-loaded ones. Nowadays I tell practitioners that you cannot use safety lancets to bleed spider veins because you cannot aim them precisely enough. Moreover, lancets tend to be too short. But back then I did not know any better so I took a safety lancet, aimed as best I could, and pushed the button. My heart was pounding - I was terrified. However by some miracle the lancet hit the bullseye, precisely piercing a spider vein in the middle of the web. Dark purple blood oozed out - so dark it was almost black. As I was saying a silent prayer that my patient would not die right there on my table, he suddenly uttered the words that would change my practice and my life: 'Oh-h-h-h' he said, 'I don't know what you're doing but whatever it is, don't stop. That tightness is really coming off my thigh.' Really? So fast? So easy? Immediate, dramatic relief from the worst case of sciatica I had ever seen - just by releasing a bit of blood from behind his knee? Twenty

minutes later he walked - not limped - out of my clinic with some 90 per cent relief. He hardly looked like the same person who had walked in - he was all smiles. I could not believe it. It was the 'healing magic' of Chinese medicine I had always dreamed about.

Thus began my fascination with bloodletting. Since then, I have 'let' thousands of patients - currently about 40 per cent of those I treat, and I continue to be amazed at the effectiveness of this ancient art. I wonder how I ever practised without it, as every day I have clinical successes with bloodletting that would be out of reach without it.

Dramatic relief from the worst case of sciatica I had ever seen - just by releasing a bit of blood from behind his knee ...

Why is bloodletting so little used?

By many accounts, bloodletting is the oldest practice in Chinese medicine - the original one from which acupuncture developed.¹ Yet somehow, its use has fallen away. Schools barely teach it and relatively few practitioners do it. That is a huge loss. Bloodletting is not indicated in every case but, when it is, no other modality will work nearly as well. I practise a wide variety of acupuncture techniques, but the one that most consistently produces jaw-dropping, miraculous results is bloodletting. In my experience, one reason bloodletting is performed so infrequently is that many acupuncturists find it scary. In truth, some of the various bloodletting techniques do require more skill than others. In a nutshell, bloodletting can be divided into three categories:

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Fig. 1: Bleeding dark, superficial veins on the leg. The instrument used here is a 1.5 inch 18 gauge hypodermic needle (although currently I prefer 20 gauge hypodermic needles) [full-colour picture at chinesebloodletting.com]

- **Venous bloodletting:** This is when you prick a visible vein directly and blood flows out on its own, as in Figure 1. Cupping is unnecessary. Venous bleeding is typically done in the legs and the crook of the elbow.
- **Wet cupping:** This is when you prick the skin superficially where there are no visible veins - typically several pricks with a diabetic lancet - and perform cupping over the punctures to encourage blood flow. This is how bleeding the back is most often done. [Full-colour picture can be seen at chinesebloodletting.com]
- **Bleeding the ear apex:** Like wet cupping, this a type of capillary bleeding as no vein is targeted. Just prick with a diabetic lancet and squeeze out a few drops of blood.

Of these three types, venous bleeding - directly pricking a vein in the arm or leg - is the most challenging, and requires some training and knowledge to apply confidently and safely. Both wet-cupping and bleeding the ear apex, however, can be done safely even by novices, as little can go wrong. This is important to know. If you do not feel confident pricking a vein directly then fine, leave that technique aside. But be aware that you can still perform wet-cupping on the back and - even more easily - bleed the apex of the ear. Bloodletting limited to these extremely safe and simple techniques will still produce highly effective results.

Bloodletting in the 21st century

Bloodletting is typically thought of as scary both by patients and practitioners, but that need not be the case. I find that bloodletting can be as easy and safe as acupuncture, and just as easily accepted by patients. Much

depends on the instruments used. For example, when wet-cupping the back using the classical bleeding instrument - a three-edged needle - a common suggestion is to have the patient cough at the moment of puncture to distract them. Understandably, many patients and practitioners would rather avoid a procedure with such an obvious potential for pain. Fortunately, more patient-friendly tools now exist. For wet-cupping the back, I have replaced the three-edged needle with the 17 gauge spring-loaded safety lancet (available under the brand name McKesson in North America and Acti-Lance elsewhere). In most cases these are literally painless. For wet-cupping, I use single-use disposable plastic cups made in Korea, where a great deal of wet cupping is done. They come sterile, and in the USA cost just 0.25 dollars apiece. This saves the time and trouble of cleaning and sterilising the cups after each use, and guards against cross-contamination. For pricking veins directly, I use 20 gauge, 1.5 inch hypodermic needles. These are razor-sharp and silicone-coated, and thus when used with a reasonable pricking technique are virtually painless. They are also inexpensive. A fresh needle should be used for each prick.

Master Tung-style bloodletting

The great Taiwanese acupuncturist Master Tung Ching Chang was heir to a family tradition of acupuncture points that are different from those used in standard TCM. He relied heavily on bloodletting, reportedly bleeding some 33 per cent of his patients.² In Master Tung acupuncture, almost all points on the back are bled rather than needled. Master Tung's bloodletting system is highly developed, and involves bleeding specific points for specific problems. I rely heavily on the Master Tung bloodletting system in my clinic.

Explaining bloodletting to patients

Acupuncturists who are contemplating adding bloodletting to their clinical practice often wonder how they will explain it to patients. In reality, little needs to be said. Once I have determined that bloodletting a vein is called for, presuming there are no contraindications, I will say 'I'm going to poke here and try to get a few drops of blood. If I'm able to do that, it should relieve some of the pain immediately.' In most cases, nothing more need be said. If the patient asks for the name of procedure, I tell them it's called 'fang xie' in Chinese. I generally avoid using the term 'bloodletting', as Master Tung-style bleeding has little in common with the venesection and large blood loss that 'bloodletting' conjures up in most people's minds.

If I am going to wet-cup a patient's back, the explanation is even easier. If a patient comes in with knee pain for example, I palpate the Master Tung DT.07 area on the patient's upper back (more details on this later). Generally I find a point that is extremely tender to palpation and

say 'That tenderness in your upper back is connected with your knee pain so I'm going to cup there.' I then briefly explain cupping - most people remember seeing the cupping marks on the shoulders of Olympic swimmers - and add 'I will poke the area with a needle before cupping - you won't even feel it - but I'll be trying to get a few drops of blood to come out. If I succeed, it usually takes pressure off the knee right away.' Nobody refuses when I introduce it like this.

Less is more

Many acupuncturists avoid bloodletting because they think it necessitates draining large amounts of blood. This is not true. The classics specify that effectiveness requires 'a drop of blood the size of a large bean.'³ In fact, contrary to what I expected when I began bloodletting, I have not seen much correlation between the amount of blood released and the effectiveness of the procedure. Experience has shown that bloodletting is powerfully effective even when done conservatively and gently, with little blood loss. As a bonus, bloodletting done this way is easy on both the practitioner and the patient. In the final analysis though, the amount of blood obtained from pricking a vein depends not so much on the practitioner as on the patient's body. Some patients bleed very little from a puncture and some bleed more; three millilitres is not too little and 50 millilitres is not too much. Assuming the patient has been screened properly for severe bleeding disorders, anti-coagulant use and deficiency, then however much comes out will be the right amount.

How and when to stop the bleeding

When I prick a vein, I always let the blood flow until it stops on its own. In this way, the most blood I have ever obtained is about 100 millilitres. The second most was about 70 millilitres, and the third most about 60 millilitres. Compare that to the 500 millilitres a blood bank will take from virtually anyone willing to donate, and you can see that the amount obtained in Chinese bloodletting is modest and safe. That said, three times after pricking a patient's vein I have experienced blood continuing to spurt in a thin, steady stream for several minutes before stopping. That is why I always keep a paper cup handy. When blood spurts like that, it is easy to lose track of how much has come out. By having the cup handy, I am able to catch every drop and see clearly that the amount of blood lost is not a cause for concern. Doing this has given me the confidence to wait until the flow stops on its own. As mentioned, the most blood I have ever seen released that way was about a fifth of the amount taken during standard blood donation. But in the unlikely event that a patient ever did lose 200 millilitres of blood or so and continued bleeding, I would stop it. That can be done simply by applying firm pressure over the puncture long enough for the blood to clot. I also have haemostatic gauze in my

clinic, which is impregnated with a powder that turns into gel when it comes into contact with blood, which will stop the bleeding. I have never had to use it, but am glad to have some on hand just in case.

Ipsilateral or contralateral?

While Master Tung acupuncture is generally performed contralateral to the pain or symptoms, bloodletting is always done ipsilateral. This is very consistent - I know of no exceptions.

The blood stasis constitution

Some patients have a constitution that makes them prone to developing blood stasis. That means a patient who has responded to bleeding for one condition is likely to benefit from it for other, unrelated complaints that may develop in the future. So whatever complaint this patient comes in with in the future, bloodletting should be at the top of the list of therapeutic options.

When is bleeding called for?

Some classic Chinese medicine signs of blood stasis are:

- Purple tongue
- Choppy pulse
- Engorged veins under the tongue
- Purple lips and nails
- Bleeding with clots
- Fixed masses

Evaluating a patient for these signs of blood stasis can help establish an overall clinical diagnosis. However, they are low on my list of criteria for determining whether or not to bleed. Most patients come for help with specific, acute complaints. So my first consideration is not 'Does this patient have signs of blood stasis?' Rather, the most relevant and direct question I can ask myself is: 'Will bloodletting help resolve this patient's chief complaint?' Following - in order of importance - are the considerations that in my experience best help determine whether or not to bleed a specific patient for a specific complaint.

1. The nature of the complaint

Some complaints are best treated with bloodletting, it is as simple as that. If a patient comes in complaining of nausea for example, I always bleed Master Tung point DT.03 (see below) as I have found this is the easiest, quickest, most painless and effective treatment.

2. Palpation

Palpating for *ashi* points is appropriate when evaluating the back, buttocks or hips for wet-cupping. Generally speaking, however, palpation does not help in the evaluation of legs, arms, ears or other parts of the body for bleeding - when bleeding the legs or arms your eyes are your guide - you are

looking for veins. When a patient comes in with knee pain for example - particularly knee pain of a degenerative nature for which the upper back area DT.07 is the premier zone to bleed - the first thing I have the patient do is lie face down. Palpating that DT.07 zone in their upper back will determine how best to proceed. The ideal finding would be a point in the DT.07 zone that is much more tender on palpation than the surrounding area - ideally so tender it makes the patient flinch or vocalise in pain. In my experience, finding such a point virtually guarantees that wet-cupping will treat the knee pain effectively. If you cannot find such a point, then do not bother bleeding the back as it will not work.

3. Patient history of having been successfully bled

As mentioned previously, if a particular patient has ever been successfully bled for any complaint, then that patient is likely a 'blood stasis type' and will generally respond well to further bloodletting.

4. Presence of 'bleedable-looking' veins

If a patient has dark, prominent or easily-visible veins - particularly in the legs - this is suggestive of blood stasis and points in the direction of bloodletting as an effective intervention.

5. Having exhausted other options

If you have tried the usual approaches to treating a particular problem and they have all failed, that in itself is sufficient reason to try bloodletting.

My favourite conditions to treat with bloodletting

Following, in no particular order, are six of the many conditions that, in my experience, respond best to bloodletting.

Nausea

If I had to pick one indication to treat with bloodletting that combines the best features of effectiveness, quickness and simplicity, it would be nausea. The Master Tung 'point' DT.03 is bled for nausea (see Figure 2). What this means in reality is that you have the patient lie prone, pinch up a bit of skin in the back of the neck, and prick once or twice just above the hairline (approximately half an inch or 10 millimetres above - precision is not important). As mentioned above, I like to use 17 gauge McKesson safety lancets for this. It is difficult to cup in this area due to the hair, so simply squeeze out a bit of blood. The response is usually immediate, dramatic and long-lasting.

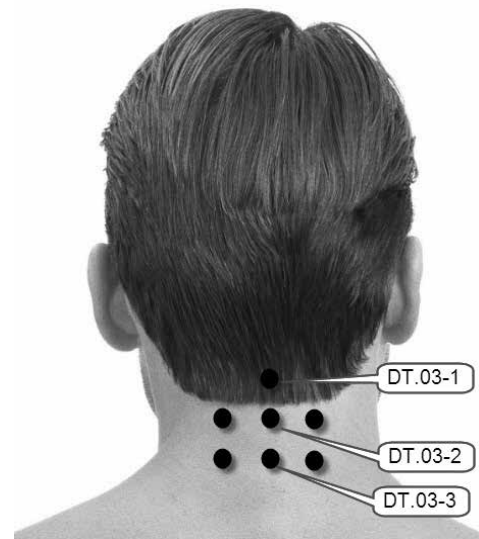


Fig. 2: The Master Tung point group DT.03, which is bled for nausea. It is a seven-point group, but in practice only the top point, DT.03-1, need be bled (although DT.03-2 will work as well).

Knee pain

For most cases of knee pain - particularly if the pain is due to a degenerative condition - no treatment is more effective than bleeding (using the wet-cupping method) the Master Tung 'point' or zone DT.07 (see Figure 3). That is true even in cases where the patient has received cortisone or Synvisc injections without relief. If the patient complains of pain when going up or down stairs, I also palpate the medial knee. If I can find one spot that is significantly more tender to palpation than the surrounding area, I wet-cup there. Which is more effective - bleeding the DT.07 area on the back or bleeding the medial knee? It all depends on what you find on palpation. If one is tender to palpation but not the other, bleed the tender point. If they are both tender, bleed both. You can bleed both at the same visit if you have time, or you can alternate.



Fig. 3: Master Tung DT.07 area for degenerative knee pain. Palpate for the most tender point ipsilateral to the affected knee and wet-cup there.

Sciatica

If a patient has low back pain in a fixed location, bleeding may or may not help. If the pain is radiating down their leg, however, bleeding is almost always the treatment of choice. The two main areas to bleed for this are visible dark veins in the Weizhong BL-40 area, and the DT.08 and DT.09 areas on the upper back (see Figure 4).



Fig. 4: The combined Master Tung DT.08 and DT.09 areas for sciatica and radiating pain in the lower extremities. Palpate for the most tender point ipsilateral to the affected leg and wet-cup there.

Trigeminal neuralgia

Trigeminal neuralgia involves facial pain along the trigeminal nerve. While not life threatening, the pain can be unbearable. Orthodox medical treatments include anticonvulsant drugs, botox injections, neurosurgery and radiation therapy (gamma knife). These treatments carry considerable risk and rarely work well. In my experience, none of the biomedical treatments match the effectiveness - and certainly the safety - of bleeding the apex of the ear. Because the condition can be so debilitating, to be thorough I actually bleed a few points along the helix of the ear from 99.08-1 to 99.08-2 (see Figure 5).



Fig. 5: The three main Master Tung points for bleeding the ear. In most cases, only the apex point need be bled. For thoroughness, one could lance 2 or 3 additional points close to the apex, in the direction of 99.08-2. Master Tung always lanced two ear points in any one session - always 99.08-1 plus either 99.08-2 or 99.08-3.⁴

Varicose veins

Few patients are happier than those who successfully receive bloodletting for ropey, bulging, unsightly - and often painful - varicose veins. In my experience this treatment almost never fails to dramatically shrink varicose veins, and the patient's legs look much better after treatment. More important, the patient feels better. Some patients have painful varicose veins that affect their sleep, and the pain is vastly reduced if not eliminated after treatment. Even patients who had not complained of pain often tell me their legs feel lighter after treatment. Although the benefits of this treatment can be long-lasting, the patient may have to come back for another treatment from time to time. The most important caution here is never to bleed the varicose veins themselves - find dark, flat veins on the affected leg and bleed those instead (see Fig. 6).

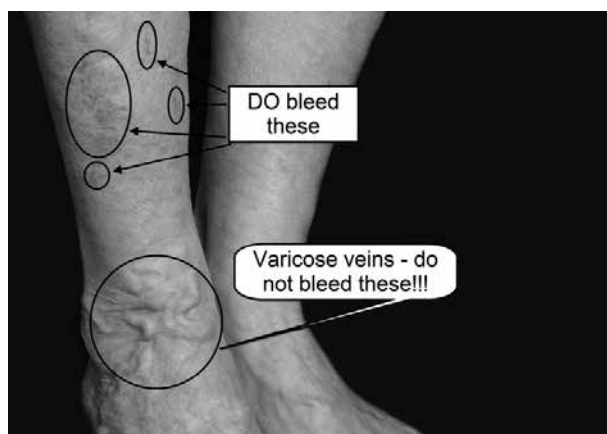


Fig. 6: Varicose vein treatment - do not bleed ropey, bulging varicose veins themselves; do bleed flat, dark veins on the same leg. [full-colour picture can be seen at chinesebloodletting.com]

Haemorrhoids

Haemorrhoids are essentially varicose veins of the rectum, and like varicose veins haemorrhoids can be successfully treated in most cases with bloodletting. The main area to bleed for haemorrhoids is the Weizhong BL-40 area. Haemorrhoid surgery is painful and carries a fairly high risk of complications, including bleeding, fissure, fistula, abscess, stenosis, urinary retention, soiling, incontinence and infection. In many - if not most - cases, these painful, expensive and sometimes debilitating complications can be avoided by simply bleeding the area of Weizhong BL-40.

Conclusion

Bloodletting is a practice that can be used daily without difficulty or drama, and that will greatly enhance the clinical efficacy of any acupuncturist. Having practised acupuncture for 10 years without bloodletting, then eight years with, I am able to compare how effective I have been with and without it. There is no comparison. I can assure you that if you incorporate bloodletting into your practice

If you incorporate bloodletting into your practice - or do it more often if you now do it infrequently - you will soon wonder how you ever managed without it.

- or do it more often if you now do it infrequently - you will soon wonder how you ever managed without it. I am always happy to see acupuncturists use bloodletting successfully and to that end have created a Facebook group, Chinese Medicine Bloodletting, where acupuncturists can discuss cases and obtain advice. Please feel free to join. I have also written a practical manual on the subject that makes it easy to incorporate this important art into clinical practice.

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References

- 1 Epler, D.C. (1980). Bloodletting in early Chinese medicine and its relation to the origin of acupuncture, *Bull Hist Med*, 54, 3, pp.337-67
- 2 Wang, Chuan-Min (2013). *Introduction to Tung's Acupuncture*, Chinese Tung Acupuncture Institute: Lombard, p.227
- 3 McCann, H. (2014). *Pricking the Vessels: Bloodletting Therapy in Chinese Medicine*, Singing Dragon: London, pp.32-33
- 4 Young, Weh-Chieh (2008). *Lectures on Tung's Acupuncture; Points Study*, Chinese Medical Center: Rowland Heights (CA), p.219