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Foci and Fields of Disturbance as Reasons for Short Term or Insufficient Therapeutic Success In Classical Acupuncture

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Abstract: Since 1951 the author has practiced acupuncture therapy with some very good results in addition to some poor results. These poor results were of two different kinds: 1) the patient did not respond at all, this being the exception; and 2) preliminary success was reached—sometimes only of very limited duration—with the old complaints resurfacing and requiring a new needle treatment. To relieve the patient of his complaints in the long run, no adequate measures were available. Relapses occurred every time.

After the boom of classical acupuncture in the United States following former President Nixon's travels to China, classical acupuncture now seems to experience what one may term "a negative phase" in spite of very good results which, however, are often overshadowed by many inadequate results. Some of the causes for these inferior results are discussed in this paper. The author does not dwell on poor treatment results by would-be acupuncturists lacking experience to deal with complicated pathologic cases and who believe in brief courses for achieving proficiency. Moreover, pathologic cases which are exclusively reserved to surgical measures, and those whose true etiology could not be established, are not discussed here.

CLASSICAL ACUPUNCTURE stresses a basic tenet: "All initial pathologic changes can be cured by acupuncture. This can be no more achieved in finished pathologic processes or in terminal stages." Already in the 1950s I was aware of the extraordinary chances opened up by acupuncture despite its limitations. The above tenet of classical acupuncture is no longer applicable to man living in a technical environment, which imposes on him conditions of life not known to man in ancient China several thousands years ago. Today, man is exposed to many noxious agents of the environment, such as: 1) those contained in the soil in nutrient agents; 2) contained in the water and thus in soups, sauces and beverages; 3) contained in the air and thus in the air we breathe; 4) changes in the upper layers of the stratosphere followed by additional irradiational hazards; 5) electroenergetic hazards. This environmental pollution is accompanied by changes in the way of life. Because of progressive technology, less and less physical work needs to be done. The automobile takes much physical work away from man. Walking and physical strain does no longer produce the necessary sweat secretion associated with increased muscular work. Thus, part of the excretion of metabolites via the skin is no longer achieved in modern man. Another very important feature for our unbiologic ways of life is that modern man is afraid of fever. However, fever facilitates the burning of deposited toxins in the body.

A fever attack lasting two to three days may achieve an enormous cleansing of the body. Since the introduction of antibiotics, modern man is no longer allowed to produce a genuine fever and thus bring the necessary defensive mechanism of the body into action.

These changes imposed on modern man were non-existent in ancient China. Basically speaking, much better prerequisites were thus present in ancient China to carry out acupuncture needle therapy. Man in those days was still in absolute natural contact with his environment and with the cosmos. In addition to these burdens imposed on modern man, deposits of all sorts of noxious chemical substances in the body have to be mentioned, including their repercussions with respect to blocking the autonomic counterregulations of the body. It is in particular the presence of these circumstances that characterize modern man, exposing him to multiple occurrences towards foci and fields of disturbance. Yet another disturbing influence on modern man is the constant stress in professional life. While in previous times man worked for ten to twelve hours and even longer in harmony and peace of mind, he is now forced under severe nervous strain in a minimum space of time to achieve a precalculated work output. The advantage of the forty-hour week giving us more spare time is more than counterbalanced by today's stress resulting from an increased output of work within a limited time. This is one of the main reasons why man today is more nervous than ever, with foci and fields of disturbance playing an additional role.

The acupuncturist, for the detection of pathologic organ functions, avails himself of the pulse diagnosis. In all industrialized and heavily populated areas, however, it is hard to carry out pulse diagnosis effectively. There is no more space for secluded quietness from traffic noise. When the patient is about to relax in a quiet room he may be sure to be alarmed by the noise of a passing jetliner, sometimes at supersonic speed, which constitutes a disturbing factor on the autonomic nervous system of the patient. Pulse diagnosis for ancient man living free from environmental disturbances had to be considered sufficient. Today, in the increased presence of foci and fields of disturbance, of chronic and low-level nature, pulse diagnosis no longer can satisfy our diagnostic requirement adequately. Electroacupuncture According to Voll—or EAV, in short—enables us, however, to check the patient at any time during the day and to establish an accurate momentary diagnosis of his functional disturbances.[1] At night, electroacupuncture measurements cannot be taken, when the body is in a phase of vagotonia. EAV today has 700 measurement points at its disposal in order to examine portions of large organs and small organs. In EAV diagnostics the following small—but very important—organs are of special importance for diagnosing focal disturbances:

1) the five tonsils of the lymphatic ring, i.e., the palatine, tubal, pharyngeal, lingual, and laryngeal tonsils. Each tonsil possesses a measurement point of its own, on the respective side of the body;

2) six measurement points are available for the respective portions of the upper and lower jaw, that is, for the anterior jaw and for the left and right lateral jaw. In addition to that, electroacupuncture during the past three years has found 20 new measurement points for the respective jaw sections. The individual jaw sections contain the following odontons:

a) Jaw section for the 1st and 2nd odonton, i.e., for the incisors.

b) Jaw section for the 3rd odonton, i.e., for the canine.

c) Jaw section for the 4th and 5th odontons, i.e., for the premolars.

d) Jaw section for the 6th and 7th odontons, i.e., for the molars.

e) Jaw section for the 8th odonton, i.e., for the wisdom tooth.

Recently, another measurement point in the lower jaw was added for measuring the 9th odontons, that is, the retro-molar space, which may be used in EAV diagnostics.

3) The paranasal sinuses, i.e., frontal sinus, maxillary sinus, ethmoid cells, and sphenoidal sinus. The fifth cavity constitutes the pneumatized bones, that is, the mastoid cells, the mastoid antrum and process, and the petrous pyramid. All organs mentioned under items 1-3, like other organs, may exhibit various pathologic processes differing in extent. Organs are inflamed or diseased either in total or only in part.

Partial inflammations are present when there are inflammatory islets only in an other-

wise non-inflamed organ. A partial inflammation is a locally circumscript process of special significance in medicine. Such a process is referred to as focus or field of disturbance. It is characterized by a local pathologic change in the body, thus constituting an immediate charge on the direct environment, in addition to producing remote pathologic effects by irritating organs or tissue systems far away from the original disturbance. When this irritation causes the organs or tissue system to respond by pathologic disturbances, there may be additional further involvements, such as sections of the vertebral spine or of the spinal marrow together with the sectional nerves, as well as portions of joints, endocrine glands, portions of our sense organs, including the paranasal sinuses. Disturbances and pathologic alterations caused by foci may be remedied etiologically by, for example, surgical removal of these foci, such as the extraction of teeth when a focal odonton is the reason for disturbances.[2] When, on the other hand, surgical intervention is omitted, a focus may cause constant complaints at the organs or tissue systems affected. A preliminary situation, free from complaints, will be interrupted by the next attack. The organs mentioned under items 1-3 are organs situated in the head. Partial inflammations of these organs in the head are referred to as cranial foci, which may be, according to their positions, tonsilogenic, lymphogenic, odontogenic, sinusoidal, and otogenic foci. EAV diagnostics of such foci may be carried out on the corresponding measurement points. Measurement criteria for a focus are partially inflamed foci display at their organ measurement points at values ranging between 82-88 with indicator drops. The indicator drop is comparatively fast in strong foci. In initial foci the indicator drop is slow, up to several seconds, until it is complete. According to the severity of a focal disturbance the indicator drop may, therefore, be rapid, slow, or just barely noticeable.

The lymph vessel measurement points, found by EAV, serve for the verification of the presence of foci. The second lymph vessel measurement point refers to the lymphatic drainage of the upper and lower jaw. The third lymph vessel measurement point refers to the paranasal sinuses. When indicator drops are present at these points, focal disturbances have to be expected to be present in the respective area. The 1-1 lymph vessel measurement point refers to otogenic foci, when an indicator drop is present. In tonsilogenic foci the control measurement point for the lymphatic ring, i.e., the 1a lymph vessel measurement point will exhibit an indicator drop.

When checking these four measurement points, one may obtain an immediate hint as to a focal disturbance in the head and as to the nature of the focal situation. In focal disturbances, the cranial foci are of the most importance. They may often be the reason for therapeutically unsuccessful measures of otherwise approved therapy, and may cause recurrent complaints. When, after an excellent removal of a cranial focus, the chronic disturbance will not subside, one has to search for fields of disturbance (foci) in the thoracic, the abdominal, and in the minor pelvic area, all of which may be reasons for specific remote irritations. As often as not, in addition to the reasons mentioned, a scar in the skin or a peritoneal adhesion may constitute a field of disturbance. This is very important to bear in mind with respect to adequate measures.

Summarizing all the experiences gathered in electroacupuncture diagnostics of foci and fields of disturbance over the past twenty years, it has to be stressed that the odontogenic focus ranks first in all focal disturbances. This primary importance varies, however, with age: it does not affect the infant, and the small child is involved only occasionally. Individuals in puberty and in the age when the wisdom tooth protrudes, are influenced more frequently. In the forties, odontogenic disturbances occur frequently, increasing by each decade. Even in the 7th and 8th decade, focal diagnostics and focal therapy may be required in persons exposed to physical and psychic stress. It is interesting to note that retired persons living on an adequate pension in peaceful surroundings are not so much

affected by a focal disturbance. In the 8th decade it is mostly only the 3rd tooth in the lower jaw which may be of any major focal importance. Braces attached to the 3rd tooth may give rise to the formation of tooth pockets resulting in subsequent circumscript ostitis in the jaw bone surrounding the root of the tooth.

When the ostitis has existed for a longer time it may create the conditions for a fracture of the femur head, following an occasional fall of the patient. The 3rd tooth has a special relationship to the hip joint. Pischinger of Vienna, Austria, pointed to another relation: odontogenic focation of the 3rd tooth leads to metastases of the liver in cancer patients. In infancy and early ages of small children, the focal problem concentrates on otogenic disturbances following inflammation of the pharyngeal tonsil, of the auditory tube (Eustachian) to involve the middle ear and the tympanic cavity, resulting in an inflammation of the middle ear. Predisposing factors are the shorter and wider auditory tube and the increased adenoid tissue of the pharyngeal tonsil, which may even cover the tubal tonsil. Latent retrotympanic inflammations — i.e., processes behind the tympanon in the form of inflammations of the bone marrow in the spongioid mastoid bone extending from a purulent inflammation of the tympanic mucous membranes to the bone — cause dissipations of germs and toxins originating from the bone marrow. Such infants display chronic disturbances such as retarded growth, lack of weight gain, severe weight loss, proneness to diarrhea, and decreased resistance to infections. High doses of antibiotics may cure such cases to a large extent: Antrotomy has to be carried out in rare cases only. It is, however, doubtful whether an antibiotic therapy will lead to complete recovery, resulting in a disappearance of the infant's symptoms.

After EAV was able to establish the 1-1 lymph vessel point as a specific measurement point for the lymphatic drainage of the ear, it is surprising to note the frequent occurrences of mostly unilateral, but also bilateral symptomless chronic osteomyelitic partial inflammation affecting the hearing on one side. This hearing loss is not associated with rapid progressivity; this is why the patient does not see the ear doctor. Such osteomyelitic partial inflammatory foci may, furthermore, cause a primary chronic polyarthritis, after one has made sure that all other possible foci have been removed. In early childhood the pathologic process of sinobronchitis, i.e., chronic inflammation of the paranasal sinuses associated with recurrent and refractory bronchitis, plays a major role. In this case, the inflammatory changes of the paranasal sinuses are most noticeable with hypoplasia, i.e., an insufficient formation of the paranasal sinuses and the mastoid process associated with nasal polyps.

This pathologic picture is often seen in hypoplastic constitutions associated with congenital malformations of various organs or parts of the body. Also, it may be frequently found in the form of the so-called lymphatic constitutions represented by an enlargement of the thymus gland and a hyperplasia of the entire lymphatic system often associated with exudative diathesis, that is, propensity to diseases of the skin and of the mucous membranes, such as milk crust, recurrent catarrhs of the pharyngeal space and the respiratory pathways.

The frequent occurrences of inflammation of the ethmoid cells and the sphenoidal sinus as well as the adjacent anatomic involvement of the pituitary gland and the diencephalon by the sphenoidal sinus and the cavernous sinus may be evidenced by measurements in EAV, whereas common literature seems to ignore these cases. Chronic inflammatory processes in these areas have negative effects, among other factors, on the endocrine development ! An inflammation of the sphenoidal sinus is rarely diagnosed properly, even in the adult. Many of these processes can be verified clinically by autopsy only. The frontal sinus may often be inflamed as well as the ethmoid cells. When the anterior ethmoid cells are diseased, an edema of the eyelid will occur, resulting in sensitivity against pressure at the inner eye angle. When the posterior ethmoid

cells are affected, a headache may be localized in the mastoid area. Inflammations of the sphenoid sinus cause occipital headaches. Often, inflammations of the paranasal sinuses are not associated with headaches. In sinobronchitis the mucous secretions of the paranasal sinuses run down along the posterior wall of the nose across the pharyngeal tonsil; the secretion of the bronchi is coughed up to get in contact with the laryngeal tonsil, as well as with the palatine tonsil and the lingual tonsil, both of the latter situated in the isthmus faucium. The pathologic picture of sinobronchitis in small children includes acute and chronic lymph adenitis associated with an insufficiency of the cervical and thoracic portion of the lymph. This is accompanied by rhinitis, sinusitis, pharyngitis, and insufficiency of the cervical lymph circulation; furthermore, laryngitis, tracheitis with cervical and mediastinal insufficiency of the lymph circulation as well as bronchitis and bronchiolitis accompanied by bronchopulmonal and tracheobronchial insufficieny of the lymph circulation. Insufficient lymph circulation in the head and in the neck in early childhood are followed by lymphatic blocks in the anterior and posterior portions of the palatine, in the tonsillar space, in the area of the floor of the mouth and the tongue, and sometimes also in the lips. These lymphatic blocks act on the development of the jaw resulting in anomalies of the jaw and irregularities in bite, in that the insufficiency of the cranial and cervical endocrine glands affects the zones of osteoblastic and osteoclastic processes in the lower jaw, the upper jaw, the face and in the skull. In early childhood an odontogenic focus in the milk teeth is encountered only rarely. An interesting case in this connection revealed that only after removing the lower focated incisor, chronic nycturia could be remedied. During school age focal disturbances caused by tonsils are found to be most frequent. Diseases caused by tonsillogenic foci may cause rheumatism and acute hemorrhagic glomerulonephritis. Chronic recurrent infections of the urinary pathways, as early as in small children, may be caused by tonsillogenic foci, in particular by the pharyngeal tonsil. Rheumatic diseases are associated with affections of all three cardiac layers, the so-called carditis. The treatment of these diseases requires the elimination of the streptococcal foci present, in particular, in the tonsils. Positive antistreptolysin titers confirm these relations.

Streptococci also cause the acute hemorrhagic glomerulonephritis, with special types of streptococci possessing a particular nephrogenic affinity and occurring preferably in children and youths. In such diseases, tonsillectomy is indispensable to get rid of chronic infectious foci; also, in recurrent pyelitis based on tonsillogenic foci of the pharyngeal and palatine tonsils, tonsillectomy is necessary. In youths odontogenic foci may occur in difficult dentition. This applies in particular to the wisdom tooth when it is impacted. Cramps occurring for the first time in youths are caused by impacted wisdom teeth in the upper jaw, not in the lower jaw! Also in puberty, the first occurrence of psychopathic disturbances is caused by a focation of the upper 8th tooth; sadness, moody, frustrations, inactivity, and depressions associated with aggressive behavior towards parents, i.e., disturbances in the form of dysthymia. The daughter of a dentist was a typical case for the above mentioned symptoms, in that both her upper 8th odontons were focated. After jaw surgery her complaints disappeared without relapses over a 3-year period of observation: no shyness, no passive introvertedness, positive contact to her parents. Dr. Hermann, Hamburg, reported in 1961, that 67.6% of all youths showed changes in the tonsils and in tonsillar bed, 26.8% showed changes in the teeth, but only 6.1% showed changes in the paranasal sinuses, which clearly exemplifies that in youths only one quarter of all focations are located in the teeth. In school age alike, tonsils rank first. Changes in tonsils, paranasal sinuses, and teeth do cause remote effects in youths which, however, cannot be evidenced by known clinical diagnostic means. Youths, in addition, can show signs that their paranasal sinuses may be diseased unilaterally. In most, cases, however, the

pitiable inflammation of the maxillary sinus constitutes a mixed form of odontogenically and rhinogenically caused sinusitis, i.e., an odontogenically caused inflammation of the mucous membranes of the floor of the antrum promotes a rhinogenic infection of the maxillary sinus, in addition to retarding or avoiding its healing. EAV can diagnose exactly the percentage of dentogenic and rhinogenic affections.

In the 5th and 6th decade, ostitic foci rank first in importance after tooth extractions or resections of the tip of the root without further revision of the jaw bone, after the incorporation of foreign bodies in the alveolar process, after residual root fillings, and others. A relapse of jaw ostitis may occur in spite of proper treatment of the alveolus after tooth extraction, when capable of immediate counterregulation of focal disturbances so that remote effects will not occur or will only be felt as general disturbances, such as weakness and reduction of activity, i.e., low-level reactions. Moreover, in puberty, the body disposes of optimal biologic reactivity associated with particular healing and regenerative potencies. During the age of the late twenties, the tonsils lose their importance as foci to give way to increased odontogenic focal disturbances. From then on, each decade gains in importance as to the occurrence of odontogenic foci, involving later on the jaw sinuses. Affections of the jaw sinuses result from diseases of the dental pulp or from pulpal decay, or from marginal paradontal pockets, which may give rise to ostitic foci in spite of live teeth. A diagnosis of an odontogenic sinusitis maxillaris may then easily be established, when only one maxillary of the organs pertaining to the alveolos are chronically sick without having received proper treatment. In addition to that, as one of the latest results in our research, relapses of jaw ostitis may be due to the specific relations of the five tonsils to the various jaw sections.

Finally, in the 7th decade, a focal effect of an impacted wisdom tooth, silent otherwise over many decades, may occur. As mentioned above, in the 8th and 9th decades, the canine in the lower jaw has a special significance as a focus. The importance of cranial foci has to be stressed, in that chronic diseases of any background are mostly based on plurifocal disturbances to maintain the chronic and inflammatory process with degenerative tendency.

Conclusion

The classical acupuncturist is faced with an unsurmountable obstacle regarding permanent healing in patients affected by focal disturbances. He may reach a state of preliminary symptomatic lack of complaints, for the next focal attack to flare up again and to reiterate the initial complaints in full scale. Also, in children it may happen that needle treatments do not lead to success, which should prompt the acupuncturist to search for foci and fields of disturbance in the paranasal sinuses and the tonsils. Because of the good reactivity in the infantile organism, one additional needle treatment or the measurement points for the tonsils or the paranasal sinuses is mostly found to be sufficient. In contrast to classical needle acupuncture, EAV can carry out diagnosis of foci to the fullest extent. EAV is truly the first medical method to be able to achieve this.

After establishing the diagnosis, further treatment may follow by the specialist to cope with the removal of the focus. After this, the success of the measures may be verified immediately. When defocation therapy was successful, the classical acupuncturist, on the other hand, may apply needle therapy to achieve permanent results.

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