

Oral Acupuncture

Jochen Gleditsch

Summary

The oral mucosa offers non traditional acupoints, forming an acupuncture microsystem that may be used for treatment of disease throughout the body. Through palpation of tender spots this system can be an aid to diagnosis, or by injection of tiny volumes of normal saline or local anaesthetic it can be used as an effective treatment. Oral acupuncture has been clinically tested over a period of 25 years and has proved effective for a variety of diseases. Additionally, relationships with internal organs and body acupoints have been demonstrated.

Key words

Acupuncture microsystems, Mouth, Oral acupuncture, Teeth.

Introduction

A useful holographic somatotopy is to be found in the mucous membrane of the oral cavity, linking the teeth, gingiva, lips and cheeks to all parts of the organism and its functions. This microsystem of acupuncture was discovered 25 years ago and has been used by dentists and acupuncturists in many countries (1).

The phenomenon of the microsystem was originally discovered by Dr Nogier of France, some forty years ago. Since he made his findings, we have become familiar with the existence of a complete holographic somatotopy of the human body on each auricle. Whilst some single ear points were known and used in traditional Chinese acupuncture, modern systematic auriculotherapy has become a very refined and effective method of acupuncture.

Specific mucosal points suitable for therapy were described as early as 1895 by the German doctor Professor Fliess. In the nasal mucosa he found certain points by means of which he was able to influence disorders of the digestive and uro-genital systems as well as migraine and cervical spine disorders.

Only two traditional Chinese acupuncture points were known and used in the mouth: the terminal points of the two midline meridians, governing vessel and conception vessel, situated at the frenulum of the upper and lower jaw respectively. Dr Voll, the developer of Voll electroacupuncture, suggested that the energy flow does not end at these terminal points, but that there is a link between the

two midline meridians; i.e. a circular vessel within the oral cavity, running along the orbicularis oris muscle and meeting in the wisdom tooth and retromolar areas.

Relation to internal organs

Voll and Kramer investigated the energy links between teeth, including periodontal tissue, and internal organs and functions by performing electrical measurements while drilling teeth. These measurements were made at traditional acupoints with known relationships to internal organs. Traumatization of the respective teeth leads to a temporary change of the bio-electric behaviour of their related body acupoints. As they found that the inner organs and their functions are completely represented within the dental system, this forms another holographic somatotopy, or microsystem, of the body.

Thus, according to Dr Voll's findings, there is a mutual correlation between the respective teeth, the meridians and the five functional circuits. The oral points are situated adjacent to the teeth, namely labiodentally and buccodentally, and are suitable both for treatment and diagnosis.

They may be used for treatment because of the reflex mechanism which links them to the respective internal organs and functions. Systematic treatment of points, where it neutralises the previous state of irritation within the points, may trigger off positive and instantaneous effects on the internal functions involved.

They are suitable for diagnosis because they show up only during a state of irritation, signalling functional disorder or stress of the inner organ. As long as they are not signalling, the microsystem points are not detectable. This characteristic of being strictly reactive is shared by all microsystem points and distinguishes them from the general acupoints of the body.

As the mucous membrane is more sensitive than the skin, the irritation of oral acupoints often affects the surrounding tissue as well. For instance: the adjacent area of the mucous membrane becomes sensitive to pressure, or the point area shows small indurations or a slight oedematous swelling. Strictly localised gingivitis, or a gingival ulcer, may be caused by an irritation of the oral point area. Thus, if the therapist is familiar with the relationships of the

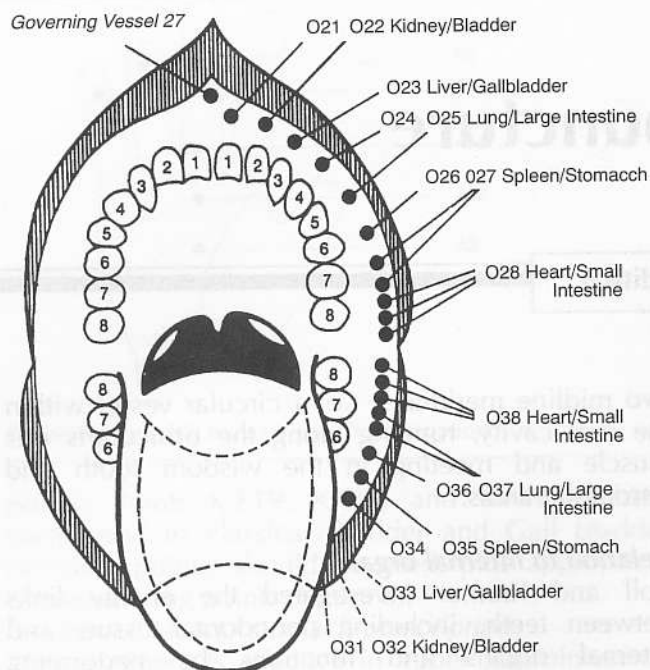


Figure 1. Points in the buccal sulcus.

points, inspection of the gingiva and, in particular, digital palpation of the oral mucosa, may give general diagnostic hints as to the inner organs and their functional balance.

A feature of Oral Acupuncture is that each oral acupoint corresponds not merely to a single organ, but to a specific group of organs. There are five distinct groups represented at five different areas of the buccal sulcus (Figure 1). These five different point areas can easily be distinguished, as they are identical to the five groups of teeth: incisors, canines, premolars, molars and wisdom teeth. The groups of organs are those described by traditional Chinese medicine in the so-called "Five Elements" law, in which pairs of organs, one Yin and one Yang, and their meridians were coupled. Thus: the upper and lower incisor teeth are related to the bladder and kidney meridians (Plate 1); the canines are



Plate 1. Oral acupoints O 41/42 of lower jaw, adjacent to the incisor teeth.

related to the gallbladder and liver meridians; the lower premolars and upper molars are related to the stomach and spleen meridians; the lower molars and upper premolars are related to the large intestine and lung meridians; and the wisdom teeth are related to the small intestine and heart meridians.

Anatomical position

The oral acupoints had not been used for therapy until their recent discovery, although dentists have used local anaesthetic injections in the immediate neighbourhood of these points. Dentists usually direct their injection vertically towards the root apex. The oral acupoints, however, are situated 1-2cm away from the apex, on the inside of the lips and cheeks.

The therapeutic indications of oral acupoints can be derived from the adjacent teeth. I have therefore numbered the oral acupoints with the same number as the corresponding teeth (according to the continental system), with an additional O for "oral". Thus, the oral points of the right upper jaw should be labelled O 11 to O 18, the left upper jaw O 21 to O 28, the left lower jaw O 31 to O 38, and the right lower jaw O 41 to O 48 (Figure 2).

The oral acupoints O 11/12, O 21/22, O 31/32, and O 41/42 are linked to the kidney and urinary bladder meridians, including all the organs of the uro-genital tract. In this functional circuit, the prostate, uterus and adnexae, as well as the frontal sinuses and pharyngeal tonsils are also included.

The oral acupoints O 13, 23, 33, and 43 are beside the canine teeth. These acupoints are linked to the liver and gall bladder meridians, and their therapeutic indications include the liver and gall bladder, certain segments of the spine, the hips and knees, the eyes, the sphenoid sinuses and the palatine tonsils.

The meridians of spleen and stomach, and lung and large intestine, cross each other during their course over the face. As a consequence, in the lower jaw the spleen and stomach meridians are linked to points beside the premolar teeth, O 34/35 and O 44/45, and in the upper jaw to points next to the molar teeth, O 16/17 and O 26/27. Similarly, the lung and large intestine meridians are linked to points by the premolar teeth in the upper jaw; O 14/15 and O 24/25 and the molar teeth in the lower jaw, O 36/37 and O 46/47. Points relating to the stomach and spleen meridians are suitable for treatment of maxillary sinusitis as well as stomach, pancreas and spleen disorders. Points corresponding to the lung and large intestine meridians are suitable for bronchitis and sinusitis, especially ethmoid sinusitis, as well as lung and large intestine disorders.

The oral acupoints O 18, 28, 38, and 48 are actually areas comprising two or three points each. They are linked to the heart and small intestine meridians, and their indications include disorders of the duodenum, the shoulders and elbows, and some

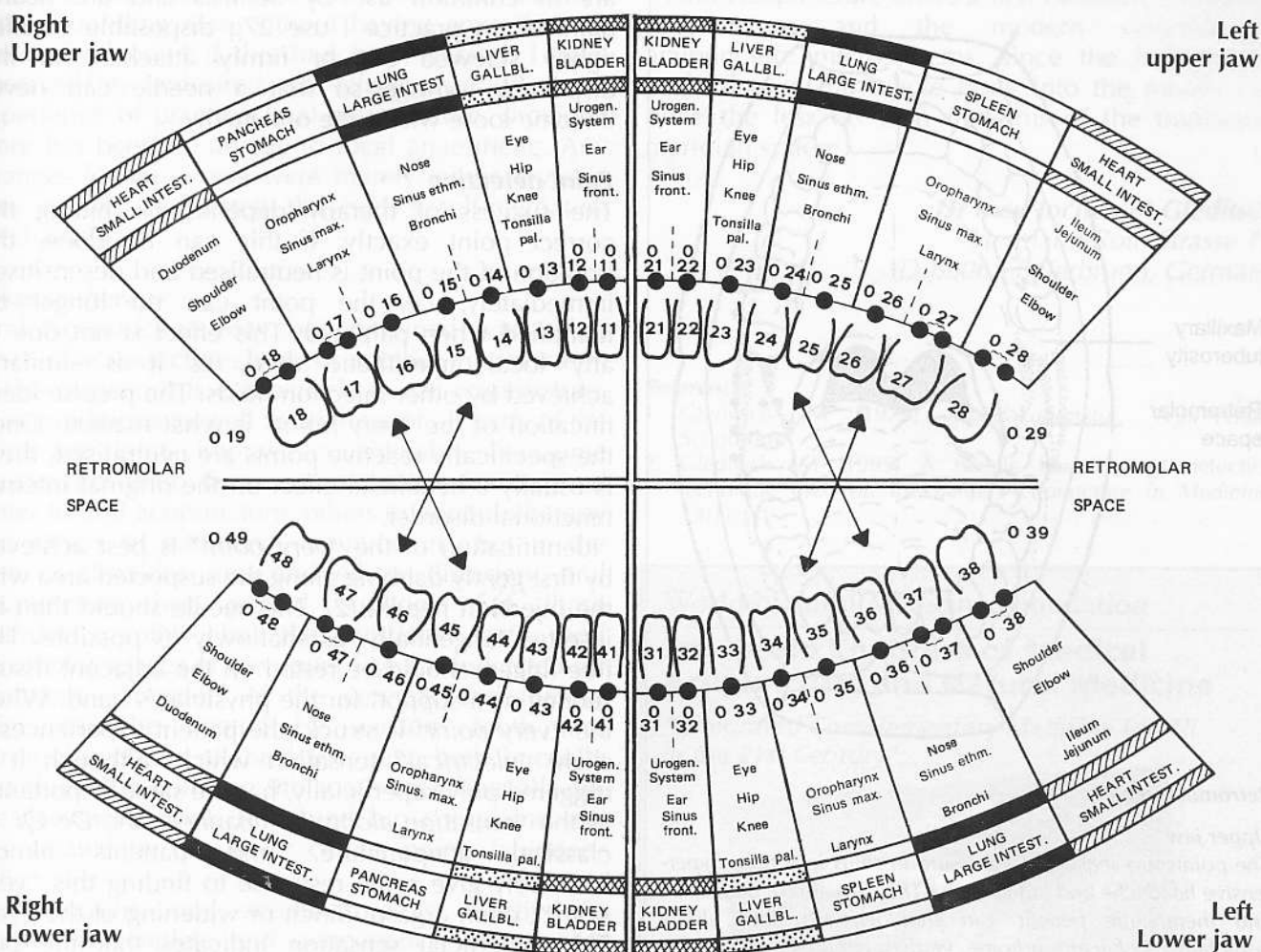


Figure 2. Organ relationship to oral acupoints.

nervous and psychological problems.

The meridians of the triple energiser and pericardium do not seem to be projected within the system of oral acupoints situated in the buccal sulcus. However, behind this area, there is evidence of points related to these meridians. The triple energiser points are found at the ascending ramus of the mandible below the temporo-mandibular joint (TMJ).

The area beyond the wisdom teeth is of special importance in therapy. This area, the retromolar space, is the distal extension of the upper and lower jaws, where a set of imaginary "9th teeth" could be located, and are in fact occasionally found as a rare developmental abnormality. The retromolar points are well suited for treatment of many different disorders (Figure 3), e.g. headache, migraine, shoulder, elbow, cervical and lumbar spine complaints, functional disorders of the uro-genital system etc. Pain and spasm of the TMJ and muscles of mastication, even if caused by emotional stress, can be relieved by treating points of the upper and lower retromolar space.

Points within this space are crowded together, so distinguishing between them presents some difficulty. It is therefore impossible to differentiate their respective correspondences clearly. All five

functional circuits of the body are represented within the retromolar space in addition to triple energiser and pericardium points. Because of this concentration of points, the retromolar space is of pre-eminent therapeutic importance (Plate 2).

Treatment

It seems that disorders and imbalances of internal organs and functions are signalled simultaneously both in the buccal sulcus and in the retromolar points but, because of the greater importance of the retromolar space, it is best to treat these points first. Re-palpation of previously irritable buccal sulcus points serves as a proof of the success of the treatment.

Electrical detection of acupoints is not practicable in the mouth due to the moisture of the mucous membrane. However, digital palpation is usually reasonably straightforward and is effective at localising the points. Increased sensitivity may give diagnostic hints about the functional state of the respective organs related to the particular point and oral palpation can also be used for checking the results of body acupuncture or of acupuncture to other microsystems. In many cases the sensitivity of specific oral points is extinguished instantly when corresponding points of other microsystems, e.g. auricular, are treated successfully. This

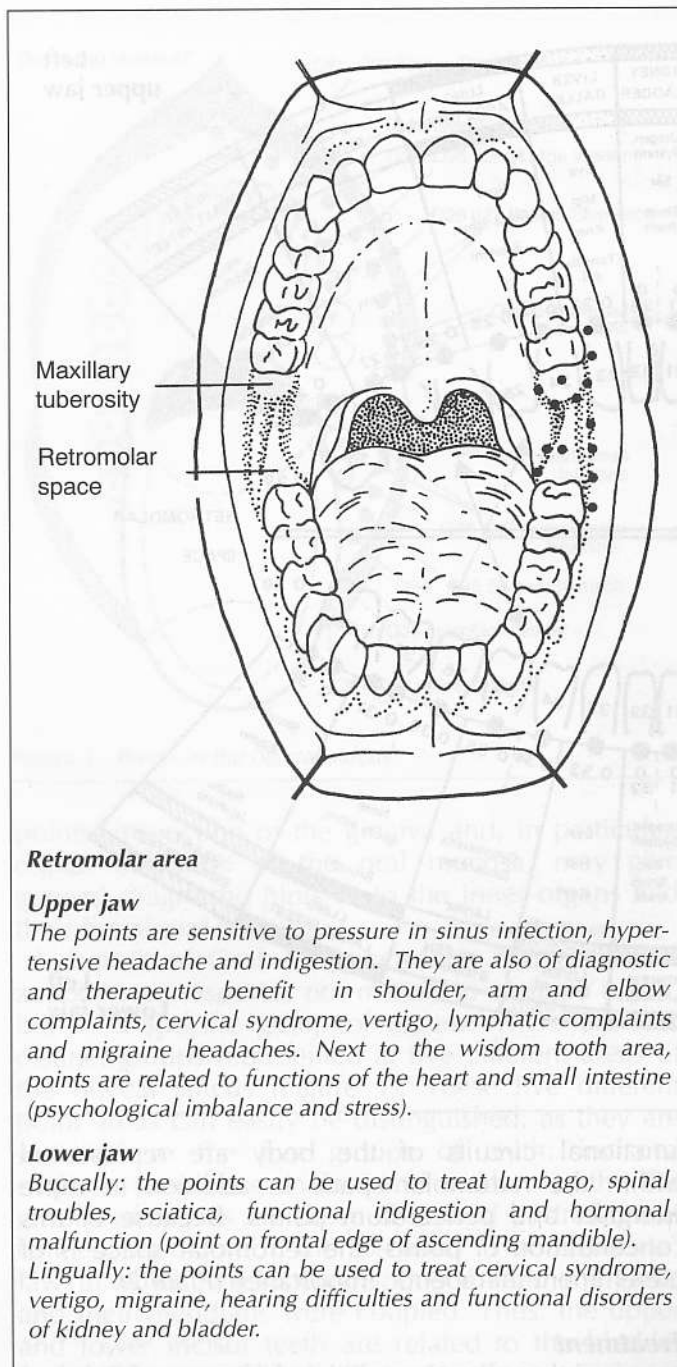


Figure 3. The retromolar points.

"extinguishing effect" is a phenomenon typical of microsystem acupuncture in general.

Digital palpation in the buccal sulcus and retromolar space aims at identifying irritated points and comparing the degree of irritation in points related to the same meridian bilaterally, and in the upper and lower jaws.

It is impracticable to use acupuncture needles within the mouth. For therapeutic purposes, therefore, the oral acupoints should be stimulated by means of superficial injections. In general, the use of normal saline solution, or of low percentage local anaesthetics (1% or less), is recommended. Homoeopathic or other physiological dilutions may be injected, depending on the basic functional disorder involved, but vasoconstricting agents should be avoided. Very fine hypodermic needles

are in common use by dentists and are nearly painless. In practice I use 27g disposable needles tightly screwed on, or firmly attached, to the disposable syringe so that a needle can never become loose within the oral cavity.

Point detection

The success of therapy depends on hitting the correct point exactly. If this can be done, the irritation of the point is neutralised and desensitised immediately, i.e. the point can no longer be identified when palpated. This effect is not due to any local anaesthetic used, as it is similarly achieved by other injection fluids. The precise identification of the "very point" is what matters. Once the specifically reactive points are neutralised, there is usually a beneficial effect on the original internal functional disorder.

Identification of the "very point" is best achieved by first gently dabbing along the suspected area with the injection needle (2). The needle should then be inserted tangentially, as shallowly as possible. The free fingers should be rested on the adjacent tissue, serving as a support for the physician's hand. When the "very point" is struck, the patient experiences a slight "electrical" sensation which, although it is triggered only superficially, has the same importance as the "sensation along the channel", the *De Qi*, of classical acupuncture, and patients almost invariably give some response to finding this "very point", often a gasp, flinch or widening of the eyes. This superficial sensation indicates that the oral acupoint has been struck precisely. Very often at this moment, the injection needle seems to be "drawn" into the point as if into a pre-formed channel.

Immediately 0.1 to 0.2ml of the injection fluid should be injected superficially, forming a tiny bubble which can be felt with the finger tip. Now a gentle massage of the bubble will intensify the effect and at the same time allow a check as to whether the irritability of the point has been desensitised. If not, this means that the "very point" has been narrowly missed. Needle insertion should therefore be repeated close by. This is not painful for the



Plate 2. Retromolar space and oral acupoint O 18 of upper jaw, buccally from the wisdom tooth.

patient as the local anaesthetic has already numbed the surrounding area without having any effect on the desired point if this had been missed. I have observed no undesired side-effects over 25 years' experience of practical oral acupuncture, provided there has been no allergy to local anaesthetic. Any changes for the worse were merely temporary and they always stimulated the body's self-regulating mechanism.

Disease therapy

Oral Acupuncture may be combined with other forms of acupuncture: body or another microsystem. In this respect, it is comparable to ear acupuncture. Pain conditions as well as stiffness of all parts of the spine and joints improve considerably. For some reason, however, there are patients who respond better to oral acupuncture, others to auriculotherapy and others to traditional acupuncture, but in the case of shoulder, arm and elbow disorders, oral acupuncture has proved superior. For these disorders, points by the wisdom teeth and retromolar spaces of the upper jaw are indicated for treatment. Disorders of the cervical and lumbar spine can be treated by wisdom tooth and retromolar points of the lower jaw, both buccally and lingually; with the 9th tooth area lingually for the ileo-sacral joint. Knee and hip complaints are best treated by the lower canine points labiodentally.

For sinusitis, oral acupuncture is effective in providing complete and permanent cures. Acute, chronic, and allergic sinusitis, rhinitis and bronchitis can all be treated using the upper wisdom tooth and retromolar space points. I have found that a pain sensitivity of the reactive points of the upper jaw retromolar space is a key symptom in any form of sinusitis. The sensitivity usually persists even when the common sinusitis symptoms have been successfully combated by antibiotics or chemotherapy; the persisting sensitivity hints to the fact that the sinusitis has only been suppressed and that relapses are to be expected. If, however, by means of oral acupuncture, the retromolar points are treated until they are desensitised, this indicates that the sinusitis has been completely cured and relapses are very rare. It will be found that with the same treatment not only sinusitis, but also digestive disorders, especially of the large intestine, can improve.

Conclusion

Oral Acupuncture can be performed very quickly and easily, and I have now treated thousands of patients with this technique in my ear, nose and throat clinic over the past 25 years, with sufficiently good results to have adopted this method for the majority of my patients. By neither advertising that I am an acupuncturist, nor informing my patients about the nature of their treatment, I have achieved my results without influencing patients by suggestion.

Oral Acupuncture offers a link between traditional acupuncture and the modern concept of acupuncture microsystems, since the holographic projection of the whole body into the mouth can none the less be seen in terms of the traditional meridian system.

Dr med Jochen M Gleditsch

Hermann-Roth Strasse 12
D-82065 Baierbrunn, Germany

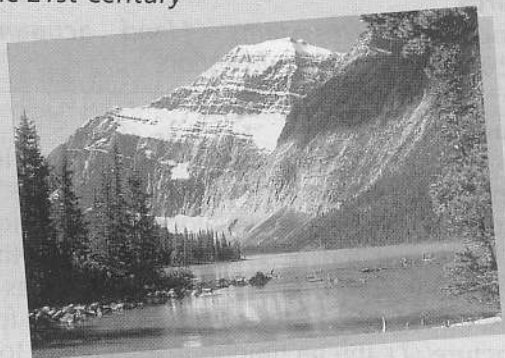
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