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The Use of Zero Balancing within the Context of Acupuncture

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Abstract

This article explores a form of structural acupressure called Zero Balancing (ZB) to use as a clinical tool within the context of acupuncture treatment. ZB techniques can be used for assessment and treatment. As an assessment tool, ZB provides a kinesthetic experience of the flow of *qi* through the channels. As a treatment tool, ZB techniques can be used to directly stimulate a single acupuncture point in place of a needle. Other techniques are used to have a broader effect, treating the trajectory of a channel as a whole. The entire ZB protocol can be viewed from a *Waikie* perspective—a specialty of external medicine which involves the release of internal and external pathogenic factors to the exterior. The practice of ZB allows a practitioner to develop an enhanced quality of touch that furthers the healing effects of treatment. This article provides an introduction to the method of Zero Balancing. Several ZB techniques are briefly described, and measures of efficacy are provided.

Keywords: channel theory, healing touch, acupressure, Zero Balancing, fulcrum

Introduction

There are three foundational principles of Chinese medicine; *yin/yang* and five phase theory, internal organ theory, and channel theory (Wang, 2008, p. 2). Of these interdependent concepts, channel theory can be said to bring the other two theories to life, mapping them to the acupuncture points and enabling us to better incorporate a patient's physical signs and symptoms into

our diagnosis and treatment plan. Channel theory directs our attention back to the body in search of the physical manifestation of the organ functions and phase relationships.¹ Palpation of the channels is an invaluable assessment tool but tends to be done in a static manner, rarely incorporating the dynamic movements of *qi* that more accurately indicate the functioning of the channels as a whole. The acupressure techniques of Zero Balancing (ZB) include palpation while providing gentle traction and small movements of the patient's body. It offers a method for incorporating the moving nature of *qi*.

Developed by Fritz Smith, MD, a former student of Professor J. R. Worsley, Zero Balancing is a form of structural acupressure performed on patients when they are reclining, face up, on the treatment table. An entire session can take anywhere from 20-40 minutes, but individual parts of the protocol can easily be incorporated into an acupuncture session. There are two interrelated concepts that must be understood to perform ZB techniques: fulcrums and interface. The fulcrum is the basic working tool of ZB. Interface describes the practitioner's state of awareness or intention when applying a fulcrum.

The simplest fulcrum can be thought of as a balance point as with a seesaw. The practitioner applies gentle pressure with one finger; the amount of pressure applied varies according to the patient's needs. For the patient, the sensation should feel pleasant as when receiving a massage. Too little pressure or tension has no effect, and too much is counterproductive, causing the patient to become tense. The fulcrum is established by varying the amount of pressure until movement is initiated—holding the pressure steady for three to five seconds and then releasing. One exercise used to demonstrate the practitioner's experience is to create a thick mixture of water and corn starch. The surface of this mixture seems hard when tapped; but if the finger is pressed slowly into the surface at a slight angle, the surface tension gradually releases allowing the finger to penetrate.

The practitioner's intention is the key to providing the right amount of force. In Zero Balancing, this intention is called "interface." Interface is defined as "the juxtaposition of energy fields with clarity of boundaries" (Smith, 2005, p. 194). To work at interface, the practitioner maintains an awareness of four distinct things: the sensations of movement at the point of contact, representing the *qi* of the patient, the sensations of movement within her own body representing her own *qi*, the physical boundaries of her patient, and the physical boundaries of her own body. Conceptually, there is no exchange of energy; rather, there is an experience of separation with communication. Creating a mental image of the physical structures surrounding the point of contact can be very helpful in maintaining interface.

When a simple fulcrum is applied to an acupuncture point, the effect can be the same as using a needle. This can be demonstrated by observing changes based on the four inspections (to see, to hear, to ask and to feel), the same clinical process as is used to evaluate the efficacy of using a needle.

Fulcrums can also be used as a part of the treatment design process. When a point is being considered for treatment, the practitioner can stimulate the point with a fulcrum and then ask for patient feedback. For example, there are many points that can be used to release constriction of the chest such as GB 22, SP 21, and LU 1. After applying a fulcrum to one of these points, the practitioner can ask the patient about their breathing. His information can then be used to decide where to insert needles for retention. In this example, if LU 1 has the greatest effect, the practitioner may choose to insert a needle at LU 1 and another at LU 7 as a distal point along the same trajectory.

Additional ZB Techniques

A more complex technique is the half-moon vector (HMV). The HMV is performed while standing at the foot of the treatment table with the patient lying in a supine position. The practitioner grasps the patient's feet by cupping them under the patient's heels. The index finger makes contact with the Calcaneal tendon where it meets the bone. The patient's feet and legs are lifted a few inches off the table. The practitioner then applies gentle traction by pulling the feet toward her while simultaneously lifting and dorsi-flexing the feet slightly

to create a curved movement. The practitioner visualizes the cervical, thoracic, lumbar, and sacral curves of the spine

while drawing energy through the body to support these strong vertical flows. When the fulcrum has been created, the practitioner may experience a sensation similar to stepping onto a moving sidewalk. Tension is held for 3-5 seconds and then gradually released. With experience, the practitioner becomes able to visualize obstruction along the channel trajectories by observing the patient's resistance to subtle changes in the direction and strength of the traction.

After completing the HMV to the feet, the practitioner moves to the side of the table at the level of the patient's hips and stands angled toward the patient's face. Reaching around the patient's waist, the practitioner begins opening the rib cage by cradling it in both hands. During this part of the session, each of the practitioner's fingers is making contact with the ribs while maintaining the quality of touch associated with interface. Making several passes from the area just below the scapula to the lumbar vertebrae, gentle pressure is applied to evaluate for areas of tension or flaccidity. When these areas are found, they are held for a period of 3-5 seconds, providing a fulcrum at each point of contact as previously described. In addition to palpable changes at the point of contact, the practitioner is carefully observing for additional signs of



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movement which include eyelid fluttering, changes to the breath, and kriyas or involuntary movements representing the release of held energetic patterns.

Techniques to Release the Pelvis

The sacroiliac joint is released in a similar manner by applying fulcrums directly to the sacrum and to the pelvic bones. Although fulcrums are applied to soft tissue, the intention with Zero Balancing is often directed to the skeletal structures of the body. Each technique is designed to initiate movement and then allow the patient to integrate the change, flowing from one area of the body into the next. The pelvis is further released using the hip fulcrums of ZB. These fulcrums involve evaluating and medially rotating the hip joint while providing gentle traction to the leg. A more advanced technique adds pressure to the gluteal area while holding this hip fulcrum. When combined with releases to the sacroiliac joint, these techniques are extremely effective in releasing the entire pelvis. This can be verified by re-evaluating the free movement of the area and the rotational range of motion of the hips.

Releasing the Neck

A curved pull is also applied to the head and neck of the patient. This HMV is performed by cradling the patient's head with the fingertips while the back of the practitioner's hands rest on the table. Gentle traction is applied while lifting the head slightly and visualizing the curves of the spine. Tension is maintained for several seconds and then released. A similar technique adds a rotation to the HMV turning the head slightly while maintaining tension. The practitioner imagines pouring the patient's head from one hand into the other. The free hand then reaches under the neck to the area of the Mastoid process on the opposite side and pulls the fingertips across the posterior muscles of the neck while maintaining the traction and curve. Taken together, these techniques improve the range of motion of the neck in flexion, extension, and rotation. This is verified by performing evaluations of these motions before and after treatment.

Influencing the Ren and Du Mai

The application of ZB techniques to the torso, feet, and neck can be understood to directly influence the spinal curves. The major muscle groups that support these curves are illustrated in Figure 1. The figure illustrates that the balance between the cranial region, the thoracic region, and the pelvic region are maintained by these muscle groups. These muscles directly influence a person's posture and define the spinal curves. ZB manipulates the spinal curves by influencing these muscle groups. Based on palpation, in this author's experience, areas of tension relax and areas of flaccidity become more vibrant. Impressive change is the change to a patient's posture with repeated treatment.

The spinal curves can be seen as areas where yang *qi* accumulates and manipulation of these curves can be said to activate the *du mai* (Yuen, 2003, p. 27). The *du mai* forms a circulation with the *ren mai* called the microcosmic orbit (Chia, 1985, p. 62). This fundamental circulation is the focus of Taoist longevity practices and is depicted in Figure 2. Because ZB manipulates these curves it can be seen to influence this important circulation.

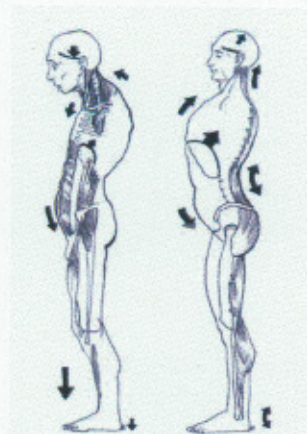


Figure 1. Postural relationships to major muscle groups.

Courtesy of Stanley Keleman

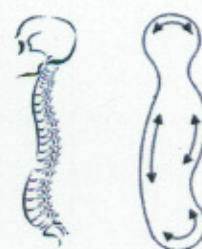


Figure 2. Microcosmic Orbit of the Ren and Du Mai.

Implementing a Waiké Strategy with ZB

The following three treatment principles, as outlined by J. C. Yuen in his *Waiké* strategy, (Yuen, 2007) may be accomplished by ZB techniques alone or in combination with acupuncture techniques.

1. Ensure the availability of *yang qi* to clear the pathogenic factor. With acupuncture, this is typically done by treating DU 4 followed by DU 14. Activating the *du mai* (already mentioned) is necessary to ensure the availability of *yang qi*. Fulcrums are often applied directly to DU 4 and DU 14 if they are found, through palpation, to be obstructed locally. The *du mai* can be further supported by applying gentle fulcrums to each inter vertebral space all the way along the spine.
2. Open the orifices above and below. The neck fulcrums previously described provide direct stimulation of TH 16 and BL 10. As these are window points, they can be used to open the portals in the upper aspect of the body (Yuen, 2007). The HMV to the feet directly influences the urinary bladder meridian all along the posterior surface of the leg, opening up BL 56 and BL 57, which help regulate the lower orifices. Direct palpation and treatment of BL 40 is also common.

3. Treat local and distant areas to move a pathogenic factor toward the antique points. Within the ZB protocol, fulcrums are first applied to the torso and then applied distally when traction is applied to the limbs. Another common technique is to gently squeeze along each finger, toward the *jing* well points, near the end of the session.

Influencing the Primary Meridians

Regarding the primary meridians, it is worth noting that with the exception of the urinary bladder meridian, each of them has a deep pathway that goes through the diaphragm. So releasing the diaphragm has an effect on all of these flows. In fact, deep pathways of all of the *yin* meridians affect the free movement of *qi* into and out of the chest. With experience, palpating and holding the rib cage offers valuable insights into the cause of restriction in this area. From a five phase perspective, practitioners may notice a sudden change in odor or color when releasing the rib cage that directs them to the element involved. The positive effect on the pulse may be immediate evidence of its effectiveness.

As with acupuncture, emotional catharsis with treatment is not uncommon. The quality of touch associated with ZB can be very helpful in supporting patients who are experiencing this level of vulnerability. The clarity of boundaries associated with interface may create a safe setting for these phenomena to occur. The important thing is to maintain physical contact with the patient at interface and to allow enough time for the process to come to completion. It is not unusual for the patient's emotional expression to go on for as long as ten or fifteen minutes.

This author has found that patients report a profound sense of emotional well being after these events occur. Aminah Raheem's work with process acupressure represents an adaptation of the

ZB protocol to specifically address emotional aspects of healing (Raheem, 1991). Dr. Raheem engages the client in a dialogue while continuing the acupressure session in order to bring insight into life lessons and habituated ways of behaving. With or without dialogue the skillful touch associated with ZB can be a valuable tool in these clinical situations.

Conclusions

ZB can be used as an adjunctive technique to acupuncture or as the primary modality. For patients who can not tolerate needles, ZB can be used to effectively treat individual acupuncture points. This approach is especially useful with pediatric patients and can be supplemented with the addition of essential oils, homeopathy, or herbal medicine as needed. As an assessment tool ZB can be used to evaluate the potential influence of acupuncture points during the treatment planning process.

The basic ZB protocol can be used to activate the *du mai* to support the microcosmic orbit. Activating the *du mai* can also be used to ensure the availability of *yang qi* within the context of a *Waikie* treatment strategy. The *Waikie* principle of releasing pathogenic factors to the exterior is supported by ZB techniques applied to the neck, pelvis, and limbs. The quality of touch associated with ZB provides the acupuncturist with a valuable clinical tool for supporting the emotional needs of patients and for engaging them in a kinesthetic experience of their own energy body.

1. "If you're going to practice Acupuncture, and have the flexibility of dealing with and treating all kinds of conditions, it is my contention that you really need to know all of the Meridians of Acupuncture. I do believe that's one of the shortcomings of contemporary Acupuncture, in the way it's taught. Why TCM in particular has a greater dependence on Herbal Medicine is because of the inability to integrate all of the Meridians that are available to Acupuncturists within their practice." (Yuen, 2005, p. 2).

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