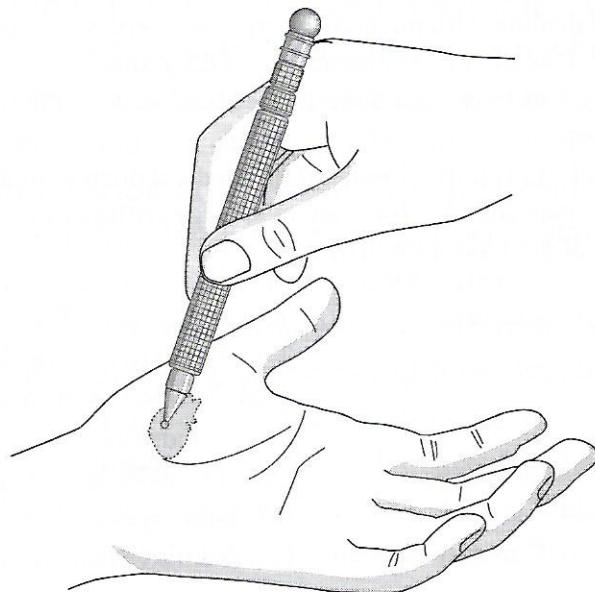


SU JOK

IN EMERGENCY

Park, Jae Woo



Su Jok Academy
Jaipur, India



COLLECTION OF VARIOUS
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**«NOTICE»: PATIENTS ARE ADVISED TO CONSULT
THEIR PHYSICIANS PRIOR TO THE USE
OF THIS SELF-HELP SYSTEM.**

PARK, JAE WOO

Su Jok in Emergency

«Su Jok Academy», 2002. – 200 page: il.

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The book considers the most common subjects of first aid administration and the relevant methods offered by Su Jok therapy (acting on curative points on hands and feet) that everyone taking interest in easy techniques of dealing with medical emergencies without recourse to drugs should know. Use of Su Jok therapy in sudden diseases, accidents, and injuries, as well as in resuscitation procedures, is described in detail and in popular form.

The book is primarily intended for medical doctors of different specialties and nurses and also for readers at large willing to master the efficient method of first aid administration.

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PREFACE

There was an accident in Kiev (Ukraine) in 1993 that stuck in my memory. We were riding in a car to a newly opened Su Jok clinic when we saw a man to fall suddenly from the balcony on the fourth floor.

All of us – two doctors, a driver, and myself – hurried to him. The man was lying breathless on the ground. I threw his head back, opened his mouth with my fingers and pulled his tongue out to clean his respiratory tract. Then I asked the doctors to stimulate the areas of correspondence to the lungs on his hands and feet with their fingers. Immediately after they began the stimulation the patient resumed breathing, though he remained unconscious. Trying to revive him, we turned to stimulation of the areas of correspondence to the heart and brain. Suddenly he screamed: «It's painful! Stop pressing so strongly!» The man came round. By that time, his weeping wife came downstairs to help him. We told the woman not to touch him, as he could have fractures. Soon an ambulance van appeared. Fortunately, all his bones were safe, and he was lucky to get off with bruises and grazes. The doctors helped him to rise to his feet. As he was unwilling to go to the hospital and insisted to be taken home, the ambulance left.

The man was invited to the Su Jok clinic next day for a medical examination that showed he was practically well. The occurrence was covered in a local newspaper.

This is just an example showing the efficiency of Su Jok methods in emergencies. Important as it is, only hand and feet correspondence systems were used this time. After you master

the Su Jok therapy, you will see that there are lots of ways to help a person in an emergency situation.

Not just first aid can be provided through the bodily Homo-system but many diseases of different sort prevented and cured, too.

I hope that knowledge of easiest methods of medical aid in emergencies will help preserve the health of many people and, in certain cases, save their lives.

I avail myself of the opportunity to express my gratitude to the doctors of the Su Jok Academy (Moscow) who have prepared *Su Jok in Emergency* for publication. I am especially grateful to Tatiana Sokolova, Alla Torbina, and Violetta Nikolayeva who pioneered the publication and carried out the editorial job. Many thanks to everyone who took part in this work.

Professor Park, Jae Woo
February 2001

A handwritten signature in black ink, appearing to read "Park, Jae Woo" followed by a date.

CHAPTER I

CURATIVE SYSTEMS OF HANDS AND FEET

STANDARD CORESPONDENCE SYSTEMS OF HANDS AND FEET

It is the feeling of fear and anxiety that a sufferer does usually experience in case of a sudden disease or an emergency situation. People around him often lose the presence of mind too because of unrest. Or they simply do not know how to give first aid before a doctor comes. The Su Jok therapy methods can help preserve health and even save human lives in such cases.

There are highly active points of correspondence to every organ and every bodily part situated on man's hands and feet (correspondence systems). Their stimulation produces a curative and prophylactic effect, and we can, therefore, provide first aid in medical emergencies by acting on hands and feet of the patient.

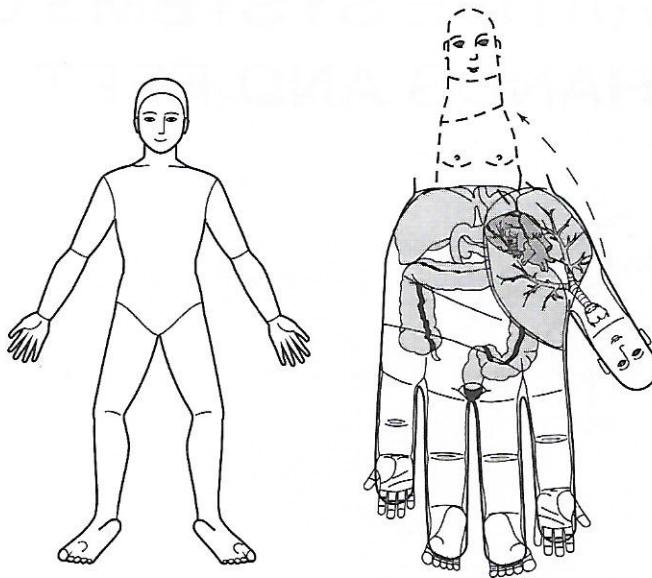


Fig. 1. Position of the thumb with respect to the palm

The structure of hand and foot strikingly resembles that of man's body. Look at your hand. Imagine your thumb to have moved somewhere towards your wrist. The ungual phalanx of the thumb corresponds to the head, and the adjacent phalanx, to the neck. The entire palm corresponds to the trunk, the second and the fifth fingers, to the arms, while the third and the fourth fingers, to the legs (Fig. 1). You can see in the Figure that the hand hosts a miniature replica of man's organism, which is called the *standard correspondence system*.

The hand is similar to the body in scores of criteria. Let us closely look into some of them.

The human body is composed of the trunk and the five prominences, i.e. the head together with the neck and the four extremities. The hand has a similar structure: the palm and the five fingers (Fig. 2).

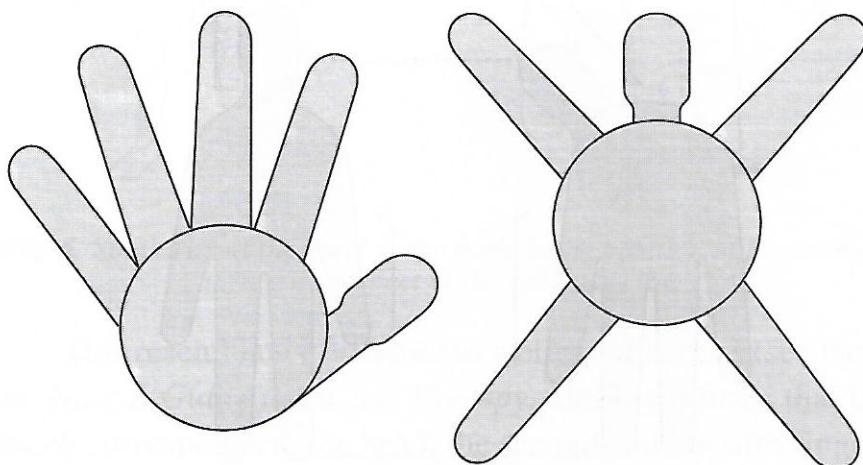


Fig. 2. Similarity of the hand to the body in the number of protruding parts

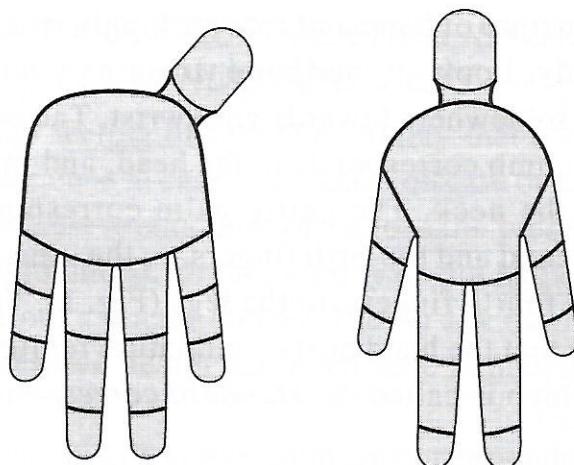


Fig. 3. Similarity of the hand to the body in the number of segments of protruding parts

The thumb that consists of two phalanges resembles the head and the neck. Each of the four extremities consists of three parts. The upper extremities are composed of hands, forearms,

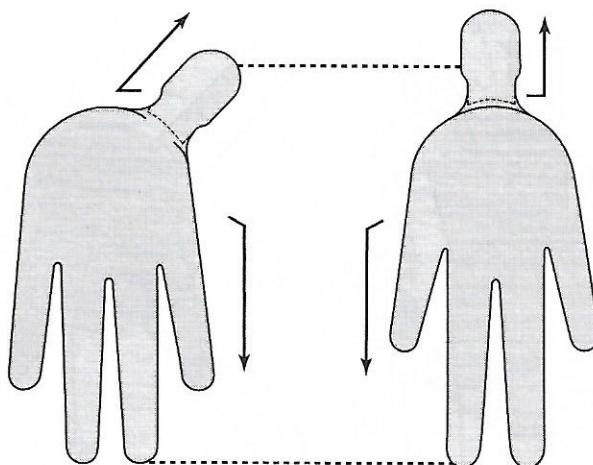


Fig. 4. Similarity of the hand to the body in the direction of protruding parts

and upper arms, while the lower extremities of thighs, shins, and feet. With the exception of the thumb, each of the four fingers consists of three phalanges (Fig. 3).

If the body is positioned vertically, the head looks upwards, while all the extremities are directed downwards. The hand's thumb has a different orientation compared to the four fingers (Fig. 4).

The head lies on the body's symmetry line, while the legs lie on both sides of this line. The arms are the farthest from the symmetry line. Fingers are situated similarly with respect to the symmetry line (Fig. 5).

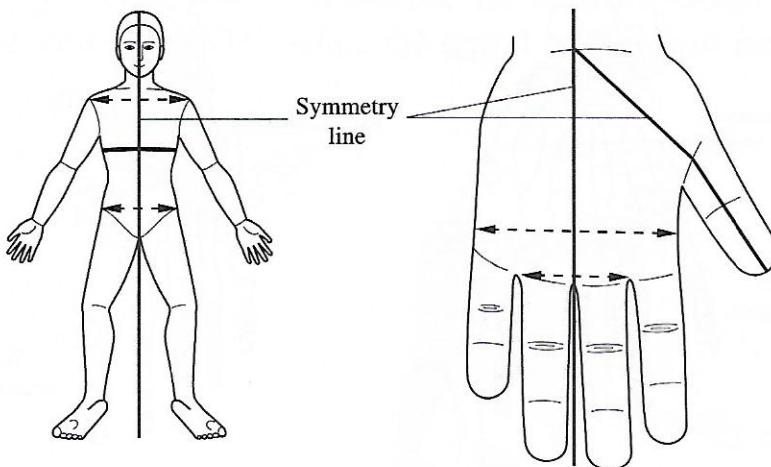


Fig. 5. Similarity of the hand to the body in the position of protruding parts with respect to the symmetry line

This resemblance criterion as well as other ones (see Park, Jae Woo, *A Guide to Su Jok Therapy*, 1999) confirms that the thumb corresponds to the head, the second and the fifth fingers correspond to the upper extremities, and the third and the fourth fingers, to the lower extremities.

Has such resemblance been due to a mere chance? Of course not. The similarity is the evidence of a profound intrinsic interdependence of the hand and the body. It explains the possibilities of Su Jok therapy, which thousands of patients have already experienced by now.

Among all body parts, the foot resembles the hand most (Fig. 6) and ranks the second by similarity to the body. It is similar to the body in the number of protruding parts, in the number of segments and of joints in the protruding parts, etc. Feet also host the *standard systems of correspondence to the body*.

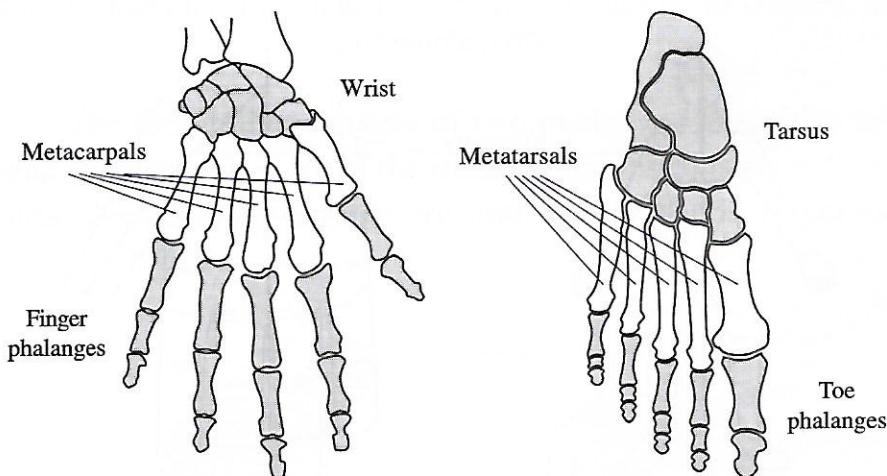


Fig. 6. Similarity of bone structures of the hand and the foot

Profound knowledge of the standard correspondence systems facilitates location of internal organs' projections on hands and feet. Prompt and efficient first aid in any emergency is thereby possible. Some more reference points will help easy understanding and learning of the standard correspondence systems. They are as follows:

- correspondences to the body's Yin- and Yang-surfaces on the hands and feet;
- correspondences to the body's central lines;
- correspondences to the diaphragm.

CORRESPONDENCES TO THE YIN- AND YANG-SURFACES OF THE BODY

According to old Chinese beliefs, the bodily surface is divided into Yin- and Yang regions. When a man bends, his front surface looks inwards (Yin) and his back surface, outwards (Yang) (Fig. 7).

If you close your hand into the fist, the palm surface will be hidden inside (Yin), while the dorsal surface will remain

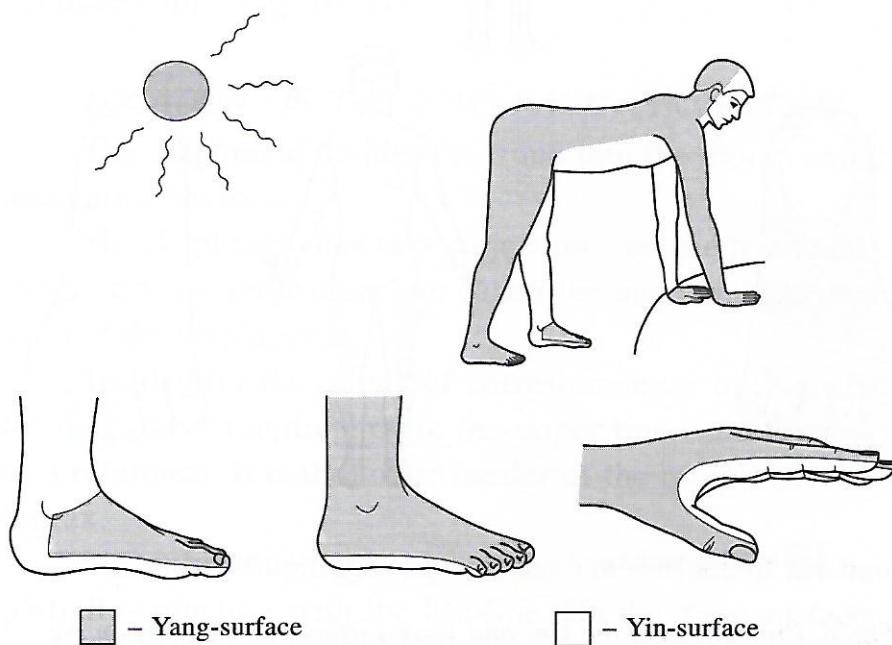


Fig. 7. Yin-Yang borders of the body, the hand, and the foot

outside (Yang). In the standard correspondence systems, the Yang-surface of the body is projected to the Yang-surface of the hands and feet; the Yin-surface of the body corresponds to the Yin-surfaces of the hands and feet (Fig.8).

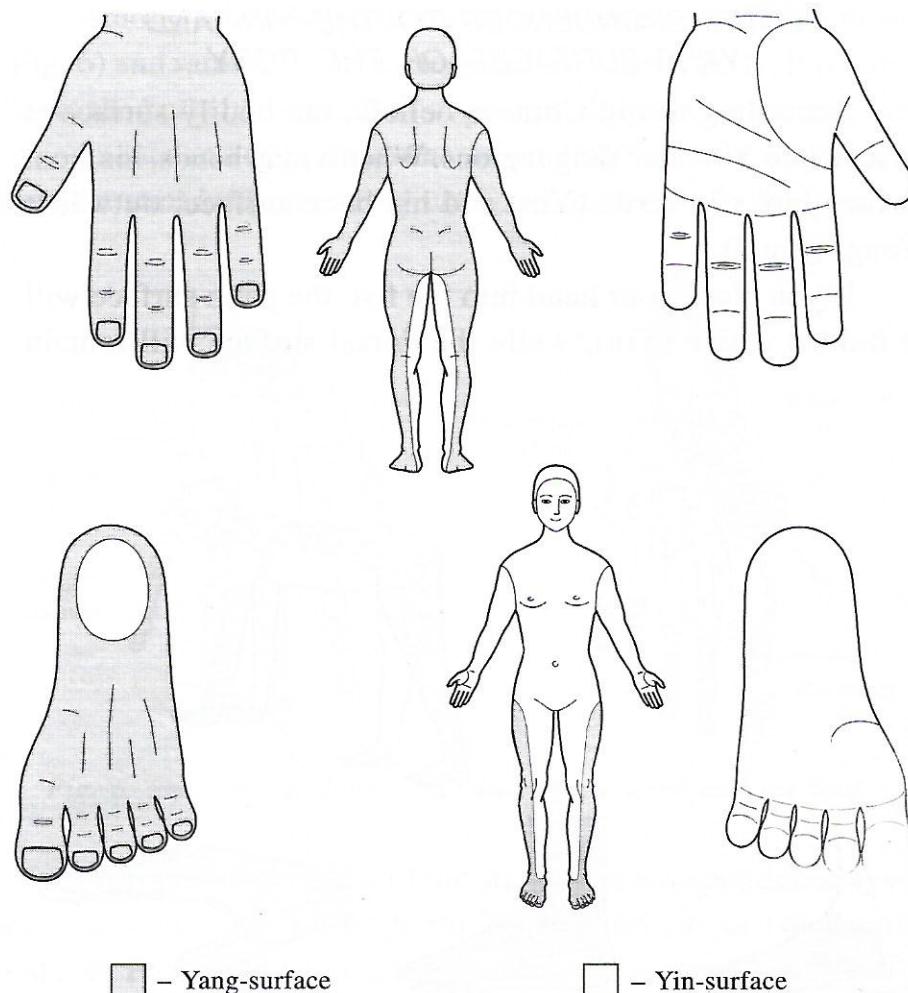


Fig. 8. Projections of the Yin- and Yang-surfaces of the body on the hand and the foot

CORRESPONDENCES TO THE MEDIAN LINES OF THE BODY

Man's body is governed by the bilateral symmetry. It includes the two parts, the left and the right. The front central line lies on the border between the left and the right halves of the front bodily surface; the back central line is situated in the opposite side of the body. Projections of the central bodily lines are situated in the symmetry lines of the hands and feet (Fig. 9).

Since human beings have two hands and two feet, each of them hosts projections of the left and the right halves of the body. A correspondence to the right half of the body lies to the right of the symmetry line of a hand or foot, and a correspondence to the left half of the body lies to the left of the respective symmetry line (Fig. 10, 11).

LOCATION OF THE DIAPHRAGM PROJECTION

The diaphragm divides the trunk into the thorax and the abdominal cavity.

The diaphragm has two projections: on the hand and on the foot; these projections are called the upper and the lower lines of the diaphragm.

To identify the points of correspondence to the organs located above the diaphragm the upper line should be used as a reference. It is the lower border of the projection of the thorax.

The upper diaphragm line on the Yin-surface of the hand partially coincides with the life-line. On the Yang-surface, it goes below the base of the first metacarpal bone (Fig. 12).

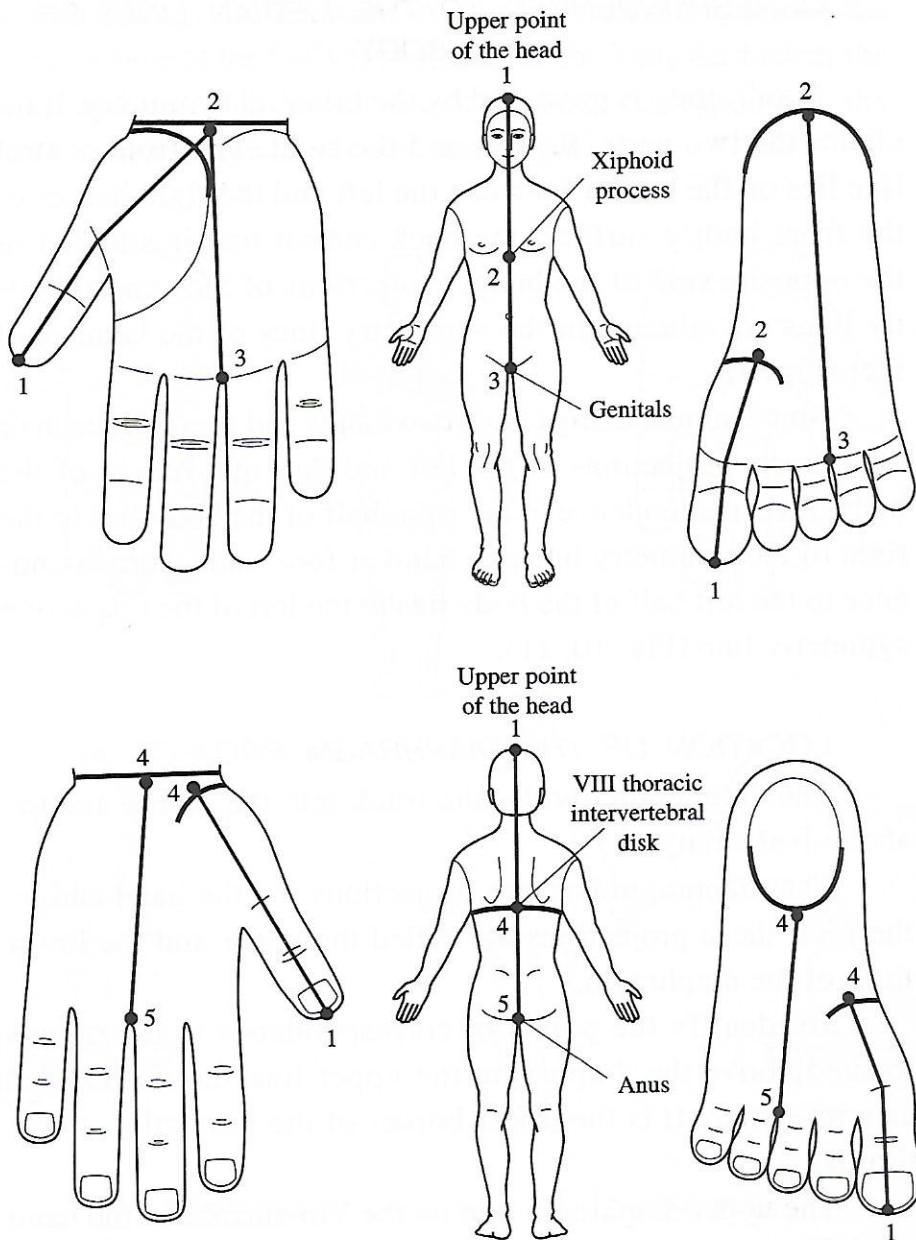
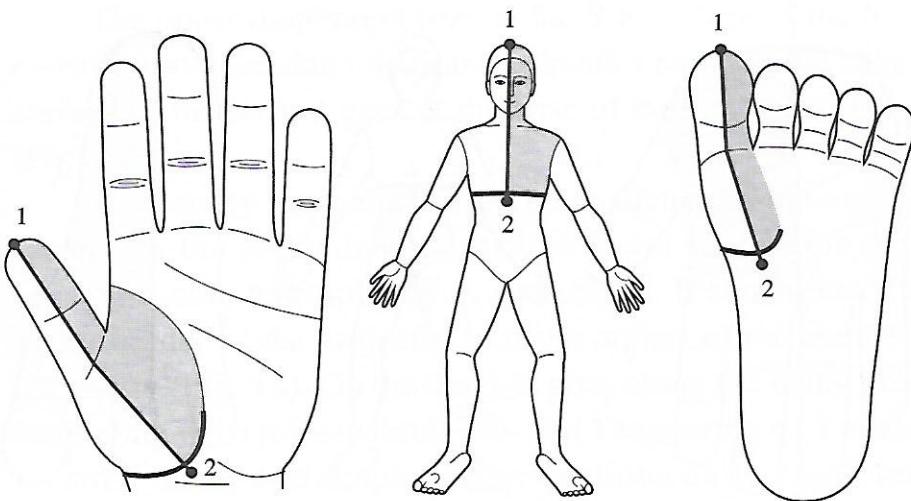
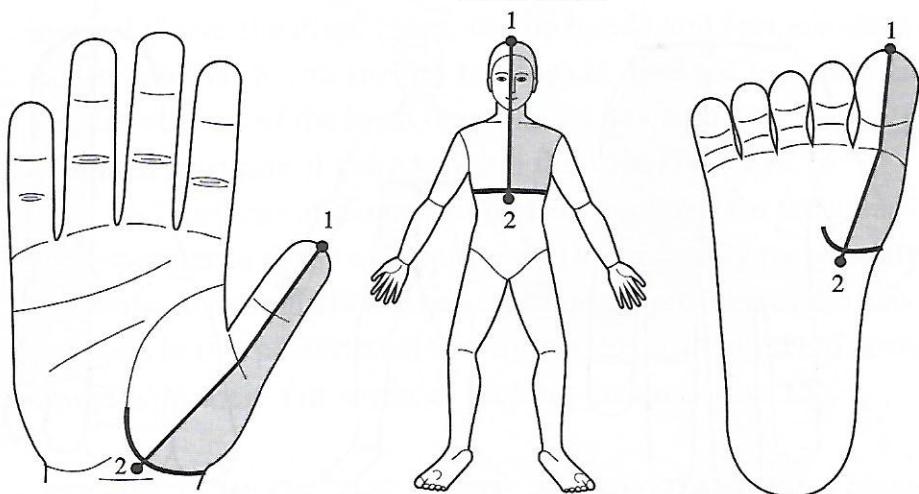


Fig. 9. Projections of the central lines of the body



Correspondence to the right and the left halves of the body
on the left hand and foot

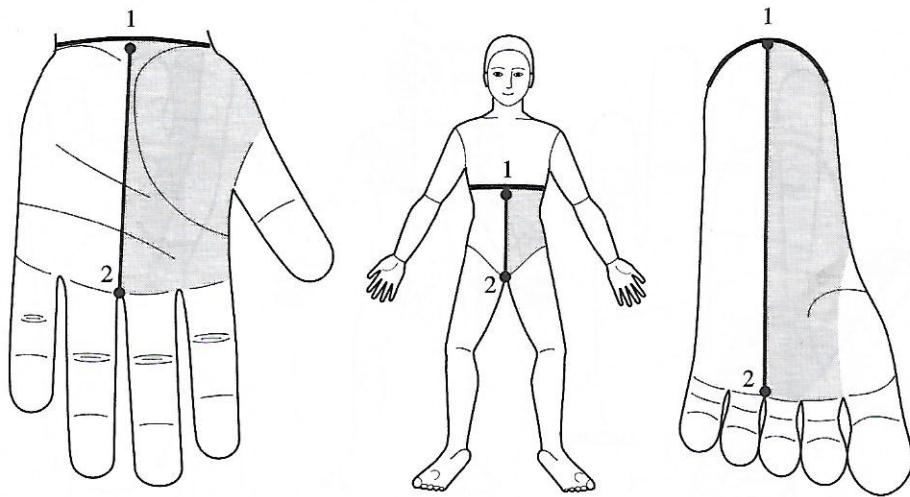


Correspondence to the right and the left halves of the body
on the right hand and foot

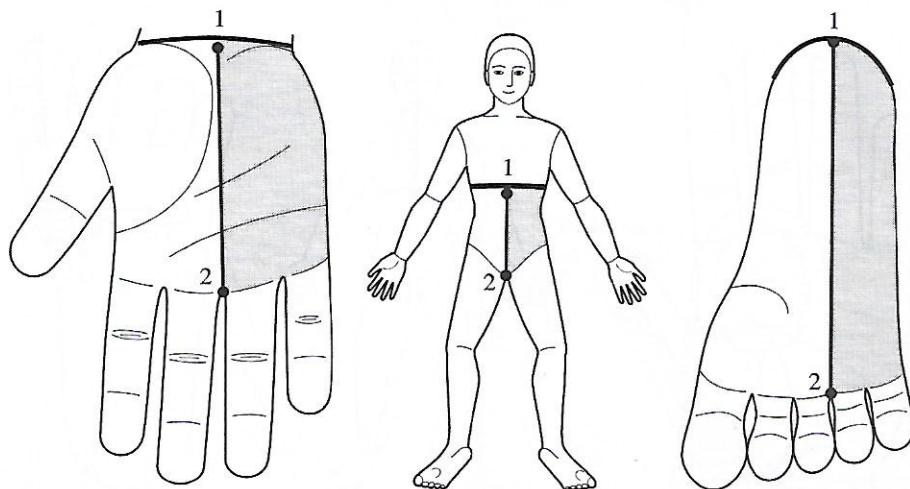
– correspondence to the left half of the body

– correspondence to the right half of the body

Fig. 10. Location of correspondences to the right and the left halves of the body above the diaphragm



Correspondence to the right and the left halves of the body
on the left hand and foot



Correspondence to the right and the left halves of the body
on the right hand and foot

- correspondence to the left half of the body
- correspondence to the right half of the body

Fig. 11. Location of correspondences to the right and the left halves of the body below the diaphragm

The upper diaphragm line on the Yin-surface of the foot coincides with the skin fold near the thumb's base. On the Yang-surface of the foot, it goes at the base of the first tarsal bone (Fig. 12).

To identify the points of correspondence to the organs located in the abdominal cavity, the lower line of the diaphragm should be employed as a reference. It constitutes the upper border of the projections of the organs of the abdominal cavity (Fig. 13). On the hand, it goes along the distal skin fold of the wrist joint on both Yin- and Yang-surfaces. For the location of the two diaphragm projections on the foot, see Fig. 13.

Areas of correspondence to the bodily parts, which are located above the diaphragm, on the hands and feet are identified when the thumb (or the big toe) is directed upwards and the Yin-surface of the hand (foot) looks onward. This is the *first standard position* of the hand and the foot (Fig. 14).

The surfaces of hands and feet are explored for the areas of correspondence to the extremities and to the bodily parts located below the diaphragm in the *second standard position* of the hands and feet. In this position, all the fingers (toes) are directed downwards with their Yin-surfaces looking onward (Fig. 15).

PROJECTION OF THE BODY IN THE STANDARD HAND AND FEET CORRESPONDENCE SYSTEMS

The head is projected onto the distal (ungual) phalanges of the thumbs and big toes, the correspondence to the face being located on the Yin-surface and the correspondence to the parietal and occipital regions, on the Yang-surface.

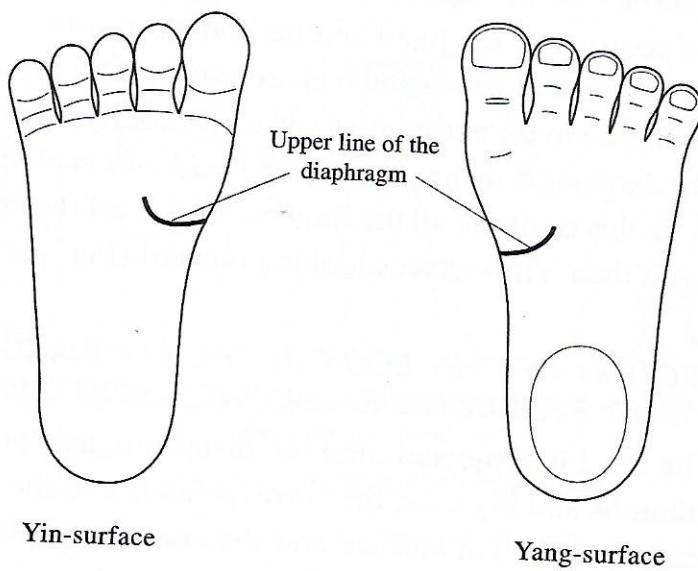
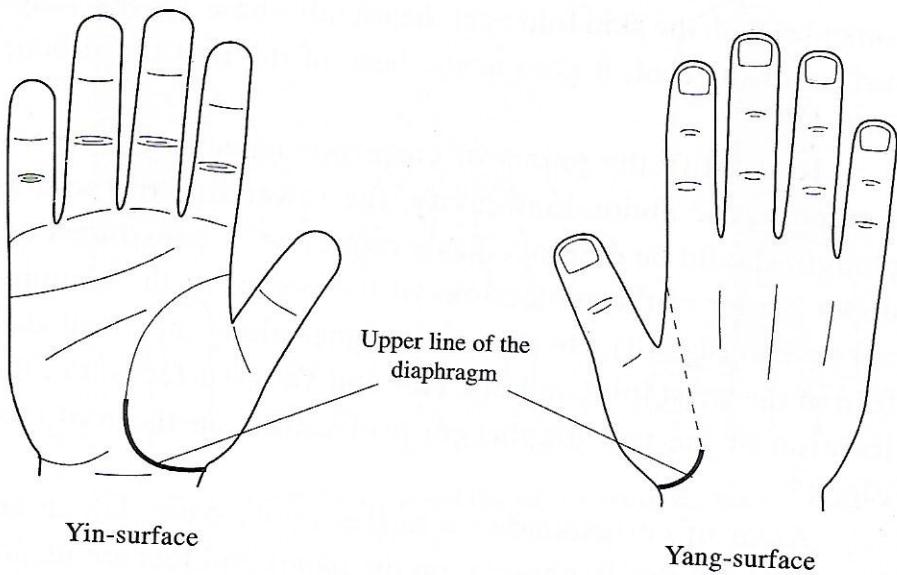


Fig. 12. Upper line of the diaphragm on the hand and the foot

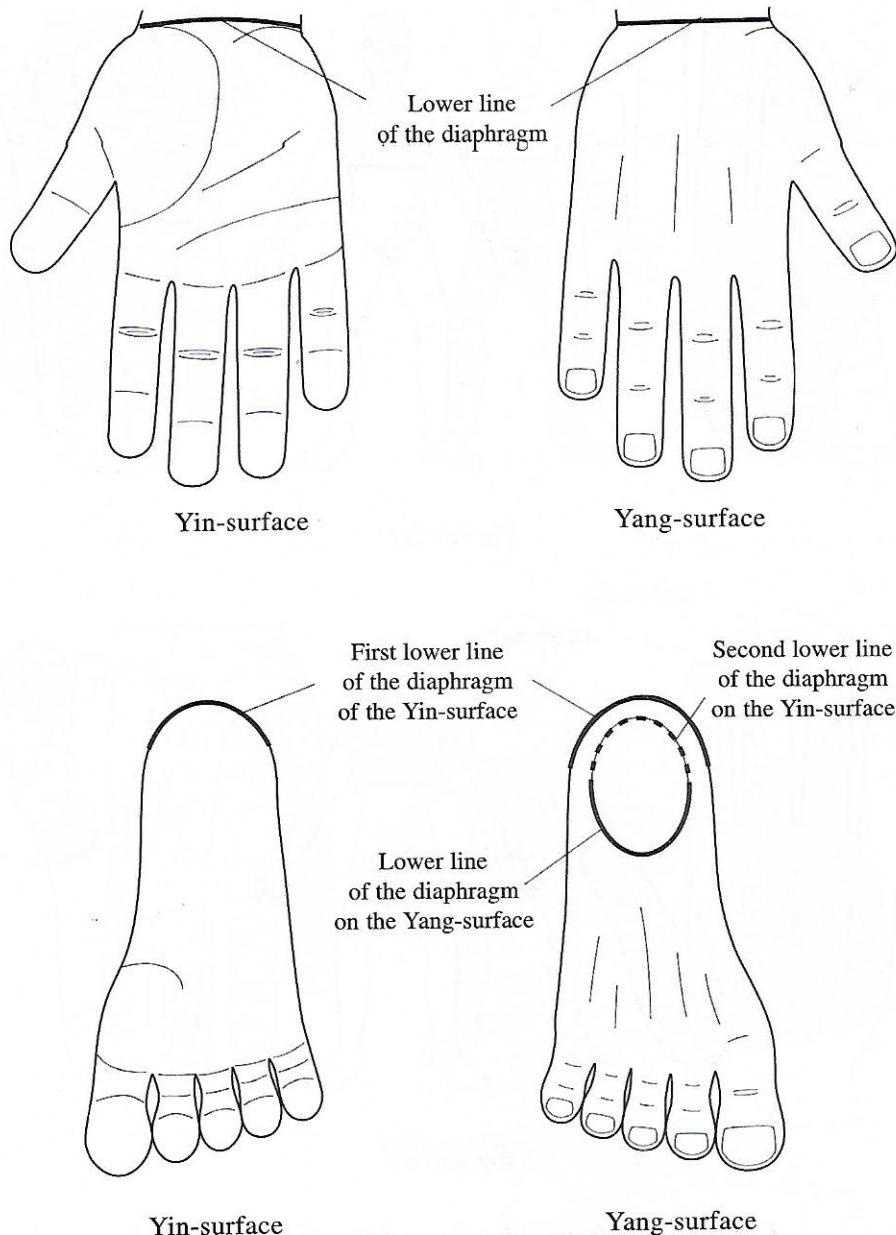


Fig. 13. Lower line of the diaphragm on the hand and the foot

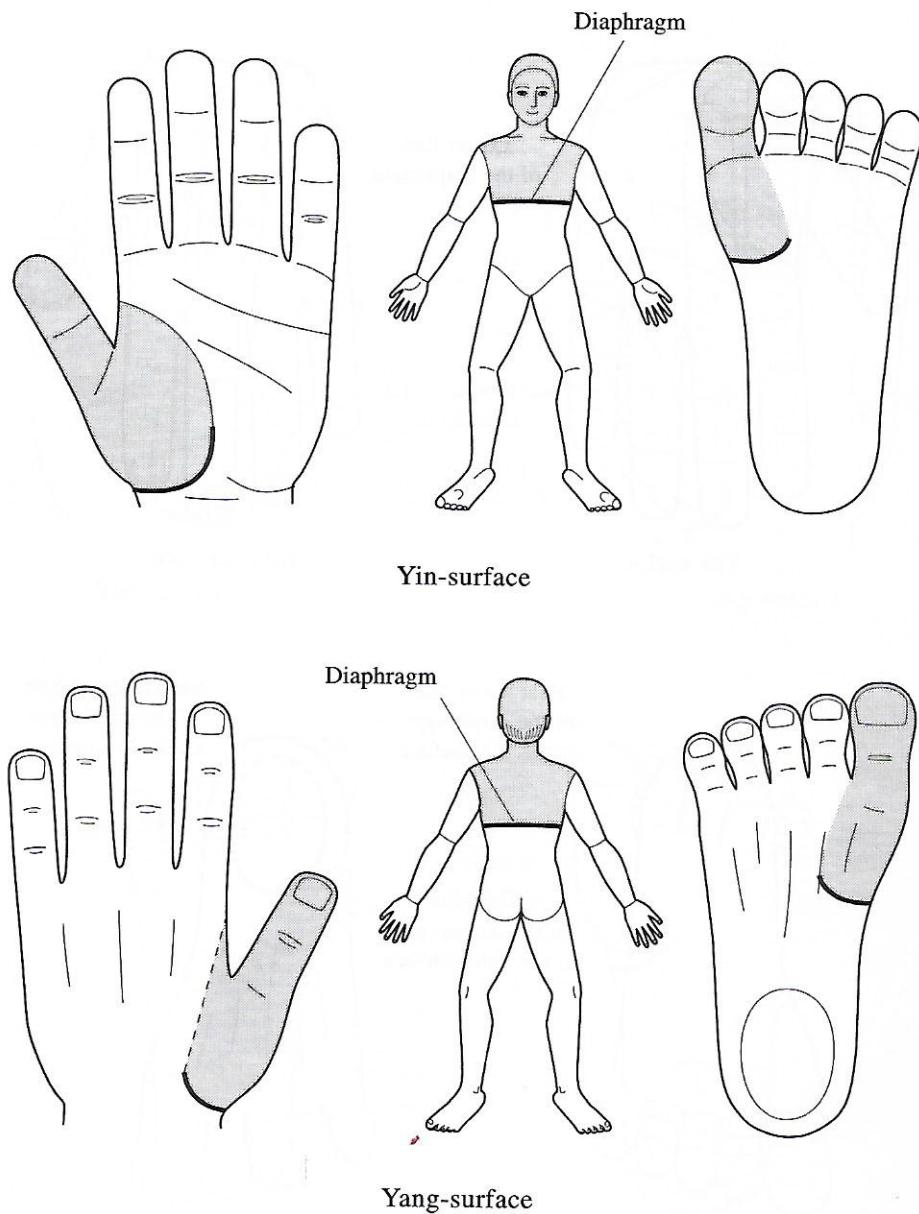


Fig. 14. Positions of hands and feet for identifying correspondences to the bodily regions located above the diaphragm

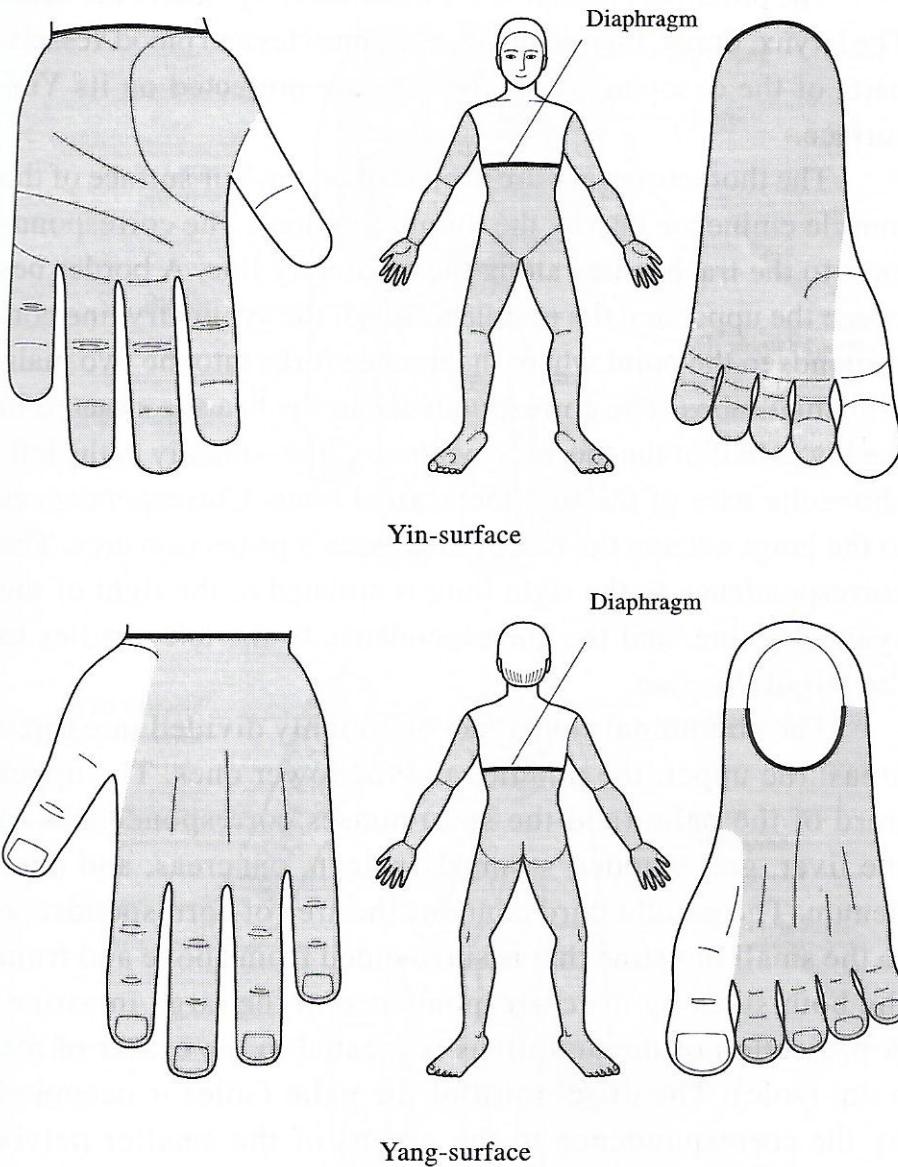


Fig. 15. Positions of hands and feet for identifying correspondences to the bodily regions located below the diaphragm

The proximal phalanx of the thumb corresponds to the neck. The larynx, throat, thyroid gland, neck muscles and blood vessels, parts of the oesophagus and trachea are projected on its Yin-surface.

The thoracic organs are projected on the Yin-surface of the muscle eminence nearby the thumb (big toe). The correspondence to the trachea lies along the symmetry line. A border between the upper and the middle thirds of the symmetry line corresponds to the point where the trachea forks into the two main bronchial tubes. The correspondence to the heart is situated in the lower half of the thorax's symmetry line – mainly to the left, above the base of the first metacarpal bone. Correspondences to the lungs occupy the rest of the thorax's projection area. The correspondence to the right lung is situated to the right of the symmetry line, and the correspondence to the left one lies to the left of this line.

The abdominal cavity can be roughly divided into three areas: the upper, the middle, and the lower ones. The upper third of the palm (and the sole) houses correspondences to the liver, gall bladder, stomach, spleen, pancreas, and duodenum. The middle third contains the area of correspondence to the small intestine that is surrounded from above and from the both sides by the correspondence to the large intestine. A projection of the umbilicus is located in the center of the palm (sole). The distal third of the palm (sole) is occupied by the correspondence to the organs of the smaller pelvis (Fig. 16, 17).

A projection of the spinal column coincides with the symmetry lines on the Yang-surfaces of hands and feet. The thumb's proximal phalanx houses the correspondence to the cervical

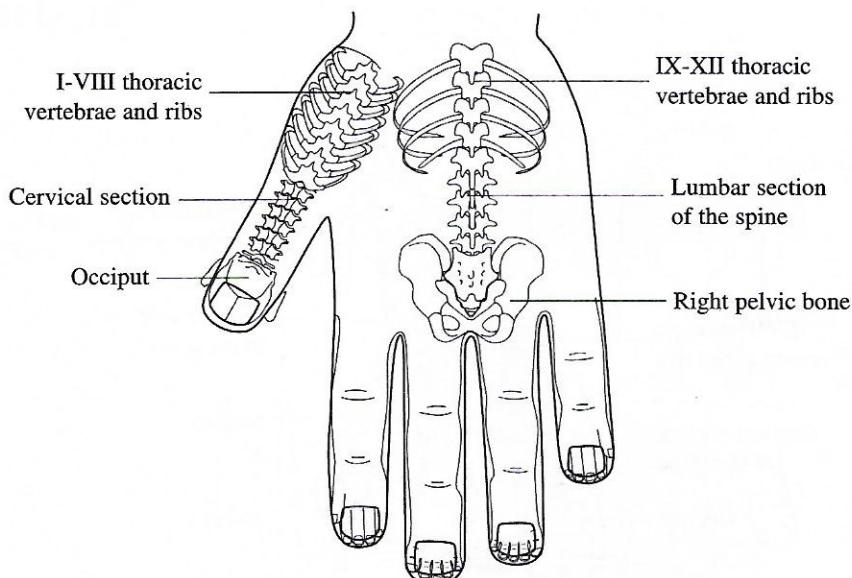
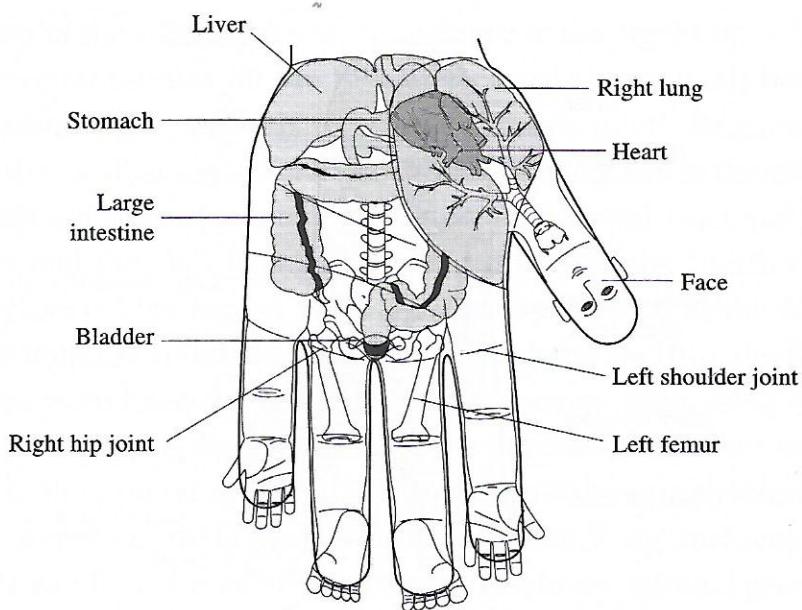
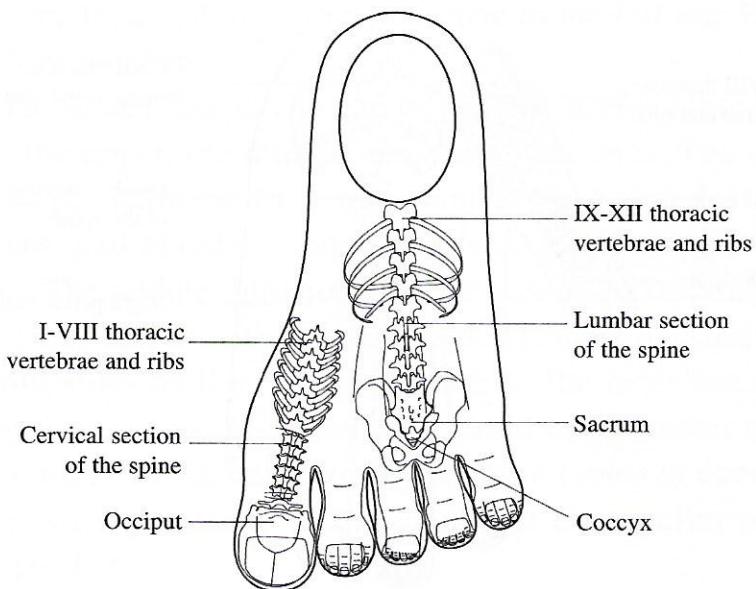
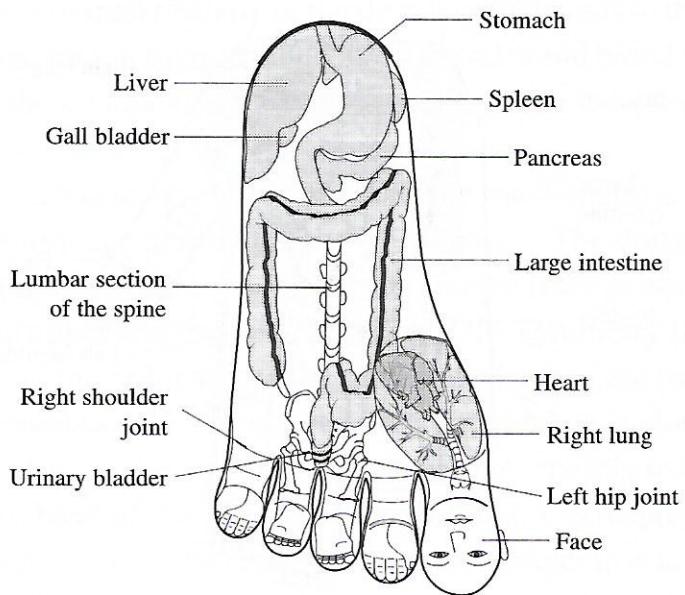


Fig. 16. Standard system of correspondence to the body on the left hand. Correspondences to internal organs and the skeleton



**Fig. 17. Standard system of correspondence to the body on the left foot.
Correspondences to internal organs and the skeleton**

section of the spine. The correspondence to the eight upper thoracic vertebrae lies on the first metacarpal (metatarsal) bone. The spine's projection is interrupted in this point. Beginning with the ninth thoracic vertebra, the correspondence to the spine lies between the third and the fourth metacarpal (metatarsal) bones and the skin fold between the third and the fourth fingers (toes). This region hosts the correspondence to the four lower thoracic vertebrae (the ninth through the twelfth), the five lumbar vertebrae, the sacrum, and the coccyx (Figs. 16, 17).

In humans, the kidneys and the adrenal glands are situated in the lumbar area to the both sides of the spinal column, and, therefore, their projections lie on the Yang-surfaces of hands and feet. Areas of correspondence to the adrenal glands lie in the area of correspondence to the uppermost kidney parts (Fig. 18).

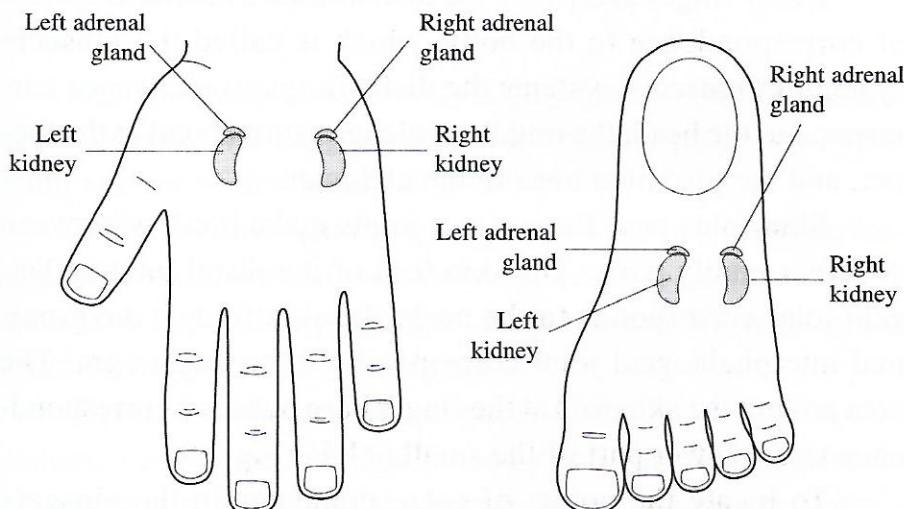


Fig. 18. Correspondences to the kidneys and adrenal glands on the Yang-surface of the left hand and foot

Distal interphalangeal joints correspond to the wrist and ankle joints. Proximal interphalangeal joints correspond to the elbow and knee joints. Metacarpo-(metatarso-) phalangeal joints host correspondences to the shoulder and hip joints of the respective extremities (Figs. 16, 17).

The standard correspondence systems of the hands and feet possess strong curative abilities owing to the explicit structural resemblance to the body, active functions, and frequent stimulation in work and everyday life. Besides, their location makes them very convenient for treatment purposes, including urgent medical aid.

STANDARD SYSTEMS OF CORRESPONDENCE TO THE BODY ON FINGERS AND TOES (``INSECT'' SYSTEMS)

Every finger and every toe also houses a standard system of correspondence to the body, which is called the «insect» system. In «insect» systems the distal (ungual) phalanges correspond to the head, the middle phalanges correspond to the thorax, and the proximal ones to the abdomen.

Skin folds near finger (toe) joints make borders between different bodily parts. The skin fold of the distal interphalangeal joint corresponds to the neck; the skin fold of the proximal interphalangeal joint corresponds to the diaphragm. The area around the skin fold at the finger base houses a correspondence to the lower part of the small pelvis (Fig. 19).

To locate the points of correspondence in the «insect» systems, fingers should be examined in the upward position with their Yin-surface directed onward.

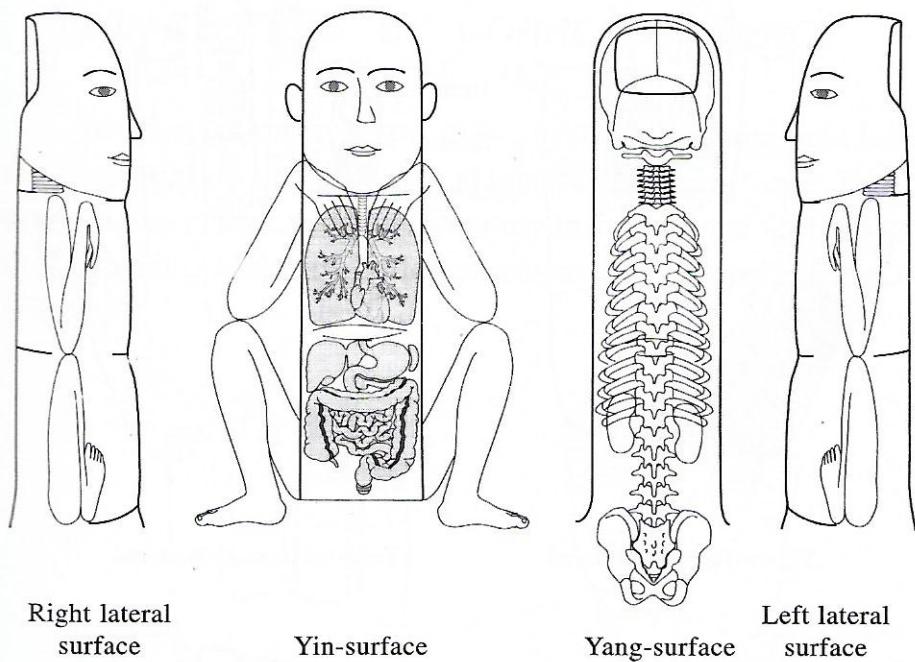


Fig. 19. Standard «insect» system on a finger

The Yin-surface of the body is projected on the Yin-surface of the fingers. The Yang-surface of the body is projected on the Yang-surface of the fingers (Fig. 20).

The extremities in the bent position are projected on lateral surfaces of the fingers. Correspondences to the arms are located on the middle phalanges. Projections of the legs are located on the proximal phalanges.

Given that the correspondences to the head, thorax, and abdomen are located vertically one by one, that fingers have an osseous basis, and that all reference points are visible, even a beginner can locate curative points error-free, using «insect» correspondence systems.

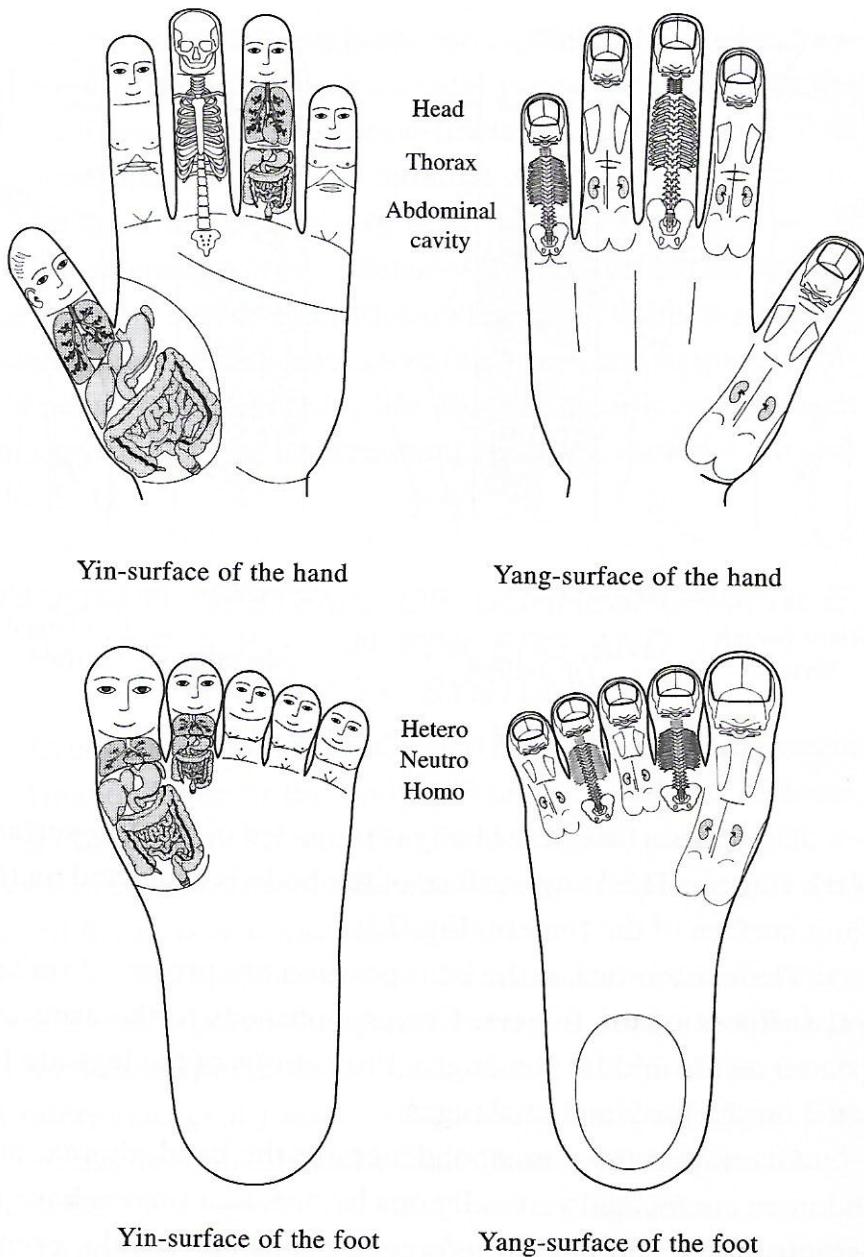


Fig. 20. Standard «insect» systems on the fingers of the left hand and the toes of the left foot

MINISYSTEMS OF CORRESPONDENCE TO THE BODY

In the standard correspondence systems the hands and feet are projected on the ungual phalanges of fingers (toes). Their projections, in turn, contain miniature informational replicas of the organism, which are called minisystems of correspondence (Fig. 21).

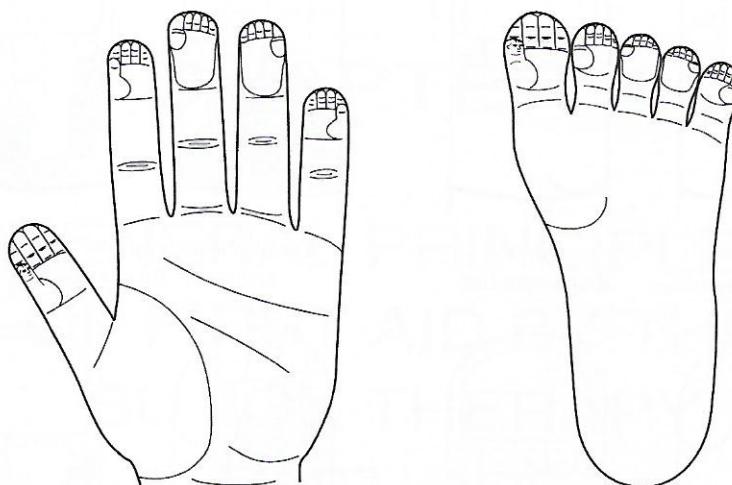


Fig. 21. Location of minisystems of correspondence to the body on the distal phalanges of fingers and toes

The distal phalanges of the second and the fifth fingers (toes) as well as of the thumb (big toe) house the minisystems of correspondence to the body replicating the standard correspondence system of the hand. The distal phalanges of the third and the fourth fingers (toes) house the minisystems of correspondence to the body replicating the standard correspondence system of the foot.

When minisystems are applied for treatment, one should keep in mind the specific location of projections of bodily parts and organs in the standard correspondence systems of the hands and feet (Fig. 22). Use of minisystems of correspondence to the body located on the distal phalanges of fingers (toes) for first aid usually produces good results.

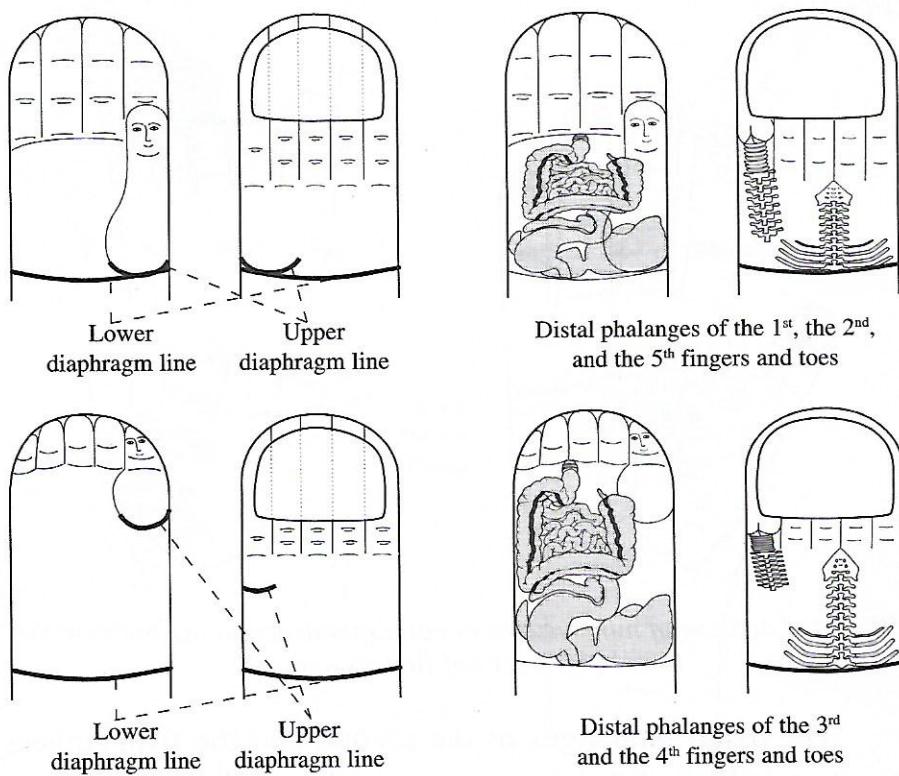


Fig. 22. Minisystem of correspondence to the body

CHAPTER II

GENERAL PRINCIPLES OF FIRST AID BY THE SU JOK THERAPY METHODS

TACTICS OF FIRST AID BY THE SU JOK THERAPY METHODS

Accidents or acute diseases usually catch people unawares. They tend to be happening in the most undesired time and in places where a victim cannot receive timely medical aid – because necessary drugs or dressing are unavailable, for example. Of course, an ambulance should be called first of all. But it often takes a while for a doctor to arrive. The passing minutes or even seconds are sometimes crucial, though.

That is why several very simple manipulations should be carried out immediately on the spot, which will probably prevent severe complications. First aid given by anyone who happens to be nearby is of critical importance for human lives to be saved and health recovered.

Such aid requires skills in closed-chest heart massage, artificial respiration, arresting the bleeding dressing wounds, immobilization, and so forth. All these first aid techniques are well known and widely described in numerous medical manuals and reference books but Su Jok therapy that is distinguished for its *prompt effect* can be equally employed. High concentration in the hands and feet of the Hetero-force, capable of modifying and transforming everything, ensures achievement of quick results of treatment (Fig. 23). Hands and feet are the most distant bodily parts with respect to the body's center, and therefore possess the immense curative Hetero-potential that can cause quick and far-reaching change in any part of the organism. In urgent cases, when extensive injury requires deep readjustment of functions of various systems of the human organism to recover the homeostasis, the Su Jok methods are appropriate and rewarding.

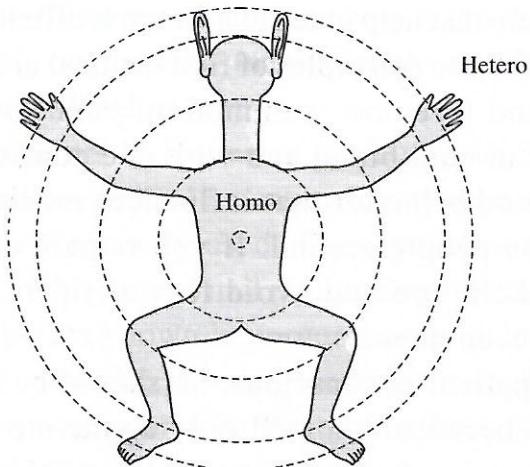


Fig. 23. Central parts of the body are under the influence of the Homo-force, while the most distant ones are under the influence of the Hetero-force

Use of conventional methods of first aid is sometimes constrained or impossible. In traffic accidents, for example, frequently there is no way to completely extract a victim out of the car, and in some grave injuries no change of the body's position is permitted. Su Jok therapy has an arsenal of seemingly very simple manipulations which make it possible to give an exceptionally efficient first aid right on the spot and during transportation of the patient. Actually, it can be regarded as an independent first aid method that can be practiced by virtually everyone who has a good command of its basics.

In many cases, after the first aid has been given by the Su Jok methods, an ambulance still should be called: Su Jok therapy does not rule out traditional medical help, especially when medication is required. But proper and timely use of Su Jok techniques before the arrival of a doctor can sometimes save human lives.

To ensure that help given to a victim is efficient, one should know several basic principles of first medical aid.

First and foremost, summon up your courage and act quickly but in cold blood and with due confidence. This is the only sound behavior that influences much both the sufferer and the people around. If you remain calm, you will have them help you and avoid loss of time, inappropriate moves and even panic.

If the patient is conscious, he should be reassured and encouraged because fear will only aggravate the situation. Doing this requires tranquility and self-confidence; never discuss with others how grave his sickness or his wounds are if the patient can hear you, and never say that you fear for his life.

Then proceed in a strict order. You should first assess the situation and terminate whatever factor responsible for the accident (extract the victim from the water or from a room full of gas or smoke; extinguish fire if his clothes are burning, etc). Then you should examine him quickly but with due care to make sure that he is alive, and assess his state (if he is conscious, bleeding and so forth). After that proceed to the first aid.

After the patient's state is clear to you, try to arrange his body in a correct position: lower or raise his legs, pull out his tongue, turn his neck, and so on. If any fractures are suspected, the patient should be neither turned nor lifted. Wait until an emergency ambulance arrives that will ensure transportation on a stretcher.

If there are any other people around, request that they help you. They can call an ambulance by telephone or assist you in carrying out necessary manipulations. You can show them

which areas should be stimulated and how it should be done, or ask them to carry out the same manipulations simultaneously on the patient's other hand or foot.

Time should not be lost when you apply the Su Jok methods. To respond to medical emergencies, special resuscitation points are most frequently used. These points are located on fingertips and at the base of nail plates. Begin with stimulation of fingertips' points known in corporal acupuncture as «Shixuan» (Fig. 24) either by pressing massage or by bloodletting. In certain cases needles can be inserted in these points or they can be warmed with wormwood cigars.

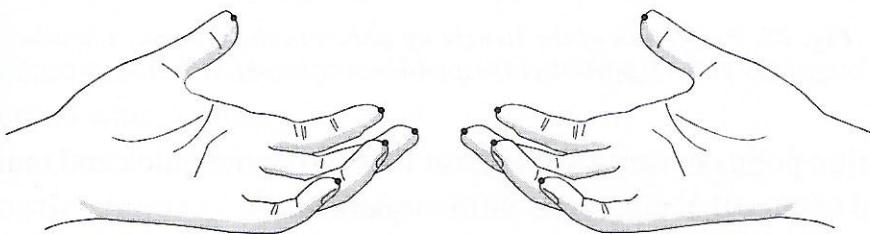


Fig. 24. Location of the Shixuan points

After that proceed to stimulation of the points located at the base of the fingertips. In the «animal's head» correspondence system, the Renzhong point situated in the fold between the nasal septum and the upper lip is projected to the latter points (Fig. 25). The Renzhong point is known for its revival abilities. In animals, it is the most protruding part of the head, and the Hetero-force is therefore the most pronounced here.

Hence, both resuscitation points are located right near the nail. The concentration of Hetero-force is the highest in the nail, which its constant growing confirms. Acting upon the resusci-

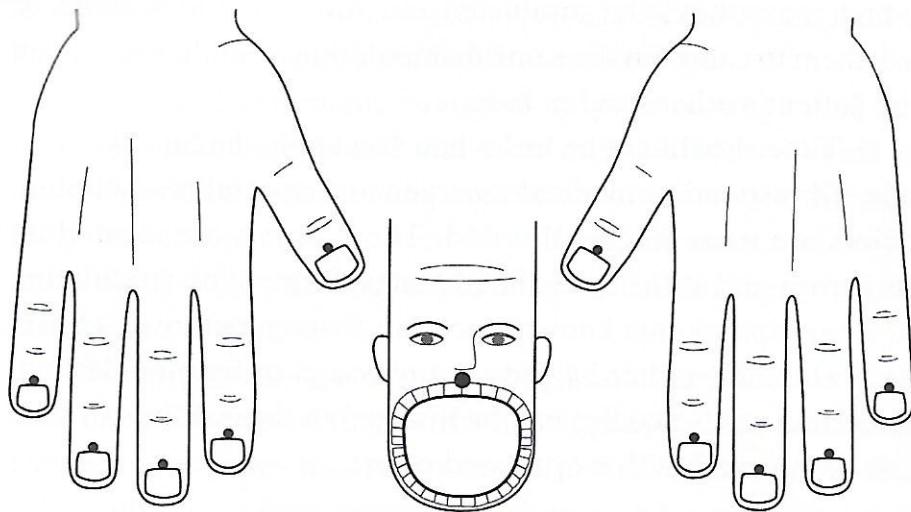


Fig. 25. Projection of the Renzhong points in the «animal's head» partial correspondence systems

tation points is very efficient, for it brings about quick and radical change that affect the entire organism.

Intensive nail massage with fingers is an excellent method of first aid. The patient's finger- and toe nails are stimulated one after another with due effort; special attention should be given to the nails of thumbs and big toes, as these nails are distinctly related to the head (Fig. 26). The nail massage is especially

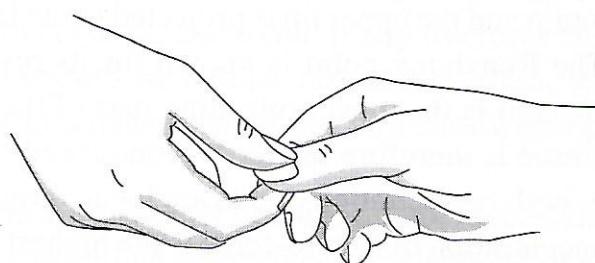


Fig. 26. Massage of nail plates

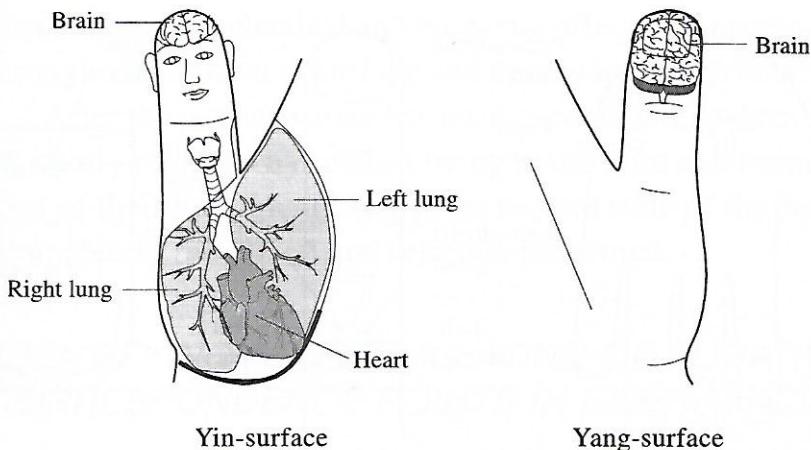


Fig. 27. Areas of correspondence to the cerebrum, heart, and lungs in the standard hand correspondence system

recommended if the color of the victim's nails has changed – turned white or blue.

Administering first aid, special attention should be paid to stimulation of points and areas of correspondence to the vital organs like the brain, heart or lungs. It helps normalize pulse and breath, and also revive the patient (Fig. 27).

In Oriental medicine, the kidneys are believed to be accumulating the vital force («parents' energy»). Their stimulation is recommended in every grave sickness accompanied by a definite energy deficiency. The stimulation of the areas of correspondence to the kidneys also intensifies dehydration and facilitates excessive liquid discharge, which is especially indicated in all kinds of edema (Fig. 28).

Besides, the stimulation of areas of correspondences to the endocrine glands is often necessary, too. It applies first to the adrenals that produce the «stress hormone», the adrenaline. Emergency situations are always accompanied by stress, so

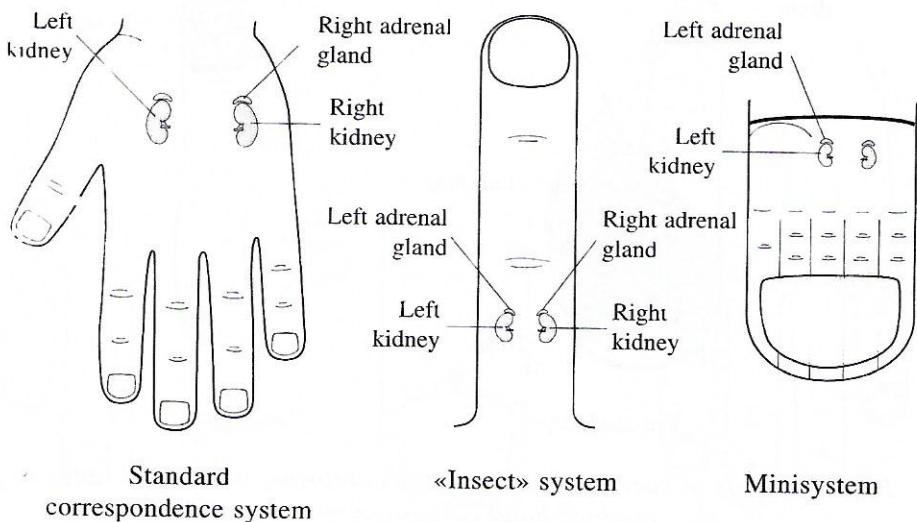


Fig. 28. Areas of correspondence to the kidneys and adrenal glands

acting on the areas of correspondence to the adrenal glands promotes faster mobilization of the protective capabilities of the organism (Fig. 28).

At the final stage of first aid manipulations by the Su Jok methods you should act upon the areas of correspondence to the bodily regions affected by sickness or injury (fracture, burn or frostbite).

All the points that are acted upon in emergencies fall, therefore, into three groups: the resuscitation points, the points of correspondence to vital organs, and the points of correspondence to regions affected by sickness or injury. The stimulation of these points can be different. But in most cases intensive massage should be given during 1–20 minutes to improve the patient's state.

If the massage is insufficient, the points of correspondence should be warmed with mini- or micromoxas. Thereafter tiny magnet stars should be attached to the points. The latter stimu-

lators combine mechanical and magnetic effect, and accomplish thorough stimulation of surface and deeply located points.

After the patient's state has been normalized, magnet stars are usually replaced by seeds. Owing to the mild and harmonic effect of their biological energy, the normal state of the patient is completely recovered and relapses prevented.

IDENTIFYING AND STIMULATING OF CURATIVE CORRESPONDENCE POINTS IN EMERGENCIES

To ensure that first aid produces due results, curative correspondence points should be correctly identified and stimulated. For this purpose, the state of points in the correspondence areas needs to be checked first. If the patient is conscious, he will feel pain when a correctly identified point is pressed; the pain is frequently followed by a reflex hand jerking or eye blinking.

To identify and stimulate the correspondence points, a special tool, a diagnostic probe, is necessary. However, emergencies occur any time and any place, and we are usually poorly prepared (i.e. the instruments are unavailable). Therefore, you can well identify the correspondence points with your own fingers or with a match, pencil, pen, key or whatever else is handy.

In emergency situations, when time is scarce, finger massage is the easiest method of correspondence points stimulation. It should be given with one or several fingers (most often, the first, the second, and the third ones). Massage the points vigorously until the patient feels better or a doctor comes. Don't lose your time to precisely identify the correspondence points (especially if the patient's state is grave enough) but massage the entire area corresponding to the affected organ.

To stimulate the correspondence points, the following several methods can be employed: interrupted pressure, squeezing, rubbing, vibration, and rotational or linear massage.

During massage by *interrupted pressure* the points or areas of correspondence are vigorously pressed with one or several fingers or with finger knuckles (Fig. 29 [1]). This type of massage can be also given with both hands.

During *squeezing* the skin and the tissues below are grasped with the thumb and the second finger until deep reddening appears (Fig. 29 [2]). Forceful pressure is necessary. Squeezing is especially good to stimulate the areas of correspondence to the heart and the lungs.

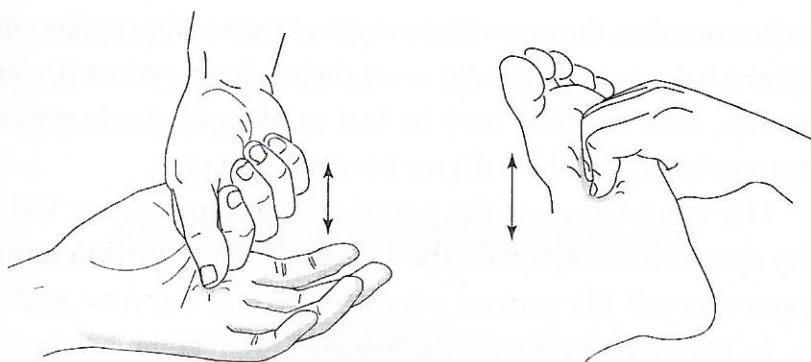
Rubbing is carried out with one or several fingers (Fig. 29 [3]). Again, a big deal of effort is a must. The areas of correspondence to the head, which the tips of fingers and toes host, are very convenient for rubbing.

Acting on a correspondence point by vibrating finger movements at a rate of some 100-300 movements per minute is *vibration*.

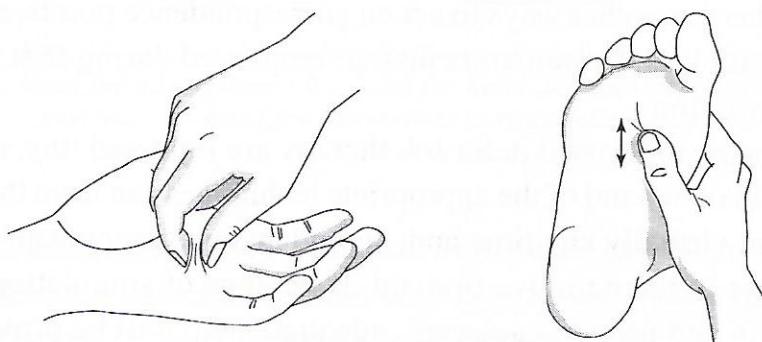
Rotational massage is given by circular movements with one or several fingers at a rate of about 60 motions per minute. This type of stimulation also needs substantial pressure (Fig. 29 [4]).

Linear massage is given with fingers in a particular direction related to the nature of ailment (Fig. 29 [5]). When inhalation is impaired, for example, the linear massage should follow the direction of the entry and movement of the air in the respiratory tract.

If the victim (patient) is inhibited or unconscious (because of coma, shock or clinical death), finger massage should be urgently

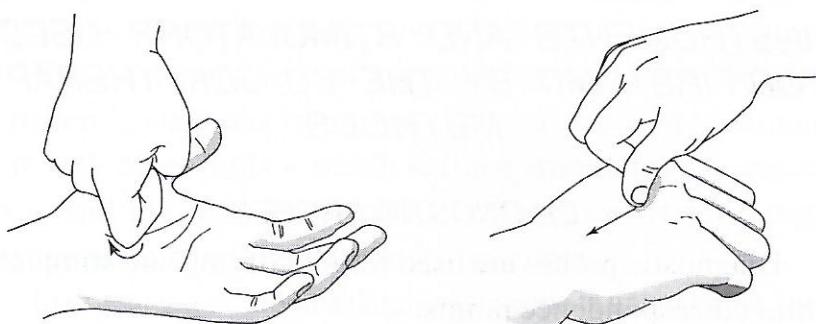


1. Interrupted pressure



2. Squeezing

3. Rubbing



4. Rotational massage

5. Linear massage

Fig. 29. Massage techniques

given to stimulate the areas of correspondence to the organs whose functions have been impaired most (heart, lungs, adrenal glands, cerebrum, etc). No time may be lost to identify single points of correspondence, for the sufferer does not feel pain.

The stimulation of the points of correspondence has virtually immediate impact on the sufferer's state. Within minutes or even seconds his general condition would improve and pain pass, he would feel warm in the affected area, and his skin shade would change. Changes of other kind depending on the nature of injury or disease often appear too.

There are other ways to act on correspondence points, and various tools and stimulators may be employed during first aid administration.

As the tools used in Su Jok therapy are light and tiny, any person in command of the appropriate techniques can have them handy at virtually any time and, should an emergency happen, make use of them to give first aid. If the type of stimulation is precisely and properly selected, adequate help will be provided within a limited period of time.

INSTRUMENTS AND STIMULATORS USED FOR FIRST AID BY THE SU JOK THERAPY METHODS

DIAGNOSTIC PROBES

Diagnostic probes are used for identifying and stimulating painful correspondence points.

A diagnostic probe has ball-shaped heads of various diameter (1.5, 3.3, 7.0 mm) on both ends. Diagnostic probes are chosen according to the size of a correspondence system. The

standard head and foot correspondence system needs a tool with bigger heads, while for massage in minisystems tools with small heads are used (Fig. 30).

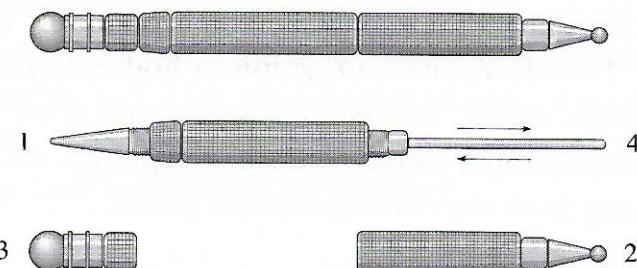


Fig. 30. Diagnostic probe with four different diameter heads:
1 – head for minisystems; 2 – head for head and foot correspondence systems;
3 – head for extremities correspondence systems;
4 – movable head

Diagnostic probes are made from metal, ebonite, wood and some other materials. When help is provided in emergency, a metal tool is the best due to its reliability.

Massage with a diagnostic probe needs a big deal of force. Various techniques can be employed like interrupted pressure, rotational or linear massage, and vibration.

If after the massage of a point or area of correspondence the patient's state has improved, you can proceed to stimulating it with other tools – attach surface stimulators, warm with moxas and the like. If the patient is in grave state, constant massage must be given until a doctor comes.

In urgent cases, when a diagnostic probe is unavailable, points of correspondence can be identified and stimulated with a finger-nail, match, pen, pencil, crochet hook, key, etc. The main thing is that the tool should not be sharp, otherwise the skin can be injured.

SCARIFICATORS

In acute conditions, blood circulation disorders are often seen. They are manifested by hemorrhage and haemostasia in the internal organs, and reddening and edema in affected bodily regions. The areas of correspondence exhibit the similar changes. Therefore, first aid action in high arterial pressure, haemorrhagic stroke, high body temperature, acute pain, contusion, haematoma, muscle strain, dyspnoea, etc. requires bloodletting from the correspondence points.

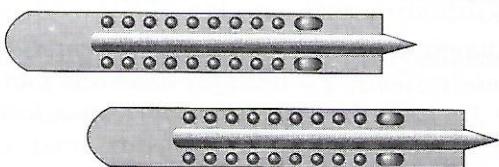


Fig. 31. Disposable scarificators

Bloodletting is performed with a disposable scarifier by piercing the skin to a depth of several millimeters. Bloodletting from a point of correspondence is an exceptionally helpful first aid technique. Hence, your Su Jok toolkit should always include disposable scarificators (Fig. 31). For bloodletting, you will also need some ethyl alcohol (for disinfecting of the skin in the area of correspondence), some cotton wool, and rubber gloves. Timely bloodletting helps avoid very grave complications, and not infrequently saves your patient's life.

TOURNIQUETS

First aid can be given by the Su Jok therapy methods in hemorrhage. For this purpose, you will need a rubber band,

which you will apply, like a makeshift tourniquet, to the area corresponding to a bleeding bodily part in any hand or foot correspondence system.

This is an easy way to stop nasal bleeding, bleeding after a tooth extraction or metrorrhagia. If you have not got a rubber band, you can tightly grip the point (area) corresponding to the bleeding bodily part with your fingers or press it with a diagnostic probe. If possible, attach a piece of ice or any cold thing (previously kept in a freezer for a while).

MOXAS

Warming of the points of correspondence is one of the best methods to alleviate pain. It is employed in angina pectoris attacks, renal colic, spinal pain, and also in various injuries (con-
tusions, strains, fractures, etc.). It is helpful in faints and collapses, in loss of consciousness, and in slow or feeble pulse, too.

There are special wormwood sticks most frequently used for warming: cigars, mini-, and micromoxas. The procedure should be performed until a persistent and pronounced sensation of warmth appears in the points or areas of correspondence.

Wormwood cigars are small sticks 5 mm in diameter and 50 mm in length. Cigars are well fit for warming of the areas of correspondence in the standard hand (foot) correspondence system because several points of correspondence can be warmed at once. For this purpose, a cigar should be held with its slowly burning end 1.5-2 cm above the skin surface until the patient would sense persistent warmth. Otherwise, the cigar's end should be moved towards and away from a correspondence point several times (the pecking method) until the warmth appears. You can also move the cigar's end back and forth over

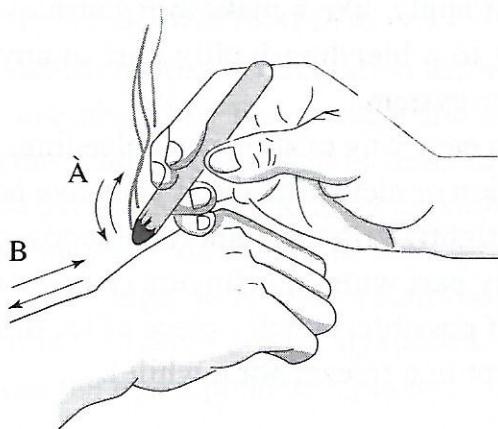


Fig. 32. Warming of a correspondence area with a wormwood cigar:
A – pecking method; B – ironing method

the entire area of correspondence in a manner resembling the moves of an iron on the linen (Fig. 32).

Minimoxas are small hollow tubes 3 mm in diameter and 7 mm in length. They should be installed in a special holder with the burning end up (Fig. 33).

A micromoxa is a thin thread-like wormwood stick 1 mm in diameter and 8–10 mm in length. They should be installed

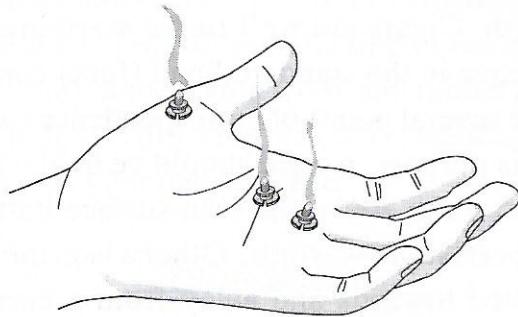


Fig. 33. Stimulation of correspondence points with minimoxas

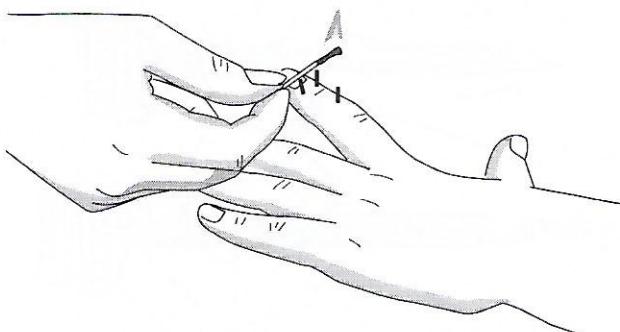


Fig. 34. Warming of correspondence points with micromoxas

directly on a correspondence point on the skin surface. Micro-moxas are especially good to warm correspondence points in the «insect» systems and minisystems (Fig. 34).

The number of moxas necessary to warm each of the points depends on the nature of an ailment or injury. An important point is that warming should be going on until a well-pronounced sense of warmth in the point of correspondence appears.

If a moxa is unavailable, an ordinary cigarette or an aromatic stick will also do, but you should keep in mind that the warmth they extract will not penetrate the skin and tissues as deep as that of wormwood moxas.

MASSAGE INSTRUMENTS

Various instruments like massage rings, roller massage tools or combined hand and foot massage tools have proven to be very helpful for first aid.

Massage rings

They are employed for finger massage in case of extensive injuries of the trunk or the extremities when numer-

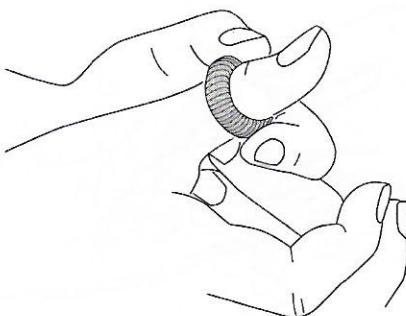


Fig. 35. Stimulation of correspondence areas with a massage ring

ous correspondence points must be stimulated at once. As in «insect» systems the entire body is projected on every finger, this type of massage is indispensable in multiple injuries.

An elastic massage ring should be put on a finger and rolled along it many times with effort until a sense of warmth appears and the finger's skin reddens (Fig. 35).

This is the simplest and the easiest method of stimulation because precise identification of points is not required while impact on unidentified correspondence points is possible as well. If the patient's state permits, he can give massage with an elastic ring himself.

Roller massage tools

Roller massage tools are also employed in multiple injuries for stimulation of the areas of correspondence (Fig. 36). Their effect is similar to that of massage rings. Stimulation with a roller should be going on until a sense of warmth appears in the area of correspondence and the patient's skin turns deep red.

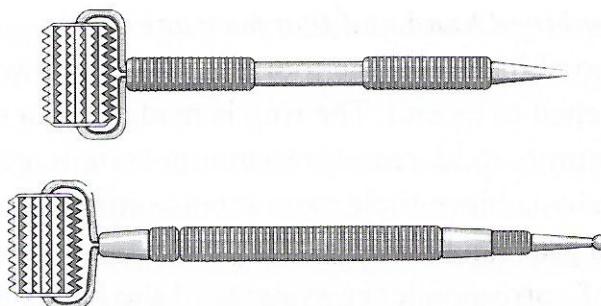


Fig. 36. Roller massage tools

Roller massage tool is a multi-purpose tool that combines a diagnostic probe and a spiked roller. This is notably essential for first aid purposes, as a roller massage tool can be used for identifying correspondence points and for their massage, too. There are roller massage tools outfitted with interchangeable heads intended for identifying and stimulating correspondence points in any hand and foot correspondence system (Fig. 37).

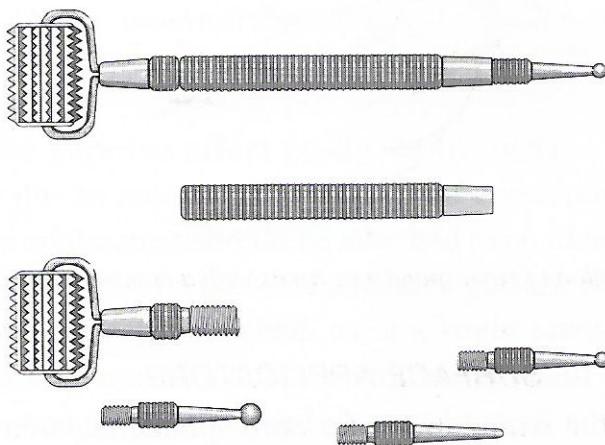


Fig. 37. Roller massage tool with interchangeable heads

Combined hand and foot massage tools

A combined massage tool is a ribbed grip with an elastic ring attached to its end. The ring is made from a stiff material, which permits to increase pressure on certain areas of fingers and thereby achieve their more intense stimulation (Fig. 38).

The grip can be used as a separate tool for intensive stimulation of correspondence systems of the hands and feet. Due to a big number of small pointed spikes on the grip, simultaneous stimulation of the areas of correspondence to several organs is possible. This is important when first aid is being given to victims in grave conditions whose internal organs exhibit serious disorders, and, consequently, there is no time to identify separate correspondence points.

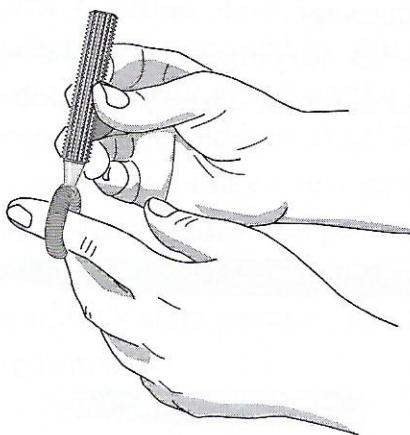


Fig. 38. Stimulation of correspondence areas with a combined massage tool

SURFACE APPLICATORS

If after the stimulation of a correspondence area the patient's state has come to be stable or improved, various surface applicators can be used next. Prolonged stimulation of curative

points is thereby accomplished, which is especially important for transportation of the patient, and also to prevent complications and relapse.

All surface applicators fall into two large groups.

The first group includes artificial stimulators: small metal and magnet stars, metal, glass, plastic and the like balls (Fig. 39). The second includes natural – mineral and organic – stimulators: seeds, plant particles, stones, etc.

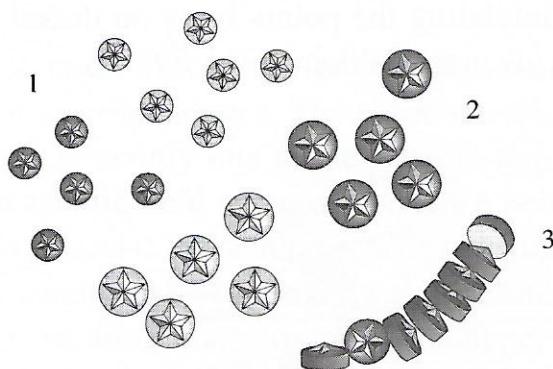


Fig. 39. Metal and magnet stars: 1 – small metal stars; 2 – big metal stars; 3 – magnet stars

The curative effect produced by surface stimulators is mainly due to mechanical irritation of correspondence points. Surface applicators should be attached to an identified curative point by means of a piece of adhesive plaster. If the applicator has been correctly attached, even a slight pressure will cause pain accompanied by a reflex motion. No pain means that the stimulator has been affixed wrong. In such case, you should remove it, double-check the location of the correspondence point, and attach the stimulator again.

A period of time, for which an applicator is to be affixed, depends on the nature of a pathological process, the patient's condition, and the type of stimulator. It can range from several hours through several days.

Metal stars

Su Jok therapy employs big and small metal stars. Big stars are used mainly to stimulate the points located on the palm and sole surfaces of the hands and feet, respectively, while smaller ones, for stimulating the points lying on dorsal surfaces and when aid is given to children (Figs. 39, 40).

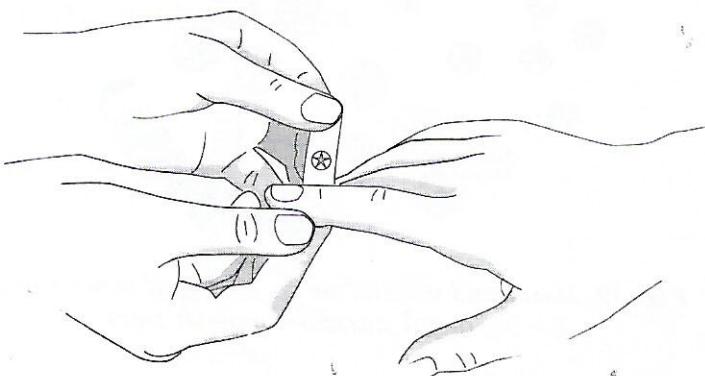


Fig. 40. Stimulation of a correspondence point with a small metal star in a minisystem

After a metal star has been attached to a point of correspondence, intense massage of the latter point should be carried out for 10–20 minutes. If the patient comes to feel better after that, the star should be left in the correspondence area for 24–48 hours.

If the patient, given his state, is capable of taking care of himself, he can press the star from time to time, thereby giving

local massage. If he cannot do that himself, a person who administers the aid should give the massage.

It should be also taken into account that white-metal stars are better suited for pathologies accompanied by high functional activity: acute pain syndrome, inflammations, hypertensive crises, nervousness and agitation. Yellow-metal stars should be preferred for treatment of pathologies with low functional activity: unconsciousness, low arterial pressure, slow pulse, etc.

Magnet stars

Magnet stars are best suited for stimulation of deeply located points of correspondence. The curative effect produced by magnet stars is mainly due to mechanical impact and the influence of magnetic field on correspondence points.

If a star is affixed to the south magnetic pole (the upper side of the magnet painted yellow), it produces a sedating effect. A star affixed to the north magnetic pole (the upper side of the magnet painted white) produces a tonifying effect (Fig. 41).

Magnet stars should be attached for several hours. The main rules for their use are the same as for metal stars.

If metal or magnet stars are unavailable, makeshift surface stimulators can be used in emergencies: glass or plastic beads,

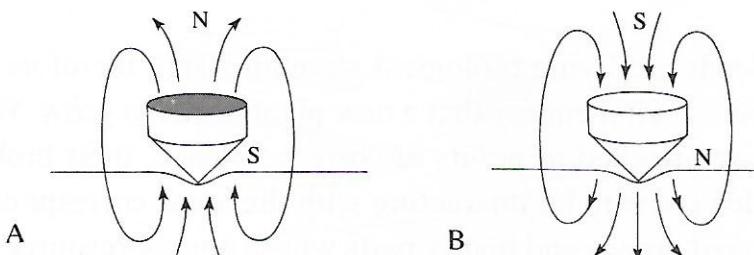


Fig. 41. Sedating (A) and tonifying (B) effect of magnet stars

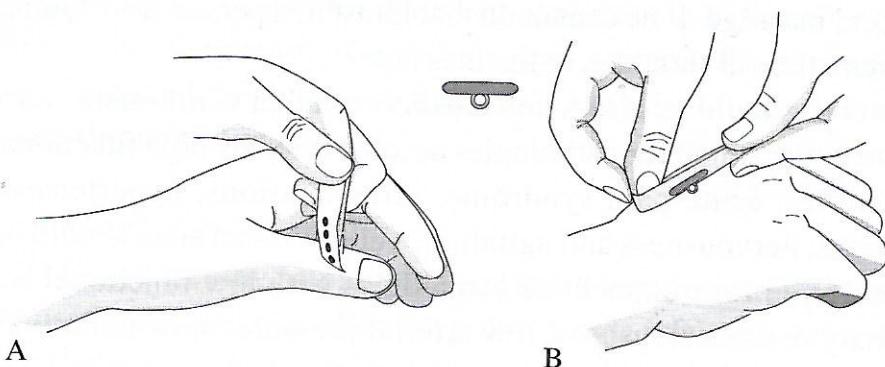


Fig. 42. Stimulation with beads (A) and a button (B) in the standard correspondence system

buttons, minerals, small wood and bush twigs or whatever you find on the scene (Fig. 42). They should be likewise attached to the areas of correspondence with a piece of adhesive plaster. Then you should press them vigorously for the correspondence points to be receiving stimulation for 5 to 20 minutes until the patient's state improves. The stimulators can be worn for as long as 24–48 hours. Every hour they should be pressed for three to five minutes so that the acupoint massage is continued.

Plant seeds

Seeds are the most frequently used natural surface stimulators.

Seeds are living biological structures and, therefore, are abundant of vital energy that a new plant needs to grow. When seeds are attached to points of correspondence, their biological fields come to be interacting with the areas corresponding to affected organs and bodily parts whose energy resources are thereby restored.

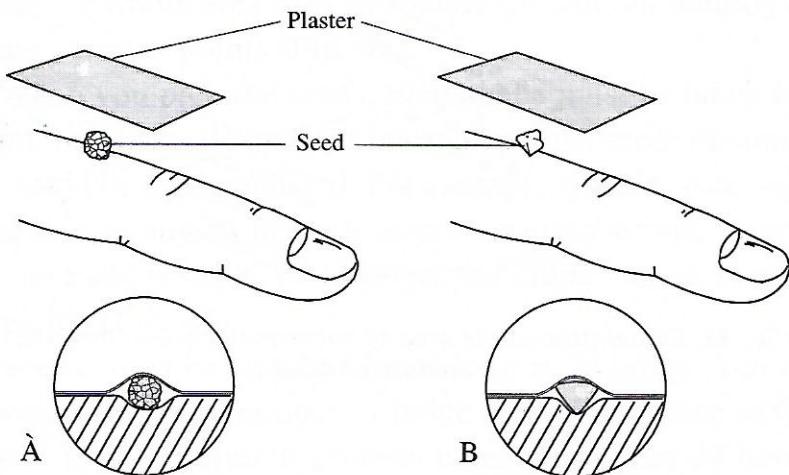


Fig. 43. Seed therapy on a finger using a round seed (A) and a ribbed seed (B)

Only seeds that are not damaged and are therefore able to sprout should be selected for treatment purposes. Radish, beet, buckwheat, peas, haricot, pepper, flax, apple, grape, pomegranate, guelder rose, pumpkin seeds are used most often. Seeds should be attached to a piece of adhesive plaster and after that affixed to the victim's hand or foot (Fig. 43). You can either attach single seeds to painful points of correspondence (Fig. 44)

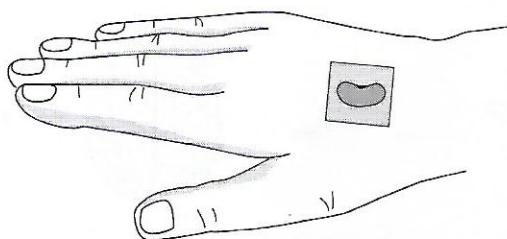


Fig. 44. Stimulation of the area of correspondence to the right kidney with a kidney bean

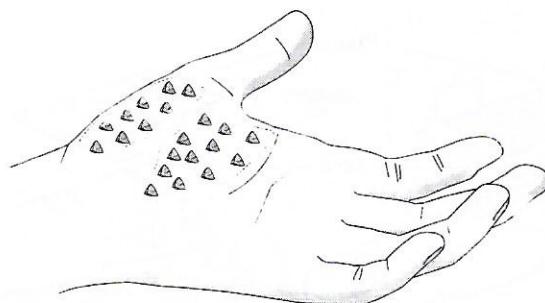


Fig. 45. Stimulation of the area of correspondence to the lungs with buckwheat seeds

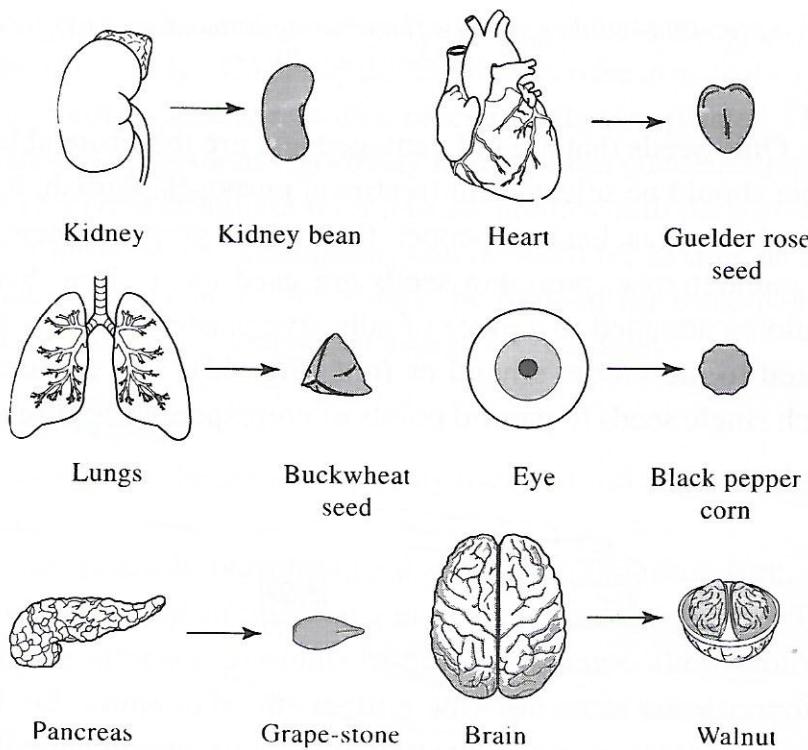


Fig. 46. Similarity of the shape of seeds and internal organs

or cover the whole area of correspondence without identifying separate curative points (Fig. 45).

When you pick the seeds, their shape must be taken into account. In sudden disorder of internal organs, seeds of similar shape could be recommended. For example, guelder rose seeds are the best in angina pectoris attacks; kidney beans, in renal colic; buckwheat seeds, in dyspnea; and grape-stones, in acute pancreatitis (Fig. 46).

Seeds could be attached for as long as 24 hours. You can additionally press them once or twice an hour for three to five minutes. If the treatment process takes more than 24 hours, replace the seeds with the new ones and proceed as before.

CHAPTER III

BASIC METHODS OF FIRST AID ADMINISTRATION

It is highly desirable that everyone has a good command of primary skills to assess the state of the victim. For this purpose, one should learn how to check the arterial pulse and the breathing function.

CHECKING THE PULSE

If properly checked, the arterial pulse is a valuable indicator of cardiac function and the condition of blood circulation. The *arterial pulse* is produced by rhythmic vibrations of the arterial walls because of the beating of the heart. It is important to be able to determine the pulse rate, rhythm, tension, and filling.

The pulse is considered *rhythmic* if heartbeats follow one another in equal periods of time. Otherwise the pulse is *irregular* or *arrhythmic*.

The *pulse rate* coincides with the rate of cardiac contractions (heart rate) and normally ranges from 60 to 90 beats per minute (the pulse rate is taken during one minute). The pulse rate can widely vary and depends on age, sex, ambient and bodily temperature, and also on physical effort. At night the pulse is slower than in the daytime. Girls and women have more rapid pulse than boys and men. The pulse is the most rapid in early years: it reaches 130–140 beats per minute in newborn infants to decrease with age to 95–100 beats in 3 to 5-year old children and further to 85–90 beats by the age of 7–10 years. It equals some 60–80 beats in 25-year old adults, and after that sometimes comes to be growing again. If the pulse rate is above 90 beats per minute, a sense of rapid heartbeat appears. A person whose pulse rate is below 60 beats per minute often feels his heart sinking or coming to a halt.

The effort that is to be applied to the arterial wall to suspend pulsation determines the *pulse tension*. This property of

the pulse depends on the size of the arterial pressure: in high pressure a big deal of effort is required to squeeze the artery, and the pulse is tense; conversely, in low pressure the artery is easily squeezed, and the pulse is soft.

A volume of blood, which is pumped by the heart during contraction (systole) and produces alterations of blood vessels' dimensions, is primarily responsible for the *filling of the pulse*. If the pulse is hardly felt (the so-called thready pulse), it may indicate a very serious disorder that requires urgent medical help.

The arterial pulse is taken wherever the arteries are the easiest accessible for feeling. As a rule, the pulse is first checked on the radial artery, for it lies near the surface of the skin and is well felt. For this purpose, the patient's wrist should be grasped with the right hand near the wrist joint. The thumb is placed on the dorsal side of the forearm, while the second, third, and fourth fingers are lying on the opposite side, close to the base of the patient's thumb on the radial artery (Fig. 47). After the artery has been discovered, it should be pressed against the bone. Pulsating waves generated by the blood flow through the vessel will be felt.

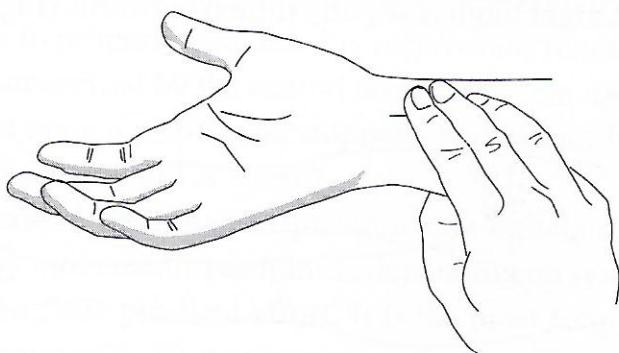


Fig. 47. Checking the pulse on the radial artery

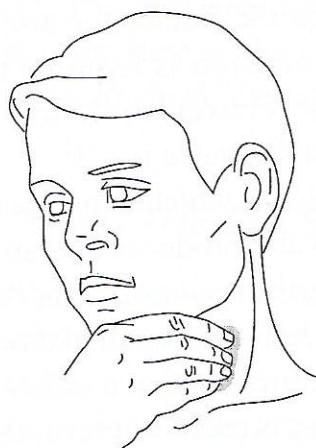


Fig. 48. Checking the pulse on the carotid artery

The pulse can be also felt on other vessels like the carotid, femoral, popliteal arteries, and so forth.

When the patient's life is in danger, the pulse on the carotid arteries must be taken. For this purpose, pressure is applied on the arterial wall with the second, third, and fourth fingers, as shown in Fig. 48.

The femoral artery is the easiest felt in the inguinal region, when the straight thigh is slightly turned outwards (Fig. 49). The

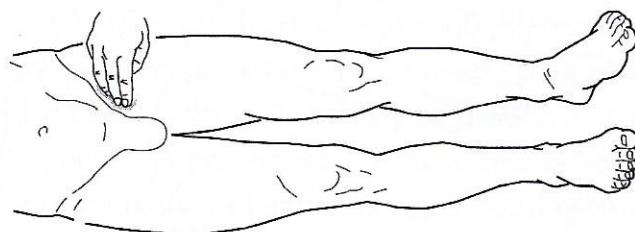


Fig. 49. Checking the pulse on the femoral artery

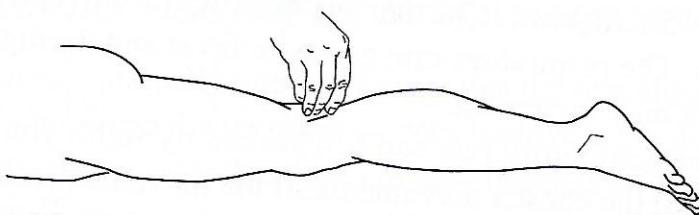


Fig. 50. Checking the pulse on the popliteal artery

popliteal artery's pulse can be felt behind the knee when the patient is lying prone (Fig. 50).

In normal conditions, the pulse is rhythmical and full, and the rate is commensurate with the patient's age. A marked disorder of the cardiac rhythm indicates serious dysfunction of the heart and the blood circulation system, which calls for urgent medical care.

TESTING OF RESPIRATION

Respiration is a vital process responsible for ceaseless supply of oxygen, its delivery to organs and tissues, and for the discharge of carbon dioxide from the organism. Therefore, to define the gravity of the patient's state, it is equally important to be able to properly evaluate his *respiration* function. Respiration is supervised by the central nervous system. In a dysfunction of the brain a respiration stoppage may occur. In such cases immediate first aid is a must.

In adults, the mean respiration rate equals some 16-20 respiratory movements per minute depending on sex, age, body temperature, and physical effort. It is the most frequent in early years (some 60-70 movements per minute in newborn infants; by the age of five the rate goes down to 26 movements,

and by 15–20 years it further declines to 20 movements per minute). The respiratory rate grows in fever and during physical work and movement.

The respiratory rate can be checked by sight: you should just watch the chest's movements. If the movements cannot be discerned, place your hand on the patient's chest or abdomen and reckon up the breaths during one minute (Fig. 51).

Normally, the breathing is rhythmical and steady, the respiratory movements being equally deep. In sickness, the dyspnoea may appear that is reflected by disorder of the respiratory rate, rhythm, and depth. The respiration comes to be either hurried or infrequent. The infrequent, deep and arrhythmic breathing is a life-threatening disorder, in which emergency medical care is required.

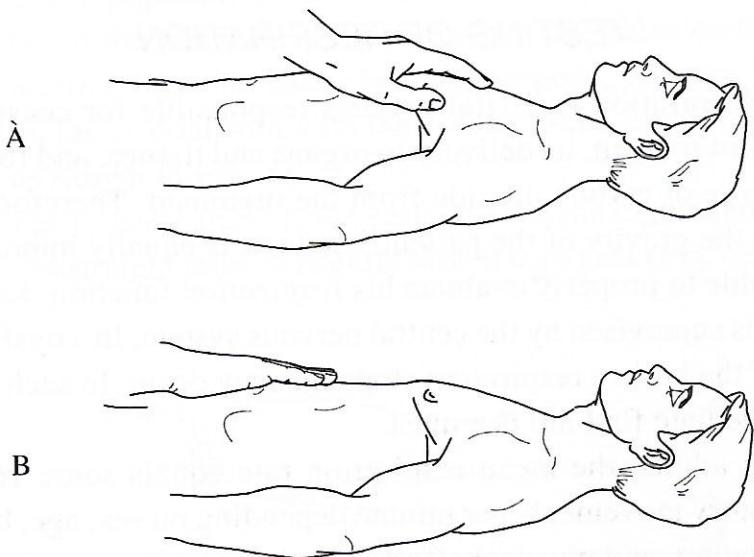


Fig. 51. Testing of the respiratory rate: the hand lying on the chest (A) and on the abdomen (B)

ORGANIC DISORDERS IN TERMINAL STATES

An exceptionally important stage that the first aid administration – prior to a doctor comes – does involve is the determining of the *life and death criteria* in the victim of an accident or a sudden disease.

Death does not necessarily come instantaneously, even after the extremely severe injuries. Most often, vital functions wane step-by-step and in particular succession. If the victim is lying motionless neither answering questions nor otherwise responding to surroundings, it may well indicate unconsciousness and nothing else. That's why everyone should know the basic criteria of life, which include as follows:

- *heartbeat* that is established by applying a palm or an ear to the patient's chest near the left nipple (Fig. 52);
- *the pulse availability in the arteries*, which is the easiest distinguished at either the right or the left side of the neck, on the carotid arteries; near the wrist joint, from the radial artery; or on the groin, on the femoral artery (Fig. 52);
- *breathing* is checked by sight or felt by applying palms to the patient's chest or abdomen (Fig. 51); another indicators are the fogging of a mirror (or any other smooth shiny surface), or slight moving of a piece of loose cotton wool (bandage) approached to his nostrils or mouth (Fig. 53). Shallow and infrequent breathing (some 5–8 respiratory movements per minute) is an unfavorable indicator;
- *the pupils' response to light, and the humidity and blink of the cornea*. To check the pupils' response to light, close the patient's eyes with the hand and then quickly remove it. In darkness a flashlight should be used: direct a beam of light to the

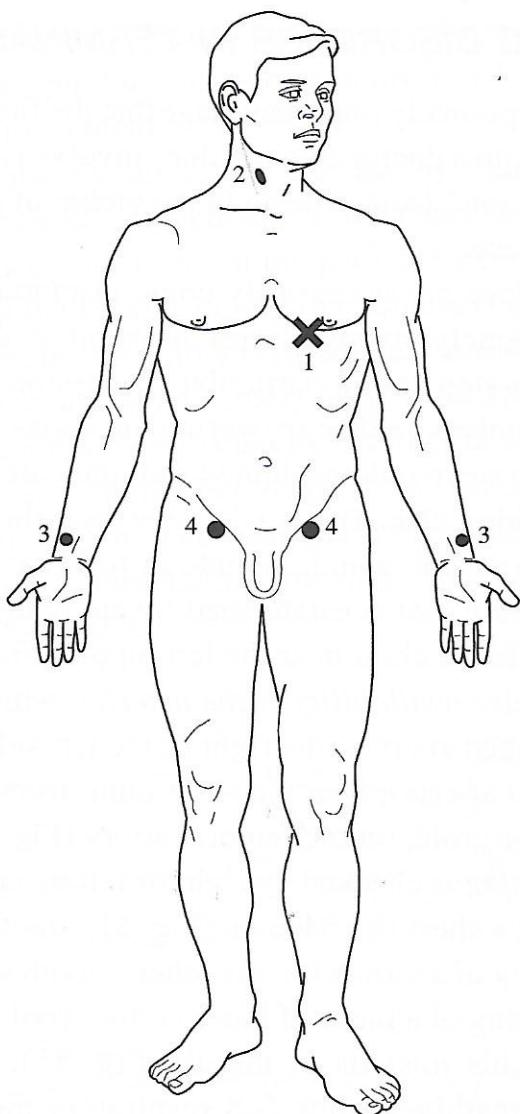


Fig. 52. Points for the heartbeat to be explored (1) and the pulse checked on the carotid (2), radial (3), and femoral (4) arteries

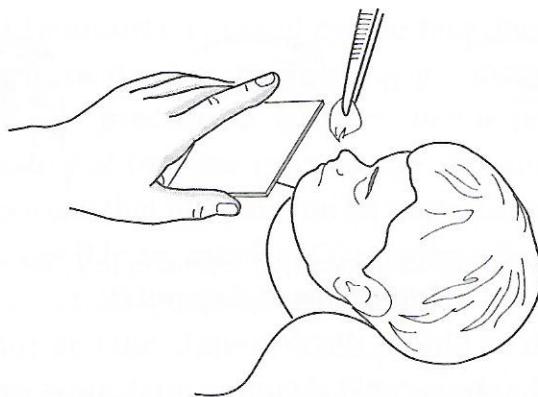


Fig. 53. Checking breathing with the help of a mirror and a piece of cotton

patient's eyes (Fig. 54). Constriction of the pupils in response to light indicates that the patient is alive.

It is important to know, however, that the absence of heartbeat, pulse, breathing and of the pupils' response to light does not necessarily mean that the victim is dead. Such picture is seen in terminal states, one of which is clinical death. First aid may not cease to be given unless explicit signs of biological death appear, which include:

- dim and dry cornea;
- deformation of the pupils if the eyeball is squeezed by two fingers (Fig. 55);

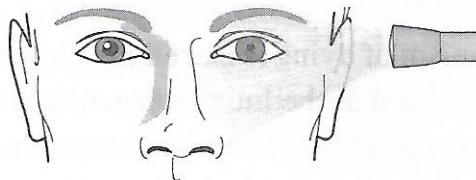


Fig. 53. Checking the pupils' response to tight

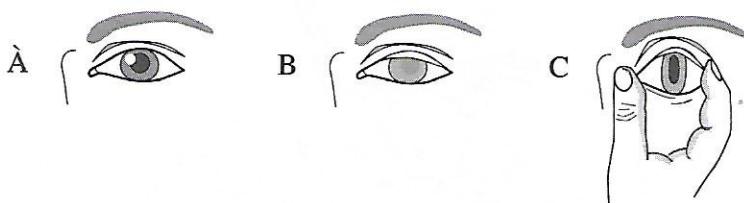


Fig. 55. Eye of an alive man (A); a dead man's dim cornea (B); deformation of the pupil (C)

– *cooling down of the body*, which is easily felt by the palms, and blue or violet spots appearing on the skin. If the victim is in supine position, the spots appear on the buttocks, shoulder blades, and the small of the back. The spots appear on the face, neck, chest, and abdomen if he lies with his face down (in other words, in the places that touch the floor, ground or whatever surface). The bodily regions above remain as they were. The spots emerge some 30 to 60 minutes after the death;

– *rigor mortis*, the most reliable evidence of death, after which no further aid would make sense. It begins in the face and arms and extends into the trunk and lower extremities. Rigor mortis comes to be distinct six hours after the death.

RESUSCITATION PRINCIPLES AND METHODS

The mechanism of dying is extremely complex. It has been scientifically proven that the human organism does not perish together with the cessation of the respiration but continues to be living for a while. Consequently, resuscitation, i.e. restoration of the vital functions of the body (respiration and circula-

tion, first and foremost), is based on the fact that death never comes instantaneously. A transitional stage, the so-called terminal state, always precedes it. Changes that appear in the dying organism do not become irreversible straight away. It is, therefore, important that reanimation be started immediately because it is impossible to withdraw the patient from the terminal state but by a timely resuscitation effort.

The agony and the clinical death should be distinguished in the terminal state. The agony is characterized by the consciousness blackout, drastic disorder of the cardiac action, unavailability of the pulse, and respiratory disorders: the breathing comes to be irregular and shallow – the sufferer looks like swallowing the air. Further comes the clinical death in which the two principal indicators of being alive, the heartbeat and the respiration, are missing. The dilated pupils that do not respond to light are the most reliable indicators of the clinical death. The pupils come to be occupying virtually the entire iris and do not constrict when the eyes are forced open, while the pupils of a living human always constrict when his eyes open under sufficient light. In clinical death, the skin turns grayish, and the changed color of the sufferer's lips and nails is the most evident. The clinical death lasts some 5–8 minutes. This short period of time must be used for resuscitation. The earlier it was started the more likely the success is, for irreversible brain changes occur after the heartbeat cessation within several minutes .

The success of the resuscitation effort does not depend on its promptness alone but on whether the appropriate action is carried out thoroughly and consistently. Fuss and panic must be avoided anyway.

The resuscitation process consists of the following:

- *elimination of the causes of dying*;
- *recovery of breathing* by using artificial pulmonary ventilation (artificial respiration)
- *recovery of circulation* by using closed-chest cardiac massage.

The resuscitation measures do not require any special tools or equipment. It is the presence of mind and recollection of whoever would be giving the first aid that are really crucial.

RESUSCITATION IN RESPIRATION STOPPAGE

In accidents, the obstruction of the respiratory tracts is one of the most frequent causes of death. It occurs in drowning, occlusion of the respiratory tracts with foreign bodies, electric shock, poisoning with various toxic agents (because of gas or smoke inhalation), injuries of the head, neck, chest and abdomen, in cerebral hemorrhage, etc.

To determine the permeability of the respiratory tracts, the respiratory movements of chest and abdomen should be watched. In complete obstruction of the respiratory tracts, the chest and neck muscles retraction is seen, and the air movement near the mouth and nose cannot be discerned.

Retraction of the intercostal spaces and the supraclavicular region, as well as noisy breathing, indicate partial obstruction of the respiratory tracts. Lack of oxygen and excessive accumulation of carbon dioxide cause irreversible cerebral damage and heart arrest. Hence, artificial respiration or artificial pulmonary ventilation are chiefly needed to recover breathing.

An accident may happen in the street, at home, at work or during recreation. Anyway, whoever would be giving the first aid prior to the coming of a doctor will have no more than six to eight minutes to assess the victim's state and attempt to get the blood supply to the brain recovered and the delivery of oxygen resumed. Therefore, not a single second may be lost for discussions, thinking the matter over and additional tests (like taking the arterial pressure or listening the heartbeat) or search of a doctor. Artificial respiration and closed-chest heart massage must be started straight away. But before that someone around should be asked to help with the first aid administration and emergency ambulance must be called.

The techniques of artificial pulmonary ventilation and closed-chest cardiac massage have been explained in detail in various manuals and reference books on first aid administration. Nevertheless, given the utmost importance of these skills, the relevant procedures will be shortly described.

Artificial pulmonary ventilation techniques

The easiest and the most efficient method of first aid in respiration stoppage is the artificial pulmonary ventilation. There are several modes of artificial ventilation, of which the «mouth-to-mouth» is the most widely used technique.

Prior to beginning the artificial pulmonary ventilation, the permeability of the respiratory tracts needs to be recovered. For this purpose, the patient should be laid on his back with his arms extended along the trunk, his collar and belt unfastened and tight garments that may be hindering breathing removed. The victim's mouth must be forced open, either with the thumb by applying pressure on his chin or with both hands pulling his lower jaw

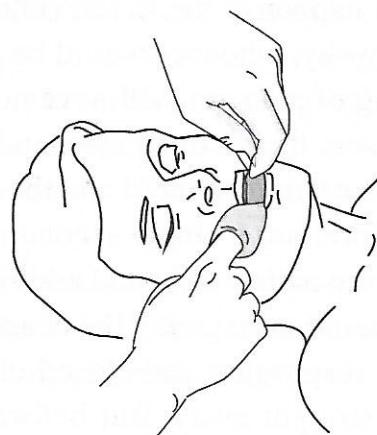


Fig. 56. Cleaning the victim's mouth of foreign substance

onward. Whatever happens to be inside his mouth (sand, soil, silt, vomit, denture, etc.), it should be quickly removed with a finger covered with a handkerchief or napkin (Fig. 56).

After that, to get the respiratory tracts cleaned, the victim's head should be thrown back as much as possible with two hands, one supporting his neck and the other placed on his forehead (Fig. 57). It is necessary to avoid the tongue retraction, which is the most frequent cause of the respiratory



Fig. 57. Throwing the victim's head back to avoid the tongue retraction

tract obstruction in unconscious patients and victims. All this should be done quickly though carefully, for no additional harm to be done.

Then the artificial pulmonary ventilation should be started. The preferred position is from one side of the victim. The person to be carrying out resuscitation should place a napkin or handkerchief on the victim's mouth, hold his nose, deeply breathe in and, having tightly pressed his lips to the lips of the victim, abruptly breathe out. The volume of the air blown into the victim's mouth should be the biggest possible. The rise of his chest indicates that the air is getting into his lungs. The exhalation is accomplished on its own because of the chest's elasticity. The air should be blown rhythmically, 16-18 times per minute. The chest's movements are to be watched constantly: it must be rising during inhalation and sinking during exhalation.

During the artificial respiration procedure the pulse on the carotid artery should be checked. If the pulse is available, the artificial pulmonary ventilation must be going on until the breathing is recovered or an emergency ambulance arrives. Otherwise the cardiac function needs to be recovered by means of closed-chest massage.

RESUSCITATION IN BLOOD CIRCULATION ARREST

The instantaneous cardiac arrest may happen anywhere – at home, in a hospital, at the dentist's, in the street, and because of a variety of reasons: myocardial infarction and other heart diseases, heatstroke, loss of blood, drowning, suffocation, cerebral hemorrhage and so forth. It is usually reflected by loss of consciousness, lack of pulse on the carotid and femoral arter-

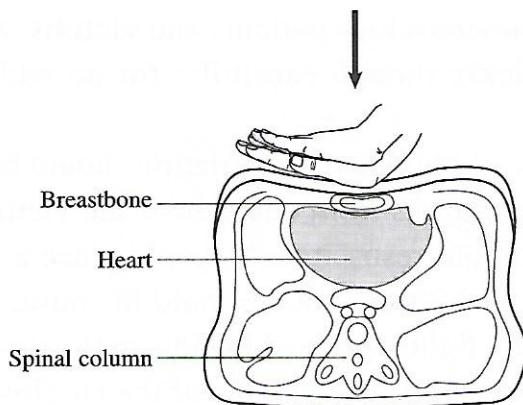


Fig. 58. Closed cardiac massage: the heart squeezed between the breastbone and the spine

ies, respiration stoppage, pale or cyanotic skin, and convulsions that may be the initial cardiac arrest symptom evident for the people around. The latter as well as the other mentioned symptoms indisputably indicate cardiac arrest; hence the immediate closed-chest massage is a must.

During the closed-chest massage the heart is repeatedly squeezed between the front thoracic wall and the spine due to the vigorous pressure on the breastbone (Fig. 58).

Closed cardiac massage techniques

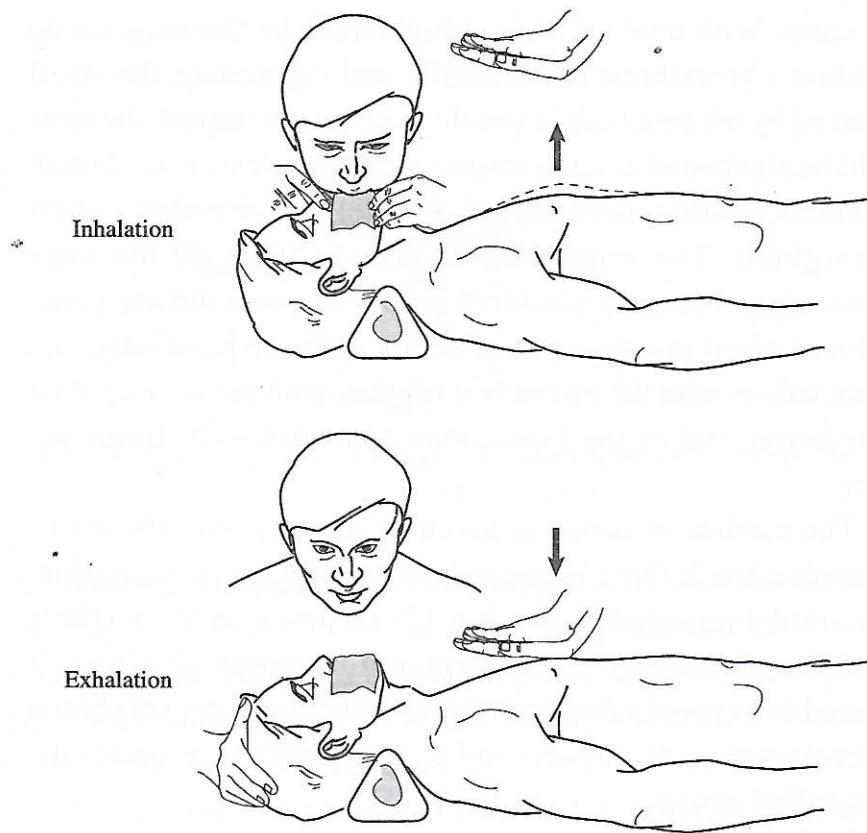
The victim should be laid on his back, on a hard and rigid surface. The latter condition is essential for a favorable result of the massage. The person to be giving the massage should be positioned from one side of the victim. He should first quickly discover the metasternum (the lower end of the breastbone) and then place his palms, one atop the other, on the lowest third of the breastbone (three or four finger widths above the metasternum). Fingers of the neither of his hands should touch the vic-

tim's chest. With both his arms straightened, he should press on the victim's breastbone rhythmically and vigorously, the effort reinforced by his own body's weight. After every impact, the arms should be slackened and the respective efforts lessened (though both palms should rest on the breastbone) for the victim's chest to straighten. The required rate equals 50 to 60 massage movements per minute. Children below 12 years old are given the closed-chest massage just as adults with one hand only, and nursing babies with the tips of two fingers, with pressure applied on the lower end of the breastbone some 100–120 times per minute.

The cardiac massage is given in parallel with the artificial respiration. If there is one person to carry out resuscitation, he should be repeatedly pressing 12–15 times on the victim's breastbone after every two deep mouth-to-mouth air blows. It is advisable to count while pressing: numbers and pauses should be corresponding to impacts and lessened efforts respectively, as described above.

If there are two persons available to administer the first aid, one should be giving the closed-chest massage, and the other, the artificial respiration. In this case, the air blow/impact cycle should be as follows: one blow after every five or six chest squeezes (Fig. 59). The first aid people may switch the roles from time to time.

The pulse on the carotid and femoral arteries and spontaneous breathing recovered, the pupils constricted (had they been dilated), and paleness of the skin and cyanosis of the mucous membranes (primarily the lips) gone indicate the success of the closed cardiac massage.



*Fig. 59. Artificial respiration and closed-chest massage
(first aid by two people)*

RESUSCITATION IN RESPIRATION STOPPAGE AND CARDIAC ARREST BY THE SU JOK THERAPY METHODS

Please keep in mind that artificial respiration and closed chest massage are tiresome procedures requiring a big deal of endurance and physical effort. They take a while, occasionally more than half an hour. It would, therefore, be advisable to find someone to assist

you. Should one or more people be around, the classic resuscitation methods may be supplemented with Su Jok therapy techniques.

Knowledge of some very simple manipulations offered by Su Jok therapy and their proper application, together with widely spread conventional resuscitation methods, will make first aid administration much more efficient and help save the victim's life.

The artificial respiration after Su Jok therapy intended to «push» the air in the patient's lungs implies the massage of the areas corresponding to the respiratory tracts. The appropriate technique is the linear massage whose tools may be fingers, an elastic ring, a roller massage tool or whatever handy. The massage should be given by vigorous pressing movements from the area of correspondence to the nose towards the correspondence to the trachea. Then proceed from the trachea's projection to the area of correspondence to the left and right bronchial tubes and subsequently to the projection of the lungs (Fig. 60).

The massage is given in the standard system of correspondence of both hands. Additional stimulation of the areas of correspondence to the respiratory tracts, which are located on both feet, is recommended too (if this is possible).

In parallel with the classic closed cardiac massage, similar action is taken in the standard hand and foot correspondence system. To this end, massage the areas of correspondence to the patient's breastbone in time with your own heartbeat. Count «one and, two and» and simultaneously press the area of correspondence to the breastbone with your fingers 12–15 times. Numbers and pauses should be corresponding to impacts and lessened efforts again. The area of correspondence to the heart will be repeatedly squeezed between the projections of the breastbone and the spine. This kind of massage is given either

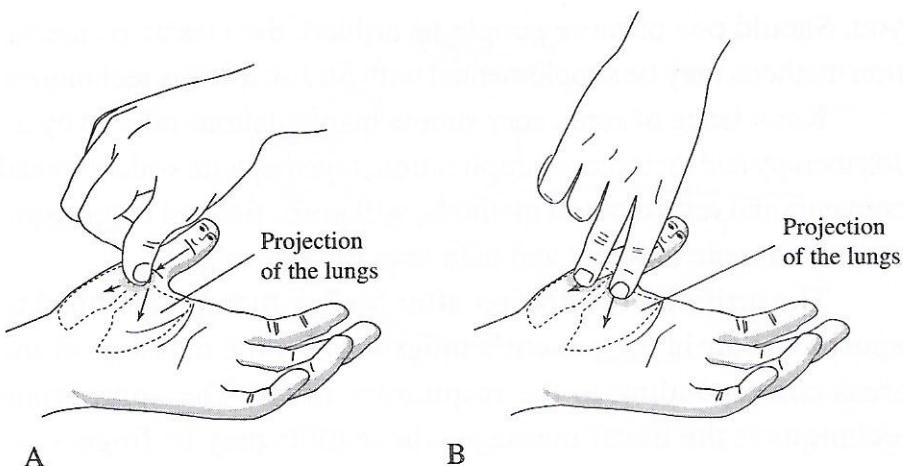


Fig. 60. Massage replicating the way of the inhaled air (from the area of correspondence to the nose towards the projection of the lungs) in respiration stoppage: A – with the thumb; B – with the second and third fingers

with the thumb or with the two fingers (the second and third) or with interphalangeal joints of these fingers (Fig. 61). Enough force should be applied to the finger movements. The described procedure may be referred to as a remote closed-chest massage.

If a diagnostic probe is available, the points of correspondence to the heart are massaged using rotational movements. Such massage is likely to much improve the victim's state.

The use of a minisystem of correspondence in cardiac arrest is no less rewarding. The points of correspondence to the heart should be massaged by repeated pressing movements with a diagnostic probe or, if one is unavailable, with a pencil, pen, match, a small twig, etc. on the phalanges of the 2nd, 3rd, 4th and 5th fingers (Fig. 62).

It is important to keep in mind a rule that the cardiac massage makes no sense unless the artificial respiration is also giv-

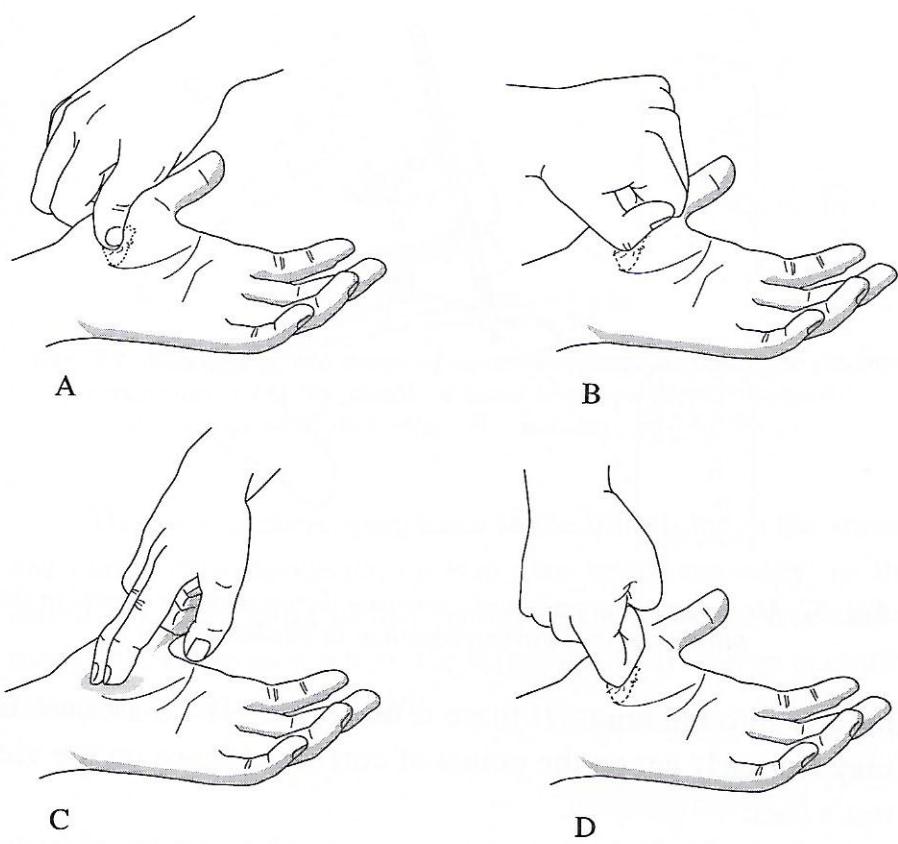


Fig. 61. Massage of the area of correspondence to the heart in cardiac arrest in the standard hand correspondence system:

*A – with the thumb; B – with the thumb's interphalangeal joint;
C – with the second and third fingers; D – with the second finger's proximal interphalangeal joint*

en in parallel. This principle is valid for Su Jok therapy too. Hence, one or, if possible, two people should be giving the artificial respiration and closed chest massage, while the third be replicating these actions in the standard hand correspondence system. Every 12–15 massage impacts on the heart correspondence area should be followed by 3–4 massage «air

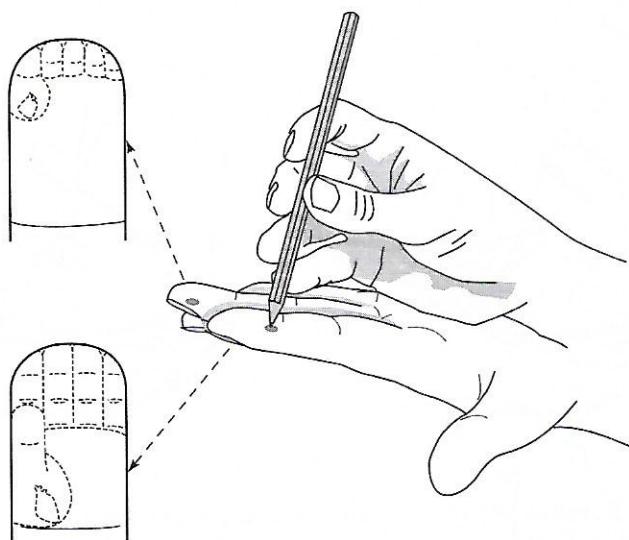
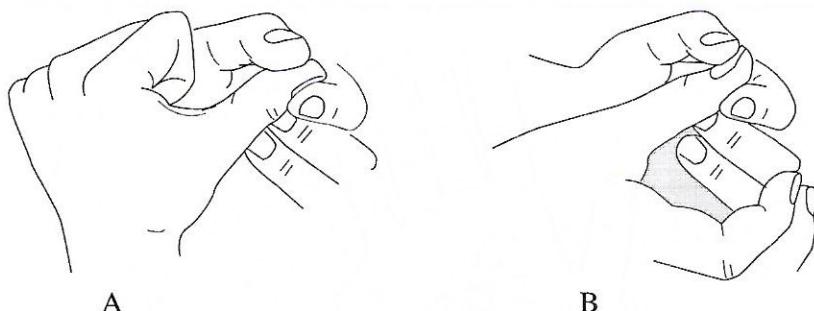


Fig. 62. Massage of the points of correspondence with the pencil in the minisystems of correspondence in cardiac arrest

blows» into the lungs. If there is one more person around, he may similarly act on the points of correspondence on the victim's feet.

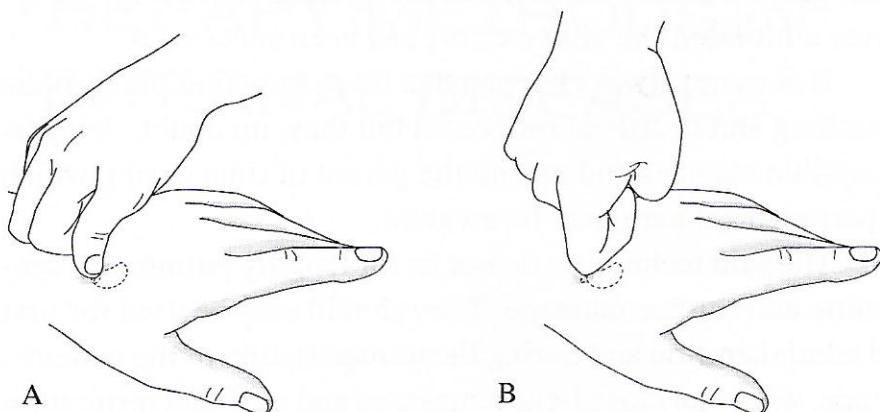
In any kind of emergency, massage of the points of correspondence to the brain is essential (Fig. 63) because cerebral cells are the first to die in clinical death. The tips of all fingers should receive massage by rubbing or malaxating movements, for these areas correspond to the brain in the «insect» correspondence systems.

The points of correspondence to the adrenal glands are stimulated by pressing or rotational movements with fingers to achieve the circulation recovery (Fig. 64). If a diagnostic probe is available, the areas of correspondence to the adrenal glands may be massaged by using rotational movement technique. If there is none, any makeshift tool should be used.



*Fig. 63. Massage of the areas of correspondence to the brain during resuscitation (in the standard hand correspondence system):
A – massage of fingertips; B – massage of nail plates*

The area of correspondence to the umbilicus in the standard hand correspondence system also needs massage, as the umbilicus, according to the canons of the Chinese traditional medicine, is the area where the strongest vital energy accumulates and circulates (Fig. 65).



*Fig. 64. Massage of the points of correspondence to the adrenal glands during resuscitation (in the standard hand correspondence system):
A – with the thumb; B – with the second finger's proximal
interphalangeal joint*

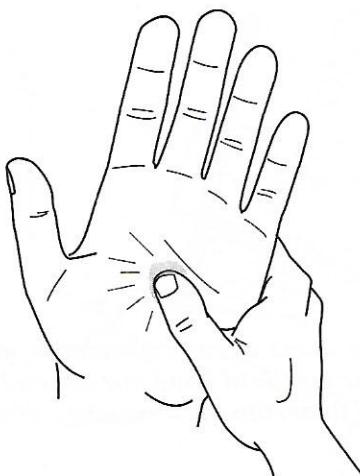


Fig. 65. Massage of the area of correspondence to the umbilicus during resuscitation (in the standard hand correspondence system)

Should the pulse appear on the carotid and femoral arteries, the pupils respond to light, the skin's color change (into less pale, grayish and cyanotic), and the spontaneous breathing recover a bit later, the above effort has been successful.

It does not always happen that these measures help get the breathing and heartbeat recovered but they, no doubt, delay irreversible changes and extend the period of time during which expert medical care may be awaited.

The said techniques do not fit for lengthy pulmonary ventilation and cardiac massage. They should only be used for first aid administration and during the transportation of the patients. Hence, while the closed-chest massage and artificial respiration are given (supplemented by Su Jok therapy), either an emergency ambulance must be called or the victim taken to a hospital to receive professional medical aid.

CHAPTER IV

FIRST AID BY THE SU JOK THERAPY METHODS IN INTERNAL DISEASES

CARDIOVASCULAR DISEASES

ISCHEMIC HEART DISEASE

Ischemic heart disease (IHD) combines a group of diseases: angina pectoris, myocardial infarction, and atherosclerotic cardiosclerosis.

Angina pectoris

A squeezing paroxysmal pain behind the breastbone or in the heart region is a typical indication of angina pectoris.

The main cause of angina pectoris is atherosclerosis of the coronary arteries. Angina pectoris attacks occur because the coronary arteries fail to provide enough blood to supply the heart muscle (myocardium) with oxygen. The pain usually arises behind the left shoulder blade, in the left arm and the left side of the neck. During the angina pectoris attacks the sufferer wants complete rest and is unwilling to move. The attacks are frequently accompanied by fear, anxiety, sweating and trembling. The angina pectoris attacks are precipitated by physical effort, conflict, alarm, deep emotion, and sudden weather change.

A pang of pain usually lasts from several minutes to several hours. A protracted angina pectoris attack may cause myocardial infarction. Therefore, medical aid must be provided as soon as possible.

It is most important to calm down and call an ambulance. Then attempt to relieve the heart pain. First give the patient some nitroglycerine (in tablets or in alcohol solution), and then (or if nitroglycerine is unavailable) proceed to treatment by the Su Jok therapy methods. For this purpose, locate the heart projection in the standard hand correspondence system and strongly press on

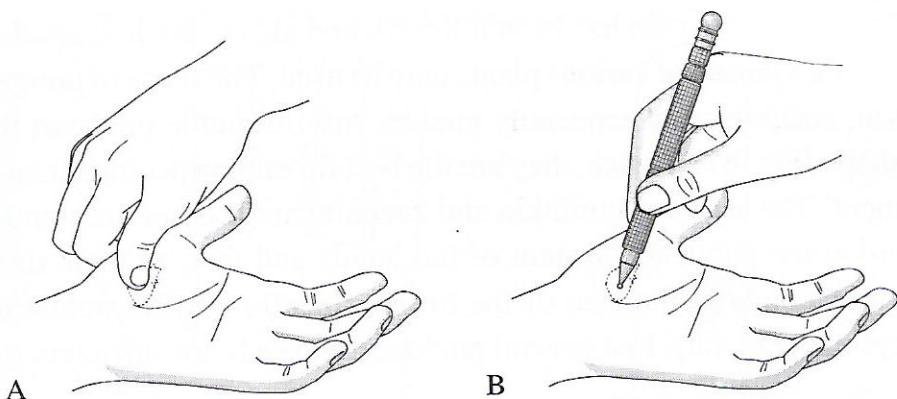


Fig. 66. *Massage of the areas of correspondence to the heart during an angina pectoris attack in the standard hand correspondence system:*
A – with the thumb; B – with a diagnostic probe

the appropriate area for three to five minutes. A diagnostic probe, as well as any makeshift tool (a pen's blunt end or a key) may be used (Fig. 66). As a rule, the massage helps relieve the pain and, sometimes, completely terminate the attack.

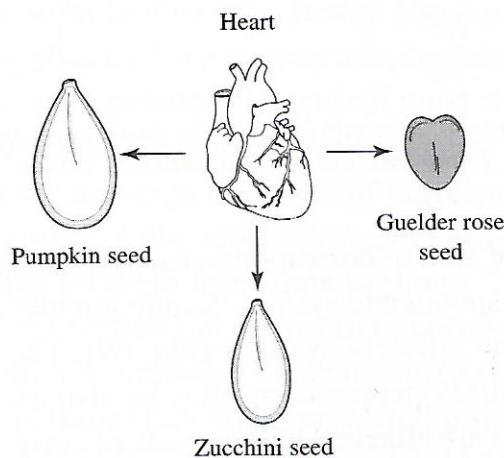


Fig. 67. *Similarity of the heart and pumpkin, zucchini, and guelder rose seeds in shape*

After the pain has been relieved, and also to prevent another attack, seeds of various plants may be used. The seeds of pumpkin, zucchini, and especially guelder rose resemble the heart in shape (Fig. 67). Hence, they are the best for angina pectoris treatment. The seeds of pumpkin and zucchini are used in the standard correspondence system of the hands and feet, as their size corresponds to the size of the heart projection in the standard system (Fig. 68). Just several guelder rose seeds are sufficient to

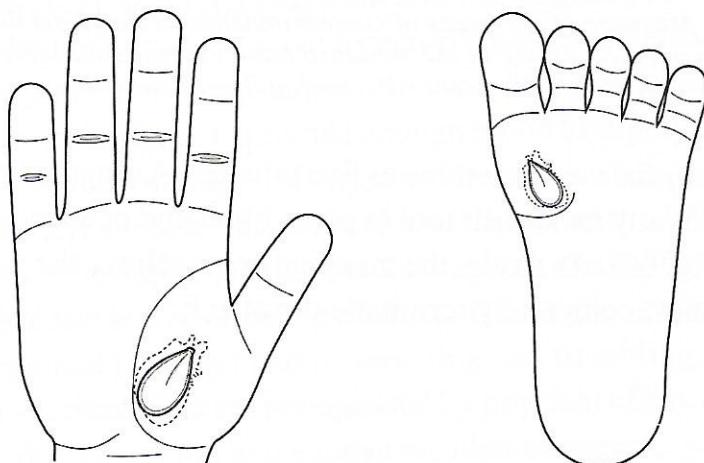


Fig. 68. Use of pumpkin seeds in ischemic heart disease in the standard hand and foot correspondence system

cover the entire area of correspondence to the heart in the standard hand correspondence system. Single guelder rose seeds are employed in the «insect» systems (Fig. 69). The seeds of beet, hedge rose or black pepper corns may be also used for this purpose. The seeds are attached to the points of correspondence and repeatedly pressed for three to five minutes two or three times an hour. To ensure against recurrent angina pectoris attacks, the

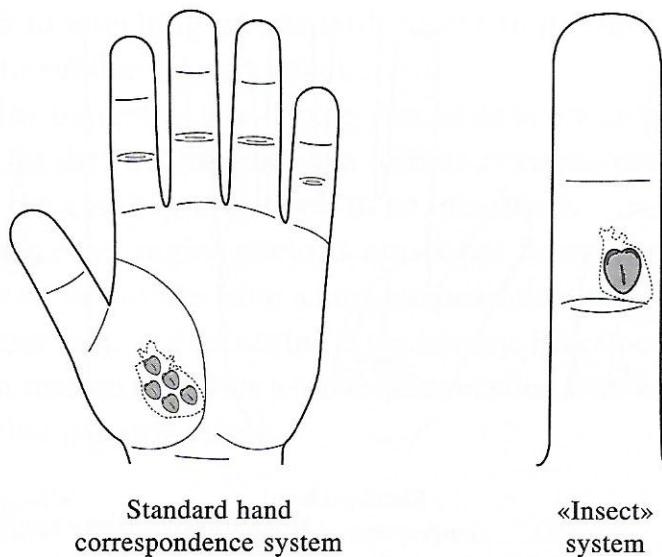


Fig. 69. Treatment for angina pectoris with guelder rose seeds

seeds should be left on the skin surface in the appropriate areas of correspondence for 20-24 hours.

As a rule, stimulation of the area of correspondence to the heart arrests an attack of angina pectoris in a pretty short time. However, if the pain persists, the patient must stay in bed until a doctor comes and take nitroglycerine again. After that, he should once more massage the areas of correspondence to the heart with his finger, a diagnostic probe or seeds (with convex surface) pressing on them from time to time.

It is imperative that the appropriate correspondence area be warmed with a wormwood cigar or moxa (Fig. 70). If the patient's state permits, this is the preferred procedure that the treatment for an angina pectoris attack should be started from. An odd number of moxas is employed for men and an even number for women.

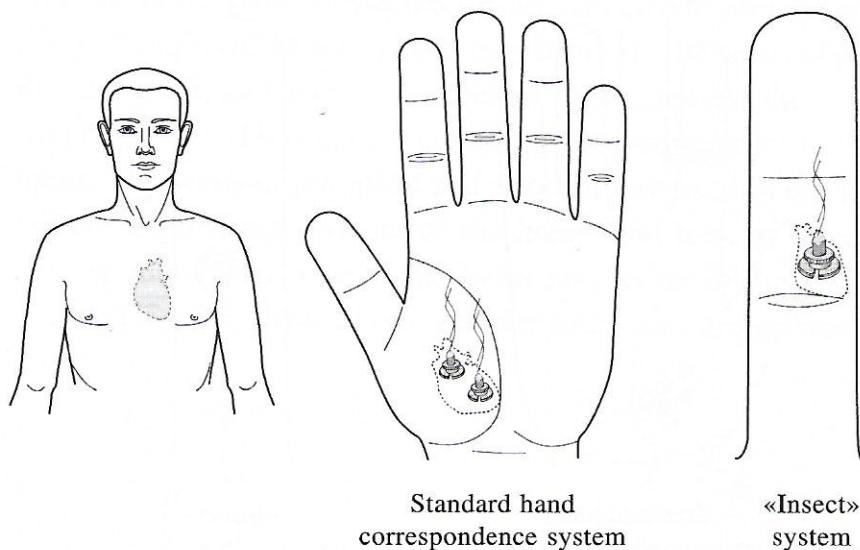


Fig. 70. Treatment for an angina pectoris attack: warming of the areas of correspondence to the heart with moxas

It is also advisable to massage the areas of correspondence to the heart with an elastic ring or a roller massage tool (Fig. 71), and subsequently paint it with a red felt-tip pen or attach a tiny piece of pepper plaster. The latter procedure is

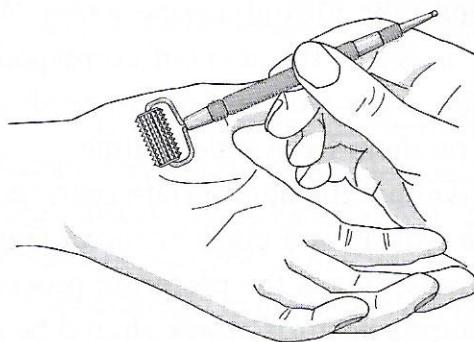


Fig. 71. Roller massage of the area of correspondence to the heart in the standard hand correspondence system during an angina pectoris attack

similar to attaching of mustard plaster to the heart region in order to subdue a heart attack.

The patient who had experienced an acute angina pectoris attack for the first time needs a serious examination in a hospital for the cause of the attack to be identified.

After the angina pectoris attack has been terminated, the patient (if he suffers from a chronic heart disease) needs to see his doctor who will adjust the drug therapy. Electrocardiographic examination (ECG) is a must for everyone who had ever had an angina pectoris attack.

Myocardial infarction

Myocardial infarction is characterized by necrosis of a segment of the heart muscle due to its inadequate supply with blood, the cause of which is either drastic stenosis or occlusion of a coronary artery's aperture. The main symptom of the myocardial infarction is a lengthy attack of acute pain behind the breastbone, which may sometimes last as long as several hours running and cannot be relieved by nitroglycerine.

Unlike angina pectoris, this pain lasts much longer and has a wider irradiation area. Together with the pain, a sense of anxiety and fear of impending doom invade the sufferer. He would groan and ceaselessly change his body's position attempting to get the pain eased; clammy sweat prevails and the heartbeat may come to be arrhythmic, too.

Myocardial infarction may strike at any time. It tends to be most frequent at night or at dawn, and its victims often feel excellent right before the attack (which is common in younger people). That is why an ambulance must be called straight away and first aid given without loss of time. You may not afford any

fuss whatsoever. It is your well-directed effort that is chiefly needed, which your kind and encouraging words inspiring hope for recovery in the patient will by all means reinforce.

The paramount goal of the pre-hospital first aid in myocardial infarction is to kill the pain. If nitroglycerine is unavailable (or it produces no effect), a massage of the areas of correspondence to the heart (in the standard correspondence system) should be started immediately. It is given with either the thumb or the second and third fingers (their knuckles) by intermittent pressure (Fig. 72). Squeezing and vibrating massage of the areas of correspondence to the heart is also good. The patient should be receiving massage – vigorous and even painful – for three to fifteen minutes.

First aid administration in the minisystem of correspondence for may produce good results too. The points of correspondence on the ungual phalanges are stimulated with a diag-

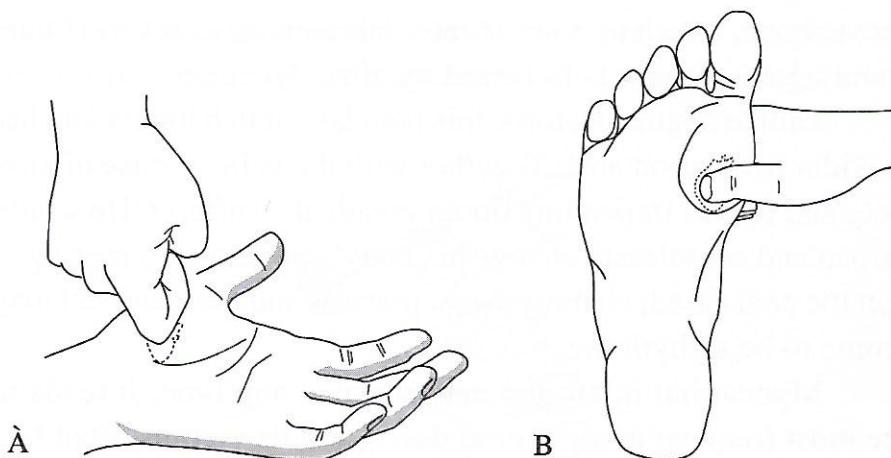


Fig. 72. Finger massage of the areas of correspondence to the heart on the hand and the foot in myocardial infarction: A – with the second finger's proximal interphalangeal joint; B – with the thumb

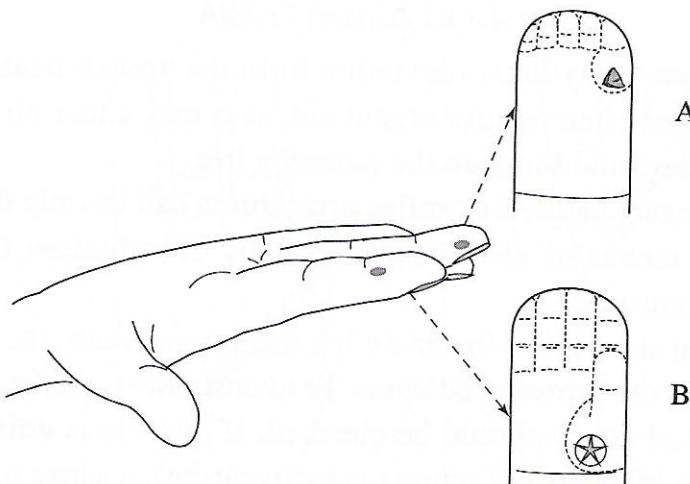


Fig. 73. Stimulation of the areas of correspondence to the heart in minisystems: A – with a buckwheat seed; B – with a metal star

nostic probe during one to three minutes. Then any of the surface applicators that you may have got should be attached to these points (Fig. 73).

In cardiogenic shock (the most severe complication of myocardial infarction), a drastic fall in the arterial pressure (to less than 60 mm) is exhibited. Pallor, grayish skin and clammy sweating are typical. Being inhibited, the patient does not complain of pain. In such case, basic principles of first aid administration in terminal states must be followed (see Chapter III).

Every patient struck with myocardial infarction (or if myocardial infarction is suspected) must be admitted to a hospital. When the patient is undergoing drug treatment in a hospital ward, Su Jok therapy is possible as well. It will promote faster recovery of normal cardiac function and quicken convalescence after myocardial infarction.

CARDIAC ARRHYTHMIA

Cardiac arrhythmia (deviation from the normal heartbeat rhythm) does often require urgent aid, as it may cause circulation disorders and threaten the patient's life.

The exact nature of cardiac arrhythmia can be only determined by means of electrocardiographic examination that a specialist must do.

When aid is given by the Su Jok therapy methods, the heart rate (HR) is the primary indicator. To identify the rate, the pulse on the radial artery should be checked. If the rate is going up (more than 90 beats per minute is tachycardia), a sense of rapid heartbeat prevails. When the rapid heartbeat produces a disagreeable sensation, tightness in the chest or is accompanied by the pain behind the breastbone, heart «intermissions», feebleness and shortness of breath, such an individual definitely needs first aid. He should be reassured, first of all. In the standard hand correspondence system, massage is given with fingers (or finger joints) by rhythmic pressing movements at a rate not exceeding 60 pressures per minute. It looks like the normal cardiac rhythm is being «imposed». If a diagnostic probe is available, a technique of rotational counter-clockwise movements may be employed to massage the points of correspondence to the heart (Fig. 74). It's also desirable, at the next stage, that either a magnet star (marked yellow on top) or a white metal star be attached to the area of correspondence to the heart and pressed at the same rate (Fig. 75). For lengthy stimulation, seeds of radish, buckwheat, watermelon, pumpkin, and kidney beans may be used as well.

In bradycardia (the pulse rate is below 50 beats per minute) the patients experiences dizziness, a sense of darkness before

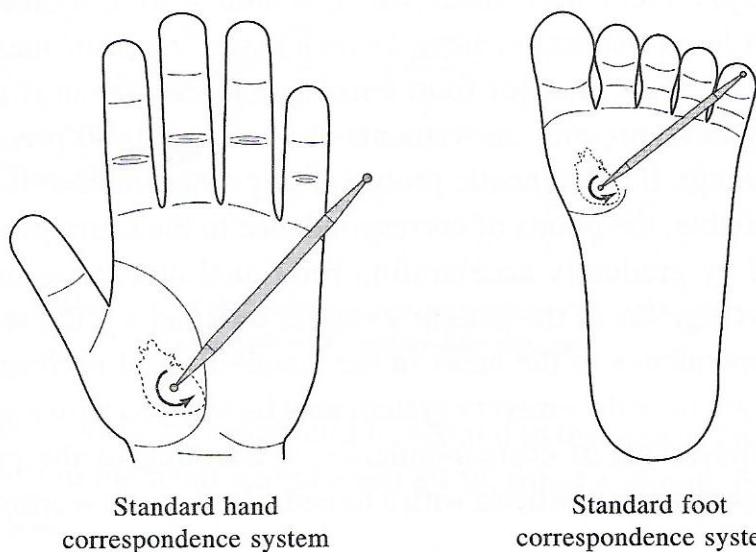


Fig. 74. Massage of the points of correspondence to the heart with a diagnostic probe in tachycardia (rapid pulse)

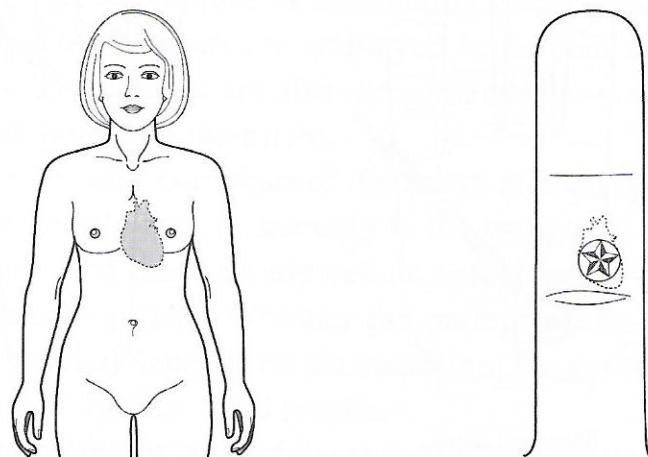


Fig. 75. Application of a magnet star to the area of correspondence to the heart during a tachycardia bout (in the «insect» system)

their eyes, feebleness, heart «intermissions», and, sometimes, a brief loss of consciousness. In such cases, vigorous massage in the standard hand (or foot) correspondence system is given by rhythmic pressing movements at a rate of 80-90 pressures per minute. If a diagnostic probe (or any other makeshift tool) is available, the points of correspondence to the heart are stimulated by gradually accelerating rotational clockwise movements (Fig. 76). If the patient's state is satisfactory, the area of correspondence to the heart in the standard hand correspondence system or the «insect» system may be warmed with a moxa. In minisystems of correspondence, a warming of the points corresponding to the heart with a thread-like moxa is worthwhile (Fig. 77).

To invigorate the heart in bradycardia, yellow metal and magnet stars may be also recommended. To this end, a magnet

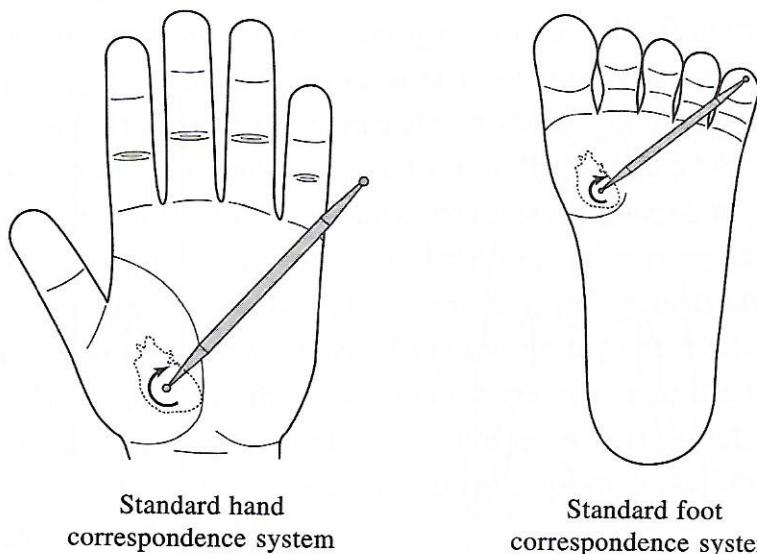


Fig. 76. Massage of the points of correspondence to the heart with a diagnostic probe in bradycardia (slow pulse)

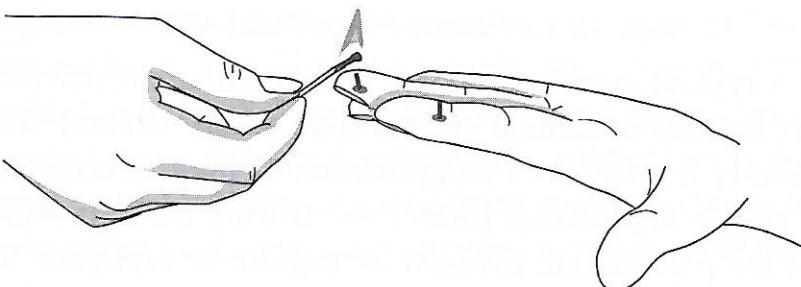


Fig. 77. Warming of the points of correspondence to the heart in minisystems with thread-like moxas

star marked white on top should be affixed to the area of correspondence to the heart and pressed 80-90 times a minute from time to time.

Seeds of beat, radish, hedge rose or guelder rose are used for the same purpose too (see Fig. 69). The seeds are worn for 24 hours or so and subsequently replaced with new ones. It depends on the patient's state how long the treatment will be.

All the above techniques of stimulation of the points of correspondence to the heart are employed to prevent severe complications. The patients are also recommended to massage the appropriate points on their own.

The patients who complain of disorders of the rate and rhythm of the heart's beat (especially if the symptoms have appeared for the first time) should call an ambulance and undergo electrocardiography. Whether the patient needs to be admitted to a hospital depends on his condition, the exact type of arrhythmia and the first aid's results.

A dangerous aggravation of the symptoms (no pulse, loss of consciousness) calls for resuscitation measures (see Chapter III).

ACUTE CARDIAC INSUFFICIENCY

A typical manifestation of acute cardiac insufficiency (heart failure) is cardiac asthma (pulmonary edema). Most frequently it arises as a complication of high arterial pressure and/or myocardial infarction. During cardiac asthma bouts the patients are invaded by a sense of asphyxia. The bouts usually occur at night. The sufferer has to be sitting or standing, he suffers from rapid heartbeat, and his skin comes to be pale and cyanotic. The cough is dry initially. If the patient's state further aggravates, pink foamy sputum would appear, which indicates pulmonary edematization. Development of this kind of symptoms is of utmost danger, for it may cause the patient's death. The situation, therefore, calls for urgent measures.

Before a physician comes, an attempt must be made to give the first aid by the Su Jok therapy methods. Try to help

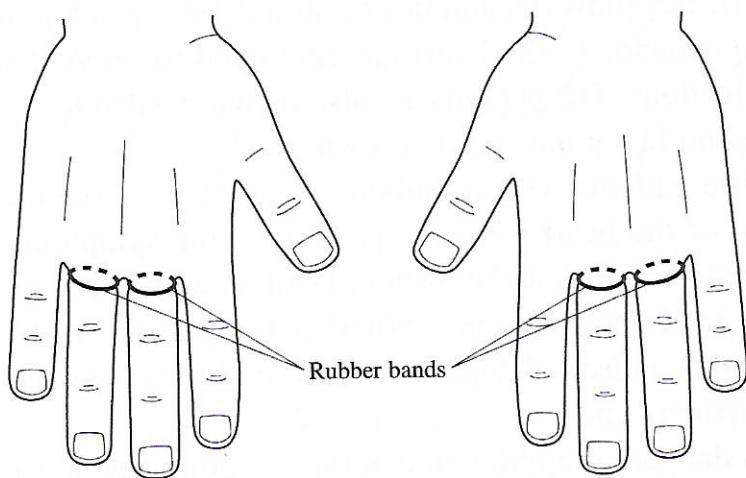


Fig. 78. Application of rubber bands to the areas of correspondence to the lower extremities in cardiac asthma

the patient make himself comfortable with his legs lowered. Then rubber bands should be loosely applied to the bases of his third and fourth fingers that correspond to the legs in the standard correspondence system. The rubber bands will be acting in the same way as tourniquets applied to the extremities in pulmonary edema and intended to retain some blood in the lungs.

The areas of correspondence to the heart should be subsequently massaged with a massage stick or fingers for 3–15 minutes. Intermittent pressure, vibration or squeezing are the preferred massage techniques (Fig. 79).

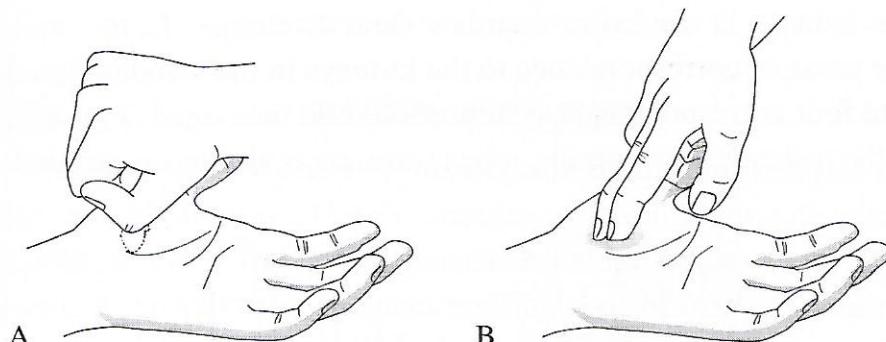


Fig. 79. Massage of the area of correspondence to the heart in acute cardiac insufficiency: A – with the thumb's interphalangeal joint; B – with the second and third fingers

In cardiac asthma, inhalation is hindered most. To make it easier, the entire projection of the respiratory tract, from the nose to the lungs, is massaged either with fingers or a massage tool (Fig. 80). Besides, seeds may be attached in such a way that their energy flows coincide with the air getting through the respiratory tracts during inhalation (Fig. 81).



Fig. 80. Massage of the respiratory tracts' projection in acute cardiac insufficiency

At the next stage, acting on the areas of correspondence to the kidneys is needed to facilitate fluid discharge. To this end, the areas of correspondence to the kidneys in the standard hand and foot correspondence system should be massaged (Fig. 82). If the patient's state permits, moxa warming is also recommended.

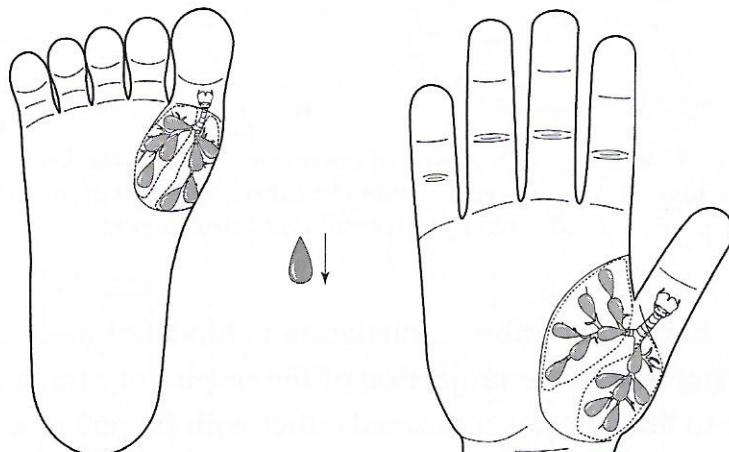


Fig 81. Use of apple seeds in cardiac asthma in the standard hand and foot correspondence system

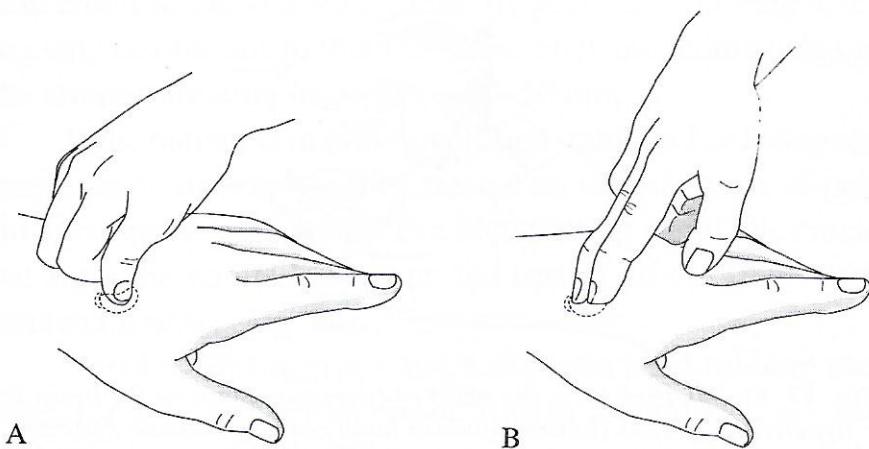


Fig. 82. Massage of the areas of correspondence to the kidneys in the standard hand correspondence system: A – with the thumb; B – with the second and third fingers

HYPERTENSIVE CRISIS

Hypertensive crisis occurs because of an abnormal rise of the arterial pressure. This is a sudden and fulminating disease. It may be caused not by hypertension alone but by renal diseases, atherosclerosis, diabetes mellitus, etc. Negative emotion, nervous overpressure, and fluctuations of atmospheric pressure are usually conducive to the crisis. It may last from several hours to several days accompanied by excruciating headache, dizziness, a sensation of heat, sweating, rapid heartbeat, stabbing pain in the heart region, occasional sight disorder (like tiny «flies» before one's eyes), nausea, and vomiting. During the crisis the patients are either excited and scared or dispirited, sleepy, and inhibited.

If a person is struck by hypertensive crisis, a doctor should be called in and the sufferer reassured. Also, help him make himself comfortable.

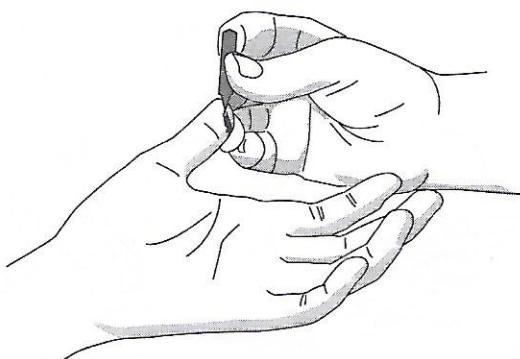


Fig. 83. Bloodletting from the point of correspondence to the brain in hypertensive crisis (in the standard hand correspondence system)

Knowledge of the curative effect of bloodletting in high arterial pressure goes back to ancient times. Bloodletting is performed with a disposable scarificator. If the patient can identify the exact place of headache (temporal, occipital or superciliary region), a painful corresponding point is located with a diagnostic probe on the patient's thumb or big toe. The skin surface in this point should be cleansed with 70% alcohol and then pierced with a scarificator (Fig. 83). In high arterial pres-

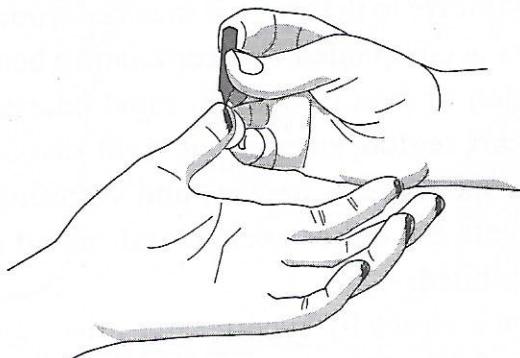


Fig. 84. Bloodletting from the Shixuan points

sure blood would sometimes literally gush forth. Intense bleeding may last for one to three minutes. Such procedure helps get the arterial pressure lowered by 20–50 mm.

If the patient is in grave condition, inhibited or has speech impairment, time may not be wasted on identification of painful correspondence points. The bloodletting should be carried out from the points located on the tips of all the fingers (the Shixuan points) (Fig. 84).

Besides, all fingertips and nail plates need rubbing massage, for which either an elastic ring or a combined massage tool may be used (Fig. 85).

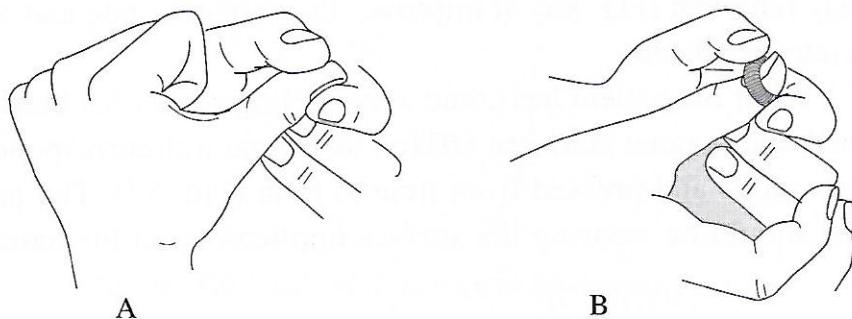


Fig. 85. Massage of the points of correspondence to the brain in hypertensive crisis: A – with the first and second fingers; B – with a massage ring

A peculiar type of bloodletting – with no bleeding actually involved – is the loose application of tourniquets to the extremities so that some blood is retained inside them. A sort of «bloodless bloodletting» practiced by Su Jok therapy for the hypertensive crisis treatment is the application of a rubber band (i.e., a tourniquet) to the area of correspondence to the brain for two to five minutes. The band should be then instantane-

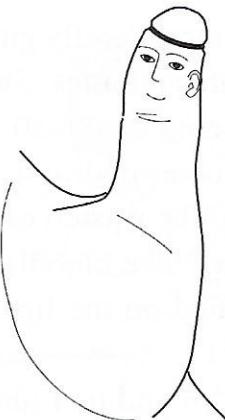


Fig. 86. Application of a rubber band (a tourniquet) in hypertensive crisis in the standard hand correspondence system

ously removed (Fig. 86). It improves the patient's state and alleviates headache.

After the patient has come to be feeling somewhat better, metal and magnet stars are affixed to the painful correspondence points and pressed from time to time (Fig. 87). The patient should be wearing the surface applicators on his hands

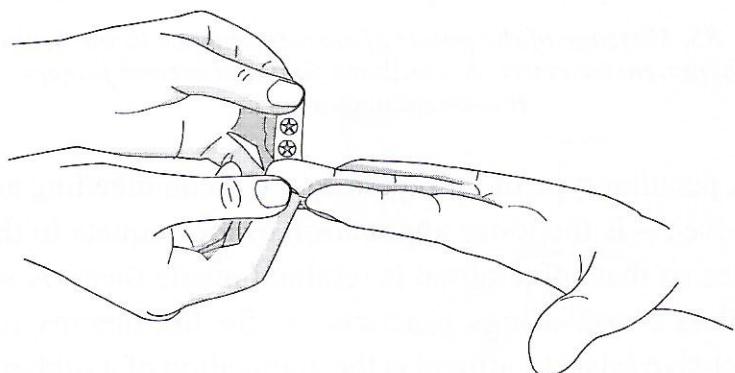


Fig. 87. Use of magnet stars in hypertensive crisis (in the «insect» system)

(feet) until the normal arterial pressure is recovered or for 24 hours. His state will indicate whether they need to be further employed. The applicators may be re-attached if necessary.

For hypertensive crisis to be terminated, seeds of buckwheat, radish, millet, etc. are recommended as well as painting of all fingertips brown, black or navy-blue (Fig. 88).

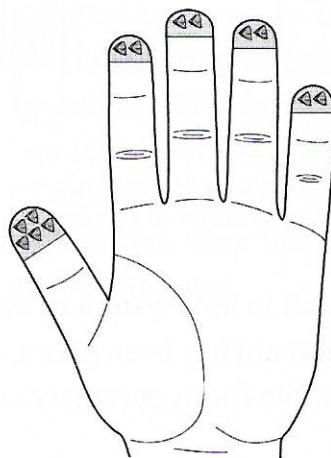


Fig. 88. Seed and color therapy in hypertensive crisis

It is common knowledge that mustard plaster application to the shins and hot footbaths are very good in high arterial pressure. Similar treatment may be given in correspondence systems. Small pieces of mustard or pepper plaster are attached to the inner surface of the middle phalanges of the third and fourth fingers that host the correspondence to the shins (Fig. 89).

If high arterial pressure is accompanied by heart pain or cardiac rhythm disorder, increasing drowsiness or dyspnea, an ambulance must be called. Before a physician comes, the stimulation of the points of correspondence to the brain, heart, and

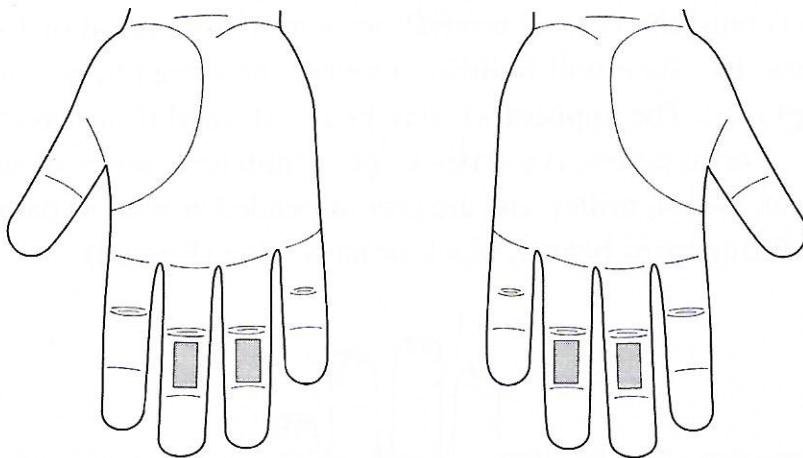


Fig. 89. Application of mustard (pepper) plaster to the areas of correspondence to the shins in hypertensive crisis

lungs should be carried out in any system of correspondence of hand or foot. After the first aid has been given, the treatment for the basic disease responsible for hypertensive crisis needs to be started.

ACUTE VASCULAR INSUFFICIENCY

Acute vascular insufficiency is a drop in blood vessels' tension accompanied by a drastic fall in the arterial pressure. As this takes place, blood supply to the heart is impaired and oxygen deficiency of the brain occurs, too. There are three clinical forms of acute vascular insufficiency to be distinguished: syncope (fainting), collapse, and shock.

Fainting

Fainting is the slightest form of acute vascular insufficiency reflected by a short-time loss of consciousness, for which a

drastic decrease of blood supply to the brain is responsible. One may be caused by a long stay in a closed stuffy room, sudden scare, nervous shock or deep emotion, sharp pain, sudden change of the body's position (if a person rapidly stands up or sits oneself after having been lying). Anyway, fainting attacks are always similar. Several seconds or minutes before a faint sight disorders would appear (bright shining spots, «flies», and the like) as well as slight dizziness, nausea, shortness of breath, and a very specific noise («tingle»). A loss of consciousness then occurs, and the patient falls. In fainting the skin turns pale, the breathing comes to be shallow, the pupils dilate and only slightly respond to light, the arterial pressure goes down, and the pulse weakens. Fainting may last, as a rule, from several seconds to three or four minutes.

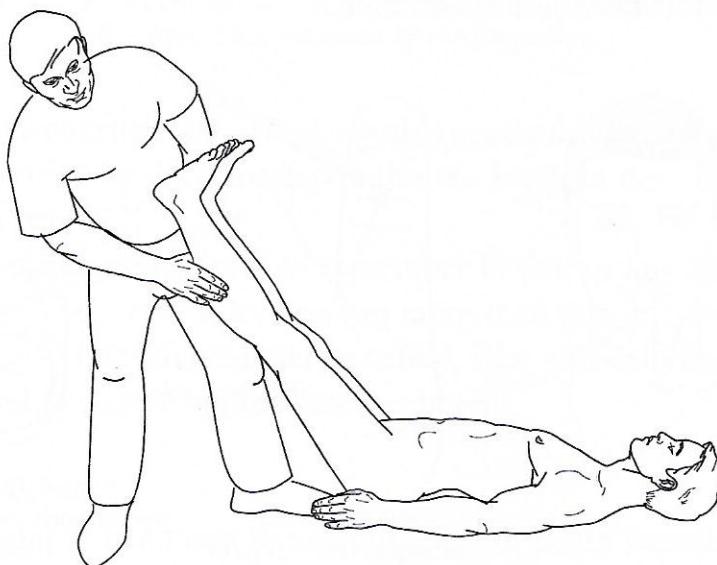


Fig. 90. Position in fainting: the patient laid on his back with his legs lifted

To be given the first aid, the patient should be laid on his back with his legs lifted. It will add to blood supply to the brain and improve the cerebral circulation (Fig. 90).

It is further recommended to loosen tight garments that may be hindering the breathing and let the fresh air be coming into the room. The patient's face should be sprinkled with cold water or he may be given some ammonia spirit to smell. Acting on curative points produces the same result. The Renzhong point situated in the fold between the nasal septum and the upper lip is one of the most important and easy for access. In syncope, this point should be pressed hard or massaged with due effort by rotational movements. The point's projection may also be put to use in the standard hand correspondence system by means of massage with a diagnostic probe (Fig. 91). All this is usually quite sufficient to revive the patient whose fainting has been due to scare, stuffiness or deep emotion.

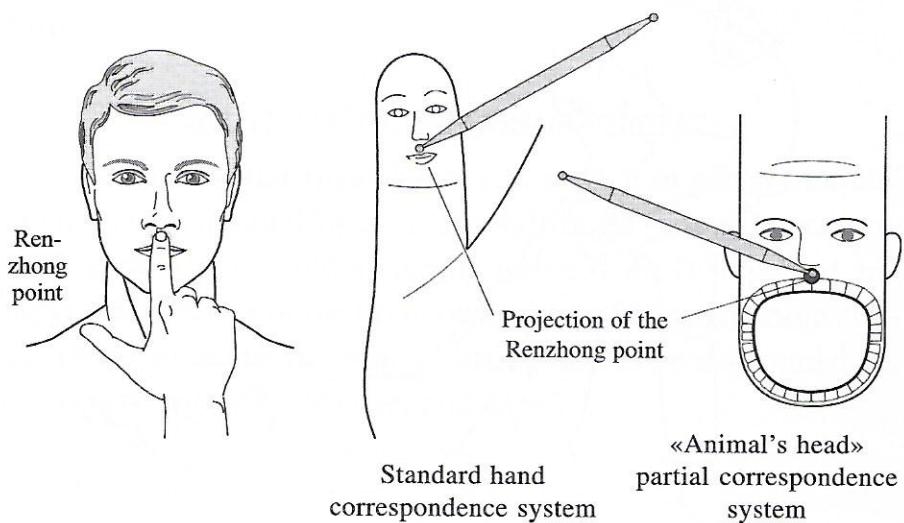


Fig. 91. First aid in fainting: massage of the Renzhong point and its projections

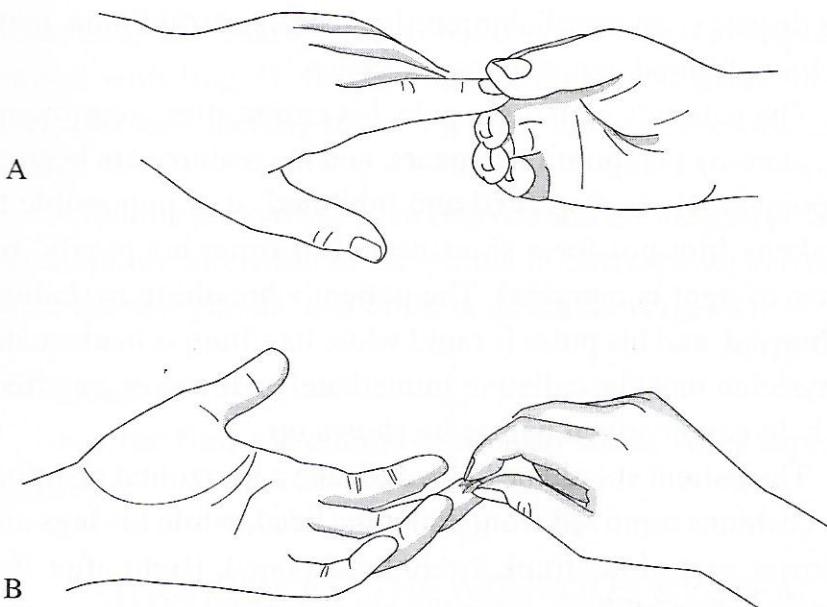


Fig. 92. Massage of the area of correspondence to the brain in fainting (in the «insect» system): A – rubbing massage of the nail plates; B – squeezing massage of the fingertips

All fingertips and nail plates also need rubbing or squeezing massage, for they correspond to the brain in the «insect» systems (Fig. 92).

One important point to remember is that in any kind of fainting – even very brief one (no more than one or two minutes long) – a physician must be called, who will determine its cause and prescribe appropriate treatment.

Collapse

Collapse is a more dangerous form of acute vascular insufficiency, in which a drastic drop in the arterial pressure and a disorder of cardiac function are seen. Poisoning, acute infec-

tious diseases, myocardial infarction, cardiac arrhythmia, massive loss of blood, etc. may be the cause.

The patient's skin turns pale, his extremities are growing cold, clammy perspiration appears, and his features are becoming pointed. He is dispirited and inhibited; it is impossible to «awaken» him but for a short period of time; his pupils' response to light is marginal. The patient's breathing is shallow and hurried, and his pulse is rapid while its filling is inadequate. A physician must be called in immediately. However, an effective help can be given before he shows up.

The patient should be helped to take a horizontal position, with cushions removed from under his head, while his legs and the lower part of his trunk are to be elevated. Right after that the stimulation of the point in the nasolabial fold (or its projection in any of the correspondence systems) needs to be started (see Fig. 90, 91). The areas of correspondence to the heart, the

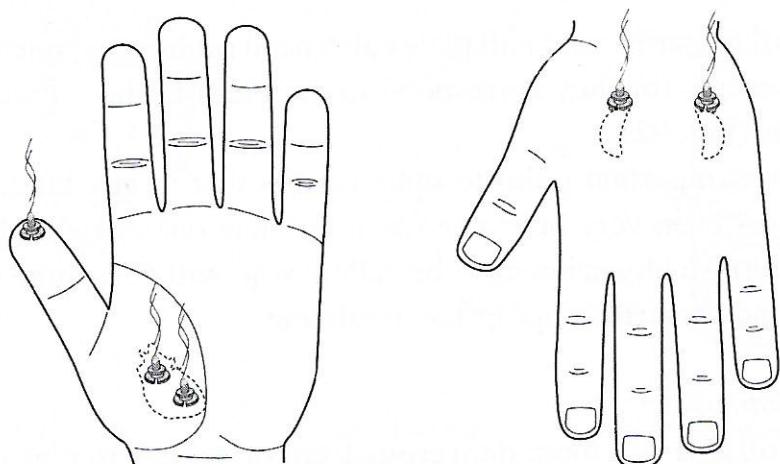


Fig. 93. Moxibustion of the points of correspondence to the brain, heart, and adrenal glands after the patient regains consciousness

brain, and, necessarily, the adrenal glands are subsequently pressed with fingers, finger joints, a diagnostic probe or any makeshift tool, thereby receiving vigorous massage (see Chapter III).

After the patient has been revived and his arterial pressure increased, moxibustion of the points of correspondence to his heart, adrenal glands, and brain is desirable (Fig. 93).

Shock

For the first aid administration in shock see Chapter V «Injuries».

PATHOLOGY OF THE NERVOUS SYSTEM

STROKE

Stroke (apoplexy) is an acute disorder of the cerebral circulation, which is life-threatening. The primary cause of the disease is hypertension and/or atherosclerosis of the cerebral vessels.

As a rule, stroke rapidly invades the victim. Many patients lose consciousness and show no response to people around. The appearance of noisy breathing is a distinguishing feature of stroke; besides, the patient's lips turn blue, the pulse rate falls to some 40-50 beats per minute. The victim is struck with hemiparesis – the one-side extremity paralysis: he is unable to operate or even move his either right arm and leg or their left counterparts. When the patient is conscious, speech disorders are not infrequent.

Naturally, he needs first aid, which can be given by those around. The first aid administration will reduce the area affect-

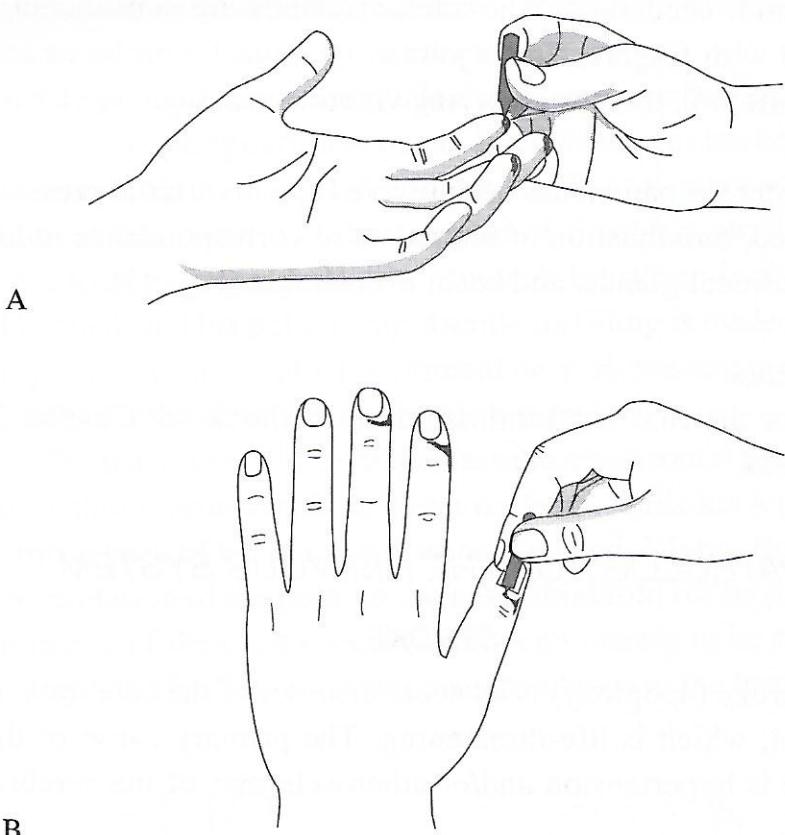


Fig. 94. Bloodletting in the development of stroke: A – from the points on the fingertips; B – from the points situated at the roots of the nail plates

ed by the impairment of the cerebral circulation. Very serious complications can be thus averted and even the patient's life probably saved.

For the first aid to produce due results the patient should be laid down and his garments inhibiting breath loosened. If it is the high arterial pressure that is responsible for stroke, the patient needs bloodletting above all. It is carried out with a sterile scarificator from the Shixuan points located on the tips of

every finger (toe) of the unaffected bodily part. In so doing, time may not be wasted on identification of painful correspondence points. Bloodletting may be also carried out from the points situated in the vicinity of the roots of every nail plate. Puncturing of these points revives immediately (Fig. 94). For more advice concerning bloodletting techniques please be referred to «Hypertensive crisis» section.

If the patient is unconscious, the primary mission of the first aid by Su Jok therapy is to prevent aggravation of the major disorders threatening his life. The treatment must therefore ensure that respiration and cardiac function are maintained and normal arterial pressure recovered. For this purpose, the areas of correspondence to the patient's heart and lungs in the standard hand (foot) correspondence system should be massaged. In the «insect» system, all his fingertips and, primarily, the ungual phalanges, which host the areas of correspondence to the brain, need to receive rubbing massage (Figs. 85, 92).

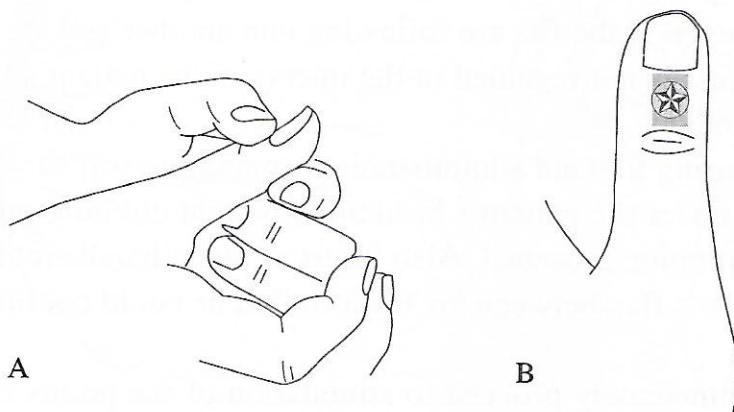


Fig. 95. Stimulation of the area of correspondence to the medulla oblongata in the standard hand correspondence system: A – massage with the thumb; B – application of a magnet star

Given that respiration is supervised by the central nervous system, additional stimulation of the projection of the respiratory center situated in the medulla oblongata is helpful in stroke (Fig. 95).

Su Jok therapy should be employed in after-care too, both in hospital and later at home.

CONVULSIVE STATES (EPILEPTIC AND HYSTERIC FITS)

Epilepsy is the most frequent cause of a convulsive state. An *epileptic fit* appears as a loss of consciousness and is accompanied by convulsions. The sufferer comes to be tossing about; he would froth at his mouth, sometimes biting his tongue so that it is bleeding. There comes a spasm of the respiratory muscles at the same time with the ensuing respiration stoppage. The fit lasts two or three minutes, after which the victim would lapse into the comatose condition followed by deep sleep. After the fit, the patient cannot recall what had happened with him whatsoever. If the fits are following one another and the consciousness is not regained in the intervals, the patient's life is endangered.

During first aid administration, something soft should be placed under the patient's head and his tight clothing inhibiting respiration loosened. Also insert a folded handkerchief or your coat's flap between his teeth so that he could not bite his tongue.

Immediately proceed to stimulation of the points corresponding to the brain, heart, and lungs. If the patient exhibits several fits running, he needs massage of the Shixuan points (Fig. 96) and resuscitation measures (see Chapter III).

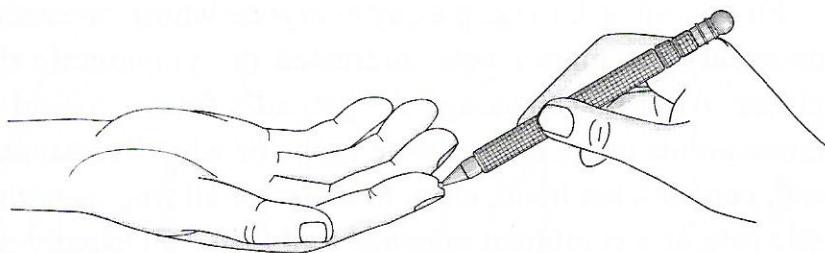


Fig. 96. Massage of the Shixuan points with a diagnostic probe

A hysterical outburst is a sort of «performance» that other people are supposed to be watching. The patient would fall down, suffering no injury, though. The convulsions occur with groans and sobbing. The patient remains conscious; he shows no froth discharge or respiratory disorder. A fit may last indefinitely. However, the longer the patient is disregarded the longer the fit will be. Convulsive fits are usually seen in conflict or deep emotion.

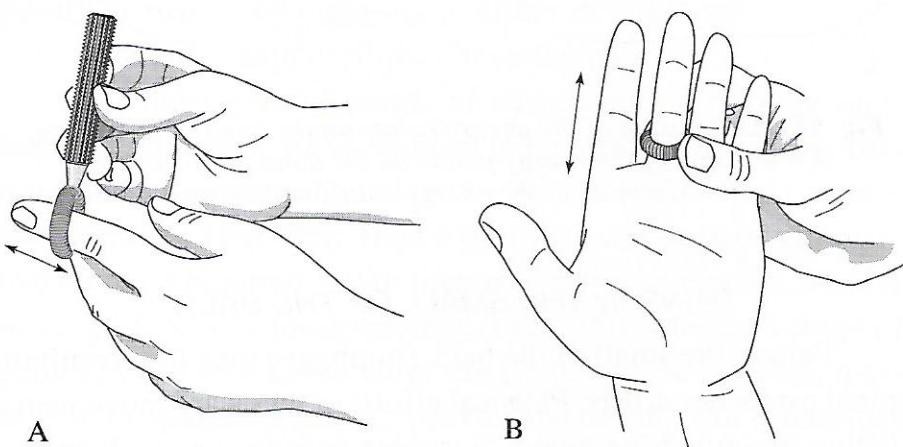


Fig. 97. Finger massage in hysterical outburst: A – with a combined massage tool; B – with a massage ring

First of all, ask to keep away everyone whose presence is unnecessary, no matter how interested or sympathetic they might be. After that, massage the patient's fingertips and the Shixuan points using a diagnostic probe or whatever handy (a pencil, pen, crochet hook, etc.). Massage of all fingers with an elastic ring or a combined massage tool (Fig. 97) usually produces good results too. Apart from its curative effect, the latter type of massage is a good derivant; it also helps to have the patient relaxed and settled down. Warming of the energy points located on the Yin-surface of the patient's hands will much improve his state as well (Fig. 98).

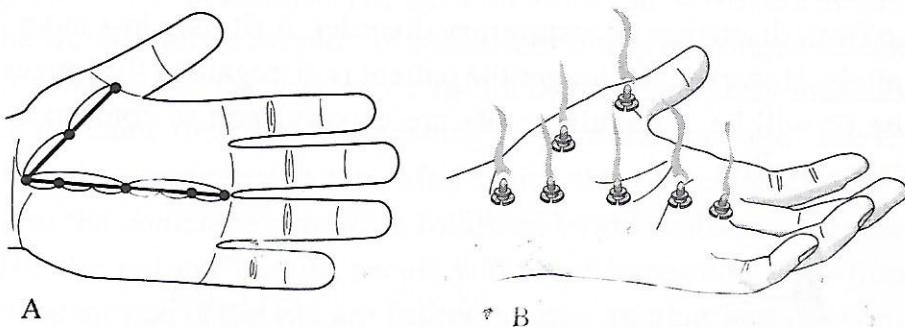


Fig. 98. Moxibustion of the energy points on the hand's Yin-surface:
A – location of the energy points on the hand's Yin-surface;
B – warming of the energy points with moxas

PAINS IN THE SMALL OF THE BACK

Pain in the small of the back (lumbago) may be a result of spinal osteochondrosis. Physical efforts or awkward movements (lifting of something heavy, a sudden twisting) as well as exposure to cold cause a sudden acute pain in the loins. A person seems to be frozen in an uncomfortable position unable to

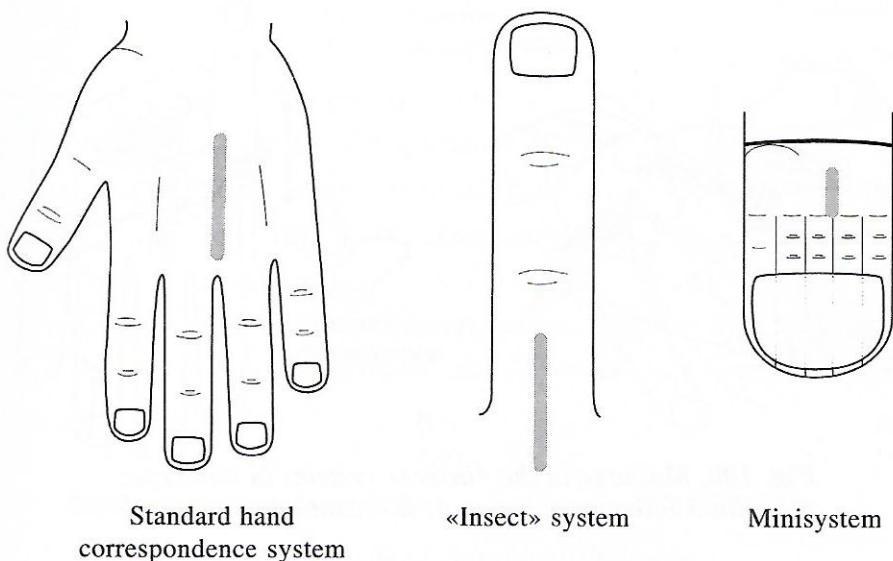
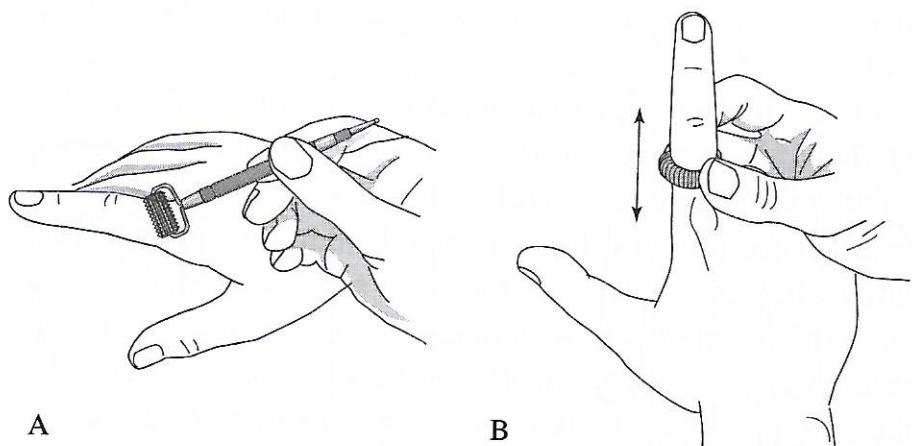


Fig. 99. Areas of correspondence to the lumbosacral section of the spine

straighten himself up. Any movement would cause more pain. Sometimes the pain is initially tolerable but tends to be constantly growing and radiating to either or both legs.

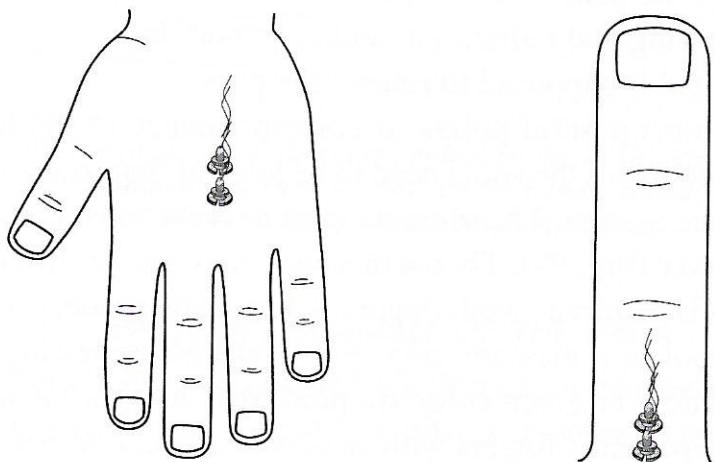
First aid is supposed to relieve the pain.

The most painful points of correspondence to the lumbosacral section of the spine need to be located first in any correspondence system. The «insect» system is the most convenient, however (Fig. 99). Then a thorough massage of the curative points is required – with fingers, a diagnostic probe, a roller massage tool or a massage ring (Fig. 100). Massage rings of golden, yellow or green color are preferred. A vigorous massage of the patient's fingers with an elastic ring can sometimes kill an excruciating pain without any analgesic drugs. If moxas are handy, warming of these points with minimoxas (or a wormwood cigar) is worthwhile (Fig. 101). A chain of seeds should



*Fig. 100. Massage in the «insect» systems in lumbago:
A – with a roller massage tool; B – with an elastic ring*

be next attached to the area hosting the points that correspond to the spine. The seeds of beet, radish, hedge rose, red currant, buckwheat, etc. will do (Fig. 102).



Standard correspondence system

«Insect» system

Fig. 101. Warming of the correspondence points with moxas in lumbago

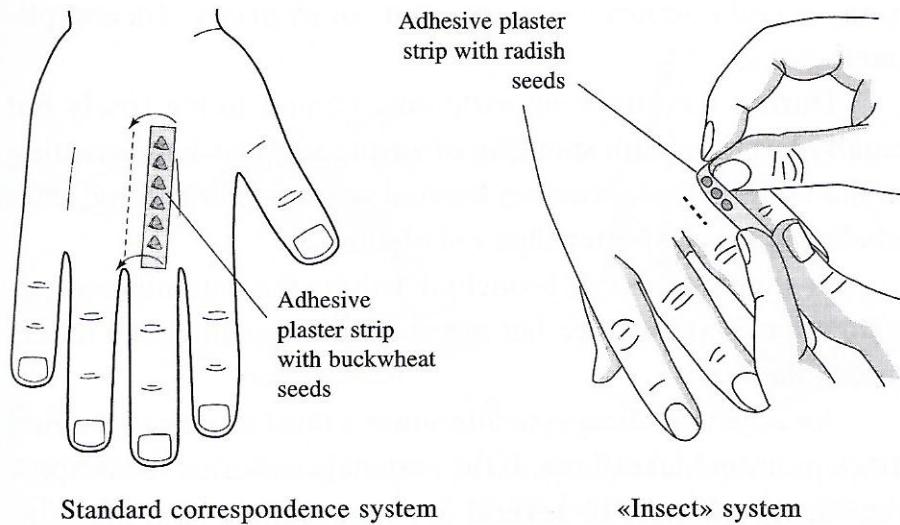


Fig. 102. Seed therapy for lumbago

Pressing on the seeds from time to time, the patient will stimulate the painful points on his own. Seed therapy may be practiced for several days until the pain disappears, but the seeds need to be replaced with new ones every day. Besides, pepper plaster strips may be attached to the areas of correspondence to the lumbar region in the standard correspondence system or in the «insect» system for two or three days.

DISEASES OF THE RESPIRATORY ORGANS

BRONCHIAL ASTHMA

Bronchial asthma is an allergic disease, which appears as recurrent bouts of asphyxia.

Dry and tormenting cough is in most cases the first portent of the coming bout of bronchial asthma. Attacks of asphyxia begin all of a sudden and rapidly aggravate; they last

from several minutes to several hours or even days (in complicated cases).

During the attack an asthmatic cannot move freely but usually has to remain standing or sitting with his hands resting on the table. He experiences hurried whizzing breathing, with inhalation much shorter than exhalation.

In slight attacks of bronchial asthma the patients normally do not call ambulance but use special drugs intended to terminate the bouts.

An urgent medical consultation is a must in case of the first attack of bronchial asthma. If the patient is suffering from a protracted, several hour or several day long asthma bout that cannot be cured by ordinary methods (such state is termed asthmatic status), an ambulance should be urgently called, as his life is definitely endangered. Intensive therapy in a hospital is then essential.

First aid administration by the Su Jok therapy methods in bronchial asthma involves linear massage in the standard hand or foot correspondence system with a finger or any massage tool or whatever else handy. The projection of the respiratory tract should be stimulated from the area of correspondence to the lungs to that of the nose, which will promote better sputum discharge (Fig. 103). Since the diaphragm takes part in respiration, the area of correspondence to the entire upper diaphragm line needs massage as well. There is a point near the base of the first metacarpal bone that corresponds to the upper diaphragm line and whose stimulation is especially helpful (Fig. 104). In many cases the bronchial asthma bouts are completely done away by means of these manipulations, very simple indeed.

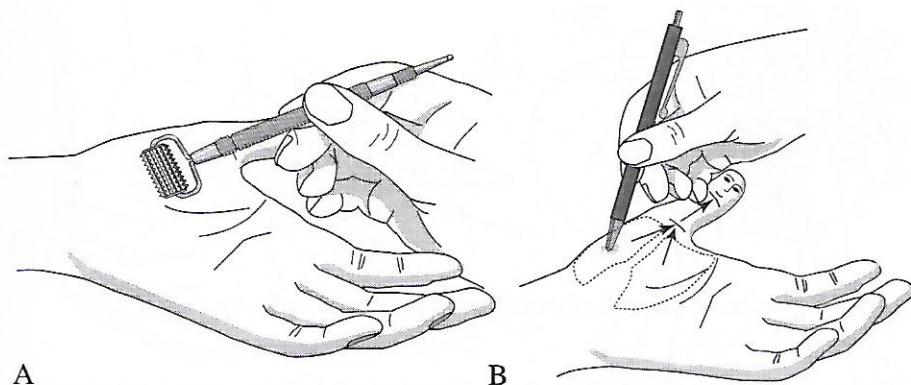


Fig. 103. Linear massage of the projection of the respiratory tract (from the area of correspondence to the lungs to that of the nose) during an attack of bronchial asthma: A – with fingers; B – with a pen

Warming of the most painful points of correspondence to the lungs in the standard hand correspondence system will widen the air supply routes and facilitate sputum discharge (Fig.).

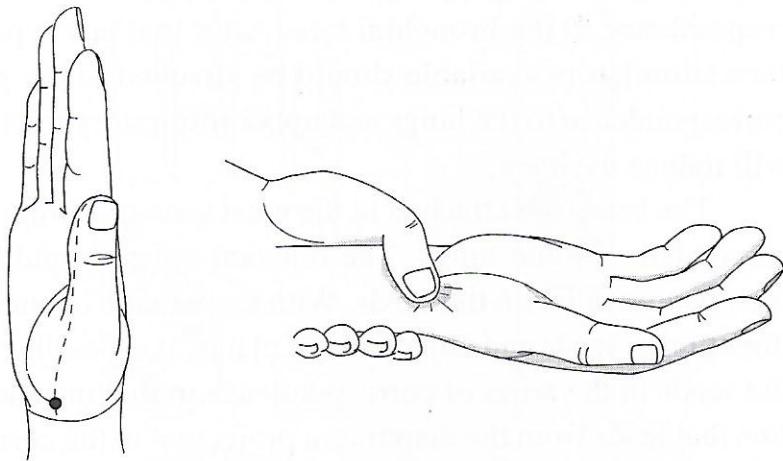


Fig. 104. Massage of the point situated in the base of the first metacarpal bone during an attack of bronchial asthma

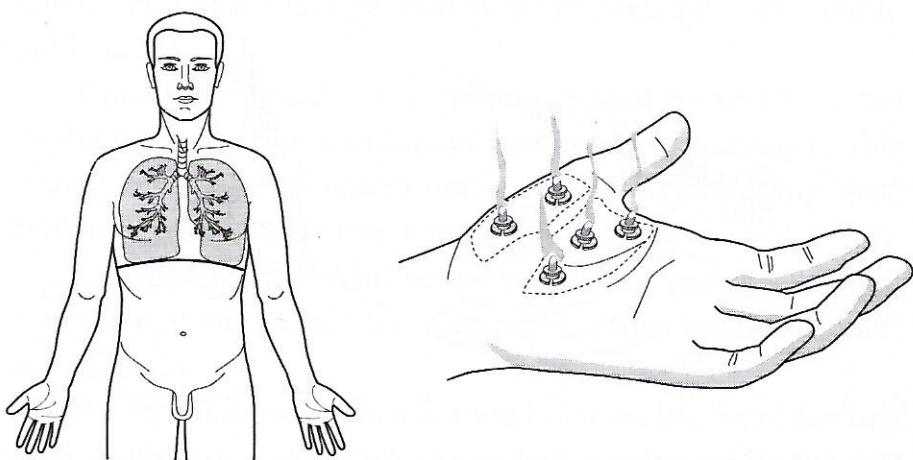


Fig. 105. Moxibustion of the points of correspondence to the lungs during an attack of bronchial asthma

105). But if the patient is intolerant of the wormwood smell and smoke, such procedure should be avoided. It is advisable instead to attach «warming» seeds (of pepper, red currant, hedge rose, grape) or pieces of pepper plaster to the painful points of correspondence to the bronchial tree. After that any type of surface stimulators available should be attached to the points of correspondence to the lungs and upper respiratory tracts, which will reduce dyspnea.

The seeds are attached in the most sensitive points of correspondence to the lungs. The relevant areas should be completely covered with the seeds. With knowledge of energy flow direction in seeds and other parts of plants, it is possible to place the seeds in the areas of correspondence to the lungs along the line that leads from the diaphragm projection to the correspondence to the trachea (Fig. 106, 107). In this case green seeds are the best – those of peas, hemp, lentil, apples, and pears. If seeds

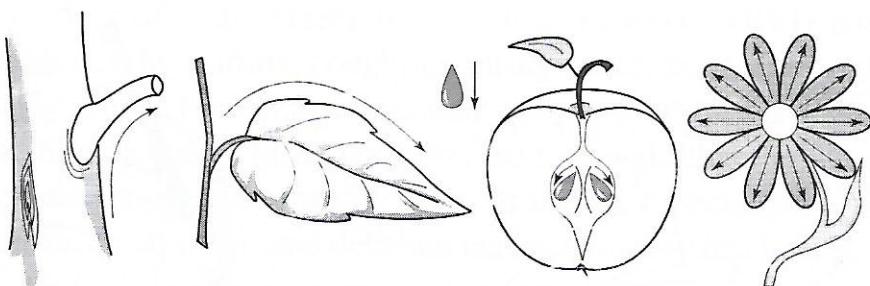


Fig. 106. Prevailing energy flow directions in plants

are unavailable, metal or magnet stars are employed. It should be remembered that the desired effect will be only produced if the seeds are pressed from time to time.

Stimulation of the points of correspondence to the adrenal glands is an essential element of the first aid in grave bouts of bronchial asthma because it facilitates the secretion of corticosteroids. It is carried out by means of finger massage involving

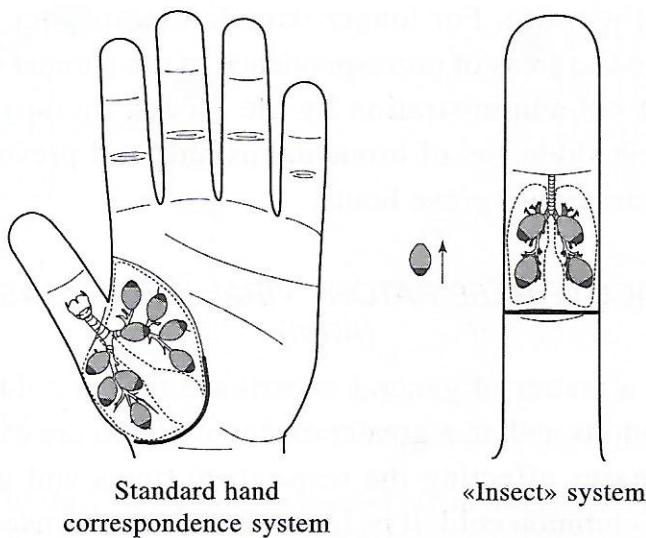


Fig. 107. Seed therapy for poor sputum discharge and impaired exhalation

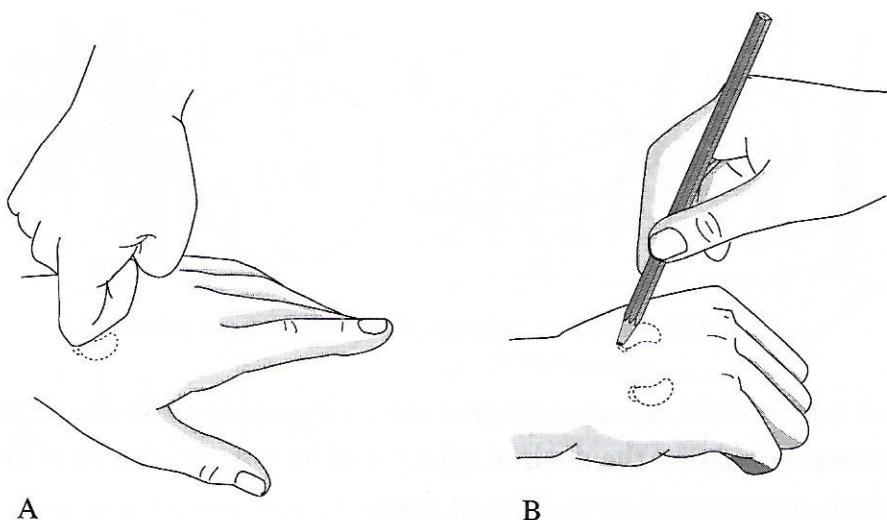


Fig. 108. Massage of the areas of correspondence to the adrenal glands in the standard hand correspondence system during an attack of bronchial asthma: A – with the second finger's joint; B – with a pencil

rhythmical pressing movements; alternatively, makeshift tools may be used (Fig. 108). For longer stimulation, magnet stars are attached to the areas of correspondence to the adrenal glands.

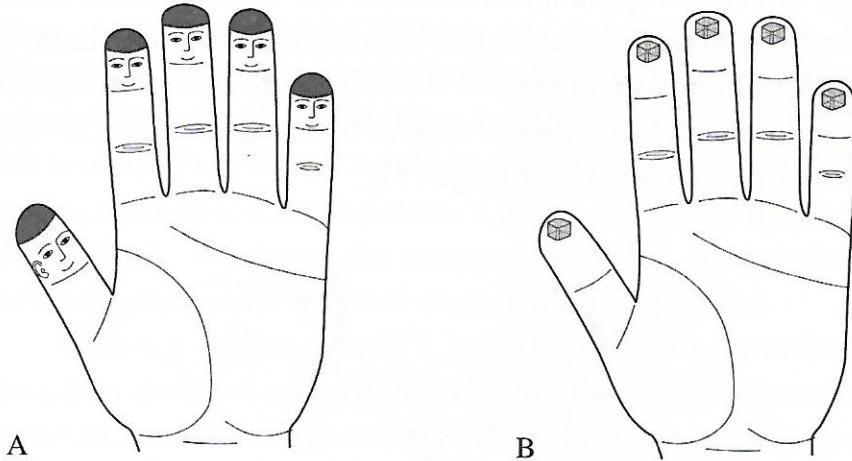
First aid administration by the Su Jok therapy method helps arrest slight fits of bronchial asthma and prevents their transformation into grave bouts.

ACUTE RESPIRATORY VIRAL INFECTIONS (ARVI)

It is a matter of general experience that in cold seasons both the adults and, to a greater extent, children are exposed to acute diseases affecting the respiratory tracts and generally known as common cold. It is, however, various viruses that are mainly responsible for the emergence of these sicknesses.

Most of acute respiratory viral infections (ARVI) are manifested by rhinitis, coughing, husky voice, headache, and apathy. Fever is the most common symptom of the suddenly invading disease. This is not infrequent, though, that the temperature elevates to some 39–40° C or higher, especially in influenza; convulsions and delirium may accompany it. The foremost job is, therefore, to subdue the fever.

The abnormally high temperature may be quickly reduced, especially in infants, by the simplest manipulations. To this end, the tips of all fingers and toes should be painted black; if possible, some ice should be attached too (Fig. 109). Anything cold (kept in a freezer for a while) may be also used. Alternatively, the patient's fingertips may be immersed in cold water for 30 to 90 seconds. After that draw on his second fingers the lines with a black felt-tip pen, as shown in Fig. 110. While drawing the lines and painting his fingertips black, you should be think-



*Fig. 109. Manipulations carried out to reduce fever:
A – painting of fingertips black; B – application of the pieces of ice*

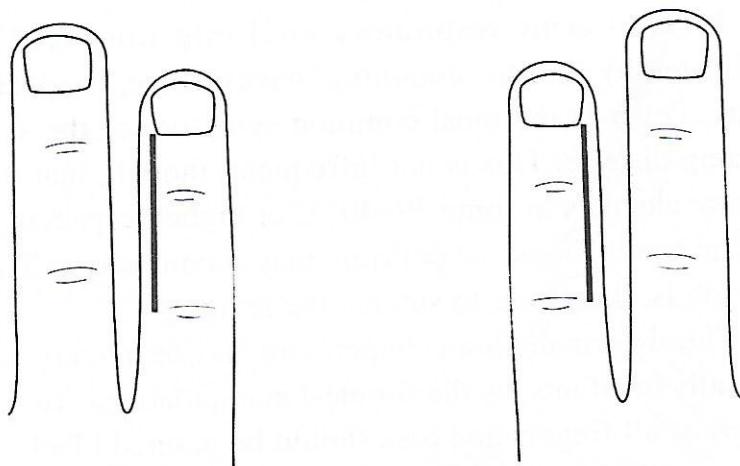


Fig. 110. Black lines drawn on the second fingers to subdue fever
(inhibition of the small intestine's byol-meridian)

ing about the utmost need to subdue the fever. Some 30–40 minutes later the temperature will decline by 1–1.5 degrees.

Bloodletting is an efficient method to reduce high temperature in acute respiratory diseases. If the standard hand correspondence system is put to use, it is carried out on the thumb in the area of correspondence to the cerebrum. Bloodletting may also be done in the «insect» system by using the point located on the tip of every finger (Fig. 111).

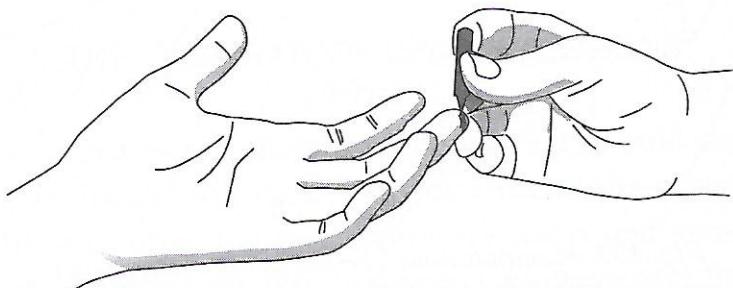


Fig. 111. Bloodletting from fingertips to decrease fever

In view of the fact that abnormally high temperature is a defensive reaction of the human organism its full normalization should not be sought. It is sufficient to have it slightly subsided to escape adverse effect. At the same time a physician should be called, who will prescribe treatment.

DISEASES OF THE UROGENITAL SYSTEM

RENAL COLIC

In various kidney and ureter diseases (pyelonephritis, tumors and, most frequently, nephrolithiasis) a pang known as renal colic may arise all of a sudden. It occurs because of acute urine discharge impairment caused in turn by a kidney stone getting through a ureter. Unexpected as a rule, a shoot of colic may be precipitated by a long walk or a jolty journey.

The violent pain centers in the loins but may radiate to the subcostal region or downwards to the groin and the genitals. The attack is accompanied by frequent and painful urination. The sufferers are anxious, unable to rest in the same position for even a short while; they keep fidgeting in futile attempts to have the pain soothed. Nausea and vomiting are not infrequent too. There may be some blood in the patient's urine, especially in the end of the attack. Whatever the cause of the colic, an ambulance must be called and a medical examination is required.

Before a doctor comes, a hot bath or a hot-water bottle placed on the loins can well relieve the pain in the meantime. However, both are not permitted unless the diagnosis is beyond doubt.

Painful points of correspondence to the kidneys and ureters should be located afterwards. Massage them with your fin-

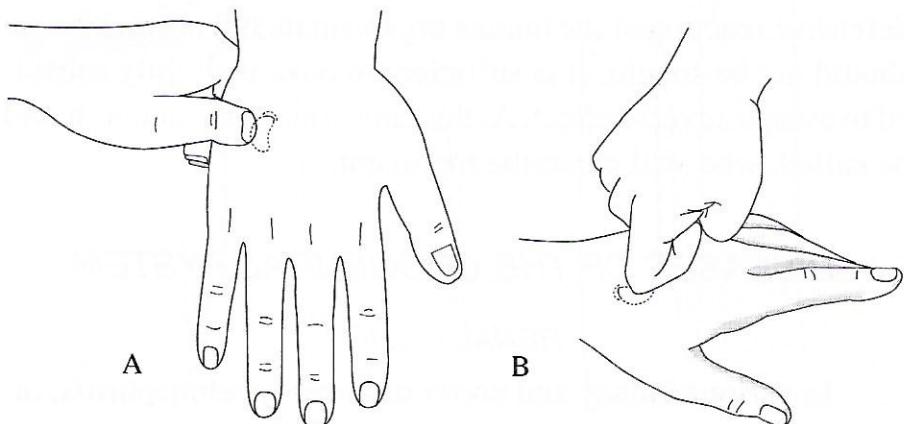


Fig. 112. *Massage of the areas of correspondence to the kidneys in the standard hand correspondence system during renal colic:*
A – with the thumb; B – with the second finger's interphalangeal joint

gers or a diagnostic probe using intermittent pressure, rubbing, vibration or rotational techniques and warm them with moxas or a cigar until the patient feels deep warmth (Fig. 112 to 114). Seeds of, guelder rose, hedge rose, and black pepper or kidney beans may be attached to these very points of correspondence (Fig. 115). The seeds will help to have the ureter widened so that kidney stones get through easier.

A good cure for renal colic is shamrock that will not only relieve the spasm, but also facilitate the urine discharge (Fig. 116). Ureter spasms can be relieved by using crosscuts of twigs, roots or fruits because plants grow from the center towards the bark, i.e. the periphery (Fig. 117). Yellow metal stars are well fit for a prolonged stimulation. As an additional measure, the areas of correspondence to the kidneys and ureters should be painted with a red or a pink felt-tip pen.

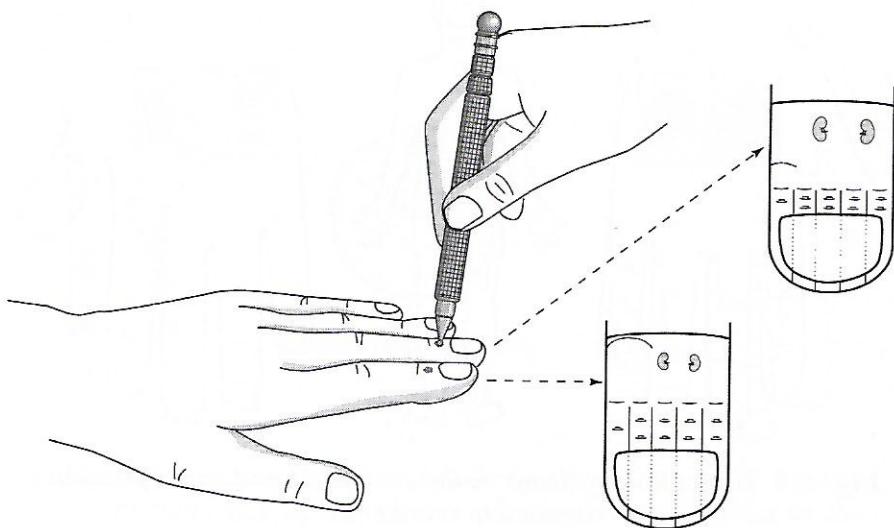


Fig. 113. *Massage of the areas of correspondence to the kidneys with a diagnostic probe in the minisystems of correspondence during renal colic*

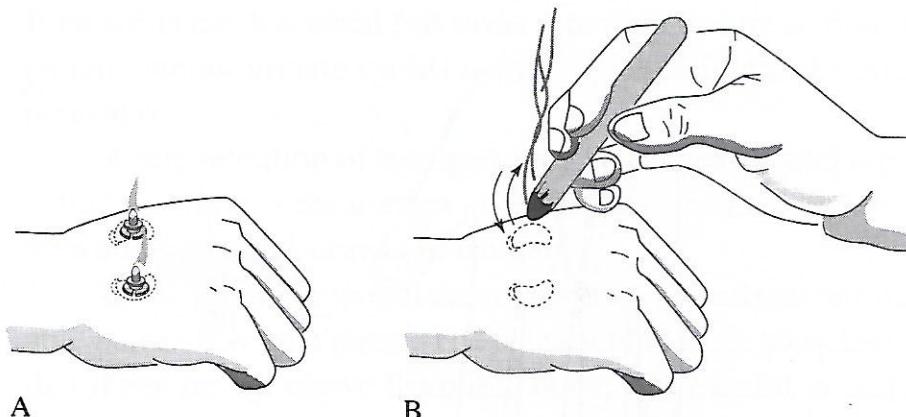


Fig. 114. *Warming of the areas of correspondence to the kidneys in the standard correspondence systems during renal colic:*
A – with moxas; B – with a wormwood cigar

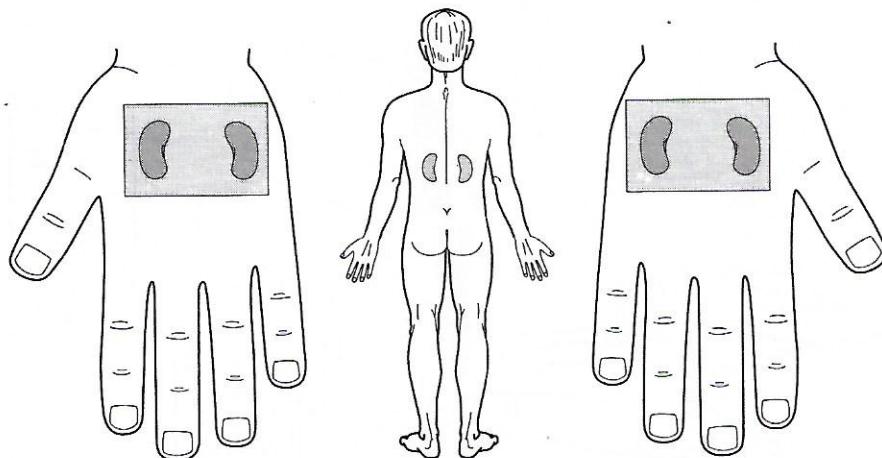


Fig. 115. Use of kidney beans in the standard hand correspondence system in renal colic

Use of Su Jok therapy during the shoots of renal colic make it possible to alleviate the pain and, in some cases, terminate the bout altogether.

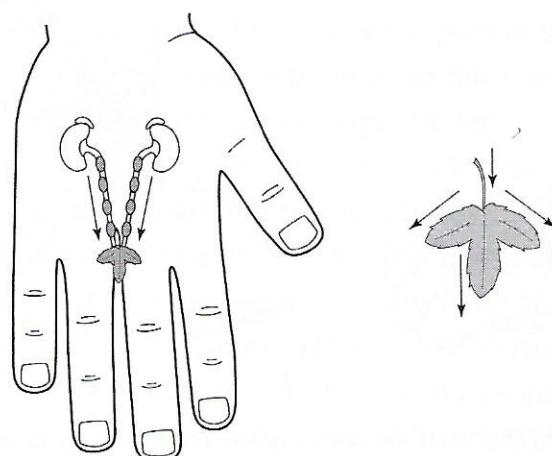


Fig. 116. Shamrock seeds and leaf used in therapy for renal colic

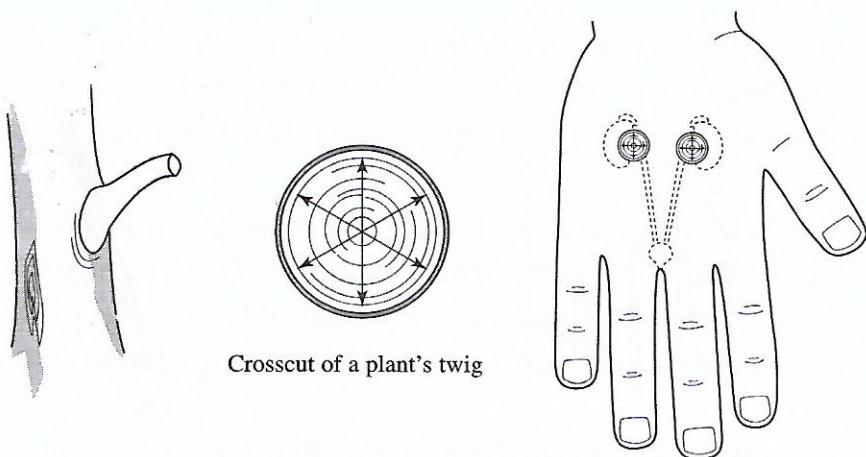


Fig. 117. Treatment for renal colic by stimulation of the areas of correspondence to the ureters with crosscuts of twigs in the standard hand correspondence system

ACUTE URINE RETENTION

There is partial urine retention and full urine retention. In partial retention the urinary bladder is not completely emptied. First aid is needed when full urine retention occurs so that the patient cannot urinate on his own in spite of frequent vesical tenesmus.

Acute retention of the urine may be caused by sticking of a bladder stone in the urethra or by tumors – of the prostate in men and of genital organs in women.

Urine retention would cause piercing, sometimes untolerable pains above the pubis. The urinary bladder is stretched so that it can be felt above the pubic bone; it is painful in palpation.

In acute urine retention the sufferer needs to be taken to a hospital. Nevertheless, while an ambulance is yet to come, an attempt may be made to relieve the pain. To this end, the area of

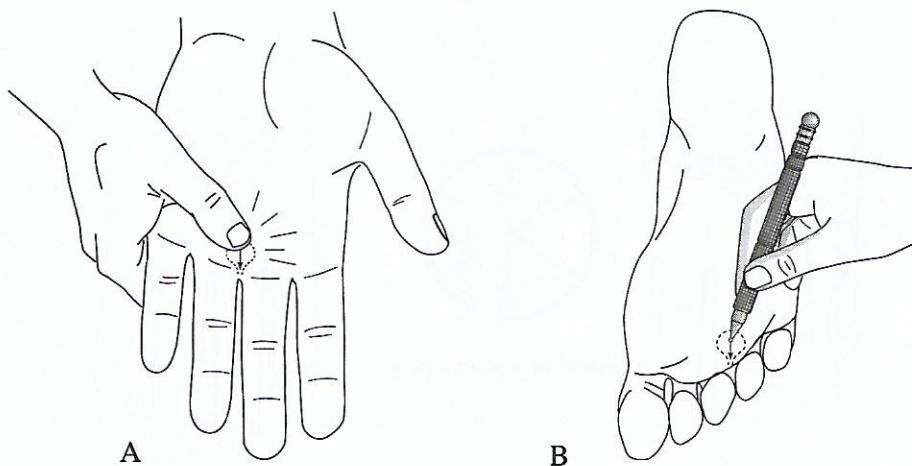


Fig. 118. Stimulation of the areas of correspondence to the urinary bladder in the standard hand and foot correspondence systems in acute urine retention: A – linear finger massage; B – massage with a diagnostic probe

correspondence to the urinary bladder on the hand or, better, the foot should receive a linear or rubbing massage with fingers or a diagnostic probe. The massage movements on the projection should be following the route of the urine outflow (Fig. 118).

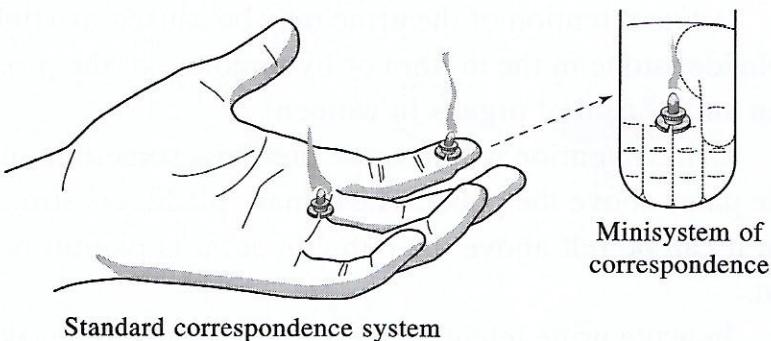


Fig. 119. Moxibustion of the areas of correspondence to the urinary bladder in acute urine retention

Warming of the projections of the urinary bladder with moxas is needed thereafter. Minisystems of correspondence on the second or fifth fingers are the best for this to be done (Fig. 119).

Besides, green seeds (of haricot, peas or corn salad) are affixed to the area of correspondence to the urinary bladder and forcefully stimulated during 10-30 minutes. Depending on the patient's state the seeds may be worn from several hours to as long as 24 hours.

In most cases all of the above methods produce very good clinical effect.

DISEASES OF THE ALIMENTARY SYSTEM

ACUTE ABDOMINAL PAIN

A bellyache is one of the most frequent symptoms of a disease or an injury of various organs hosted by the abdominal cavity.

It would arise in inflammatory diseases (acute appendicitis, cholecystitis, pancreatitis), perforated gastric or duodenal ulcer, gastrointestinal hemorrhage, acute intestinal obstruction, incarcerated hernia, extrauterine pregnancy, etc.

Abdominal pains may be persistent or spasmodic, they may appear all of a sudden and be steadily aggravating. As this takes place, nausea and vomiting are often seen, being sometimes ceaseless. Most patients experience constipation and abdominal distension.

An abruptly emerging bellyache is a sort of emergency alarm that calls for a doctor to be sent for straight away; the patient definitely needs urgent hospitalization for a possible

surgical intervention. The longer is a period of time to pass before the medical examination the more dangerous the ensuing complications may be.

It makes sense to take some steps before a doctor comes. Let us discuss them below.

You will have to locate – very accurately – the area of correspondence to the sore organ in the standard hand (foot) correspondence system and massage it with your fingers, a diagnostic probe or whatever massage tool for three to ten minutes. After that attach a white metal star or a magnet star marked yellow to the area or correspondence to the affected region (Figs. 120, 121). If the abdominal pain is not that severe and has arisen due to the exacerbation of an old chronic sickness (for example, chronic cholecystitis, duodenal ulcer or chronic pancreatitis), seed therapy may be employed too.

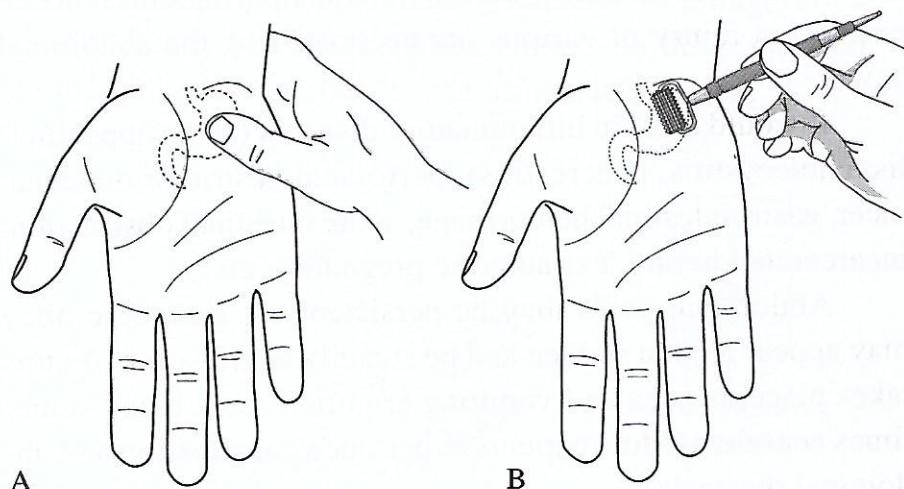


Fig. 120. *Massage of the area of correspondence to the stomach in the standard hand correspondence system: A – with the thumb; B – with the roller massage tool*

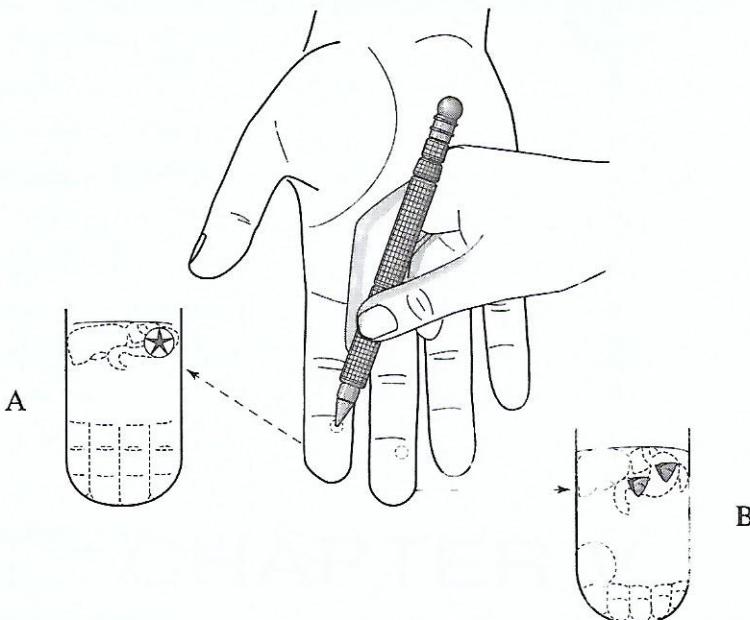


Fig. 121. Stimulation of the areas of correspondence to the stomach in minisystems: A – with a metal star; B – with buckwheat seeds

A variety of seeds are used for treatment. They should be selected for every person individually, but the seeds of beet, hedge rose, radish or buckwheat as well as the fruits of hawthorn will be recommended most.

Do not forget that a medical examination is needed anyway, whatever the cause of the abdominal pains may be.

CHAPTER V

FIRST AID SU JOK THERAPY IN ACCIDENTS

HEMORRHAGE

Hemorrhage may arise from a variety of reasons.

Each of us had to stop the blood at least once in a life, no matter who was affected – you or someone else. First aid administration in hemorrhage had been widely discussed in lots of first aid manuals and in professional medical literature.

First aid by the Su Jok therapy methods implies application of a makeshift tourniquet or a rubber band to the area of correspondence to bleeding or to a more proximal area. The rubber band is worn on hands or feet until the hemorrhage stops but no more than some 10–12 minutes. If it proves insufficient, the band should be applied to the other area of correspondence. This is an easy though efficient method to stanch nasal and uterine bleedings or bleedings after a tooth extraction as well as those that happen because of injuries of the extremities.

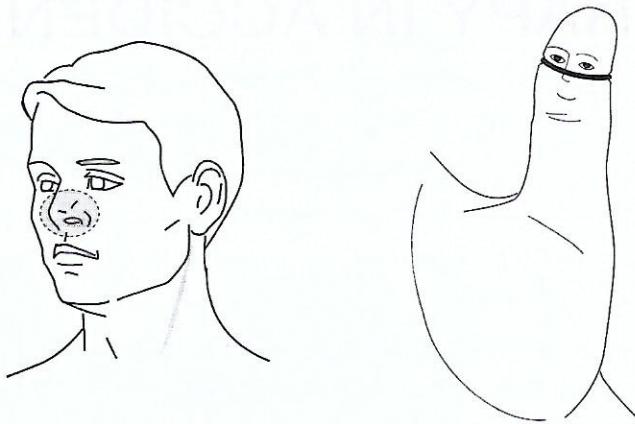


Fig. 122. Application of an elastic band to the area of correspondence to the nose to stem a nasal bleeding (in the standard hand correspondence system)

Rather common *nasal bleedings* are seen in high arterial pressure, infectious and blood diseases. Occasionally they are very intense. To ensure that the nasal bleeding is stopped an elastic band is applied to the area of correspondence to the nose either in the standard hand correspondence system or in the «insect» system to any of the fingers (Fig. 122). The same result will be produced if the band is applied to the thumb's base (Fig. 123).

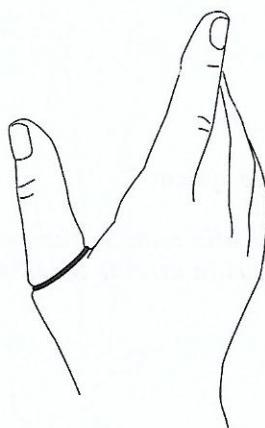
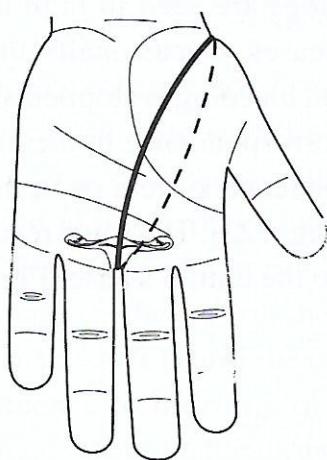


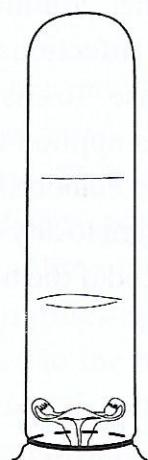
Fig. 123. Application of an elastic band to the thumb's base to stop a nasal bleeding

Uterine bleedings usually arise in pregnancy pathologies or ovary dysfunctions, etc. A band should be applied to the hand or foot in such a way that it would «pinch» the area of correspondence to the uterus in either the standard correspondence system or the «insect» system (Fig. 124).

In *injuries of the extremities* accompanied by external hemorrhages, the right place for the application of a band is more proximal than the exact area of correspondence to the bleeding bodily region. The standard hand and foot correspondence system is the best for such bleedings to be stopped (Fig. 125).



Standard hand correspondence system



«Insect» system

Fig. 124. Application of an elastic band to the area of correspondence to the uterus in uterine bleeding

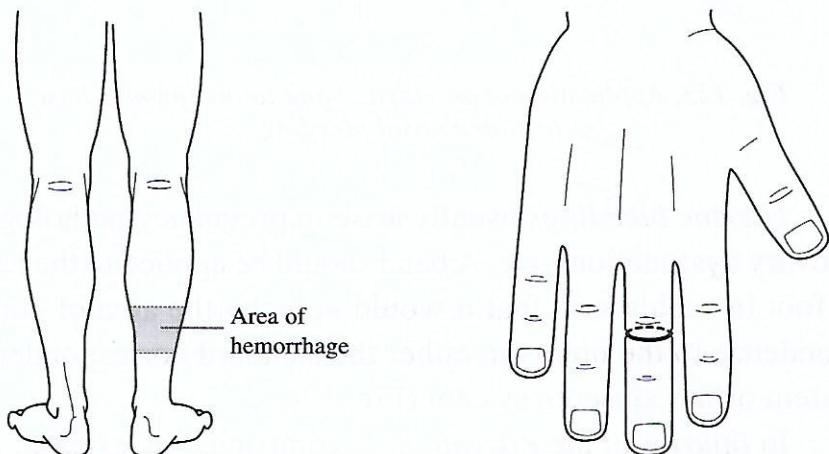


Fig. 125. Application of a rubber band to the area that is more proximal than the exactly corresponding one (in the standard hand correspondence system)

If a rubber band is unavailable, a point (area) on the hand or foot corresponding to the bleeding region may be squeezed with fingers, a diagnostic probe or any other tool (Fig. 126). Seeds (preferably black or brown) or magnet stars marked yellow on top should be subsequently affixed to these points.

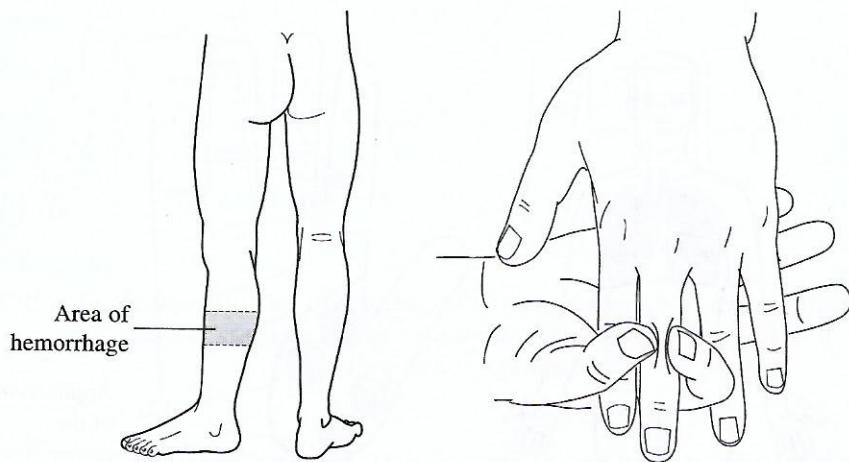


Fig. 126. Squeezing of the area of correspondence to the bleeding with fingers in the standard hand correspondence system

If possible, tiny pieces of ice or any cold thing should be pressed to the area of correspondence to the bleeding.

In chest injuries and some lung and heart diseases hemorrhages arise, which is manifested by *blood expectoration*, i.e. discharge of blood together with sputum during coughing. Appearance of blood admixture in the sputum calls for an immediate medical examination, for blood expectoration may indicate a serious illness.

During the first aid administration by the Su Jok therapy methods painful points of correspondence to the lungs, bron-

chial tubes, trachea are located and massaged with fingers or various stimulators intended for prolonged application (stars or seeds). Some ice should be placed on the area of correspondence to the lungs (similar to placing of an ice bag on the patient's chest); see to it that the pieces of ice are replaced with new ones as they thaw (Fig. 127).

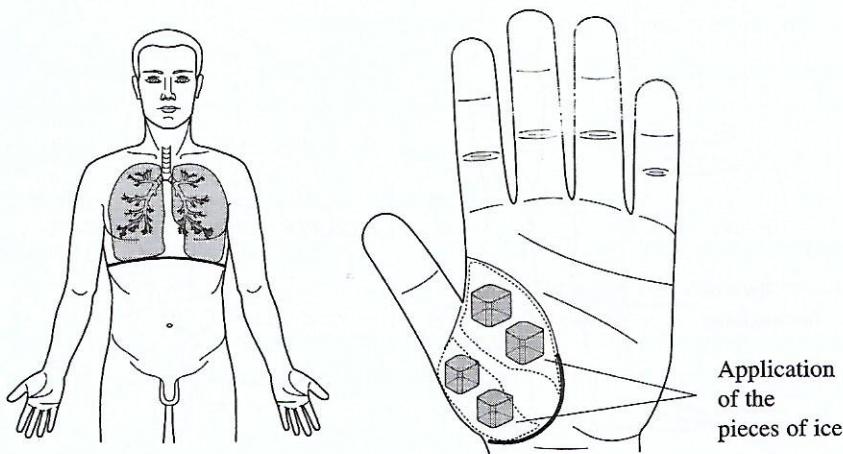


Fig. 127. Application of ice on the area of correspondence to the lungs in blood expectoration (in the standard hand correspondence system)

Hemorrhage is also seen in sicknesses of organs of the gastrointestinal tract when black vomit and tarry stools are exhibited. The whole blood appearing in vomit is typical for esophageal hemorrhage. In gastric pathology vomit looks like coffee ground. Tarry stools surface in esophageal, gastric, and duodenal hemorrhage, while stools in which the blood of natural scarlet color appears indicates that the lower sections of the large intestine are bleeding. It is imperative that a physician is called in should any of the symptoms of gastrointestinal hemorrhage appear.

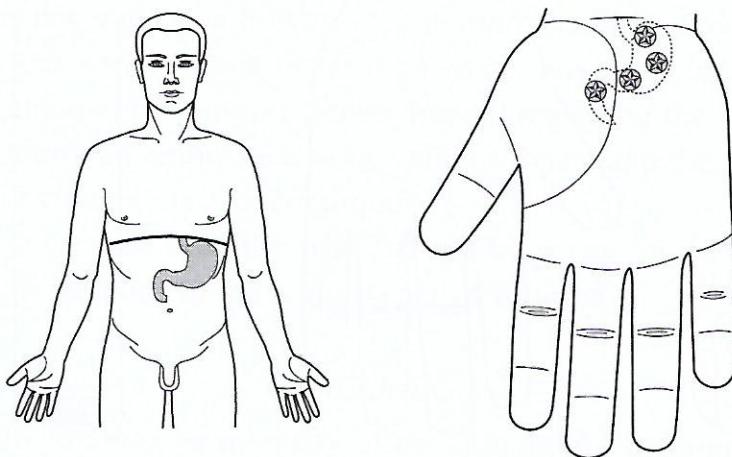


Fig. 128. Stimulation of the points of correspondence to the stomach with magnet stars in erosive gastritis (in the standard hand correspondence system)

Having determined the location of the pathological process responsible for hemorrhage, massage the projection of the respective area in any of the correspondence systems (hand or foot) using intermittent pressure, vibration or rubbing techniques; also apply ice, seeds or other stimulators (Fig. 128).

One of the major symptoms of urologic diseases is hematuria, i.e. blood in the patient's urine, which, if determined by a naked eye, calls for immediate hospitalization.

During the first aid administration by the Su Jok therapy methods the area of correspondence to the urinary bladder is massaged with fingers or a diagnostic probe. After the massage, seeds, metal or magnet stars are affixed to these points (Fig. 129).

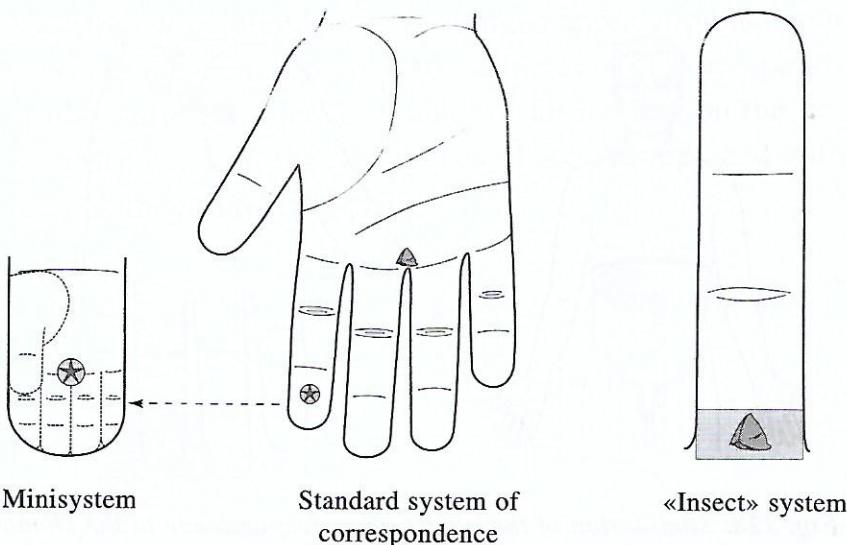


Fig. 129. Stimulation of the area of correspondence to the urinary bladder in hemorrhagic cystitis

INJURIES

Ours is the age of splitting speed and sweeping development of industry and technologies. Unfortunately, this is accompanied by ever increasing number of casualties, industrial and traffic accidents. This being so, it is important to be able to give prompt and correct first aid prior to a doctor's coming so that the life of a person in trouble be saved.

Injury is a damage caused by external factors to internal organs, tissues or the human organism as a whole. Characteristics of various types of injuries and appropriate first aid techniques have been described in detail in medical publications. This notwithstanding, the Su Jok therapy can add much to these generally accepted first aid methods.

The concrete method of first aid administration is by all means dependent on how grave the injury is. Dangerous injuries from which shock or terminal state may arise, and those accompanied by massive hemorrhage threatening the victim's life require an ambulance to be called soonest and the first aid given by using classic techniques.

Let us see how the first aid can be given by the Su Jok therapy methods in the major types of injuries.

WOUNDS

In *wounds* the integrity of the skin and/or mucous membranes is violated because of physical damage.

Pain, bleeding and dysfunction of an injured bodily part are typical for every wound. First aid in wounds requires, at the first stage, that the bleeding be stopped and infiltration of an infection into the wound prevented. For this purpose, the wound needs cleansing with an antiseptic solution (iodine tincture or potassium permanganate). A sterile dressing should be subsequently applied.

For hemorrhage to be stopped, the points of correspondence to the bleeding wound should be located and appropriate manipulations carried out; any technique will do (see «Hemorrhage» above).

It's really important to relieve the pain. To do so, the area of correspondence to the wound should receive the finger massage by pressing or rotational movements. In small wounds the massage is given in the standard hand or foot correspondence system (Fig. 130). Minisystems or «insect» systems should be preferred for vast wounds. There is no need to look for separate painful points, for it is the entire area of correspondence

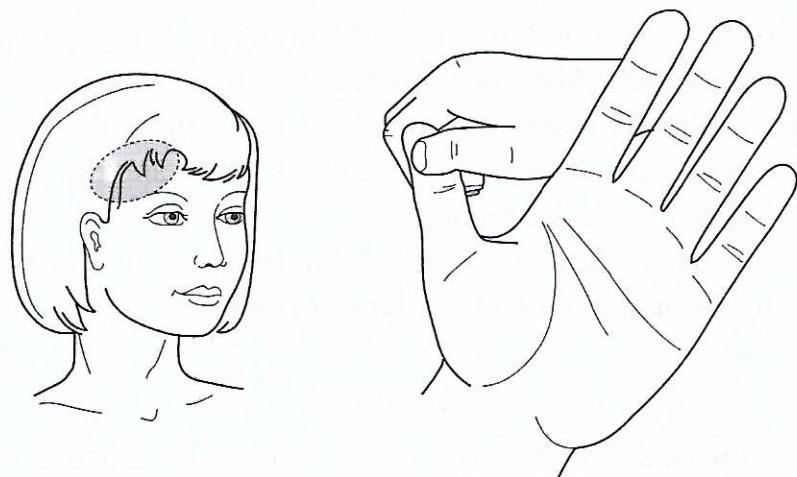


Fig. 130. Massage of the area of correspondence with a fingernail in injury of the right temporal region (in the standard hand correspondence system)

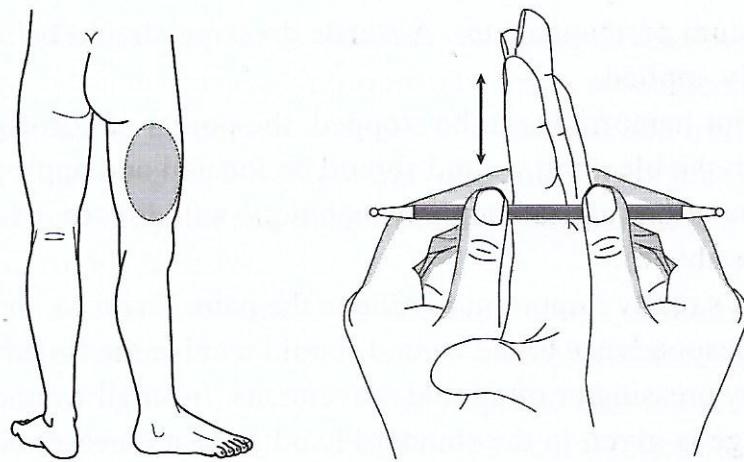


Fig. 131. Stimulation of the points of correspondence in wound of the right thigh (in the «insect» system)

that may be receiving massage (with a diagnostic probe or whatever makeshift tool) (Fig. 131).

Various surface applicators are employed for prolonged stimulation of correspondence areas at a later stage. Among metal stars white ones are preferable in this case. What magnet stars are concerned, the ones marked yellow on top are the best. Besides, seeds of buckwheat, radish, onion or kidney beans (black or brown) are attached to the points of correspondence (Fig. 132).

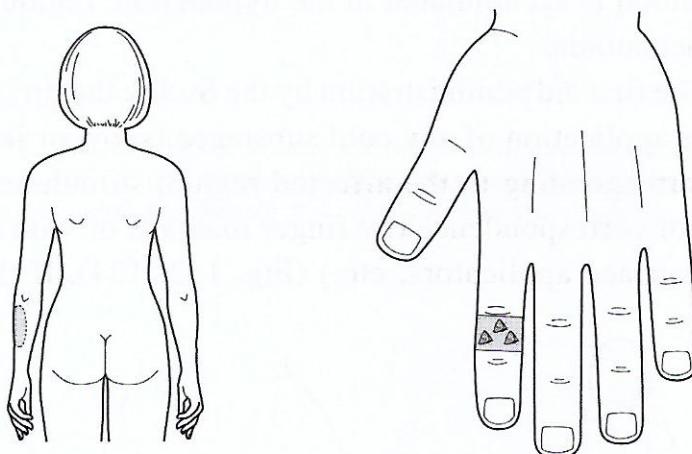


Fig. 132. Seed therapy for wound of the left forearm in the standard hand correspondence system

To have a wound healed shortly, massage (with different tools) of the points of correspondence as well of moxibustion and seed applications are practiced.

If the victim is suffering from shock because of the wounds, the classic first aid methods may be supplemented by resuscitation efforts prescribed by Su Jok therapy (see Chapter III).

**CLOSED INJURIES
(CONTUSIONS, SPRAINS, STRAINS, DISLOCATIONS)**

Injuries often arise from physical impact when a person bumps against something solid or falls at home or outdoors. Closed injuries like contusions, sprains, strains or dislocations are the most frequent result.

Contusions prevail among such injuries. Typically, the affected bodily part swells and severely pains; an ecchymosis (bruise) would surface. If a major blood vessel is damaged, some blood is accumulated in the hypodermic region producing a hematoma.

The first aid administration by the Su Jok therapy methods implies application of any cold substance (snow or ice) to the area corresponding to the affected region, stimulation of the points of correspondence (by finger massage or with massage tools, surface applicators, etc.) (Fig. 133, 134). If there is a

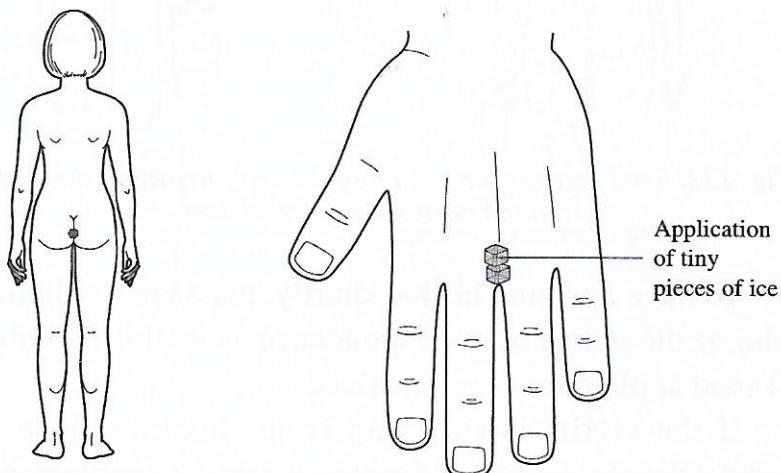
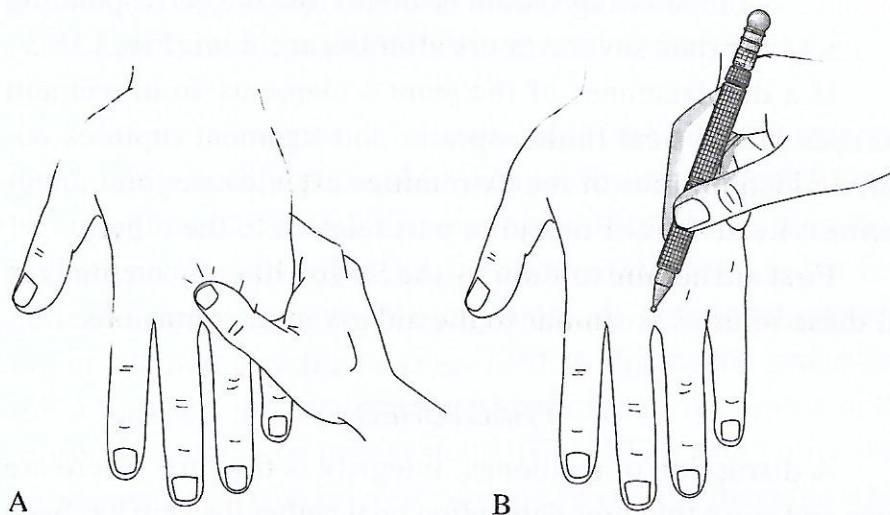


Fig. 133. Ice application to the area of correspondence to the coccyx in contusion (in the standard hand correspondence system)



**Fig. 134. Massage of the area of correspondence to the coccyx in contusion (in the standard hand correspondence system):
A – with the thumb; B – with a diagnostic probe**

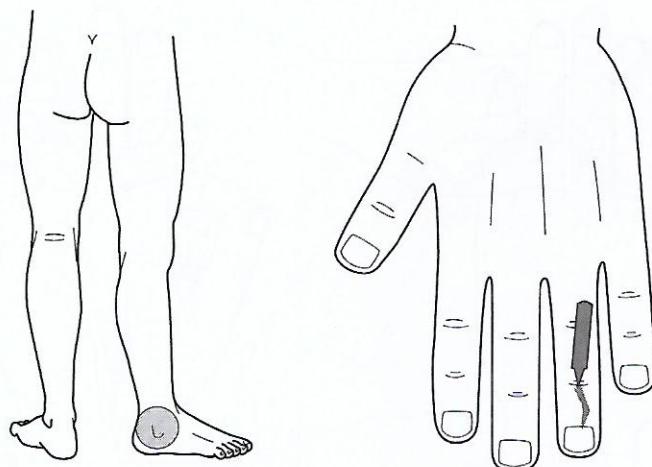


Fig. 135. Bloodletting from the area of correspondence to the right ankle joint in contusion (in the standard hand correspondence system)

hematoma, bloodletting should be done from the corresponding area not later than several hours after the accident (Fig. 135).

If a displacement of the joint's elements in movement exceeds its physical limits, sprains and ligament ruptures occur. Sudden injuries of the extremities often cause joint *dislocations*, i.e. a shift of one joint part relative to the other.

First aid administration by the Su Jok therapy methods in all these injuries is similar to the aid given in contusions.

FRACTURES

A disruption of the bones' integrity is fracture. There are open and close fractures depending on whether the skin has been damaged in the fracture area or not.

Most fractures are fractures of the extremities. Typical indications of a fracture are an acute pain, which any movement

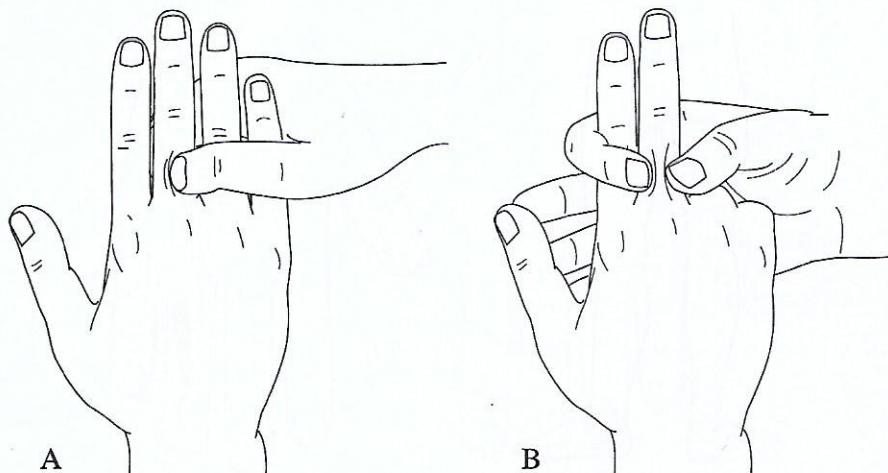


Fig. 136. Finger massage of the areas of correspondence in fracture of the right thigh (in the standard hand correspondence system):
A – intermittent pressure; B – squeezing

would only aggravate, inability to operate the affected extremity, its unnatural form and/or position, and its freedom of movement beyond the adjacent joints.

Before the arrival of an ambulance, the affected extremity (or other bodily part) needs immobilization (tight fixing). Next employ the Su Jok therapy methods to soothe the pain – give the victim the finger massage in the standard hand or foot correspondence system by using pressure, rotational, squeezing or rubbing techniques (Fig. 136). A diagnostic probe or a roller massage tool well fit for stimulation of the points in the «insect» systems or minisystems (Fig. 137). The entire area corresponding to the fracture region can receive massage when the latter tools are used.

If possible, some ice, snow or anything else cold (taken from the freezer) should be attached to the area of correspondence to the fracture. Should a hematoma surface, a bloodletting

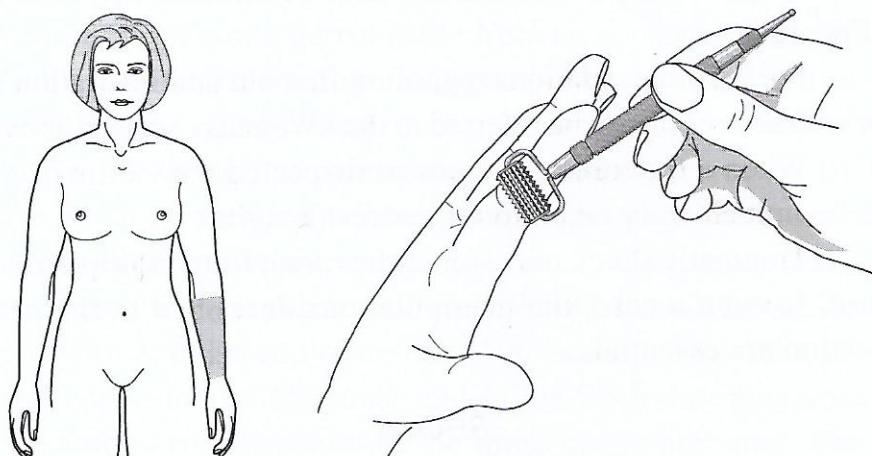


Fig. 137. Stimulation of the points of correspondence with a roller massage tool in fracture of the left forearm (in the «insect» system)

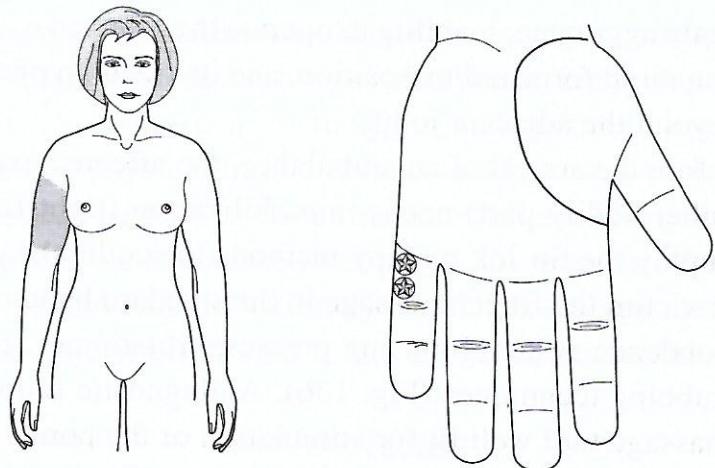


Fig. 138. Stimulation of the points of correspondence with magnet stars in fracture of the right upper arm (in the standard hand correspondence system)

from the corresponding area is recommended. To ensure against possible shock, surface stimulators are attached to the points of correspondence (seeds, beads, metal balls, stars, tiny stones) (Fig. 138).

For recommendations regarding first aid administration in open fractures please be referred to the «Wounds» section above.

When a fracture is obvious or suspected the victim needs to be immediately taken to the nearest hospital.

Traumatic shock may sometimes arise from multiple fracture. In such a case, the manipulations described in the next section are essential.

SHOCK

Shock is a general response of the human organism to an exceptional injury. This is a rapidly invading condition of utmost danger, which arises because of fatal emergencies (exten-

sive wounds, severe injuries and diseases, burns, infections, intoxication and the like). Whatever may be the cause, however, all types of shock feature grave blood circulation disorders and the ensuing dysfunction of the nervous, respiratory, and endocrine systems as well as of the metabolism, all of which call for urgent medical aid.

Most frequent is the traumatic shock for which extensive injuries of the head, chest, abdomen, and extremities are responsible. Loss of blood and pain are the primary triggering factors of the traumatic shock. How much medical care the shock sufferer may require is dependent on the nature of the injury and the ensuing shock as well as on the environment in which the aid is given.

In the initial stage, the very cause of the traumatic shock should be neutralized – the victim extracted from the wreckage or his burning clothing extinguished, etc. In external hemorrhage, a compressing bandage should be put on the wound and a tourniquet (or a garrot made from an appropriate material) a bit higher. If a fracture is suspected, the affected extremity needs to be tightly fixed.

Su Jok therapy supplements the generally accepted first aid techniques intended to have the vital functions of the shock victim's organism recovered.

If the victim is conscious (*easy shock*), he will be exhibiting rhythmic pulse (no more than 100 beats per minute), low arterial pressure (100/60 mm), and pallor. Such state may arise, for example, from fracture of the thigh or the hipbones. First of all, an attempt should be made to alleviate the pain.

To do this, the area corresponding to the injury should be located with a finger or fingernail (in the standard hand or foot

correspondence system). Next the entire curative correspondence area is stimulated by the fingers' intermittent pressing movements during 3-20 minutes or until an ambulance arrives. If there are two people to be giving the first aid, two hands (or a hand and a foot) may receive the massage. The pain in the injured bodily region will be lessening as the massage is given to the victim. For stimulation of a large number of points a massage ring or a combined tool are used (Fig. 139). If a diagnostic probe is available, every painful correspondence point may receive massage.

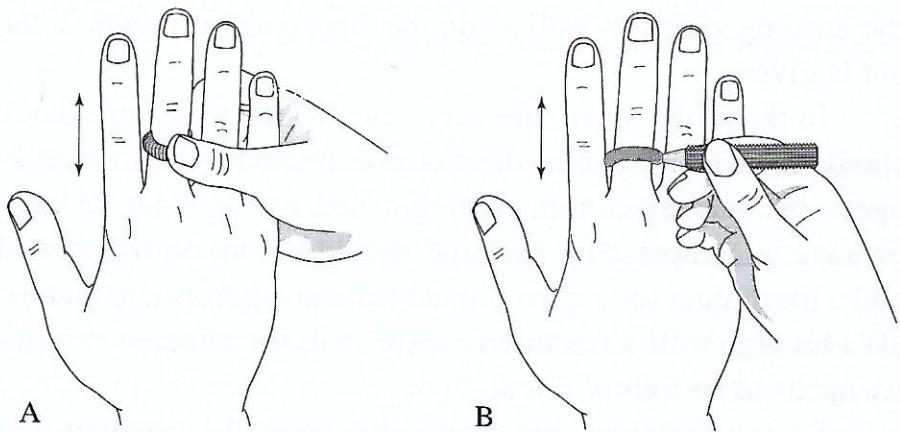


Fig. 139. Stimulation of the correspondence area in fracture of the right femur: A – with a massage ring; B – with a combined tool

Following a thorough massage of the correspondence points, surface applicators are attached for prolonged stimulation thereof. It is essential that transformation of easy forms of shock into grave ones be averted. Metal or magnet stars and plant seed serve as stimulators. Red or round-shaped seeds (pepper, radish, pea, guelder rose, etc.) are the best for injury

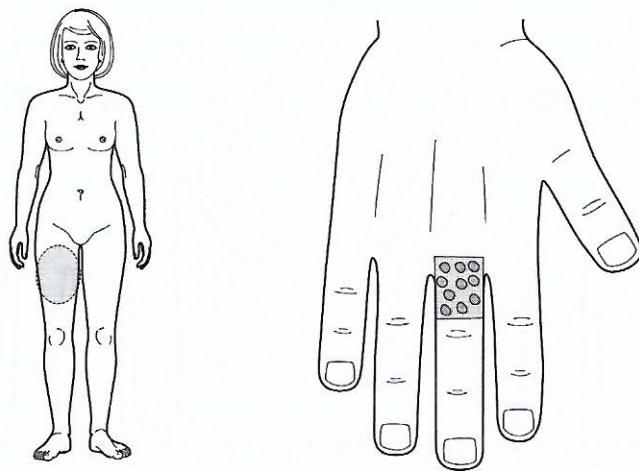
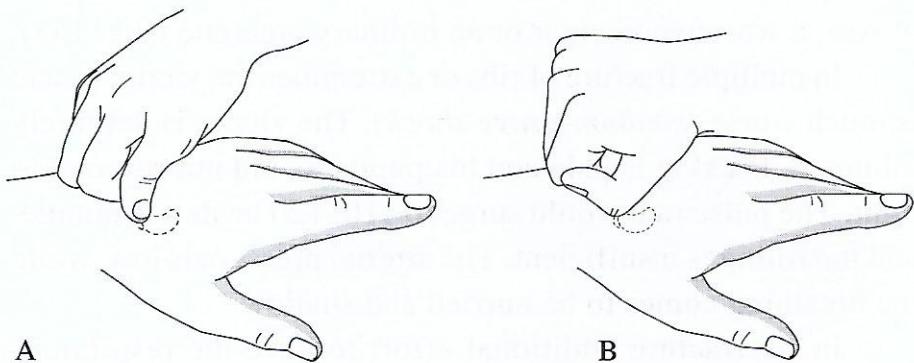


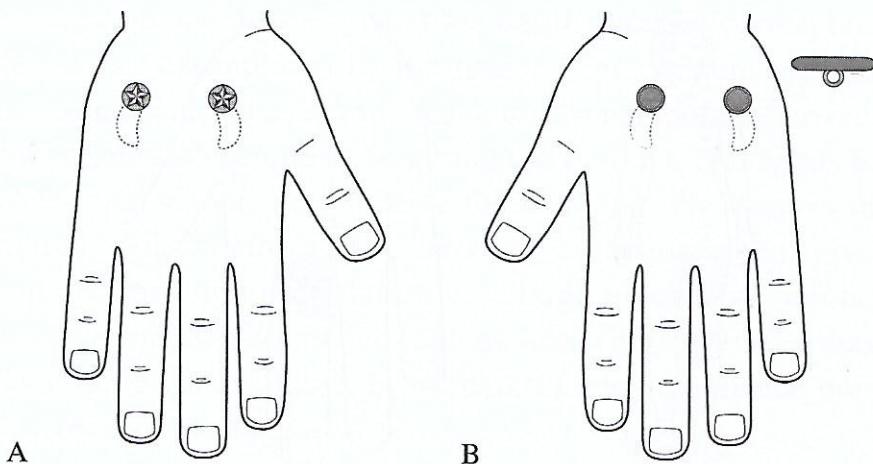
Fig. 140. Seed therapy for fracture of the right femur (in the standard hand correspondence system)

treatment. The seeds may be attached to the most painful points or be covering the entire area of correspondence to the injury (Fig. 140).

If no special stimulators happen to be handy, T-shaped buttons (shank buttons), small stones or beads may be put to use.



*Fig. 141. Massage of the areas of correspondence to the adrenal glands in easy shock (in the standard hand correspondence system):
A – with the thumb; B – with the thumb's interphalangeal joint*



*Fig. 142. Stimulation of the areas of correspondence to the adrenal glands in shock (in the standard hand correspondence system):
A – with magnet stars; B – with buttons*

For the first aid administration in shock essential is finger massage of the areas of correspondence to the adrenal glands followed by application of seeds, stars, buttons, and the like (Fig. 141, 142). If the patient's condition permits, the areas of correspondence to the adrenal glands should be warmed with moxas, a wormwood cigar or an ordinary cigarette (Fig. 143).

In multiple fracture of ribs or extremities the victim's state is much worse (*medium-grave shock*). The victim is definitely inhibited, his skin is pale and his pupils would not respond to light. The pulse rate would surge to 110–120 beats per minute, and the filling is insufficient. The arterial pressure is low, while the breathing comes to be hurried and shallow.

In rib fracture additional effort to have the respiratory tracts' permeability recovered is required, besides the earlier described measures intended to kill the pain. For this purpose, the victim's mouth should be cleared of vomit, blood and for-

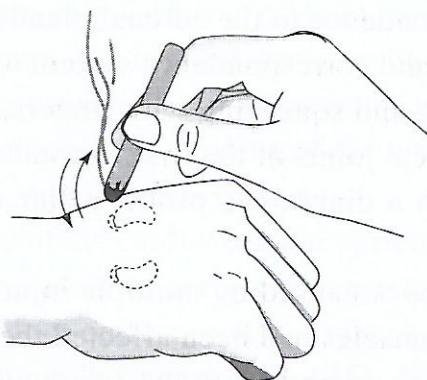


Fig. 143. Warming of the area of correspondence to the adrenal glands with a wormwood cigar

eign bodies. Massage of the projection of the respiratory tract in any of the curative correspondence systems carried out from the nose towards the lungs will help intensify inhalation (Fig. 144). Massage of the areas of correspondence to the heart and the brain is also required as well as stimulation of the

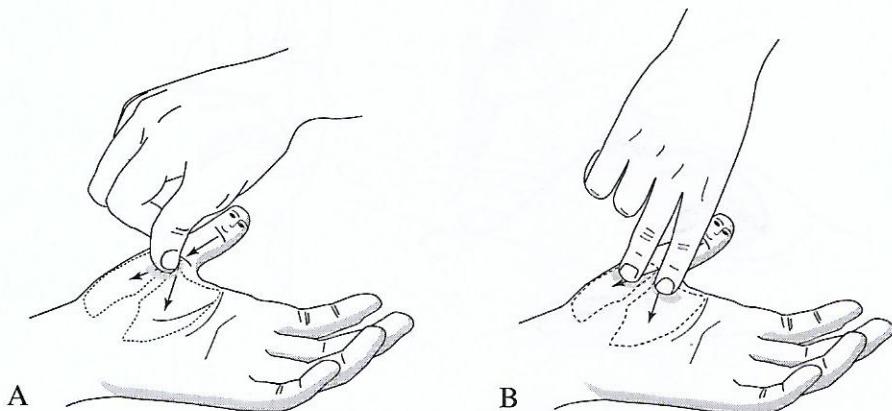


Fig. 144. Massage of the areas of correspondence to the respiratory tracts (in the direction of inhalation) in shock: A – with the thumb; B – with the second and third fingers

areas of correspondence to the adrenal glands. Virtually every method in any hand correspondence system will do – pressing, rotation, rubbing and squeezing with fingers, or pressure with the interphalangeal joints of the first, second and third fingers, or massage with a diagnostic probe, roller tool or whatever handy.

In *grave shock* caused by multiple injury in which internal organs and muscles had been affected the victim is deeply inhibited and not responding to the surroundings. His skin is pale and ashy and is covered with clammy sweat; his pulse is rapid and arrhythmic (some 130–140 beats per minute); his respiration turns infrequent and shallow, and the arterial pressure falls to 60 mm or less.

Being in such condition, the patient can only be saved if medical aid is given immediately; prompt hospitalization and appropriate resuscitation measures are therefore required.

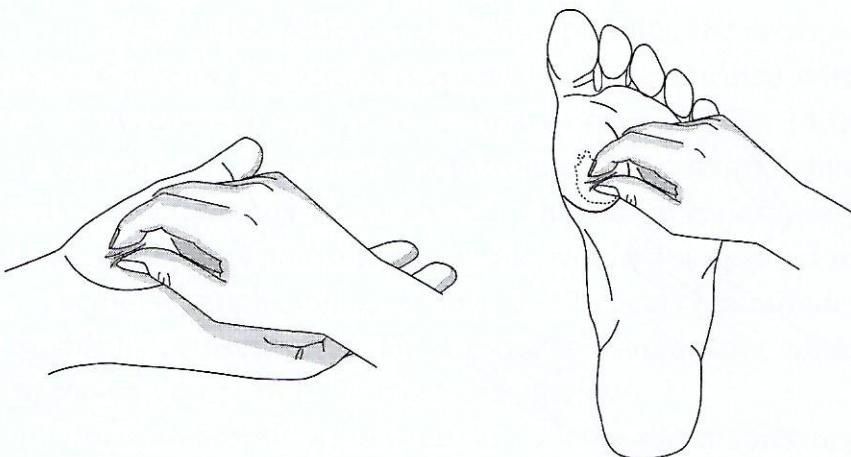


Fig. 145. Squeezing massage of the areas of correspondence to the heart in shock (in the standard hand and foot correspondence system)

Su Jok therapy is essential to prevent irreversible damage to the internal organs. The first aid measures by the Su Jok methods taken in the meantime, until an ambulance arrives, are intended to restore normal functioning of the victim's cardiovascular, respiratory, and nervous systems.

The function of the cardiovascular system is supported by the massage of the areas of correspondence to the heart in the standard hand or foot correspondence system by pressing, rotation or squeezing with fingers (Fig. 145). After the massage, surface stimulators (magnet stars, for example) are attached to the areas of correspondence to the heart in minisystems. The stimulators should be pressed at regular intervals (you may ask someone around to do so) (Fig. 146).

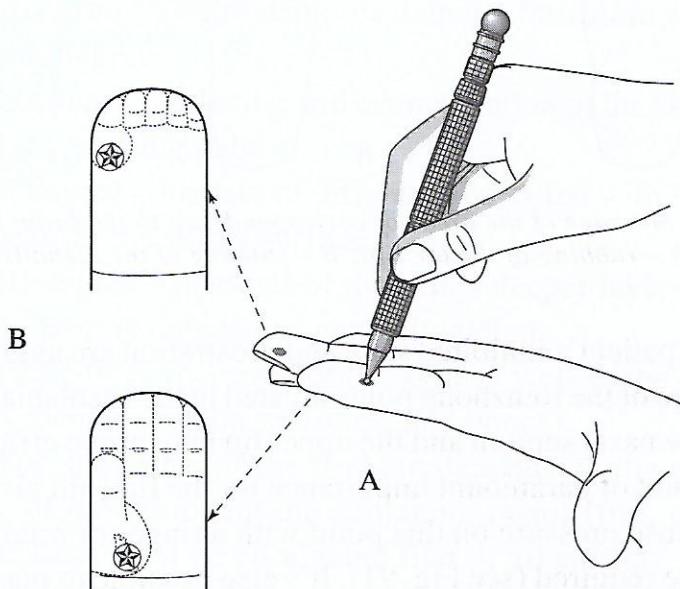


Fig. 146. Stimulation of the areas of correspondence to the heart in shock (in minisystems): A – with a diagnostic probe; B – with magnet stars

It is imperative that the areas of correspondence to the brain receive massage too (in the «insect» systems). The tips of all fingers (and toes, wherever possible) and primarily the nails should be vigorously rubbed (Fig. 147).

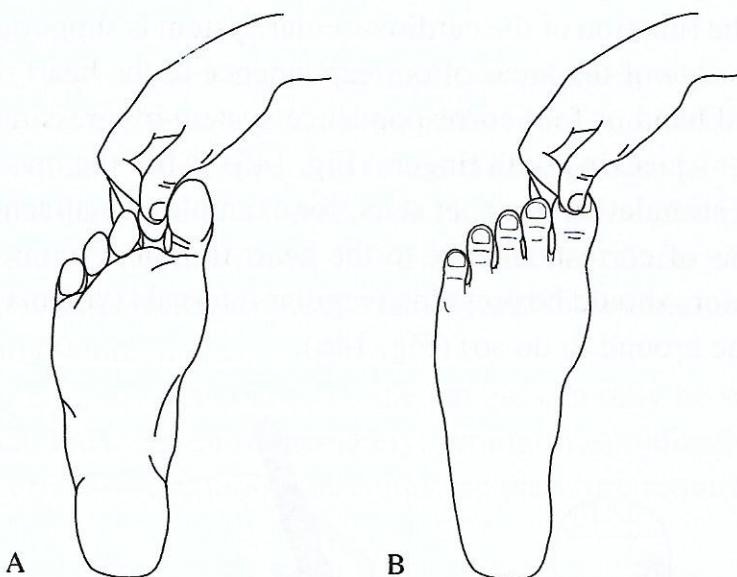


Fig. 147. Massage of the areas of correspondence to the brain in shock: A – rubbing of the toe tips; B – rubbing of the toenails

If the patient's inhibited state and prostration are aggravating, massage of the Renzhong point situated in the nasolabial fold between the nasal septum and the upper lip may prove efficient. This is a point of paramount importance for the first aid given in shock. Intense pressure on this point with a finger or rotational massage are required (see Fig. 91). It's also possible to massage this point in the standard hand correspondence system. To save time, you may stimulate the entire area of correspondence to the nasolabial fold by rotational or squeezing massage instead of

trying to precisely locate the point with a diagnostic probe. If a diagnostic probe for massage is unavailable, a match or a key will also do.

The points corresponding to the adrenal glands also require massage so that a drastic fall of the arterial pressure is averted.

The patient may be further receiving medical aid by the described methods on the way to a hospital as well.

BURNS

Burns arise when tissues are damaged by high temperature, electric current or chemicals. Burns of different size can affect any bodily part (face, trunk or the extremities).

According to the depth of damage burns are subdivided into four degrees:

I degree – reddening and edematization of the skin accompanied by burning pain.

II degree – blisters of different size filled with limpid fluid appear on the skin's surface.

III degree – necrosis of the skin's deeper layers; appreciation of pain is reduced or gone altogether.

IV degree – necrosis of the skin as well as the below tissues (subcutaneous fat, muscles, and bones).

The substance of the first aid depends on the nature and degree of the burn. But the damaging factor (fire, chemicals, and the like) must be eliminated first of all anyway.

If the burn wound is small and the patient does not need special institutional treatment, there is only pain to be killed and sooner healing of the burn achieved.

The first thing to be done is to quench the burned bodily part as soon as possible. For this purpose, either throw plenty of cold water on the burned area or immerse it in a bowl with cold water. In the standard correspondence systems, attach either small pieces of ice (wrapped in a handkerchief) or anything else cold to the projection of the burned skin surface (Fig. 148).

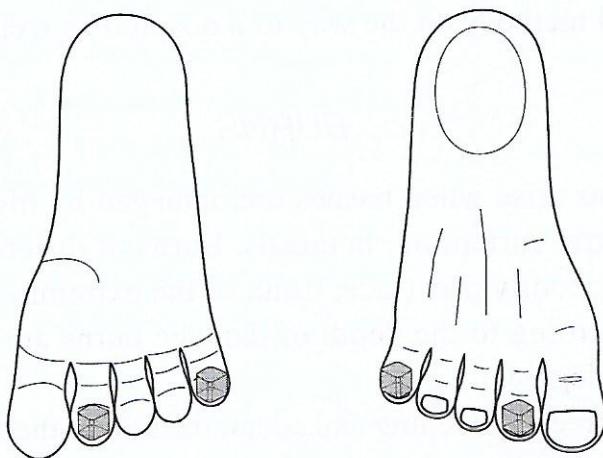


Fig. 148. Application of ice to the areas of correspondence in burn of the hands in the standard foot correspondence system

To alleviate the pain, massage the areas corresponding to the burns with a diagnostic probe in any correspondence system or affix white metal stars (Fig. 149). For longer stimulation dark seeds (black or brown) may be used. It is important to press them from time to time, which the patient himself can do.

Seeds of buckwheat, dill, and thyme as well as acorns are the best vegetative stimulators. Burdock or plantain leaves attached to the projections of the burned skin parts (the leaves need to be replaced every 24 hours) are helpful too.

Burn shock with all ensuing symptoms swiftly arise from vast second-degree burns and third- and fourth-degree burns. The

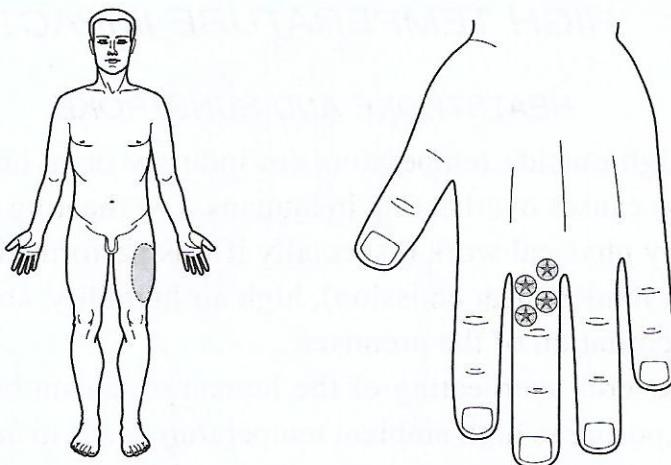


Fig. 149. Stimulation of the area of correspondence in burn of the left thigh with metal stars

victim, therefore, needs to be moved to a hospital as soon as possible.

The primary shock prevention measures consist in anesthesia. Along with drug therapy with analgesics, the victim should receive a massage of the areas of correspondence to the burn, after which metal or magnet stars should be attached. It is highly desirable that some snow or ice wrapped in a handkerchief be applied to the appropriate corresponding area. Application of dark seeds is helpful too; the entire area of correspondence to the burned skin may be covered with them.

If the victim's state remains grave, and the burn shock is still likely to have arisen, anti-shock measures prescribed by Su Jok therapy should be taken so that no time is lost until an ambulance comes.

HIGH TEMPERATURE IMPACT

HEATSTROKE AND SUNSTROKE

High outside temperature (in industry or in hot climate regions) causes overheating in humans. Overheating is precipitated by physical work (especially if it is performed in clothing that hinders heat emission), high air humidity, and insufficient ventilation of the premises.

General overheating of the human organism because of long exposure to high ambient temperature leads to *heatstroke*. Overheating of the brain when the head is exposed to direct sunlight can be the cause of the so-called *sunstroke*.

Both sicknesses have similar symptoms: the patient complains of headache, feebleness, and nausea; occasionally he would throw up. Soon tiny «flies» would come to be fidgeting before his eyes accompanied by buzzing in the ears, shortness of breath, and rapid heartbeat; his skin reddens and turns dry. If the patient remains exposed to high temperature, his skin turns pale and his pulse rate grows even more. Suffering from severe dyspnea, convulsions, and extremely high bodily temperature (40° C and higher), he will eventually lose consciousness.

First of all, the patient needs to be moved to a cool or at least a shadowed place. Remove his clothes and lay him down with something placed under his head. All widely known first aid methods may be equally put to use in correspondence systems too.

Apply some snow or a piece of ice (wrapped in a handkerchief) to the area of correspondence to his head (forehead) (Fig. 150). Quickly immerse his hands and feet into cold water, or apply to them an ice bag or a towel moistened with cold water. If possible, carry out bloodletting from the tips of all his

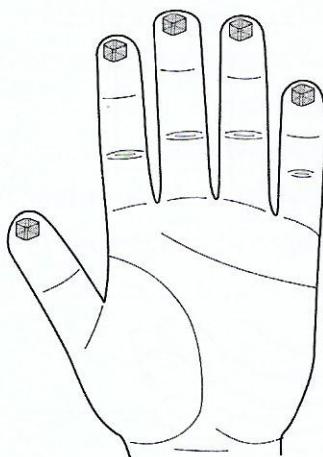


Fig. 150. Ice application to the areas of correspondence to the brain in heatstroke (sunstroke) in the «insect» system

fingers (see «Hypertensive crisis» and «Stroke» above). Painting of all the fingertips black and drawing of black lines on the second fingers usually produce good results (see Fig. 109, 110). Such measures promote a drop in body temperature (see «Acute respiratory viral infections»).

To proceed with the treatment, give the patient a massage and attach white metal stars or seeds of buckwheat, onion or black radish to the painful points of correspondence to the brain for lengthy stimulation (Fig. 151).

If the patient is unconscious, stimulation of «life-saving» points is required. You should vigorously massage the tips of his fingers and toes, the point situated in the nasolabial fold or its projection on the thumbs and big toes (see Fig. 91, 92, and 147), and the points of correspondence to the heart, lungs, and adrenal glands. In case of respiration stoppage artificial pulmonary ventilation should be given (see «Resuscitation in respiration»).

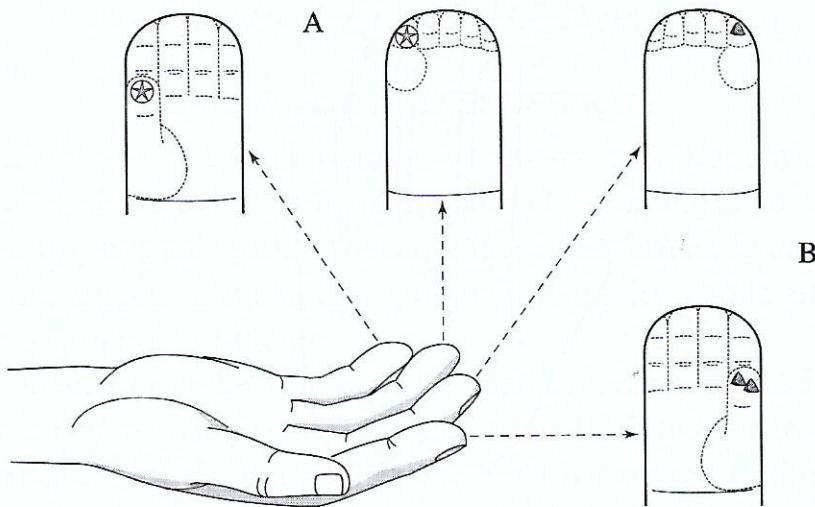


Fig. 151. Stimulation of the areas of correspondence to the brain in heatstroke (sunstroke) in minisystems: A – with metal stars; B – with buckwheat seeds

tion stoppage»). Thereafter do your best to move the patient to the nearest clinic or hospital as soon as possible.

LOW TEMPERATURE IMPACT

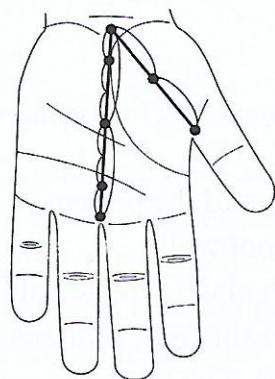
HYPOTHERMIA

Long stay in cold, especially in wet and windy weather may cause general cooling of the human organism, i.e. freezing. It happens with wandered and exhausted people; people under the influence of liquor are frozen most often.

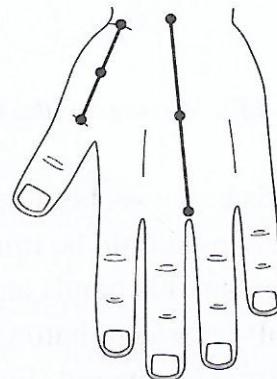
In continued general cooling the victim is dispirited and apathetic, invaded by drowsiness; his skin turns pale and his pulse is sluggish. Further exposure to cold would cause a drop in bodily temperature and loss of consciousness. The victim's hands and feet turn cold, and his pulse rate, which now can be hardly felt, falls still more.

Before proceeding to the treatment, the effect of cold should be terminated and the victim's body gradually re-warmed (by means of hot-water bottles, hot drink, warm bath and warm wrapping). Su Jok therapy may well complement the generally accepted first aid techniques employed in hypothermia.

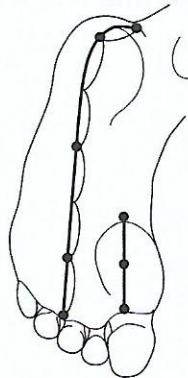
Re-warming of the organism requires that the energy points on Yin- and Yang surfaces of hands and feet receive heat (Fig.).



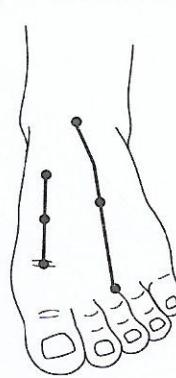
Yin-surface of the hand



Yang-surface of the hand



Yin-surface of the foot



Yang-surface of the foot

Fig. 152. Energy (basic) points on hands and feet

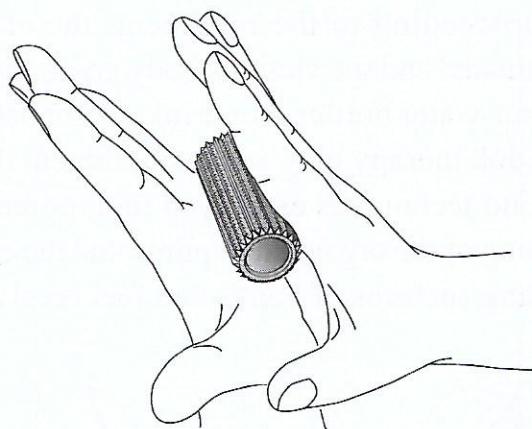


Fig. 153. Massage of the hand with a tube tool in hypothermia

152). This being so, both hands and feet of the patient or at least his fingertips should be immersed in hot water.

Massage his hands and feet with elastic rings, roller massage tools, massage batons, etc. until the skin redden and its sensitivity is recovered (Fig. 153, 154). The massage needs due care so that the skin is not injured. If special tools are unavailable, you should be rubbing the victim's hands and feet with your

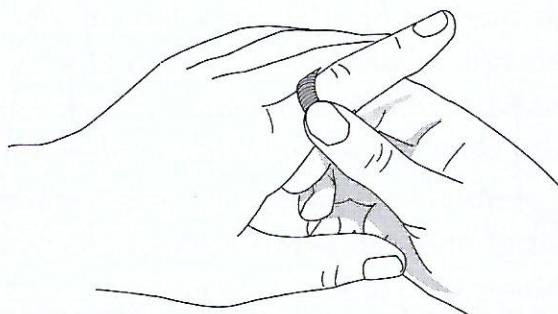


Fig. 154. Massage of fingers with an elastic ring in hypothermia

hands (wetted with ethyl alcohol, vodka or toilet water) until his skin reddens.

While giving first aid to people suffering from hypothermia, you need to be watchful about the patient's breathing and be prepared to give him artificial pulmonary ventilation if necessary, employing the Su Jok therapy methods among all (see Chapter III). After the patient has been re-warmed and the normal respiration of his recovered, he needs to be taken to a hospital.

FROSTBITES

If a bodily part is frozen, a tissue damage termed frostbite may arise. Fingers, toes, nose, and ears are susceptible to frostbite most. In frostbite pain and sense of cold are replaced by numbness. It's hardly possible to determine how serious has been the frostbite until the victim is re-warmed. As long as sev-

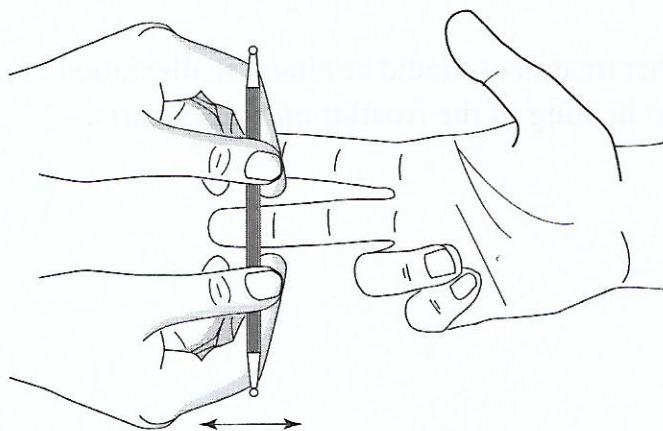


Fig. 155. Massage of the areas of correspondence to the feet with a diagnostic probe in frostbite (in the standard hand correspondence system)

eral days may pass until the true impact of the misadventure will be seen.

The first aid consists in re-warming of the frostbitten bodily parts. Distal phalanges need to receive the massage with special tools (in the standard hand and foot correspondence system) or be rubbed with fingers (Fig. 155). Besides, all areas corresponding to the frostbitten parts should be warmed with moxas and wormwood cigars (Fig. 156).

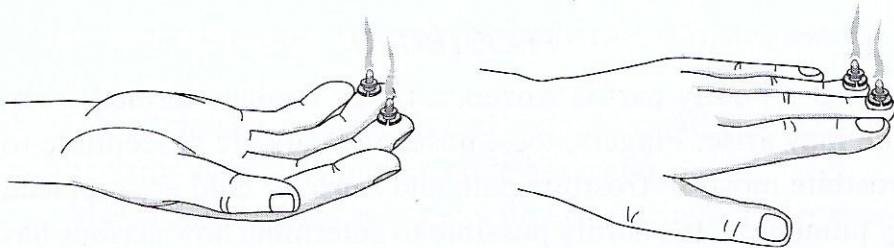


Fig. 156. Warming of the areas of correspondence to the feet with moxas in frostbite (in the standard hand correspondence system)

Further treatment should be aimed at alleviation of pain and the earliest healing of the frostbitten bodily parts.

CHAPTER VI

CASE REPORTS

DR. T.Ye. SOKOLOVA, MOSCOW

Case 1. My father-in-law suffers from ischemic heart disease. Five years ago he experienced an exceptionally grave transmural myocardial infarction with the ensuing postinfarction cardiac aneurysm. He regularly needs drugs since then. He spends summer in the country, and we came to visit him that day. On the very day that we showed up, he felt bad early in the morning: he experienced severe squeezing retrosternal pains, rapid heartbeat, and increasing dyspnea. He said his heart was about «to leap out of his chest». Before calling me he took as many as three tablets of nitroglycerin, which relieved the heart pain a bit, but rapid heartbeat and shortness of breath still persisted.

While I was examining him, he appeared absolutely helpless. He sat on the bed with his legs down, since he gasped for breath if lying. His skin was pale, cold, and damp; and his lips, the tip of his nose, and the earlobes were cyanotic. The respiration rate was 32/minute, the breathing being rather shallow. Auscultation revealed occasional dry rale in the lungs. The pulse was rapid and arrhythmic: some 120–140 beats per minute. There was the pulse deficiency close to 40. The arterial pressure – 115/80 mm Hg.

He had no anti-arrhythmic medicines, and there was no way to call an ambulance. Therefore, I had but to deal with the heart attack under my own steam. Straight away I began stimulating the areas of correspondence to the heart on both his hands with my fingers, rhythmically pressing around 60 times per minute (Fig. 157). Some three minutes later he said that the heart pain had gone, he could breath easier, and rapid heartbeat somewhat declined. I kept on giving him the massage for some

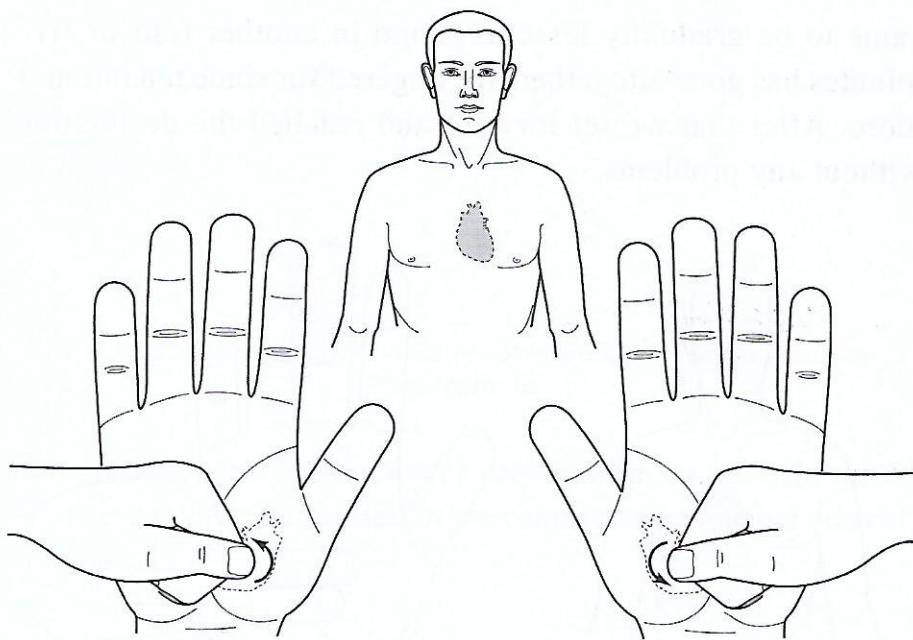


Fig. 157. Finger massage of the areas of correspondence to the heart in rapid heartbeat

10-15 minutes more, and his pulse subsequently came to be rhythmic; the dyspnea passed too. He was able to lie down and fell asleep soon.

In the morning my father-in-law was feeling as usual, his pulse was rhythmic (68 beats per minute), and he had no heart pains.

Case 2. A driver of the car that I was riding in suddenly felt a pang of acute stinging pain behind his breastbone. I said that we must stop immediately, and he drove down to the side of the road. I grasped his hand and began massaging the area of correspondence to his heart by vigorous pressing movements (Fig. 158). Some two or three minutes later the retrosternal pain

came to be gradually lessening, and in another four or five minutes has gone altogether. We lingered for some ten minutes more. After that we set forward and reached the destination without any problems.

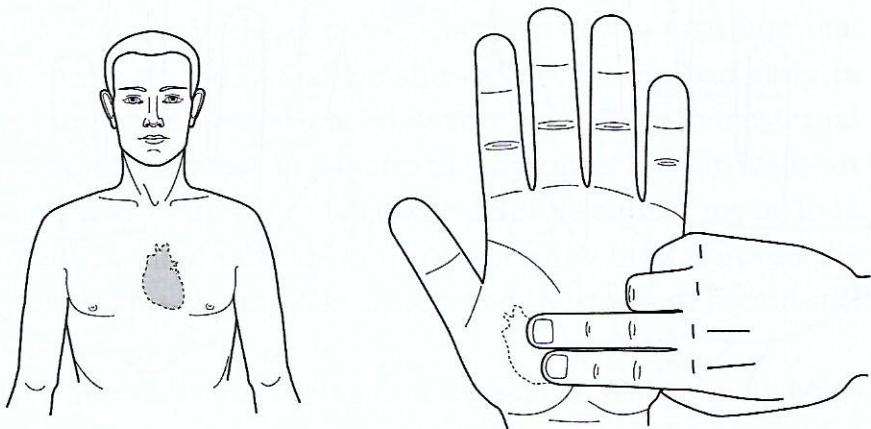


Fig. 158. Massage of the area of correspondence to the heart with the second and third fingers to quell an angina pectoris attack

DR. N.A. IVANOVA, MOSCOW

Case 1. A man of about 45 years old was riding in the metro together with his wife – as it later turned out, to undergo a medical examination in a hospital for progressing epilepsy. I witnessed him being invaded by an epileptic fit. He shed a horrid cry, threw back his head and rolled up his eyes; his back bent and initial clonic convulsions appeared.

I began vigorously rubbing all his fingertips with my fingernails applying additional force on the Shixuan points, and asked his wife to do the same on his other hand (Fig. 159). The convulsions stopped, and the man regained consciousness. It is noteworthy that he exhibited no enuresis or froth at his mouth,

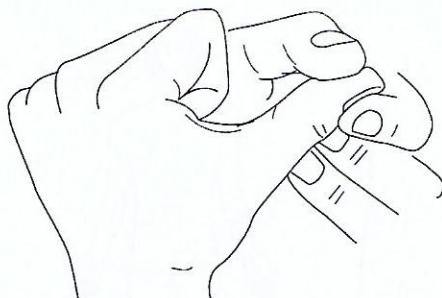


Fig. 159. *Massage of the area of correspondence to the brain in epileptic fit*

though both were seen in every previous fit, as his wife said. I believe we have succeeded in preventing an extensive convulsive attack.

Case 2. Once a tire blowout occurred on the journey, and the car driver, a 44-year old man, had to replace it. Having bent abruptly, he suddenly stiffened groaning. He was unable to straighten himself because of a piercing pain in the loins.

With the point of the pen that I fortunately had in my handbag I began stimulating the area of correspondence to the loins in the standard hand correspondence system. Then I proceeded with doing the same in the «insect» system on his fingers (Fig. 160).

Some three or four minutes later the driver felt warmth in his loins and, surprisingly, could straighten himself.

DR. L.I. ZABRODINA, MOSCOW

Case 1. Once in a plane a man next to me had a sudden bronchial asthma attack. He gasped for air breathing with noise and wheezing. Since I had my Su Jok tools checked in my bag-

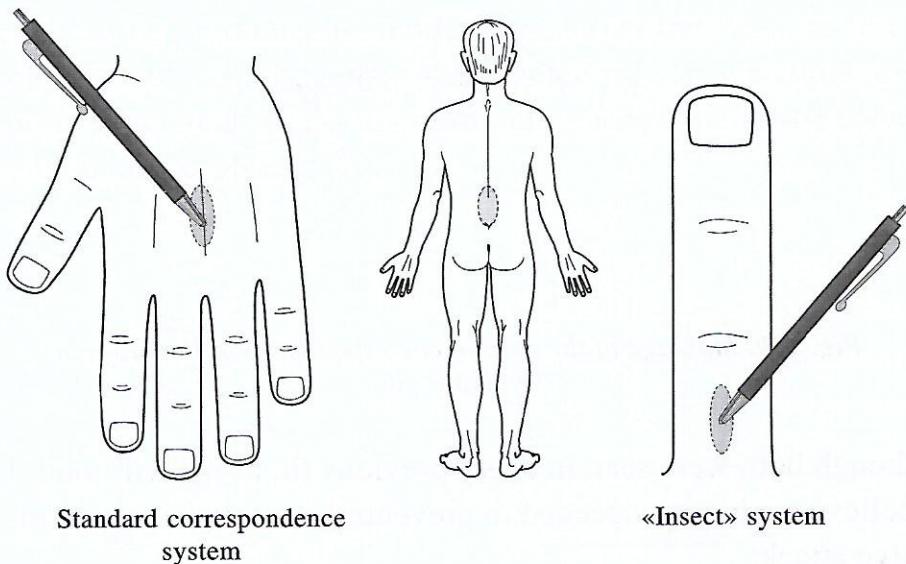


Fig. 160. Massage of the areas of correspondence to the loins with a pen in acute low back pain

gage, I attempted to give him a massage with my fingers. I massaged the areas of correspondence to his lungs, bronchial tubes, and trachea so that the sputum discharge be facilitated (Fig. 161). The massage took some 10–15 minutes, after which he could have expectorated. Soon my flight companion stopped coughing and fell asleep.

Case 2. I was flying back home from Egypt. The plane was about to land when it was announced that there was a five-year old child on board in urgent need of medical care. I came up to the boy – he was unconscious and very pale, with cyanotic lips and cold hands.

I had a Su Jok tool kit in my handbag. I set about stimulating the area of correspondence to his heart with a diagnostic probe; I also massaged the tips of all his fingers (Fig. 162).



Fig. 161. Massage of the areas of correspondence to the lungs, bronchial tubes, and trachea in bronchial asthma

In no more than one or two minutes the boy regained consciousness, his skin pinked. When a doctor came, he already was well.

Case 3. A 36-year old woman, 24-week pregnant, exhibited bloody vaginal discharge. She had a poppy-seed, black in color, attached to the second finger of her hand in the minisys-

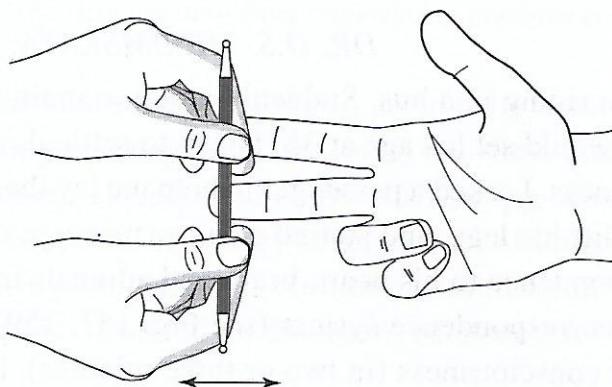
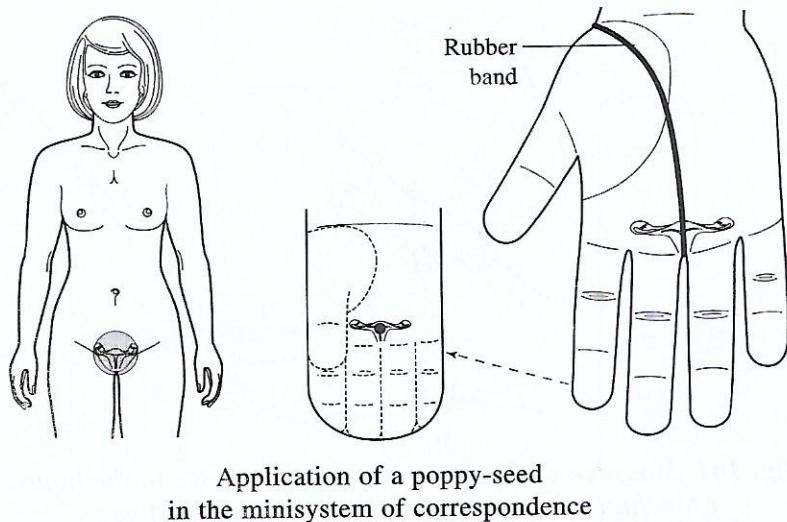


Fig. 162. First aid in fainting: massage of the areas of correspondence to the brain in the «insect» system



Application of a poppy-seed
in the minisystem of correspondence

Fig. 163. Termination of uterine bleeding in pregnancy

tem of correspondence. After that she also underwent tourniquet therapy – a rubber band was applied in turn to her left hand and to the right one for 40 minutes in the standard correspondence system (Fig. 163). The patient stayed in bed during one day. The hemorrhage was terminated and never resumed.

DR. O.S. MERIMSKAYA, MOSCOW

I was riding in a bus. Suddenly a man standing right near myself (I would set his age at 35) began to settle down and lost consciousness. I asked a passenger to help me lay the man on his back and lift his legs, and started a finger massage of the areas of correspondence to his heart, brain and adrenals in the standard hand correspondence system (see Fig. 157, 159). When he recovered consciousness (in two or three minutes), he said that heart pains had troubled him overnight. It appeared that we were to get out at the same stop. By that time he felt quite well, and

heartily thanked me for having saved him. Before saying good-bye, I advised him to see his doctor and have an ECG taken.

DR. Ye.V. DURNOVO, MOSCOW

Case 1. A 38-year old man complained of severe headache, which tended to be aggravating in noise, and nausea. The symptoms arose within one day after a craniocerebral injury. A neuropathologist diagnosed the cerebral concussion in mild form. I carried out bloodletting from the tips of all his fingers (Fig. 164). The headache and nausea went off straight away

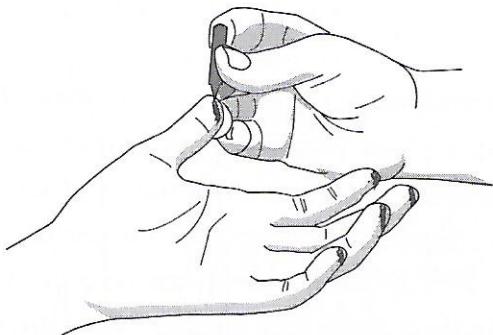


Fig. 164. Bloodletting from fingertips in cerebral concussion

during the treatment. Willing to secure the result, I repeated bloodletting next day, from one finger this time. The patient later took a course of treatment by Su Jok therapy, which consisted of six procedures of energy-level treatment (energy flow therapy and by the Six Ki). Another examination by the neuropathologist revealed no disorders whatsoever.

Case 2. A 55-year old patient complained of exceptionally sharp pain in the loins, primarily at the right. The pain

radiated through the ureter to the urinary bladder. The patient also suffered from frequent vesical tenesmus. He had nephrolithiasis in his anamnesis, and renal colic was diagnosed.

He received the treatment as follows: first of all the areas of correspondence to the right kidney and ureter were warmed with moxas, and then massaged with a diagnostic probe. The said manipulations helped relieve the pain much.

Stars of «golden» color were attached to the appropriate points for prolonged stimulation (Fig. 165). By the next day the pain passed altogether, and normal urination was recovered.

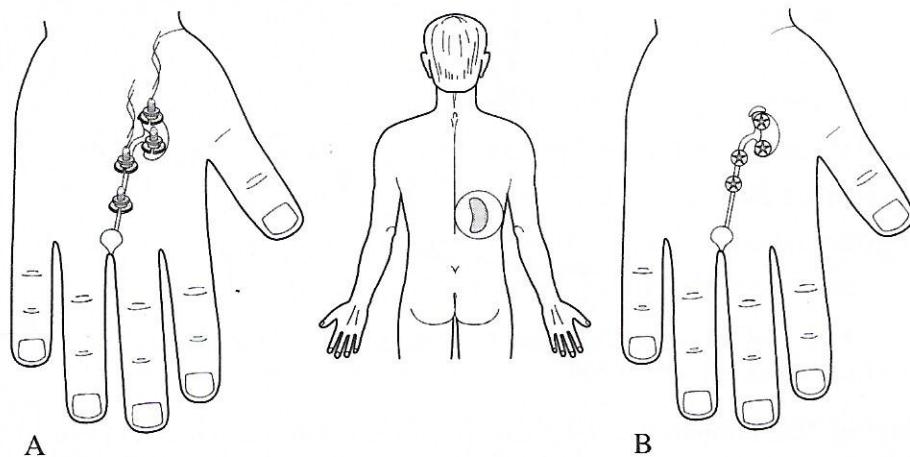


Fig. 165. Treatment for renal colic: A – moxibustion of the points of correspondence to the right kidney and the ureter; B – star application to the area of correspondence to the right kidney and the ureter

DR. M.A. LOVACHEVA

A six-year old boy was suffering from a sudden illness: the bodily temperature surged to as high as 39.5°C , feeble-

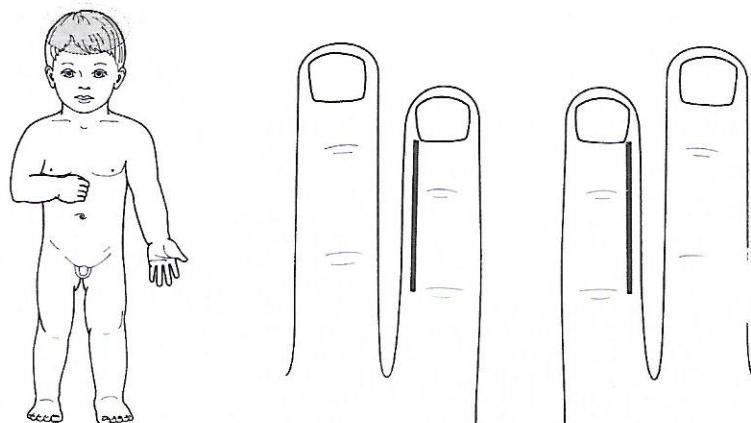


Fig. 166. Lines drawn on the second fingers intended to facilitate the decline of temperature

ness and headache arouse. I drew a straight line on the second fingers of both his hands (Fig. 166) and painted the tips of all his fingers black; I also attached the seeds of black radish to the painful points or correspondence to the brain. Half an hour later the temperature dropped to 38.7°C and in another half an hour to 37.8°C . The kid slept well all the night and woke up in the morning with a normal temperature.

DR. V.I. GORB, NORILSK

There was hypotonic hemorrhage seen in a 28-year old woman during her second childbirth (partus malurus).

She received tourniquet therapy: a rubber band was applied to the area of correspondence to the uterus in the standard hand correspondence system (see Fig. 163).

Just one minute later the hemorrhage slightly decreased and stopped altogether in another five minutes.

DR. I.V. RUCHKINA, MOSCOW

A woman slipped in the street and fell right on her left arm. An examination revealed a large hematoma near the elbow and an edema; she could not move the arm because of pain.

I escorted the patient home and asked for several buckwheat seeds in the husk and a piece of adhesive plaster. I identified the point of correspondence to the right elbow in the «insect» system. The point located on the second finger of her left hand was painful indeed. I attached the seeds to the point (Fig. 167). An hour later the patient said that she was feeling no pain any more and showed the elbow: the edema has gone, and only a small bruise was remaining.

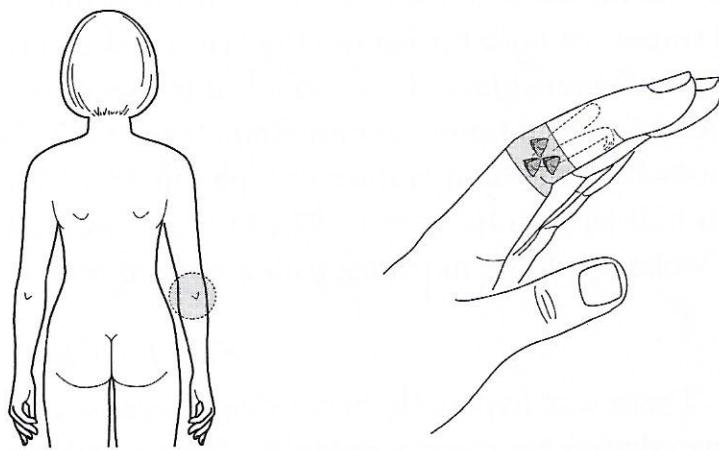


Fig. 167. Seed therapy in right elbow joint contusion

L. COWERT, USA

Once after dinner I felt pain in the gastric and right hypochondrium regions accompanied by meteorism. I discovered definitely painful points of correspondence to the stomach and gall

bladder in the standard hand correspondence system. Once the painful correspondence points were numerous indeed in these areas, I decided that the minisystem of the second finger of my right hand should be put to use. I attached a magnet star to the painful point of correspondence to the gall bladder (Fig. 168). The pain in the right hypochondrium went off in some 10–15 minutes, while I usually had to take drugs for a long time in such situations. What the area of correspondence to the stomach is concerned, I was stimulating it with a diagnostic probe for five minutes, after which the gastric pains passed altogether and have never troubled me since then.

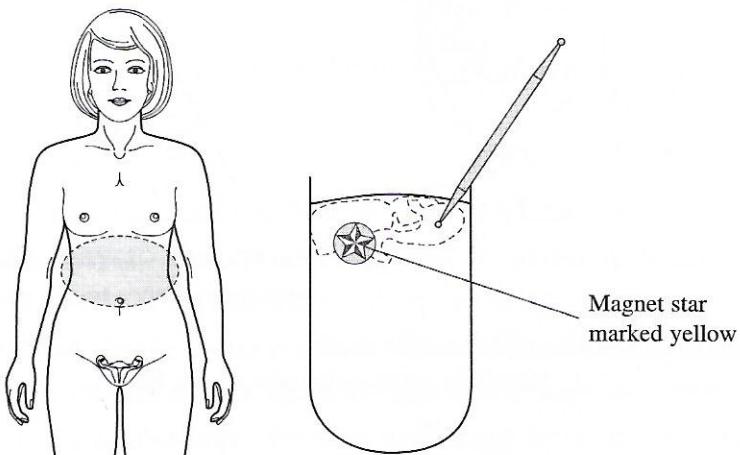
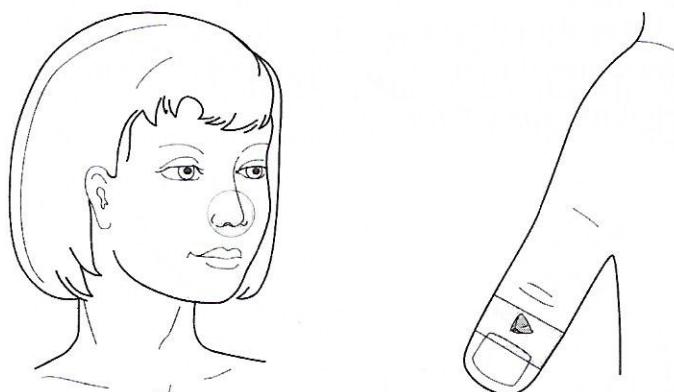


Fig. 168. Therapy for gastric and gall bladder pains in the minisystem of correspondence on the second finger of the right hand

DR. YE.A. RYABOVA, MOSCOW

Playing with a dog, my friend had her nose bitten. Hyperemia and edema appeared in the area of the bite, and my friend was really afraid that the injury might suppurate. The accident

occurred at her country house. As I had not got the Su Jok tools, I decided to use a makeshift. By using a pointed handle of a spoon, I discovered a painful point of correspondence to the head in the «animal's head» partial correspondence system. I attached a buckwheat seed to the point (Fig. 169). Hyperemia and edema passed several hours later and it took the injury two days to close up.



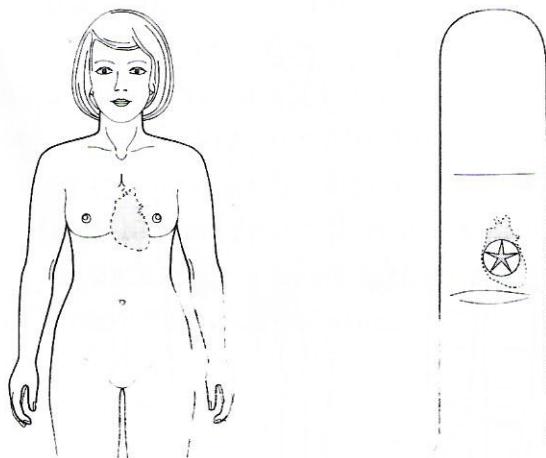
Application of a buckwheat seed to the area of correspondence to the nose

Fig. 169. Treatment for a nose injury in the «animal's head» system of partial correspondence to the head

DR. I.N. LEVACHEV

I have a patient, a 42-year old woman suffering from the ischemic heart disease. She had an angina pectoris attack and complained of an acute pain in the heart region.

She had a white metal star attached to the area of correspondence to the heart in the «insect» system (Fig. 170). After a 15-minute stimulation the pain has completely gone.



Application of a metal star
to the area of correspondence to the heart

Fig. 170. Treatment for an attack of angina pectoris

DR. S.Ye. IOFFE, MINSK

We, a team of the Minsk Center of Su Jok Therapy, were on the way to the city of Polotsk to provide treatment to a group of patients. On the journey we witnessed a very serious traffic accident. Two people suffered. One of them had an open fracture of the upper third of his left femur accompanied by massive hemorrhage; he was suffering from traumatic shock. We immediately applied rubber bands to the bases of the third finger of his left hand and the fourth finger of his right hand (Fig. 171). The hemorrhage stopped altogether. After that one of our physicians started to massage the points of correspondence to the heart on his feet, and the other doctor stimulated the similar points on his hands. We attached magnet stars to the points of correspondence to the heart in the minisystems of the second and third fingers of his left hand and to the point of

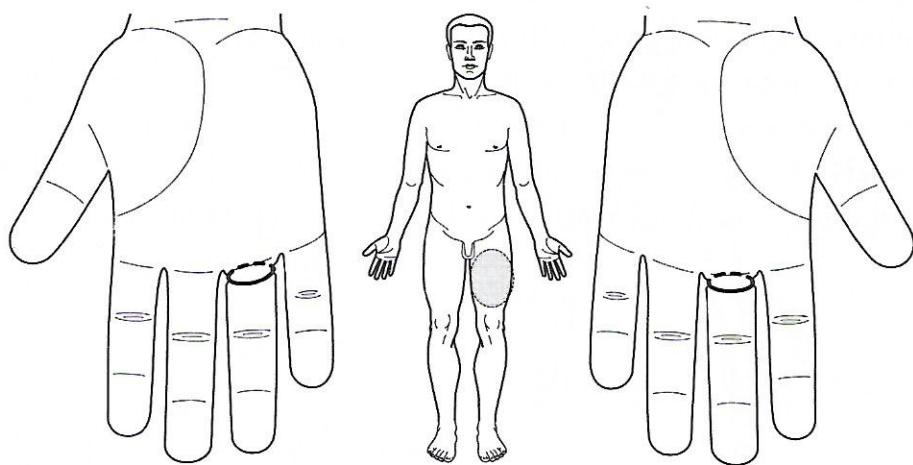


Fig. 171. Stopping the hemorrhage with a rubber band in fracture of the left femur

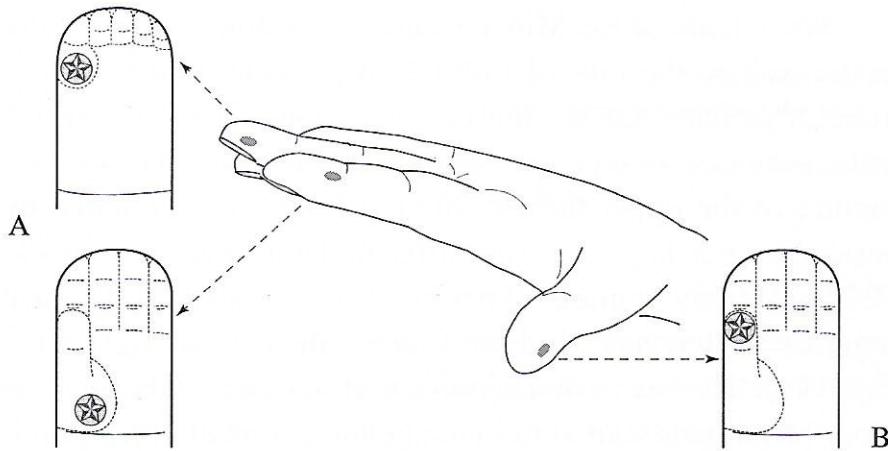


Fig. 172. Application of magnet stars in minisystems of correspondence in traumatic shock: A – to the areas of correspondence to the heart; B – to the areas of correspondence to the brain

correspondence to the brain in the minisystem of the thumb (Fig. 172). The victim recovered consciousness.

The other man had a bleeding injury in his forehead. A rubber band applied to the thumb's distal phalanx (the area of correspondence to the forehead) stopped the hemorrhage altogether (Fig. 173). Hence the first aid by the Su Jok therapy methods given in due time helped avert further posttraumatic complications and protect the victims' lives.

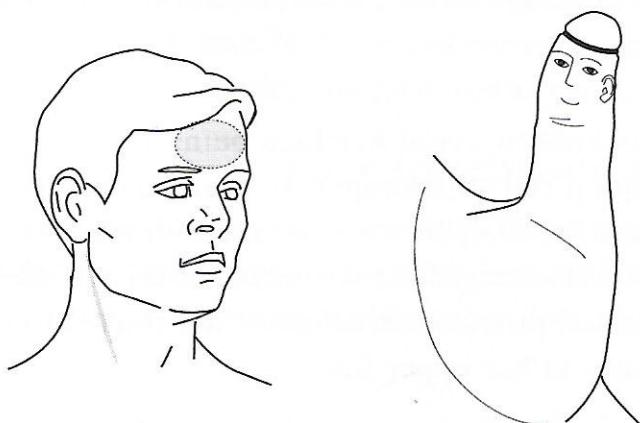


Fig. 173. Application of a rubber band to the area of correspondence to the bleeding injury in the forehead

DR. YE.V. MAKAROVA, MOSCOW

Case 1. A young woman had her lip cut with a stone after she fell at her country house (dacha). She set about massaging with her fingernails the points of correspondence to her upper lip on the left hand's thumb (by squeezing movements) (Fig. 174). The injury stopped bleeding some two or three minutes later. While giving herself the massage, she was looking at the mirror. The only thing she was thinking

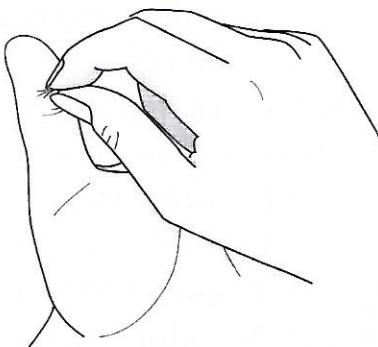


Fig. 174. Fingernail massage of the points of correspondence to the upper lip

about was how to avoid her face being disfigured because of the injury. All this happened in the evening of Friday. When she showed up at work next Monday, none of her colleagues could see anything wrong in her face. It was not until she recounted this wonderful story did those around notice a tiny injury in her upper lip.

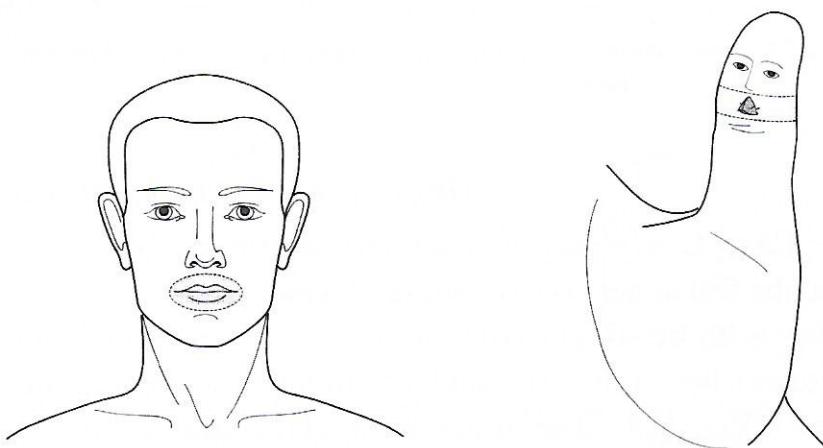


Fig. 175. Application of buckwheat seeds to the area of correspondence to the lips in contusion

Case 2. It was a student of a seminar on Su Jok therapy who told me the story: «Once a friend of mine accidentally slapped me in the face and hit my lips. The pain pierced me; the lips immediately swelled out and started bleeding. The first thing I thought of was, ‘How I gonna show up at work tomorrow with a face like this?’ I rushed to the kitchen, opened the fridge and put my fingertips on the frozen foods stored in the freezer compartment. The bleeding stopped straight away and the swell came to be decreasing. Before going to bed, I attached some buckwheat seeds to the area of correspondence to the lips (Fig. 175). Next morning my face was as usual».

DR. F. SHINGYSOVA, KAZAKHSTAN

A 35-year old patient was struck on his right eye following which a pang of pain, intensive lacrimation, redness and edema arose. The patient could neither open the eye nor look at light.

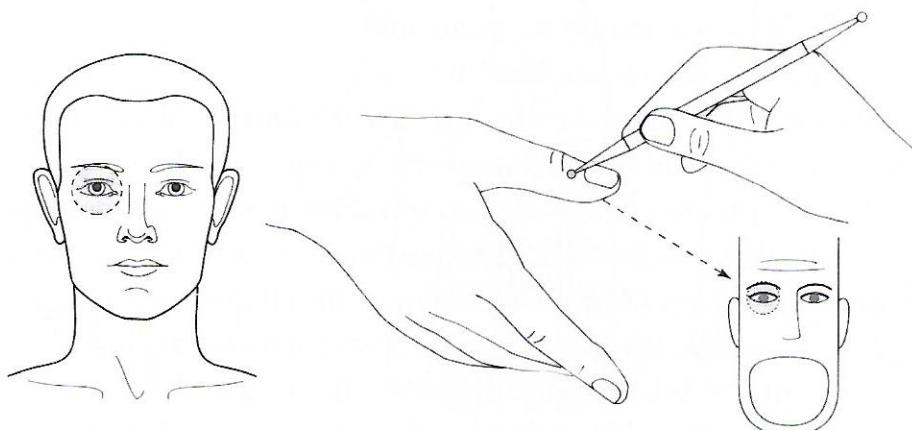


Fig. 176. Treatment for an eye injury in the «animal's head» system of partial correspondence to the head

In the search for correspondence points on the Yang-surface of his thumb he reacted sharply, screaming that he is unwilling to withstand the painful manipulations anymore (Fig. 176). It seemed impossible to persuade him. Astonishing as it was – for both of us – the pain reduced, roughly by 80%, the lacrimation soon stopped too, and redness and edema went off two days later with no additional treatment. The patient quickly recovered after a single stimulation of the correspondence point with a diagnostic probe.

DR. T. TIMOSHCHUK, RUSSIA

A 32-year old patient was suffering from a burn of her right hand's palm.

The woman accidentally touched a hot iron. She felt a pungent pain, then hyperemia and edema appeared. The affected skin surface equaled to some six square centimeters. I start-

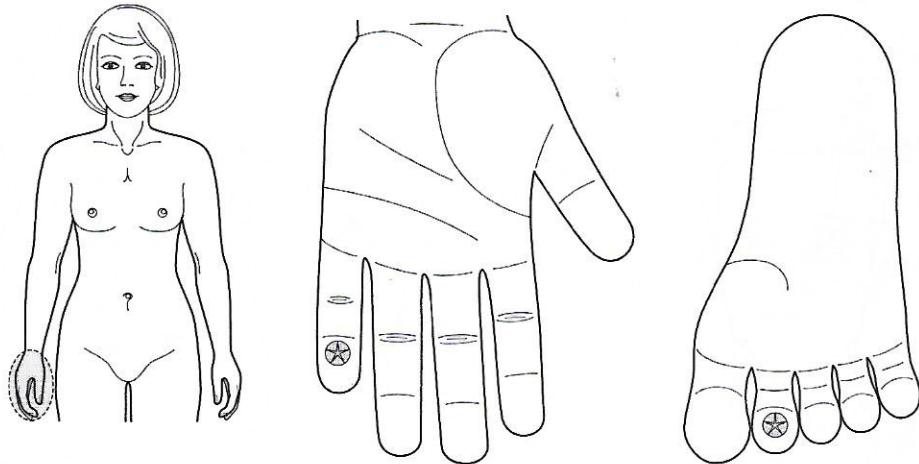


Fig. 177. Treatment for a burn of the right hand's palm in the standard hand and foot correspondence system

ed treatment in the standard correspondence system by means of massage of the painful points with a diagnostic probe. The pain has gone within one minute. Hyperemia and edema were dwindling before our eyes. I attached two magnet stars for two hours (Fig. 177). Then all the symptoms went off altogether.

DR. L.I. KUZMINA, MOSCOW

Once in the evening my neighbor rushed in weeping and said that her 20-year old son (as it turned out later, he was a drug addict) was dying. She further said that having come home he had asked her to make some tea. Then he told her he was willing to have a nap. When she came into his room she saw him lying in an odd position. He would not answer her questions either. She suddenly realized that he was not breathing. Being aware that I am a doctor, she rushed to me for help. I told my husband to call an ambulance, and we ran to her place. All this combined took no more than three or four minutes. I saw the young man lying on his right side. His skin was cyanotic and cold, I could not feel the pulse on his carotid artery, he was not breathing, his pupils were dilated and would not respond to light. As he definitely was in critical condition, I set about massaging the points of correspondence to his heart vigorously pressing on them with my fingers. Some two minutes later I saw the cyanosis on his left ear and left cheek markedly decreasing. I began to call him by name, «Kolya, Kolya!» He breathed noisily and opened his eyes. Going on with the massage, I would tell him, «Kolya, breath, breath!» – and he did breath! Having seen how I am giving him the massage, his mother also started to massage the areas of correspondence to the heart on his other hand (Fig. 178). Another ten minutes passed, and the ambu-

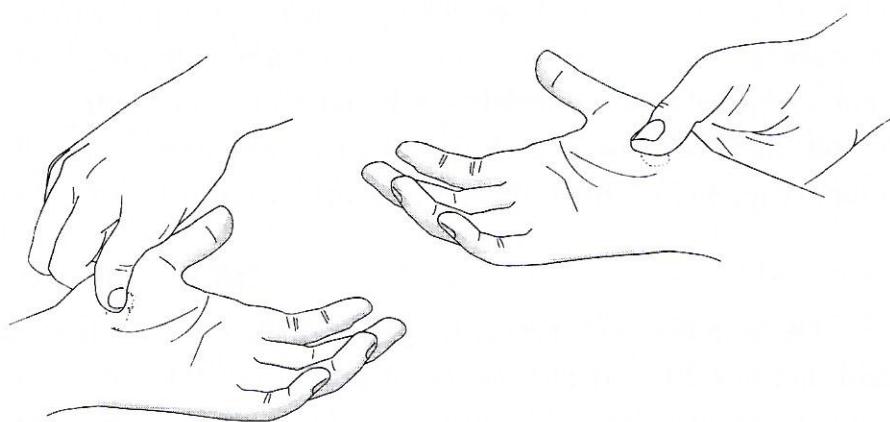
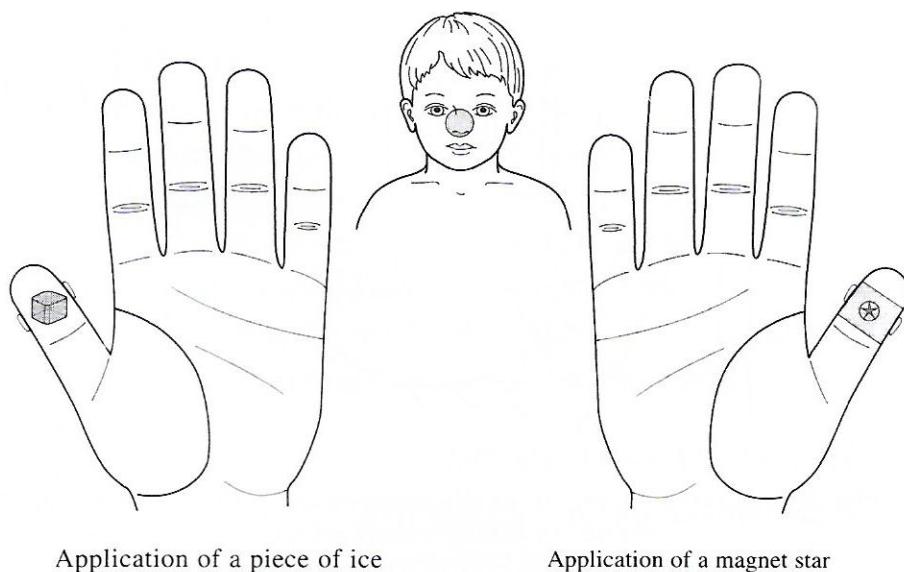


Fig. 178. Massage of the areas of correspondence to the heart in the standard hand correspondence system

lance arrived. Had it not been for my help, the patient would have definitely died of drug overdose, the physician said having examined him.

DR. A.M. TORBINA, MOSCOW

A seven-year old boy had his face injured with the resulting pain, nasal bleeding, and edematization of the nasal region. The area of correspondence to his nose (on his thumb) was stimulated with a piece of ice. The bleeding stopped in two or three minutes. Subsequently a magnet star was affixed to the projection of the nose in the standard correspondence system (Fig. 179). Within some 30–40 minutes the facial edema gradually went off, yet the nasal region remained painful. This being so, the magnet star was left in the area of correspondence for the whole night. The boy had nothing to complain of next morning.



Application of a piece of ice

Application of a magnet star

*Fig. 179. Treatment for a nose injury****MR. MING SU NA, KOREA***

Several days ago my wife suddenly lost consciousness. I was so afraid she might die instantaneously that it never occurred to me to take her to a hospital straight away. I discovered the areas of correspondence to the heart on her hands and feet and started forcefully stimulating them with my thumbs (Fig. 180). I hoped to get the cardiac function recovered this way. The treatment lasted for the mere two minutes. She suddenly opened her eyes thereafter and screamed, «Stop, it's painful!» Which proved that my manipulations were correct.

M. MARCHENKO, RUSSIA

This is the story of treatment that I once applied to my granddaughter Masha.

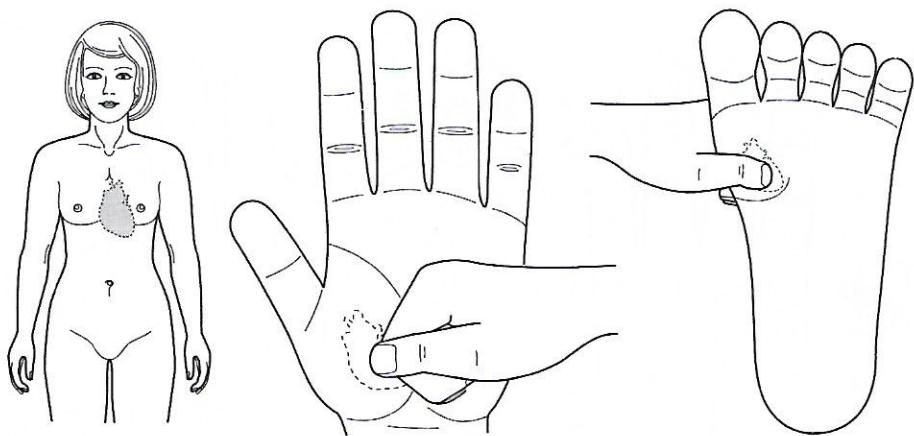


Fig. 180. Massage of the areas of correspondence to the heart with thumbs in loss of consciousness

She received an injury to her forehead just five minutes before I came to meet her after classes – headache, pale face, and immense bluish edema (hematoma). No time at all for long

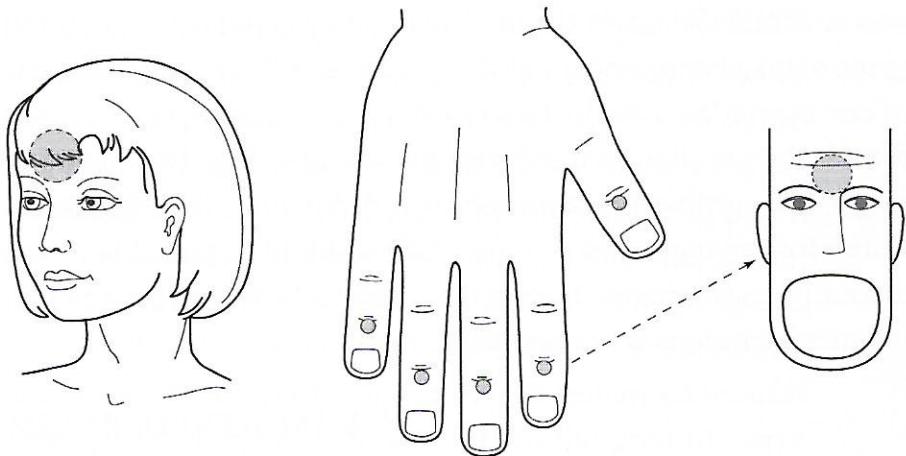


Fig. 181. Treatment for an injury to the forehead in the «animal's head» system of partial correspondence to the head

huddle! Five or ten minutes later we were at home. I attempted to slightly feel her forehead – no way, so painful it was! I took some snow out of the freezer and started applying it to the projections of the forehead on the distal phalanges of her both hand's fingers (Fig. 181). Ten minutes later the hematoma was reduced to just a small swell. Masha missed no classes at all after the injury. Headache would appear from time to time over the next week, however, but it went off every time after the stimulation of the appropriate correspondence points.

DR. V.V. MIKHAILOVA, MOSCOW

Case 1. A boy aged 5 years 6 months complained of pains and edema left in the lower jaw after a tooth extraction. Chewing was painful, and he was unwilling to eat anything.

He received treatment as follows: a minor bloodletting from the point of correspondence to the extracted tooth on his left hand's second finger (the «animal's head» system of partial correspondence to the head was employed) (Fig. 182). In thirty minutes the kid could eat and drink freely, and the remaining symptoms went off altogether next day.

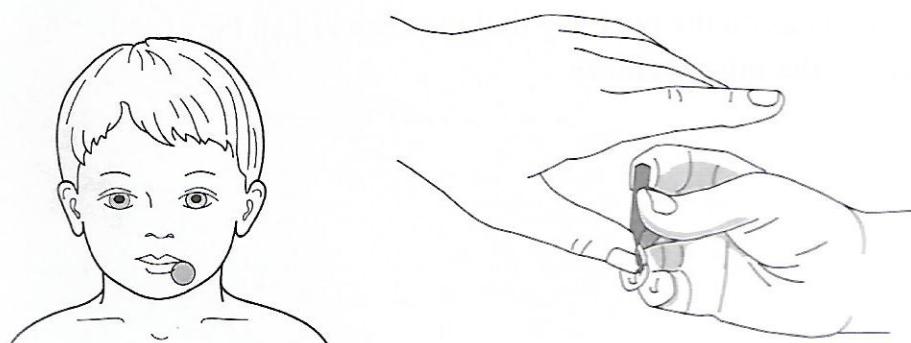


Fig. 182. Treatment for pain and edema after a tooth extraction

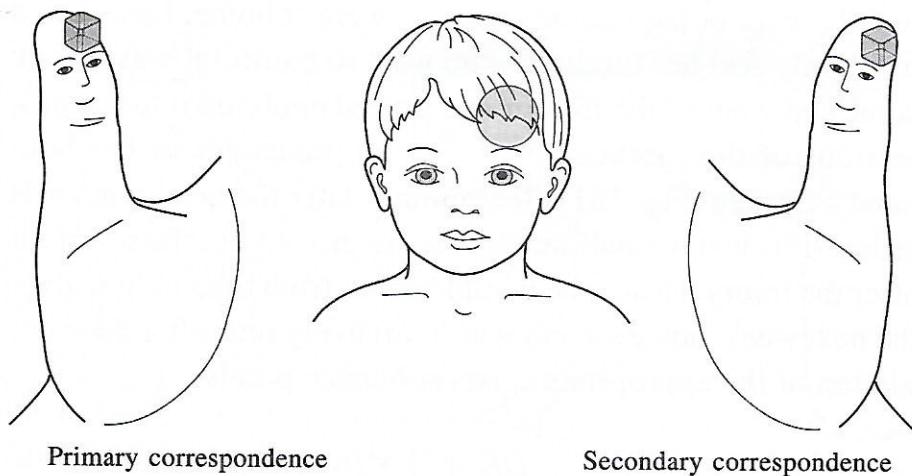


Fig. 183. Treatment for a contusion of the left eyebrow area

Case 2 is related to the same boy. Playing, he struck his forehead against the table's corner, which resulted in contusion of the soft tissues near the left eyebrow. The skin surface affected by the edema and hyperemia equaled some 3 cm in diameter.

Small pieces of ice were applied to the primary and secondary areas of correspondence for two minutes (Fig. 183). Pains and hyperemia have gone, the edema decreased. It was as early as on the next day that both the kid and his mother forgot of the misadventure.

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