

Talk to the Hand: Koryo Hand Therapy for Treating Pain

By Nan Schwarz

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Introduction

Koryo Hand Therapy (KHT), known as Koryo Sooji Chim, Korean Hand Acupuncture or Sooji Chim, follows the theory that the hands are a micro-cosmos of the body. Using KHT, the functions of the human body are manipulated by stimulating corresponding points on the hands. Within this paper, I've examined the theory of why Koryo Hand Therapy can be a useful tool in not only diagnosing areas of pain in the body, but quickly and effectively treating it as well. After an introduction of the fundamental theoretical mappings of the basic systems used in KHT, I will focus on the use of Yin Yang Diagnosis theory that KHT employs to direct hand point selection for regulating cerebral blood flow as a mechanism for pain management. Lastly, I will examine the theoretical thoughts behind KHT's claim of superior treatment efficacy of pain elimination over that of traditional body acupuncture.

According to the theory of KHT, there are 14 micro-meridians and 345 acupuncture points on our hands which regulate the internal organs and the physiological function of the entire human body. These acupuncture points may be stimulated by using a myriad of tools, including Hand Needles, Seoam Press-Pellets, Seoam Moxa, E-beam, Magnets, KHT Silver Ring, or Cyber Hand Therapy (mind vibration) (koryohandtherapy.com). However, I will be examining more the diagnostic methods and therapies rather than the implements used to deliver said therapies.

The theory of Koryo Hand Therapy was first originated, studied and developed by the Korean acupuncturist, Dr. Tae-Woo Yoo between 1971 and 1975. According to Dr. Yoo, one night in 1971, he was awakened from sleep because of severe occipital pain that would not go away,

and found he was drawn to an area on the back of his middle finger. He proceeded to apply pressure to the area with a ballpoint pen, found it was sensitive, and then inserted a needle in the same spot. A practicing traditional acupuncturist for years, he was astonished at the “speed and degree of pain relief” (1. Yoo 23). Continued experimentation led him to believe that not only did the tip of the finger represent the head of a human body, but that the entire body could be corresponded to the rest of the hand. From this, he established Correspondence Therapy, and the beginnings of Koryo Sooji Chim.

Yoo also instituted the use of Yin Yang pulse diagnosis as a method of identifying imbalance in the organs and channels, and also as a measurement of improvement after KHT treatment. I will quickly outline the three basic stages of treatment, focusing on their uses for pain control, and then discuss the somewhat thorny dialogue of Yin Yang pulse diagnosis and its significance in KHT treatment and outcomes. There are more diagnostic and therapy regimens within KHT, such as Micro-Meridian, Three Constitutions, and Five Element Therapy, but I will not include these within the scope of this paper.

Correspondence, Basic, and Organ Therapy

The foundation of KHT treatment is the use of corresponding points, or Correspondence Therapy, to treat pain symptoms. Figure 1 shows the correlating points between the front and the back of the hand, and the front and back of the body (2. Li, Lobash 2).

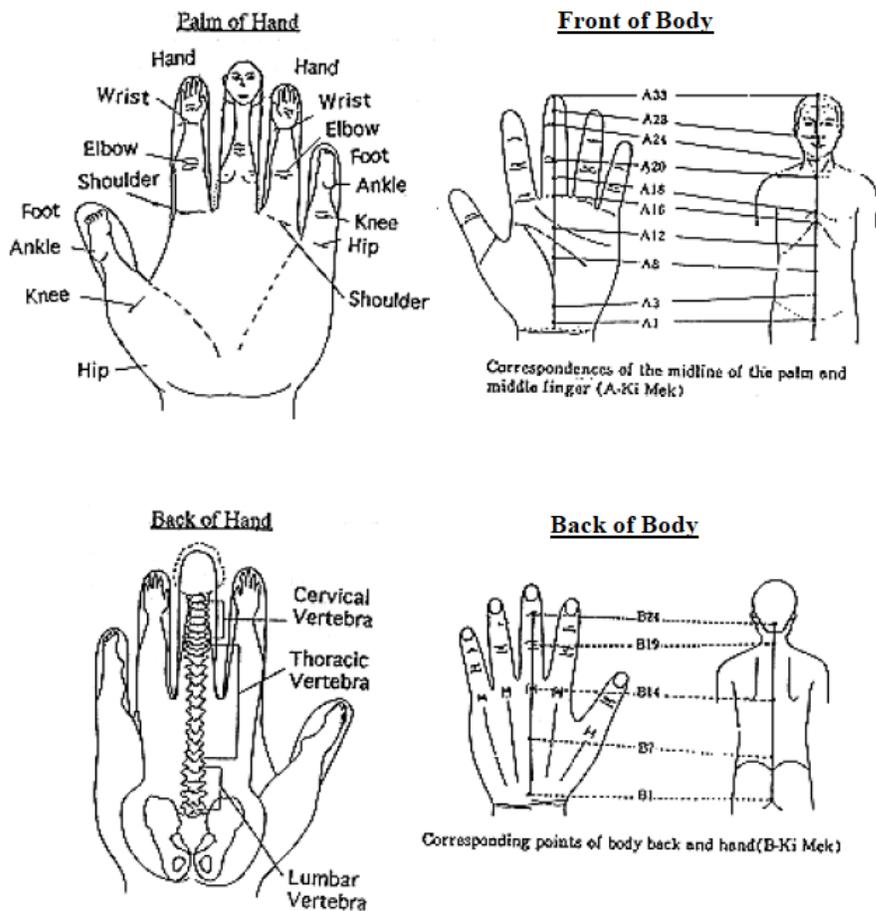


fig.1

The joints of the finger act as divisions that represent proportional joints of the body. Each hand represents the whole body, so every part of the body is represented twice, therefore right-sided headache pain would be treated with the left hand, but using Correspondence Therapy, the radial (right) side of the back of the hand on the middle finger is used. One could compare this to findings of “a shi” (啊是) points used in body acupuncture, but in contrast to the needling in body acupuncture, where one searches for the “de qi” (得气) sensation at the acupuncture points, in KHT Correspondence Therapy one just penetrates the skin for a few millimeters to obtain the effect of that point (Kobrin). Interestingly, in this system there is still a specific sensation felt by the patient when the point is properly needed.

Initially, I found that Correspondence Therapy requires special attention to make the necessary conceptual transition from the body points to the hand points. However, the idea is that one begins to think of both body and hand point locations simultaneously. Obviously, one must have mastered the body points before the hand correspondence points can be studied. When first looking at Correspondence Therapy, I thought that it was simply another correspondence system like the ear, face or foot reflex systems. I soon realized that Dr. Yoo's system means to be more than an adjunctive system to using the traditional body points, but rather the hand correspondence system was a point-by-point parallel to the body acupuncture points.

The next treatment approach is Basic Therapy, which is used to strengthen the treatment by harmonizing the functioning of the internal organs, which is often the root of disease, and in many cases, pain. These are divided between “prescriptions” for the upper, middle, and lower burners, as well as neuropathic and lumbar point prescriptions. Each prescription acts as a set of points that are often applied prior to needling the found corresponding points during a treatment (1. Yoo 49). Figure 2 shows an example of the three different burners prescriptions (1. Li, Lobash 3).

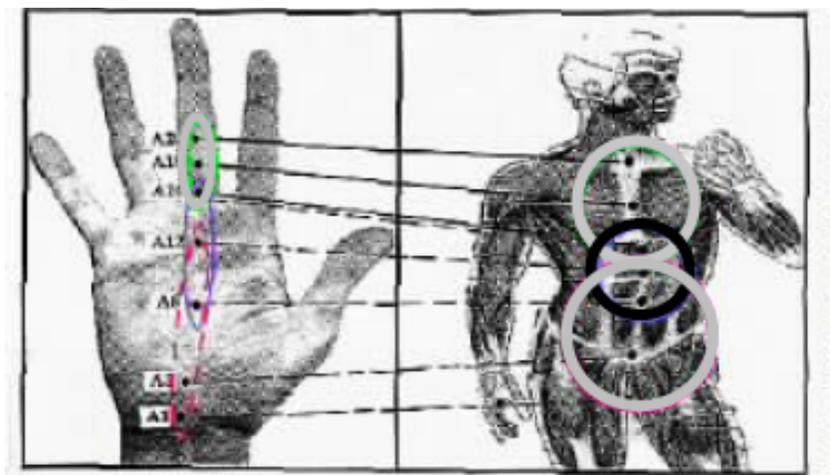


fig.2

Lastly, I will look at a third level of treatment, known as Organ or “Ki Mek” Therapy. This is used when the first two therapies are ineffective and follows the standard symptom-sign complexes of the “zang fu” (脏腑) used in traditional body acupuncture, in that it assigns certain symptom presentations to a dysfunction of specific organs or channels. For instance, pain or tenderness at Ren 5 and Ren 4 indicates Kidney excess pathology. The reaction point for treatment is K-J23 on the hand (Figure 3). At this level, several needles are inserted into hand points that relate to the organ, in addition to the Basic Therapy and Correspondence Therapy points (Schmidt).

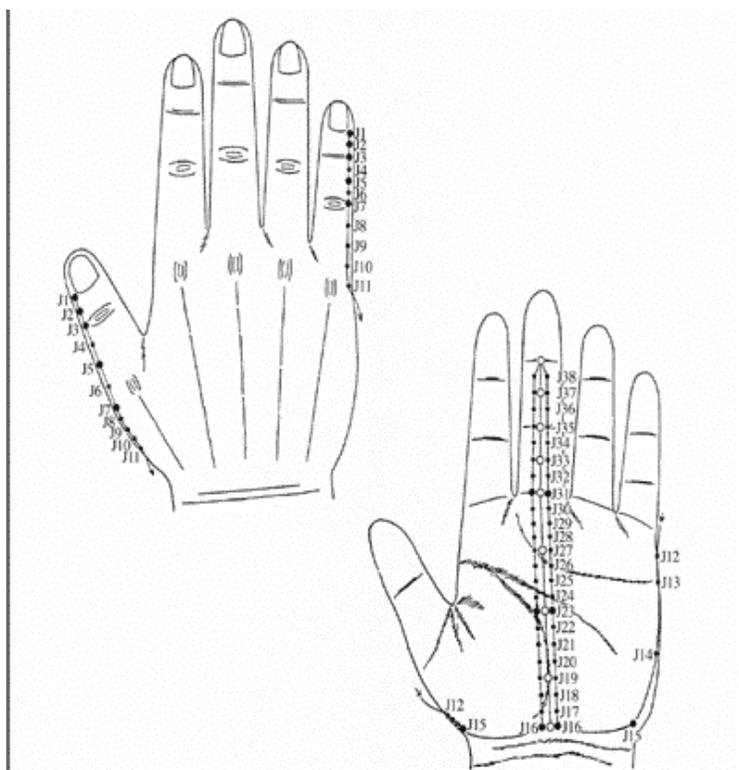


fig.3

In most cases, these three aspects of therapy are tried first, followed by some of the previously mentioned techniques if they are not effective. Once the needles are removed, the points on the hand are massaged and the patient should be instructed to keep their hands

clean, dry and warm. After (and often during) treatment, the patient should exercise the hands to further consolidate the treatment efficacy (1.Yoo 62).

Yin Yang Pulse Diagnosis and Cerebral Blood Flow

While KHT also acknowledges and uses the traditional Chinese pulse diagnosis method, the “Yin-Yang” (阴阳) Pulse Diagnosis allows for a very precise diagnosis of the imbalances in the body. If the diagnosis is done properly, the following treatment will immediately bring a change in the pulse quality. Therefore many KHT practitioners are fond of this diagnostic method to not only ascertain a treatment plan, but also as a measure of treatment efficacy. (Schmidt 2).

In KHT, the Yin-Yang pulse diagnostic system compares the radial and carotid pulses to assess the blood flow balance to the front and back of the brain. According to KHT theory, any disturbance to the circulation of blood to the head is the result of pain and disease in the body. The left and right-sided carotid and radial pulses should have a regular and equal blood flow. This balanced and equal flow means a balanced flow to the brain, indicating good circulation of blood, a balance of cold and heat in the body and normal function of the internal organs. Therefore the purpose of treatment when the pulses are unbalanced is to regain normal balance so that the function of the brain and all of the functions of the organs normalize and pain is relieved. The thought is that while strong stimulation in any part of the body may relieve pain somewhat, there will be no actual change in the blood flow-balance to the brain. KHT, however, brings pain relief by regulating the function of the brain (2.Yoo 4).

In Yin-Yang pulse diagnosis, the thickness of the pulse is observed, rather than the strength, quality frequency or regularity. This is often described as thinking “of feeling the thickness of, for example, the outer case of a ball point pen compared to the thickness of the inner filler tube” (1.Yoo 273). Palpation differentiation requires practice, and it is common in the beginning to confuse pulse width or thickness with strength. However, strength is not considered here, only the width-diameter-thickness. The greater the differential between the pulse widths, the more serious the problem. If there is no change or recovery in balance, that is, if carotid and radial pulse thicknesses do not move towards equality, then the treatment is said to be incomplete and the disease condition will continue unchanged.

The carotid artery is diagnostic for the “Yang Type” pulse, at approximately the Stomach 9 “Ren Ying” (人迎) location. When the carotid pulse is thicker than the radial pulse, the problem is said to be located among the six Fu-organs (腑) and Yang channels. The blood flow through this point is easy to palpate to assess flow to the front area of the brain.

However, blood flow to the back of the brain is through the vertebral arteries, and palpation of these bilateral arteries is difficult, as they pass through the cervical vertebra. Because of this difficulty, palpation of the radial artery at the traditional pulse position at the wrist (“Cun Kou” 寸口) is used as the surrogate location to measure blood flow to the back of the brain. The vertebral and radial arteries derive from a common artery, the brachiocephalic artery.

Therefore the radial artery represents the Yin pulse, and is felt at approximately Lung 9 “Tai Yuan” (太渊). If the radial pulse is thicker than the carotid pulse, it is called a "Yin Type" pulse and the problem is among the six Zang- organs (脏) and Yin channels (1. Yoo 273).

In modern Western Medicine, it is recognized that pain is felt through the stimulation of peripheral nerves and perceived by the cerebrum, and that the factors of all pain, except for traumatic injury, are related to the cerebrum. In researching the fundamental theories of KHT, I came to learn that specific patterns of cerebral activity have been identified in relation to acute and chronic visceral pain experiences. This activity occurs as a consequence of receiving and processing neurally encoded information perceived to be arising from the organs (Silverman 294). However, most allopathic practitioners rely on pharmaceutical therapy in relieving pain, which leads to many side effects, and does not attend to the root causes of the pain.

KHT Correspondence Therapy considers itself more unique than many other approaches in that it affects cerebral blood flow (CBF), and not just reflex nerve stimulation. According to Dr. Yoo, only stimulation of acupuncture points around the neck, the wrists and elbows effects CBF. Stimulation of points such as Stomach 36 “Zu San Li” (足三里) has little effect on cerebral blood flow, and although Spleen 6 “San Yin Jiao” (三阴交) has a positive effect on lower abdominal pain, it also has no effect on the CBF (2.Yoo 7).

Origins of Yin Yang Pulse Theory

The concept of the CBF in KHT was first mentioned in the “Yellow Emperor’s Classic of Internal Medicine, From Beginning to End” (Ling Shu Zhong Shi, Chapter 9, 《靈樞終始第九》), but is not often utilized in clinical experience because of its vague and poor explanation. Much of the translation, as you will see, is open to a wide arena of debate, which adds another aspect to KHT’s claim of superiority over body acupuncture.

以知陰陽有餘不足。平與不平。天道畢矣。

One should know [by taking the pulse at the Cunkou and the Renying whether] yin and yang are in excess or deficient, balanced or not balanced, according to the wholeness of Heaven's way. (This describes the strength of palpation or width of the pulses at the two pulse locations.)

人迎一盛。病在足少陽。一盛而躁。病在手少陽。

If the Renying pulse is twice as full, disease is located in the Leg Shao Yang. If it is twice as full and erratic, disease is located in the Arm Shao Yang.

人迎一盛。寫足少陽。而補足厥陰。

If the pulse at Renying on the neck is twice as full (as the pulse at the wrist), drain the Leg Shao Yang (Gallbladder) and tonify the Leg Jue Yin (Liver).

脉口一盛。病在足厥陰。一盛而躁。在手心主。

If the pulse at the Cunkou is twice as full, disease is located on the Leg Jue Yin (Liver). If the [Jue Yin pulse] is twice as full and erratic, disease will be located in the hand Heart Master.

脉口一盛。寫足厥陰。而補足少陽。

If the pulse at the Cunkou on the wrist is twice as full as the neck pulse, drain the Leg Jue Yin and tonify the Leg Shao Yang.

The health of the body is also assessed by the Yin Yang pulses, as mentioned in my below translation of the Ling Shu Jin Fu “Prohibition and Submission” Chapter 48 :

《靈樞禁服第四十八》

黃帝曰。寸口主中。人迎主外。兩者相應。俱往俱來。若引繩。大小齊等。

春夏人迎微大。秋冬寸口微大。如是者。名曰平人。

Huang Di said: The pulse at Cunkou controls the center (the Yin channels). The pulse at Renying controls the external (the Yang channels). Both resonate mutually. Together they go forward and together they come (they come and go together), as if connected by a string, large and small, all equal. In spring and summer the Renying pulse is slightly large. In autumn and winter the Cunkou pulse is slightly large. He who is like this is the balanced [healthy] man.

At the end of the Ling Shu Chapter 9, it reads:

痛雖不隨鍼。病必衰去。

Although pain may not lessen following the needle (ie. be reduced), the disease must lessen and departs.

Here’s where things get interesting – there are a few ways the next passage could be translated. My initial translation for the following passage is:

必先通十二經脉之所生病。而後可得傳于終始矣。

故陰陽不相移。虛實不相傾。取之其經。

One must begin by freeing (unblocking) the twelve major channels that which gives birth to the “sheng bing” [disease symptoms]. Afterwards it will be possible to transmit [qi] from beginning to end [indicating within the channels].

Therefore yin and yang are not the same movements. Deficiency and repletion are not similarly inclined, although treatment for both is through the channels.

However, an alternate translation for this same passage is:

One must understand the symptoms and signs of the twelve channels first, then [you will know how] channels transmit from one to the other.

Therefore yin won't turn into yang, while excess won't shift to deficiency, & one must select the proper channel.

According to yet another translation of the Ling Shu by Zhao Wang L.Ac. O.M.D, this indicates that the directive is to “needle the channel in a disorder only if the pulse of Cunkou and Renying are even. (Wang 104)” His translation is of the last line of text is:

故陰陽不相移。虛實不相傾。取之其經。

Needle a channel in a disorder only if there is not an imbalance of Yin/Yang involved.

The variety in translation and interpretation of this passage could be seen as an open door for KHT proponents to argue the use of hand acupuncture as superior to that of traditional body acupuncture. There exists a lively ongoing debate on this topic, with leaders in the KHT field using Yin Yang pulse diagnosis as a method for illustrating their point.

KHT versus Chinese Body Acupuncture

Zhao Wang goes on to say this means the Cunkou and Renying pulse are used only for the diagnosis of disorders of a channel due to the imbalance of Yin and Yang, and not for disorders due to pathogenic-qi attacking from the exterior. In other words, if a disorder of a channel is due to outside pathogenic-qi, the Cunkou and Renying pulse would still be even (Wang 248). He indicates that needling a channel to treat certain pathologies would be erroneous, which would show up in a worsening of the Yin Yang pulses after treatment.

This correlates to another facet of Dr. Yoo's claims of why KHT is in many cases not only more effective than body acupuncture, but safer as well. In 2006, Dr. Yoo and others as part of the 19th Korean-Japan Seo Geum Therapy Symposium conducted an experiment that concluded that more than 90% of body acupuncture and moxibustion made disease symptoms worse. They attached various acupuncture implements to body points such as Stomach 36 and compared the Yin Yang pulse changes to those of treatment on KHT corresponding hand points. Their studies concluded that the body points increased the pulse rate, making the Yin Yang pulses worsen, and making the capillary vessels contract. The reasoning was this overexcited the sympathetic nervous system, so no endorphins (a sympathetic response) could be secreted and the body became strained. The hand points conversely caused the pulse rate to calm and the Yin Yang pulses to even (3.Yoo 15).

If the pain relief effects of body acupuncture are not produced by endorphins, then where does it come from? Dr. Yoo thinks dopamine and adrenalin (parasympathetic responses) may be the reason for the pain relief received from body acupuncture, and that the mind becomes hyper sensitized and nervous when stimulated by body acupuncture, moxa and massage. Dopamine is secreted, and if over-secreted it secretes adrenalin which then increases the

pulse rate. If dopamine and adrenalin are over-secreted then the sympathetic nervous system becomes strained and over excited, making the Yin Yang pulses and the illness itself worse. The thought is that dopamine and adrenalin may have pain relief effects, but only alleviate the symptoms temporally, not curing the actual disease.

This reasoning leads Dr. Yoo to believe that the use of moxibustion and needling along the channels can be dangerous to the body in many situations, and its effects and functions are not confirmed carefully enough through proper experimentation, nor is there a fully realized understanding of the scientific mechanisms involved. He also feels changes in pain relief from body acupuncture are possibly due to the effects of dopamine and adrenaline and are therefore only short term, as the patient's mind may be affected but not necessarily the physical symptoms the patient is being treated for. All this is measured by what KHT practitioners feel is an improper Yin Yang pulse outcome after treatment. (3.Yoo 21).

On the other hand, Daniel Bensky, while maybe not being specific to Yin Yang pulse diagnosis, talks about pulse diagnosis potentially being misleading:

“Channel findings do not always match pulse findings. Often the channels felt to be dysfunctional are different from those one would expect based on pulse diagnosis. There are many possible reasons for this. One that appears to be true to me based on my experiences is that the pulse positions reflect the state of the organs and not the channels. For example, if someone has done some damage to the medial aspect of their knee it is unlikely to show up as a disruption of their Kidney, Liver, or Spleen pulse (unless an underlying problem with one or more of those organs made the area vulnerable)... When I have treated people with comprehensive Kidney deficiency utilizing meridian therapy protocols, if I get an immediate

positive effect on the pulse the long-term effects of the treatment are minimal. That is, they may or may not feel better for a short time after the treatment, but there is no long lasting effect on how they feel and when they return to the office a couple of weeks later there is no noticeable improvement in their condition. As such, even though the pulse "improved" significantly at the time of the treatment, this was not a good marker for the efficacy of the treatment. (Bensky 5, 7)."

He goes on to say that all measurement premises should be open to question, and that ultimately, regardless of whether a patient's pulse (or hara) improves, success is dependent on actual improvement of patient symptoms. *"If one adhered to the doctrine that the goal of acupuncture is to balance the pulse at the time of treatment, you would have to say that these treatments were disastrous. To me this is too narrow minded and shortsighted. Taking the view that it is the patient's long term response to the needling that is the treatment, I maintain that this is just another example of how trying to fit patient's response to treatment into some preordained box does the patients and acupuncture a disservice"* (Bensky 8).

Conclusions

As a general rule, whether checking the carotid or the radial pulse, I am looking for two things: If the pulse is excessive, I want it to calm, with a smoother quality of flow. If the pulse is deficient, ideally the pulse would become more buoyant and vibrant. We know that even the slightest contact to various body points can change the quality of the pulse, sometimes making it stronger and other times smoothing it and reducing its fullness in cases of excess. I have often found myself checking the pulse after inserting a needle on the body to verify the

change I would like to see, and sometimes I have found a negative change that causes me to question my point selections (or locations). I cannot say with certainty one way or another whether I have found a pattern of adverse pulse changes after a body treatment that might have been avoided with treatment of the hand only. And, in accordance with what Bensky says about the pulse alone not telling the whole story of treatment efficacy, there have been times where the pulse does appear to almost disappear after treating a point such as Kidney 2, only to improve in the later stages of a treatment. Perhaps this is due to the Kidney temporarily consolidating to a deeper level and where the pulse is pulled inward, and therefore hard to feel.

In order for the argument of KHT over body acupuncture to have merit, I feel much more needs to be examined beyond what Dr. Yoo and his followers constitute as evidence. Many variables, including the body points chosen per patient symptom manifestation, could lead to the founding of this hypothesis. An incorrect diagnosis can often lead to improper point selection. In that case it would not be surprising to see a negative pulse resolution. Also, the time frame in which the pulse is measured after treatment is a factor, as the healing process can take the pulse through many different changes. There is also the fact that a variety of things influence the pulse, and sometimes there is no seemingly logical reason as to why it is the way it is. As in many areas of Asian medicine, the argument of KHT over traditional body acupuncture may prove to be another example of “my kung-fu is better than yours.”

However controversial this matter may be, I do not feel it takes away from the tested efficacy of using Koryo Hand Therapies to diminish and ultimately guide the body to eradicate the

causes of painful disease, whether it be from headaches, musculo-skeletal problems, or various internal diseases. The techniques are often less painful than body treatments, and patients can be taught to not only diagnose problems themselves by palpating their hands, but self-treat through self-administered acupressure.

I personally have found KHT particularly effective in pediatric treatments and in treating back pain where the back shu (脛) points were too rigid for comfortable needle insertion. After insertion, I often have a patient walk around the treatment room with needles in the hand. Often by the fourth circuit around the room, the patient will report a lessening of back pain. Again, I usually follow this up with a back treatment, after the musculature has relaxed enough from the hand treatment to allow for comfortable needle insertion in the back shu. Therefore Koryo Hand Therapy has the potential to truly enhance any acupuncture treatment, regardless of the system of acupuncture in which a practitioner has been trained.

Case Studies

Case 1:

February 2009

Study of Koryo Hand Therapy on geriatric low back and knee pain

Department of Nursing, Research Institute of Geriatric Health at Inje University

Pusan, South Korea

The purpose of this study was to identify the effects of hand acupuncture therapy on pain, range of motion (ROM), and activities of daily living (ADL) among older people with low back

pain and knee joint pain.

METHODS: The research was a quasi-experimental design using a non-equivalent control group pre-post test. The participants were 40 patients, 18 in the experimental group and 22 in the control group. A pre-test and 2 post-test were conducted to measure the main variables. For the experimental group, hand acupuncture therapy, consisting of hand acupuncture and press-pellets based on corresponding points, was given.

RESULTS: There were statistically significant differences in pain, ROM in knee joint, and ADL in the experimental group compared to the control group over two different times.

CONCLUSION: The hand acupuncture therapy was effective for low back pain, knee joint pain, ROM in knee joint and ADL among the elders in this study. Therefore, the hand acupuncture therapy can be utilized in the field of geriatric nursing as a nursing intervention for older people with low back pain and knee joint pain (Yang 10-20).

Case 2:

Mr. Kang (Male, born January 2, 1938)

Right Side CBF: Fire and Fire Excess / Left Side CBF: Fire and Fire Deficiency

K.H. Park and Tae-Woo Yoo (practitioners)

The patient complained of the migraine in the left and right sides of the head, with more severe pain in the right side. He had suffered from these headaches for about 20 years.

Currently, he took a great amount of western medicine to cure his headache. In particular, his headache became more severe when he ate something hot or overate. Also, he couldn't drink alcohol at all because of the increase of serious headaches.

In a thermogram before treatment, strong heat was seen in the head of both sides.

METHODS & RESULTS: After Correspondence Therapy stimulation, very strong heat in the head of both sides was reduced. Additionally, heat in the abdominal and back area of the body was also diminished (Figure 3).

CONCLUSION: This suggests that the headache was relieved and the function of the whole body was regulated with Correspondence Therapy alone (1.Yoo 12).

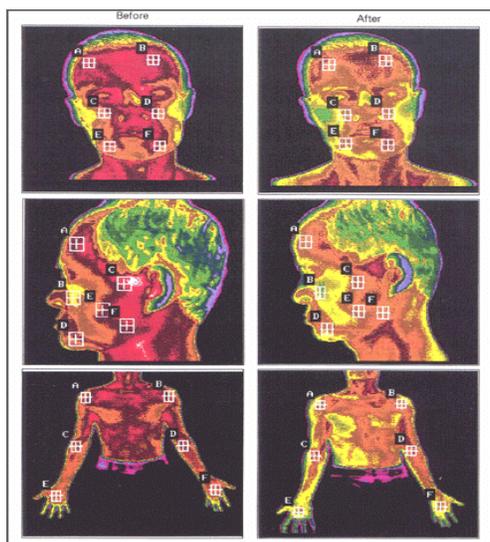


fig. 3

Case 3:

HEMO, 7 month old male infant with esophageal reflux and choking pain

First visit: August – December 2009

SIOM student clinic

METHODS: Application of press bead on K-K9 (Figure 4), a prescription point for gastrointestinal convulsions, which corresponds to but is not identical to the Chinese acupuncture point Pericardium 6, whose anti-emetic effect has been ascertained in numerous studies. This was combined with pediatric massage, as well as Shonishin pediatric non-insertion acupuncture on Spleen 3 and Pericardium 6 with a silver teishin.

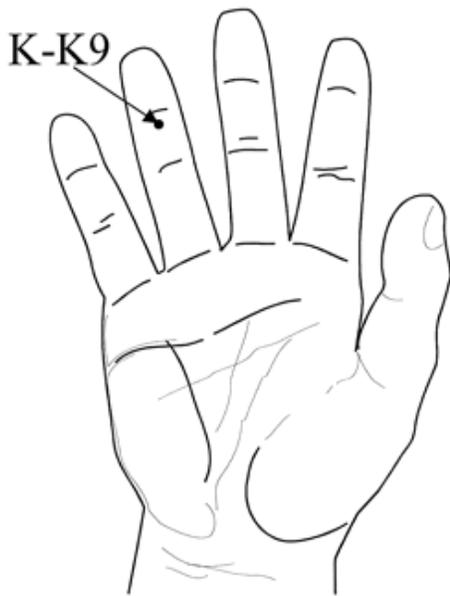


fig. 4

RESULTS: After the first treatment, the vomiting was reduced from 5 times a day to 1-2 times a day, and choking pain was diminished. The next few treatments, the K-K9 point was excluded, and progress in reducing the incidence of vomiting did not improve. Consecutive treatments that resumed application of the K-K9 point (either by teishin or press bead) and eventually involved herbal medicine continually reduced the vomiting to only a few times a week. By mid-October visits, the infant had not vomited for 9 days. At a visit in late December, the mother reported no more reflux vomiting for 4 weeks.

CONCLUSION: The mother did not report any adverse effects, local or systemic, from the treatments, and expressed amazement at the dramatic clinical improvement that was seemingly due to a treatment technique so disparate from conventional medicine. This suggests that KHT acupuncture can be well accepted in a pediatric practice setting. The initial readiness to consent to the treatment should be understood within a larger context: the eventual trust and rapport between patient and practitioner. My conclusion is that KHT is a safe, cost-effective, and well-accepted integrative treatment modality in pediatric practice surroundings.

References

Bensky, Daniel, D.O. "Listening to the Channels: Preliminary Reflections on the Adaptation of one form of Osteopathic palpation to Acupuncture". North American Journal of Oriental Medicine. Vol.6, No.17 November 1999

Huang Di Nei Jing Ling Shu. Chapters 9, 48. 《黄帝内经：灵枢 - 终始第九, 口问第二十八》 .
<http://park6.wakwak.com/~ycc/yellowcrabisland/medicalcollete/libraly/reisuu/09.html>

Kobrin, Lowell E., M.D., Ph.D. "Experience On The Incorporation Of Koryo Sooji Chim Hand Acupuncture Into A Medical Acupuncture Practice". A Journal For Physicians By Physicians. Volume 1 / Number 1. Fall / Winter 1989.

Koryo Hand Therapy. <http://www.koryohandtherapy.com/>

1. Li, Lawrence MD, MPH & Lobash, Dan Ph.D., L.Ac. "Advanced Korean Hand Therapy Workshop: Improving Health through Acupuncture Energy Balance". AANP Annual Conference, June 2004

2. Li, Lawrence, MD, MPH & Lobash, Dan, Ph.D., L.Ac. "Becoming an Instant Acupuncturist: Basic Level Korean Hand Therapy (non-needle acupuncture) for Managing Musculoskeletal Pain". AANP Annual Conference, June 2004

1. Park, K. H. & Yoo, Tae-Woo. "The Change Of Cerebral Blood Flow Before And After Treatment Of Koryo Hand Therapy". The Internet Journal of Alternative Medicine. Volume 1 Number 1. 2001

2. Park, K. H. & Yoo, Tae-Woo. "Useful Method To Confirm Tender Points Of Primary Headache: Corresponding Points Of Koryo Hand Acupuncture Therapy" . The Internet Journal of Alternative Medicine. Volume 3 Number 1. 2005

Schmidt, Dieter. "Korean Hand Acupuncture". 2003. <http://www.handakupunktur.nu/english.html>

Silverman, Daniel. "Cerebral Activity in the Perception of Visceral Pain". Current Pain and Headache Reports. Volume 3, Number 4. August 1999. pp291-299

Wang, Zhao, L.Ac. O.M.D. Ling Shu Acupuncture (English edition). Ling Shu Press. 2007.

Yang, JH. "The Effects of Hand Acupuncture Therapy on Pain, ROM, ADL and Depression Among Elders with Low Back Pain and Knee Joint Pain". Korean Academic Nursing. 2009 Feb. pp10-20.

1. Yoo, Tae-Woo. Koryo Sooji Chim: Koryo Hand Acupuncture, Volume 1. Eum Yang Mek Jin Publishing Co. Seoul, Korea. 1988. pp473

2. Yoo, Tae-Woo. "Koryo Hand Therapy: A System for Relieving Pain by Regulating Cerebral Blood Flow in the Brain". Seoul: Eum Yang Maek Jin Publishing Co., 1999; 11-19.

3. Yoo, Tae-Woo. "The Proven Effectiveness of Seo Geum medicine compared with the negative effects of Oriental, and Alternative medicine", presented at The 19th Korea-Japan Seo Geum Therapy Symposium, 2009.