The Active Points Test:
A Clinical Test for Identifying and Selecting Effective Points for Acupuncture and Related Therapies

By Stefano Marcelli, MD

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MOST ACUPUNCTURE PRACTITIONERS will be familiar with the notion of painful, or *Ashi*, points. Such points are fundamental to a good treatment protocol and often offer better options than points indicated strictly by Chinese Medicine (CM) theory.

In his book, *The Active Points Test*, Marcelli expands on this idea, suggesting that such points should be sought for routinely, and, in addition, that patients should be actively engaged in the search. The author opines that this can: (1) enhance results; (3) minimize needle numbers; and, perhaps most importantly, (3) empower patients by involving them in their treatment programs. I could not agree more.

Chapter 1 defines the test and compares it to other interactional feedback systems, such as applied kinesiology, electroacupuncture according to Voll, and Akabane's test. Specifically, the test involves pinching and rolling the skin to detect tenderness and seeing if such stimulation relieves the symptoms before the needle is inserted. Marcelli refers to the technique as an example of *ex adiuvantibus* (indicating a diagnosis supported by disease remission in response to a given treatment). ''Nice phrase,'' I thought, while looking up the meaning. However it was only one of several such descriptive words and aphorisms, including *pincé roulé* (pinching and rolling), *ubi major minus cessat* (big pain cures little pain), *sekundenphänomen* (instant relief of pain with neural therapy), *sensitive cybernetic organism* (organisms can respond to stimulation), and *nappage*, (multiple small volume subcutaneous injections in mesotherapy).

Chapter 2 explores the precise details of the test, with pinching and rolling being the main technique. Where the skin is too taut, the author suggests a glass stick, pen-nib, or even an acu-needle. Symptoms are systematically classified as: *induced*, *kinetic*, *positional*, and *palpatory*; while responses are classified as: *strongly positive*, *positive*, *negative*, *strongly negative*, or *indifferent*. He gives several examples, such as the use of ST 38 (*Tiaokou*) for shoulder pain or SI 3 (*Houxi*) for a stiff neck.

In Chapter 3, he divides point choices into *rational* (or anatomical) and *non-rational* (or reasoned). Rational points are *local* (in the area of pain) or *regional*, such as paravertebral points or spondyloid points (GV). Reasoned points are those chosen by CM theory.

Chapter 4 explores various theoretical explanations for why the test works, from the conventional Gate Control Theory to the Traditional Chinese Medicine Qi explanation of Fullness and Emptiness in channels. There is an interesting discussion about placebo/nocebo effects and the power of suggestion, which touches on the appropriate or inappropriate use of the power differential between doctor and patient.

Chapter 5 describes the author's preferred treatment techniques. Using the analogy of the four *Sishencong* points around GV 20 (*Baihui*), he suggests using a central needle and surrounding it with four needles in the *Sishencong* pattern, angling the needles toward the central point. If dry needling does not work, he adds 0.1–2 cc. of a solution made by mixing 1 cc each of 2% procaine and clorproetazine (not generally available) or vitamin B_{12}. If that does not work, he moves on to other techniques, such as auriculotherapy, neural therapy, mesotherapy, and/or *nappage*.

Chapter 6 discusses using the test to shed light on more difficult symptoms, such as iron deficiency anemia, depression, or allergies. Here, he asks a patient to reflect intuitively (concentrate) on whether he or she feels stronger or

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weaker, or whether this patient's skin irritations subside when a point is stimulated. He also explores self-administration of the test and the use of surrogates (family members) if, for example, the patient lives out of town and cannot come into the clinician's office.

Chapter 7 includes letters of feedback from leaders in the field of acupuncture who have evaluated the test in their practices.

In Chapter 8, Marco Romoli, MD, discusses his experience with using the test for ear acupuncture.

The Active Point Test is replete with pertinent pictures, diagrams, and tables, which refer directly to the particulars in the text, making it easier to follow the discussion. Nevertheless, I found the book a bit difficult to embrace, perhaps, because of possible translation issues and the use of a number of somewhat obscure phrases to denote common ideas. Moreover, I found the quantity of contributions from other acupuncturists unnecessary. Beyond these initial hindrances, however, the book resonated very much with my personal experience in my treatment room. After all, palpating for active acupuncture points is probably the most common thing I do. As routine as this practice may be, I have never really seen the process formalized with engaged feedback in such a precise and detailed way. To that extent, *The Active Points Test* is an invaluable read and a great contribution to the acupuncture literature.

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