

## A Window on Protracted Neck Pain

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### ABSTRACT

*Window of the Sky* points comprise a group of acupuncture points located mostly in the neck, which are used to open the flow of Qi through the neck area. Although the indications are generally based on Chinese Medicine syndromes, these points are useful for addressing protracted neck pain in the context of an unconscious mind–body split.

**Keywords:** acupuncture, Window of (to) Sky, mind–body split, MVAs, cervical strain

### INTRODUCTION

THE AUTHOR FIRST CAME ACROSS the “Window of the Sky” points in Mann’s classic book on acupuncture.<sup>1</sup> They are a group of 10 points, also known as the “Window of Heaven” points, that are widely taught in acupuncture schools. Interestingly, the points might be more of a modern conception than a traditional one, as there is little authoritative written discussion of them in any historical texts.<sup>2</sup>

With the frequency of car accidents and associated chronic neck pain, the points can be useful for addressing both the somatic pain symptoms (*Wei*-level), while simultaneously addressing the deeper (*Yuan*-level) underlying energetic issues.

### HISTORICAL CONTEXT

The Window points were originally mentioned in the *Ling Shu*, which listed a group of 5 in Chapter 21 of that text.<sup>3</sup> The points were ST 9 (*Renying*), LI 18 (*Futu*), TH 16 (*Tianyu*), BL 10 (*Tianzhu*), and LU 3 (*Tianfu*). It was suggested that all 5 points were indicated for sudden, precipitous conditions in which the Rebellious Qi upsurged to the neck but was then somehow blocked. Chapter 2 of the same source listed the same 5 points and 5 more, but with little commentary as to their indications.

Chamfrault and Van Nghi (cited in Mezdard) were instrumental in the modern naming.<sup>4</sup> Chamfrault named the

points the Window of the Sky points in 1954, apparently based on TH 16 (which translates as “Celestial Window”). He and Van Nghi called the first 5 points the “Big,” or “Great Windows,” while the second 5 points were named the “Little Windows.”<sup>5</sup> Eventually, all 10 points were named the Window of the Sky points (Table 1 and Fig. 1).

Readers may note an absence of GB points in the list, a theoretical omission that has given rise to a variety of proposed additions. For example, Deadman and Al Khafaji suggested that SI 17 (*Tianrong*) should, in fact, be GB 9 (*Tianchong*).<sup>6</sup> Jarrett suggested that GB-20 (Fengchi), which “brightens the eyes” would be a good choice.<sup>7,8</sup> Perhaps, more tellingly, McDonald dismissed the whole concept of Windows as a fanciful aberration of modern times, with no ultimate historical justification.<sup>2</sup>

Abandoning the necessity of creating a definitive point list opens the practitioner to the possibility of seeing the Window points more flexibly—perhaps simply as useful points for opening the flow of Qi in the neck. This would expand a practitioner’s options without denying the Window concept itself.

In that regard, other useful points might include local barrier points,<sup>9,10</sup> such as GB 21 (*Jianjing*) or ST 11 (*Qishe*), which promote the downward flow of Qi; or SI 14 (*Jianwaishu*), TH 15 (*Tianliao*), and ST 3 (*Juliao*), which promote upward flow (Table 2). In that regard, ST 11 has even been called a Window point in the Tam healing

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TABLE 1. THE 10 WINDOW OF THE SKY POINTS

<i>Point</i>	<i>PinYin</i>	<i>English translation</i>	<i>Indications</i>
<b>LU 3</b>	<i>Tianfu</i>	Mansion of Heaven	Lumps, dizziness, nosebleeds, asthma
<b>PC 1</b>	<i>Tianchi</i>	Pool of Heaven	Lumps, wheezing, headache
<b>TH 16</b>	<i>Tianyu</i>	Window of Heaven	Dizziness, headache, nosebleeds, deafness
<b>SI 16</b>	<i>Tianchuang</i>	Heavenly Window	Tinnitus, aphasia, headache, lumps
<b>SI 17</b>	<i>Tianrong</i>	Heavenly Manifestation	Lumps, asthma, cheek swelling
<b>LI 18</b>	<i>Futu</i>	Supporting Prominence	Lumps, asthma, loss of voice
<b>BL 10</b>	<i>Tianzhu</i>	Heaven's Pillar	Eye/nose issues/pain, seizures, dizziness
<b>ST 9</b>	<i>Renying</i>	Humanities Welcome	Headache, dizziness, blurred vision
<b>CV 22</b>	<i>Tiantu</i>	Heavenly Crevice	Lumps, red face, SOB, cough
<b>GV 16</b>	<i>Fengfu</i>	Wind Palace	Lumps, headache, dizziness, aphasia

SOB, shortness of breath.

system.<sup>11</sup> Other useful neck points could be included, such as KI 27 (*Shufu*; which promotes the upward flow of Qi),<sup>12</sup> GB 20 (*Fengchi*), or indeed any point in the neck that is either tender or seems appropriate (Fig. 2).

## INDICATIONS

Traditional Chinese Medicine (CM) indications for the Window points tend to involve an Excess/Deficiency of Qi in the head, with the opposite below the neck.<sup>6</sup> Examples are:

- (1) Rebellious Lung or Stomach Qi, with coughing, chest congestion, wheezing, asthma, shortness of breath, or vomiting.
- (2) Headache, dizziness, heat sensation, redness, or swelling in the face or eyes.

- (3) Goiter, lumps, or swollen glands in the neck
- (4) Sudden onset of a disorder, such as epilepsy, aphasia, loss of voice, shortness of breath, or deafness.

## OTHER INDICATIONS

Deeper philosophical indications for Window points have emerged in recent times and perhaps reflect the juxtaposition of Western thought with modern presentations. In that regard, a subtle shift of nomenclature from *Windows of the Sky* to *Windows to the Sky* or *Windows to Heaven*, often seen in modern commentaries, reflect this shift of perspective from the *Wei* to the *Yuan* level.<sup>2</sup>

Mitchell has suggested that the Window points connect mind and body, connect to the divergent channels and to the

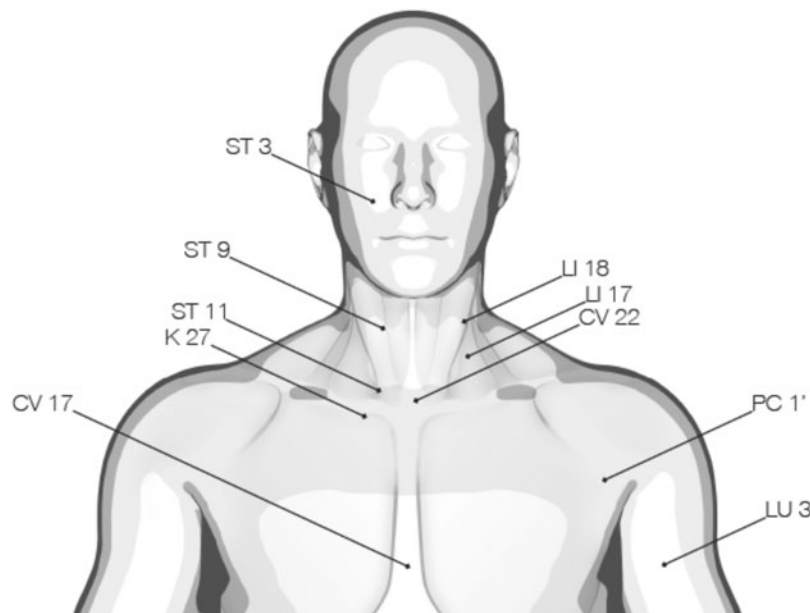


FIG. 1. Window of the Sky and other points mentioned in the text (*front*).

TABLE 2. SOME BARRIER AND OTHER USEFUL NECK POINTS

Point	PinYin	English translation	Indications
GB 21	<i>Jianjing</i>	Shoulder Well	Headaches, phlegm, lymph nodes
ST 11	<i>Qishe</i>	Qi abode	Sore throat, hiccups, reflux, numbness
ST 3	<i>Juliao</i>	Great foramen	Facial pain/twitching/paralysis, toothache
SI 14	<i>Jianwaishu</i>	Outer shoulder <i>shu</i>	Neck pain, limited rotation
TH 15	<i>Tianliao</i>	Heavenly foramen	To promote flow of Qi in the shoulder
KI 27	<i>Shufu</i>	<i>Shu</i> Mansion	To promotes upward flow of Qi
GB 20	<i>Fengchi</i>	Wind Pool	Headaches and neck pain

*Po*, and, in particular help the body let go of emotional baggage.<sup>13</sup> Jarrett offers a similar view, while emphasizing 5-Element meanings, and Heart-mind healing.<sup>7,8</sup> Both authors agree that the points are powerful for accessing sublimated emotional material. These are issues that touch on the *Yuan* (deepest) level of CM.

**SPLITS IN CONSCIOUSNESS**

One way to understand the Window points is to consider them in the context of the fundamental splits in consciousness.<sup>14</sup>

**Primary—Existential**

Our sense of connection to the *Tao* becomes compromised as we develop a separate sense of self. Yang (personal awareness) arises out of Yin, leaving Yin as the repository of the *Tao*. In Taoist philosophy, the individual ideally takes the place of the *Chong Qi*, which puts the individual in the position of mediating the smooth flow of Qi between Yin and Yang.<sup>15</sup> This essentially means that if someone feels appropriately connected to life, the flow of Qi should be

smooth. However, Western culture celebrates individualism, and people almost universally resist events that threaten their egos. This generates anxiety, which distorts the smooth flow of Qi.

**Secondary—Life/Death**

Given that the “separate self” is time-bound, its appearance makes “death” implicit. Fear of death generates further anxiety, which exacerbates the existential dilemma.

**Tertiary—Mind–Body**

Anxious about life and death, the ego locates its sense of self in the head (somewhere behind the eyes), and develops strategies of *containment* and *dissociation* to block or avoid the feeling of anxiety. The mind becomes *dissociated*, while emotional material becomes *contained*, and the ego becomes suspicious of all symptoms arising from the body, even though they may be simply relaying information about the contained emotional material. This disconnect between mind and body, being anatomically located in the neck, in turn gives relevance to the use of Window points (Fig. 3).

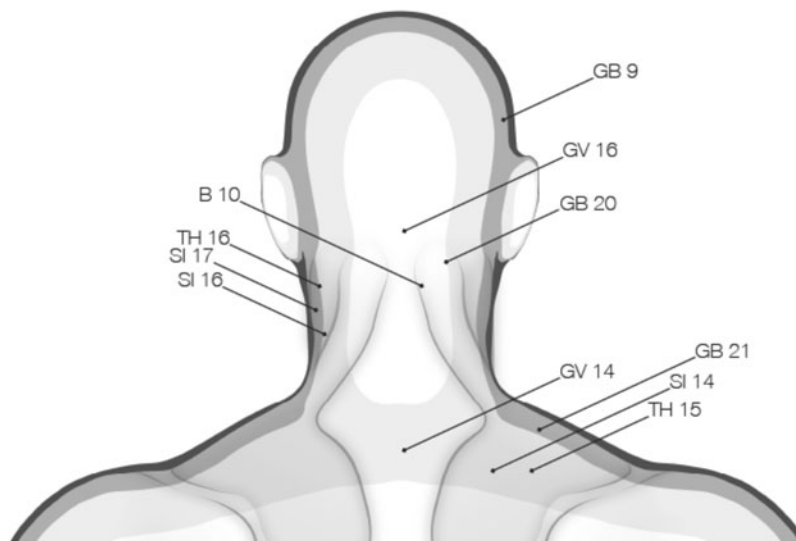


FIG. 2. Window of the Sky and other points mentioned in the text (*back*).

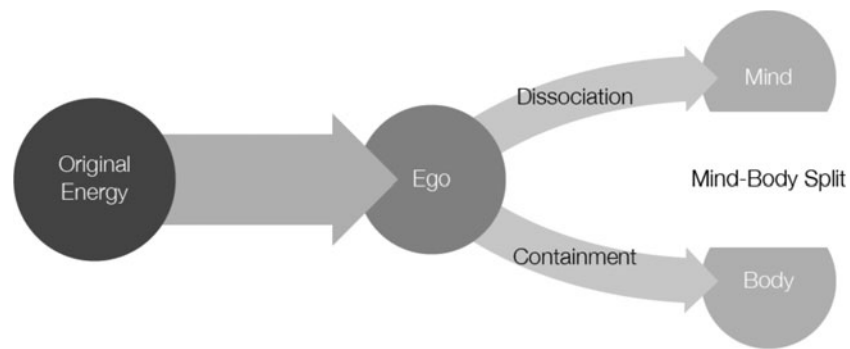


FIG. 3. Mind-body split with containment/dissociation.

Further splits between the various major energy centers (*chakras*) might be understood as subcategories of the original mind-body split, as the ego strives to avoid feeling unwanted energies. Two major splits here are those of the Heart-Mind and Heart-Pelvis.

### Quaternary—CM & 5 Phases

The quaternary split describes the separation of self and others, with patterns of thinking/behavior that are classified in CM as the 5-Elements and personality types. Isolated in the mind, and dissociated from body, the ego maintains a blameless self-image by a strategy of *projection*, rationalizing that anything the ego does not like must be coming from outside of itself. The quality of these projections reflects the personality and can be classified in the 5-Phase paradigm Fire-Earth-Metal-Water-Wood.

### Overall Effect of the Splits

The effects of the splits include:

Mind is energetically split from Body (with the locus of disconnect in the neck).

Intellectual rationalizations based on cause and effect become a standard view of illness.

This is a compromise of optimal intention, in that symptoms are seen as something to “eradicate” rather than something to embrace and understand.

Psychosomatic compartmentalization in which tension bands corresponding to 3 *Jiaos* develop in the body to cut off unpleasant sensations.

Blood and Qi stagnation is the CM net result of the preceding mechanisms.

## CERVICAL STRAINS AND MOTOR VEHICLE ACCIDENTS

In a modern context, motor-vehicle accidents (MVAs) have given rise to an epidemic of cervical strains and chronic neck pain. Indeed, many patients who attended the

Victoria Pain Clinic’s residential program were post-MVA. In many cases, the strain itself was often minor, but it sat on top of a *Yuan*-level energetic Disharmony that was largely unconscious. It was clear that the physical injury had led to the cementing of a preexisting mind-body split.

When this deeper Disharmony was explored, the chronic pain would often abate dramatically. In this regard, Window and other neck points are useful.

## ACUPUNCTURE STRATEGIES

The best time to use a Window point is when the patient is ready to assimilate deeper habitually resisted energetic experiences and relinquish the mental story the patient has used to rationalize the anxiety. Timing is important. As most practitioners know, pointing out insights too soon, even if they are fairly obvious, can fuel denial, promote a backlash, or deepen despair, while insights delivered compassionately at the right moment can promote healing.

Window points can be incorporated into standard constitutional treatments involving the 3 major circuits *Taiyang-Shaoyin*, *Shaoyang-Jueyin*, or *Yangming-Taiyin*.<sup>9</sup> The constitutional type (CT) will often predict the nature of the sublimated material and the circuit treatment will facilitate the emergence of the same. In the correct patient and at the correct time, treatment can access key emotional material in an effective way. Here is an opportunity to connect mind and body in a way that reflects the patient’s CT.

For example, a patient with a *Shaoyang* Wood Constitutional Type (CT), may have difficulty controlling anger and frustration. As a result, the patient might tend to hold anger down in the body, while simultaneously dissociating from the anger’s intensity. The patient may also project the anger outward onto other people, seeing injustice and foolishness wherever the patient looks. The patient may be subject to migraines; and tight jaws, shoulders, and hips, while his or her *Jueyin* counterpart might simply be full of anxiety. Such a person may well benefit from points such as GB 9 or GB 20, in the context of a triangular equilibration treatment.

Similarly, a patient with a *Taiyang* Water CT, may have difficulty being vulnerable, and can be constantly holding back to avoid feeling any underlying fear. This can lead to chronic low-back tension, with a simultaneous subtle paranoia or simply lacking a realistic level of trust. In reality, the patient is dominated by fear while being dissociated from the energy itself, which has become lodged in the back. Such a person may benefit from the use of BL 10 or SI 16/17 in the context of a triangular equilibration treatment.

Finally, a patient with a *Yangming–Taiyin* constitution may have gut or lung disturbances, such as irritable bowel syndrome, gastritis, or asthma, while simultaneously worrying excessively and projecting hypochondria on other people. Such patients may spend excessive time in physicians' offices looking for a defining diagnosis rather than simply acknowledging their inner turmoil and feeling it fully. They might benefit from use of LI 18 and ST 9, and/or LU 3 in the context of a triangular equilibration treatment.

Finally, all the above constitutional types might benefit from the use of GV 16 (*Fengfu*), CV 22 (*Tiantu*) and/or PC 1 (*Tianchi*) in the context of a Curious Meridian treatment or Heart–Mind balancing.

## DYNAMIC INTERACTIVE ACUPUNCTURE

Window points can be included easily in Dynamic Interactive Acupuncture (DIA).<sup>16–18</sup> To do so, the practitioner simply needles 1 or 2 opening peripheral points relevant to the presenting CT, and stimulates them while encouraging the patient to express sound, emotion, and/or physical movement. As the session unfolds, pertinent trajectory points can be pictured on an in–out basis.

Often, as the session progresses, it will become clear that an emotion is surfacing but the expression of it is being effectively blocked in the neck area. Signs include swallowing, redness in the face, tears welling up, or bulging neck muscles, or increasing pain or headache. At that point, needling a Window or other tender neck point can open the flow of the blocked emotion. For example, a lateral headache, which intensifies during a *Shaoyang* constitutional treatment, may well give rise to trigger at GB9, GB 20, or another GB point. When this point is needled, the patient may be freed to express the tears and rage underlying the somatic expression.

## CASE STUDIES

### Case 1

A 45-year-old man came to the pain clinic after an MVA in which he had a typical cervical strain but he also experienced an unusual sequelae of stuttering. In CM, stuttering is traditionally associated with the Heart, so acupuncture

was directed toward the *Shaoyin–Taiyang* axis, with needle insertions at K 6 (*Zhaohai*) and BL 62 (*Shenmai*), followed by later addition of SI 3 and HT 7. During one session, this patient started to choke and sputter. Needles were inserted in KI 27, ST 11, and CV 22. Afterward, his stuttering, which had been bothersome for some 2 years, resolved.

### Case 2

A 35-year-old woman with a *Yangming* Earth CT had chronic pain in the neck, back, hips, and knees following 2 MVAs. Her previous history included an abdominoplasty and lumbar spondylosis. She came to several 10-day residential programs and followed-up with several office acupuncture treatments. Acupuncture was directed toward the *Yangming–Taiyin* axis with points such as SP 4 (*Gongsun*), ST 36 (*Tsusunli*), LU 7 (*Lieqi*), and she was encouraged to express herself physically and vocally. During each session, she would shake uncontrollably for several minutes followed by a frontal headache and nausea. In–out needling of ST 9, GV 16, and GB 20 initiated howls of fear and rage followed by cessation of the headache. Subsequent needling of CV 17 (*Danzhong*), CV 22, and PC 1\* resulted in complete calmness as she entered fell into Heart center. Although the treatments did not last too long initially, periodic sessions over the next 2 years rendered her largely pain-free.

### Case 3

A 39-year-old woman with a *Taiyang* Water CT came to the residential pain clinic after injuring herself when the stairs at a trade show she was attending collapsed. She presented with pain in the neck, shoulders, lower back, and knees that was not resolving. She was over-committed, having 3 businesses and 2 children, and found herself working weekends and evenings on a regular basis. She literally had little time to rest and was full of tension in the neck and shoulders.

Acupuncture involved opening the *Taiyang–Shaoyin* circuit using points such as BL 62, KI 6, SI 3 (*Houxi*), and in–out needling in trigger points. During the third session, she had an experience of feeling like she was being strangled—perhaps a surfacing memory from her early childhood. Her face became puce-colored, her neck swelled, and a red mark appeared in the anterior neck around CV 22 and ST 9. A search for Window points revealed multiple options. BL 10, GV 16, and TH 16 were needled on an in–out basis. She let out a scream of terror, followed by tears, and then experienced relief as her traumatic memory returned to her consciousness. Afterward, she was 90% pain-free. The improvement persisted.

\*Because PC 1 is generally located near the nipple, the author uses the most tender point just medial to the axillary crease instead, as suggested by Helms.<sup>9</sup>

#### Case 4

A 27-year-old woman with a *Shaoyang* Wood CT came to the clinic 6 years after a car accident in which her car was impacted from the right side. She had very little memory of the accident details, other than that it had happened and that she had tried every conceivable treatment and medication without relief. She was depressed, anxious, and angry. She had a great deal of pain in her neck and shoulders. Acupuncture involved opening points GB 41 (*Zulingqi*). LV 3 (*Taichong*) and TH 5 (*Waiguan*). During 1 session, her neck pain intensified while the neck itself started moving back and forth. Palpation revealed tenderness at GB 20, BL 10, GV 16, and GV 14 (*Juque*), which were needled in and out. This maneuver initiated a total reliving of the accident mechanism. After the session, her pain was reduced significantly, and her depression lifted.

#### DISCUSSION

Window points are a powerful group that clearly can be integrated into an acupuncture session. However, practitioners should be clear regarding what level of interaction is intended. There are the traditional indications reflecting Rebellious Qi with lumps in the neck, coughing, wheezing, vomiting, and the like. Yet, these conditions are less likely to present to medical acupuncturists, because they are generally treated successfully with conventional medicine.

For modern acupuncture, the deeper *Yuan*-level indications are more interesting and pertinent, because the mind–body split is so prevalent in the energetics of Western patients. Indeed, many patients presenting to medical acupuncturists are doing so with the stated intent of exploring mental–emotional pain. For such patients, the presence of a mind–body split can be assumed, and the physical location of the split is going to be found in the neck area. It only takes a little gentle palpation to locate the specific points. The palpation can be performed during the acupuncture treatment and the most tender points can be needled.

Another issue is safety. Some neck points are inherently risky, because there are anatomical risks involving the lungs and blood vessels. For sure, no one wants a pneumothorax or significant bleed. Such complications can be significantly mitigated, especially with DIA, by using in–out needling on risky points, rather than leaving needles in place where they might be prone to migration.

#### CONCLUSIONS

Window points are a useful addition to the acupuncture armamentarium and are pertinent to working with the modern Westerner's angst. Some care and attention to indications and timing are important.

Practitioners who incorporate such points into the acupuncture ritual will find the experience of helping someone integrate a long-term dissociation or buried emotion deeply satisfying.

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#### AUTHOR DISCLOSURE STATEMENT

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