

Research Article

Yongquan: The Acupuncture Point Restoring Life

Adrián Ángel Inchauspe¹⁻⁹, Gabriela Roxana Saidman¹⁰⁻¹⁶¹Guest Foreign Professor - National Academy of Medical Sciences, China²Editorial Consultant - Medical University of Hainan, Haikou, Hainan, China³Editorial Board Member - Journal of Acute Disease (JAD) - Haikou, Hainan, China⁴Editorial Highlight Member - World Journal of Critical Care Medicine, Beijing, China⁵Editorial Guest Member - Frontiers of Clinical Pharmacology Research and Outcomes Journal, Basel, Switzerland⁶Scientific Department - Argentina Acupuncture Society (SAA), Argentina⁷Invited Member - Argentina Resuscitation Council (CAR), Argentina⁸Professor –School of Medical Science, National University of La Plata (UNLP), Argentina⁹Emeritus Professor Argentinian Acupuncture Society¹⁰Specialist in Children Ophthalmology¹¹Specialist in Retinopathy of Prematurity (ROP) – Main Referent for the Province of Buenos Aires. Argentina¹²Staff Doctor – Evita Pueblo Hospital, Berazategui (Region VI – Buenos Aires Province, Argentina)¹³Pediatric Ophthalmic Consultant – Cuenca Alta Hospital- Cañuelas (Region XI - Buenos Aires Province, Argentina)¹⁴Member of the ROP Group – SAOI (Argentine Society of Children Ophthalmology) – OROPAR (Medical Organization dedicated to the treatment of Pediatric Ophthalmic Retinopathy in Argentina – National Ministry of Health¹⁵Advisor to the Board of Directors of SPROP (Pan American Society of Pediatric Ophthalmic Retinopathy of Prematurity)¹⁶Order of Merit – Latin American Meeting of ROP. Cancun, Mexico (2019)***Corresponding author:** Adrián Ángel Inchauspe, Emeritus Professor Argentinian Acupuncture Society, Argentina.**Citation:** Inchauspe AA, Saidman GR (2024) Yongquan: The Acupuncture Point Restoring Life. Curr Res Cmpl Alt Med 8: 235. DOI: 10.29011/2577-2201.100235**Received Date:** 30 March 2024; **Accepted Date:** 5 April 2024; **Published Date:** 11 April 2024

Abstract

The KI-1 Yongquan resuscitation maneuver has already been proposed as a **resuscitation complementary practice** in conditions such as sudden death or cardiac arrest, eventually acting as a final resource when confronted to **basic and advanced CPR failure**.

Fully systematized since 1987, it was initially published by **Resuscitation** (2010) [2], drawing the Yongquan protocol into the different stages of the cardiopulmonary resuscitation sequence in the **World Journal of Critical Care Medicine** (2013) [3].

It has also been edited as a sequence of papers with regard to its foundation within Chinese Medicine in the **Journal of Acute Disease** by the Hainan Medical School of Medicine (2016) [4]. Besides, the **Chinese National Academy of Medical Sciences** invited one of the present authors –Dr. Inchauspe– the same year to explain in person the fundamentals of the Reconciliation Vessel as a result of a profound and careful research inside the canon of Chinese Medicine [5].

This praxis has amply justified its validity through its successful application for more than three decades already; consequently, because of its most significant achievement: adding up survivors in such critical and life-impending situation [6].

Herein the authors provide a reasoned survival bio-energetic circuit [7], based upon the action of the Wondrous Vessels (**Qi jing ba mai**) participating in it, and justified by the ancient treatises of Acupuncture as well as in Hexagram 23 of the I-Ching [8].

The case material presented in this editorial is supported by a detailed methodological statistical analysis endorsed by a thorough analysis of a retrospective cohort model, as published in **Health** [9] and a validation of its significance of P through Fisher's Test for Dichotomous Variables [10].

Recently, it has also been successfully indicated in children in both critical conditions as well as during treatment of Pediatric Ophthalmic Retinopathy (ROP) by Gabriela Saidman, M.D., Head of the Latin American ROP Interactive Net.

Two current videos are shown below as examples of the application of the K-1 Yongquan maneuver in two severe cases of ROP by Dr. Gabriela Saidman.

The **K-1 Yongquan practice** has managed to reverse severe conditions such as extreme bradycardia or cardiac arrest, achieving a 100% reversal in more than 100 infants.

The aim of this editorial is to add a maneuver to mitigate the risk of cardiac arrest during said ophthalmologic procedure which – early and timely applied – avoids the misfortune of suffering permanent blindness in premature infants with ROP.

The dissemination of the K-1 emergency therapeutic possibilities seeks to promote its inclusion into the International Critical Care Protocols, in order to increase survival rates in both cardiac arrest and stroke victims worldwide.

Keywords: K-1 Yongquan; Resuscitation maneuver; Impending death situations; Pediatric Ophthalmic Retinopathy (ROP)

Introduction

According to the aims stated in the abstract, our mission is to be able to make compatible the fundamentals of the effects of K-1 Yongquan –both for adults and premature or neonate patients– who face impending death situations, for Eastern and Western Medicine alike. Its application for more than thirty years has made it possible to verify its effectiveness in patients affected by a wide range of serious diseases; and such success has been published in an ever-growing number of cases since 2010 [1-10].

It is not a coincidence that this point holds great significance in both Chinese and Ayurvedic Medicine. Known to Hindus as

the talahridaya marma points, it serves as a “vital energy point” in these ancient systems of knowledge that date back up to 5000 years. Recognizing its historical importance, we can consider it as an alternative option that bridges Eastern and Western Medicines in terms of life support protocols. These maneuvers, which are crucial for their potential impact on global health, highlight their key significance in light of the fact that even those without medical training are encouraged to learn how to save lives in critical situations.

With reference to early childhood data, statistic results so far show promising potential for its global application. In the present work, those premature children with Pediatric Ophthalmic Retinopathy treated with the alternative K-1 Yongquan resuscitation made the formal need for statistical testing redundant, as 100% net effectiveness of the maneuver has been achieved, making it eligible to be incorporated into this transcendental ophthalmologic

practice, which allows the affected premature babies to avoid permanent blindness.

Materials (a): Yong quan (K-1): its name significance

Let us begin to decipher its meaning as regards the Water Trigram (Kan). About it, the I Ching comments: “in the second Son, the energy has moved to another Element [...] it is Water in motion, the waterfall that falls into the depths; it spills out, takes the form of clouds to finally fall as rain on the Earth; It is the Abysmal, since it does not recognize any limit, throwing itself off the precipice without any hesitation” [11].

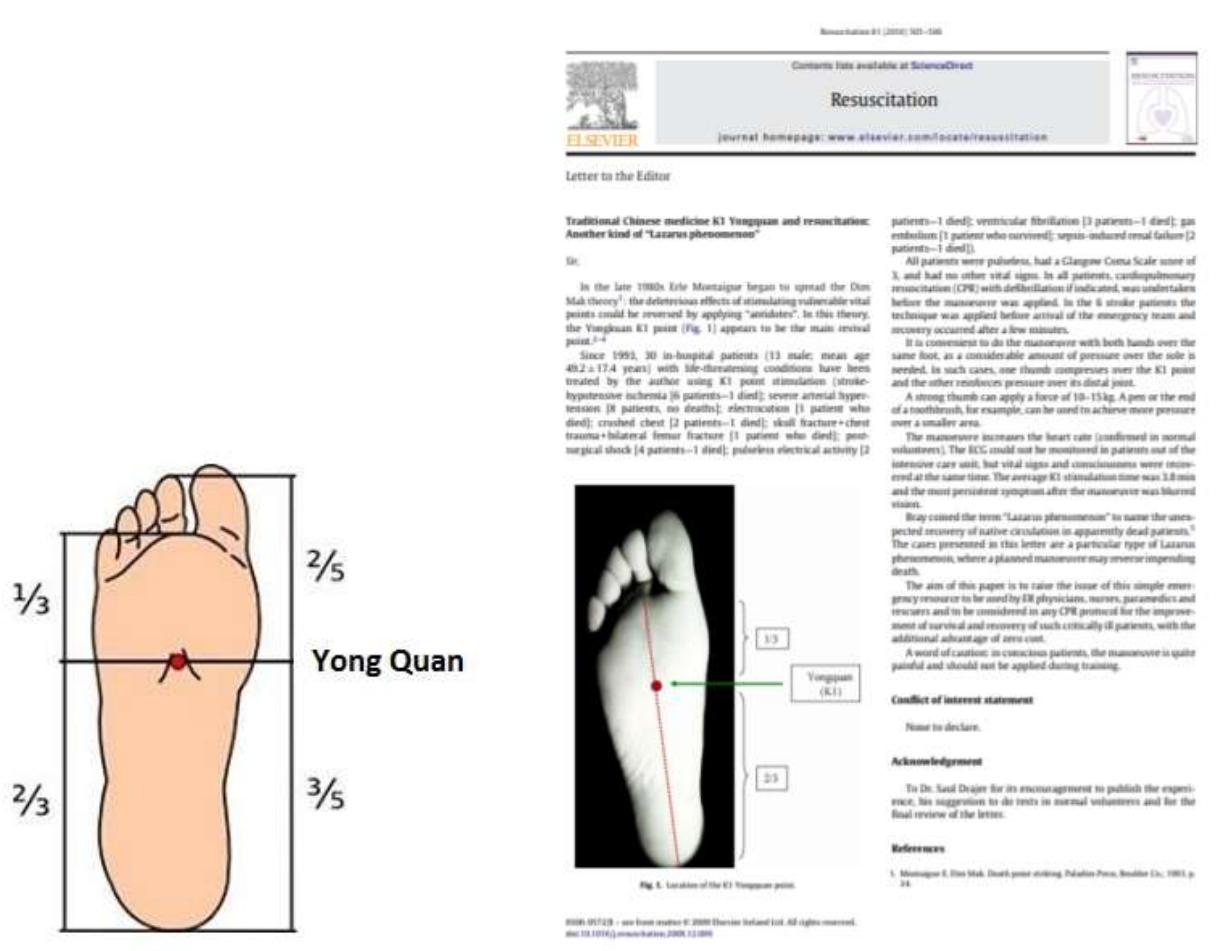


Figure 1: Yongquan location and publication in Resuscitation (2010) [2].

Materials (b): Kidney embryology and R-1 Yongquan

Interestingly, the Ancient Chinese classics mention –and again with reference to the Water element– the Kidney organ as the “prenatal Emperor.” In fact, it alludes to the embryological significance of the **Ming Menn**, closely related to the renal and gonadal genesis (both deriving from the development of the intermediate mesoderm towards the third week of pregnancy) and with the same origin that the Extraordinary Vessels recognize during their ontogenetic formation.



Figure 2: Ming menn Zen-like painting [7].

The embryonic development of the kidneys constitutes a clear example of dynamic development, common to most vertebrates, where the somatic-visceral integration between the mesoderm and the ectoderm is evident through diffusible factors that will nuclear in the first cellular territory that will eventually give place to –among other structures– the renal system, called by the Chinese “*the Gate of Life*” or **Ming Menn**.

Although it degenerates during development, it will be key for inducing the formation of renal tubules through its caudal remnant or Wolffian tube. Fernández Molina et al., in one of the most detailed works dealing with renal embryonic development, call the epithelial mother cell that guides the induction of the epithelial-mesenchymal transition of the ureteric bud, the “**omnipotential cell**” [12].

Is it now possible for science to consider as certain the existence of this magnificent perpetuation potential treasured in our Ancestral Energy, according to the underlying ancient principles of Chinese Medicine? Somehow, Western science has implicitly acceded to this concept, citing the immense power of Innate Jing in the development of *cryogenic techniques*, noticeable in various medical fields. Today, in-vitro fertilization has resorted to embryo conservation to reach that power, as in other medical experiences with “mother” (stem)-cells treatments [13].

This “ancestral” relationship between the Chinese treatises and the functions performed by the kidneys during pregnancy should not surprise. Niall T Mac Laren Galloway, Scottish traumatologist, author of *Seeking Symmetry – Finding Patterns in Human Health*, makes the point of how similar the contour of a fetus is to that of the kidney figure [14].

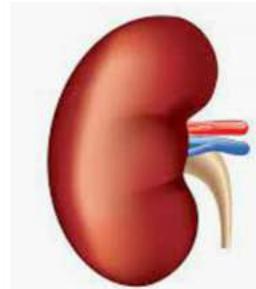


Figure 3: Comparison between the contour figure of a kidney and a fetus.

[Inspired in Mc Laren, N.T; Mc Arthur Smith, S. *Seeking Symmetry – Finding Patterns in Human Health* [14]

Materials (c) Neurological development and K-1 Yongquan

As regards human ontogeny, it has always caught our attention how it actively participates in the neurological maturation of the infant in its initial stages of development. In its first months, the baby forms a “whole” integrated with the contour of its mother, as can be seen in the wood carving below



Figure 4: Mother and baby contour, integrated as a “whole” [15].

If a shadow projection be made of the carving, it would make that of single individual. Once babies teethe – and to a certain degree, their “nutritional role” starts– they immediately start crawling and, shortly after, try to walk. That little baby who previously clung tenaciously to his mother’s breast now becomes almost unstoppable, once he manages to balance himself in order to take his first steps. Since then, the infant begins a frantic search to recognize his surroundings; and our attention must be extreme since their capacity to move increases day by day.



Figure 5: An infant learning to walk [16].

In other words, walking provides the child his true “individual independence”; i.e. he “separates” from that integrative dependence that linked him to his mother and can now recognize himself as another individual: more precisely, perceiving he is another, isolated and independent, human being. It does not seem to be a coincidence that the stimulation of the soles of the feet through their small steps begins to strongly stimulate R-1 Yongquan. One will surely have witnessed the many times –even in winter– a child needs to be re-shoed, for he inexorably removes the footwear in order to absorb the Energy of the Earth. More than ever, K-1 function of “Yin nurturing Yang” is manifested during this brand new bipedalism, thus proving the opportunity to explore and sustain one’s place in the world. In fact, the maturation of the major neurological reflexes occurs after this stage, as will be next explored by highlighting the coincidences between K-1 and the plantar cutaneous reflex.

Although the Book of Changes makes this general reference when introducing the trigrams, it is worth noting that “energy in motion” refers to the place where the Kidney begins its journey, at

its Tsing-Well point or initial site of the channel. Water manifests itself in movement, as it actually takes place in early childhood and within the meridian, transporting the terrestrial Yin from the Earth. It is the Abyssal: that is, thrown off the cliff into the depths of Yin power.

Materials (d): Yongquan significance according to Taoist Spiritual Alchemy

We will consider several quotations along this work regarding the importance that this body region has for Taoist Spiritual Alchemy. Let us consider the following paragraph quoted by Thomas Cleary about what Jiang of the Green Mist said:

“The human body is Yang Major in the left foot and Yin Major in the right foot, while in the soles of the feet it is the Well Spring, which flows two energies: the watery and the igneous, which go from the feet to the sacrum and ascend to join in the double Kidney: the left to the house of the Kidneys, the right to the House of Vitality” [17].

Along the same line, the Taoist Spiritual Alchemy provides its wisdom from this phrase of the Celestial Master of Open Serenity as regards the effects of applying said alternative resuscitation maneuver:

“When the Spirit is returned to the body, the Energy returns by itself” [18]. This is also proposed by Chinese Medicine, already giving its version of “energetic death” from the pages of Hoang Ti Su Wen’s second book:

“The Yin viscera are generated solely by the existence of Harmony; if the Yang energy acts on the Yin and deviates from the internal Yin, this will generate more Yang energy and result in the destruction and dispersion of the Yang energy itself, leading to the disappearance and death of the internal Yin energy” [19].

These ancestral quotes will find verification shortly after as regards the functional action of the K-1 point in question.

Materials (e): the meaning of Yongquan according to the I-Ching

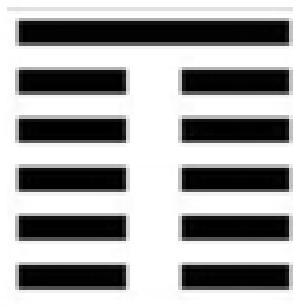


Figure 6: HEXAGRAM 23.

The I-Ching is an ancient book that rules both Chinese Medicine and Cosmogony. The significance of Hexagram 23 “Po” as “Disintegration” or “Collapse” involves handling the prevention and contingency planning against risk development. According to Kärcher and Ritsema, trigrams “K’un” and “Ken” make up the Hexagram “Po”, revealing that “Mountain has Earth as its foundations. Thus, the movements of the Earth are crumbling the firmness of the Mountain above.” [20] For Cleary, this is the main cause of “fall” concerning said Hexagram 23 [21].

Interestingly, the trigram of the Earth (K’un) is repeated twice in hexagram Po, reminding us to observe special precaution and resistance when facing near danger. According to Lillian Too, the sum of the two Earth trigrams alarm and presuppose an excess of darkness [22].

Chronologically, its description coincides when the Winter Yin force is more powerful towards the shortest day of the year and its longest darkness and is about to completely displace its opposite Yang in a gradual and unperceivable manner, according to the Perpetual Law of Heaven. Such “Pivot of Equalization” shows the way in which Yin and Yang polarities stand in creative equilibrium [20].

Materials (f): PC-9 Zhong Chong acupuncture alternative resuscitation point properties

The other acupoint that completes the upper path of the Reconciliation Vessel is PC-9 Zhong chong. Traditionally located in the base of the nail on the radial side or at the tip of the middle finger, is also curiously known as “heart finger” in Spanish [dedo corazón]. Thus, the Xin Bao or Pericardium channel provides Yin/Yang energetic rebalancing properties, consequently harmonizing biological rhythms [25].



Figure 7: Pericardium meridian [26].

For these reasons, and as the Pericardium tonifying point, PC-9 Zhong Chong is also an alternative Emergency Revival point

because of its connection with said Shao Yin energetic level. The proposal for this new inclusion criterion is recommended to assist double-amputee patients during imminent death situations, mostly considering that nowadays, every 3 seconds, a diabetic or necrotic foot is amputated all over the world [26].

Methodological Analysis (a): K-1 Yongquan Theory through Acupuncture Principles

Through the Ling Shu analysis, KI-1 Yongquan is also hierarchically placed as the “root” point of the Shao Yin, the most profound energetic level, formed by the Kidneys and the Heart [22]. Moreover, Yongquan is the main place for the ascending Yin Qi from the Earth into our body. This interaction with the Heavenly Yang energy will essentially nurture those organs at the highest (Yang) part of the torso such as the Heart and the Lungs developing a function not subjected to interruption in order to maintain life [23].

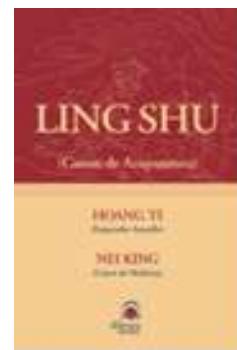


Figure 8: Ling Shu book In: Ling Shu, chapter 9.

“Yin rules the organs, while Yang rules the viscera. Yin absorbs the Heavenly energy, while Yang absorbs the energy from the Five Organs” [24] Thus, nurtured by the Terrestrial Yin, the Celestial Yang Qi provides them with continuous motility in the Upper Jiao of our body, for a perfect vital equilibrium.

Methodological Analysis (a): Analysis of the Hexagram 23 through the Octogram of Fu His

In the Octogram of Fu Hsi, trigrams are distributed by Eight “Marvelous Vessels”, reservoirs where energy structures ensure their own balance. In Later Heaven Octogram, the Mountain is representative of *Jue Yin plane* through PC-6 Nei Guan, equidistantly located to the Earth and directly connecting to KI-6 Shao Hai [27].

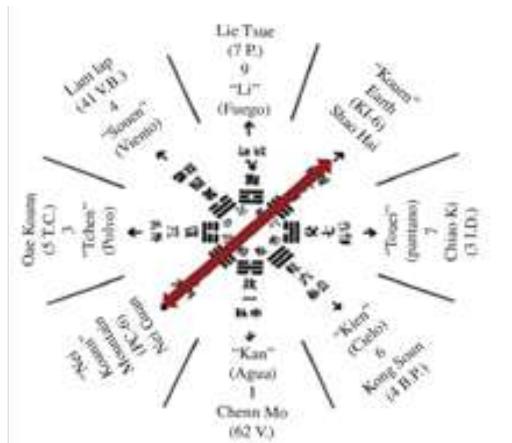
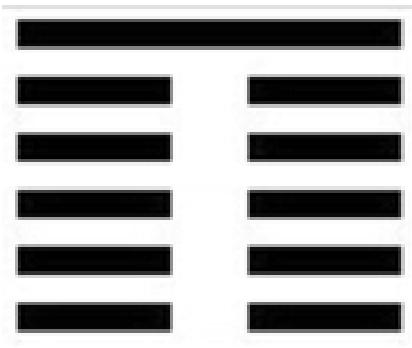


Figure 9: Fu Hsi Octogram [27].



Above: GUEN “Keep still” = Mountain

Below: KU “The receptive” = Earth

Figure 10: Po trigrams [28].

These previously cited meridians, Kidney and Pericardium, will form a new “Extraordinary Vessel” which has been clearly identified at the very heart of Chinese Medicine, the foundations of which shall assist Modern Medicine to overcome current severe risks of cardiac arrest or sudden death. The energetic configuration of the “Reconciliation Vessel” interrelate both Trigrams of Hexagram 23, justifying through Chinese Medical foundations its rescue function with outstanding accuracy [28]. Chi Po also admonishes from this quotation from Su Wen: “If these objects (Yin/Yang) are dispersed, the birth and transformation would cease to exist” [29].

Methodological Analysis (b) Hexagram 23: its intervention during risk management facing of impending –death situations

“Po” provides us warnings to rectify or to avoid situations which are difficult to stand without issues or damage though, luckily, the Mountain itself “demarcates” a certain place,

preventing its progress towards destruction. The linkage between opposite Hexagrams as “Po” and “Fu” (Hexagram 24) determines the “Earth Moment” process, where the subsequent emerging cycle evolution from within the soil prepares the new paradigm [30]. For this reason, Cleary clarifies in his Taoist Spiritual Alchemy: “The ancient masters handed down the opposite pairs of the sixty Hexagrams of the I Ching to symbolize the rise and fall of an energy; this should be considered brilliant...”; “...so using it to observe the waxing and waning functions of Yin and Yang in our bodies is something really clear and easy to understand” [31].

For this reason, Hexagram N° 23 “Po” is very fragile: there is only one last solid “strong” line, which shows “almost inexorably its ultimate significance” and hence its unfortunate result: the Collapse [32]. In a medical understanding, both sudden death and cardiac arrest always take place in an unexpected manner, so that they can be considered clearly compatible as synonyms of collapse. For that reason, the significance of “Po” implies something “impossible to be viable any longer”, mostly when managing against impending-deaths situations [33].



Figure 11: Significance of Po: The Collapse [33].

During a **cardiovascular collapse**, the most significant symptom is the **syncope: due to a sudden fall of blood pressure**, the patient may experience a **sudden loss consciousness**, immediately before the syncope and consequently, **collapse**.

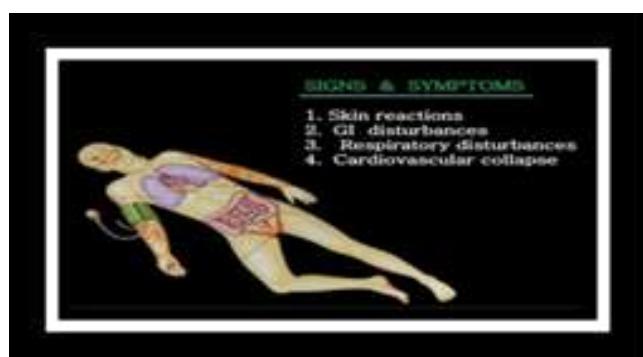


Figure 12: Falling tendency proposed by Hexagram Po [33].

This *falling tendency* can be clearly understood analyzing “**Po**” constitution: both trigrams that compose it belong to the **Earth**, a graphic *gravitationally and energetically descent* scene of the **collapse**. Therefore, as regards the terms “**deterioration**”, “**collapse**” and “**oppression**”, they are pathognomonic of **cardiovascular collapse**. At least one of them must be present in said *serious life-threatening situations*, directly related to the ancient Chinese knowledge illustrated in cited hexagram [32].

Concerning the first line of Hexagram 23, the “**Demolition of the legs of the cot**” reveals the metaphor of the inexorable advance of the **Collapse** [34]. Let us remember that in medical emergency jargon, both sudden death and cardiac arrest are usually taken as synonyms of *collapse*.



Figure 13: Significant graph of the Collapse [35].

Methodological Analysis (c) Relationship of Hexagram 23 with the operational function of the “*Reconciliation Vessel*”

As already pointed out above, the participation of Pericardium, Xin Bao or Master of the Heart channel is that of integrating its main function of “protecting the Heart”, thus ensuring its normal performance, as acknowledged by Traditional Chinese Medicine (TCM). Next we can see the significance of this particular reference about the Kidney meridian within the Ling Shu: “Through such meridian (energy) reaches the Kidneys, then the Heart (organ), from there it spreads through the chest to join the Pericardium meridian.” [36] Such ancient knowledge determined from remote times a close relationship between the Kidney and the Pericardium meridians, because:

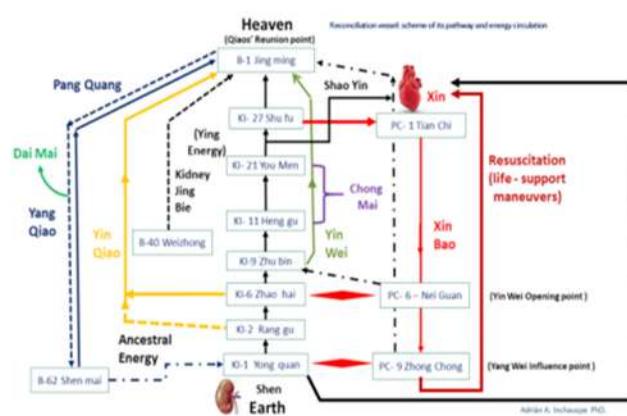


Figure 14: Reconciliation Vessel circuit [36].

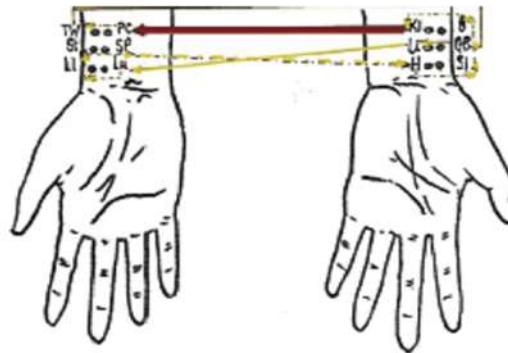


Figure 15: Pulse correlation between Kidney and Pericardium [36].

-Kidney and Xin Bao meridians are coupled in pulses (Kidney is Xin Bao husband).

- Kidney (17.00 to 19.00) transmits its chrono-biological energetic legacy to Xin Bao (19.00 to 21.00)

Precisely at this moment of the chrono-biological cycle is when our lives are seriously threatened. Said Ancestral Energy touring along those meridians cited above might enable us to use their *chromosomal potential* under emergency situations, allowing us to restore the absent vital signs to “safeguard life” [37]. It is no coincidence that the Acupuncture Canon has warned us for millennia about the latent danger during these moments of the circadian cycle: “*The Heart, which corresponds to Fire, will have its time of aggravation from 17 to 19 hours, moment of the passage of energy to the Kidneys, which correspond to Water: Fire fears Water because Water (Kidneys) triumphs over Fire (Heart)*” [38].

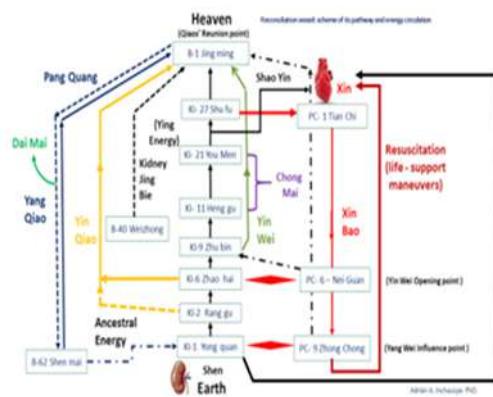


Figure 16: Reconciliation Vessel's circuit and its topographic correlation with the Kidney& Xin Bao channels [39].

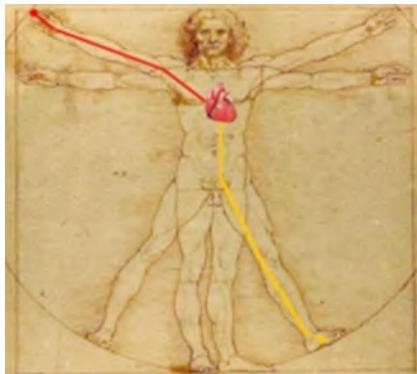


Figure 17: Reconciliation Vessel's circuit and its topographic correlation with the Kidney& Xin Bao channels [39].

Dr Rafael Acunzo; Head of Cardiology at Ramos Mejía Hospital in Buenos Aires demonstrated through a pilot study such hour of vulnerability in non- symptomatic individuals. In his own words: “in long QT interval and adrenergic syncopes there was a decrease in HF and a simultaneous increase of LF during the early morning and at sunset, but the LF/HF quotient showed two peaks of increase, one in the morning and the other in the evening” [40].

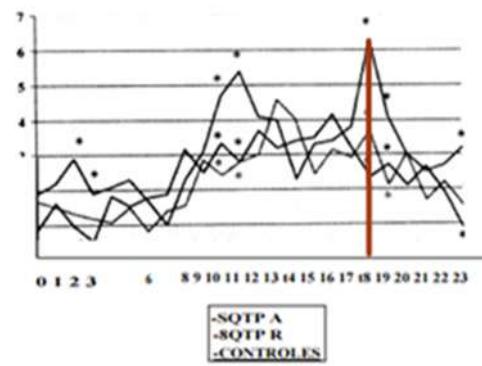


Figure 18: Chrono-biological Heart vulnerability study [40].



Figure 19: Prof. Dr. Rafael Acunzo (personal photo).

The “**Reconciliation vessel**” is, consequently, the alternative tool to treat Hexagram N° 23 “**Collapse**” consequences.

The Shao Yin energy level, made up by the Heart and Kidney meridians – rules the Water/Fire dipole (Kan/Li)– also involving the already shown valuable connections with the Pericardium channel [41]. The Chinese Wise Men have precisely determined that, among the twelve mains, only Kidney and Master of the Heart meridians are the only “husband and wife” couple in pulses

and connected in their bioenergetic transfer that will inexorably be fulfilled at the same time of day [42]. Both Ancient Chinese knowledge and Modern Medicine recognize this specific stage as the cause of a real possibility for a certain risk to become a dangerous issue, avoiding ineffective attitudes that may delay even more the adequate maneuvers. When “Po” admonished us about “Trying to avoid danger in due time”: this phrase comprises the mission of Risk Management processes; therefore, intercepting the magnitude of the risk before it becomes a truly serious problem [42].

Methodological Analysis (d): Descriptive analysis of K-1 Yongquan therapeutic indications

Although we have already presented both Well-Tsing points of the *Reconciliation Vessel*, now the focus will be put on the characteristics of **K-1 Yongquan**. According to Chinese Medicine, the basic functions assigned to this point –which we have had the opportunity to personally verify – are:

- it is used for extreme, emergency situations (restores suspended or absent vital functions): imminent death – sudden death – cardiac arrest – stroke;
- it is a point for reactivation of the Shen - Spirit (treats dizziness due to neck pain, vertigo or stroke);
- it is an extraordinary alternative Qi battery in critical situations (body's Qi reserves to reactivate energy circuits);
- it is the Tsing-Well point of the main Kidney meridian: treats calf cramps, plantar pain, cold feet and foot edema;
- it is the Wood point of said meridian: so it treats visual disorders;
- it tonifies Yin and pacifies Xin (Heart) Fire, dissipating pathogenic Heat from Heart and Blood;
- it is the Root point of the Shao Yin energy plane (reverses cardiac arrest and coma due to subdural hematoma);
- it purifies the Heart (opens the Xin gaps); treats odynophagia, aphonia and muteness due to hyoid paralysis;
- it reverses Heart disease due to alteration of the Yin/Yang of Xin and circulatory disorders of the lower limbs;
- it calms the mind: treats vertex headaches due to Wind-Heat – sunstroke – anxiety and epilepsy;
- it treats female sterility due to Kidney Essence Deficiency, menstrual irregularity due to Kidney Yin Deficiency and uterine prolapse due to blockage of the Qi/Xue in the Kidney channel;
- it is useful to handle spermatorrhea and abnormal seminal

discharges due to Kidney Yin Qi Deficiency;

- it sedates neurogenic hypertension;
- it opens the sensory orifices: treats trigeminal neuralgia due to Shen's Jing Bie (Divergent channel) condition;
- it is the entry point of the Kidney meridian and its indicated in paralysis of the lower limbs;
- it is the place of ascent of the terrestrial Yin Qi to the body (it treats peripheral neuropathies due to damage to Kidney divergent channel);
- it is point of dispersion or sedation of the Kidney channel: it treats anxiety with palpitations - mental restlessness - hysteria - infantile convulsions and fear in children;
- it mitigates digestive disorders as well as jaundice due to involvement of the internal branch of the Kidney meridian;
- it is the Main revival peacemaker in lower limbs.

That being so, **K-1 Yongquan** –as “root” point of the Shao Yin energetic level– is used as a rescue point in cases of coma or extreme emergency, thus re-inaugurating the energetic circuits of body Qi. Therefore, in some way to warn us so that we can avoid the inexorable advent of syncope, the I-Ching also suggests that “*we should not look for a way out based upon our own fragility*;” otherwise, we may speed up the arrival of the feared Collapse [43].

Methodological Comparative Analysis (e.1): Microstructural analysis of the Yongquan Acupuncture point

Regarding the microstructural aspects of this point –as those presented by Dr. Sergio Gutiérrez Morales from Canary Islands– consider said place conformed as a glomic constitutional nature with its consequent cathecol-sensitivity stimulation as seen in these mycrophotographies [44].



Figure 20: Prof. Dr. Sergio Gutiérrez Morales.



Figure 21: Acupuncture point's histology.

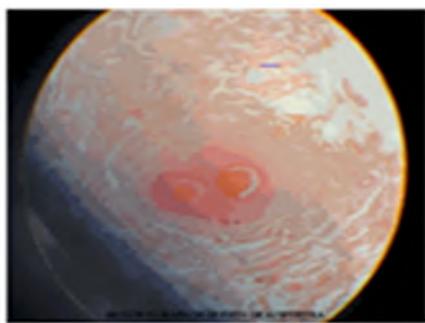


Figure 22: Acupoint glomic structure [44].

Methodological Comparative Analysis (e.2) Pharmacological properties upon the Yongquan stimulation

D-Phenylalanine is an amino acid, one of the ten essential ones for the human body. It has the peculiarity of increasing our corporal analgesic response by blocking encephalinases. These are carboxipeptidases-type enzymes from the Central Nervous System that degrades encephalines and endorphins (both morphine-like neuropeptides). This is one of the reasons why this amino acid has antidepressants properties. Dr. Stutz wrote about the particular property of *D-Phenylalanine* of *changing the acupuncture condition of individual from non-responders to responders*. Dr. Gabriel Stutz –from Düsseldorf University, Germany– proposed the use of phenylalanine for other different analgesic uses results [44]. Precisely, studies made by Hosobuchi increased acupunctural analgesia through the injection of a serotonin precursor: *L-Tryptophan*. It is an essential amino acid that empowers acupunctural analgesia, following again the Mother and Son rule from TCM [45] and pathological conditions – as especially oncologic situations of intense pain - to improve the acupuncture results [44].

Methodological Approach (a.1): Detail of the Rescue through K-1 Yongquan Resuscitation Maneuver

“When the energy of Shou Shao Yin (Heart) is exhausted, the arteries do not work, the blood does not circulate, so that the dye

loses its shine and becomes dark. It's the end of the power of the Blood. In Taoist terms, Water triumphs over the Fire [46].

Located at a depression produced by the plantar flexion, **this point can restore suspended or missing vital functions in our bodies**. Even though **KI-1 constitutes a complementary methodology to add to CPR protocols**, the maneuver is proposed with ethical, statistical and scientific models data and conclusions which shall be analyzed and eventually validated by Vital Support and Bioethics committees.

Methodological Approach (a.2): Description of K-1 practical methodology

The application of KI-1 maneuver is really simple: in a prone/supine position - no specific stance is required - a **strong pressure must be exerted on the point** (talking about adults, not children) by means of digital pressure (preferably, the thumb) or a common object (such as a toothbrush, pen, screwdriver, etc.) at the union between 1/3 anterior and 2/3 posterior of the sole (at the gap produced where the sole flexes) [2].



Figure 23: K-1 Yongquan topographic location for its resuscitation maneuver [4].

Then the maneuver must be carried out until it proves positive (i.e. cardiac activity is reinitiated as evidenced by ECG and pulse). This also means the place of Terrestrial Qi ascent to the body, loading it as an extraordinary Qi battery for critical life-threatening situations [2]. Such an assertion made by the authors is affirmed by the engineer and great master of T'ai Chi Yang Ywing-ming in his book “Qi Gong Meditation: Embryonic Respiration”, when he writes:

“We know that the brain and spinal cord form the Central Nervous System, through which the greatest electrical conductivity of our body circulates. If we analyze the structure of the brain, we see that it is separated into two parts by the arachnoid membrane... located between the dura mater and the pia mater. It is reasonable to think that these materials are tissues with low electrical conductivity. Since the good conductors are in the middle of low-conductivity materials, the system has the capacity to store some electricity (energy)” [47].

Acupuncturists know well that K-1 Yongquan is the regulating point of the Marrow Sea; and for Chinese Medicine, that site represents the brain. This is the reason why we experienced the reanimation over KI 1-Yongquan in the following pathologic conditions:

- Stroke
- Endocranial hypertension due to expansive brain tumor
- Subdural haematoma
- Severe TA
- Electrocution by trifasic line
- Chest trauma + skull and bilateral femur fractures
- Intraoperative heart stoppage
- Postoperative Shock
- Pulseless activity
- Sudden death
- Ventricular fibrillation
- Anaphylactic shock (post-oncology drugs)
- Gas embolism
- Renal failure post-sepsis
- Extreme intraoperative bradycardia

Total = 190 cases (by September 2023; at the time of rescue, all patients were classified by the Glasgow Score as 3/15).

For these reasons, it can re-initiate bio-electric circuits, acting as the Main Emergency Revival point [48].

Methodological Approach (b.1): K-1 Yongquan Maneuver regarding ISO Standard Risk Impact Analysis:

This idea of avoiding disregarding a close danger is also similar to the third stage in Risk Management ISO Standard: “**Risk impact Analysis**”

- **Interval time** since the beginning of the loss of circulation to the first attempts at resuscitation
- **Site** in which acute episode occurred
- **Mechanism** that produced it (asphygmic VT – ventricular fibrillation – asystole)
- **Clinical status** of the patient prior to the episode (myocardial infarction – primary cardiac arrest – secondary cardiac arrest)

As usually happens i.e. during pregnancy controls, an alert of possible fetal distress already triggers a protocol in order to prevent the risk from materializing into a serious problem. Current formal analytical studies can precisely identify the prevention, control and assessment of the treatments offering more possibilities than risks during referred urgent instances [48].

Such indicator immediately becomes a measuring tool of the extent of loss caused by a risk in every human, mostly in children (as the mortality rate). It is a “life-quality variable” that avoids secondary sequels (CNS lesions; neurological impairments, etc.) due to sudden death or cardiac arrest. The situation implies the proper management of the risk scenario, by reducing our weaknesses and consolidating our strengths as much as possible. Due to that, its application before the cardiac arrest on facing impending-death situations, would really minimize or impede risk, complying thus with the essential foundation of ISO/ FDIS 31000 risk management principles [49].



Figure 24: Risk Management Developing Project [49].

More than 3000 years ago, the I-Ching took into account the assessment of risks that could be potentially lethal, avoiding in this way the lack of preventive or contingency measures that may lessen the inexorable increase of imminent danger. This is the basic criterion upon which all Primary Attention Sequences are programmed in case of emergency codes. Such evaluation of risk exposure enables us to consolidate a risk diagnosis, establishing an appropriate risk planning strategy [50].

Methodological Approach (b.2): Integration of the Yongquan Maneuver into ILCOR’s CPR Protocol

Interesting are the Old Classics’ references to the “*energy status*” at the time of **syncope**:

“When there are disorders (of health), it means that the Long energy of the meridians, instead of circulating in the Yang, passes to the Yin while the pure energy Oé, instead of circulating in the Yin, passes to the Yang, circulating against the current. If this alteration occurs in the heart... there will be syncope.” [51].

Khi Pa—the Yellow Emperor's personal physician—warns us from ancient times:

— **Hoang Ti: During syncope, should one tone or disperse?**

— **Khi Pa: In these cases, you should not tone up or disperse. You must simply direct the energy, as there is neither fullness nor emptiness”**[52].

According to Tao, the interaction between Plenitude and Void presupposes the knowledge of Nature laws. “Po” induces us to face inclemencies of fate, repairing serious problems so as to overcome the most difficult circumstances [53].

The quote about bioelectrical neutrality during syncope clearly referred by Yellow Emperor's physician Khi Pa, curiously coincides with the operation of electrical circuits through Kirchhoff's laws. Described in 1846 by Gustav Kirchhoff, they are widely used in electrical and electronic engineering [54]. They are based on the conservation of energy and charges in an electrical circuit.

The first Kirchhoff's law states that in any node (as Acupuncture points are) where current flows through, a closed circuit is equal to the rate of energy loss of said enclosed system (Divergence Theorem), and said current divergence is zero. Current is the flow of charge, and charge is conserved; therefore, any load that enters the node must then leave it. Equivalently, the sum of all currents passing through that node is equal to zero [54].

Again, the second Kirchhoff's law is comparable to saying that in a closed circuit (such as those through which the meridians run through our body), the sum of all the voltage drops or electrical potential differences of said circuit equals zero [54].

According to Hexagram Po, downfall is imminent. If we have not been extremely cautious, we will not be able to avoid danger. In this scenario we can only establish “Contingency Measures” to resolve this gloomy situation. The continuity of life has been interrupted by the disintegration of the interaction of fundamental energies (Yin/Yang) that rule the human being [55]. This should not seem strange, since—considering that Chinese Medicine is essentially preventive—it was able to warn us millennia ago about a risk management plan for severe dangers of all kinds.

So “Po” decidedly describes a slow destructive sequence, cautioning us towards such progressive loss of security in our convictions [56]. Therefore, a cardiac arrest may be reversed if the appropriate measures are taken immediately; otherwise, it will lead to the death of the victim. Spontaneous reversions very seldom occur.

The K-1 Yongquan Resuscitation Maneuver can be implemented on persons within collided or overturned cars;



Figure 25: Example of collided car [3]

in situations of landslip or building collapse, or even in catastrophes with massive number of victims.



Figure 26: Example of building collapse [3]

Besides the capacity of being integrated into each and every “action chain” listed in the ILCOR's CPR Protocol, it becomes—mostly in adults—a “Golden Standard” as a contingency measure when faced with both basic and advanced CPR failure. Such Yongquan protocolization was published for the first time in August 2013 as cover note in the very same World Journal of Critical Care Medicine [3].

Yongquan protocolization into the different stages of the CPR sequence

ADDITIONAL MANOEUVRE RESUSCITATION OVER POINT K-1 YONGQUAN FORM FOR DATA COLLECTION

Whichever protocol you use to record cardiac arrest data, add the following data

Full Name: _____

Date: _____

No. Clinical History: _____

PROBABLE CAUSE OF CARDIAC ARREST: _____

Cardiac arrest / Stroke / Trauma / Choking / Poisoning / Other

Underlying disease: _____

INDICATIONS OF THE USE OF INTEGRATED K-1 TO THE SEQUENCE OF CPR

PRIOR TO THE IMPLEMENTATION OF THE RCP → IMPOSSIBILITY TO APPLY CPR

-wrecked vehicle
-overturned vehicle
-collapse } Patient extrication by firemen/paramedics is required

-Massive victims catastrophe Physical Impossibility to apply CPR, insufficient number of rescuers

DURING THE IMPLEMENTATION OF CPR

BASIC CPR (CAB) → application of the maneuver by a third rescuer

Defibrillation (shock) → prior application of needles on the R-1 of each foot Yongquan

BASIC AND ADVANCED CPR FAILURE

Start Time of complementary maneuver on R-1: _____

Duration (or application) of the maneuver: _____

R-1 Yongquan Stimulation

CONSEQUENCES OF MANEUVER

A) Effect on heart rate (pulse, ECG)
B) Effect on recovery of consciousness
C) Final result

Time for completion of the life support maneuvers: _____

World Journal of Critical Care Medicine
- Daikidou Ed. Boiron

Figure 27: Yongquan protocolization into the different stages of the CPR sequence [3].

Nevertheless, the fourth line of hexagram Po refers exactly to the ISO Risk Management: “Assessment of Increasing Risk”:

Goals during Vital Support protocols:

• <i>Adequate ventilation</i>	<i>Restore blood flow to organs</i>
• <i>Control arrhythmias</i>	<i>Defibrillation - cardioversion - external chronotropic stimulation</i>
• <i>Stabilize blood pressure and GC</i>	<i>Intubation with endotracheal tube & Introduction of intravenous catheter</i>

According to I Ching, Wilhelm again insists on the warning he that reveals to us: “One must adjust to time, trying to avoid danger in due time”. This means not only acting in a precise way, but correctly, in order to avoid a fatal outcome. Only by turning away from ignorance will we be able to properly perceive danger and timely prevent it.

Methodological Approach (c): Application of Statistical Analysis Based on the Index Paradigm

All adult cases were subjected both to basic and advanced CPR protocol failure before the application of K-1 Yongquan pressing point, with a Glasgow score of 3. First, we compared those patients assisted by CPR maneuvers without the use of a defibrillator (method “A”) and those assisted by Yongquan resuscitation (method “B”). Then we correlated the use of Defibrillation (Method “A”) against the K-1 Yongquan complementary resuscitation maneuver (Method “B”). Afterlife indexes on both treatments were as follows:

- Method “A” treatment: 6.5% response
- Method “B” treatment: **84.84%** response
- Method “A” treatment: 48% response

- Method “B” treatment: **84.84%** response

$|PA - PB| = |0.48 - 0.84| = 0.36 < SE (0.0076) \times 1.96 = 0.0148$. Thus, $[PA' - PB] = 0.36$

Because this result is also higher than standard error, (SE) multiplied by 1.96, it provides a value of 0.00148, consequently, proven to be statistically significant [57].

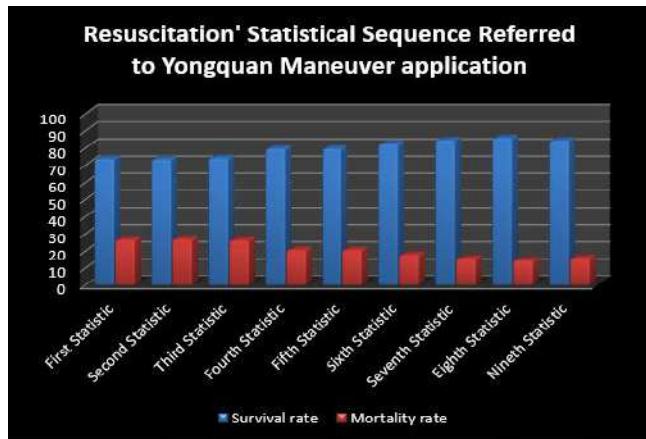


Figure 28: Statistic survival samples referred to Yongquan application.

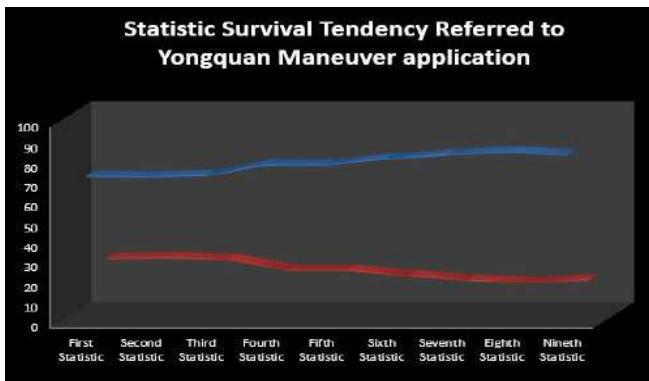


Figure 29: Survival tendencies referred to Yongquan application [57].

KI-1 Yongquan complementary resuscitation maneuver may be adequately integrated to current CPR ILCOR’s protocol valid worldwide, ensuring that this inclusion would in no way infringe whatsoever any of the gestures making up its “action chain” [57].

Discussion

Current global tendencies on cardiovascular and brainvascular death

According to WHO, mortality due to cardiovascular causes ascends to 23% –both in the so-called First World and in those

considered to be developing countries. Another percentage derived from cerebrovascular causes of death [i.e. stroke] –also resulting in cause and effect of cardiac arrest– will add up an additional 7% to this global situation, reaching almost 30% of overall causes of death. By 2020, the number of deaths due cardiac arrest was 3,000,000 individuals, a figure equivalent to suffering from the genocide of 50 Hiroshima- like bombs or 110 tsunamis such as the one in Indonesia in December 2004. By 2030, such dramatic scenario presented will be even much worse.

Traditional Chinese Medical Qi balancing effect principle can improve cognitive, intellectual and psycho-motor patterns after even severe brain injuries. Reported benefits of specific therapy over the “Sea of Marrow” can considerably aid in this situation. Despite the millennia that separate the knowledge of these two medical traditions, many coincidences can be found between East and West that are consistent with the key meaning of all this research.

As regards the electrochemical nature of the point, it is worth clarifying that the research of Dr. Robert Becker in this field endorses what was stated in relation to the body’s electric field [58].

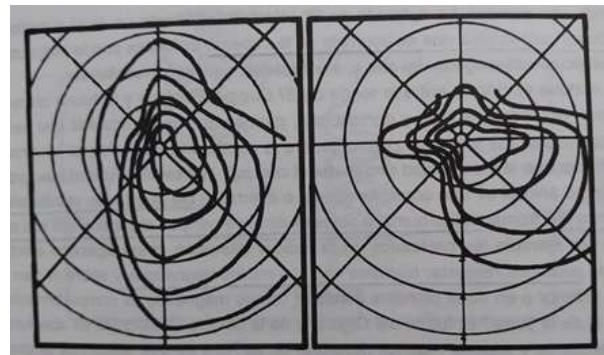


Figure 30: Maps of cutaneous electrical conductivity on acupuncture points [59].

S<According to this author – and returning to the Qi neutrality during syncope mentioned by Khi Pa– when the bioelectric circulation of the body stops, inevitably death occurs, as we see when recording a flat ECG or EEG. Then, such a situation is enough –according to the members of a transplant committee– to consider solved the philosophical dilemma of being in the presence of a “legally dead patient” in order to dispose over a “living donor” [6]. It may result very striking to us that the Chinese already knew thousands of years ago that the brain does not produce Qi (Energy) [47]; it just tends to store it inside its neurons, given its metabolic oxygen demands (about 14 to 16 times more than any other body cell). In fact, even if such donor should remain under mechanical respiratory assistance and no brain activity whatsoever, the

aforementioned “living donor” can maintain his cardiovascular and renal functions within normal parameters and that status still be considered compatible with a vegetative state. Then, is there any possibility of recovery after such terminal diagnosis before reaching a “point of no return”? [6]. Thus, the Chinese have insisted for millennia that the body’s energy fluctuated between Yin and Yang according to the circadian rhythm. In the event that something interferes with its flow and causes stagnation, they will certainly know the way to manage with some kind of functional death, which they had already learned how to effectively recover from by means of the K-1 Yongquan pressure point.

We will see that precisely this corporal site has been hierarchized long time ago by important praxis that make up the neurological semiology, allowing a remarkable clinical diagnosis. We only need to appreciate the topographic similarity of the resuscitation maneuver on K-1 Yongquan and the site of application of one of the most important maneuvers in clinical neurology: the cutaneous plantar reflex [60].



Figure 31: J. Babinski portrait.

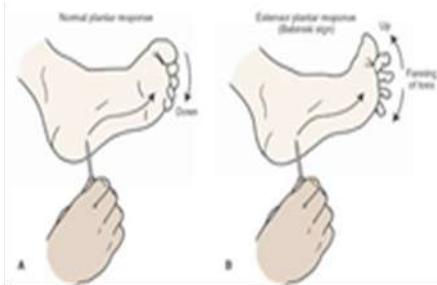


Figure 32: Illustration of Babinski test.



Figure 33: J. Hoffmann portrait.

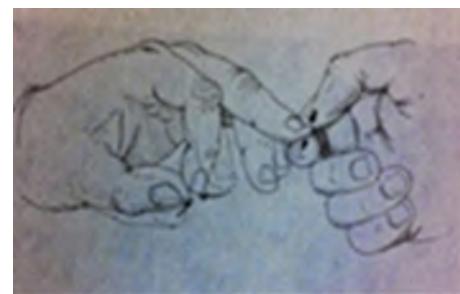


Figure 34: Hoffmann's reflex [60].

Babinski's plantar cutaneous reflex and its utmost semiological value are well beyond discussion. After age 2, hallux extension results patognomonic of a cortex-pyramidal lesion, tested with a pin scratch in the sole of the foot. In addition, there is experimental scientific proven evidence of the therapeutic possibilities of Acupuncture in brain damage [59].



Figure 35: Premature of 700 g rescued by K-1 [60].



Figure 36: Two boys diagnosed with brain death [61,6].

Peculiarly, a Babinski substitute reflex in the upper limb is the Hoffmann middle finger tip reflex; again, both in the very same places where the beginning and ending of the Reconciliation Vessel bioenergetic circuit are located, as can be appreciated below:

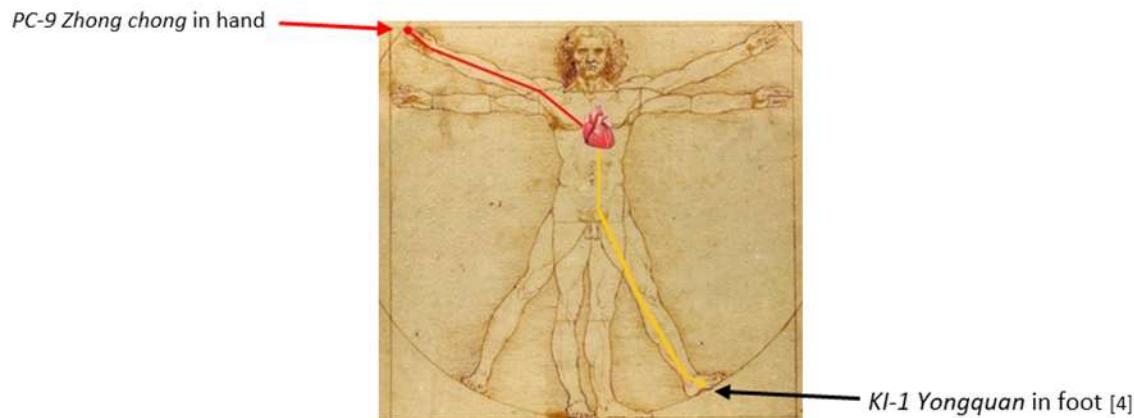


Figure 37: Extreme Reflexes Points into the “*Reconciliation Vessel*” [4].

However, “Po” also definitely suggests –after the “Disintegration”— a “rebirth”, another concept scientifically similar to “Reanimation”. It advises us to be resistant “until the pendulum of the cosmic forces starts again to swing towards the opposite side”. “Po” also describes a slow destructive sequence, warning us towards such progressive loss of security in our convictions [62,63].

Additionally, even the most important journals of cardio-circulatory medicine, such as Circulation, had already recommended its stimulation again in the face of impending death situations. Dr. Randall Benner, M.Ed., NREMT-P suggests the posterior rubbing chest massages and the rubbing plantar pressure, “scrub planting,” in his work *Childbirth and Related Emergencies*. Such maneuver has been recommended since 1999 by the AHA [64].

AHA INDICATION OF SCRUB PLANTING

AHA and ILCOR -2010

Initial maneuvers for Primary Apnea in newborns

-Rubbing chest massages

-Rubbing plantar pressure

References from *Circulation* . 1999;94:1927-1238

c 1999 American Heart Assoc., Inc.

Figure 38: AHA Indications for primary apnea in newborns [65].



Figure 39: Example of scrub planting over K-1 Yongquan [64].

It is now worth remembering when considering the effects of ophthalmologic surgery (i.e. ROP) with sedation that maneuvers on the eyeball can cause an, common in cases of topical or peribulbar anesthesia that lead to a marked vasovagal effect (usually a marked bradycardia) during its manipulation. They commonly describe this phenomenon when using the Excimer Laser on the retina. Paraphrasing the same authors, they reveal that:

“The stimulation of the parasympathetic nerves of the heart causes acetylcholine to be released in the vagal endings, decreasing the

speed of the rhythm of the Sinu-Atrial node and also the excitability of the Atrio-Ventricular junction fibers, thereby slowing the transmission of the cardiac impulse towards the ventricles. Very vigorous stimulation of the vagus can completely stop the rhythmic contraction of the Sinu-Atrial node or completely block the transmission of the cardiac impulse through the Atrial-Ventricular junction” [66].

If attempting to avoid it by means of the application of intravenous atropine, it can irritate the myocardium, thus causing various types of dysrhythmia. The aforementioned authors advise managing the oculo-cardiac reflex by immediately interrupting the stimulation by the surgeon before the arrhythmia progresses to sinus arrest [65]. Dr. Gabriela Saidman and her medical team has effectively avoided the aforementioned escalation of risk with the simultaneous application of the K-1 Yongquan maneuver during the procedures aimed at correcting ROP with a 100% rate success, leaving out the need for the rescue participation of a neonatologist, though always present during procedures. This reflex appears less with the anesthetic use of Ketamine combined with Sevoflurane, Halothane or Propofol.

According to Acupuncture French master Prof. Maurice Mussat in his work “The Energetics of the Living Systems applied to Acupuncture”, he made it clear that: “The Jue Yin (or Terminal Yin) has one essential feature”; [...] “It is the centre of all systems”. It is there where it becomes “the end of the evolutive transposition and the beginning of the external restitution.” It is an ambiguity which characterizes by the transition of the negative towards the positive, this means a global inter-transformation between these two polarities [67].



Figures 40, 41 & 42: Sequential energetic action chain of K-1 Yongquan over the Reconciliation Vessel circuit [4].

Undoubtedly, the *I-Ching* reflects the discoveries of the ancient Chinese thoughts and spirit as no other text has ever done. It had a crucial influence on Chinese Philosophy and Medicine. Its abstractions compose a “body of assumptions” through a self-regulated process of reciprocal control, which allows predicting specific sequences of events according to “fields of similarities”. As stated by Wilhelm and Hoffmann, the laws of *synchronicity* “are characterized by their evident significance and the impossibility of being verified upon the basis of the laws of probability”.

It is absolutely coincident with the hypothesis presented regarding the existence of the “**Reconciliation Vessel**” –a new Extraordinary Vessel discovered within the Ancient Classics and endorsed in the *I-Ching*– that represents the key component of Survival Axis [43].



Figure 43: Survival Axis: its energetic rescue progression diagram and its integration to ILCOR CPR protocol [44].

Article 32 of the Declaration of Helsinki VI on Ethical Principles for Medical Research Involving Human Subjects and Human Rights should not be forgotten when it states:

32. In the treatment of a patient, where proven prophylactic, diagnostic and therapeutic methods do not exist or have been ineffective, the physician, with informed consent from the patient, must be free to use unproven or new prophylactic, diagnostic and therapeutic measures, if in the physician's judgment it offers hope of saving life, reestablishing health or alleviating suffering [68].

In this way, art. 32 Helsinki VI, proposes in essence a “Research Ethics”, one that goes beyond statistics: if a single life out of a million can be saved, then, the maneuver shall find its justification [69].

Conclusions

As regards Chinese cosmogony theories, we may extrapolate what Nobel Prize Rupert Riedl expressed when he stated that: “similar events or states will enable the prediction of similar sequences of events or states... this possibility of abstraction includes a determined field of similarity; [...] also allowing us to foresee a determined sequence of events or states” [70].

The “dilemma of determinism” –according to Nobel laureate Ilya Prigogine– which impaired the Western peculiar

way of “contemplating the surrounding world and the reciprocal relationships of their causal conditions” [71]. Chinese Medicine seems to have been organized like “a super-structure”, a natural system that enable us to understand how these “recoupling cycles” provide a never-ending multidimensional renovation that allows keeping a “self-regulated” process, based upon this “virtuous circle” to reaffirm or reject outcomes derived from their experiences.

The emergence of science began in the 17th century, with a “New Order” of human knowledge consolidated through the “Galilean paradigm.” Its epistemological counterpart –the “Semiotic” or “Indexical” paradigm– will only appear at the end of the 19th century. The latter constitutes the historical origin of medical semiology and is based on the study of the singular, the unrepeatable, the surprising or exceptional [9].

Once the different categories of scientific studies have been identified - and given the hypothesis of applying a new complementary resuscitation maneuver –the “dilemma of subjectivity” is exposed when randomizing the sample, depriving the control group of having a new alternative maneuver during rescues in situations of “imminent death”. The disadvantages of the random process in this critical situation impede us of resolving its contingency by proposing a Retrospective Cohort model that

includes metachronous groups, avoiding the transfer of the known serious damage of non-intervention over such patients during said study [9].

Many times, the potential transfer of a fatal risk by randomness leave us against an epistemological, ethical and moral dimension of the problem. Let us pay particular attention to the following paragraph that depicts the impression about the verification of the theoretical statements given by the Nobel Prize winner Karl Popper:

"All these considerations matter a lot for the epistemological theory of experiment [...] Perhaps we can now answer the question about how and why we accept one theory in preference to another. Certainly, such a preference is not due to anything like an experimental justification of the statements that make up a theory... it is not due to the logical reduction of the theory to experience. We choose the theory that stands up best in the competition with other theories, the one that by natural selection shows itself to be most suitable for survival... A theory is a tool that we test by applying it, and that we judge whether or not it is appropriate taking into account the results of your application" [72].

Thus, the aforementioned complementary resuscitation maneuver on K-1 Yongquan will provide us with an additional advantage to assist the classic CPR protocols before the usual delays of medical rescue assistance or transports in reaching the risk scenario, and mainly *without imposing a methodological discrimination* in its application to those victims who make up the emergency application category regarding patients in the control group.

There is, on the other hand, a new therapeutic trend that Clint Ober called "**Grounding**" or "**Earthing**" [73], which seeks to eliminate body tensions through balance with the Earth. It involves walking barefoot to achieve the "*discharge to Earth*" of positive ions while electrons are introjected from the ground. It is an ancient way of rebalancing the electrical biophysical connections with the surrounding Nature, adjusting our bioelectric matrix with the electromagnetic frequencies of the Universe [72]. What has been published about the similarity between the activation of Shao Yin and the analysis of the electro-physical basis of lightning bear a special similarity in their conceptual essence [74].

The term "**Lazarus phenomenon**" designates an unexpected cardio-neurological recovery in apparently deceased patients, in whom the application of a particular type of planned maneuver reversed impending death situations. Thanks to its application, many patients recovered their vital signs and consciousness after their clinical, relative and/or functional death was determined, due to the failure of basic and advanced CPR, thus achieving their revivification.

Introduced energetic circuit hereinafter called "Reconciliation Vessel" (after its capacity to balance both celestial and terrestrial energies) promotes a new critical function as an effective complement for life-support maneuvers. Such practice will provide Acupuncture with a new pathway based upon Traditional Chinese Medical principles, concerning the performance of its key function during extremely severe life-threatening situations [13].

In addition to the international publications presented, the aforementioned rescue practice was also included in the Presentation of the Guide for the Application of the Maneuver on point **K-1 Yongquan** as a Complementary Maneuver for CPR both at the School of Medical Sciences, National University of La Plata, as well as in the Manual of the National Resuscitation Council. Fortunately, the **KI-1 Yongquan maneuver** contributes to both cardiac arrests or sudden deaths and potential brain damage recoveries after a stroke (Fig 43a & Fig 43b).



Figure 43a: Yongquan application in babies [59].



Figure 43b: Yongquan application in adults [13].

Summing up, these factors due to the childhood conditions described above make it advisable to apply this very simple practice, which avoids the undesirable situation of submitting neonates to electric shocks, and with the additional advantage of not involving any cost whatsoever. Finally –and consistently– the K-1 Yongquan Resuscitation Maneuver offers –with the mere

application of simple pressure at the sole of the foot— a certain recovery of vital signs with proved effectiveness, upgrading survival rates while twinning Eastern and Western Medicine at the top of the most important medical protocol on the planet: ILCOR-CPR.

References

1. Huang Di Nei Jing "Ling Shu"; Chapter 26th; pp.44 (Mao Shing Ni – Hua Ching Ni's son – direct translation).
2. Inchauspe AA (2010) Traditional Chinese medicine K1 Yongquan and resuscitation: Another kind of "Lazarus phenomenon". *Resuscitation* 81:505-506.
3. Inchauspe AA (2013) Drawing the Yongquan protocol into the different stages of the cardiopulmonary resuscitation sequence. *World J Crit Care Med* 2:17-20.
4. Inchauspe AA (2016) Reconciliation vessel, a pathway to increase survival rates and its energetic integration with Shao yin level. *Journal of Acute Disease* 5:194-201.
5. Inchauspe AA (2016) Reconciliation vessel, a pathway to increase survival rates and its energetic integration with shao yin level. *Journal of Acute Disease* 5:194-201.
6. Inchauspe AA (2018) Energetic death: The unknown phase of thanatology. *J Acute Dis* 7:225-233.
7. Inchauspe AA (2016) New advances in research on reconciliation vessel for emergency treatments. *Journal of Acute Disease* 5:271-280.
8. Inchauspe AA (2018) "Reconciliation vessel" within de I-Ching book: Theoretical & methodological analysis of its relevant hexagrams. *J Acute Dis* 7:49-68.
9. Inchauspe AA (2015) Resuscitation on the K-1 Yongquan: Ethical and Methodological Aspects of Its Pilot Study. *Health* 7:809-818.
10. Inchauspe A, Inchauspe M (2019) Yongquan Maneuver'S Oddysey: Current Validation of Its Significance of P through the Fisher's Exact Test for Dichotomous Variables. *Acta Scientific Paediatrics* 2:53-60.
11. Inchauspe A (2015) Systematized Integration of Therapeutic Acupuncture Knowledge; Chap. "Kidney"; p. 495. Nova Publishers, Inc. New York, USA.
12. J. C. Fernández Molina, E. Lecuona; E. Gallego; J. J. García Pérez and P. Martín Vasallo "Desarrollo renal: Factores de crecimiento, celularidad y transporte de sodio y potasio". *Nefrología*. Vol. XVI. Núm. 1. 1996 - Laboratorio de Biología del Desarrollo. Dto. de Bioquímica y Biología Molecular. Universidad de La Laguna. 38206, Tenerife, Canarias, Spain].
13. Inchauspe AA (2016) New advances in research on reconciliation vessel for emergency treatments. *Journal of Acute Disease* 5: 271-280.
14. Mc Laren, N.T; Mc Arthur Smith, S. Seeking Symmetry – Finding Patterns in Human Health; Chap, 5: "Symmetry reveals shared targets and drug action"; p. 81. Handspring Publishing limited, East Lothian, Scotland, 2018.
15. Mother and baby contour, integrated as a "whole" (personal wood carving).
16. Cleary, T. "Taoist Spiritual Alchemy; Anthology of Classical Texts"; "The Central Path"; p. 134. Ed. EDAF, S.A. ISBN: 84-414-0225-6. Madrid, Spain, 1997.
17. Cleary, T. "Taoist Spiritual Alchemy; Anthology of Classical Texts"; "The Even Cultivation of Essence and Life"; p. 147. EDAF, S.A. ISBN: 84-414-0225-6. Madrid, Spain, 1997.
18. Hoang Ti Nei King Su Wen, Primera parte, Libro II; p. 100-101. Ed. Continente. Buenos Aires, Argentina, 2009.
19. Kärcher, Stephen; Ritsema, Rudolph: "I-Ching: the Classic Chinese Oracle of Change"; Hexagram 23: "Stripping – Po"; p. 295. Digitized by the Internet Archive in 2023 with funding of Kahle/Austin Foundation.
20. Cleary, T. I-Ching, el Libro del Cambio"; Hexagrama 23:"El Despacho"; p. 77. Ed. EDAF; S.A. Valencia, Sain 1993 (in Spanish).
21. Too, L. The New I Ching: discovering the secrets of the Plum Blossom Oracle. Chap. 3: "Predictions of the 64 Hexagrams"; "The Kun Hexagrams –Po"; p.64. Digitized by the Internet Archive in 2022 with funding of Kahle/Austin Foundation.
22. Kärcher, S.; Ritsema, R. I-Ching: the Classic Chinese Oracle of Change"; Hexagram 23: "Stripping – Po"; p. 295 (Element Ed., 1994 – Digitized by the Internet Archive in 2023/ Kahle/Austin Foundation.
23. Hoang Ti Nei King Ling Shu; Chap. 5:"El Nudo y la Raíz"; p. 42. Ed. Continente, Buenos Aires, Argentina, 2009.
24. Inchauspe AA (2016) Reconciliation Vessel, a pathway to increase survival rates and its energetic integration with shao yin level. *J Acute Dis* 5:194-201.
25. Hoang Ti Nei King Ling Shu; Chap.9:"El origen y el fin"; p.59. Ed. Continente. Buenos Aires, Argentina, 2009.
26. Inchauspe A (2016) Can PC-9 Zhong chong replace K-1 Yong quan for the acupunctural resuscitation of a bilateral double-amputee? Stating the "random criterion problem" in its statistical analysis. *World J Crit Care Med* 5:143-149.
27. Inchauspe AA (2016) Can PC-9 Zhong chong replace K-1 Yong quan for the acupunctural resuscitation of a bilateral double-amputee? Stating the "random criterion problem" in its statistical analysis. *World J Crit Care Med* 5:143-149.
28. Inchauspe AA (2016) New advances in research on reconciliation vessel for emergency treatments. *Journal of Acute Disease* 5: 271-280.
29. Inchauspe AA (2018) "Reconciliation vessel" within de I-Ching book: Theoretical & methodological analysis of its relevant hexagrams. *J Acute Dis* 7:49-68.
30. Hoang Ti Nei King. Su Wen. Part II; Book XIV; Chap. 68:"Del esquema de circulación de las seis energías sutiles"; p. 157. Ed. Continente. Buenos Aires, Argentina, 2009.
31. Kärcher, S.; Ritsema, R. "I-Ching: the Classic Chinese Oracle of Change"; Hexagram 23: "Stripping – Po"; p. 295 (Element Ed., 1994 – Digitized by the Internet Archive in 2023/ Kahle/Austin Foundation.
32. Cleary, T.: "Taoist Spiritual Alchemy; Anthology of Classical Texts"; "Symbolize the cooking process by year, month and day, humanity and duty, joy and anger, reward and punishment"; p. 78. Ed. EDAF, S.A. ISBN: 84-414-0225-6. Madrid, Spain, 1997.
33. Wilhelm, R.; Jaobi de Hoffmann, H.: "I Ching – The Book of Changes";

"Hexagram 23:"Bo";"Line Six in the fourth place"; p. 172. Ed. Cuatro Vientos. Lo Barnechea, Santiago, Chile, 1976.

34. Inchauspe AA (2018) "Reconciliation vessel" within de I-Ching book: Theoretical & methodological analysis of its relevant hexagrams." *J Acute Dis* 7:49-68.

35. Kärcher, S. and Ritsema, R. I-Ching: the Classic Chinese Oracle of Change"; Hexagram 23: "Stripping – Po"; "Transforming Lines: Initial Six" p. 299 (Element Ed., 1994 Digitized by Internet Archive in 2023/ Kahle/Austin Foundation.

36. Significant graph of the Collapse.

37. Hoang Ti Nei King Ling Shu; Chap. 14: "Speed of energy circulation"; p. 103. Ed. Continente. Buenos Aires, Argentina, 2009.

38. Inchauspe AA (2016) New advances in research on reconciliation vessel for emergency treatments. *Journal of Acute Disease* 5:271-280.

39. Huang Di Nei King. Ling Shu, chap. 40:"Four periods along the day", p. 185. Ed. Continente. Buenos Aires, Argentina, 2009.

40. Inchauspe AA (2018) "Reconciliation vessel" within de I-Ching book: Theoretical & methodological analysis of its relevant hexagrams. *J Acute Dis* 7:49-68.

41. D' Negri CE, Marellich L, Vigo D, Acunzo RS, Girotti LA, et al., (2005) Circadian periodicity of heart rate variability in hospitalized angor patients. *Clin Auton Res* 15:223-232.

42. Hoang Ti Ling Shu; Chapter 14: "Speed of energy circulation"; p. 103. Ed. Continente. Buenos Aires, Argentina, 2009.

43. Inchauspe AA (2018) "Reconciliation vessel" within de I-Ching book: Theoretical methodological analysis of its relevant hexagrams. *J Acute Dis* 7:49-68.

44. Wilhelm, R.; Jaobi de Hoffmann, H. I Ching – The Book of Changes; "Hexagram 23 :"Bo";"Line Six in the fourth place"; p. 173. Ed. Cuatro Vientos. Lo Barnechea, Santiago, Chile, 1976

45. Inchauspe AA (2010) "D- Phenylalanine injection over K-1 Yongquan: A theoretical way of upgrading survival rates in CPR. BIT's 8th Annual Congress of International Drug Discovery Science and Technology (IDDST – 2010). Beijing International Convention Center, China. October 23- 26th, 2010.

46. Hosobuchi Y, Lamb S, Bascom D (1980)Tryptophan loading may reverse tolerance to opiate analgesics in humans: a preliminary report. *Pain* 9:161-169.

47. Hoang Ti Nei Ling Shu, chap. 10: *Trayecto de los meridianos*"; p. 81. Ed. Continente. Buenos Aires, Argentina, 2009.

48. Yang, Ywing-ming Qi Gong Meditation: Embryonic Breathing; chap. 2.2 "Human Science of Qi Gong"; p. 168. Ed. Sirio. Buenos Aires, Argentina, 2003. ISBN: 84- 7808-497-5.

49. Inchauspe AA (2012) Traditional Chinese Medical Criteria About the Use of Yongquan as a Life Support Maneuver.# In: Prof. Haixue Kuang (Ed.), ISBN: 978-953-307-903-5, InTech, DOI: 10.5772/29138. Recent Advances in Theories and Practice of Chinese Medicine 362-366.

50. International Standard ISO /FDIS 31000 Risk Management Principles and Guidelines.

51. IDBx: Risk Management in Development Projects.

52. Hoang Ti Nei Jing:"Ling Shu", chap. 30:" Five kinds of disorders"; p. 157. Ed. Continente. Buenos Aires, Argentina, 2009 – [Spanish].

53. Hoang Ti Nei Jing:"Ling Shu", chap. 30:" Five kinds of disorders"; p. 158. Ed. Continente. Buenos Aires, Argentina, 2009 – [Spanish].

54. Too, L. The New I Ching: discovering the secrets of the Plum Blossom Oracle. Chap. 3: "Predictions of the 64 Hexagrams"; "The Kun Hexagrams – Po"; p.67. Digitized by the Internet Archive in 2022 with funding of Kahle/Austin Foundation.

55. Kirchhoff Laws.

56. Inchauspe AA (2018) "Reconciliation vessel" within de I-Ching book: Theoretical & methodological analysis of its relevant hexagrams. *J Acute Dis* 7:49-68.

57. Too, L. The New I Ching: discovering the secrets of the Plum Blossom oracle. Chap. 3: "Predictions of the 64 Hexagrams"; "The Kun Hexagrams – Po"; p.65. Digitized by the Internet Archive in 2022 with funding of Kahle/Austin Foundation.

58. Inchauspe AA (2015) Resuscitation on the K-1 Yongquan: Ethical and Methodological Aspects of Its Pilot Study. *Health* 7:809-818.

59. Becker, R.O.; Selden, G."The Body Electric"; "Introduction- Part I: Growth and Regrowth"; p. 23. William Morrow Ed. Hardcover 0688001238 New York, 1985.

60. Becker, R.O.; Selden, G."The Body Electric"; "The Missing Chapter"; p. 236. William Morrow Ed. Hardcover 0688001238 New York, 1985

61. Inchauspe AA (2018) Traditional Chinese Medicine and its protective function over brain-injured patients. *J Acute Dis* 7:93-98.

62. Two boys were diagnosed with brain death.

63. Cleary, T. I-Ching, el Libro del Cambio; Hexagrama 23:"El Despojo"; p. 77. Ed. EDAF; S.A. Valencia, Spain, 1993 (in Spanish).

64. Too, L.: The New I Ching: discovering the secrets of the Plum Blossom Oracle. Chap. 3: "Predictions of the 64 Hexagrams"; "The Kun Hexagrams – Po"; p.66. Digitized by the Internet Archive in 2022 with funding of Kahle/Austin Foundation.

65. Benner, R. "Circulation"; "AHA Indications for Scrub Planting"; 1999; 94: 1924-1238 c 1999 American Heart Assoc., Inc.

66. AHA Indications for Primary Apnea in newborns; *Circulation*: 1999; 94:1927-1238 c 1999 American Heart Assoc., Inc.

67. Drs. Dania Idelisa de Miranda Remedios; Leslie J. Carmenates Baryola ; José Antonio Pozo Romero; Francisco Colmenares Sancho." Oculocardiac reflex: anesthetic considerations". *Revista Archivo Médico de Camagüey (AMC)* v.14 N° 16. Cuba, Nov-Dic. 2010.

68. Mussat M. Book I: energy of living systems applied to acupuncture; p. 2. In: ESAF. Mexico: Autonomous University of Mexico UNAM; 2000.

69. Declaration of Helsinki VI on Ethical Principles for Medical Research Involving Human Subjects and Human Rights: article 32 of the "F" Appendix, section "C". World Medical Association.

70. Inchauspe AÁ (2015) Resuscitation on the K-1 Yongquan: Ethical and Methodological Aspects of Its Pilot Study. *Health* 7: 809-818.

71. Riedl R (1984) Biology of knowledge: The phylogenetic foundations of reason. Barcelona. Labor Universitaria Monografias 162.

72. Prigogine, I. Prologue: Une nouvelle rationalité? La fin des certitudes: Temps, Chaos et les Lois de la Nature. France: Odile Jacob; 2001, p.1.
73. Popper, K.R.: "The logic of scientific discovery"; "The problema of the empirical basis"; p. 162-163. Estructura y función. Ed. Tecnos, S.A. Madrid, Spain, 1967 [in Spanish].
74. Ober C. Grounding.
75. Inchauspe AA (2014) "Between Heaven and Earth" Scientific Basis of the Action of Shao Yin: Lightning's Physical-Mathematical Analysis. *Pharmacology & Pharmacy* 5:175-180.