



Journal of Acute Disease

Original Article



jadweb.org

doi: 10.4103/jad.jad_93_24

Impact Factor® 0.5

K-1 Yongquan & Talahridaya points: A key to change the course of cardiopulmonary resuscitation (CPR) rescues

Adrián Ángel Inchauspe^{1,2,3✉}, Gabriela Roxana Saidman⁴¹China National Academy of Medical Sciences, Beijing, China²Argentina Resuscitation Council (CAR), Buenos Aires, Argentina³Argentine Acupuncture Society, Buenos Aires, Argentina⁴SAOI & OROPAR, National Ministry of Health, Buenos Aires, Argentina

ABSTRACT

Thirty-seven years have passed since the first K-1 resuscitation maneuver implementation next to both basic and advanced CPR failure and Prof. Inchauspe has consistently continued such unique research recovering impending death situation victims in the most varied scenarios. After a dozen publications on the issue –mostly in World Journal of Critical Care Medicine and Hainan University Medical Editorial in China, the number of rescues increased to more than 195 cases. Having been contacted by experts in Ayurvedic medicine from India, the authors made a comparative analysis between said K-1 Yongquan and the Talahridaya points, and realized that not only are they located at the very same place for stimulation, but they are also integrated in the Reconciliation Vessel, a new Marvelous meridian discovered by Prof. Inchauspe within the Ancient Chinese classics. The following paper will show a statistical analysis made by Prof. Inchauspe and Dr. Saidman about the possible future impact that would result from the inclusion of the aforementioned maneuver in life support protocols.

KEYWORDS: K-1 Yongquan; Talahridaya Marma points; Resuscitation complementary maneuver; Impending death situations

1. Introduction

After publishing our latest work Yongquan: The Acupuncture Point Restoring Life[1], some colleagues from India sought to contact me to report their interest in the application

of K-1 Yongquan in their life support protocols. The cardiopulmonary resuscitation (CPR) - Marma group required guidance through the K-1 Yongquan resuscitation protocol. Its implementation in ten Indian health centers required an essential comparative analysis between the ancient Marma points and the K-1 acupoint, thus giving special relevance to the Ayurvedic tradition in the CPR of that country.

Said need to force us to further deepen research on K-1 Yongquan, seeking to validate whether those Marma points could

Significance

This work highlights the importance of oriental medicines in addressing unresolved issues related to statistical survival rates. In out-of-hospital rescues, the global survivor average is 6.5%. By employing this simple, educational, and cost-free maneuver, this rate could significantly increase to approximately 85%, leveraging this effectiveness thanks to the ancient oriental knowledge in managing this issue for over 70 million victims annually.

✉To whom correspondence may be addressed. E-mail: adrian.inchauspe@gmail.com

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

©2024 Journal of Acute Disease Produced by Wolters Kluwer-Medknow.

How to cite this article: Inchauspe AA, Saidman GR. K-1 Yongquan & Talahridaya points: A key to change the course of cardiopulmonary resuscitation (CPR) rescues. J Acute Dis 2024; 13(6): 208–215.

Article history: Received 29 August 2024; Revision 16 October 2024; Accepted 9 January 2025; Available online 12 January 2025

be proposed for complementary stimulation during the application of CPR.

1.1. Bibliographical Background

It was very helpful to find a comparative work already published to shed light on this barely known subject. Both Tong Wu and Xingyi Wang, “A comparative study on Marma and acupoints”[2] and “Blood pressure normalizing effect of Talahridaya Marma therapy: A case report”[3] turned out to be quite useful papers for historically locating the medical evolutionary comparative development of said body sites for stimulation. According to these authors, ancient Ayurvedic texts, such as the Susruta Samhita and the Astanga Hridayam, already mention 107 of these points. Marma therapy cor chikitsa was also considered in Suchi Veda, Atharvaveda and Rig Veda sources, from which we obtained the etymology of the word “marma”[2].

1.2. Marma and acupoints shared history: The Ming Menn perspective

Marma derives from the Sanskrit mri manin, which means “seat of life”. Curiously, as is the case with acupuncture points, they were firstly developed for martial purposes[2]. For both the ancient Hindi soldiers and their Kalaripayattu and Chinese warriors with their Dim Mak, these points were used to impair their enemies’ attacks, maiming them to serious injuries or death[4].

In a closely similar comparison, the Ming Menn or “gate of life” is valued as a site of utmost importance for traditional Chinese medicine (TCM). Located in Du-4, at the level of the second lumbar vertebra, it generates two non-structural functions of utmost importance for Chinese medicine, which are the already known Xin Bao or Master of the Heart and San Jiao, both meridians originated by the kidney’s fire.

Considering its ontogenic/embryonic development, this place between the kidneys constitutes a clear example of somatic-visceral integration. Located in the inter-renal aortic space, it is considered the core in the development of the primitive chondromesoblast. The linkage between mesoderm and ectoderm in the remnant of the Wolffian tube gives origin to the first cellular territory that will eventually transform among other structures into the renal system, that already referred particular place ancestrally called by Chinese Sages Ming Menn, also known as “gate of power”; meridians such as Xin, Shen, Pi-Wei and San Jiao all derive from it. It is the reserve site of Jing (or essence: refined energetic distillate that provides material support for structures and bodily processes for both the anterior and posterior heavens). Such a coincidence is considered very real today for modern western science. Dr. Fernández Molina *et al.* in a quite detailed work

dealing with renal embryonic development, guides the induction of the epithelial-mesenchymal transition of the ureteric bud, the “omnipotential cell”[1]. Is it nowadays possible for science to consider as certain the existence of such magnificent perpetuation potential treasured in our Ancestral Energy, according to the underlying principles of Chinese medicine[5].

Somehow, western science has tacitly acceded to this concept, citing the immense power of innate Jing in the development of cryogenic techniques, notable in diverse medical fields. Nowadays, *in vitro* fertilization has resorted to the conservation of embryos so as to reach that power; and medical experts in stem-cell treatments. That very same energy is evoked to assist victims in impending death situations through the K-1 Marma points cited to rescue them from such severe conditions. For a more profound correlation in that respect, our last published paper could be consulted[1].

2. Materials and methods

2.1. Location of both K-1 Yongquan and Talahridaya points

With specific reference to the comparison between those points eligible to complement resuscitation maneuvers, some Ayurvedic papers present a precise and equivalent topographic comparison between K-1 Yongquan and the Talarhidaya points[2]. As regards the location of K-1 Yongquan and the Talahridaya of the foot, it is almost the same. Although the lower Talahridaya point is located in the center of the sole of the foot; K-1 Yongquan presents a very similar situation; perhaps just a little further forward, at the plantar flexion site between the junction of the anterior and middle 1/3 of the foot[4]. Both points show an equivalent situation and bodily function.

In the case of the superior Talarhidaya point, coincides with the PC-8 Lao Gong situation in the center of the palm (Supplemental Figure 1). Its importance as a therapeutic function in Chinese medicine is to be precisely the Earth point of the meridian that protects the heart. In this way, both locations refer to a place that acts as an “exit point”, not only for said meridian but for all the corporeal Qi. For this reason, it is the main point for energetic therapies such as Qi Gong[6].

2.2. K-1 Yongquan and PC-8 Lao Gung points Chinese medical physiology

As for the line of research about K-1 properties used to upgrade survival rates in CPR, one of the authors of this work started 37 years ago, after the admission of a patient who showed no pulse activity in the emergency room[7]. In reference to inferior

Talahridaya Marma Ayurvedic treatment of high blood pressure, said work addresses the effectiveness of those points in the circulatory system[3]. In the case of K-1 Yongquan, according to Chinese medicine, this is the entry site for terrestrial Yin, a fundamental energy for activating the body's Yang, especially in those organs located in the highest part (Yang) of the torso; that is to say: endowed with continuous motility to allow them to preserve vital functions (heart/lung) plane[8].

Likewise, the superior Talahridaya points on the hand are located almost precisely at the Chinese location of P-8 Lao Gung whose function within cardiac physiology is to be the Fire Point of the pericardium and energy transfer: it moves Qi from the Heart. As the Shao Yin energy level, made up by the Heart and Kidney meridians, it rules the water/fire dipole (Kan/Li), always involving the already shown valuable connections with the pericardium channel. Thus, it drains the heat from the meridian, refreshing the heart and freeing it from its adverse Qi. Such is the significance of this body place precisely because of its powerful influence on the circulatory/respiratory system and its unique ability to reset the heartbeat and pulse, as well as the recovery of consciousness through the cited Shao Yin energy plane[8].

2.3. Energetic relationship between kidney and pericardium according to TCM

There are many reasons, described in Ancient Chinese classics, to justify the close relationship between the kidneys (Shen) and the pericardium (Xin Bao or Master of the Heart) in TCM. First of all, kidney and Xin Bao are coupled in pulses, resulting in Shen the “husband” of pericardium[8]. Secondly, this situation can occur because the kidneys (17:00-19:00) daily transfer their chronobiological energy to the Master of the Heart meridian (19:00-21:00). Thirdly, the Xin Bao, through its tonifying point, PC-9 Zhong Chong is linked to the Yang Wei Marvelous Vessel, thus evidencing its influence during impending death emergency situations, and mostly in double-amputee patients[9]. Fourthly, this couple is the only one among the twelve Chinese Acupuncture meridians to accomplish the quality of being both husband and wife while sharing the transfer of their circadian energy legacy at the same time (Supplemental Figure 2)[8].

In Fu Hsi's Octogram as presented by Van Nghi[10], the Mountain, representing the Jue Yin plane through PC-6 Nei Guan, is located equidistant to the Earth, connecting directly to KI-6 Zhao Hai, a crossing point of Yin Qiao and one of the Eight Hui points of influence (Supplemental Figure 3)[11]. Curiously enough, those trigrams are the ones that conform and complete Hexagram 23 in the I-Ching[12].

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 prevention and contingency planning against risk development. According to Kärcher and Ritsema, trigrams “K'un” and “Ken” make-up said Hexagram, revealing that “Mountain has Earth as its foundations”[11]. As we have seen before in the Nguyen Van Nghi diagram, such data does not constitute a coincidence, as the situation described in the consequent hexagram is very fragile. There remains only one last solid line, which is “strong and light”, to be disintegrated by the inner forces, until the most feared situation takes place almost imperceptibly but inexorably: collapse[12].

Thus, “...the movements of the Earth are crumbling the firmness of the Mountain above”. For Cleary[13], this is the main cause of “fall” concerning Hexagram 23 “Po”, which symbolizes the deterioration of its foundations: The Mountain that yields Earth[11]. Interestingly enough, for Lilian Too, the trigram Earth (K'un) is repeated twice in Hexagram Po, reminding us to have special precautions and resistance when faced with imminent danger[14].

2.4. Retrospective analytical comparison of both K-1 and P-9 from TCM

K-1 Yongquan is the Tsing-Well and Cheng point of the kidney channel. In our latest paper, we named its usually common indications in TCM, which are calf cramps, plantar pain, and reversing circulatory disorders, *e.g.* cold feet and foot edema-peripheral neuropathy or paralysis of the lower limbs. Because it is the point of sedation of the kidney channel, it pacifies the Heart Yin, treating odynophagia, aphonia, and muteness[1].

At the same time, it is the Wood point of said meridian; so it reverses visual disorders and mitigates digestive conditions such as hepatic colics and jaundice.

As K-1 Yongquan inaugurates the kidney channel, it is used to treat female sterility, menstrual irregularities, uterine prolapse, and spermatorrhea due to Kidney Yin Deficiency. It is also capable of reactivating the Shen (Spirit), it calms anxiety, mental restlessness, hysteria, neurogenic hypertension, trigeminal neuralgia, vertex headaches, dizziness, sunstroke, vertigo, epilepsy or infantile convulsions and strokes (*i.e.* for subdural hematoma)[6].

For TCM, it is the place of ascent of terrestrial Yin Qi, *i.e.*, the “root” of the Shao Yin plane— thus activating our “alternative body Qi battery” in critical situations, it is especially indicated to be added to CPR protocols, as it is extremely effectively for extreme emergencies such as coma, imminent death - sudden death or cardiac arrest - and stroke, resetting suspended or absent vital functions, as demonstrated by restoring the heartbeats and the carotid pulse[8].

The K-1 Yongquan function of “Yin nurturing Yang” manifests during this brand-new bipedalism. The maturation of the majority of neurological reflexes occurs after this stage, as will be next

explored by highlighting the coincidences between K-1 and one key semiological maneuver of utmost neurological value: the plantar cutaneous reflex (Supplemental Figure 4). Hallux extension results in pathognomonic of a cortex-pyramidal lesion, only by scratching the sole of the foot. Babinski's sign in adults consists of a movement of extension (dorsiflexion) of the first toe ("sign of the fan").

As can be seen in illustrations above, there is an intimate topographical relationship between the course of the "scratching" of Babinski's reflex and the corporal situation of KI-1 Yongquan acupuncture point (Supplemental Figure 6). This allows us to understand how this site is linked to pathophysiological events of the encephalon, thus revealing again the deep relationship between ancient and modern medical knowledge[15].

In the case of P-9 Zhong Chong, recognized as the last point of the Pericardium meridian, is located next to P-8 Lao gung (in the centre of the palm); it is classically located at the tip of the third finger (also called "corazón" - "heart" in Spanish) in an obvious association with its anatomical-functional value. It is also the Tsing-well and Wood point of this Fire channel with a well-known tonifying purpose due to its association with the previous Element mentioned in the Five Elements Theory[9].

As regards the cited location, it is very peculiar that the Hoffmann maneuver, which is performed in the very same place. It turns out to be the substitute maneuver for the Babinski reflex in the upper limb: precisely in PC-9 Zhong Chong location (Supplemental Figure 5). Again such coincidence validates the pathophysiological usefulness indicated during the consolidation of the "Reconciliation Vessel"[11].

In summary, the references mentioned regarding PC-9 Zhong Chong should warn us about its ability to recover vital signs and the state of consciousness in extreme emergency situations due to its performance over the cardiac sinoatrial node pacemaker. Needless to say, the close location between PC-8 and the next point of the Xin Bao channel[9]. PC-9 Zhong Chong confirms that said energetic line –involved within the "Reconciliation Vessel" circuit– allows us to compare quoted therapeutic applications to those of the Talahridaya marma points.

2.5. The Reconciliation Vessel: A comparative analysis between Chinese key acupoints and Marma Talahridaya Ayurvedic points

In 2015, the Hainan Medical Editorial published for the first time the new Extraordinary Vessel discovered by Prof. Inchauspe within the ancient Chinese classics[9]. In the case of the Wondrous Vessels, ancestral energy circulates firstly upward and later travels downwards to recycle again in the same way. Furthermore, said energy runs connecting, coincidentally, the Tsing-well points. Both K-1 Yongquan and PC-9 Zhong Chong are Tsing-well points with Yin/Yang rebalancing properties, thus capable of harmonizing human biological rhythms. Said points are intrinsically linked to

the Shao Yin level, composed of the heart and kidneys, allowing us to clearly understand its powerful influence on the aforementioned Organs. As Wood points out, their respective meridians are also able to provide ignition to the Shao Yin level, thus behaving as emergency revival points. Previous analytically detailed quotations could be consulted and verified in the first paper the Hainan Medical Editorial published referring to that discovery[8].

Unlike the traditional acupuncture meridians, the Extraordinary Vessels are used not to eliminate but to preserve the Ancestral energy; and, among them, the circulatory system is considered as a whole, that is, it means globally including all its main components (heart-blood-vessels)[5].

The "Reconciliation Vessel" (Supplemental Figure 6) is formed by the linkage of two meridians located in diametrical parts of the body. The kidney, as a Yin organ, runs up from the sole of the foot along the inferior limb towards the torso (the Yin part of the body); and Xin Bao (pericardium) travels from the tip of the third finger, crossing by the middle of the upper limb toward the chest (the Yang part of the body). Moreover, each meridian links the corporal regions placed on the opposite side of the body (*i.e.* right kidney - Yin part of the body, with left Xin Bao - Yang part of the body, and vice versa). So it can be clearly seen that the combination of both referred meridians indicates how the Chinese sages provided their medical basis upon the Yin/Yang rebalancing properties previously quoted[8].

Regarding pericardium in particular, together with the liver makes up the Jue Yin energetic plane. Analyzing each of said components, the liver is the "mother" of the heart in the Five Elements Theory. On the other side, the pericardium, Xin Bao, or Master of the Heart acts as the "guardian" of the heart. In this way, the Jue Yin plane, also called "Terminal Yin", finishes the Yin, enabling the Yang cardio-respiratory motility, especially regarding the heart and kidney channels, both closely involved in the Shao Yin level[8].

To sum up, the basic knowledge about the kidney as depositary of the ancestral energy joined to the previously described functions of the pericardium, said doubly protective action clearly shows that no doubt whatsoever, the Yuan Energy runs along both meridians. Said circuit forms an active part of the so-called "survival axis" described by the author in 2011 and confirmed in western medicine as the "stress syndrome", described by Hans Seyle in 1950. For further details, see previously published works by the author[16].

So now it can be clearly understood why the ancient Chinese sages were impelled to chronologically organize the Acupuncture meridians in such a way that the kidneys "must" transmit their chrono-biological legacy towards the pericardium. In this way, they would safely summon the Fire Element again within the circadian cycle, counteracting the power of the "Primordial Water", thus safely protecting the heart[8].

2.6. Detail of the rescue through K-1 Yongquan resuscitation maneuver

As previously analyzed concerning Hexagram 23, “Po” or collapse also makes direct reference to its most significant symptom: the syncope or sudden loss of consciousness, as there is a sudden fall of blood pressure when this occurs[11]. During cardiovascular collapse, breathing usually stops at the same time a systemic failure occurs, due to lack of blood flow. Such a reference should warn us about their ability to recover vital signs and the state of consciousness in extreme emergency situations, acting on the pacemaker of the cardiac sinoatrial node through applying CPR interleaving K-1 Yongquan or Talahridaya inferior point.

By stimulating this body site placed in the depression produced by the plantar flexion, the authors rescued 194 victims for more than 37 years. These points can restore suspended or missing vital functions in our bodies. The application of the 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 (nearly 10 kg in adult victims, not necessarily so in children) utilizing digital pressure (preferably, the thumb) or a common blunt object (such as a toothbrush, pen, screwdriver, etc.) at the union between 1/3 anterior and 2/3 posterior of the sole[4]. Even though KI-1 constitutes a complementary methodology eligible to be added to CPR protocols, the maneuver

is proposed with ethical, statistical, and scientific model data and conclusions which shall be analyzed and eventually validated by Vital Support and Bioethics committees.

3. Results

All adult cases were subjected both to basic and advanced CPR protocol which failed 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 K-1 Yongquan resuscitation (method “B”)[17]. As already shown in previous works, the results were statistically significant (84.84% response over 189 victims)[7]. Today, achieving 194 positive rescues over 37 years, the current survival rate is up to 87.80%[1].

As presented in our latest work reference to early childhood data, statistical results evidenced a potential great success for its global application (Figure 1). According to Dr. Saidman, those premature children treated by pediatric ophthalmic retinopathy[1] treated with K-1 Yongquan resuscitation maneuver achieved 100% effectiveness, making it eligible to be incorporated into this ophthalmologic practice.

For this reason and from now on, the KI-1 Yongquan

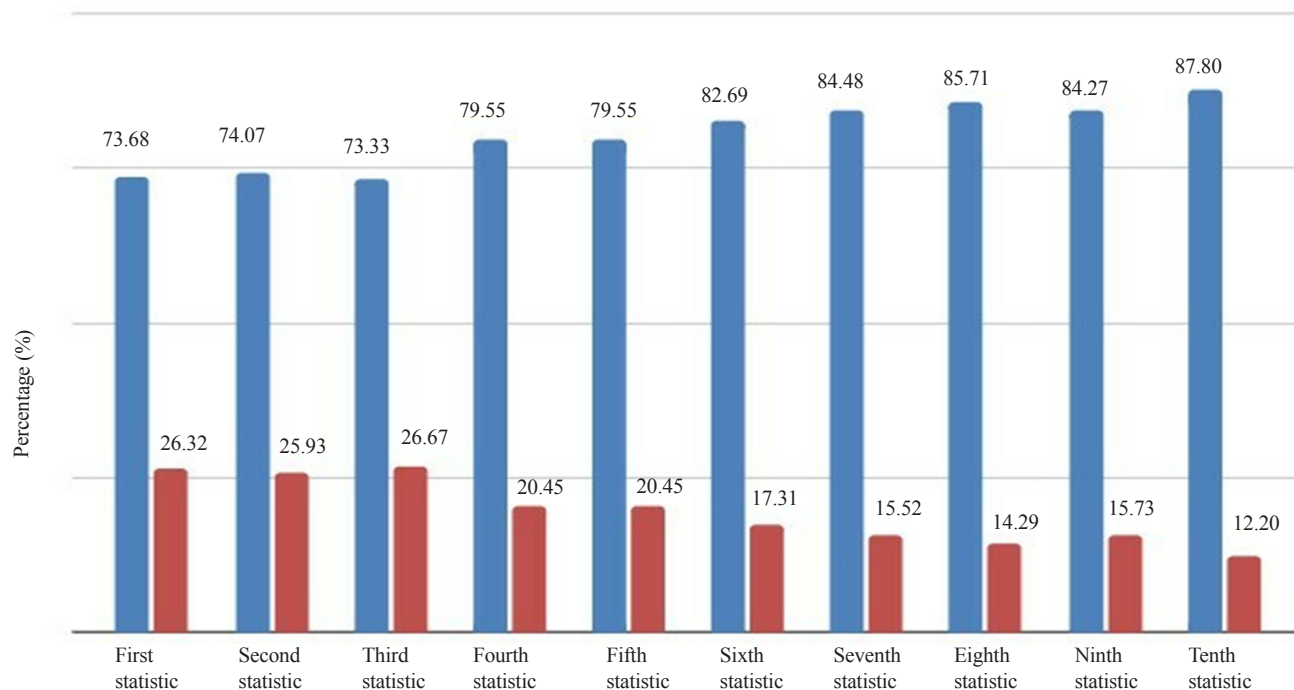


Figure 1. Current statistical samples referred to K-1 Yongquan resuscitation maneuver. Survival rate (blue); Mortality rate (red); First statistic: data were presented during the 50th Argentina Society Congress in Buenos Aires[20]; Second statistic: published in *Revista Argentina de Acupuntura*[21]; Third statistic: published in *Resuscitation*[4]; Fourth statistic: published in *Journal of Acute Disease*[5]; Fifth statistic: published in *Recent Advances in Theries and Practice of Chinese Medicine*[16]; Sixth statistic: published in *Journal of Acute Disease*[15]; Seventh statistic: published in *World Journal of Critical Care Medicine*[22]; Eighth statistic: published in *World Journal of Critical Care Medicine*[9]; Ninth statistic: published in *Journal of Acute Disease*[23]; Tenth statistic: published in *Current Research in Complementary & Alternative Medicine*[1].

complementary resuscitation maneuver may be adequately integrated into current CPR ILCOR and any other vital support protocol valid worldwide, without infringing any of the gestures making up its “action chain”[1].

4. Discussion

The main scope of this paper was to adequately solve the Indian colleagues' consultation about highlighting the comparative validation of the Marma Talahridaya points, *i.e.* whether they had the same functions as those assigned to K-1 Yongquan by TCM[1]. We infer that these ancient oriental medical points share not only their topographic location but also the same attributes considered.

According to WHO, mortality due to cardiovascular causes ascends to 23%. Another percentage derived from brain vascular causes of death (*i.e.* stroke) would add up an additional 7% to this global situation, reaching more than 30% of overall causes of death[17]. Only in Argentina, there exists 1 sudden death each 15 minutes. Over 2020, the number of deaths due to cardiac arrest were 1/1 000 individuals. This means that considering an approximate current global population - over 78 000 000 victims worldwide, a figure equivalent to suffering from the genocide of 120 Hiroshima-like bombs or 273 tsunamis such as the one in Indonesia in December 2004; and in next future, such dramatic scenario presented could become even very much worse[18]. As regards stroke, today not only is it the second cause of death in the world but also the second cause of disability. Its consequence implies that for every minute that passes, 2 000 000 neurons are lost if patients failed to be adequately or timely treated.

Regarding the results obtained while presenting the “Reconciliation Vessel” during the Asian Pacific International Emergency Forum (APIEF 2016 Congress in Lingao, Hainan, China) the following conclusions were drawn[18]: (1) The increase in the frequency of serious cardiovascular events is precisely coincidental with the referred time stated in chapter 40 of Ling Shu (between 17:00-19:00). (2) Such data was also coherent with the findings suggested by myocardial necrosis markers. (3) Many methodological scientific western studies concluded that there exists an important correlation between the time of the day in which myocardial infarction occurs and its size damage. (4) These findings would confirm natural spontaneous mechanisms of cardio-protection related to the circadian cycle mediated by certain hormones (catecholamines, cortisol, *etc.*), as anciently has been proved by the millenary Chinese medical systematization[18].

For Ayurvedic medicine, the Marma Talahridaya points represent the “seat of power”; in TCM, such concept is defined in the recognition of the Ming Menn: the place where both the generative and regenerative power finds its origin. This concept explains that

within both meridians cited regarding the “Reconciliation Vessel” - kidney and pericardium, and travels the Ancestral energy or Yuan. It is possible that these ancient cultures recovered such notion about the functions of said sites to protect and provide the chromosomal potential of the species[8]. Precisely that is the key reason why both K-1 Yongquan and Talahridaya points could be effectively used during extreme emergency situations such as cardiac arrest or sudden death, recalling said Ancestral energy, in order to reset the vital functions and safeguard life during said impending death situations.

To conclude, a comparative analysis with current medical knowledge proposes that the most significant symptom that characterizes impending death situations is collapse or syncope, that is, the sudden loss of consciousness that takes place when the blood pressure falls as the heart stops beating, thus lowering dramatically the cerebral blood flow. Such situations clearly explain why the cardiac arrest is one of the main causes of syncope and the consequence of its serious upshot: ischemic stroke.

Summarizing the essential notions discovered within Hexagram 23 “Po”, the upper trigram is the Mountain, whose attribute is persistent stillness. Turning about contrary, the lower trigram represents the earth and the submissive surrender to it. So, finally, Hexagram 23 tells us the story about an extremely serious condition “that we should in one way or another deal with”. Definitely, “Po” suggests a “rebirth”, a concept that scientifically matches with that of “reanimation”.

Article 32 of the Declaration of Helsinki VI proposes 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. Essentially, this means that all physicians should use every possible aid or medium available to better cater for the patient in such extreme conditions as imminent death, an extremely urgent situation[19].

Article 32 of the Declaration of Helsinki VI is based upon Ethical Principles for Medical Research Involving Human Subjects and Human Rights 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. Where possible, these measures should be made the object of research, designed to evaluate their safety and efficacy. In all cases, new information should be recorded and, where appropriate, published[19].

Indeed, regarding the cardiac collapse and its possible risk management through K-1 Yongquan or Talahridaya points, it clearly

illustrates an implicit mandate about its global implementation into life support protocols, which are framed within standards aimed at reversing “life risk” conditions. It is available to every human without exception. We still keep waiting for the implementation of this “contingency plan” which may lead us to improve results through this simple, inexpensive, and easy maneuver, with no restrictions or distracting objections, thus turning into another way to successfully overcome this global serious situation.

Once the World Resuscitation Committee accepts this outstanding therapeutic and inexpensive maneuver, this whole oriental wisdom will open the possibility of converting cardiac arrest victims into positive responders, allowing the K-1 Yongquan or Marma inferior Talahridaya maneuver to be safely included in the life-support protocols as a key strategy treatment to effectively upgrade the survival rates in CPR[1].

Thus, it may be inferred that both Indian and Chinese ancient knowledge can share and contribute together with their medical principles to support the dynamics of CPR protocols, thus evidencing their antique but precise relationships, linkages, and inter-transformation that led to their successful diagnosis and accurate therapeutics through times.

Conflict of interest statement

The authors report no conflict of interest.

Funding

There was no extramural funding received for conducting this study.

Data availability statement

The data supporting the findings of this study are available from the corresponding authors upon request.

Authors' contributions

Inchauspe AA worked on manuscript drafting and all authors participated in the final approval.

IAA: led research and discovery regarding resuscitation points, specifically upgrading the K-1 Yongquan as the main revival point; conducted a comparative analysis between the K-1 Yongquan point and the Talahridaya points, revealing their integration into the Reconciliation Vessel. SGR: implemented the K-1

Yongquan maneuver in premature children, providing evidence of its effectiveness in treating pediatric ophthalmic retinopathy, achieving 100% effectiveness and eligibility for incorporation into ophthalmologic practice.

References

- [1] Inchauspe AA, Saidman GR. Yongquan: The acupuncture point restoring life. *Curr Res Cmpl Alt Med* 2024; **8**(1): 235-257.
- [2] Wu T, Wang XY. A comparative study on marma and acupoints. *J Ayurveda Integr Med* 2023; **14**(4): 100769.
- [3] Gautam AS, Verma P, Kumar Pathak A. Blood pressure normalizing effect of Talahridaya marma therapy: A case report. *J Ayurveda Integr Med* 2021; **12**(3): 553-555.
- [4] Inchauspe AA. Traditional Chinese medicine K1 Yongquan and resuscitation: Another kind of “Lazarus phenomenon”. *Resuscitation* 2010; **81**(4): 505-506.
- [5] Inchauspe AA. New advances in research on Reconciliation Vessel for emergency treatments. *J Acute Dis* 2016; **5**(4): 271-280.
- [6] Inchauspe AA. (editor). *Systematized integration of acupunctural therapeutic knowledge*. New York: NovaScience Publishers, Inc; 2014.
- [7] Inchauspe AA, Inchauspe M. Yongquan Maneuver' Odyssey: Current validation of its significance of *P* through the Fisher's exact test for dichotomous variables. *Acta Sci Paediatr* 2019; **2**(8): 53-55.
- [8] Inchauspe AA. Reconciliation Vessel: A pathway to increase survival rates and its energetic integration with Shaoyin level. *J Acute Dis* 2016; **5**(3): 194-201.
- [9] Inchauspe AA. Can PC-9 Zhongchong replace K-1 Yongquan for the acupunctural resuscitation of a bilateral double-amputee? Stating the “random criterion problem” in its statistical analysis. *World J Crit Care Med* 2016; **5**(2): 143-149.
- [10] Van Nghi N. The eight curious meridians system. [Online] Available from: https://www.academia.edu/37451059/Van_Nghi_Nguyen_Sistema_de_los_ocho_meridianos_curiosos [Accessed on October 15, 2024].
- [11] Inchauspe AA. “Reconciliation Vessel” within de I-Ching book: Theoretical methodological analysis of its relevant hexagrams. *J Acute Dis* 2018; **7**(2): 49-68.
- [12] ichingfortune.com. I Ching Hexagram 23 - Po /Splitting Apart. [Online] Available from: <https://ichingfortune.com/hexagrams/23.html> [Accessed on October 15, 2024].
- [13] Cleary T. *I-Ching: The book of change*. Farrar, Straus and Giroux; 2005, p.27.
- [14] Too, L. Predictions of the 64 Hexagrams; “The Kun Hexagrams - Po”. In: *New I Ching: Discover the secrets of the plum blossom oracle*. Hamlyn; 2004.
- [15] Inchauspe AA. Traditional Chinese medicine and its protective function over brain-injured patients. *J Acute Dis* 2018; **7**(3): 93-98.

- [16]Inchauspe AA. Traditional Chinese medical criteria about the use of Yongquan as a life-support Maneuver. In: Kuang HX, editor. *Recent advances in theories and practice of Chinese medicine*. InTech Publication; 2011, p.361-364.
- [17]Inchauspe AA. Resuscitation on the K-1 Yongquan: Ethical and methodological aspects of its pilot study. *Health* 2015; **7**(7): 809-818.
- [18]Inchauspe AA. Acute myocardial infarction and Yin Yang imbalance. *J Acute Dis* 2018; **7**(1): 5-14.
- [19]World Medical Association. Free and Informed Consent - Article 32. In: *WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Participants*. [Online] Available from: <https://www.wma.net/policies-post/wma-declaration-of-helsinki/> [Accessed on October 15, 2024].
- [20]Inchauspe AA. K-1 statistics. [Online] Available from : <http://www.welcome.to/acupuntura> [Accessed on January 8, 2025].
- [21]Inchauspe AA. El Efecto Lázaro. [Online] Available from : <http://online.fliphtml5.com/foxyk/tqlf> [Accessed on January 9, 2025].
- [22]Inchauspe AA. Drawing the Yongquan protocol into the Different Stages of the Cardiopulmonary Resuscitation sequence. *World J Crit Care Med* 2013; **2**(3): 17-20.
- [23]Inchauspe AA. Energetic death: The unknown phase of Thanatology. *J Acute Dis* 2018; **7**(6): 225-233.

Publisher's note

The Publisher of the Journal remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Edited by Liu JJ

List of authors' titles and affiliations

Adrián Ángel Inchauspe¹⁻⁷

¹Invited Foreigner Professor – China National Academy of Medical Sciences, Beijing, China

²ditorial Consultant - Medical University of Hainan, Hainan, China

³Editorial Board Member - Journal of Acute Disease (JAD) - Hainan, China

⁴Editorial Highlight Member - World Journal of Critical Care Medicine - Beijing, China

⁵Scientific Department - Argentina Acupuncture Society (SAA), Buenos Aires, Argentina

⁶Invited Member - Argentina Resuscitation Council (CAR), Buenos Aires, Argentina

⁷Emeritus Professor Argentinian Acupuncture Society), Buenos Aires, Argentina

Gabriela Roxana Saidman⁸⁻¹³

⁸Specialist in Children Ophthalmology

⁹Specialist in Retinopathy of Prematurity (ROP) - Main Referent for the Province of Buenos Aires. Buenos Aires, Argentina

¹⁰Staff Doctor - Evita Pueblo Hospital, Berazategui, Argentina

¹¹Pediatric Ophthalmic Consultant - Cuenca Alta Hospital, Cañuelas, Argentina

¹²Member 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 Health , Buenos Aires, Argentina

¹³Advisor to the Board of Directors of SPROP (Pan American Society of Pediatric Ophthalmic Retinopathy of Prematurity), <https://sprop.org/>

K-1 Yongquan & Talahridaya points: A key to change the course of cardiopulmonary resuscitation (CPR) rescues

Adrián Ángel Inchauspe^{1-3*}, Gabriela Roxana Saidman⁴

Affiliations:

¹*China National Academy of Medical Sciences, Beijing, China*

²*Argentina Resuscitation Council (CAR), Buenos Aires, Argentina*

³*Argentine Acupuncture Society, Buenos Aires, Argentina*

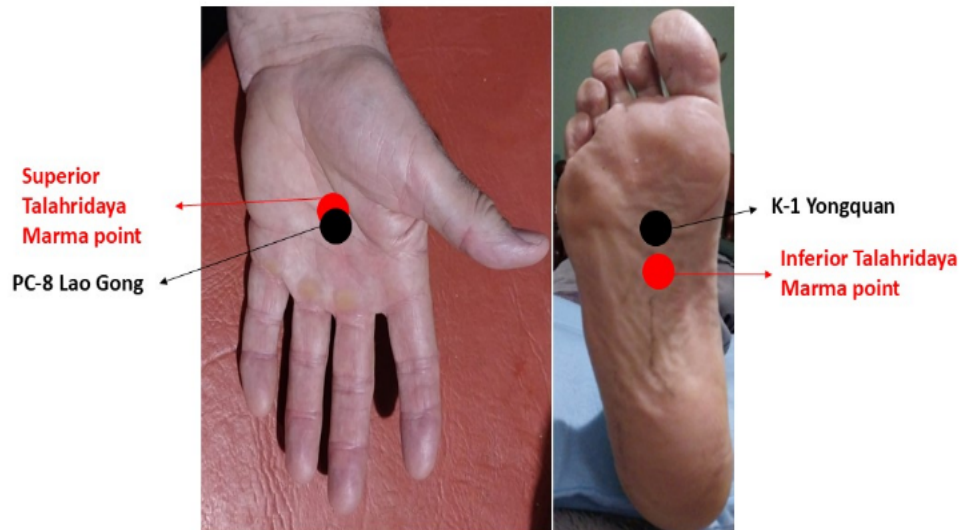
⁴*SAOI & OROPAR, National Ministry of Health, Buenos Aires, Argentina*

Corresponding author:

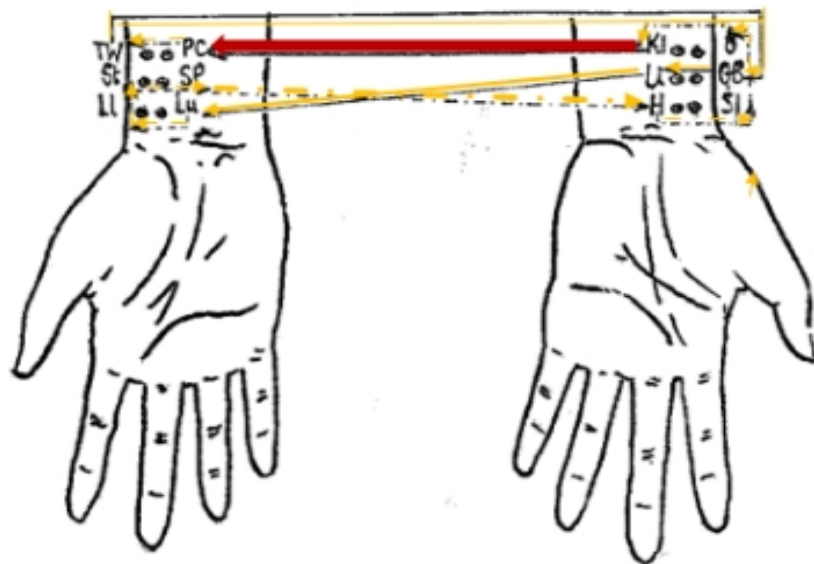
Adrián Ángel Inchauspe

adrian.inchauspe@gmail.com

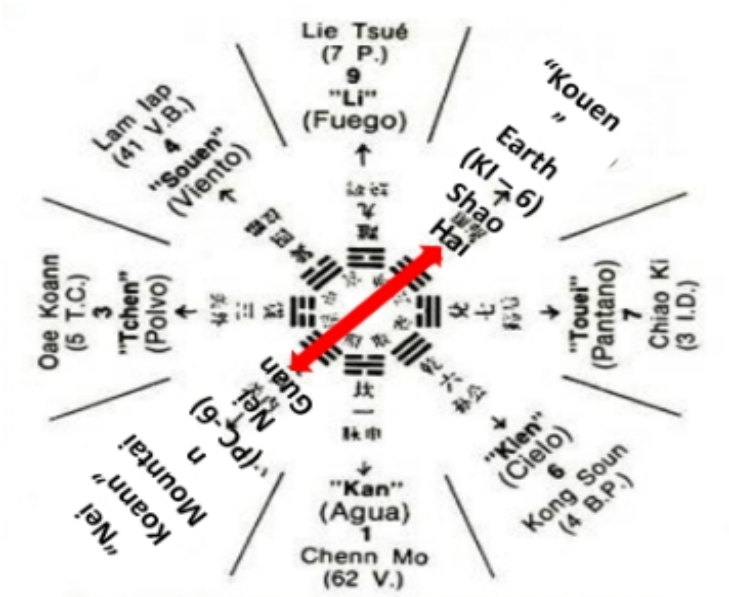
Supplementary Figure 1. PC-8 Lao Gong & Superior Talahridaya location & K-1 Yongquan and Inferior Talahridaya location.



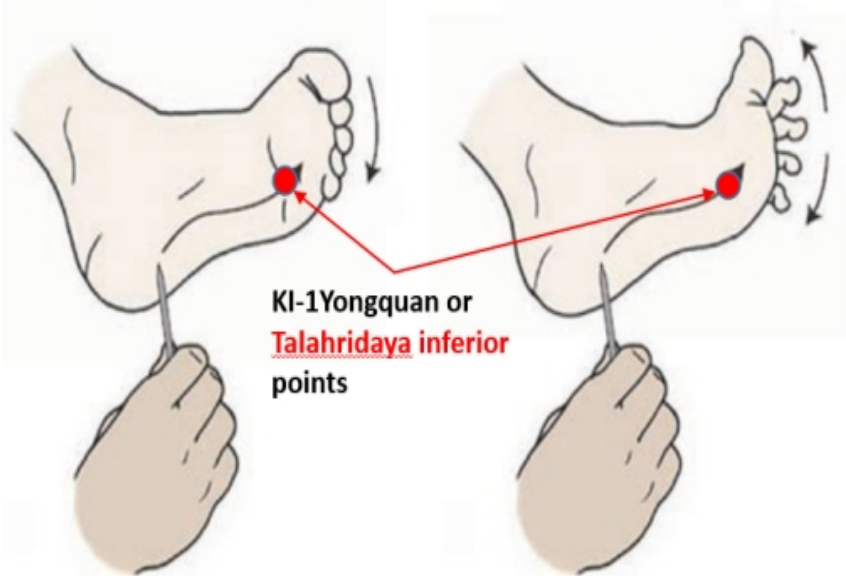
Supplementary Figure 2. Kidney is “husband” of Pericardium in pulses^[8].



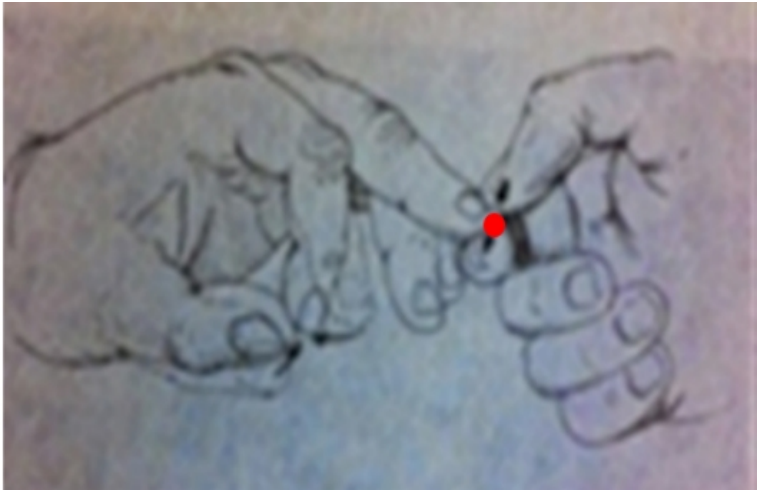
Supplementary Figure 3. Fu His's Octogram, according to Nguyen Van Nghi^[8].



Supplementary Figure 4. Babinski cutaneous plantar reflex related to K-1 Yongquan/ Talahridaya inferior point.



Supplementary Figure 5. Hoffmann’s maneuver in PC-9 Zhong Chong location (Babinski, susedaneous reflex)^[15].



Supplementary Figure 6. Reconciliation Vessel’s extraordinary circuit^[8].

