

DRAGON'S TOUCH weaknesses of the human anatomy by: Hei Long

This volume (and the ones to follow) concentrates on the 43 major pressure points of the body. Of course, there are quite a few more, but these are the basics. All of the points are classified into 2 categories :

Numerical	Alphabetical
I -brain/skull	A-immobility from pain
II -sense organs	B-immobility from structural or organic damage
III-life support, cardiorespiratory, major organs & tracts	C-unconsciousness from nerve or organic damage
IV -muscular functions & nerves	D-death from physiological damage
V -mechanical functions, skeletal, cartilages & joints	--

The ventral transverse plane consists of the face, the front, top, & sides of the head, the neck, & the upper torso, including the collarbone. There are 15 pressure points in this area as follows:

Pressure Point	Area-Effect
1. coronal suture	I-C
2. trigeminal nerve & frontal bone	I-D
3. temple & fossa temporalis	I-D
4. eyes	II-B
5. ears	II-B
6. mastoid	II-A
7. septal cartilage	II-A or II-D
8. anterior nasal spine	I-A
9. temporomandibular joint	V-A
10. tip of mandible	I-C
11. sternocleidomastoid region	III-D
12. anterior neck region	III-D
13. brachial plexus & trapezius muscle	IV-C
14. suprasternal notch	III-D

1. coronal suture I-C

This region lays on top of the head, more towards the forehead. It is also known as the soft spot on babies. It is the space between the skull bones that is covered with a membrane that close up usually by 18 months, but the coronal structure is still weaker than the rest of the skull. Directly beneath this is the sensory portion of the brain & under that the optic cavity. A downward strike of about 45 degrees depending on the force could cause concussion, temporary blindness, unconsciousness, brain hemorrhage, even death (very powerful blow).

2. trigeminal nerve & frontal bone I-D

This region is located just below the centermost point of the forehead The nerve is on the outside of the skull thus when the bone is struck it will trap the nerve. This could result in jarring the cerebral hemispheres, concussion, unconsciousness, impaired vision, & paralysis. If and only if maximum impact is applied, death could result from brain hemorrhage.

3. temple & fossa temporalis I-D

I'm sure we all know where the temple is but for those of you that don't know it is located on a horizontal plane across from the top of the ear. It is the recessed part on each side of the head. It is actually the bone tip of the sphenoid. The trigeminal nerve runs through the the temple. This nerve controls several facial functions. Also passing through is the middle meningeal artery which is the largest branch suppling dura matter. A direct hit could break the tip off the sphenoid causing it to enter the brain. The meningeal could burst. Contact to the trigeminal could result in loss of control of facial functions. Compression of the brain, hemorrhage, concussion, shock, & death are likely results of striking the temple with a horizontal blow directed towards the opposite temple.

4. eyes II-B

The eyes are located...uh I think you know. The eyes are very sensitive even to the slightest touch. They are held in by fascia bulbi (a soft membrane) and eye muscles. This makes them easy to pop out. They are also very soft, and if a blow reached the vitreous body (center of eye) the eyeball would collapse. Other than causing temporary or permanent loss of sight a deep thrust could puncture the brain causing

death.

5. ears II-B

These are located on each side of the head. Air is easily trapped in the external acoustic meatus (the tunnel from the outer ear to the inner ear) and forced into the eardrum causing it to bust. This in turn ruptures the hammer or malleus within the middle ear. Damages would cause severe pain, loss of hearing, bleeding from the mouth and ear, and bleeding into the throat via the internal auditory tube. Also, the inner ear is the center of equilibrium (balance) for the cerebellum. a forceful strike could leave the victim sprawled on the ground with no balance! The blow should be delivered horizontally driving into the ear.

6. mastoid II-A

The mastoid is located directly behind the earlobe. It is the recessed area where the skull meets the neck. It is filled with air pockets which are used to communicate with the middle ear. A thrust should not be used; rather apply pressure with a nuckle or thumbnail in an upward direction. Prolonged pressure could cause damage to the auditory system.

7. septal cartilage II-A or II-D

Known more commonly as the nose the septal cartilage is the hard substance that makes up the nose. Two strikes are used here for different measures

II-A : a horizontal strike causing breakage of the septal cartilage and nasal bone which ruptures the angular vein producing a lot of blood along with great pain, however, not enough to stop some attackers

II-D : an upward 45 degree strike forcing the septal cartilage through the internal nasal cavity and crista galli (a small bone formation between the nasal cavity & the brain) into the brain. Death would be instantaneous because of compression of the brain.

8. anterior nasal spine I-A

This is located beneath the nose and above the lips. It is the area between the 2 lines running from the nose to upper lip. Many of the facial nerves run through this area. A direct hit would cause the sensory fibers to relay the shock to the pons, causing dizziness. A hit would also cause damage to the maxilla bone which holds the gums & teeth. This could cause extensive bleeding possibly scaring the victim about the blood loss. A straight blow is needed to achieve this aiming towards the back of the head.

9. temporomandibular joint V-A

This is the joint that holds the jaw bone in place. It connects with the skull in front of the ear. The joint is really made up of 2 separate joints, thus dislocation can be unilateral or bilateral. With a 45 degree downward strike (preferably with the mouth open) will dislocate the mandible (jaw bone). An easier way to break the bone is to strike the joint itself or anywhere on the jaw bone really while the head is turned to one side or the other. This reduces the absorption of the blow by the neck. This method requires the least amount of force.

10. tip of mandible I-C

The mandible is the jaw bone and of course the tip is located on the very end of the chin. Boxers use this point for a quick K.O. Hitting this area sends a shock sensor to the cerebellum causing unconsciousness. Hit this point with an upward blow.

11. sternocleidomastoid region III-D

This is the area at the frontal sides of the neck. The sternocleidomastoid muscles run from behind the ear down to the clavicle bones. Beneath these muscles lie the jugular vein and carotid artery which supply blood to the heart & brain. This area is very sensitive. Try poking yourself there. A medium strike results in dizziness. A more forceful blow could blister, swell, collapse, or burst 1 or both of the blood lines. This could easily cause death because of lack of oxygen to the heart or brain. A strike should be done on an upsloping plane at 45 degrees on either side of the chin in the neck area.

12. anterior neck region III-D

Referred to as the windpipe or throat; is located in the center portion of the neck. This is a tubular

passage running from the mouth to the stomach & lungs. When a straight on blow is delivered the thyroid cartilage (Adam's apple(the lump in your throat)) and the hyaline cartilage (hold the windpipe in a cylinder shape) are pushed through the larynx and/or trachea resulting in blood drowning or partial or complete obstruction of the vital air passages. The cartilages act as cutting devices.

13. brachial plexus & trapezius muscle IV-C

The muscle is the one that runs from the base of the neck to the shoulder. It raises up on most people. The brachial plexus is a nerve center which supplies info about the shoulder & arm down to the wrist. It runs through the trapezius. Striking the trapezius (from either front or back) with a downward 45 degree motion could paralyze the arm & shoulder temporarily. With a maximum blow unconsciousness & paralysis could be attained.

14. suprasternal notch III-D

This lies between the collarbones; it connects them. A blow here could dislodge the collarbones from the sternum, collapsing the shoulders. But there are better targets behind the sternum. Such as the aorta, the superior vena cava (major blood lines to the brain), and the trachea all these pass directly behind the sternum. A forceful blow would follow these reactions : dislodge both clavicles from the sternum, the sternum would split, the 2 clavicles & sternum would be forced against or puncture the aorta and vena cava, the cartilages & bones would then be forced against or puncture the trachea. The strike should be delivered at a downward 45 degree angle. The suprasternal notch is a MAJOR death target.

15. clavicle V-B

This is the bone on each side of the body that runs from the shoulder to the center of the chest. It supports the shoulder so breaking a clavicle (collarbone) would result in the collapse of the shoulder. It is possible for the broken bone to puncture a lung or possibly the heart or one of the things mentioned in #14. A simple break would immobilize the victim due to structural damage & pain. An inward & down motion should be used when attacking also at 45 degrees.

That concludes Part I. I hope you have learned from this lesson in human anatomy. Please use this information wisely for I take no responsibilities in the misuse of these facts. This was intended for informational purposes only. That means I don't really expect you to go out and beat the hell out of

someone(unless they need it!).

Further volumes :

Part II-Strikes to the back

Part III-Strikes to the chest & abdomen

Part IV-Strikes to the groin & leg fronts

Part V-Strikes to the coccyx & leg backs

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