Death Touch Secrets

In the following pages you will learn some of the most devastating striking points known to man. As well as learning the Dim Mak effects of striking these points, we will also cover the purely physical medical implications and damage caused by striking these points.

Please respect this knowledge and use it only when absolutely necessary when your life, or the life of another is in danger and no other course of action will remove that danger.

The information contained on the following pages is for educational purposes only in the pursuit of perfection in the Martial Arts. The Writer does not advocate the use of any of this information except in a life threatening situation.
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Stomach 9 causes death instantly, is very easy to get at, and offers extremely easy methods of access, so this point is probably the highest on the list of dangerous points. This point will work every time by causing either KO or death as a result of heart stoppage.

All you have to do is raise the knife edge of one hand to access it. You can use many different weapons to gain access to this point. The elbow can be used with devastating results. It can also be accessed during a chokeout or a sleeper hold. It can be accessed with a punch or a strike with the tips of the fingers. Or, to access the side of his neck use a reverse knife-edge strike or thrust the back of your palm into the point.
Medical Implications of a strike to front or side of throat:

The results from a well-focused blow to the front or side of the throat are a combination of multiple effects and results. The following is a listing of each separate possible effect and result:

**Effects**

- Contusion of the internal Jugular Vein
- Contusion of the internal Carotid Artery
- Contusion of the Vertebral Vein
- Contusion of the Hypoglossal Nerve
- Contusion of the Vagus Nerve
- Contusion of the Phrenic Nerve
- Contusion of the Laryngeal Nerve
- Hematoma in Carotid Sheath
- Fracture of the Spinous Process
- Fracture of the Thyroid Cartilage
- Fracture of the Cricoid Cartilage
- Possible injury to Brachial Plexus

1. The internal jugular vein pulsates during respiration, distends during expiration, and collapses to a ribbon-like structure during inspiration. If the blow is struck on expiration, the vein would be full of blood and hard. Rupturing the internal jugular vein from striking it against the hard surface of the cervical vertebra would result in a quick death due to a massive haemorrhage (haematoma).

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2. Severe contusion of the carotid vein may result in thrombosis, (blood clot in the vessel) due to the vessel wall spasm, which produces a restriction in blood flow. This may eventually end in cerebral thrombosis (blood clot in the vessels of the brain) and death.

3. Laceration or contusion of the VERTEBRAL ARTERY is only possible when the blow is heavy enough to chip or fracture the spinous vertebral processes that the artery runs through. Results are the same as the previous two variations in vessel damage.

4. The two most important functions of the VAGUS NERVE we are concerned with here are that of heart contraction and lung constriction. Since there are two branches of the vagus nerve (one on each side of the neck) injury to one may not by itself be completely fatal because of the partial overlapping of the two nerve branches once they reach their destination. However, damage to one side of the nerve could cause spasms of the lungs and heart, ultimately ending in shortness of breath, irregular heart palpitations, and death.
V. The PHRENIC NERVE runs from the fourth cervical vertebra, vertically down the neck into the thorax (chest) where it finally merges into the diaphragm. The main function of the phrenic nerve is to supply the diaphragm with necessary responses for breathing. When it is injured, the same feeling that one gets when the "wind" has been knocked out will exist until normal function resumes or death occurs.

VI. The LARYNGEAL NERVES (nerves of the vocal cords, etc.) are a branch of the vagus nerve. They control the main functions of the larynx, which are to open and close the vocal cords and epiglottis so that no foreign objects are permitted to pass through the trachea. When a foreign object (food, teeth, blood, etc.) agitates the nerve surrounding the larynx or inside of the throat, the vocal cords close and the epiglottis covers the opening of the wind pipe to prevent anything from being sucked into the pipe. When this is done no air can go in or out of the lungs until the nerve relaxes and opens the wind pipe for normal breathing. If the nerve does not relax, death by suffocation will follow.

VII. The HYPOGLOSSAL NERVE is the main nerve of the tongue. If it is damaged, loss of control of the tongue will be inevitable with suffocation - and death if it is swallowed.

VIII. A HAEMATOMA IN THE SHEATH that encompasses the internal jugular, carotid vein and vagus nerve in the neck is the result of blood leakage from a torn blood vessel. If the tear does not seal itself immediately, death by strangulation will soon follow. The haematoma will grow larger with each pulsation of the heart and eventually start pressing against the trachea until it has com-pressed it enough to stimulate the laryngeal nerves to close it off. The out-side appearance will be that of a huge swelling on the side of the neck.

IX. A chipped or fractured SPINOUS PROCESS of the vertebra is one of the most dangerous occurances, not because of the fracture but because of what lies between it and the outside surface of the skin, which in this case is everything previously mentioned. Also there would be the possibility of spinal cord shock (injury to the spinal cord without any known disruption of the spinal cord fibers-whiplash)
X. Fracture of the THYROID OR CRICOID CARTILAGE is the result of a frontal blow to the throat.

The most important thing to remember here is that surrounding the cartilages are many nerve branches of the larynx (laryngenial nerves).

Of course, stimulation of these nerves by a fracture of the cartilage will activate the vocal cords and epiglottis to close off the air supply to the lungs, resulting in a slow death by suffocation or at least Unconsciousness from lack of air.

Because of the close proximity of all the above mentioned effects and results, it is easy to see how two or more of the effects would exist and cause death to or at least total disability of the attacker.
This is easy to get to and works like a charm to knock out your attacker. You can either use a punch to the side of the jaw or a palm strike. I prefer the palm strike since you do not have to be that accurate.

It works best if someone is coming at you with great force, perhaps with two hands, to grab you. You use the force of his own arms to bounce your palms off his arms and into the side of his jaw.

The harder they attack, the harder they are struck. You do not have to use that much power to cause a KO here.

*Medical Implications;*
FRACTURE OR DISLOCATION OF THE MANDIBLE (lower jaw)

FRACTURE OR DISLOCATION OF THE ZYGOMA (cheekbone)

CONTROL OF THE TONGUE WOULD BE LOST possibly leading to asphyxiation
Governor Vessel 26

The power of this point, just under the nose, can be demonstrated by having a strong person lean forward while in a strong stance. Try to push his waist to upright using his forehead, and you will find that it is almost impossible. Now, place just one finger laterally across Gv 26 and press upward. He is upright in no time at all, and you have not used that much pressure on the point. In a realistic situation, however, we attack this point with the palm heel or a one-knuckle punch.

Again, a smaller person can bide his or her time until the shot is available, then thrust the palm heel up under the nose with devastating results. This strike will work even using a stiff type of attack with only triceps power, but by using the whole body, you will kill the attacker with this point.

Medical Implications:

A SPLIT LIP, CHIPPED OR MISSING TEETH AND EYEWATERING PAIN are the minimal possible results. The eye watering pain is due to the close proximity of the nerves to the surface of the skin.

A BURSTING FRACTURE OF THE MAXILLA (upper jaw) is the outcome because of the spherical nature of the skull. The skull will compress to its limit and then burst, producing a bursting fracture. The fracture is usually on one side or the other, distal to the point of impact, but may be a fracture at the impact site also. The simple task of eating will become a very painful one.

UNCONSCIOUSNESS AND/OR CONCUSSION frequently follow such a blow. Unconsciousness may be a result of a concussion or more than likely may be caused by the fast exit of blood from the brain into the internal organs (due to shock).

RESPIRATORY PARALYSIS AND DEATH may develop from broken or dislocated teeth and blood caught in or near the wind pipe (trachea) may cause a spasm of the vocal cords with closing off of the air supply.

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This point will stop an attacker instantly. At the very least he will drop to the ground in a coughing fit, gasping for air, and at most he will die. The point can be accessed using a palm heel, the tips of the fingers, an elbow, or a one-knuckle punch. The attack should have intent behind it, simply strike it using brute force.
There are points in the eyes, of course, but what does it matter—the eyes are extremely sensitive to even a light scrape across the eyeball. In fact, the best type of attack to the eye is a scrape, which will produce temporary or permanent blindness and extreme pain, causing the recipient to drop.

**Eyes**

*Medical Implications:*

The possible results are so many in this area, that we will concern ourselves with only the more obvious trauma.

RUPTURE OF THE EYE BULB WITH PROTRUSION OF THE 'WATERY AND GELATINOUS LIKE CONTENTS will result when the bulb is no longer able to withstand the direct pressure piercing it.

TEMPORARY TO PERMANENT BLINDNESS (Probably permanent) is the common result. Tremendous shocking pain will prevail in one or both eyes. An uncontrollable watering of the eyes will always be functional whenever a foreign object enters or touches the eye, which naturally produces temporary blurred vision in the uninjured eye.

A TORN EYELID (usually the top one) is the effect of a sharp fingernail piercing an eyelid that has blinked at the last instant before the nail has struck. Infection following trauma of this kind is the usual aftermath because of small debris (dirt, germs, hair, etc.) that enters the eye with the fingernail. Sometimes infection can be a more serious complication than the blow itself.
This is one of the "extra points." It is near the back of the jaw, just forward of the earlobe. It is struck at an angle of about 45 degrees to the front of the body toward the backbone. This is quite an amazing knockout point, requiring only medium power to cause KO. It is usually struck using a cross fist.
The temple is traditionally a well-known point to strike to, and Gb 3 is the temple. It can be struck all by itself to cause death or KO. The point is struck straight in using a one-knuckle punch.

**Medical Implications**

I. A FRACTURE IN THE TEMPORAL REGION OF THE SKULL WITH MIDDLE MENINGEAL HEMORRHAGE (Meningeal Artery) commonly occur together; however, one may prevail without the other. The meningeal artery supplies the skull and dura (membrane that covers the brain) with blood. The artery follows its groove in the skull case and is easily pinched or severed if disruption of this groove occurs from a skull fracture.

II. HEADACHE, NAUSEA, VOMITING, COMA AND DEATH may ensue immediately or may be the delayed result, as long as two weeks later. If the artery were severed there would be immediate compression of the brain due to the massive hemorrhage there, indicated by a gradual deepening stupor. If diagnosis is not made soon, the patient will go into a coma and finally death will result. If the artery is only pinched with slow blood leakage, a small extradural hematoma will produce delayed results, similar to a complete severence of the meningeal artery. Rupture of the meningeal artery may be prevalent without an accompanying skull fracture due to the severe jarring action displacing the vein from its groove.

III. RUPTURE OF THE TYPANIC MEMBRANE (EARDRUM) may occur if the fracture line runs through the internal ear section of the skull. This will be evident from bleeding of the ear, nose, and mouth, and also from the vomiting of blood that has been swallowed and an obvious impairment of hearing.

IV. A FRACTURE OF THE ZYGOMATIC PROCESS will be the outcome if the blow is one inch lower than the temporal bone (temple). Opening and closing of the mouth will be noticeably painful.
Conceptor Vessel 23

This point will stop any attacker when struck up and into the neck at an angle of 45 degrees. You can use a knife-edge strike or the tips of the fingers with equally devastating results.

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Neurological shutdown points are not really points, but rather areas of the face and neck comprising several points.
A stinging slap to the side of the jaw that includes part of the ear and neck using a palm strike will cause KO instantly. The tongue of the recipient usually turns blue and hangs out. Immediate resuscitation is required here.

Should the attacker come at you with both hands, both of your palms slam the inside of his both arms outward, then your right one (or left) rebounds to strike (slap) him on the side of his face. The attacker drops immediately.
This point is the old rabbit chop and works like a charm for taking someone down to his knees or flat out on the ground, depending upon how hard you hit him. It can be accessed while in a grappling type of situation with one hand around the back of the opponent's neck, using the reverse knife-edge strike to the point. The result is instant.
**Medical Implications:**

Multiple FRACTURE OF THE CERVICAL VERTEBRA with bleeding in a pinched spinal cord will cause partial to complete paralysis encompassing any or all portions of the body and limbs below the point of impact.

Respiratory paralysis may lie due to a compressed phrenic nerve.

Death may be immediate or occur later. Inability to move the head from side to side, dizziness and headache are the minimal possibilities from a medium-strength blow.

A CONCUSSION may exist due to the transmission of shock waves through the brain stem into the brain. Shock (caused by too much stress on the nervous system) may by itself cause death. This is sometimes referred to as a violent interruption of the body's homostatic balance.
Small Intestine 17

Just under the hinge of the jaw, this point is another wonderful KO point.

The knife edge or reverse knife edge is used here. It can be accessed from a choker hold or whenever you can get at the point, which is usually when you have closed with the opponent.

A sharp upward strike into the neck and chin will cause a KO, with the recipient not even knowing it happened.
The strike is done downward over the bone at the corner of the eye, usually using a palm heel strike.
Small Intestine 16

This is a point that is easily accessed and very dangerous. It can be got at in much the same way that St 9 is accessed, only the direction is straight in to the side of the neck.

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As you move down the body, this is one of the more deadly points. Located just under the pectoral crease by about 1 inch, midline down from the nipple, it is easily accessed from the front of the body, and the results are devastating.

The immediate effect is collapsed lungs, resulting in KO and, eventually, death.
Conceptor Vessel 14 (Solar Plexus)

One of the most dangerous points that stops the heart, this point, located where the solar plexus is situated, is struck straight in with a slightly upward flick.
**Conceptor Vessel 14 (Solar Plexus)**

*Medical Implications:*

As indicated, different angles of the kick or strike will produce varied results. If the kick is directed toward the right side of the opponent's body, the liver and gallbladder will be damaged. If it is in the center of the solar plexus, the duodenum and pancreas will be thrust against the front of the lumbar spine. The abdominal aorta (huge vein) follows the lumbar spine vertically and is very snug against the front side of the vertebra. If the heel kick was strong enough to injure the vein, shock (extreme loss of blood) and death would follow almost immediately. The stomach (and some reports claim that the spleen) will be involved when the blow is to the left side of the solar plexus. The level, angle and strength of the kick will determine how many of these organs will be damaged.
Conceptor Vessel 14 (Solar Plexus)

I. A DEEP FISSURE IN THE LIVER may very well be fatal. Peritonitis in the name given to free floating blood and / or bile in the peritoneal cavity (body cavity). Hiccupping from blood or bile irritating the diaphragm and an increasing tenderness and pain in the abdomen will continue until surgery of the abdomen corrects the symptoms which may very easily evolve into death.

II. THE GALL BLADDER WOULD BE TORN with gastric acids and digestive juices being spilled into the body cavity. (Prior to a meal, the gall bladder fills with proper digestive juices for digestion of the meal and stores the juices until food is induced. The gall bladder would burst rather easily if enough pressure was exerted upon it during the predigestion period.) The juices would immediately start to digest the internal organs they came in contact with, and only surgery would prevent death.
**Conceptor Vessel 14 (Solar Plexus)**

III. RUPTURE OF THE STOMACH with the spilling of its contents and blood into the body cavity would again result in peritonitis. Days of intestinal disturbances, gastric disorders and vomiting, shock, and eventual death will occur.

IV. A compression injury of the DUODENUM against the lumbar spine will progress the same as III above.

[Diagram of normal line of solarplexus with annotations about compression and split surface of pancreas]
V. AN INJURED PANCREAS may result if the kick were well timed
(when the opponent was inhaling) and the solar plexus were relaxed and easily penetrated. The pancreas might also be compressed,
along with the duodenum, against the lumbar spine producing a split surface of the organ. Respiratory paralysis -spasm of the
abdominal and intercostal rib muscles, which inhibits normal movements of the diaphragm in breathing, unconsciousness, shock, and
death are the likely results.
VI. PARTIAL COLLAPSE OF THE LUNG, due to a minute plural tear from the percussive shock (jarring) present in the chest cavity
at the moment of impact, will result in shallow breathing and great pain during respiration.

VII. SHOCK is a term used in internal injuries to describe the extreme loss of blood and bile into the body cavity. Shock maybe
immediately fatal or be latent, (48 hours later) until abdominal splinting occurs. Abdominal splinting means that when the cavity fills
with blood, It will he evident be-cause of a growing tenderness and increasing rigidity of the abdomen, with the elevation of body
temperature and possible vomiting of blood from rupture of the stomach or duodenum. Death is the common result of shock, because
usually by the time the injured person arrives at the hospital he has lapsed into unconsciousness from lack of blood and cannot tell
the doctor his symptoms.
Also a dangerous point that will cause KO or death, this point is located 1 inch below Liv 14, midline down from the nipple, about 2 inches below the pectoral crease. It is struck straight in.
Spleen 17

Located to the outer side of the pectoral in a lateral line to the nipple (not quite under the arm), it is struck from out to in, laterally across the body, usually using an elbow.
Medical Implications

I. A green stick fracture of the ribs will cause only pain in breathing, but a complete break in the rib, with protruding ends, will tear the lung's pleura (membrane sac covering the lungs) and puncture the lung, resulting in a COLLAPSED LUNG. Blood in the lung cavity (hemothorax) will be present until it is removed.

II. Shortness of breath and muscle spasms of the chest and rib cage, with severe pain while breathing will predominate. If the lung collapses all the way, death is sure to follow. A lung may be collapsed from the violent jarring produced by the kick or strike, without the presence of a fractured rib. When the pleura tear is very small, it will usually seal itself soon without any great after effects.

The great danger involved with a completely collapsed lung (besides air starvation) is an uncontrollable spasm of the heart, which is caused by the pressure difference when the lung collapses. The heart is held in place (partially) by the lungs on either side and the heart's suspensory ligaments.

When there is no pressure on one side to help hold the heart in place, the lung on the other side will pull the heart toward it (heart shift), resulting in a severe muscle spasm of the heart and usually either a quick or lingering death. Intercostal muscle spasms (muscles between the ribs) with loss of breath would be the minimal damage. A complication of this blow would be a puncture of the diaphragm.

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Lung 5

This is one of the best set-up and qi drainage points.

Located at the elbow crease on the outside of the inner arm, it is easy to get at using the back of the palm slicing downward. It will cause considerable damage to the arm and central nervous system, as well as to the qi system of the body. This strike will cause KO.
Pc 6, or neigwan, is the best utility set-up point, causing both qi drainage and nausea.

You can virtually use this point as a set-up to any other point strike. Located midline on the inside of your forearm, about one hand's width back from the wrist crease, it can be accessed via a strike or a wrist lock.
**Ears**

*Medical Implications of a strike to the ears with Cupped hands:*

1. **UNCONSCIOUSNESS OR A CONCUSSION** will occur from any well-focused blow to the head. This is especially true when the head is not allowed to roll with the blow. The palms striking on both sides of the head simultaneously will act as a stabilizing device to the head and therefore doubles the percussive shock and pain. *Whenever there is the possibility of a concussion there is the possibility of death.*

2. **RUPTURE OF THE TYMPANIC MEMBRANE** (Eardrum) will result from the large volume of air being forced through the external auditory canal, through the thin-skinned membrane of the eardrum, and finally through the eustachian tube which opens into the back of the throat. The outside of the ear will be swollen because of the broken blood vessels and small capillaries there. Capillaries inside the auditory canal will be ruptured and swell because of the expanding volume of air that has rushed through the narrow passageway leading to the eardrum.

Loss of hearing would be from partial to complete, depending upon the total degree of injury to the internal ear. The eustachian tube is much narrower than the auditory canal (the size of a pencil lead), and therefore will suffer greater expanding pressures as the air passes through it. The eustachian tube will undoubtedly swell completely shut. There will be an extreme amount of pain from the double palm strike to the ears. If the blows are not pulled, shock will be a prominent result.

3. **POSSIBLE FRACTURE AND/OR DISLOCQATION OF THE JAW HINGE** may occur if the blow is slightly lower.

4. **CONTUSION OF THE FACIAL NERVE AND,NEIN**, with possible paralysis of one side of the face, are experienced if the blow abrades them against the edge of the jawbone. This paralysis would probably be temporary unless a sharp section of the bone’ fracture punctured or severed the facial nerve. Likewise, if the vein was punctured there would be a small haematoma (walnut-size lump) and eventually one side of the face would turn black and blue.
We must realize that many times the blow may not be a death-dealing one, but the accidental consequences may end in death. In this case we are talking about unconsciousness which invariably occurs before the opponent hits the ground. The effect is a grave one because the head is relaxed when it strikes the ground and may end in a serious concussion or skull fracture if the surface is fairly solid. Death may also ensue because of the huge amount of blood clogging the trachea (wind pipe) during unconsciousness.

II. FRACTURE INTO THE ORBITAL SOCKET (eye socket) with possible cerebral involvement may be a complication of the blow. If the fracture line has continued into the brain casing (cribiform plate of the ethmoid bone), a slight tear in the dura will release small amounts of cerebro-spinal fluid. The fluid will travel through the sinuses and finally exit through the nostrils or be swallowed. Cerebrospinal fluid (clear fluid that circulates in the closed cavity of the brain and spinal cord) is sometimes mistaken for a normal secretion for quite some time, until severe headaches motivate the individual to seek medical advice.

When bone (or for that matter any part of the body) is struck, the force of the blow is transferred from the weapon to the target in the form of oscillating vibrations. In the case of bone the oscillations follow the path of least resistance. The oscillations are further apart in wide or thick bone and closer together in thin or narrow bone. As oscillations narrow the vibration becomes more violent and causes a fracture through the weakest portion of bone. The olfactory nerves (nerves of smell) are spread throughout the roof of the nasal section (cribiform plate of the ethmoid bone) and may become torn or severed from the fractured bone. A dulling of the sense of smell will occur.
Spleen

Medical Implications:

I. The spleen is located on the left side of the rib cage right beside the left kidney, under the diaphragm and parallel to the ninth, tenth and eleventh ribs.

II. The function of the spleen that we are chiefly concerned with here is its ability to act as a reservoir for the storage of blood and to return it to normal circulation in harmony with the body's needs. During shock or fright, blood drains into the spleen and other internal organs. Under normal and stress situations the spleen is partially or nearly totally full of blood (according to the environment and emotions). (The spleen is also one of the main organs that fights against bodily infection, a very important function.)

III. A fracture of the ribs with lacerations of the diaphragm and spleen is the beginning of a slow but sure death.

Shock due to the loss of blood with weakness, nausea, severe pain and tenderness from the point of impact to the left side of the abdomen are the first symptoms; unconsciousness, coma, and death usually follow within forty-eight hours.

Spasm of the diaphragm will also be present. Abdominal splinting is the hardening of the abdomen to a board-like rigidity due to the accumulation of a large amount of blood between the muscles and the abdominal cavity.

Abdominal splinting will be a symptom in nearly all abdominal injuries. Pain in the abdomen and nausea occurs from the irritation of blood and bile in the abdominal cavity.

III. Even if the ribs are not fractured, a delayed rupture of the spleen may occur any time from within twenty-four hours to two years. A small fissure or bruise, caused at the time of injury, can eventually increase in size and ultimately result in a massive hemorrhage with death the ultimate end. A delayed rupture of the spleen is almost always fatal because it is unexpected. A blow from the front or side can result in rupture of the spleen, especially if the opponent is inhaling when contact is made. During inhalation the muscles of the trunk are relaxed and very soft. This is evident by the easy penetration of a blow on inhalation.