

My Method of Acupuncture: Analysis, Checking and Contact Needling (I)

by Iwashina Anryu

"I am an acupuncturist. This is my path."

If you ask American acupuncturists, "What is meant by the term 'traditional acupuncture' in Japan?", those who know anything about Japanese acupuncture may answer, "meridian therapy." Meridian therapy can be considered traditional in the sense that it analyzes disease conditions as imbalances in the meridians, and adjusts these imbalances. All forms of traditional Japanese acupuncture aim to remove disease and suffering by regulating meridian imbalances, based on the traditional medical theories originating in China. Their primary methodology is not the use of special empirical points for specific diseases. What many people do not realize is that meridian therapy is not the only traditional acupuncture method in Japan. Treatment methods that regulate imbalances in the meridians, based on the traditional medical theories originating in China, can all be called traditional acupuncture in Japan.

In this article I would like to introduce a traditional acupuncture method practiced by an acupuncturist in a rural part of Northeastern Japan, in the hope that it may widen your knowledge of different types of traditional acupuncture in Japan. Needless to say, my method of acupuncture is by no means the only method of traditional acupuncture.

I would love to introduce my complete system of acupuncture. However, I cannot fully do so in this one article, nor do I know how many articles would be necessary.

In this first article I will introduce key features of my treatment method, and cite three cases in an attempt to illustrate my analysis method of symptoms and signs, the construction of treatment, and results.

The foundation of my acupuncture method is the *Huang-di Nei-jing* (Yellow Emperor's Classic of Internal Medicine) and the *Nan-jing* (Classic of Difficulties). I recommend these books to anyone wishing to learn more about traditional acupuncture.

Order of Treatment

Here I will introduce the descriptions from the *Ling-shu*, which lays the foundation for my order of treatment:

"Bleed if there is stagnation of blood in the meridians. This has to be done before tonification and dispersion" (*Ling-shu*,

Chapter 1).

"The disease will not develop into a critical condition if bleeding is applied on the stagnation of blood in the meridians" (*Ling-shu*, Chapter 48).

"If bowel movement and/or urination is not smooth, regulate them first" (*Ling-shu*, Chapter 25).

I construct my treatment in the following way, applying the principle of the above descriptions:

1. Bleed if there is any ketsuraku (minute blood stagnation on the surface, showing as very fine and very superficial venules).
2. Treat any abnormal bowel movements or urination problems.
3. Balance the Qi in the meridians.
4. Balance any musculoskeletal tension and inconsistencies.
5. Relieve pain and other symptoms using empirical points and other methods.
6. Moxa treatment.

This is the general outline of my treatment. Each method is not independent or exclusive of any other. Items 1 through 6 depict the flow of the treatment as a whole. Thus a few items may overlap with each other; for example, 2 and 3 may end up as the same single action, or 3 and 5 may be the same action at times.

A Note On 'Checking'

Checking is a method of deciding which meridians and which points are to be treated, and whether tonification or dispersion method is to be used. Either a middle or an index finger is placed on the source point of the meridian after narrowing down the meridian(s) to be treated from analyzing the information obtained from the symptoms and various diagnosis methods.

While gently placing a middle or an index finger on the source point of a candidate meridian, check the abdomen for levelness, lateral and vertical symmetries, changes in softness, temperature, and skin luster. If the changes palpated or observed show healthy abdominal condition (e.g., hard to soft, flaccid to firm, concave to level, distended to level, cold to warm, more skin luster, etc.) this indicates that the body approves the use of the meridian. This confirms that the meridian being tested should be treated. The next step is to decide on the point to be used on the confirmed meridian. Using the information obtained from observation and diagnosis, narrow down the likely treatment points on the confirmed meridian. Apply the same method of checking using each finger, palpating and observing the changes on the abdomen.

Deciding on tonification or dispersion:

During checking, if the body issues an approval while using the middle finger tonification is indicated. The reason is in the flow of the meridian on the fingers. The Qi of the Pericardium meridian flows from the chest to the middle finger. The middle finger emits Qi from its tip. Touching the body with the middle finger sends Qi into the body. In other words, it tonifies the body. On the other hand, the Qi of the Large Intestine meridian flows from the tip of the index finger towards the torso. Touching the body with the index finger pulls Qi from the patient's body out into the practitioner's body. In other words, it disperses the patient's Qi.

In this way, checking can confirm the appropriate meridian(s), point(s), and method (tonification or dispersion) to treat, before the actual treatment with needles.

CASE 1

Patient: 32 year old female, veterinarian.

First Visit: January 12, 2000

Chief complaint: bubbling noise in ears and ear blockage.

In early June 1999, the symptom first appeared and subsided on its own in three weeks. Then, in November, it recurred and continued until the time of the first visit. The symptom is aggravated from 8 am to 10 am and around 5 pm, and in warm places such as overheated rooms.

Other complaints: severe lower abdominal cramping and distention during menstruation. Cold limbs. Areas around the navel always feel distended and painful. This feeling is relieved by bowel movement.

Bowel movement: two to three times a day, soft stool.

Urination: four or five times a day.

Diet: rice and other Japanese food. Dislikes meat and favors sweets like fruits, Japanese sweets, and especially cakes and cookies.

Medical history: appendectomy one year ago.

Height: 5'8"

Weight: 139lbs.

Facial complexion: very slightly pale, a little red on cheeks and ears.

Voice: calm tone and voice with strength, medium volume of voice.

Hakkyo diagnosis (hakkyo refers to palpation at the LI-11/LU-5 area (metal), HT-3/PC-3 area (fire), lower costal area (wood), inguinal area (spleen), and BL-40 area (water), to help identify the channels, organs, and pathogens involved: fire, earth, left water.

Shakui diagnosis (palpation of the skin

and flesh of the medial side of forearm): metal.

Abdominal diagnosis (*Nan-jing* method): wood, fire, earth.

Navel diagnosis (see Volume 1 of *Houtoku* journal published by Kanpo Houtoku Juku): positive on all positions especially on sovereign fire and ministerial fire.

Back diagnosis: wood, fire, earth, water, blood (both sides of T-7).

Pulse diagnosis: slightly sinking and slightly rapid.

Other findings: cold feet, somewhat hot ear lobes. SP-6 has an indentation of 5mm in diameter.

Analysis

1. Analysis of chief complaint

The symptom is related to the ears from which I assume involve the Kidney. Meridians that run through the ears are the Triple Burner meridian, the Small Intestine meridian and the Gall Bladder meridian.

Times of symptom aggravation at 8 am to 10 am and around 5 pm correspond to the times of Stomach meridian, Spleen meridian and Kidney meridian Qi rising. The shigo relationship (polar relationships between meridians on the 'Qi clock') to these meridians point to the Pericardium meridian, Triple Burner meridian and Large Intestine meridian as possible treatment meridians.

Onset of the primary symptom in June with symptoms worsening in overheated rooms could be construed as an invasion of heat pathogen.

2. Analysis of other symptoms and lifestyle

Pain and distention around the navel may arise from over-consumption of sweets, which could transform into dampness in the body. The dampness may in turn act as a pathogenic influence weakening the functions of the Spleen and Stomach. This may also explain soft stool two to three times a day. Over-consumption of sweets is common among people who tend to feel cold (cold feet), tend to have diarrhea and who may have weak digestive systems. This is a result of dampness acting as a pathogenic influence.

Menstrual cramps are thought to be due to imbalances in the Liver and Kidney, and blood stasis shown on both sides of T-7 (although no blood stasis signs are observed in the abdomen). Treating the lower abdominal and sacral areas may improve the blood circulation in the pelvic region eliminating the need to regulate the meridians aimed at resolving menstrual cramps.

Cold feet may be due to imbalances in the Kidney. The patient stands all day at the veterinary hospital and sits only at lunch

time. According to the Five Exertions, an imbalance of the Kidneys is indicated. "Walking too much injures the Liver, seeing too much injures the Heart, sitting too much injures the Spleen, lying too much injures the Lungs and standing too much injures the Kidneys." (*Ling-shu*, Chapter 78).

3. Analysis of palpatory findings

The findings from hakkyo diagnosis (*Ling-shu*, Chapter 71): Fire represents exogenous heat pathogen and imbalances in fire element meridians (in this case, the Triple Burner meridian and Small Intestine meridian which go to the ears). Earth represents imbalances in Spleen and Stomach caused by over-consumption of sweets. Water is related to cold feet and menstrual cramps.

Metal element from shakui diagnosis (see *Nan-jing*, 13th Difficulty) is difficult to analyze. Symptoms and pulse do not correspond with each other well. It could be that my diagnostic skill is insufficient for the proper analysis of these pieces of information.

Wood, fire and earth response from abdominal diagnosis (See *Nan-jing*, 16th Difficulty, 55th Difficulty and 56th Difficulty) represent changes in wood Yang meridian of the ear (Gall Bladder meridian) and fire Yang meridians (Small Intestine and Triple Burner meridians), and imbalances in the Spleen and Stomach (earth).

Distinct responses in the sovereign fire and ministerial fire positions found in the navel diagnosis represents imbalances in fire meridians and invasion of fire pathogen.

Wood, fire and water responses from the back diagnosis represent respectively, Gall Bladder meridian, which enters the ears; the Liver, which is related to dysmenorrhea; and the two fire Yang meridians (Triple Burner and Small Intestine meridians). Earth response is related to pain around the navel, and water to ear problem, cold feet and dysmenorrhea. The back also shows fatigue on muscles from everyday stress.

Little information is obtained from pulse diagnosis in this case. This leads to the treatment principle: "When the pulse does not show either deficiency or excess, treat point(s) on the meridian(s) where symptoms appear." (*Ling-shu*, Chapter 48).

Goal of Treatment and 'Checking'

The most important things to pay attention to in this case are the June onset of symptoms, and heat as the aggravating factor. They both indicate a heat pathogen invasion. Hakkyo diagnosis, abdominal diagnosis, navel diagnosis and back diagnosis all show a fire element response. This means that the candidates for checking are the meridians corresponding to organs invaded

by the heat pathogen, the meridians themselves that are invaded by the heat pathogen, and the fire point of these meridians.

The next step is to narrow down the organs and the meridians invaded by the heat pathogen. The three Yang meridians that enter the ears (Gall Bladder, Triple Burner and Small Intestine meridians) are naturally assumed to be invaded by the exogenous pathogen. They are good candidates for checking according to the treatment principle from *Ling-shu*, Chapter 48 as well.

Judging from the chief complaint and other symptoms the heat pathogen has not invaded the organs yet. However, soft stool two to three times a day, and distention and pain around the navel may point to imbalances in spleen and stomach organs, requiring checking of the Spleen and Stomach meridians. Ear symptoms and cold feet may indicate the need to check the Kidney meridian. Meridian points to be checked are the source points, fire points (because of heat pathogen correlation) and horary points. Source points are used to check response for diagnosis and for treatment.

The Pericardium, Triple Warmer and Large Intestine meridians, which correspond to aggravating time zone of chief complaint, need be checked as well. For these meridians the same points as above are the checking points.

Treatment

This patient does not show ketsuraku (minute surface blood stagnation). So the first step for her is to regulate her bowel movements. I analyzed earlier that soft stool and the abnormal condition around the navel are imbalances in the spleen and stomach organs. Checking accordingly resulted in the approval of right SP-6 with either middle or index fingers. This indicates that the body prefers even technique on this meridian. I applied even technique contacting, 40mm #30 gold needle on right SP-6, removing the needle without closing the point when Qi was felt.

The next step is balancing the Qi in the meridians. The issue here is to decide what to do first: tonify the deficient meridian or to disperse the excess meridian. I refer to these description from the *Ling-shu*:

"When the essential Qi is deficient, first tonify the deficiency of the essential Qi, the branch, regardless of the cause of the disease. Then treat the root, the cause of the disease" (*Ling-shu*, Chapter 25).

"If the pulse is excess, only dispersion will suffice. If the pulse is deficient, only tonification will suffice. If the pulse is neither deficient or excess, treat a point on the meridian where the symptom appears" (*Ling-shu*,

Chapter 48).

“If the patient is constitutionally deficient and the symptom is excess, use dispersion technique without hesitation. If the patient is constitutionally excess and the symptom is deficient, use tonification technique without hesitation. If the patient is constitutionally excess and the symptom is excess, use dispersion technique without hesitation. If the patient is constitutionally deficient and the symptom is deficient do not needle. Apply moxibustion on CV-6 or use sweet herbs” (*Ling-shu*, Chapter 5).

This patient is constitutionally slightly deficient. However, her voice has strength, the skin has good luster, and her movements are quick. The essential Qi is not deficient. Thus to tonify first as described in *Ling-shu*, Chapter 25, is not applicable here. Applying the principle of *Ling-shu*, Chapter 48, I checked the Gall Bladder, Triple Burner and Small Intestine meridians (that all enter the ears) since the pulse does not show either deficiency or excess. The checking approved dispersion of the Ying-Spring water point and the Shu-Stream wood point of the Triple Burner and Gall Bladder meridians, and the Jing-River fire point of the Bladder meridian, all bilaterally. You may wonder why I checked the Bladder meridian. First I checked the Small Intestine meridian and obtained no response. So I checked the paired Tai Yang Urinary Bladder meridian and obtained approval on the above-mentioned point. The Bladder meridian does not flow to the ears, however, it is the same Tai Yang meridian as the Small Intestine meridian which enters the ears. In addition, it has a Yin/Yang relationship with the Kidney which controls the ears. These may be the reasons why the body's approval was obtained on the Bladder meridian.

On these above points I applied dispersion technique by contacting the point, and upon feeling the Qi in my oshide (the hand that pinches the needle against the patient's skin) gently scratching with the needle against the meridian flow, then removing the needle. I used a 40 mm #30 silver needle for this technique.

Next, I checked the Pericardium and Large Intestine meridians due to the aggravating time factor of the symptom. The Triple Burner meridian is not included here since it was checked already. In addition, Liver and Kidney meridians were checked because of blood stasis signs along T-7 (Liver), and dysmenorrhea and cold feet (Kidney). However, none of these meridians was approved. On the contrary, the patient's nicely balanced abdomen became distorted or lost its luster from checking these meridians. This indicates that the body shows no need to apply any treatment on these meridians.

At this point I picked up a 40mm #2 silver

needle and applied even technique on CV-12 in order to circulate the postnatal Qi, and on CV-4 in order to circulate the prenatal Qi. These points had been checked and approved in advance.

This patient has reddish cheeks, which shows rising Qi. With the patient in prone position, I checked GV-4 in order to bring down the rising Qi and to circulate the prenatal Qi. After confirming that GV-4 loosened the tension of the trapezius muscle and adjusted the spinal imbalances and minor subluxations in the vertebrae, I applied even technique on the point using the same needle. Then after confirming that the Yao Yan points on both sides loosened the tension of the trapezius along the shoulders and the areas medial to the scapulae, I applied the same even technique on these points. Next I checked BL-39 and BL-59 for the purpose of circulating the Qi of the Triple Warmer. Target areas of confirmation are the erector spinae muscles, checking for lessening of tension. Selected points from checking were left BL-39 and right BL-59. Again I applied the same contact needling technique on these points.

I changed the needle to 40mm #2 stainless steel needle and applied dispersing scattering needling (sanshin) on the excess areas in the back and lower back areas until the skin gained luster. The same technique is used on the excess areas on the nape of the neck, occipital area, top of shoulders and sternocleidomastoid muscle with the patient in a sitting position.

The treatment ended with applying 5 cones of half a rice grain size direct moxa on SP-6 bilaterally.

Second visit: January 15, 2000

Patient feels very good. The ear symptom improved approximately 70%. Checking the same selection of points from the previous session showed positive response, so the same treatment was given.

Third visit: January 18, 2000

The primary symptom disappeared completely after the second treatment. Bowel movement is once a day and firmer than it used to be.

Treatment: checking with fingers resulted in use of the same selection of points from the previous session. Same treatment was given as the initial treatment. Improvement on the symptom should normally reflect on the meridians showing different response to checking as compared to the ones from the initial visit. However, no changes were noted from checking. Since slightly sinking and slightly rapid pulse showed improvement, I changed the needle from 40mm #30 silver to #2 silver and applied contact needling

technique on the points on the Triple Burner, Gall Bladder and Bladder meridians, waiting for the Qi to come. When the Qi came, I withdrew the needle without closing the point while making a half turn counterclockwise. This is a dispersing technique.

Although the patient subjectively felt completely well, checking the three Yang meridians indicated that the imbalances in these meridians were not yet regulated. I asked her to come back within 10 days despite her sense of wellness.

Fourth visit: February 4, 2000

The patient said she felt very well. Checking the meridians indicated that only SP-6 with either index or middle finger had some response. Palpation still indicated blood stasis signs along T-7 and cold feet, so I checked the Liver and Kidney meridians. LR-3 and KI-7 with middle finger elicited a good response. The Yin/Yang corresponding meridians, Gall Bladder and Bladder meridians were already checked. Additionally, I checked the Stomach meridian in a husband and wife relationship (*Nan-jing*, 64th Difficulty) with the Kidney and Liver meridians, ST-41 with middle finger had a good response. For the actual treatment I used 40mm #2 silver needle to tonify KI-7, ST-41 and LR-3 in this order, and then applied even technique on CV-12 and CV-4. With the patient in prone position and in sitting position I used contact needling in order to balance musculoskeletal tension. Finally I applied five cones of direct moxa on SP-6.

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Iwashina Anryu, LAc. graduated from Nihon University in 1972 with a major in Agriculture. He completely lost his vision in the same year. Iwashina Sensei studied acupuncture and moxibustion at Tokyo National School for the Blind, graduated and received his acupuncture license in 1977. He joined the Toyo Hari Association and studied with Fukushima Kodo for about 13 years. His other teachers include Yagi Soho and Kudo Yuraku. Currently he is practicing in Morioka City in Japan. Iwashina Sensei is a popular teacher who has to date given three seminars in California, in addition to teaching a traditional Japanese acupuncture study group, Kuma Japanese Acupuncture.

[Editor: Readers interested in studying with Iwashina Sensei should contact Kuma Japanese Acupuncture at P.O. Box 2891, Santa Cruz CA 95063, or email: kumaja@juno.com. Iwashina sensei's next US seminar will take place the weekend of April 27-28, 2002.]