

MERIDIAN THERAPY

**A Hands-on Text on Traditional
Japanese Hari Based on
Pulse Diagnosis**

FUKUSHIMA KODO

President, Toyo Hari Medical Association

Part 1

About the author:

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- 1910* As Fukushima Tokuo, borne in Nagano prefecture, Japan.
- 1925* Left the Omachi Prefectural Middle School to become an active member of social movement against war and to set up a Nagano Prefectural branch of the Japanese Public Party.
- 1931* Enlisted in the Matsumoto 50th Infantry Regiment.
- 1932* Lost his sight in the battle of Manchuria.
- 1939* Graduated from the Nagano Public School for the Blind and moved to Tokyo. Studied the art of classical *hari* and *okyu* under the leading *hari* masters of the day: Takeyama Shinichiro, Inoue Keiri, and Okabe Sodo, etc. Opened a society of meridian therapy to help the sight-impaired students.
- 1959* Started the Tokyo Hari Medical Association and became its president. Brought up a number of sightless meridian therapists through this Association. Discovered the *sokoku* control treatment by unilateral needling. Start calling himself Fukushima Kodo.



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Author's Preface: Original Braille Edition

Kappakujin, in the preface to his book *Jushikeihakki*, laments, "If you are reading books, you are not needling; if you are needling, you are not reading books."

Indeed, it is very difficult to spare time from the demands of a busy clinic in order to read a book. And I have discovered that it can be equally difficult to write one.

I originally conceived of this book as a manual for courses offered by our Tokyo Classical Hari Medical Association (now the Toyo Hari Medical Association). Having written it as a basic text, however, I soon felt compelled to expand its contents, and, as I added material here and there, the present volume came into being.

During long, strenuous days in the clinic confronting case after case of obdurate illnesses that Western drugs are powerless to remedy, and partaking in the boundless joy of the patients regaining their health, I realize my great fortune in having become a blind *hari* practitioner. I feel like a member of a noble tradition, and I am very eager to teach *hari* techniques—even if only to one other person—to be able to share in this joy. Society has lately become concerned with finding new occupations for the blind, but I doubt that any work could be more deeply fulfilling than the practice of *hari*.

Many believe that civilization has advanced and with it the science of medicine, but what we actually see is an overwhelming number of terrible diseases for which Modern Medicine can do nothing. Those who suffer may look to East Asian Medicine for relief. But will their expectations be met by Modern Acupuncturists who know nothing of meridians? Unfortunately, I think not.

Meridian Therapy, at the apex of several thousand years of tradition, will meet these needs, and more. Failure to appreciate the immense importance of meridians and meridian points is a great loss to our nation and a major misfortune for humankind.

Through the ages many books have been written about Chinese Herbal Medicine, meridians, and meridian points, but, as times and people change, the meanings of these works become obscure. This factor, in addition to the special difficulties associated with deciphering words from braille¹, makes most of these books unsuitable for use. I resolved to write a book in response to this problem, about which I am deeply concerned. In considering my limitations in knowledge and ability, however, I wondered if I could even begin to approach my goal.

I realize that the book may be lacking a formal academic footing, but my intention was to convey to fellow therapists what I have learned in the clinic, day after day, from

the successes and failures of hands-on work.

If, through the good offices of the reader who takes up the book from here, something of Meridian Therapy is made known and a stepping stone toward its popularization is set down, I should find no greater happiness.

Finally, I would like to thank Homma Shohaku, whose book, *Lectures on Meridian Therapy*, I used as a reference.

February 9, 1960
Fukushima Kodo
Tokyo

1. The Japanese language has two phonetic alphabets and Chinese characters. Japanese braille, however, must employ a single phonetic alphabet to represent all words. Difficulties, thus, arise because many Chinese characters have the same pronunciation, and the braille reader may be to distinguish between them.

Preface to the Second Edition

The beauty of Meridian Therapy cannot be experienced by studying only its theory. It is in the clinic, where actual healing takes place, that its essence is truly revealed.

I met Mr. Fukushima in 1941, and to this day we have remained dedicated practitioners of Meridian Therapy. Mr. Fukushima's unsurpassed clinical expertise has benefited scores of afflicted people, and his patients look to him as a loving father. In addition, his outstanding leadership as President of the Toyo Hari Medical Association has brought our organization vitality and renown.

Meridian Therapy: a Hands-on Text for Traditional Japanese Hari Based on Pulse Diagnosis was first published in 1960 and enjoyed immediate success. It was used as a text by the Toyo Hari Medical Association and as teaching material in schools for the blind, as well as by laypersons seeking information about Traditional East Asian Medicine.

Over the years, as a result of theoretical improvements and technical sophistication, *Meridian Therapy* was revised to its present edition. I have full confidence in its content, which reflects Mr. Fukushima's and my continual collaboration and joint research. We share all of the views encompassed, and I can recommend the book without reservation.

Meridian Therapy is unique in that its subject matter is drawn from the author's own struggles as a visually handicapped person. Mr. Fukushima went to great lengths to prepare a comprehensive manual that could be utilized by persons with a similar disability.

Now that Bonhan's Theory¹ has compelled the Modern Acupuncture world to accept the existence of meridians, the way to open for the popularization of Meridian Therapy. I believe that this book will make a significant contribution to this process.

I would like to express my gratitude to Mr. Fukushima's family for their untiring support and to Mr. Fukushima himself, who literally sacrificed eating and sleeping, devoting late nights and early mornings and any time he could squeeze from his busy clinic to realize the completion of this work.

March 1967
Kosato Katsuyuki
Vice President
Toyo Hari Medical Association
Tokyo

1. Though no longer popular, this theory once proposed to verify the existence of meridians by correlating the meridian system with a special body fluid circulatory system discovered by the author, Kim Bonhan of Korea.

Introduction to the English Edition

Medical practice both East and West aimed at the outset at helping individuals adapt to their environment so that they could lead long and fulfilling lives. In the West, Hippocrates, for example, defined the physician's role as that of a "helper" or "servant" of nature. While in the East, tradition tells us that the three legendary founders of civilization taught the people how to understand nature and live in harmony with it: Fugì developed the Doctrine of *un-ki*, which explains the laws of causality and fate governing the relationship between human beings and nature; Shinno introduced the science of agriculture and discovered the medicinal qualities of plants; and Kotei imparted knowledge concerning the principles of sickness and healing, later expounded in the *Suwen-Lingshu*.

With the passage of time, Eastern and Western medical teachings underwent changes characteristic of the cultures in which they worked. The Renaissance of fourteenth-century Europe led to a rationalization of Western medical practices that resulted in the removal of their more spiritual or "shamanistic" elements. Mechanistic explanations of health and healing, modeled after the work of Descartes and Newton, eventually inspired the principles of cellular pathology proposed by Rudolph Virchow and the "germ" theories of Pasteur and Koch. Through this process of change, Western Medicine evolved to make unique contributions to the science of healing in the areas of contagious disease and surgery.

In East Asia, efforts to systematize ancient hands-on healing traditions led to the formulation of *Zo Fu* Meridian Theory. Health and healing were defined in terms of *ki*, and the aim of treatment was taken to be the strengthening of patients' natural resistance to disease, or their "Vital Energy." Thus, foundations were laid for the development of a medical science centered on pulse diagnosis, *akashi*, and *ho sha*—the forerunner of today's Meridian Therapy. A second system, founded on the teachings of the *Shokanron*, made use primarily of herbal remedies. Together, these medical practices protected the health and well-being of the peoples of East Asia for thousands of years.

In the West, the continued expansion of scientific thinking brought on the Industrial Revolution of the late 19th century. This was followed by the development of a capitalistic value system that came to stand for rapid economic growth and unlimited material prosperity, and which fostered new ideals concerning the "conquest" of nature that differed greatly from the teachings of our ancestors. The result—a devastation of

the natural environment more far-reaching than Hippocrates or Kotei could have ever imagined. Acid rain, the thinning of the atmosphere's ozone layer, global warming, and radioactive pollution are but a few familiar aspects of the problem.

Although contemporary society can boast of unprecedented material progress, our disharmony with nature is creating an escalation in the kind of frightening illnesses for which the analytic and reductionistic tools of modern science cannot provide solutions. The most prevalent of these are cancer (carcinomas, sarcomas, osteomas), blood pressure abnormalities (including strokes, heart and kidney failure), metabolic disorders (diabetes, collagen diseases, rheumatism), and immunological deficiencies (AIDS, Alzheimer's disease).

Practitioners of modern disciplines other than standard Western Medicine (such as particle physics and the science of energy resources) are also seeking new solutions through syntheses of Western science and traditional Eastern thought, and are discovering "holism" to be central to their success. Holism is a theme of rapidly growing importance that is sure to play a decisive role in determining the quality, and perhaps even the viability, of life in the 21st century.

The teachings of Traditional Acupuncture, on the other hand, require a direct, hands-on awareness of *ki* and an understanding of its relationship to illness through Yin Yang - Five Phases Theory. The skilled practitioner does not depend on equipment and written directions but learns to rely on the entirety of his or her faculties as a human being. Therapy, similarly, is not limited to individual symptoms or single organs, and the patient is not analyzed as an entity separate from his or her environment. Traditional Acupuncture is, to put it simply, "people treating people." This is the kind of "holistic" medical science that can offer a real alternative to modern analytic and reductionistic ways. These teachings are the founding principles of our Association, established 30 years ago, which defines therapy as "the holistic interpretation and treatment of illness as reflected in functional imbalances in the relationships between organs."

The word "holistic" does not appear in the classic texts of Meridian Therapy. Three-thousand years ago, when these traditions took form, "holism" was the way of life; it was not an alternative system—it was the only system. Now, however, holism, and other concepts borrowed from the work of the Western pioneers of "systems thinking," are providing a vehicle for conveying the subtleties of Meridian Therapy to researchers in the West. In fact, two intrinsic elements of systems theory, "pattern" and "process," correspond with certain vital aspects of our everyday clinical work. In terms of traditional Acupuncture, "pattern" can be understood as the 12 meridians and their meridian points, and "process" can be understood as the overall pulse type; the meridians and meridian points describe the structure of the system and the location of the treatment sites, while the overall pulse type describes the actual condition of the body and the type of needling techniques to be used in the treatment.

With the help of such cross-cultural correlations, it is no longer necessary for the Japanese people to limit the benefits of a great healing legacy to the confines of narrow national boundaries. The Toyo Hari Medical Association is prepared to share the teachings of the ancient traditions with interested persons from around the world.

This was the impetus for undertaking the present English translation. We at the Association had long hoped to have this, our main text, published in English, but were compelled to decline one offer after another from professional translators who were not themselves involved in traditional healing. However, the translator of this text, Douglas Klapper, was the first foreign apprentice at the Toyo Hari Medical Center.¹ Before undertaking the translation of this book, Douglas Klapper had already acquired *hari* and *okyu* licenses and had accumulated clinical experience at the Toyo Hari Medical Association. He believes that “a correct perception can not simply come as an intellectual understanding but must be gained through experience.” Consequently his English rendition is not merely a translation of words but is based on his profound understanding attained through actual clinical experience.

Before undertaking the translation, Mr. Klapper and I discussed the compilation of an English rendition that is faithful to the unique concepts and techniques of traditional Acupuncture, i.e. *hari*. In the process, we abandoned many standard translation terms that we felt were misleading; they have been created mostly by practitioners without experience of pulse diagnosis healing or by scholars with no clinical experience. For example, “*hari*,” the traditional word for Acupuncture in Japan, is left as “*hari*” throughout the text, while the word “Acupuncture” refers to modern forms of treatment. Similarly, the word “*okyu*,” translated as “moxibustion” in most texts, is left as “*okyu*.” All other terms that are either Japanese words, or English words for which a nonstandard meaning is intended, are capitalized in the text.

Furthermore, the Toyo Hari Medical Association avoids in principle the use of the international numbering system for meridian points. Practitioners from all over the world, including Japan and China, have abandoned the original character representations of points in favor of the new “quick-and-easy” nomenclature. Advocates claim that the new naming system not only simplifies their studies, but that it will also play an important role in gaining international recognition for Acupuncture. The problem, however, is the amount of meaning that is lost in the process of simplification. There are 365 points—as many points as days in the year—and each one has a name that describes a particular aspect of its position or function. Those who make the effort to learn these names will gain much deeper understanding on the meridian system. This level of understanding is essential for the practitioners of Meridian Therapy, since it strongly emphasizes the importance of meridians and meridian points. Consequently, in this text, all references to points employ the original character representation and the phonetic reading, and the indices are included in Part II section 2.

Dr. Fritjof Capra, the world-renowned high-energy physicist and author of *The Tao of Physics* and *The Turning Point*, joined us, among others, this past summer for a series of lectures, training seminars, and discussions held in celebration of the 30th-Year Anniversary of the Toyo Hari Medical Association. His speech, entitled "Wholeness and Health; Exploring the Common Ground of Western Science and the Ancient Traditions of East Asian Medicine," was a highlight of the gathering and continues to be a source of instruction and inspiration. He came twice to the Toyo Hari Medical Center to get the direct experience of my Meridian therapy himself.

It is our hope that, by presenting this edition in English, we will open up new avenues of investigation for the growing population of professionals, both East and West, who are seeking to deepen their understanding of health and healing through rediscovery of the ancient teachings. Those who read the book and wish to study further are welcome to contact us here at the Toyo Hari Medical Association. Ours is a large and well-established group, open to all, and dedicated to the correct practice, preservation, and transmission of traditional East Asian Medicine.

Finally, I would like to express my deepest appreciation to Mrs. Ryuko Takahashi and her assistants as well as to Mr. Norio Okawa of Omega Communications, Inc. for their cooperation in editing this English Translation.

September, 1989
Fukushima Kodo

1. The Toyo Hari Medical Center is the private clinic of the author of this book, Fukushima Kodo.

Introduction to the Japanese Edition

“HANDS-ON KNOWLEDGE COMES BEFORE BOOK LEARNING”

Our broad and boundless activities, which transport our awareness from one phenomenon to the next, are assimilated by the fantastic human intellect and developed into laws and theories. These, in turn, transformed and revised by succeeding experiences, contribute to humanity's ever expanding growth.

Through the repetition of this unceasing process of change, our enormous contemporary civilization was constructed, and modern cultures have flourished. It was not likely, therefore, that amidst this constant flux and interminable growth Traditional East Asian Medicine alone would escape the influence of Western scientific thought. The problem with which we are confronted, however, concerns the proper integration of the ways of Modern Science into the teachings of Traditional *Hari*.

East Asian Medicine, one must understand, forms an integral part of the invaluable cultural legacy of our great ancestors. It survived by holding steadfast to traditions thousands of years old while also evolving through the rigorous lessons its practitioners learned from the successes and failures of everyday work. As a result, *hari* is a master discipline comprised of an array of sophisticated and dynamic healing techniques. If its teachings are beyond the comprehension of those who are restricted to the ways of modern science, this should not be surprising. Moreover, efforts made to modernize traditional *hari* without proper knowledge and experience will only lead to disaster. Superficial labeling and categorizing, for example, or the inappropriate introduction of modern machines and equipment, will become obstacles to the correct transmission of its profound and extraordinary secrets; such measures, in fact, will cause the degeneration and dissolution of our precious cultural heritage.

About ten years ago, Dr. Hans Selye, a professor at the University of Montreal, was in Japan observing a clinic of Traditional *Hari*. At one point, he turned to an accompanying professor and asked, “Why is it that in your country you don’t do more research into these superb healing techniques?” The professor answered, “It is because *hari* is not, by nature, a science,” to which it is said Dr. Selye responded, “The important thing about *hari* as a therapeutic discipline is how well and consistently it works in relieving suffering. If as wonderful a healing system as this is not a science, that is due to your own negligence.”

Practitioners of Traditional Medicine in Japan were devastated by these words. Even more regrettably, though, they failed to engage in the self-reflection that should have ensued.

The point is that the teachings of Traditional *Hari* have already survived the test of thousands of years of clinical application. As a result, we must remember, its methods have been proven effective; that is to say, "*hari* works." Therefore, we *hari* practitioners can win the recognition of doctors and scientists as well as gain true independent footing through the ability to satisfy the needs of our everyday patients. In other words, *hari* must be hands-on knowledge before it is book learning. As professional *hari* clinicians, rather than amassing a heap of fancy arguments, we need the training that will enable us to put one needle properly in place; more than elite scientific knowledge, we must develop the therapeutic skills necessary to relieve one tormenting illness.

Inoue Keiri, in admonishing against futile toying with theory, once told a humorous story about a rice dealer. The rice dealer's son, a graduate of a prestigious university, suggested to his father that, "Since hulling rice requires the turning of a water wheel, it is necessary to understand the phenomenon of water more fully." The rice dealer was convinced only to discover that, while engrossed in his research about water, all of his valuable rice was ground to powder! Inoue strongly warned against running in circles around empty arguments; it is precisely the modern "science begins with doubt" type of thinking that leaves us overrun with aberrant scientific theories.

Rather than theory, Traditional *Hari* relies upon special hands-on skills like those possessed by the great masters: Six-Position Pulse Diagnosis, the reading of *kyo* and *jitsu*, *ho sha* needling, and so forth.¹ All theories and scientific adaptations made without the acquisition of this hands-on knowledge are devoid of meaning.

For example, even in choosing what is and is not of value from the stacks of medical classics, one must have some criteria on which to base one's decisions. The only relevant criterion, however, is the evidence derived from follow-up work in the clinic. Thus, one must begin by learning the basic hands-on techniques. And to do this, it is absolutely necessary to understand "learning by example," which means emptying the mind of all preconceptions and giving oneself, fully and without argument, to the training process.

Numerous classic texts of *hari* medicine recount the last two-thousand years of its history, beginning with the *Suwen-Lingshu*, *Nanjing*, *Koitsukyo*, *Kinkiyoryaku*, and *Senkinyoho*; and continuing with the *Jushikeihakki*, *Shinkyujuei*, *Ruikyo*, *Kokonito*, *Ihotaiseiron*, and so forth; and including Japan's *Ishimpo*, *Keitekishu*, *Sugiyama-sambusho*, *Myakuhoshinan*, *Shinkyu-chohoki*, *Shindohappi*, and the like.² But, due to differences in time period and geographic setting, the words in those books are difficult to decipher, and understanding the true, intended meaning can be exceedingly problematic.

And now, taking advantage of an East Asian Medical boom, shrewd and unscrupulous opportunists have brought on an avalanche of annotated texts and reprints of old books. These, for the most part, demonstrate a preoccupation with cover design and layout—their contents are not supported by follow-up work in the clinic. Full of quotes and enumerations from original texts about subjects that the authors themselves cannot understand, these books only serve to confuse the beginner.

The principle function of the *hari* classics, however, is to pass on practical therapeutic techniques correctly; hands-on knowledge comes before book learning. For this reason, any interpretation of the Classics should be written only upon complete mastery—through clinical experience—of their true meaning. The work should be brought into line with current medical knowledge and should be expressed in the simplest everyday language.

In doing this, one must be extremely careful not to lose sight of the principle function of such work, as noted above, and on no account should one be swayed by considerations of power or prestige. Unfortunately, however, the real situation is just the opposite, and students are left with the impression that “East Asian Medicine is confusing and inaccessible.”

But the healing techniques of our folk medicine, sustained and authenticated by generations of persons like ourselves, cannot possibly be so difficult to understand. If we are confused, it is due to a contamination of the material through unnecessary dictates and formalities or to misguided attempts at scientific adaptations.

This book first came out in 1960 as a braille publication entitled *A Handbook for Traditional Hari Technique*. Its content was drawn entirely from clinical experience. It was not a book of historical or theoretical discourses but a hands-on text for pulse diagnosis healing.

After its publication, we received an enormous number of requests to have the book printed in normal type. Undertaking such a project for a blind person, however, is a task of great complexity, and I continually put it off until 1967, when favorable conditions made possible the printing of a Second Edition.

In January 1971, we presented the Revised and Enlarged Third Edition and in September 1977, a Supplemented Edition that included newly developed techniques, emergency methods, and supplemental therapy.

In January 1979, on the 20th Anniversary of our Association, a separate book, *Easy to Understand Meridian Therapy*, was published. Herein, a strong emphasis is placed on the *Sokoku* Control treatment system,³ and new information is included concerning “living and functioning meridian points,” needling techniques in accordance with pulse types, and treatment of the Pounding pulse.⁴

Thus, with the benefit of these materials, our Association’s Group Training System⁵

has been even more successful in the contemporary application of classical medical practices, and our subject matter has gained substance and definition.

This Fifth and Expanded Edition includes all of the techniques of previous editions; and, in correcting any deficiencies that existed up to now, we are confident that the text is as comprehensive and accurate as possible. It will be our good fortune if you, the wise reader, should help us to remedy any of the book's remaining weaknesses and thus enable us to contribute better to the preservation and transmission of correct Traditional *Hari* teachings.

In closing, I would like to express my deepest gratitude to all of the professional *hari* practitioners who gave me their support, to those who took charge of the transcription work including Takei Izumi; Ishida Maki; Fukushima Akira; and Tanaka Sojiro, and to all of the staff here at the Toyo Hari Medical Center.

SUPPLEMENTARY NOTE

The Modern Acupuncture anesthesia, which was carried out in China in 1972, provided the impetus for a massive increase worldwide in the type of East Asian Medicine that is practiced and taught by Western-trained medical doctors. It is said that in Japan, where this influence has also been felt, the income of Traditional *Hari* practitioners has fallen drastically, even to a third of what it used to be.

In response to this situation, leaders and educators in the working world of the blind are calling for an overall betterment of Traditional *Hari* medicine and for an improvement in the quality of its practitioners. Most of the outcry, however, is mere rhetoric, devoid of any commitment to concrete solutions.

Some educators are declaring, "*hari* practitioners in our country are only 'paramedical' professionals and should be part of a rotation system, concerned with the treatment of minor and superficial symptoms." In a few outrageous instances, they have even high-handedly suggested that "Traditional *Hari* practitioners should not think about making a living from their work. Though they cannot accept health insurance, they should not complain that they are unable to uphold their honor as *hari* specialists without charging at least 3,000-yen⁶ for treatment. Is it not enough to accept the 500 or 1,000-yen that patients pay at the 500 or 1,000-yen that insurance-covered clinics of medical doctors and chiropractors? *Hari* practitioners can support themselves on welfare."

To back this up, the government welfare administration is advocating new lines of work for the blind and has established basic laws to provide for the handicapped. Some independent local governments have gone as far as to cover everything from taxi fares and gasoline costs to barber service and public baths.

It seems that these educators and bureaucrats view the three healing professions of the blind⁷ as little more than “busy work.” In effect, they are slowly laying the foundation for wresting East Asian Medicine out of the hands of “paramedical” professionals altogether. The establishment of a four-year East Asian Medical university and the creation of a bachelor’s degree in Acupuncture Studies may seem like commendable accomplishments, but the underlying motives are clear: The bachelor’s degree will eventually be replaced by a Doctor of Medicine degree, and the visually handicapped will become disqualified.

The truth of the situation was already apparent to me during the years 1940-41, before the War. With a feeling of foreboding, I wrote a short essay for the *Oriental Medical Journal* entitled, “On the Question of Reforming the Teaching of *Hari* and Massage Courses at East Asian Medical Schools.” In that discourse I firmly emphasized (and restated in the original Preface to this book) that “failure to appreciate the immense importance of meridians and meridian points is a great loss to our nation and a major misfortune for humankind.” If we are led astray by misdirected attempts to adapt Traditional *Hari* to Modern Science, I sternly warned, the *hari* practitioners of this country will inevitably find themselves in the throes of a great crisis.

Now our profession is under just such a siege, and we are approaching the tragic state of affairs that I discussed above. Whether those involved are aware of the situation or not, much noise is being made but no concrete measures being taken. However, it is still not too late to act. Concerned parties are bravely casting aside pride and social standing and are vociferously underscoring the need for recognition of the inherent superiority of Traditional Meridian Therapy. Unfortunately, however, final judgments are not being made in terms of what is right and wrong but on whether or not the individual involved stands to make any personal gain.

I am deeply concerned about the potential loss of an essential part of the luminous 3000-year-old cultural legacy bequeathed to us by our ancestors and about the scores of patients who will suffer greatly as a result.

I hope that you, the conscientious reader, whether visually impaired or not, will give these matters your heartfelt consideration.

Midsummer, 1984
Fukushima Kodo

1. Six-Position Pulse Diagnosis, see Chapter X
Kyo and *jitsu*, see Chapter VIII
Ho sha needling, see Chapter XII
2. See Part II, Section 4 for the meanings of these titles.
3. See Chapter XV
4. The Pounding pulse is discussed in Chapter X
5. Group Training System: A system developed by the Toyo Hari Medical Association to provide open and effective instruction in the ancient healing traditions of Meridian Therapy that are often otherwise greatly obscured by secrecy and misinformation. The system divides the teachings of Meridian Therapy into the following four subjects:
 - 1) Correlating Pulse *Akashi* and Abdominal *Akashi* (see page 94)
 - 2) The Location of "Living and Functioning Meridian Points" (see page 167)
 - 3) Basic Needling Techniques (see Chapter XII)
 - 4) Emergency and Supplemental techniques (see Chapter XVIII)See also "*Kosato*-style small group training,"page 200)
6. Average exchange rate at time of writing, 230 yen/dollar
7. Inspired by the work of the great blind *hari* master Sugiyama (17th century), a unique system exists in Japan for training the visually handicapped in three vocations: acupuncture, moxibustion, and massage.

Notes to the Reader

Meridian Therapy, derived from 3,000 years of living tradition, is part of the highly evolved cultural legacy bequeathed to us by our great ancestors. Those who would follow its ways must be prepared to learn unique principles and techniques. However arduous the task may be, one must not try to avoid it by practicing the kind of acupuncture that is based on modern medical theory. Indeed, this course of action places Meridian Therapy's profound mysteries even further out of reach. Instead, one must put aside all preconceptions and previously acquired knowledge, and resolve to "learn by example." This means striving to embrace open-mindedness and immersing oneself fully and without argument in the teachings.

In addition, as the concurrence of theory and practice is of the utmost importance, I begin this book with a strong warning to the reader: Clinical work founded on book learning and not supported by hands-on knowledge leads to many problems and is of little value.

This book contains various kind of specific terms. Especially, the terms specific to the Orientals are hardly translated in English without losing their exact meaning. They are thus written in the Romanized Japanese, according to the Hepburn system, at the cost of their difficulty for the readers to grasp the meaning at hand.

In order to help readers recognition of these specific terms, different printing forms and rules are used as follows:

1. Person's name:

Person's names are expressed, based on the Oriental tradition, the family name first followed by the first name.

Homma Shohaku

Chinese names are written in the Romanized letters read in Japanese which keeps the pronunciation of Old Chinese, mostly the Tang Dynasty (618-907 A.D.).

Henjaku

2. Book's name:

Book's names are also written in the Romantized letter read in Japanese.

Jushikeihakki
Sanimpo

Those which are accepted in the West or translatable without distorting their original meaning are written in English.

Lectures on Meridian Therapy

3. General term in Oriental:

kyo *ho* *akashi*
jitsu *sha*

Oriental measure of length are used in a singular form regardless to their amount.

sun *shaku*

4. The terms specific to the Orientals:

The terms specific to the Orientals are started from a Capital letter.

Main Meridian
Odd Meridian
Metal Phase
Fire Phase

5. The names of Point:

The names of Point, *tsubo*, are written in the Romanized Japanese (Hepburn system), starting from the capital letter for each Chinese character. *Tsubo*, are written in the Romanized Japanese (Hepburn system), starting from the capital letter for each Chinese character.

Point expression	Pronunciation	Chinese character	Meridian
AMon	[amon]	壺門	Tk
BoKoYu	[bó:ko:jũ]	膀胱俞	Bl
BokuShin	[bókũ:jĩn]	僕參	Bl
ChiGoE	[tʃigoè]	地五会	GB

5. The terms and names expressed in the Romanized Japanese and the book's names which are translated in English are listed in Part II.

Part II

Section 2 List of Points

Section 3 Index of Personal Names

Section 4 Index of Books

Section 5 Index of Special Terms

I

Meridian Therapy

1 DEFINITION¹

Meridian Therapy is Traditional Japanese Medicine based on pulse diagnosis. It involves a clinical reading called *akashi* that is a holistic interpretation of illness derived from an understanding of *ki* and *ketsu*. Disturbances in *ki* and *ketsu* are identified through the *kyo* and *jitsu* of the meridians, and treatment is effected with *ho* and *sha* techniques using *hari* and *okyu*. Meridian points serve as loci for both diagnosis and treatment.

2 ORIGIN AND DEVELOPMENT

Meridian Therapy is not a part of an eccentric sect or unconventional school of healing but is based on *hari* traditions that are thousands of years old, as recorded in the classical medical texts. The ancient Chinese classics *Suwen*, *Lingshu*, and *Nanjing* are its original sources. In Japan, we can trace its beginnings to the East Asian Medical practices of the *Nara*, *Heian*, and *Kamakura* periods, and it includes the great traditions of the blind *hari* practitioners of the *Edo* period. The actual term “Meridian Therapy” was adopted in 1939 or thereabouts by three *hari* masters—Takeyama Shinichiro; Inoue Keiri; and Okabe Sodo—for the purpose of distinguishing Traditional *Hari* from Modern Acupuncture which is based on the Western medical concept of stimulation-induced healing.

Meridian Therapy is formulated according to the concepts of Yin Yang-Five Phases, *Ki Ketsu-Ei E*, and *Zo Fu* Meridians. In the clinic it makes use of pulse diagnosis, *akashi*, and *ho sha*.² Its methods and goals differ completely from those of modern systems that focus only on the diagnosis and treatment of certain pre-established physical conditions.

1. This definition will be incomprehensible to beginning students. All the terms employed, however, are discussed in detail within the text.
2. These are some of the key elements of Meridian Therapy, and they are discussed in detail throughout the text.

II

Ki Ketsu - Ei E

Ki and *ketsu* are the sources of our Vital Energy (i.e., the strength we depend on for survival). They circulate on the inside and outside of the meridians, bringing nutrition to all parts of the body, fueling growth, and supporting life through the combating of disease.

Ketsu is Yin. It has form and flows, like the body fluids and blood, and moves on the inside of the meridians. *Ki* is Yang. The character for *ki* is the same one that forms part of the words for air, electricity, and feelings. We know it by its actions but cannot make out its form. It flows on the outside of the meridians, accompanying and protecting the *ketsu*.

These, in combination with *ei* and *e*, are also known as *ei-ketsu* and *e-ki*. *Ei* is formed from the Stomach and Middle Heater and *e* from the Lower Heater. *Ei* and *e* join, take on the Prenatal *ki* from the Kidneys, and move together to the Upper Heater. They turn red in color at the Heart and receive *ki* from the atmosphere before entering the 12 meridians. From the Lungs to the Large Intestine, Stomach, Spleen, Heart, Small Intestine, Bladder, Kidneys, Heart Constrictor, Triple Heater, Gall Bladder, Liver, and back to the Lungs, *ei-ketsu* and *e-ki* circulate through the whole body in a never-ending loop, nonstop, day and night.

The goal of meridian-based *hari* therapy is the regulation of *ki* and *ketsu*. Therefore, in this form of medicine, illness is seen as disturbances in *ki* and *ketsu* while health is recognized as their balance.

III

Yin Yang - Five Phases

Yin Yang-Five Phases is the basis of the Oriental conception of the universe. Without an understanding of this doctrine, it is difficult to grasp any other aspect of East Asian culture, including the principles of meridian-based *hari* therapy.

1 YIN YANG

The Universe finds its origin in the Infinite, which becomes separated into Heaven and Earth and Yin and Yang. The interplay of these two principles gives rise to the Five Phases, from which all the phenomena of our world are derived. The theory of the oneness of nature and humankind is a special feature of East Asian Medicine, in which the human body is seen as a microcosm of the Universe.

Yin and Yang are inversely related to each other, as are Earth and Heaven, night and day, down and up, west and east, and so forth. They also have an antagonistic effect on each other, in that Yin is *kyo* when Yang is *jitsu*, and Yang is *kyo* when Yin is *jitsu*. Yang is dynamic, hot, active, and positive; while Yin is static, cold, passive, and negative.

In terms of the human body, man is Yang and woman Yin, the head is Yang and the feet Yin; the back is Yang and the front Yin; the outside is Yang and the inside Yin; *fu* is Yang and *zo* Yin; *ki* is Yang and *ketsu* Yin. In terms of illness, acute illnesses are Yang and chronic illnesses Yin; swelling and pain are Yang, and emaciation and numbness Yin; fever is Yang, and chills are Yin; and so forth. All phenomena can be seen in terms of division into Yin and Yang.

In reality, however, Yang contains within itself both Yin and Yang, and Yin has within itself both Yin and Yang. The true nature of Yin-Yang lies in its continuous harmony and existence as a single whole. Either Yin or Yang in isolation would constitute an extreme condition, and the result would be total disintegration.

2 FIVE PHASES

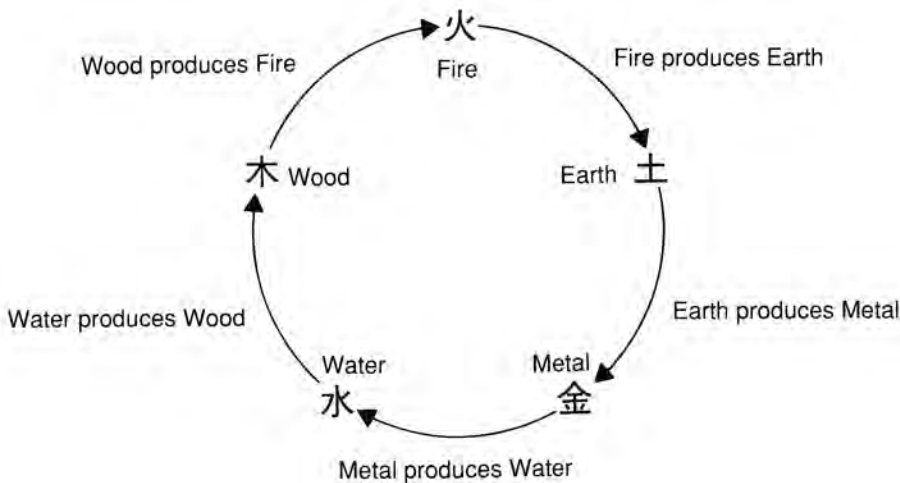
From the continual expansion of Yin-Yang and its taking of form in the physical world come the Five Phases, known as Wood, Fire, Earth, Metal, and Water. Although all the phenomena of our world can be fit into one or another of the Five Phases, in the end these categories are conceptual and should not be taken as absolutes. For this reason, within the Wood Phase there is Wood, Fire, Earth, Metal, and Water; and within the Earth Phase there is Wood, Fire, Earth, Metal, and Water, and so forth. In this way all phenomena are united into a complete whole.

The Five Phases interact with each other according to three patterned relationships: *sosho* (production and/or fostering) relationship, *sokoku* (inhibition and/or antagonism) relationship, and *shofuku* (regaining the upper hand) relationship.

1) *Sosho* Relationship

This is also called the Mother-Child relationship. The interaction is of a positive nature, one of successive fostering. In this relationship, Wood produces Fire; Fire produces Earth; Earth produces Metal; Metal produces Water; and Water produces Wood (see Figure 1).

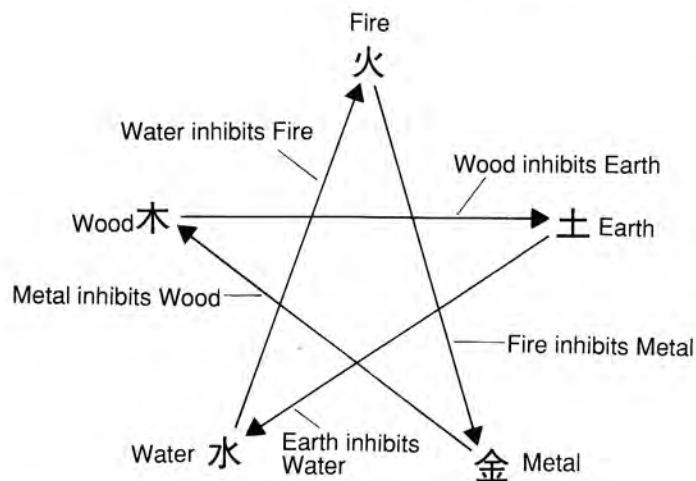
Figure 1: *Sosho* (Successive Production) Relationship in Five Phases



2) *Sokoku* Relationship

Also called the Husband-Wife relationship, this interaction is of an antagonistic nature. Herein, Wood inhibits Earth; Earth inhibits Water; Water inhibits Fire; Fire inhibits Metal; and Metal inhibits Wood (see Figure 2).

Figure 2: *Sokoku* (Successive Inhibition) Relationship in Five Phases

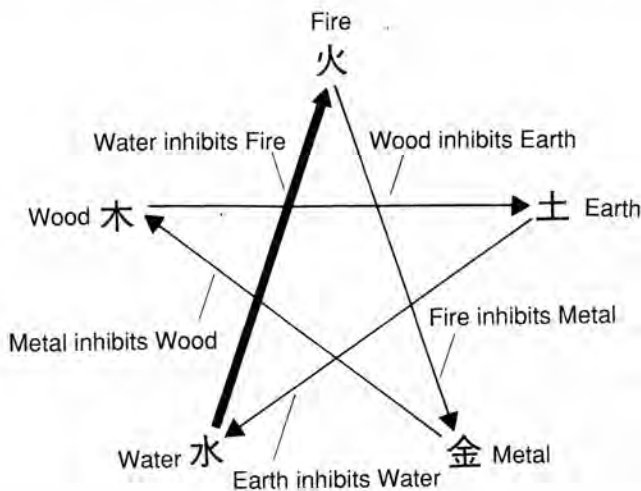


3) *Shofuku* Relationship

This is a relationship of natural balance. Based on the *sokoku* relationship, the principle of circularity eventually plays to keep the Five Phases in continual balance. For example, if Fire should become overwhelmingly strong, Metal would be inhibited; the inhibition of Metal, then, would cause a strengthening of Wood; the powerful Wood would then inhibit Earth; the inhibition of Earth leads to a strengthening of Water; and the powerful Water could then, finally, bring under control the original surge of Fire, thus rescuing its Mother, the subdued Metal, and restoring balance among the Five Phases.

In other words, when Metal is inhibited, its Child, Water, leaps into action to hold back the inhibitor Fire. Thus Metal, according to the principle of circularity, regains the upper hand (see Figure 3).

Figure 3: *Shofuku* (Regaining the Upper Hand) Relationship in Five Phases



IV

Meridians

GENERAL INTRODUCTION

The meridian system is composed of the major meridians and their connecting branches. Through *ki* and *ketsu*, this system regulates the vitality of all the organs of each part of the body.

There are both external and internal meridians. The external meridians are not thin lines on the surface of the skin but sensitivity bands with certain width and depth, linking their respective meridian points. *Ki* and *ketsu* extend to every region of the body without exception.

The internal meridians circulate in the deep, inner reaches of the body. They crisscross at various places and wrap themselves around *zo* and *fu* to which they belong, supplying the nutrition and governing their activity.

The meridian points, being doors for *ki*, are the most prominent manifestations of the meridian phenomenon. Meridians and meridian points are normally dormant and difficult to recognize, but when affected by illness they can easily be felt on the surface of the skin.

There are two types of meridians: the Main Meridians (Ordinary Meridians) and the Odd Meridians. The Twelve Main Meridians are fundamentally concerned with, and derive their names from *zo* and *fu*. They are called either "Hand" or "Foot" Meridians depending on the location of their beginning or ending points. In addition, they are named according to the Three Yin-Three Yang, based on the *un-ki* Doctrine of the Yin Yang-Five Phases.¹

These Twelve Main Meridians are the following: the Hand's *Tai-in* Lung Meridian, the Hand's *Yo-mei* Large Intestine Meridian, the Foot's *Yo-mei* Stomach Meridian, the Foot's *Tai-in* Spleen Meridian, the Hand's *Sho-in* Heart Meridian, the Hand's *Tai-yo* Small Intestine Meridian, the Foot's *Tai-yo* Bladder Meridian, the Foot's *Sho-in* Kidney Meridian, the Hand's *Ketsu-in* Heart Constrictor Meridian, the Hand's *Sho-yo* Triple Heater Meridian, the Foot's *Sho-yo* Gall Bladder Meridian, and the Foot's *Ketsu-in* Liver Meridian.

The Eight Odd Meridians function like drainageways, taking on and controlling any overflow of *ki* and *ketsu* from the Main Meridians. The eight are: *Toku* Meridian, *Nin*

Meridian, *Yo-kyo* Meridian, *In-kyo* Meridian, *Yo-i* Meridian, *In-i* Meridian, *Sho* Meridian, and *Tai* Meridian. (Some scholars prefer to include the *Toku* Meridian and *Nin* Meridian with the Main Meridians and call this group the 14 meridians.)

In addition, different kinds of smaller meridians branch off from the Main and Odd Meridians. *Ki* and *ketsu* run on the inside and outside of these branches, too, in this way governing every part of the entire body.

The Twelve Main Meridians can also be grouped as in the chart below. (Refer to Part II Section I for the positions of the major points and the method of locating them.)

Chart 1: The Twelve Main Meridians and Yin Yang-Five Phases

FIVE PHASES	WOOD	FIRE	
		(<i>Kun</i> -Fire)	(<i>So</i> -Fire)
YIN	Liver Meridian	Heart Meridian	Heart Constrictor Meridian
YANG	Gall Bladder Meridian	Small Intestine Meridian	Triple Heater Meridian

FIVE PHASES	EARTH	METAL	WATER
YIN	Spleen Meridian	Lung Meridian	Kidney Meridian
YANG	Stomach Meridian	Large Intestine Meridian	Bladder Meridian

1 THE COURSE AND POINTS OF THE TWELVE MAIN MERIDIANS²

1) Lung Meridian

POINTS: 11

ChuFu, UmMon, TemPu, KyoHaku, ShakuTaku, KoSai, Rekketsu, KeiKyo, DaiEn, GyoSai, ShoSho

COURSE: The Lung Meridian begins in the Middle Heater, Stomach region (the ChuKan point). It moves down and wraps around the Large Intestine, then reverses direction to ascend to the upper opening of the Stomach, where it passes through the diaphragm and arrives at the Lungs and envelops them. Here it picks up its Lung-*ki*, rises to the windpipe and passes into the nose. Then it splits left and right and moves downward, emerging from the ChuFu point below the collarbone to become an external meridian, passing down the radial side of the upper arm and forearm, and ending at the ShoSho point at the tip of the thumb.

A branch meridian splits off from the Rekketsu point and moves to the ShoYo point at the tip of the index finger, where it joins the Large Intestine Meridian.

2) Large Intestine Meridian

POINTS: 20

ShoYo, JiKan, SanKan, GoKoku, YoKei, HenReki, OnRu, GeRen, JoRen, SanRi, KyokuChi, ChuRyo, GoRi, HiJu, KenGu, KoKotsu, TenTei, FuTotsu, KaRyo, GeiKo

COURSE: The Large Intestine Meridian continues from the end point of the Lung Meridian. It begins at the ShoYo point at the tip of the index finger, passes through the GoKoku point between the first and second metacarpal bones, moves up the back of the forearm on the thumb's side to the KyokuChi point at the elbow, and climbs the upper arm. From the HiJu point it intersects the Triple Heater Meridian at its JuE point, then moves up, passing through the KenGu point. Reaching the DaiTsui point of the *Toku* Meridian at the back of the neck, it returns to the front, enters the rib cage from the KetsuBon point of the Stomach Meridian, wraps around the Lungs, and passes through the diaphragm. It arrives at the area of the TenSu point alongside the navel and envelops the Large Intestine.

A branch meridian splits off from the KetsuBon point, moves up from the neck to the cheeks, enters the gums of the lower teeth, moves around the mouth by crisscrossing right and left at the JinChu point between the nose and the lips, and ends at the GeiKo point alongside the nose. From here, it becomes the starting point for the Stomach Meridian.

3) Stomach Meridian

POINTS: 45

ShoKyu, ShiHaku, KoRyo, ChiSo, DaiGei, KyoSha, GeKan, ZuI, JinGei, SuiTotsu, KiSha, KetsuBon, KiKo, KoBo, OkuEi, YoSo, NyuChu, NyuKon, FuYo, ShoMan, RyoMon, KamMon, TaiItsu, KatsuNikuMon, TenSu, GeRyo, TaiKo, SuiDo, KiRai, KiSho, HiKan, FukuTo, InShi, RyoKyu, TokuBi, SanRi, JoKoKyo, JoKo, KaKoKyo, HoRyu, KaiKei, ShoYo, KanKoku, NaiTei, ReiDa

COURSE: The Stomach Meridian continues from the end of the Large Intestine Meridian at the GeiKo point. It moves up the bridge of the nose, by joining right and left, then separates again at the base of the nose. It moves across the inner corner of the eye, arrives at the ShoKyu point 0.7 *sunn* directly below the pupil, descends along the outside of the nose, and enters the upper teeth. It then re-emerges, circles around the outside of the mouth, crosses right and left below the lower lip at the ShoSho point, traverses the underside of the chin, moves out in front of the ear, passes through the cheekbone, proceeds to the temple—intersecting the Gall Bladder Meridian at the KyakuShuJin, KenRi, and GanEn points—and climbs up and through the ZuI point, to arrive at the HonJin point of the Gall Bladder Meridian and the ShinTei point of the Toku Meridian.

One branch splits off from the chin, moves down the throat, passes between the sternum and the nipples, and envelops the Stomach and wraps around the Spleen. It descends to the KiSho point and joins the main meridian. Another branch travels straight down from the chin through the KetsuBon point along the line of the nipple. It descends parallel to the rectus abdominis muscle to the KiSho point, where the branches come together, then traverses the outside front of the upper leg. It moves around the kneecap and the outside front of the lower leg, reaches the top of the foot, and finishes at the ReiDa point at the outside tip of the second toe.

There are two branch meridians. One splits off from the SanRi point and moves down the outside of the lower leg, ending at the tip of the foot;³ the other splits off from the ShoYo point, then from the KoKan point between the first and second toes it travels underneath the foot to arrive at the ImPaku point where the Spleen Meridian begins.

4) Spleen Meridian

POINTS: 21

ImPaku, TaiTo, TaiHaku, KoSon, ShoKyu, SanInKo, RoKoku, ChiKi, InRyoSen, Kekkai, KiMon, ShoMon, FuSha, Fukketsu, DaiO, FukuAi, ShokuToku, TenKei, KyoKyo, ShuEi, TaiHo

COURSE: The Spleen Meridian continues from the end of the Stomach Meridian, beginning at the ImPaku point. It traverses the inside of the foot on the line between the red flesh and the white flesh, moves through the SanInKo point 3 *sun* above the inside ankle, and continues along the inside of the knee and inside of the upper leg. It enters the abdomen and ascends from there, while moving back and forth between the *Nin* Meridian and the sides of the abdomen.

Its course continues from the ShoMon point to the FuSha point, then it crosses to the ChuKyoku point of the *Nin* Meridian. It moves up to the KanGen point and out again to the Fukketsu and DaiO points. It returns to the GeKan point of the *Nin* Meridian, then crosses back and ascends through the FukuAi, JitsuGetsu, and KiMon points. Then, for the third time, it returns to the JoKan and ChuKan points of the *Nin* Meridian, to envelope the Spleen and wrap around the Stomach. Ascending even farther, it rises into the chest and ends in the area of the Heart.

The meridian also ascends from the FukuAi point into the chest, reaches the ShuEi point 2 *sun* outside of the nipple line (between the third and fourth ribs), descends to the TaiHo point 6 *sun* below the armpit, then turns back upwards and ends by dispersing beneath the tongue.

5) Heart Meridian

POINTS: 9

KyokuSen, SeiRei, ShoKai, ReiDo, TsuRi, InGeki, ShimMon, ShoFu, ShoSho

COURSE: The Heart Meridian starts from the place where the Spleen Meridian reaches the Heart. It ascends slightly, then descends from the area around the Stem of the Heart (today known as the pulmonary artery) and wraps around the Small Intestine in the area of the GeKan point of the *Nin* Meridian.

It also ascends from the Stem of the Heart, moves in on both sides of the pharynx, and reaches the eyes. The main part of the meridian circulates from the Stem of the Heart through the Lungs, moves to the region below the armpits, and becomes an external meridian from the area of the

KyokuSen point. It moves along the inside of the upper arm and the ulnar side of the forearm and ends at the ShoSho point at the base of the nail on the inside tip of the little finger.

6) Small Intestine Meridian

POINTS: 19

ShoTaku, ZenKoku, GoKei, WanKotsu, YoKoku, YoRo, ShiSei, ShoKai, KenTei, JuYu, TenSo, HeiFu, KyokuEn, KenGaiYu, KenChuYu, TenSo, TenYo, KanRyo, ChoKyu

COURSE: The Small Intestine Meridian starts from the ShoTaku point at the outside tip of the little finger, ascends the outside front of the little finger and the ulnar side of the forearm and upper arm, and arrives at the scapula. It traverses the spine of the scapula to the DaiTsui point of the *Toku* Meridian, moves around to the front, enters the rib cage from the area of the KetsuBon point, wraps around the Heart in the region of the DanChu point, descends along the esophagus to the area of the GeKan point, and envelops the Small Intestine.

A branch meridian splits off from the region of the KetsuBon point, ascends to the neck, passes through the cheek to the DoShiRyo point at the outside corner of the eye, then returns and enters the ear. Another branch meridian splits off from the region of the KanRyo point below the cheekbone to arrive at the inside corner of the eye.

7) Bladder Meridian

POINTS: 63

SeiMei, SanChiku, KyokuSa, GoSho, ShoKo, TsuTen, Rakkyaku, GyokuChin, TenChu, DaiJo, FuMon, HaiYu, KetchinYu, ShinYu, KakuYu, KanYu, TanYu, HiYu, IYu, SanShoYu, JinYu, DaiChoYu, ShoChoYu, BoKoYu, ChuRyoNaiYu, HakkanYu, JoRyo, JiRyo, ChuRyo, GeRyo, EYo, ShoFu, ImMon, FuGeki, IYo, IChu, FuBun, Hakko, KoKo, ShinDo, IKi, KakuKan, KomMon, YoKo, ISha, ISo, KoMon, ShiShitsu, HoKo, Chippen, GoYo, ShoKin, ShoZan, HiYo, FuYo, KonRon, BokuShin, ShimMyaku, KimMon, KeiKotsu, Sokkotsu, TsuKoku, ShiIn

COURSE: The Bladder Meridian begins from the end of the Small Intestine Meridian at the SeiMei point on the inside corner of the eye. It ascends to the hairline, crosses right and left in the area of the ShinTei point, rises to the area of the TsuTen point from which it moves to the HyakuE point of the *Toku* Meridian and crosses right and left, enters the brain and wraps around it, then exits and descends to the nape of the neck.

A branch meridian splits off right and left from the HyakuE point, and arrives at the upper edge of the ears. The main meridian moves from the nape of the neck down both sides of the back, linking the “Rear-Associated” points (see Chapter XIII) of all the Inner Organs. It then enters the lower back, wraps around the Kidneys, and envelops the Bladder.

The main meridian then passes over the buttocks, descends along the back of the upper leg, and enters the knee. A second lateral line that begins separately from the TenChu point moves down the back and lower back and joins the main meridian in the knee area. The meridian then passes along the back of the lower leg, descends along the back of the outer ankle, moves along the outside of the foot, and ends at the ShiIn point on the outer tip of the fifth toe.

8) Kidney Meridian

POINTS: 27

YuSen, NenKoku, TaiKei, TaiSho, ShoKai, SuiSen, FukuRyu, KoShin, ChikuHin, InKoku, OKotsu, TaiKaku, KiKetsu, ShiMan, ChuChu, KoYu, ShoKyoku, SekiKan, InTo, TsuKoku, YuMon, HoRo, ShimPo, ReiKyo, ShinZo, WakuChu, YuFu

COURSE: The Kidney Meridian begins from the end of the Bladder Meridian at the ShiIn Point, moves inside the bottom of the foot, becomes an external meridian from the YuSen point, traverses the back of the inner ankle, and intersects the SanInKo point (where the three Yin meridians of the foot—the Spleen, Kidney, and Liver Meridians—intersect). It moves up the inside back of the lower leg to the InKoku point on the inside back of the knee, continues up the inside back of the upper leg, and penetrates the ChoKyo point on the tip of the coccyx. It re-emerges and moves to the front, ascends along the line 0.5 *sun*n outside the *Nin* Meridian, moves inside the body from the KoYu point beside the navel, and envelops the Kidneys. From here, it descends on the *Nin* Meridian and wraps around the Bladder. A direct line is made ascending to and entering the Lungs. The meridian then re-emerges and circulates through the windpipe to end at the root of the tongue.

A branch meridian comes out from the Lungs, and descends along the *Nin* Meridian. It wraps around the Heart in the area of the ShinZo point and ends by intersecting with the starting point for the Heart Constrictor Meridian in the area of the DanChu point.

9) Heart Constrictor Meridian⁴

POINTS: 9

TenChi, TenSen, KyokuTaku, GekiMon, KanShi, NaiKan, TaiRyo, RoKyu, ChuSho

COURSE: The Heart Constrictor Meridian continues from the end of the Kidney Meridian. It envelops the Heart Constrictor, descends along the *Nin* Meridian, ties together the Triple Heaters at the JoKan, ChuKan, and InKo points, and ends the main meridian.

A branch meridian splits off from the Heart Constrictor, runs through the inside of the chest, and moves to the TenChi point 1 *sun* to the outside of the nipple on the side of the chest, here becoming an external meridian. It reaches the area under the armpit, goes down the inside of the upper arm and forearm between the Lung Meridian and Heart Meridian, moves along the palm of the hand, and ends at the ChuSho point on the thumb's side of the tip of the middle finger. Another branch goes from the RyoKyu point in the middle of the palm of the hand to the KanSho point at the base of the nail on the ulnar side of the fourth finger.

10) Triple Heater Meridian⁵

POINTS: 23

KanSho, EkiMon, ChuCho, YoChi, GaiKan, ShiKo, ESo, SanYoRaku, ShiToku, TenSei, SeiReiEn, ShoReki, JuE, KenRyo, TenRyo, TenYo, EiFu, KeiMyaku, RoSoku, KakuSon, JiMon, WaRyo, ShiChikuKu

COURSE: The Triple Heater Meridian continues from the end of the Heart Constrictor Meridian, beginning at the KanSho point. It moves to the back of the wrist, ascends the back of the forearm and upper arm between the Large Intestine Meridian and Small Intestine Meridian, traverses the shoulder to the TenRyo point, moves through the KenSei and HeiFu points, enters the chest from the KetsuBon point, wraps around the Heart Constrictor in the area of the DanChu point, and envelops the Upper Heater at the upper opening of the Stomach, the Middle Heater in the area of the ChuKan point, and the Lower Heater in the area of the InKo point 1 *sun* below the navel.

A branch meridian splits off and ascends from the DanChu point, emerges from the KetsuBon point, passes the DaiTsui point, and goes up the nape of the neck to circulate behind and above the ears. It arrives at the temple region, passes through the YoHaku point on the forehead, moves to the SeiMei point on the inner corner of the eye, and ends at the KanRyo point of the Small Intestine Meridian below the cheekbone.

Another branch goes into the ear from the EiFu point, comes out in front of the ear, passes through various points intersecting with the Gall Bladder Meridian and Small Intestine Meridian, and ends at the ShiChikuKu and DoShiRyo points at the outer corner of the eye.

11) Gall Bladder Meridian

POINTS: 43

DoShiRyo, ChoE, KyakuShuJin, GanEn, KenRo, KenRi, KyokuBin, Sokkotsu, TenSho, FuHaku, KyoIn, KanKotsu, HonJin, YoHaku, RinKyu, MokuSo, ShoEi, ShoRei, NoKu, FuChi, KenSei, EnEki, ShuKin, JitsuGetsu, KeiMon, TaiMyaku, GoSu, YuiDo, KyoRyo, KanCho, ChuToku, YoKan, YoRyoSen, YoKo, GaiKyu, KoMyo, YoHo, KenSho, KyuKyo, RinKyu, ChiGoE, KyoKei, KyoIn

COURSE: The Gall Bladder Meridian continues from the end of the Triple Heater Meridian, beginning at the DoShiRyo point. It moves through the temple region, passes above the ear, arrives at the KanKotsu point behind the ear (KanKotsu is now known as the mastoid), returns to the forehead, moves to the SeiMei point, returns again to the forehead, goes along the outside of the Bladder Meridian, arrives at the FuChi point, descends to the shoulders, turns to the back, moves into the DaiTsui point, passes through the DaiJo and HeiFu points, and goes into the KetsuBon point.

A branch meridian enters the ear from the FuChi point, comes out in front of the ear, moves again to the DoShiRyo point, and passes through the KanRyo, KyoSha, and DaiGei points, and enters KetsuBon where it connects with the main meridian. From here it enters the chest, wraps around the Liver in the area of the KiMon point, and envelops the Gall Bladder in the area of the JitsuGetsu point. Then, it moves to the ShoMon point at the tip of the eleventh rib, descends, and enters the hip joint above the pubic bone.

The main meridian then moves out from the KetsuBon point to the area below the armpit, descends along the side of the chest, moves across diagonally to the front, arrives at the JitsuGetsu point, passes through the KeiMon point at the tip of the twelfth rib, goes down the side of the abdomen, by moving into the hip joint and joining the branch meridian. From here, it descends along the side of the upper and lower legs, passes over the outside front of the outer ankle, and ends at the KyoIn point at the base of the nail on the outside tip of the fourth toe.

Another branch splits off from the RinKyu point and intersects the starting point for the Liver Meridian at the outer tip of the big toe. The Gall Bladder Meridian is thus unique in that it moves several times back and forth across the side of the head and runs along the outside of the whole body, including the side of the neck, chest, and abdomen.

12) Liver Meridian

POINTS: 13

TaiTon, KoKan, TaiSho, ChuHo, ReiKo, ChuTo, ShitsuKan, KyokuSen, ImPo, GoRi, InRen, ShoMon, KiMon

COURSE: The Liver Meridian continues from the end of the Gall Bladder Meridian, starting at the TaiTon point on the outer tip of the first toe. It moves between the first and second metatarsal bones, reaches the front of the inner ankle, ascends the inside of the lower leg, enters the abdomen from the area of the femoral artery, and traverses the pubic hair region to the external genital organs. For this reason, the sexual organs are under the control of the Liver Meridian. It then goes up the abdomen, divides right and left in the area of the KanGen point of the *Nin* Meridian, encloses the Stomach and envelops the Liver in the area of the KiMon point, and wraps around the Gall Bladder in the area of the JitsuGetsu point. The meridian then ascends, enters the chest, passes through the windpipe and larynx, moves across the stem of the eye, from the forehead to the HyakuE point, and joins with the *Toku* Meridian. It branches off at the eyes and descends to the lips.

Also, from the KiMon point where it envelops the Liver, it splits off and enters the chest, moves through the Lungs, descends to the area of the ChuKan point, and intersects with the starting point for the Lung Meridian.

2 THE COURSE AND POINTS OF THE EIGHT ODD MERIDIANS

In *Meridian Therapy*, treatment of the Twelve Main Meridians makes up the principle therapy, while the Eight Odd Meridians are used in a supplementary fashion, as in first-aid and emergency work.

Since the *Nin* and *Toku* Meridians contain points unique to them, some scholars prefer to combine them with the Twelve Main Meridians and call them the Fourteen Meridians. We will describe these two meridians together with other six meridians.

1) *Toku* Meridian

POINTS: 27

ChoKyo, YoYu, YoKan, MeiMon, KenSu, SekiChu, KinShuku, ShiYo, ReiDai, ShinDo, ShinChu, ToDo, DaiTsui, AMon, FuFu, NoKo, KyoKan, GoCho, HyakuE, ZenCho, ShinE, JoSei, ShinTei, SoRyo, SuiKo, DaTan, GinKo

COURSE: The *Toku* Meridian makes a medial line that begins from the area between the genital organs and the anus (known as the meeting point of the Frontal Yin and Rear Yin). It ascends along each vertebra, moves from the back of the head past the HyakuE point and down the front of the nose, and ends at the GinKo point on the inside of the lip. There are two branch meridians along the way. One of them splits off from the area of the third thoracic vertebra, moves to the FuMon point, and rejoins the main meridian from below the first thoracic vertebra. The other one goes inside from the back of the head, wraps around the brain, comes out at the top of the head, and joins the main meridian.

2) *Nin* Meridian

POINTS: 24

EIn, Kyokkotsu, ChuKyoku, KanGen, SekiMon, KiKai, InKo, ShinKetsu, SuiBun, GeKan, KenRi, ChuKan, JoKan, KoKetsu, KyuBi, ChuTei, DanChu, GyokuDo, ShiKyu, KaGai, SenKi, TenTotsu, RenSen, ShoSho

COURSE: The *Nin* Meridian begins from the meeting point of the Frontal Yin and Rear Yin, moves to the front, ascends the medial line of the lower and upper abdomen, and traverses the front of the sternum and center of the neck, with the last meridian point being the ShoSho point on the chin. The meridian itself continues to the lips through the GinKo point of the *Toku* Meridian, where it splits right and left. It ends by joining the Stomach Meridian beneath the eye at the ShoKyu point of that meridian.

3) *Yo-kyo* Meridian

POINTS: 11

BokuShin, ShimMyaku, FuYo, JuYu, KenGu, KoKotsu, ChiSo, KoRyo, ShoKyu, SeiMei, FuChi

COURSE: The *Yo-kyo* Meridian follows the course of the Bladder Meridian, by beginning at the BokuShin point on the heel of the foot and ascending through the ShimMyaku and FuYo points, past the ankle, and up the back of the leg into the buttocks. From the side of the chest region it moves through the JuYu, KenGu, and KoKotsu points of the shoulder, and then traverses the side of the neck to the ChiSo point at the corner of the mouth.

It continues to ascend from there through the KoRyo and ShoKyu points, and passes beneath the eye to the SeiMei point at the inner corner of the eye. It then goes up across the forehead, past the hairline, and over the top of the head, and ends at the FuChi point.

4) *In-kyo* Meridian

POINTS: 4

NenKoku, ShoKai, KetsuBon, SeiMei

COURSE: The *In-kyo* Meridian follows the course of the Kidney Meridian. It begins at the heel of the foot and passes through the NenKoku and ShoKai points. From the inside ankle it moves up the inside of the leg into the groin region, and continues through the abdominal and chest regions. It circulates through the KetsuBon point below the collarbone to the area of palpitation of the carotid artery, passes through the throat and beneath the cheekbone, and ends at the SeiMei point on the inside corner of the eye.

5) *Yo-i* Meridian

POINTS: 16

KimMon, YoKo, KyoRyo, JuYu, HiJu, JuE, TenRyo, KenSei, HonJin, YoHaku, RinKyu, MokuSo, ShoEi, ShoRei, NoKu, FuChi

COURSE: The *Yo-i* Meridian follows the course of the Gall Bladder Meridian. It begins at the KimMon point between the heel and cuboid bone of the foot and ascends the outside of the leg from the outside ankle through the YoKo point. It passes through the outside of the hip joint and the side of the chest past the KyoRyo point to the back of the shoulder. Circulating through the JuYu point near the top of the shoulder and the HiJu and JuE points of the upper arm, it moves to the TenRyo and KenSei points of the upper shoulder and passes through the side of the neck up to the HonJin point. Then, from the side of the head, it traverses the forehead to the YoHaku point, moves along the Gall Bladder Meridian past the RinKyu, MokuSo, ShoEi, ShoRei, and NoKu points to the back of the head, and ends at the FuChi point.

6) *In-i* Meridian

POINTS: 7

ChikuHin, FuSha, DaiO, FukuAi, KiMon, TenTotsu, RenSen

COURSE: The *In-i* Meridian follows the course of the Kidney Meridian along the foot and leg and the Spleen Meridian along the abdomen and chest. It begins at the ChikuHin point on the lower leg and ascends the inside of the leg to

the abdomen. It circulates through the lower abdomen, passes through the FuSha, DaiO, FukuAi, and KiMon points, moves up the chest past the TenTotsu and RenSen points, wraps around the throat, and ends beneath the chin.

7) *Sho* Meridian

POINTS: 12

KiSho, OKotsu, TaiKaku, KiKetsu, ShiMan, ChuChu, KoYu, ShoKyoku, SekiKan, InTo, TsuKoku, YuMon

COURSE: The *Sho* Meridian begins from the uterus, moves to the KiSho point in the groin region and passes through the OKotsu, TaiKaku, KiKetsu, ShiMan, ChuChu, KoYu, ShoKyoku, SekiKan, InTo, TsuKoku, and YuMon points of the Kidney Meridian in the abdominal region. It then passes into the region below the ribs and ends by dispersing inside the chest. A branch meridian splits off from the KiSho point and travels down the inside of the leg to the KoSon point on the inside of the foot.

8) *Tai* Meridian

POINTS: 4

ShoMon, TaiMyaku, GoSu, YuiDo

COURSE: The *Tai* Meridian begins from the ShoMon point below the ribs and assumes a unique course that encircles the body once and encloses the belly like a belt. A branch meridian splits off from the TaiMyaku point and passes through the GoSu and YuiDo points into the HiSu⁶.

1. Three Yin: *Tai-in* 太陰, *Ketsu-in* 厥陰, *Sho-in* 少陰

Three Yang: *Tai-yo* 太陽, *Sho-yo* 少陽, *Yo-mei* 陽明

Note that the interpretation and application of Three Yin-Three Yang Theory by practitioners of traditional *Hari* are different from that of Chinese Herbal Medical practitioners.

2. Note that all references to meridian points in the text include the phonetic reading and the character representation of the point. A comprehensive index can be found in Part II Section 2. The position and location of major meridian points are described in Part II Section 1.

Note also that in Traditional East Asian Medicine, measurements along the body are made in terms of the size of the individual being measured. As a standard, the length of the forearm from the fold of the inside wrist to the fold of the inside elbow is defined as 1 *shaku*. The *shaku* is divided into ten equal parts, each 1 *sun*. Another standard is the distance between the outside ankle and the lateral condyle of the tibia (the most prominent protrusion of the tibia at the knee), which is defined as 1 *shaku* 6 *sun*. This system is known as the “measurement commensurate with the body of the patient,” and its value is obvious. A point defined as 5 cm above the outside ankle along the tibia would be located in entirely different position for a five year old child and a 35 year old adult.

3. The “tip of the foot” according to some theories, can be taken to mean the outside tip of the third toe.
4. The Heart Constrictor is described on page 58.
5. The Triple Heater is described on page 58.
6. The position of Hip-joint.

V

The Doctrine of Organ Patterns

GENERAL INTRODUCTION

East Asian Medicine's Doctrine of Organ Patterns, encompassing the Theory of *zo* and *fu*, is a fundamental teaching of critical importance. To begin to grasp its meaning we must understand certain aspects of the customs and traditions of ancient China.

In ancient China, the deceased were held in great respect, and activities such as the public dissection of corpses were strictly forbidden. Indeed, there was probably no need for such undertakings, since medical practice focussed on meridian phenomena, and treatment was conducted via the surface of the body.

The words "dissecting the human body" appear in Chapter XII of the *Lingshu*, however, and it seems that through these activities—along with analogies made from the cutting open of animals—a realistic theory of the bodily organs evolved. Drawings of the bodily organs can be found interspersed throughout the classic texts postdating the *Lingshu* period, and on the whole they seem to represent their subjects accurately.

This theory of the Inner Organs, however, is fundamentally an abstraction derived from the symptoms of illness and the workings of the meridians, and classifies the positions, shapes, and functions of the *zo-fu* according to the Doctrine of Yin Yang-Five Phases. This is the reason why it is called the Doctrine of Organ Patterns.

It may be tempting to view this doctrine as analogous to the Anatomy and Physiology of Modern Medicine, but the two systems were not created for the same purpose. Although they may appear to be interchangeable, they are fundamentally different. Some scholars contend that by adjusting the Doctrine of Organ Patterns to correspond to Modern Medical theory, they can make a "science" out of East Asian Medicine. But, as stated previously, the therapeutic system of East Asian Medicine is already complete, and its clinical record is outstanding. Even if we try to change just this one fundamental part, the therapeutic techniques that follow from it will be lost, and our efforts will do more harm than good.

This is not to suggest, however, that the Doctrine of Organ Patterns should never change. Practical scientific adaptations will eventually become necessary. But even so, in order to master this already sophisticated healing system, one must first learn the theory of the Inner Organs in its original form.

The theory involves the Five *Zo* and the Six *Fu* in correlation with Five Phases Theory. In reality there are six *zo* and six *fu*, in that the Fire meridian has both a *Kun*-Fire and a *So*-Fire, thereby increasing the number of Phases from five to six. The six *zo* are the Liver, Heart, Spleen, Lungs, Kidneys, and Heart Constrictor, and the six *fu* are the Gall Bladder, Small Intestine, Stomach, Large Intestine, Bladder, and Triple Heater. The question of the *Kun*-Fire and *So*-Fire, separately known as the Doctrine of *So*-Fire or the Doctrine of the Triple Heater-Heart Constrictor, is an important peculiarity of East Asian Medicine (see page 58).

The positions, forms, and functions of the *zo* and *fu* are discussed below.

1) Lung *Zo*

The Lungs are of the Metal Phase. Their location at the third vertebra places them in the highest position of the Five *Zo*. The form of the Lung *Zo* is like an open lotus flower that overhangs downwardly. Its mouth opens into the nose and extends through the windpipe, where it takes in fresh *ki* from the atmosphere and expels the impure *ki* produced from the other Organs.

The Lungs govern *ki* and were thought to function like a bellows, by circulating healthy *ki* through the meridians to the Five *Zo*. In addition, because the Lung *Zo* controls the Yang *Ki* on the surface of the body, its workings are closely affiliated with the skin.

2) Liver *Zo*

The Liver, of the Wood Phase, is located at the ninth vertebra. Together with the Heart, the Liver is strongly associated with *ketsu*, for which it provides a place of storage. The Liver controls the eyes, tendons, and nails. It is called the "General's Organ" because, with the Gall Bladder, it takes command of action or movement. Its overactivity leads to anger and shouting, and its underactivity brings on brooding and hesitation. From long ago it has been held to be so important that, together with the character for "Kidney," it makes up the word that means "vital" or "essential."¹ The Liver is also affiliated with the reproductive organs.

3) Gall Bladder *Fu*

The Gall Bladder is of the Wood Phase and is found at the tenth vertebra. It is a small sack that holds a bitter-tasting fluid. Of strong will and determination, the Gall Bladder has power like that of a robust national leader. When overactive, it gives rise to pain. When weak, it brings on unsteadiness.

4) Heart *Zo*

The Heart is of the Fire Phase and is located at the fifth vertebra. Called the "King's Organ," it is regarded as the place where "heart" (as a human attribute) dwells. It is considered the source of the phenomena of life and controls the five senses (sight, hearing, taste, smell, touch) as well as the workings of consciousness.

In the old days, it was thought that nothing was as mystical as the workings of the "heart," and that it was the holding place for the Divine. The activity of the Heart was also said to be supplemented by the Prenatal *Ki* stored in the Kidneys. As such, the character for Divinity and the character for the special *ki* of the Kidneys can be combined to form the word that means "Spirit."

5) Heart Constrictor *Zo*

The Heart Constrictor, of the Fire Phase, is found at the fourth vertebra, where it forms a membrane that surrounds the Heart. It is called *So-Fire* because it stands in for the *Kun-Fire* Heart to control the governing of the other *zo* (see below). Fire is the directing power behind all the workings of the Five *Zo*, for which energy is supplied by the Postnatal *Ki* produced by the Triple Heater.

6) Triple Heater *Fu*

The Triple Heater, belonging to the Fire Phase, is situated at the 13th vertebra. It is divided into the Upper Heater, Middle Heater, and Lower Heater, comprising a circulatory system that is responsible for the production, distribution, and excretion of *ei-e*. The Classics, thus, record, "It has a name but is without form."

The Upper Heater refers to the section above the diaphragm. It is said to work like the mist, and its treatment point is DanChu. The Middle Heater refers to the area between the diaphragm and the navel. It is said to function like bubbles, and its treatment point is TenSu, located beside the navel. The Lower Heater refers to the area below the navel. It is like a drainageway, and its treatment point is InKo.

The *ei* that is absorbed from the Stomach *Fu* of the Middle Heater is combined with the *e* that comes from the incineration that takes place in the Lower Heater. This *ei-e* then takes on the Prenatal *Ki* from the Kidney *Zo* and moves to the Upper Heater. It turns into red *ketsu* at the Heart *Zo*, combines with the *ki* from the atmosphere, then enters the meridians and circulates throughout the entire body. This circulation of *ei-e* is controlled by the Heart Constrictor and is thus known as *So-Fire* (explained below). A disturbance in this circulation is illness, and treatment involves returning the operation to balance.

Now, a few words about the Triple Heater-Heart Constrictor Doctrine. The phenomena of life are centrally controlled by the *Kun-Fire* of the Heart *Zo*, while the functioning of the organs of the body is under the control of the Heart Constrictor and is known as

So-Fire. This division is derived from the ancients' understanding of government, in which the King (*kun*), who cannot attend to every work detail himself, appoints a First Minister (*so*) to take charge of administrative affairs.

Therefore, Fire is the force behind all the functioning of the *zo fu*. Energy is supplied by the *ki* of the Triple Heater, which is a combination of the *ei-e* from the Spleen and Stomach, and the Prenatal *Ki* from the Kidney *Zo*. In East Asian Medicine, thus, the source of life's energy is considered to be in the Kidney *Zo*.

Succinctly, the functioning of all the organs of the body is controlled by the *So-Fire* Heart Constrictor, and the energy is supplied by the *ki* of the *So-Fire* Triple Heater. This is known as the "Doctrine of *So-Fire*."

7) Kidney *Zo*

The Kidney is of the Water Phase and is located at the 14th vertebra. It is the storage site for the Prenatal *Ki* received from one's mother and father, and it controls the reproductive functions and organs. This *ki*, which flows in with *ei-e* and circulates throughout the body, is the source of Vital Energy.

Its state of activity can be felt in the TanDen area below the navel, which is called "the palpitation between Kidneys (*jnkan-no-doki*)."

The Kidney shares the responsibility for the elimination of urine with the Small Intestine and Bladder, and it also governs the bones.

8) Stomach *Fu*

The Stomach, of the Earth Phase and located at the 12th vertebra, is a sack into which food passes. Its upper opening is located at the JoKan point and connects with the esophagus; its middle region is located at the ChuKan point; and its lower opening is located at the GeKan point and connects with the Small Intestine. The Five Flavors (i.e., food) that pass in from the esophagus are broken down in the Stomach, ground and dissolved with the help of the Spleen, and then absorbed into the body. The product, called Stomach *Ki*, later becomes *Ei*.

9) Spleen *Zo*

The Spleen is of the Earth Phase and is located at the 11th vertebra. It is sometimes said to be the pancreas of Modern Medical terminology but should actually be seen as the group of digestive organs that has the pancreas at its center.

Its function is to help soften and break up the Five Flavors in the Stomach, and its treatment point is ShoMon. With the Stomach, the Spleen carries out the important tasks of producing and circulating *ei-e*.

10) Small Intestine *Fu*

The Small Intestine, located at the eighteenth vertebra, belongs to the Fire Phase. It is a long, thin tube which has its upper opening at the pylorus, and connecting with the Stomach in the area of the GeKan point. It makes 16 turns before linking up with the Large Intestine at the ileocecal opening that is called "RanMon."

The Five Flavors broken down in the Stomach move into the Small Intestine from which Stomach *Ki* is gradually absorbed. Fluids and solids are then separated on their way to the ileocecal opening (the SuiBun point).

Note:

The Small Intestine is of the Fire Phase; it is the Yang *Fu* counterpart of the Yin Heart *Zo*. The classic texts say, "A helper to the Heart can be found in the abdomen and is responsible for the production of *ei-e*," thus, demonstrating that the theory of blood production in the small intestine, proposed by certain scholars of late, was understood long ago.

11) Large Intestine *Fu*

The Large Intestine, located at the 16th vertebra, is of the Metal Phase. Its upper opening connects with the ileocecal opening in the area of the SuiBun point, and its lower opening becomes the anus.

The solids separated from the fluids in the Small Intestine enter the Large Intestine, where they are incinerated into *e* by the Fire of the Lower Heater. This *e* takes on the Prenatal *Ki*, flows on the outside of the meridians, and protects the functioning of *ei*. The leftover residuum is then excreted from the body at appropriate times in the form of feces.

12) Bladder *Fu*

The Bladder, of the Water Phase and located at the 19th vertebra, is a small sack in the area of the ChuKyoku point. Its upper opening, revealed through clinical experience, is said to be in the region of the SuiBun point.

The fluids filtered out in the Small Intestine penetrate into the Bladder from this region, where they are stored until excreted in the form of urine.

VI

Chart of the Extensions of the Five Phases

GENERAL INTRODUCTION

The Chart of the Extensions of the Five Phases is derived from writings contained in Chapter IV of the *Suwen*. It is the assimilation of the hands-on, trial-and-error experiences of numerous clinicians countless patients with traditions that are thousands of years old.

As such, rather than judging it as a simple ideological outline, one must test it objectively through application to actual clinical work. In so doing, one will be struck with wonder at its profound and inexhaustible beauty and marvel at the wisdom of the ancients.

The old chart has been rewritten so many times that it now approaches complete disarray. Here it has been correctly reorganized by division into the following four sections: (1) Fundamentals, (2) Causes of Illness, (3) Signs of Illness, (4) Recovery from Illness and Miscellaneous Applications.

One must practice reciting the chart from memory, by working from both top to bottom and from left to right.

1 FUNDAMENTALS

Chart 2: Extensions of the Five Phases: Fundamentals

FIVE PHASES	WOOD	FIRE	EARTH	METAL	WATER
FIVE <i>ZO</i>	Liver	Heart	Spleen	Lungs	Kidneys
FIVE <i>FU</i>	Gall Bladder	Small Intestine	Stomach	Large Intestine	Bladder
FIVE ORIGIN POINTS	Sei (Well)	Ei (Gushing)	Yu (Transporting)	Kei (Traversing)	Gou (Uniting)
FIVE COLLECTING POINTS	Yu (Trans- porting)	Kei (Traver- sing)	Gou (Uniting)	Sei (Well)	Ei (Gushing)

2 CAUSES OF ILLNESS

Chart 3: Extensions of the Five Phases: Causes of Illness

FIVE PHASES	WOOD	FIRE	EARTH	METAL	WATER
FIVE CHARACTER TYPES	Yang Soul	Heartful	Wise	Yin Soul	Will
FIVE DISPOSITIONS	Benevolence	Politeness	Confidence	Righteousness	Wisdom
FIVE SOUND QUALITIES ¹	Sharp	Solemn	Sacred	Entreating	Bass
FIVE LIVESTOCK	Garden fowl	Sheep	Buffalo	Horse	Hog
FIVE SEASONS	Spring	Summer	Transition ²	Autumn	Winter
FIVE TIME BLOCKS	Morning	Noon	Afternoon	Evening	Night
FIVE DIRECTIONS	East	South	Center	West	North
FIVE EVILS	Wind	Hotness	Excessive eating, drinking, working	Cold	Dampness
FIVE ROOTS OF SENSATION	Eyes	Tongue	Lips	Nose	Ears
FIVE MAIN WORKING PARTS	Tendons	Blood vessels	Muscles	Skin	Bones
FIVE ACCESSORY PARTS	Nails	Body hair	Breasts	Breath	Head hair

3 SIGNS OF ILLNESS

Chart 4: Extensions of the Five Phases: Signs of Illness

FIVE PHASES	WOOD	FIRE	EARTH	METAL	WATER
FIVE FUNCTIONS	Complexion	Odor	Taste	Voice	Body fluids
FIVE COLORS	Blue, green	Red	Yellow	White	Black
FIVE SMELLS ³	Woody	Burnt	Pleasant	Fishy, bloody	Rotten
FIVE FLAVORS	Sour	Bitter	Sweet	Spicy	Salty
FIVE SPEAKING QUALITIES	Shouting	Muttering	Humming	Whining	Groaning
FIVE BODY FLUIDS	Tears	Sweat	Drivel	Snivel	Saliva
FIVE EMOTIONAL MOVEMENTS	Anger	Mirth	Worry	Grief	Fear, surprise
FIVE EMOTIONAL EFFECTS	Fist-clenching	Chattering	Hiccoughing	Coughing	Shivering

4 RECOVERY FROM ILLNESS, MISCELLANEOUS APPLICATIONS

**Chart 5: Extensions of the Five Phases: Recovery from Illness and
Miscellaneous Applications**

FIVE PHASES	WOOD	FIRE	EARTH	METAL	WATER
FIVE FRUITS	Plum	Apricot	Date	Peach	Chestnut
FIVE VEGETABLES	Leek	Shallot	Mallow	Scallion	Bean-sprouts
FIVE GRAINS	Wheat	Chinese millet	Foxtail millet	Rice	Soy-beans
FIVE NUMBERS BY ORDER OF APPEARANCE	3	2	5	4	1
FIVE NUMBERS BY PLACE ON EARTH	8	7	10	9	6
TEN STEMS ⁴	Kou (First)	Hei (Third)	Bo (Fifth)	Kou (Seventh)	Jin (Ninth)
	Otsu (Second)	Tei (Fourth)	Ki (Sixth)	Shin (Eighth)	Ki (Tenth)

5 Chart of the Extensions of Each Meridian

The author (Fukushima Kodo) devised the mnemonics, through his clinical practices of the extensions of each meridian in relation to the Five Phases. However, they are too much Japanese to be translated into English. We hope you to devise your own mnemonics for your convenience, by referring to the Liver Meridian expressed in page 117.

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1. See Chapter XIII Section 2-3.
 2. Transition occupies the central position among the Four Seasons. In a brand sense, it represents the period of transition between the standard four seasons, but it is commonly used in reference to the transition between Summer and Autumn.
 3. See page 91.
 4. The ten Stems are formed by the separation of the Five *Un* into divisions of Yin-Yang or "Hard-Soft" through the Doctrine of *un-ki*. These stems indicate orders, ranks and grades.

Wood — Yin—Kou (Kinoe)
 — Yang—Otsu (Kinoto)

Metal — Yin— Kou (Kanoë)
 — Yang—Shin (Kanoto)

Fire — Yin—Hei (Hinoë)
 — Yang—Tei (Hinoto)

Water — Yin—Jin (Mizunoe)
 — Yang—Ki (Mizunoto)

Earth — Yin—Bo (Tsuchinoë)
 — Yang—Ki (Tsuchinoto)

VII

The Doctrine of the Causes of Illness

GENERAL INTRODUCTION

The meridian system is a Vital Energy network. Ideally, it functions as a perfect and complete mechanism for protection against illness, by enabling the body naturally to resist the attacks of simple disease-causing elements.

For this reason, the basic tenet of Meridian Therapy's Doctrine of the Causes of Illness is, "If there is no internal weakness or injury, external causes of illness cannot affect the body." The meaning of this principle, which is unique to East Asian Medicine, is that attacks by viruses, exposure to inclement weather, and so forth are not the primary causes of disease. Rather, internal weakness or injury arising from, for example, a weak constitution or emotional disorder eventually allows repeated attack by these external disease-causing agents to break down the meridian-based mechanisms for protection, and thus, leads to the contraction and development of illness. When agents of disease attack the body, they are first felt lightly on the hairs of the skin. Then they proceed to break down the meridian system. Finally, they strike the Inner Organs.

Disease, thus, first takes hold of the meridians governing the body's defenses and manifests as changes of *jitsu* (excess) and *kyo* (deficiency). In this form of medicine, disease is wholly defined by the *kyo* and *jitsu* of the meridians; and the Four-Way Examination System—"Looking, Listening/Smelling, Questioning, and Palpating"—is used to determine the precise nature of the meridian changes. Once these changes are understood, the correct *ho* and *sha* techniques can be applied. The meridian defenses are thus repaired; Vital Energy is strengthened; and the patient is relieved of the torments of illness.

Therefore, rather than focusing on the Wind, Cold, Hotness, Dampness, and so forth, that attack from the outside, or any of the other external agents of disease (outside conditions), the Doctrine of the Causes of Illness makes the internal factors (inside conditions) of the patient the issue of central concern. Internal factors include the protective ability of the meridians, the constitutional make-up of the individual, and abnormalities among the Seven Emotions.

In addition to the external and internal factors, in East Asian Medicine excessive eating, drinking, and working are regarded as causes of disease. These factors are considered to be either internal or external depending on context and conditions, and are, therefore, classified as “neither internal nor external” causes.

Also, Chingen Mushaku of the Sung Dynasty, in his famous work *Sanimpo*, writes about a Third Factor that causes disease. In this category he includes epidemics, wild animal and insect bites, injuries sustained from swords and accidents, and unforeseen natural calamities.

These days, moreover, it is important to consider medical malpractice involving unnecessary or harmful surgery and the misuse of drugs, and factors related to genetics, environmental pollution and radio wave contamination, and so forth, as they are related to the onset of illness.

The classic medical texts also cite Doctrines of the Causes of Illness that originate with Chinese Herbal Medicine, including theories about inhibited flow of *ki*, *ketsu*, and Water, or Stagnated Blood, Phlegm, and Water Poisons. Such theories, however, are not necessarily relevant to the practice of Meridian Therapy. In Meridian Therapy all symptoms are understood in terms of imbalances in Yin Yang and *ki* *ketsu*, which are seen as the *kyo* and *jitsu* of the meridians and treated through the application of *ho* and *sha* techniques.

1 INTERNAL CAUSES

1) Physical Constitution

Each human body is unique, coming into the world with individual characteristics that distinguish it from all others. Therefore, some persons will be innately strong; while others from the same parents are innately weak, and children will develop many separate and distinctive postnatal characteristics depending on the environment in which they live.

A broad division can be made between Yang-type physical constitutions and Yin-type physical constitutions. Persons of Yang-type physical constitution have well developed muscle and bone structure and a healthy complexion, and they are active and full of energy. Though rarely ill, in times of sickness their symptoms will be severe and their recovery fast. Those of Yin-type physical constitution have weak muscle and bone structure, and they are passive and sluggish in movement. They are usually thin, but even when heavysset are pale and flaccid, and their weight is often referred to as “empty” or “false.” They are highly prone to illnesses that are difficult to cure and that often become chronic.

In addition to the Yin-type and Yang-type physical constitutions, divisions can be made based on the Five Phases and *Kyo Jitsu*.

2) Seven Emotions

The belief in the oneness of spirit and flesh, or the unity of body and mind, is a special feature of this kind of medicine. As such, disarray among the Seven Emotions is treated as a particularly important subject. Together with the individual's physical constitution, they make up the inner causes of illness as expressed in the phrase, "If there is no internal weakness or injury, external causes of illness cannot affect the body."

In Modern Medicine, too, emotional disturbance is counted among the causes of illness, but East Asian Medicine views it in a more direct and very pragmatic way. That is, excessive Anger injures the Liver; excessive Grin injures the Heart; excessive Worry injures the Spleen; excessive Grief or Sadness injures the Lungs; and excessive Fear or Surprise injures the Kidneys.

In other words, imbalance among the Seven Emotions of "Grin, Anger, Grief, Worry, Sadness, Fear, Surprise" brings on changes in the accompanying *zo-fu* and meridian. The body's defense system is, thus, broken down from the inside, to permit the easy penetration of disease-causing agents from the outside.

These Yin-type changes usually progress sluggishly and never fully develop until compounded by external factors such as Wind, Cold, Hotness, and Dampness. Then they give rise to fevers, vomiting, pain, diarrhea, discomfort in the chest, and the like. In severe cases one may fall prey to nervous convulsions, including systemic spasms, breathing difficulties, and loss of consciousness. Hysterical paralysis is one example.

2 EXTERNAL CAUSES

The external causes of illness in East Asian Medicine are associated with the conditions surrounding the patient. The Five External Causes of disease, originally known as "Wind, Hotness, Dampness, Dryness, Cold," varied with time and from place to place. In the 49th section of the *Nanjing* they are taken to be "Wind; Hotness; Excessive eating, drinking, working; Cold; Dampness." Among external causes, some writings also describe Five Fatigues, known as "Walking Fatigue, Looking Fatigue, Sitting Fatigue, Lying-down Fatigue, and Standing Fatigue."

Fundamentally, then, it is believed that when external agents of illness, such as excessive wind, coldness, hotness, rain, and fog, are compounded upon a constitution that is already susceptible to disease, the protective ability of the meridians is broken down. The Doctrine of the Causes of Illness, derived from clinical evidence, classifies these agents according to the Five Phases. One must not, however, limit oneself to an

overly formalized conception of the Five Phases. In looking at the external agents of disease, it is necessary to consider not only their physical effects as wind, cold, hotness, and so forth but also their activity as harmful influences bearing certain spiritual qualities.

The external agents of disease attack the body in three stages. In the first stage, called contact, they lightly touch the hairs of the skin, as is the case with the slight symptoms that accompany a cold. In the next stage, called injuring, they proceed to penetrate the meridians, to give rise to the particular symptoms affiliated with each meridian and develop into common, full-scale illnesses. Finally, at the stage called striking, they take hold deep inside the body and attack the *zo-fu*, and are largely manifested as serious, chronic illnesses.

Many of the classic texts, however, fail to distinguish between the schools of thinking based on *hari* and those of Herbal Medicine based on the *Shokanron* (see “note 1,” page 145). Language and concepts, therefore, become confused, and the beginning student is at a loss in knowing how to proceed. Here we will reorganize and briefly explain the symptoms of the Five External Factors as based on *Zo-Fu* Meridian Theory.

1) Wind Symptoms

The pulse is Floating and Big (see Chapter X). The main symptoms are headache, nasal congestion, fever, dizziness, and bloated epigastrium. Wind favors attacking Liver-Wood.

Light cases (contact level) bring on Wind-related colds that are similar in strength to the common cold. When Wind goes on to penetrate the meridians and attack the tendons (injuring level), it leads to numbness of the limbs, speech disorders, muscle cramps, and light hemiplegia. The strongest cases (striking level) result in cerebral paralysis and loss of consciousness, from which, even upon recovery, hemiplegia and speech disorders remain.

2) Hotness Symptoms

The pulse is said to be Sinking and Prostrate, but in our clinics we see mostly Soft or Weak pulses. When the condition worsens and fever develops, the pulse becomes Floating, Big, and Rapid (Chapter X). The main symptoms are discomfort in the chest, fever, and parched throat. Hotness favors attacking Heart-Fire.

Light cases (contact level) bring on Hotness-related colds that are similar in strength to heat stroke and summer colds. As the condition worsens and Hotness penetrates the meridians (injuring level), many different symptoms appear depending on the particular meridian affected. Examples include the symptoms of boiler-room and glass-factory workers, as well as summertime cholera. Even further, direct contact with Fire itself (striking level), leads to the acute and severe symptoms affiliated with systemic burns.

3) Symptoms of Excessive eating, drinking, and working

The pulse is Sinking and Full, becoming a soft Confined pulse in severe cases (Chapter X). Attack favors Spleen-Earth. The main symptoms are lack of appetite, heaviness of the body, pain in the joints and muscles, fatigue, and swelling.

Light cases (contact level) bring on colds from general exhaustion, and indigestion. In progressing and attacking the flesh and muscles (injuring level), this Factor penetrates to the inside and causes a loss of appetite, diarrhea, and sometimes vomiting, headaches, dizziness, and the like. When accompanied by Dampness, the joints of the arms and legs swell with pain and become numb and palsied, and various symptoms appear depending on the meridian involved.

In even worse cases (striking level), the *zo-fu* are attacked, causing such symptoms as acute diarrhea, vomiting, heart palpitations, and stiffening of the tongue, sometimes leading to loss of consciousness. Acute colitis is one example of a severe case.

4) Cold Symptoms

The pulse is a Tense pulse that is somewhat Sinking and Slow. In extreme cases in which fever develops, it becomes a Choppy pulse that is Tense and Rapid (Chapter X).

The main symptoms are alternating chills and fever, cough, headache, and an inability to sweat. Cold favors attacking Lung-Metal.

Light cases (contact level) bring on Cold-related colds. When the condition worsens and Cold enters the meridians (injuring level), practitioners of Herbal Medicine often describe symptoms in terms of the Three Yin-Three Yang that make up the Six Stages of Illness (*Shokanron*, see “note 1,” page 145). Practitioners of *hari*, however, whose focus of treatment is the meridians, have no need to consider these six levels of illness.

The kinds of symptoms that develop vary according to the meridian affected.

Acute and severe cases of direct attack by Cold (striking level) lead to unconsciousness, stiffening of the limbs, and loss of speaking ability. This is known as systemic frostbite.

5) Dampness Symptoms

The pulse is Sinking and Gentle, becoming Thin and Soft in serious cases (Chapter X). The main symptoms are heaviness of the body, cold feet and a hot head with loss of body fluids, swelling, and pain in the joints. Dampness favors attacking Kidney-Water or Spleen-Earth.

Light cases (contact level) bring on Dampness-related colds. During prolonged sitting on damp ground or excessive working in water, Dampness will penetrate the meridians (injuring level) and attack the lower back and joints of the arms and legs, to cause swelling, pain, and numbness. There is also the passing of undigested stools, distention of the lower abdomen, and inability to urinate sufficiently (or a frequent need

to urinate).

In worse cases, the *zō-fu* are attacked (striking level), bringing on symptoms such as acute swelling, severe systemic swollen pain, fever, vomiting and, finally, loss of consciousness and general paralysis. Examples include acute nephritis and advanced, systemic arthritis.

In actual clinical practice, however, it is extremely rare to find one of these Five External Factors as the single cause of illness. More often two or more of them work together, such as Wind-Cold or Hotness-Dampness, and the therapist must discern which is the determining factor.

3 "NEITHER INTERNAL NOR EXTERNAL" CAUSES

This category refers predominantly to disease brought about by Excessive eating, drinking, or working. These causes may be internal or external depending on context and conditions. External factors, for example, are rotten or poisonous foodstuffs, extreme overeating and overdrinking, excessive working, and excessive sexual activity. Food may become an internal factor, however, when a preference for one of the Five Flavors (Sour, Bitter, Sweet, Spicy, Salty) or one special taste or type of food is taken over all others for a long period of time. Excessive working can become an internal factor when the body is maintained in one particular position at length. Sexual activity may be related to internal factors for cases in which there is a repeated frustrating of desires.

4 THE THIRD FACTOR

In his book *Sanimpo*, Chingen of the Sung Dynasty cites a Third Factor causing illness. It includes plagues, injuries from swords and spears, wounds from wild animals or poisonous snakes and insects, and afflictions from unforeseen natural calamities.

The plagues to which he refers are the "infectious diseases" of Modern Medicine, which always produce the same symptoms regardless of age and gender. They are, moreover, probably acute infectious diseases. "Prostrate *Ki*" should probably be interpreted as chronic infectious disease.

In addition, harmful surgery caused by the deteriorating state of Modern Medicine, therapeutic hazards involving the overuse of synthetic drugs, genetic abnormalities, atmospheric pollution, the chemical devastation of foodstuffs, and so forth, may now be thought of as Third Factors. They also become either internal or external factors

depending on conditions.

Aggressive efforts to expedite industrial production, and the heating and air conditioning accompanying urban life have created unnatural working and living environments. The human organism follows a certain rhythm called "Spring-production, Summer-growth, Autumn-harvest, Winter-storage." Living environments and lifestyles that violate these principles of Heaven and Earth and Yin and Yang contribute to illness.

Examples of symptoms often attributed to these contemporary Third Factors are cancer, high blood pressure, allergies, and the diseases caused by environmental pollution.

Due to the massive build-up of disease-causing elements in our environment, modern society can be a cruel and merciless place to live. In light of this situation, we can see the indispensable role that East Asian Medicine plays, founded as it is on principles that stress resisting disease from the inside through the strengthening of Vital Energy.

VIII

The Doctrine of the Signs of Illness: Symptoms and Akashi

GENERAL INTRODUCTION

In East Asian Medicine a clinical reading, called *akashi*, is derived from the signs of illness and determines the course of treatment. As such, *akashi* is a subject of great importance.

Unlike Western Medicine, which focusses on the treatment of pre-established physical conditions, both *Hari* and Chinese Herbal Medicine base therapy on the *akashi* reading that is a holistic interpretation, derived from meridian theory, of the symptoms of the patient.

In this chapter we will discuss the Doctrine of the Signs of Illness by division into the six subjects: Symptoms and *Akashi*, Yin Yang-Kyo *Jitsu*, *Kyo* and *Jitsu* of Individual Symptoms, Symptoms of Each Part of the Body, Symptoms of the Twelve Main Meridians, and Symptoms of the Odd Meridians.

1 SYMPTOMS AND AKASHI

Symptoms are the manifestation of disease and represent the condition of the body. *Akashi* is of a higher level. It is the fundamental nature of the disease and represents the goal of its treatment. *Akashi* is an abstraction derived from an interpretation through meridian theory of the complex symptoms of the patient, via the diagnostic process of Looking, Listening/Smelling, Questioning, Palpating. As such, it is neither the name of a physical disease nor a reference to any "syndrome" group. *Akashi* is a holistic interpretation of the disease and contains the practical information that determines how to conduct the therapy.

Akashi is formulated in the following way: Suppose a patient comes to the clinic complaining of lower back pain and stiff shoulders. We conduct an examination in terms of Looking, Listening/Smelling, Questioning, Palpating (see Chapter IX). Let's say that the pulse is a *kyo* pulse that is Sinking and Slow, the face is darkish, the lower

abdomen is distended, there is frequent urination, the feet and lower back are cold and lack muscle tone, hearing ability and eyesight are weak, and the Six-Position Pulse Diagnosis shows that the *Shakuchu* position of the left hand and the *Sunko* position of the right hand are *kyo*. Treatment of this case in Meridian Therapy would probably be conducted according to the “Kidney-Kyo” *Akashi*. But if a patient with the same stiff shoulders and lower back pain were to have a *kyo* pulse that is Soft and Choppy, a pale complexion, and dry skin; symptoms of coughing, lightheadedness, weight loss, lack of appetite, breathing difficulties, and frequent urination, and *kyo* in the *sunko* and *kanjo* pulse positions of the right hand, treatment would be conducted according to the “Lung-Kyo” *Akashi*.

Note:

In order to make the relationship of symptoms and *akashi* easier for the reader to understand, only examples involving simple *akashi* have been used. *Sokoku Akashi* are the subject of Chapter XV.

Once it has been decided whether treatment of the patient is to be conducted according to “Kidney-Kyo” or “Lung-Kyo” *Akashi*, the techniques for dealing directly with the lower back pain and stiff shoulders can also be chosen. Treatment in Meridian Therapy is carried out as a combination of these two therapeutic systems—Fundamental (i.e., constitutional) Healing and Targeted (i.e., symptomatic) Healing.

It is important to mention here that not only Fundamental Healing techniques but also the more superficial Targeted Healing techniques will be different with different *akashi*. For example, if Targeted Healing in the case described above is conducted according to the “Kidney-Kyo” *Akashi*, the needle used should be relatively thick, the needling deep, the number of needles large, and the goal of needling to enrich the flow of *ketsu*. When treatment is conducted according to “Lung-Kyo” *Akashi*, however, the needle used should be thin; the depth of needling is held to one or two millimeters; the number of needles is few; and care is taken to prevent any leakage of *ki*.

Thus, in Meridian Therapy all the symptoms of the patient—such as lower back pain, stiff shoulders, headache, fever, diarrhea, coughing, and so forth—are individually analyzed to determine the meridian that is responsible, from which the *akashi* is derived that dictates the correct method of treatment. One must also keep in mind the principles of “Yin Yang-Kyo Jitsu,” “Yin leads, Yang follows,” and “*ho* needling takes priority” (see Chapter X, Section 4-2).

In real clinical work it will also be necessary to determine correctly and treat the disturbances in the meridians that are in *sokoku* relationship to the meridians that are *kyo* (see Chapter XV).

2 YIN YANG-KYO JITSU

In East Asian Medicine, Yin Yang-Kyo *Jitsu* is the most fundamental way of perceiving the signs of illness. Its interpretation, however, varies according to the time period and circumstances involved. One must be especially careful not to confuse Meridian Therapy's method of diagnosis involving Yin Yang-Kyo *Jitsu* with the methods of Chinese Herbal Medicine based on the Eight Principles.

The Yin of Meridian Therapy is, in terms of the location of disease, the *so*, the Yin meridians, the inside, the *ketsu*. In terms of the nature of disease, it is cold and subdued, passive, and chronic. The pulse is Sinking, lacking strength, and slow (pulse types are described in Chapter X). Generally, Yin favors warmth.

As for Yang, in terms of the location of disease it is the *fu*, the Yang meridians, the outside, the *ki*. In terms of the nature of disease, it is hot and moving, active, and acute. The pulse is floating, strong, and fast. Yang usually favors coldness.

Kyo means an insufficiency of healthy *ki* and *ketsu*, no strength, and a faint, weak pulse. *Jitsu* means great amounts of disease-related *ki* and *ketsu*, and a vigorously moving full, big pulse.

Furthermore, principles such as "Yin leads, Yang follows," "When Yang is *jitsu*, there is fever on the outside; when Yang is *kyo*, there is cold on the outside," and "When Yin is *jitsu*, there is cold on the inside; when Yin is *kyo*, there is fever on the inside" are very important considerations in the formulation of *akashi*. By combining Yin and Yang with *kyo* and *jitsu*, the following four patterns of illness emerge.

1) Yang-Jitsu Akashi

Yang-Jitsu *Akashi* means that disturbances are still located lightly in the Yang, surface region. The body has plenty of strength to combat the condition and will, thus, show a full, big pulse in the Yang meridians, fever, and swelling pain.

This *akashi* calls for the use of *sha* needling techniques, at which time one must not forget the *ho* techniques for the Yin meridians that are *kyo* (needling techniques are described in Chapter XII).

2) Yang-Kyo Akashi

Yang-Kyo *Akashi* means that the disturbances are located lightly in the Yang, surface region, but that there is not enough of the healthy *ki* needed to combat them. The resulting symptoms are relatively sluggish and include slight fever, spontaneous sweating, a tendency to fatigue easily, drowsiness, and an overall pulse that is faint and weak.

For this *akashi*, *ho* techniques must be applied to the yin, after which the *kyo*-type disease-related disturbances that come up into the Yang can be dealt with through *ho*-

type *sha* techniques. Certain special *akashi* can also call for the application of *ho* techniques to both the Yin and the Yang.

3) Yin-Jitsu Akashi

Yin-Jitsu Akashi means that the disease is deep-seated, attacking the body's Yin, but that there is sufficient strength left to cause dramatic symptoms to appear. There may be pain, dizziness, persistent diarrhea, or palpitations. The pulse is Sinking and Full, sometimes becoming Confined.

It is possible to obtain positive results by applying *sha* techniques that correspond with the pulse type, but *sha* needling of the Yin meridians must be carried out with great care. One solution is to apply *ho* techniques to the meridians that are *kyo*, or to try to balance the Yin and Yang from the Yang end by using a Transfer-type *sha* technique to draw out the disturbances from inside the body to the Yang surface.

4) Yin-Kyo Akashi

Yin-Kyo Akashi means that the illness is old and attacking the Yin, and that there is a deficiency of healthy *ki* that makes necessary a thorough use of *ho* techniques. Symptoms include *kyo*-type fever (see Chapter VIII, Section 3), weight loss, discomfort in the chest, chronic diarrhea, bloody stools, and dry skin, and the pulse is Faint and Thin, or Thin and Rapid. The most pronounced cases, called Yin-Kyo Fire Surge Akashi, signify the terminal stages of disease.

In addition to these four patterns, there are *ki-kyo* and *ketsu-kyo*. *Ki-kyo* is a condition in which there is an overall deficiency in healthy *ki* due to emotional fatigue, respiratory problems, and the like. The skin is dry and flaccid, the body is weak, and the pulse is Faint and Weak, lackluster, and parched. The patient will usually have Spleen-Kyo or Lung-Kyo as his or her *akashi*, will be depressive and unable to enjoy life, and will show symptoms such as shortness of breath, ringing in the ears, palpitations, asthma, and headaches. With this condition, because it is important not to allow any *ki* to escape, one must use the thinnest of needles, or one of the special Rounded Needles (see Chapter XII, Section 1).

Ketsu-Kyo is a condition arising from a deficiency of blood, body fluids, and nutrition, often caused by bleeding, blood loss in defecation, miscarriage, or poor eating habits. There are usually weak muscle and bone structure, and the pulse lacks strength and firmness. Most patients will have Liver-Kyo or Kidney-Kyo as their *akashi* and will manifest stubborn symptoms of ringing in the ears, increased heartbeat, vertigo, abdominal pain, headache, constipation, or systemic pain. For this condition one must use skillful needling technique to enrich the flow of *ketsu*, while taking care not to overdo the treatment. Among *ketsu-kyo* symptoms there is a special condition called

Stagnated Blood, for which Microbleeding techniques provide effective treatment (see Chapter XVIII, Section 4).

The discussion above was organized around patients with clear-cut signs of illness, but due to the present social environment in which we professional *hari* practitioners work, the patients we see will not always fit these patterns. Many of our patients will not show signs of major illness but will be looking to work on overall improvement of their physical constitutions. Individuals with severe, life-threatening symptoms are more likely to end up on a stretcher in the emergency room of a hospital.

Note:

In Meridian Therapy, all symptoms are interpreted as imbalances in the meridians, and treatment is conducted through *ho* and *sha* techniques using *hari* and *okyu*.

In Chinese Herbal Medicine, treatment is conducted by introducing medicine into the body through the mouth and stomach. Therefore its system for interpreting symptoms, although also of East Asian Medicine, is completely different from Meridian Therapy.

A majority of the numerous texts of classical medicine describe methods for interpreting symptoms that are based on concepts from Chinese Herbal Medicine, and the most popular of these is known as the "Eight Principles." The Eight Principles are: Yin-Yang, Exterior-Interior, Cold-Hot, and *Kyo-Jitsu*. Their meanings are complicated, however, and vary widely according to the different schools and sects, and students who lose their way trying to make sense of them often end up abandoning their work to claims that "East Asian Medicine is truly strange and confusing."

As mentioned before, the signs of illness in Meridian Therapy are interpreted in the most practical and simple way possible, based on Yin Yang and *kyo jitsu* alone: in other words, the meridians are divided into Yin meridians and Yang meridians, and are, thus, understood to encompass the concept of Exterior-Interior. Cold and Hot are also dealt with in a pragmatic way through *ho* and *sha* needling techniques conducted in correlation with the pulse type of the patient; the basic principles of these needling techniques are described in Chapter I of the *Lingshu*, "Needling in the case of fever requires fast movement, as if testing by hand the temperature of scalding water. Needling in the case of coldness requires slow and gentle movement, as if wishing to delay the departing of a friend."

A practical and versatile interpretation of the signs of illness must be carried out in this way, based on the principles and techniques of hands-on therapy. Let the reader be warned against wasting valuable time and energy in failing to take this to heart and getting lost amidst trifle toying with the classic medical texts.

3 KYO AND JITSU OF INDIVIDUAL SYMPTOMS

For each individual symptom there is also a Yin or Yang and a *kyo* or *jitsu*, and the correct distinction thereof is an essential step in determining how to approach treatment. Pain, for example, is generally considered a *jitsu* symptom, especially when there is redness and swelling accompanied by fever, and when coldness brings relief while pressure causes discomfort. When there are weight loss and numbness, however, and heat and rubbing bring relief, it is *kyo*-type pain. Fever is also a *jitsu* symptom, but when the body is weak and the pulse is Faint and Thin, it is *kyo*-type fever. In the case of diarrhea, the kind that is accompanied by fever and pain as with acute gastroenteritis and food poisoning is *jitsu*, while that related to gastrointestinal ulcers and deep-seated chronic illness, accompanied by slight fever and difficult to pass, is *kyo*. Sweating, also, is *jitsu* during colds, pneumonia, and the like, while spontaneous sweating and night sweating are *kyo*.

Symptoms such as convulsions, vomiting, coughs, swelling, and redness are generally considered *jitsu*, while weight loss and numbness, itching, discomfort in the chest, asthma, and insomnia are *kyo*.

The body as a whole can also be described in terms of *kyo* and *jitsu* through observation of the physical constitution (discussed in Chapter VII, Section 1). When the skin is of a healthy complexion and the muscles are firm, and the body is fit and warm, the physical constitution is of the *jitsu* type. When the skin is pale and flaccid, the muscles lacking in tone, and the body unfit and cold, the physical constitution is of the *kyo* type.

Regarding treatment, it is necessary to group these symptoms with their affiliated meridians and clearly determine the causes from which they arise. For example, dizziness, muscle cramps, and bloated epigastrium are generally affiliated with Liver-Wood, caused by Wind *Ki*. Discomfort in the chest, fever, and parched throat are generally affiliated with Heart-Fire, caused by Hotness *Ki*. Heaviness of the body, painful joints, lack of appetite, vomiting, and diarrhea are generally affiliated with Spleen-Earth, caused by Excessive eating, drinking, and working. Coughing, stiff shoulders, and *ki-kyo* are generally affiliated with Lung-Metal, caused by Cold *Ki*. Coldness in the legs and lower back with hotness in the upper part of the body, empty stomach with no appetite, chronic swelling, and diarrhea are generally affiliated with Kidney-Water, caused by Dampness *Ki* (Chapter VII, Section 2).

4 SYMPTOMS OF EACH PART OF THE BODY

Symptoms occur that express the unique features of each part of the body. They must be analyzed according to the courses and functions of the meridians in order to make effective therapy and proper Targeted Healing possible. An understanding of the meridian courses and the Chart of the Extensions of the Five Phases is necessary for this purpose.

In considering the head region, for example, one notes that the Gall Bladder, Triple Heater, and Small Intestine Meridians circulate through the ears; and the Chart of the Extensions of the Five Phases establishes the Kidneys as governing the ears. The head is for the most part Yang, and the application of cold is pleasant. The *Toku* and Bladder Meridians flow through the top of the head; and the Gall Bladder, Small Intestine, Triple Heater, and Stomach Meridians circulate through the side of the head. The inside of the head is controlled by the Liver and Heart Meridians. Examples of symptoms are the light headaches that result from disturbances in the meridians and the severe headaches that result from diseases of the Inner Organs. The severe headaches can be affiliated with such serious conditions as meningitis, uremia, and subarachnoid hemorrhage. Also, the face is Yang because it is constantly exposed, and it is controlled by the Stomach and Large Intestine Meridians.

Shoulders are important areas of treatment in Meridian Therapy. All the meridians pass through the shoulders, and blockage therein is said to be at the root of much of what ails the body. Stiff shoulders can be of many different types, and examination by Palpating will reveal the meridians that are involved, but the shoulders are predominantly governed by the Lung Meridian. The chest is affiliated with the Heart and Lungs, and the abdomen with the Spleen and Stomach. But because these are the regions in which the special examination techniques of abdominal diagnosis are conducted, detailed explanations will be left to that section (see Chapter IX).

The back and lower back are also major treatment areas. These areas include the "Rear-associated" points of the 12 meridians and are, therefore, often treated in coordination with other symptoms (see Chapter XIII). The arms and legs are places of considerable movement, and they often give rise to illnesses that come from fatigue and injury. They are particularly useful in Meridian Therapy for dealing with disturbances in single meridians, since they contain all the Five Phases points and Five Primary points (Chapter XIII).

Other than these main areas, the eyes, nose, mouth, throat, breasts, Frontal and Rear Yin, skin, hair, muscles, bones, nails, and so forth, are also affiliated with particular meridian courses and functions. An effort must be made to analyze symptoms of these parts according to Yin Yang and *kyo jitsu* for the correct determination of *akashi*.

Apart from symptoms arising in these different areas, the unique symptoms of children and women, and other special could be considered as separate categories. This, however, would probably necessitate the rewriting of this manuscript with divisions such as pediatrics, gynecology, ophthalmology, otolaryngology, surgery, and the like.

5 SYMPTOMS OF THE TWELVE MAIN MERIDIANS

The symptoms of the Twelve Main Meridians are described in the *Lingshu* (Chapter XII) and *Jushikeihakki*. Though these writings alone will not tell us everything about disease, they are a very important source of information for understanding disturbances of the meridians.

As discussed previously, however, symptoms vary greatly according to the conditions within and around the patient. It is obvious, moreover, that the symptoms of the 12 meridians recorded in the classic texts cannot possibly be put to use unchanged in present-day clinics. The times and places within the period in which the Classics were written are very different from the present. Even more importantly, symptoms of today's patients are complicated by widespread misuse of synthetic drugs, the damage caused by unsuccessful surgery or accidents, and so forth.

At the same time, despite the many changes that have transpired, unchanging, universal truths exist within the traditions that make up East Asian Medicine's meridian theory. Deep meaning can be found by carefully studying the traditions and seeking out these enduring truths during hands-on work in the clinic.

In many of the classic texts, symptoms are divided into two broad categories that include diseases of the meridians, or *ki*, and diseases of the Inner Organs, or *ketsu*. But since this type of division is of little help in actual clinical work, we will not go into detail here.

The interpretation of symptoms should be based predominantly on the functions of the *Zo Fu* Organs and the courses of the meridians, with reference to the Doctrine of the Causes of Illness, the Doctrine of the Signs of Illness, the Chart of the Extensions of the Five Phases, and so forth. There are, however, great differences among individuals, and constant changes occur over time. These factors must be kept in mind when organizing and presenting the symptoms of the 12 meridians for use in clinics of the present day. The following list, derived from the meridian theory of the classic texts, was made with just such a focus.

1) Lung Meridian

The predominant illnesses are those of the respiratory and nervous systems. The Lung Meridian governs the nose, skin, and breath. Symptoms include coughing, discomfort in the chest, stiff shoulders, and lightheadedness, as well as pain, numbness, or restricted movement anywhere from the shoulders through the KetsuBon point to the upper arm and forearm. There may also be excessive urination which, in advanced cases, can lead to incontinence. The Lung Meridian is responsible for diseases related to *ki* and is also associated with skin ailments.

2) Large Intestine Meridian

The Large Intestine Meridian is responsible for diseases of the nose, teeth, and throat, through which the meridian circulates, and for swelling, pain, or chills in the areas of the neck, shoulders, upper arm, and forearm, into which it moves. Constipation, diarrhea, and the like also belong to this meridian. Together with the Lung Meridian, the Large Intestine Meridian is affiliated with skin ailments and growths or abscesses on the surface of the body.

3) Stomach Meridian

When the Stomach Meridian is *kyo*, symptoms such as chills, coldness of the front of the body, poor digestion, and distention of the abdomen may appear. *Jitsu* may lead to hotness of the front of the body, accelerated digestion, or extreme overeating with no sense of fullness, including the eating of substances that would normally be inconceivable as food. There may be depression or, upon worsening, manic behavior like casting off one's clothes and running wildly to an elevated place, then bursting out in song. Symptoms include diseases of the nose, toothache, facial paralysis, tonsillitis, swelling of the breasts, epigastric pain, and swelling or pain along the Stomach Meridian from the upper leg through the knee joint and down through the front of the lower leg to the tip of the foot.

4) Spleen Meridian

Diseases of the digestive organs, controlled in part by the Stomach Meridian, are primarily the responsibility of the Spleen Meridian. This meridian also governs the postnatal *ki*, lips, muscles, and breasts. Symptoms include heaviness of the body, painful joints, quick fatigue, lack of appetite, weight loss, discomfort in the epigastrium, and vomiting. Belching will cause discomfort, but the passing of gas and movement of the bowels will be pleasant. This meridian is also responsible for abdominal pain, diarrhea, constipation, swelling of the breasts, jaundice, and anuria; it is often affiliated with swelling of the inner thighs and knees, dysfunction of the first toe, and acute arthritis. Furthermore, because the Spleen Meridian wraps around the Heart and ends

at the base of the tongue, it is related to symptoms such as discomfort in the chest, epigastric pain, stiffening of the tongue, swelling, and the like. In clinical work, heart ailments are often treated as Spleen-*Kyo Akashi*.

5) Heart Meridian

The Heart Meridian, as *Kun-Fire*, is the place where Spirit is kept (see Chapter V, part 4). It governs the tongue, blood vessels, and body hair. Disturbances of this meridian lead to disorders in perception and sensation, fever, parched throat, and heart pain, as well as pain along the course of the meridian in the chest, side, upper arm, and forearm, and fever in the palms of the hands.

6) Small Intestine Meridian

The Small Intestine, which controls the separation of fluids and solids, is responsible for symptoms related to urination, constipation, and diarrhea. It is also connected with ear and eye afflictions as well as the appearance of excruciating pain along the course of the meridian in the chin, nape of the neck, shoulders, elbows, and forearm.

7) Bladder Meridian

The Bladder Meridian is of extremely great importance to practitioners of *hari*, since it contains all the “Rear associated” points of the twelve meridians (see Chapter XIII) and is in Yin/Yang relationship to the Kidney Meridian, which governs the Prenatal *Ki*. When affected by external causes of disease, it brings on stiffness or severe pain along the pathway that includes the eyes, head, upper back, lower back, top of the foot, and fifth toe. When *kyo*, these areas become stiff, fatigued, cold, and numb, and exhibit *kyo*-type pain. The Bladder Meridian is responsible for running nose, nosebleeds, watery eyes, mania, epilepsy, hemorrhoids, and malaria, and is affiliated with constipation and urination.

8) Kidney Meridian

The Kidneys are the source of prenatal *ki* and, therefore, of life. It governs reproduction and urination and is responsible for the ears, bones, and head hair. Symptoms of this meridian include cold feet and hot head with loss of body fluids, empty stomach with no appetite, dark complexion, heavy breathing, and bloody phlegm. Other symptoms are dizziness upon standing up, sore throat, parched throat, fear or surprise as if being intimidated, chronic diarrhea or constipation, swelling, epigastric pain, jaundice, bleeding, a tendency to prefer lying down, and weight loss. In addition, there may be fever or pain in the bottom of the foot. This meridian is also responsible for illnesses of the bones and reproductive system.

9) Heart Constrictor Meridian

The Heart Constrictor Meridian as *So-Fire* carries the responsibility for diseases of the heart in place of the Heart Meridian (See Chapter V, section 5). Symptoms include agonizing discomfort in the chest, heart pain, rapid and shallow breathing, and feelings of uneasiness. There may also be redness in the face, uncontrollable laughter, yellowness of the eyes, chest or rib pains, cramps in the forearm or elbow, and fever in the palm of the hands.

10) Triple Heater Meridian

Symptoms of the Triple Heater Meridian include disturbances along the course of the meridian, such as clogged ears, ringing in the ears, deafness, pain in the outside corner of the eyes, swollen throat, and dysfunction of the fourth finger. This meridian is also responsible for illnesses during pregnancy and the Lower Heater.

Note:

The Triple Heater Meridian and the Heart Constrictor Meridian together are known as *So-Fire* and act in place of the *Kun-Fire* Heart in ruling over the entire body and controlling the circulation of *ei-e* (see page 58).

The Triple Heater Meridian is especially important to the circulation of *ei-e*, and is even spoken of as the meridian responsible for the flow of the body's healthy *ki*. As such, it will always have some part in all symptoms of illness.

11) Gall Bladder Meridian

This meridian circulates along the side of the body and is, thus, responsible for symptoms that are "half external, half internal". Examples include malaria-like alternating chills and fever accompanied by sweating, and swelling or pain from the outside corner of the eyes through the KetsuBon point down the side of the body to the area below the ribs. Other symptoms are bitterness in the mouth, heavy breathing, and pain in the side of the body that may lead to an inability to turn over during sleep. More advanced cases may result in a grimy or lackluster complexion and brooding or unsteadiness. Pain may appear along the course of the meridian in the side of the chest, in the hips, or along the outside of the legs and feet; there may also be dysfunction of the fourth toe.

12) Liver Meridian

The Liver Meridian controls the endocrine functions and is responsible for the eyes, tendons, and nails. Symptoms include dizziness, and distention along the side of the ribs or epigastrium. There may also be severe lower back pain, an inability to turn over during sleep, a grimy complexion with overall lackluster skin tone, fullness in the chest,

nausea, and diarrhea. Other symptoms are jaundice, abdominal hernia, and anuria or incontinence. The Liver Meridian can also give rise to swelling of the testicles in men and distention of the lower abdomen in women, diseases of the reproductive system in both sexes, nervous disorders, skin affliction related to the dissolution of toxins, and arthritis.

6 SYMPTOMS OF THE ODD MERIDIANS

Until recently, our group had focussed predominantly on treatment involving the twelve Main Meridians. With the broadening of our clinical research and experience, however, we came to understand the importance of Odd Meridian therapy as applied to supplemental and emergency work, and we officially incorporated it into our Group Training System at a meeting of our technical training department in October, 1972. (The details of Odd Meridian Therapy are discussed in Chapter XVIII.)

The following is a list outlining the symptoms of the Odd Meridians. The major treatment points for each meridian are given within the brackets.

1) *Sho Meridian: In-i Meridian*

(*Sho Meridian*: Kidney Meridian in the chest and abdominal regions, and Spleen Meridian KoSon point for the legs and feet)

(*In-i Meridian*: Heart Constrictor Meridian NaiKan point)

As is common to all of the Odd Meridians, symptoms include pain, cramping or spasms, swelling, numbness, and feelings of hotness or coldness along the path of the meridian. Other symptoms are swollen and sore throat, chest pain, discomfort in the chest, heart pain, epigastric pain, general pain, distention of the abdomen, abdominal pain, diarrhea, constipation, gynecological ailments, certain disorders of the endocrine system, problems affiliated with menopause, and hemorrhoids.

2) *Tai Meridian: Yo-i Meridian*

(*Tai Meridian*: Gall Bladder Meridian RinKyu point)

(*Yo-i Meridian*: Triple Heater Meridian GaiKan point)

Symptoms include the common ones along the course of the meridian (see above, *Sho Meridian: In-i Meridian*), headache accompanied by edema, general eye and ear afflictions, trigeminal neuralgia, tooth and gum pain in the side of the mouth, dizziness, spontaneous sweating, night sweating, alternating chills and fever, disorders of the liver and gall bladder, distention of the ribs and lower abdomen, general pain, coldness and pain in the lower back, irregular menstruation, and abnormal vaginal discharge.

3) *Yo-kyo* Meridian: *Toku* Meridian

(*Yo-kyo* Meridian: Bladder Meridian ShinMyaku point)

(*Toku* Meridian: Small Intestine Meridian GoKei point)

Symptoms include the common ones along the course of the meridian (see above), pain in the top or back of the head and back of the neck, apoplexy accompanied by paralysis or speech disorders, general disorders of the eyes, ears, and nose, trigeminal neuralgia of the second or third branches, tooth and gum pain, swollen or sore throat accompanied by points that are sensitive to pressure along the *Toku* Meridian in the back of the neck, ailments related to the outermost Yang such as headaches, chills, inability to sweat, and systemic pain, and symptoms of Yang-Kyo (see page 76) such as spontaneous sweating and night sweating, fatigue, Alzheimer's disease, and epilepsy.

4) *In-kyo* Meridian: *Nin* Meridian

(*In-kyo* Meridian: Kidney Meridian ShoKai point)

(*Nin* Meridian: Lung Meridian Rekketsu point)

Symptoms include the common ones along the course of the meridian (see above), tooth and gum pain in the front of the mouth, coughing, asthma, disorders involving phlegm, epigastric pain, nausea and vomiting, distention of the abdomen and lower abdomen, general pain, diarrhea, constipation, incontinence in urination, anuria or haematuria, general gynecological disorders, birthing difficulties, special circulatory problems particular to women, nervous disorders, hemorrhoids, cold or hot feet, illnesses of the kidneys, and general lack of vigor.

In addition to the divisions explained in this chapter, East Asian classical medical texts often carry descriptions of symptoms in terms of the Three Yin-Three Yang that constitute the Six Stages of Illness, derived from Chinese Herbal Medical practice based on the *Shokanron*. This doctrine, however, focusses on the way in which symptoms progress and is, therefore, of little use to practitioners of Meridian Therapy.

IX

The Four-way Examination System (Looking, Listening/Smelling, Questioning, Palpating)

1 THE MEANING OF EXAMINATION

Diagnosis in Traditional *Hari* means the clear identification of the *kyo* and *jitsu* disturbances among the meridians and the determination of the meridian in which the predominant disturbance is located. Examination precedes diagnosis; it is the process that makes diagnosis possible.

Symptoms described by a patient, such as severe stomach pains, fever, vomiting, headache, dizziness, and general exhaustion, represent only a small part of his or her condition and are, therefore, not sufficient for the determination of *akashi* (see Chapter XI for details). The therapist must take the examination process further; it is necessary to discover how the symptoms came about and to identify the meridian disturbances that constitute the fundamental nature of the illness.

In an effort to pinpoint the causes and effects of illness, practitioners of Western medicine normally depend on physical and chemical examinations, which yield a description of the condition of the body. Biliary colic caused by bilirubin gallstones lodged in the mucous membrane of the bile duct, and acute purulent appendicitis caused by the accumulation of fecal concretions and staphylococci in the vermiform appendix are examples of this kind of diagnosis. The determination of the name of the physical condition dictates the methods of therapeutic intervention, such as the administration of medication or the performing of surgery.

The aim of treatment in Traditional *Hari*, however, is to correct disturbances in the meridians through the balancing of *ki* and *ketsu*. Knowing the name of the disease, therefore, is not enough for establishing the way in which therapy must be conducted. This kind of information is not useless, but it must be supplemented through the four methods of examination known as Looking, Listening/Smelling, Questioning, and

Palpating, in order to understand the relationship between the symptoms and the meridians.

Analyzation of symptoms in terms of the meridians is a process of theoretical abstraction that leads toward the gradual disclosure of the *akashi*. The *akashi*, as discussed in Chapter VIII, describes the fundamental disturbances at the root of the illness and indicates the method of treatment to be employed. It is expressed in forms such as Spleen-Kyo Liver-Jitsu *Akashi* and Lung-Kyo Liver-Kyo *Akashi*. Spleen-Kyo Liver-Jitsu *Akashi* dictates that the Spleen meridian requires the *ho* needling technique and that the Liver meridian requires the *sha* needling technique. Lung-Kyo Liver-Kyo *Akashi* calls for *sokoku*-type *ho* needling of the Lung and Liver meridians.

Once the *akashi* is determined in Meridian Therapy, the therapist can select the meridian points and begin treatment immediately. If the *akashi* and therapeutic method are in accord, the patient will be swiftly delivered from the torments of illness. This is the essence of "Diagnosis and Treatment of Instantaneous Relationship," a therapeutic principle unique to East Asian Medicine.

Different treatment methods, such as Spleen-Kyo Liver-Jitsu *Akashi*, Liver-Kyo Yang-Jitsu *Akashi*, or Lung Liver *Sokoku* Control, may be necessary for cases with similar symptoms, depending on the signs of illness. Conversely, even when names of diseases are different, such as biliary colic, appendicitis, or stomach ulcers, they may all be dealt with in terms of the same Spleen-Kyo Liver-Jitsu *Akashi* if the appropriate signs of illness appear. Thus, this kind of treatment, which is conducted according to *akashi* and is not derived from the names of physical diseases, is known as "*akashi*-based therapy." Diagnosis in Modern Medicine concerns the identification of the name of a disease based on physical cause and effect. The determination of *akashi* in *akashi*-based therapy, however, is the theoretical analysis of the disease-related phenomena in terms of meridian theory, which through abstraction leads to the derivation of the method of treatment. *Akashi* is neither the name of a physical disease nor a reference to a "syndrome" group. *Akashi* is the goal of therapy itself in Traditional *Hari* and marks a feature of East Asian Medicine that distinguishes it from other forms of healing.

The disease names found in the classic texts refer to special groups of symptoms, and the points listed with them are those that were found to be relatively successful within the experiences of the authors of the material. As *akashi*-based therapy, though, the writings will always include steps involving "reading the pulse, identifying the meridian disturbances, establishing *akashi*, and applying the *ho* and *sha* needling techniques." In Chinese Herbal Medicine, too, the word "*akashi*" is affixed to remedies and indicates the diseases that the remedies are meant to cure.

In East Asian Medicine, whether Meridian Therapy or Herbal Medicine, the therapist directs the examination in terms of his or her understanding of *Zo Fu*-Meridian Theory; and the words of the patient are used only as a reference. This process is often

referred to as “non-verbal diagnosis.”

Examination is conducted through the following four techniques: Examination by Looking, Examination by Listening/Smelling, Examination by Questioning, and Examination by Palpating (Pulse Diagnosis, Abdominal Diagnosis, and Meridian Palpation). This is the Four-way Examination System.

2 THE FOUR METHODS OF EXAMINATION

1) Examination by Looking

“Looking” is a method of examination utilizing the sense of sight. It is described in the 61st section of the *Nanjing* by the phrase, “To look and know all is the work of the Divine.” Looking involves inspection of the Five Colors—“Blue/Green, Red, Yellow, White, Black”—with the purpose of revealing the condition of the *zou fu* and meridians.

Examination by Looking focusses predominantly on the patient’s face and inside forearm. Examination of the facial region is based, in part, on the special physiognomy of Traditional East Asian Medicine, and the inside forearm is considered to be the area of the body which maintains the most natural color. For children, there is a method of examination called “*kokosankan*” that looks at three regions of the index finger. Among the Five Colors, Blue/Green represents pain, Red fever, Yellow nutritional disorders, White coldness, and Black chronic illness.

Within the Five Colors, there are Life-like Colors and Death-like Colors. When Life-like Colors appear, even serious illnesses will have a positive prognosis. But if Death-like Colors are observed, conditions that look superficial will carry a poor prognosis.

The following chart describes the Life-like and Death-like Colors.

Chart 6: The Life-like Colors and Death-like Colors

	LIFE-LIKE COLOR	DEATH-LIKE COLOR
BLUE/ GREEN	Lustrous, like a kingfisher (swimming bird)	Lusterless, like the juice from crushed grass
RED	Lustrous, like a cockscomb	Lusterless, like dried blood
YELLOW	Lustrous, like the belly of a crab	Lusterless, like the fruit of a trifoliate orange
WHITE	Lustrous, like the fat of pork	Lusterless, like dried bones
BLACK	Lustrous, like the feathers of a wet crow	Lusterless, like soot

2) Examination by Listening/Smelling

"Listening/Smelling" is a method of examination that involves deciphering sounds and odors via the senses of hearing and smelling. The 61st section of the *Nanjing* states, "To listen or smell and know all is the work of a sage." There has never been, however, much literature on the subject of its use to actual clinical work, and perfecting the discipline will depend upon ongoing research and development. In a broad sense, Examination by Listening includes percussion, stethoscopy, and so forth; but in East Asian Medicine particular attention is focussed on the Five Sound Qualities of "Sharp, Solemn, Sacred, Entreating, Bass," and on the Five Speaking Qualities of "Shouting, Muttering, Humming, Whining, Groaning."

The Sharp Sound, for example, is peculiar to Liver-Wood. It occupies a middle position in length, pitch, and resonance and corresponds to "Do" of the musical scale. It is a clear and crisp "T"-like sound made with the tongue, and, when spoken, resembles shouting. The following chart describes the Five Sound Qualities and the Five Speaking Qualities.

Chart 7: Five Sound Qualities and Five Speaking Qualities

FIVE INNER ORGANS-FIVE PHASES	FIVE SOUND QUALITIES	VOICING	LENGTH, PITCH, RESONANCE	MUSICAL SCALE	FIVE SPEAKING QUALITIES
Liver-Wood	Sharp	"T" sound, made with the tongue	medium length, pitch, and resonance	Mi	Shouting
Heart-Fire	Solemn	"S" sound, made with the teeth	short, high, clear	So	Muttering
Spleen-Earth	Sacred	vowel sound made with the throat	extremely long, low, dull	Do	Humming
Lung-Metal	Entreating	"K" sound, made with the jaw	long, low, dull	Re	Whining
Kidney-Water	Bass	"M" sound, made with the lips	extremely short, high, clear	La (lower octave)	Groaning

These sounds indicate positive conditions as long as they are in accord. When in a *sokoku* relationship, they indicate a negative condition. In addition, a clear, strong, and well-toned voice with correct vocalization is considered a positive sign; while a dull, weak, and scratchy voice with improper vocalization is considered a negative sign.

As for Examination by Smelling, attention is focussed primarily on the Five Smells of “Woodsy Smell, Burnt, Pleasant, Fishy/Bloody, Rotten” as can be distinguished from the odors of the breath, excrement, body, and so forth. Among them, mixed odors of a *sokoku* nature are indications of a negative condition and are known as Death-like Odors.

3) Examination by Questioning

“Questioning” is a method of examination in which information is obtained through interviewing the patient and family members. This process does not imply, however, a passive acceptance of the patient’s disclosures. The therapist must direct the questioning to meet the needs of the examination process in order to complete a focussed and purposeful diagnosis.

The 61st section of the *Nanjing* states, “To question and know all is the work of skillfulness.” Through questioning the patient about preferences among the Five Flavors, “Sour, Bitter, Sweet, Spicy, Salty,” the therapist determined the location of the illness and the meridian disturbances responsible for it. However, because our social environment is very different from that of the past, simple questioning about the Five Flavors will no longer suffice. A complete examination founded on meridian theory requires that the practitioner ask about such factors as age, social standing, clinical history, and present symptoms (appetite, bowel movements, sleeping patterns, menstruation, pain, subjective body temperature), and make use of the previously described causes of illness, signs of illness, symptoms of the meridians, courses of the meridians, Chart of the Extensions of the Five Phases, and so forth.

4) Examination by Palpation

“Palpation” is a method of examination that involves the therapist’s sense of touch. The 61st section of the *Nanjing* states, “To feel the pulse and know all is the work of mastery.” Though this statement is referring only to pulse diagnosis, later writings distinguish three different types of Palpation: namely, pulse diagnosis, abdominal diagnosis, and meridian palpation.

i) Pulse Diagnosis

Pulse diagnosis is the cornerstone of examination in Meridian Therapy. Because of its profound importance, a separate chapter is devoted to the subject (see Chapter X).

ii) Abdominal Diagnosis

In ancient China, people were averse to baring themselves in front of others; therefore, the extensive use of abdominal diagnosis was not possible. Some scholars propose that it was introduced and developed by practitioners of Herbal Medicine in *Edo* Period Japan. There are descriptions in the *Lingshu* and *Koitsukyo* Chinese classic texts, however, of the “Front-associated” points and abdominal points of each meridian, which are most commonly understood to be targets for examination of the abdomen, thus indicating that some degree of abdominal diagnosis did exist.

Abdominal diagnosis in general

Writings on abdominal diagnosis found in classic texts are concerned with predominantly Herbal Medicine. This style of abdominal diagnosis is often perplexing to today’s patients, who may already have experience with doctors and hospitals and generally have a greater understanding of medicine than their predecessors. To be able to communicate with present-day patients, practitioners must develop a truly workable abdominal diagnosis that incorporates a knowledge of the terms and concepts of Modern Medicine. For this reason and to avoid confusing the different styles, we will limit ourselves to abdominal diagnosis as it pertains to *hari* therapy.

Symptoms that determine whether a patient lives or dies are particularly common in the abdominal region. Extreme care must be taken when conducting abdominal diagnosis to identify these classes of symptoms in order to refrain from treating cases that are beyond one’s power to cure. Examples of difficult cases are acute abdominal conditions such as extrauterine pregnancy, perforative peritonitis caused by advanced gall stones, gastrointestinal ulcers or purulent appendicitis, and necrosis of the pancreas; and severe conditions such as thoracic empyema, emphysema of the lungs, angina pectoris, and myocardial infarction. Correct diagnosis of these cases requires that examination of the abdomen be conducted in careful conjunction with the examination of all accompanying symptoms.

To practice proper abdominal diagnosis, it is first necessary to understand the different sections of the abdominal region. In abdominal diagnosis, both the chest and abdomen will come under observation. The chest region—the area above the diaphragm that covers the ribs—is also known as the Upper Heater and is responsible for the circulation of *ei-e*. Below the ribs and extending to the navel is the upper abdomen or Middle Heater, which controls the production of *ei-e*. Below the navel is the lower abdomen, also known as the Lower Heater, which is responsible for excretion. In addition, the area from the armpit to the hip joint is generally called the side of the abdomen, but this term is also used to refer to the region around the ShoMon point, just below the rib cage.

To conduct abdominal diagnosis, both the therapist and patient must remain calm and composed, and the hands of the therapist must be made pleasantly warm.

The patient lies down in a relaxed position, with arms and legs naturally extended. The therapist stands on the left side of the patient, placing the left hand upon the patient's sternum to examine breathing and heart palpitation. The hand is then gently moved across to the areas on the right and left below the collarbone, where the *ki* of the Lungs is examined. Then the hand is again passed over the sternum to the upper abdomen where the *ki* of the Spleen and Stomach are examined, and to the area of the lower abdomen where the Lower Heater and Kidney *Ki* are examined. The region of the lower abdomen assumes particular importance in the examination of the gynecological organs and pregnancy. Finally, Liver *Ki* is examined along the side of the abdomen, while Heart Palpitation (*kyori-no-do*) and Heart *Ki* are examined in the area below the left nipple.

Note:

In the Classics of Herbal Medicine it is written, "To determine the *akashi* through abdominal diagnosis, one first places one's right hand upon the sternum of the patient...." This indicates that examination was conducted with the right hand, but this is the method used by Herbal practitioners. We *hari* therapists use the right hand to hold the needle and our free left hand to examine the abdomen for determining *akashi*.

The particulars of abdominal diagnosis

Successful abdominal diagnosis requires an understanding of the normal, healthy abdomen. In a healthy abdomen, the ribs of the chest region are lightly enveloped in smooth skin and muscle and form approximately a 90-degree angle between the tip of the sternum (KyuBi point) and the side of the abdomen. Quiet breathing and gentle heart palpitation result in overall calmness, with an upper abdomen and lower abdomen that are neither too *kyo* nor too *jitsu*, neither too cold nor too warm. The skin is soft and supple like a freshly steamed dumpling, and no special hardness, tension, depression, or palpitation is present.

On the other hand, a hard and full abdomen that feels like the skin of a drum represents a *jitsu akashi*. Extreme cases, referred to as "distention" or "bloating," are interpreted as disturbances of the Spleen and Stomach.

A weak upper abdomen with a distended lower abdomen is known as *kyo* above-*jitsu* below. A distended upper abdomen with a weak lower abdomen is called *jitsu* above-*kyo* below.

In addition, if both the upper abdomen and lower abdomen are depressed and feel like a piece of worn cotton, then the overall condition of the abdomen is *kyo*, indicating that the Spleen and Kidney are *kyo*. Among these cases, sensations like one is pressing

on a snake or turtle shell, or on a pencil shaft lying vertically across the navel, indicate severe conditions that cannot be cured.

Another serious condition is Yin-Kyo Fire Surge, in which heavy palpitations from the lower abdomen surge into the upper abdomen and bring on difficulties in breathing.

Liver *Ki* is *kyo* if a very pronounced depression can be felt by pressing on the side of the abdomen; this condition is said to indicate a high susceptibility to apoplexy.

Kidney *Ki* Palpitation (*jinkan-no-doki*) has traditionally been assigned great importance. The eighth section of the *Nanjing* states; even when the pulse at the wrist becomes impalpable, as long as there is a clear palpitation of Kidney *Ki*, the patient will survive. On the other hand, a normal wrist pulse with an absence of palpitation of Kidney *Ki* indicates that the patient will die.

To examine the palpitation of Kidney *Ki*, place the hand gently over the Tan Den area below the navel and observe the movement of *ki*. If the palpitation is relaxed and regular with an overall smoothness and calmness, it is a positive sign. To diagnose Kidney *Ki* correctly, however, one must not rely solely on this palpation but observe the whole area, by noting the appearance of tension, depression, and so forth.

Another important aspect of abdominal diagnosis is Heart Palpitation (see page 93). When the palpitation is as discernible as not, and the overall feeling is calm, it is a positive sign. If through light pressing pronounced palpitation can be felt, it is *ki-kyo*. If the palpitation upon pressing is hard and deep-rooted, it is *ketsu-kyo*. In particular, when palpitation is dramatic and can be observed through the clothing, it is a negative sign indicating a general loss of Heart *Ki*. In these cases, strong therapy may provoke heart or lung dysfunction and must be absolutely avoided.

There are many other well known interpretations of abdominal diagnosis, including the writings in the 18th section of the *Nanjing* concerning the observation and diagnosis of hardened areas on or below the surface of the skin.¹ In order to avoid unnecessary confusion, however, we will leave this to the research of specialists in the field and not go into detail here.

Next, let's discuss the special abdominal examination techniques developed through the clinical experience of the instructors of our Association.

"Correlating Pulse Akashi and Abdominal Akashi"

Establishing the correct *akashi* is one of the most important elements of Meridian Therapy. Although there are therapists who will casually place three fingers over the Six-Position Pulse and immediately profess to be reading Lung-Kyo, Liver-Kyo, and the like, the accurate determination of *akashi* requires a thorough and systematic usage of Four-Way Examination.

In rigorous hands-on clinical work, even *akashī* carefully determined in accordance with all the proper steps can sometimes be mistaken and cause the treatment to end in failure.

Needless to say, the dangers arising from mistaken treatment are very great. In order to keep this possibility to a minimum, our technical training staff developed an effective and scientific system of *akashī* determination based on the correlation of pulse *akashī* and abdominal *akashī* (see also Chapter XI). This system has been of great help to us in our clinics and to those who study in our Group Training System.

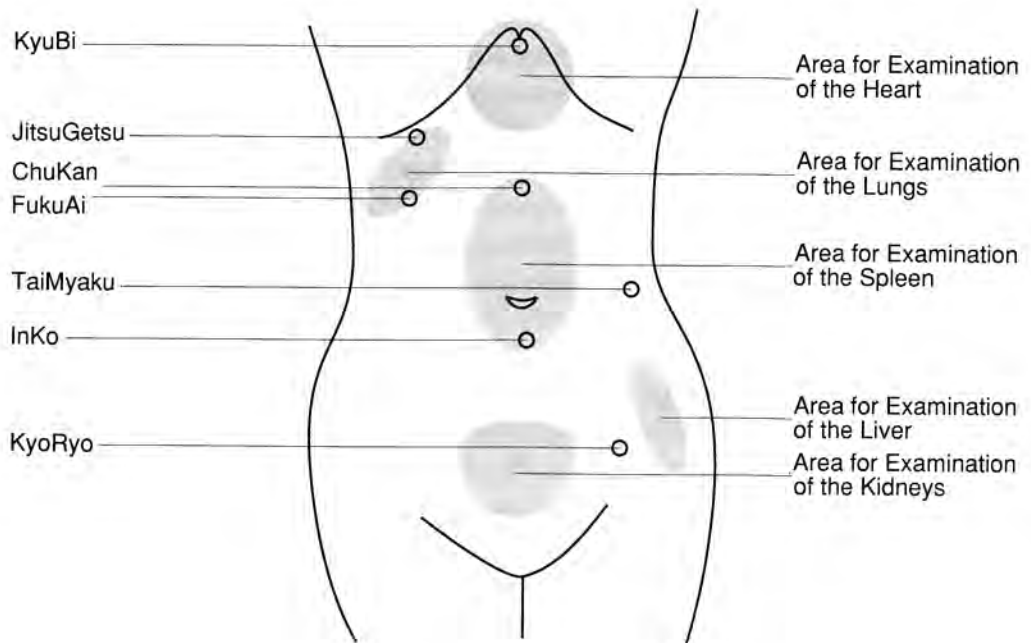
Meridian Therapy is sometimes denounced as a heavily subjective “art-like” discipline accessible to only a few specially gifted individuals; however, this system of diagnosis, which makes use of the abdominal region—an area that has over ten times the width of the pulse region—allows a large group of properly prepared researchers to derive the same results from observations of the same source at the same time. This type of diagnosis will contribute greatly to the recognition of Meridian Therapy as a science.

Some advantages of examination based on the correlation of pulse *akashī* and abdominal *akashī* are:

- 1) The dangers that result from treatment conducted according to mistaken *akashī* can be avoided. Correct *akashī* determination is the key to successful clinical work.
- 2) Because the results of needling can be observed immediately in two places—the pulse and the abdomen—beginning practitioners can easily confirm for themselves the effectiveness and scientific nature of Meridian Therapy during Group Training.
- 3) This system makes possible efficient, hand-to-hand instruction of Meridian Therapy’s central techniques, including *akashī* determination, point selection, and *ho sha* needling, and thus helps students to acquire a quicker mastery of pulse diagnosis healing.

Finally, let’s discuss the areas of examination, the method of diagnosis and the clinical application of abdominal diagnosis (see Figure 4).

Figure 4: Abdominal Diagnosis



As can be seen in Figure 4:

1) The area for examination of the Spleen is centered around the navel and includes the region from the InKo point 1 *sun* below the navel to the ChuKan point of the upper abdomen.

2) The area for examination of the Heart begins just above the ChuKan point and includes the region up to the KyuBi point.

3) The area for examination of the lungs moves diagonally from the JitsuGetsu and FukuAi points below the ribs on the right side of the body to the right side of the navel. (The left side can be read as a standard for the Lungs in comparison to the right side.)

4) The area for examination of the liver is on the left side of the abdomen below the navel, between the TaiMyaku and KyoRyo points of the Gall Bladder Meridian. (There are times when the same area on the right side is also examined.)

5) The area for examination of the Kidneys is between the InKo point 1 *sun* below the navel and the upper edge of the pubic bone, sometimes manifesting across the entire width of the lower abdomen.

Concerning the method of diagnosis, abdominal diagnosis can as broadly divided into Organ diagnosis and meridian diagnosis. The *akashi* of abdominal diagnosis spoken of hereafter is based on meridian diagnosis, and care must be taken not to confuse the two.

The goal of examination is to ascertain which of the established areas mentioned above are *kyo*, i.e., lacking roundness, smoothness, and proper muscle tone. *Akashi* is determined by using this information in conjunction with the Six-Position Pulse Diagnosis.

For example, if Lung-Kyo *Akashi* is established through Six-Position Pulse Diagnosis, it can be confirmed with abdominal diagnosis by first examining the Lung area and then the Spleen area for signs indicating *kyo*. The same method is used to confirm pulse *akashi* in determining Spleen-Kyo, Liver-Kyo, Kidney-Kyo, and so forth.

Our Association places particular emphasis on pulse *akashi* in which pulse positions of Sokoku relationship are simultaneously *kyo* and require *sokoku* control needling, or when the *sokoku* pulse position carries a Yin-*jitsu* disturbance. In both these cases, the *kyo* and *jitsu akashi* will also appear in the abdominal examination.

Yin-*Jitsu Akashi* are of two types. In the first, in which the *jitsu* is the result of disturbance in the flow of the meridian, the skin in the area of examination is smooth, tight, and somewhat rounded or raised. In the second, in which the *jitsu* is the result of the presence of disease-related *ki* and *ketsu*, the surface appears to be *kyo* but slight pressure reveals hardness at the deeper levels and causes the patient pain (Yin-*Jitsu Akashi* are discussed in Chapter XII, Section 4, (4) and (8)).

In some cases in which this kind of hardness can be felt, however, pressing causes discomfort but very little pain, and there is a lack of healthy *ki*. This is not a Yin-*Jitsu Akashi* but a *kyo akashi* indicating an advanced and serious disease (*shaku*, see page 94, footnote 1). Great care should be taken, as therapists often misdiagnose these signs when they appear during an examination of the Spleen and Kidney.

iii) Meridian Palpation

Meridian palpation is a method of examination involving the sense of touch, in which the therapist strokes and presses by hand the body of the patient.

The medical professional is traditionally described as “caring for” or “attending to” the patient; the joining of the hand of the healer with the body of the person seeking help represents the epitome of humanitarian health care and the understanding that “healing is love.” Medical behavior originally derived from practices involving gentle rubbing

of afflicted or painful parts of the body, and it only gradually developed into a systematic discipline. So there are therapists today who achieve very good clinical results just through their reliance on a keen sense of touch.

With *hari*, in which therapy is conducted via treatment points along the surface of the body, examination based on touching is of particularly great importance. We professional *hari* therapists must constantly train our hands as we work towards the development of accurate palpation skills and effective therapeutic technique.

In the clinic, of course, one will palpate those areas that correspond to the specific complaints and symptoms of the patient. In Meridian Therapy this examination also includes palpation of the major points along the 12 meridians. The therapist must focus on how the area feels to the touch, its temperature, whether pressing causes pain, and whether there are hardness, palpitation, depression, hypersensitivity, and so forth.

Red, swollen, tight, and feverish areas, in which cooling brings relief while pressure causes pain and discomfort, are *jitsu*. A *kyo* region is cold, emaciated, or numb, and the skin is dry and weak; pressing is pleasant and warming brings relief. Disturbances of *ketsu* are examined by pressing more deeply. The presence of hard spots (page 94, footnote 1) and other serious signs, however, requires further, more detailed examination. *Ki* is examined lightly at the surface of the body; its examination is of paramount importance in Meridian Therapy, which is based on regulating the flow of *ki*.

Meridian palpation of the abdomen must be conducted very gently; one should hardly be able to discern whether or not one's hand is actually touching the skin. It is a subtle palpation, with the inner surface of the fingers lightly passing across or pressing the area being examined. The ability to locate correct meridian points (see Chapter XIII, Section 2, (2)) also requires that palpation of the treatment site be conducted as delicately as if one were reading Braille.

In the clinic, interpretation of the signs of illness is very complex. *Kyo* meridians, for example, may carry *jitsu*-type pain and *jitsu* meridians may carry *kyo*-type pain. This is especially true in the examination of Five Phases points for which the point and meridian may be in a *sokoku* relationship. With Lung-*Kyo Akashi* in which the Liver or Heart Meridian is *jitsu* (such as in cases of acute tonsillitis), for example, the points along the Lung meridian that are in *sokoku* relationship to the meridian, such as ShoSho and GyoSai, will often be *jitsu*. It becomes necessary, therefore, to consider the Five Phases relationships of the points and meridians during examination. If, however, one spends an inappropriately large amount of time trying to decipher every last sign and Five Phases relationship, there is the danger that the patient will be overworked. In general, most abnormal signs found during palpation will disappear when needling of the major points is completed. Keeping this in mind will enable one to conduct as efficient and effective a meridian palpation as possible.

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1. These hardened areas are described in the classic texts as *shaku* (affiliated with Yin) and *ju* (affiliated with Yang), and they are interpreted as signs of very serious illness. So-called carcinomas fall into one of these two categories.

X

Pulse Diagnosis

GENERAL INTRODUCTION

In Meridian Therapy, the reading of the pulse is the cornerstone of examination. *Akashi* is determined only after the other examinations made by Looking, Listening/Smelling, Questioning, and Palpating are unified through pulse diagnosis. During treatment, too, point selection is completely dependent on the pulse. From examination to the end of treatment, pulse diagnosis is of primary importance to Meridian Therapy; indeed, Meridian Therapy is popularly known as “the Pulse Diagnosis School of *Hari*.”

There are numerous kinds of pulse diagnosis within East Asian Medicine (*Sambukyuko* Pulse Diagnosis, *Jingei-myakuko* Pulse Diagnosis, *Jingei-kiko* Pulse Diagnosis and Pulse Diagnosis for Herbal prescription), which attest to the long history of its traditions. Meridian Therapy makes use of Six-Position Pulse Diagnosis as described in the 18th section of the *Nanjing*. All references to “pulse diagnosis” in this text are intended to mean Six-Position Pulse Diagnosis.

Why is there so much controversy amongst practitioners of East Asian Medicine over a subject of such central importance? Why do some therapists question the very value of practicing pulse diagnosis? And why has its popularization been so difficult to attain? The answers, it is believed, are as follows:

1. Pulse diagnosis developed through the application and evaluation of ancient traditions in hands-on clinical work. In order to understand its real value, therefore, it must be tested open-mindedly in the clinic. So-called “scientific” investigators, however, working within the framework of Modern Medicine divide Meridian Therapy into its various components and try to analyze each individually. Their efforts are as foolish as those of individuals within a group of blind people who each attempt to make out the identity of a large elephant through their own separate and limited sensations. As a result of the work of these investigators, precious cultural legacies are being compromised and destroyed.

2. East Asian Medicine has been practiced over a vast geographic area for a period of 3,000 years. Therefore, there are many kinds of literature concerning pulse diagnosis, and the opinions and theories of the various authors differ greatly. Furthermore, because the meaning of the language is usually obscure, it may be all but impossible to know

the true intent of what is written. Those unfortunate investigators who become entangled in the research of literary material only waste valuable time and energy; they often end up abandoning their work and criticizing that which they could not understand.

3. Pulse diagnosis is often considered an art because of the very high degree of skill that is required of its practice. Extensive training of the senses is essential, and mastery of the techniques is possible only through rigorous clinical experience. Teachers in Modern Acupuncture schools, and many professional instructors and practitioners, substitute book reading for clinical experience, but trying to learn pulse diagnosis without hands-on training is like trying to learn how to swim without ever getting into the water. Failure is a foregone conclusion.

The best way to master pulse diagnosis is as follows:

1. Hands-on experience is more important than the study of theory. One must seek the direct, clinical instruction of a therapist who is a successful practitioner of pulse diagnosis. In addition to constant observation and training, having one's pulse read and receiving the treatment firsthand are the quickest ways to learn.

2. When such opportunities are not available, one must make a thorough study of a text that has been written by an actual practitioner of pulse diagnosis. In choosing such a book, one should give higher priority to the clinical record of the author than to the author's social status or renown. Then, after gaining an understanding of the basic principles, one must turn immediately to clinical application and repeatedly practice *akashi* determination and needling technique.

3. As is true with every aspect of East Asian culture, faith is an absolute prerequisite for the mastery of pulse diagnosis. The fact that so many other practitioners are successfully working within these traditions and building extraordinary clinical records means that you, the reader, can do the same. One must have an iron-clad faith, in other words, that what is possible for other people is possible for oneself. Then one must clear the mind of all disturbances and concentrate with one's entire strength upon the mastery of the techniques. This is the sure path to success.

1 THE SIGNIFICANCE OF PULSE DIAGNOSIS

All human beings are individuals, born with characteristics that distinguish each one from the other. For every one hundred patients, therefore, there will be one hundred different symptoms requiring one hundred different types of treatment. In order to be able to respond accurately to the needs of each of these patients, it is necessary to adjust a general and standardized treatment system to match perfectly each individual case.

The accomplishment of this task is a difficult and ongoing problem of great concern to practitioners of both Eastern and Western medicine.

As a solution, Western medicine relies on special techniques unique to modern science that involve data collection, statistical analysis, experimentation on animals, and so forth. With only these techniques, however, it is not possible to gain a complete understanding of the type of elusive symptoms common to persons within modern, constantly changing lifestyles and environments. One example is the unsuccessful use of vaccinations to attempt to chase down and conquer viruses. Many therapists of Modern Acupuncture learn to depend on certain fixed techniques for stomach ulcers, other techniques for sciatic neuralgia, and so forth. They believe that a treatment system cannot be of value in the clinic unless every detail from point selection and needle size to the quantity and extent of moxa usage is carried out according to rigid formulae.

Accurately matching therapy to the myriad symptoms of the individual patient, however, requires a treatment system of unlimited flexibility. But our abilities as human beings are limited. A therapist cannot possibly grasp for himself or herself all the information necessary to apply a formalized treatment system to the constantly changing needs of each patient.

In *Meridian Therapy*, all the symptoms of the patient are holistically interpreted through the pulse *akashi* taken at the radial styloid processes of the left and right forearms. This *akashi* directly establishes the necessary treatment system for the individual. If the therapist is skilled in pulse diagnosis and *ho sha* technique, and the therapy is carried out in complete accordance with the *akashi*, then the symptoms will be swept away "as the wind sweeps away the clouds," and the patient will smile anew "like one who gazes upon a dazzling blue sky."

With Six-Position Pulse Diagnosis, the endlessly changing patient can be understood as an integrated and living whole through the pulse *akashi*. This is why it may be rightly declared that Meridian Therapy is the treatment system befitting the dignity of life; pulse diagnosis and *ho sha* needling are the fundamental requirements for a medical science capable of answering the needs of separate and distinct individuals.

A complete explanation of pulse diagnosis will be undertaken in the following pages. It is my hope that those readers who aspire to become professional Meridian Therapists will awaken herein to the great importance of Six-Position Pulse Diagnosis.

2 THE EXCELLENCE OF SIX-POSITION PULSE DIAGNOSIS

In prehistoric times, people massaged the sore and afflicted areas of each other's bodies out of neighborly love. It seems there had also been a knowledge of the use of pulses to examine illness.

By the time of the *Suwen-Lingshu*, a sophisticated method of pulse diagnosis had developed. The body was divided into three sections—called “Heaven, People, and Earth”—comprising the head, arms, and legs. The *kyo* and *jitsu* of the meridians of each section were diagnosed in the three places where the pulse could be most clearly read (*Sambukyuko* Pulse Diagnosis). Later on, however, as circumstances changed and therapeutic techniques advanced, this style of pulse diagnosis became outdated. Repeated experimentation with many different types of techniques resulted in a method in which the pulse at the JinGei point in the front of the neck was compared to the pulse at the *Sunnko* position of the wrist (*Jingei-myakuko* Pulse Diagnosis). Techniques were also developed to compare the pulses of the left and right sides, and to compare differences in the depths of the pulses (*Jingei-kiko* Pulse Diagnosis and *Shukuho* Pulse Diagnosis). Eventually, as recorded in the 18th section of the *Nanjing*, the basics of Six-Position Pulse Diagnosis were established. It is said that the technique was perfected through the work of Oushikka and the early Tang Dynasty’s Yogenso. The teachings were carried forward by Kappakujin and Teitokuyo and underwent long periods of clinical application before they finally reached Japan and developed into what we have today.

Thus, from prehistoric times, techniques for diagnosing the pulse developed side by side with techniques for treatment of the patient. To this day, advances in treatment technique have stimulated the development of pulse diagnosis, and progress made in pulse diagnosis has stimulated the development of treatment technique. Therefore, our present pulse diagnosis must be understood as being an inseparable part of a greater whole—the essence of hands-on clinical work is expressed in East Asian medicine’s unique principle “Diagnosis and Treatment of Instantaneous Relationship” (see Chapter IX, Section 1)—and in order to judge its merits, one must take into account the accompanying healing techniques of the entire system.

Some scholars, however, maintain that the 18th section of the *Nanjing* is not a discussion of pulse diagnosis but concerns the Theory of *zo fu*; others contend that the basic structure of pulse diagnosis originally comes from the classic pulse text (*Classic on Pulses*) written by Oushikka. These claims, however, are only the insubstantial theories of desk-bound academicians who have no actual clinical experience with Six-Position Pulse Diagnosis and the therapeutic techniques of the 69th section of the *Nanjing*.

The opening words of the 18th section read, “The pulse has three positions, and in each position there are four meridians;” three positions, with four meridians each, means twelve meridians. The three positions are the *sun*, *kan*, and *shaku* (discussed in Section 3 of this chapter), and the four meridians at each position are the two Yin and Yang pulses on both the left and right. Taking the *sun* position as an example, the left *sun* corresponds to the Heart and Small Intestine Meridians, and the right *sun*

corresponds to the Lung and Large Intestine Meridians. The middle part of the 18th section of the *Nanjing* describes the course of the meridians and *zo fu*, and the last part describes the *shakuju* (see page 94, footnote 1). The experienced clinician thus has no problem making out the meaning of this section of the *Nanjing*.

In general, since the classic texts of East Asian Medicine are difficult to understand and the words themselves may be interpreted in many different ways, they must be evaluated in the clinic through the actual reading of the pulse and the application of needling techniques. Only then can fact be separated from supposition.

Without Six-Position Pulse Diagnosis, for example, it is not possible to realize fully the value of the therapeutic principles of the 69th and 75th sections of the *Nanjing*. In the clinic, therapists may show a preference for many different kinds of pulse techniques, but no one can realistically deny that Six-Position Pulse Diagnosis is the most accessible and effective.

Six-Position Pulse Diagnosis can be broadly divided into two parts; pulse diagnosis to compare the twelve meridians and diagnosis of the overall pulse type. Comparative pulse reading means looking at the Yin and Yang on both the left and right sides at each of the *sun*, *kan*, and *shaku* positions, and determining the *kyo* and *jitsu* of the 12 meridians. In so doing, *akashi* can be established and *ho sha* point selection can be conducted.

Reading the overall pulse type means determining the specific nature of the pulse based on the six categories of Sinking-Floating, Slow-Rapid, and *Kyo-Jitsu*. This reading establishes the specifics of the *ho sha* needling to be carried out, including the size of the needle and the particular needling technique to be used.

To guarantee correct diagnosis and treatment, the pulse must be read with equal emphasis on the two techniques. As will be explained more fully further on, it is the combination of these two pulse reading techniques that makes Six-Position Pulse Diagnosis a coherent and practical system and accounts for its superior effectiveness; indeed, it is the most sophisticated of the East Asian pulse diagnosis techniques involving meridians and *ho sha*.

Scholars of East Asian Medicine whose study of pulse diagnosis involves only book reading, however, may confuse the different theories and techniques. They may, for example, try to apply Chinese Herbal Medical theory to comparative pulse reading. This, though, would be as strange as trying to run a palanquin or a steamship over the tracks of the high-speed Bullet Train.

And those who investigate the workings of Six-Position Pulse Diagnosis through the application of various electronic devices are disregarding the critical distinction between living and non-living phenomena.

The name "Six-Position Pulse Diagnosis" does not actually appear in the classic texts of Traditional East Asian Medicine. It was adopted from the writings of Choseken

of the Ming Dynasty by the three *hari* masters Takeyama Inoue, and Okabe at the time they presented the teachings of Meridian Therapy in 1939. In using the name, they intended to establish Six-Position Pulse Diagnosis as the correct form of pulse reading for Traditional *Hari*.

As for the pulse positions of *zo fu* and meridians, the fundamental concepts are clearly set down in the 18th section of the *Nanjing*. Even so, continual discussion and debate left the subject unsettled until the decisive writings of Kappakujin around 1,350 in Yuan Dynasty China. The main point of debate concerned the right-hand *shaku* position. Kappakujin designated the right-hand *shaku* as the Heart Constrictor and Triple Heater, as do many of the Traditional Medical texts of Japan (*Sugiyama-Sambusho*, *Myakuhoshinan*, and *Myakuhotebikiso*). He also considered the Heart Constrictor Meridian to be a substitute for the Heart Meridian in treatment, and thus conducted therapy of the Heart Constrictor according to the condition of the Heart pulse (left-hand *sun* position). The system of pulse diagnosis that the members of our Association are currently using in their clinics is in complete accordance with Kappakujin's work.

3 THE HANDS-ON TECHNIQUES OF PULSE DIAGNOSIS

1) The Pulse Positions

Following is a discussion of the system that is used for locating the pulse positions, as recorded in the classic texts.

For all patients the length of the forearm is taken to be 1 *shaku*, which can be divided into ten equal parts, each of 1 *sun*. This system is known as "measurement commensurate with the body of the patient" and is unique to Traditional East Asian Medicine.

To locate the different pulse positions, we must look at the area beginning from the wrist and moving 2 *sun* up the forearm. Excluding the first one-tenth of 1 *sun*, the remaining one-and-nine-tenths *sun* is the area in which the pulse is read. Within that area, the first six-tenths of 1 *sun* is the *sun* position; the next six-tenths of 1 *sun* is the *kan* position; and the last seven-tenths of 1 *sun* is the *shaku* position.

During actual clinical work it is not possible to make these kinds of measurements for each and every patient. Once the basics of the measurement system are understood, the pulse can be read by adjusting the positioning of the fingers according to the size of the patient's wrist and the therapist's hand. For example, in the case of small children with tiny wrists, positioning three fingers along the pulse can be difficult. In cases like these, one can use two fingers instead of three and mentally divide the pulse into the three *sun*, *kan*, and *shaku* positions.

2) Proper Attitude, and the Positioning of the Fingers

For pulse diagnosis, both the therapist and the patient must remain physically and emotionally composed. Proper attitude means perfect calmness and a mind that is completely free of excessive thoughts and worries.

The patient lies face-up on the examination bed with the legs outstretched. The therapist stands to the patient's left, and begins diagnosis by lightly lifting the patient's left wrist along the outside with the left hand, while positioning the right hand along the pulse. The therapist then takes up the patient's right wrist with the right hand and reads that pulse with the left hand.

It is also important to be able to read the left and right pulses simultaneously. To do this in the simplest and most effective way, the therapist leans the upper body over the patient and fully outstretches the left elbow in order to ensure that the fingers of the left and right hands are applied with equal pressure. The therapist then carefully places the middle finger over the patient's radial styloid process, which is located near the wrist on the radial side of the forearm. The index finger and ring finger are then placed on either side, and the pulse is read in three positions.

The position of the index finger is the *sunoko*, the position of the middle finger is the *kanjo*, and the position of the ring finger is the *shakuchu*. In abbreviated form they are known as *sun*, *kan*, and *shaku*, and each one represents a distinct pulse position.

The method for reading the pulse is as follows: In slowly pressing into the pulse, there comes a point where the pulse can be felt most evenly and clearly by all three fingers. This is called the Middle Pulse and is said to be the place where the *ki* of the Stomach is examined (see page 129). They, pressing deeper into the pulse, there is a place along the bottom surface of the Middle Pulse where the Deep Pulse (Yin meridians) can be felt. One must not, however, press so strongly as to obstruct the flow of the pulse. Once again returning to the Middle Pulse and then gradually moving to the surface, there comes a point just before the place where the fingers separate from the pulse altogether, where the Surface Pulse (Yang meridians) can be felt.

This is the way in which the pulse is examined, by moving up and down through the pulse from Deep to Middle to Surface, and from Surface to Middle to Deep, bringing into play the subtle perceptive abilities of the tips of the fingers. The changes in the pulse that must be read are so fine, in fact, that pulse diagnosis is often thought of as an art.

Details of this method are discussed in the section in this chapter entitled, "The Key to Pulse Diagnosis."

3) The Positioning of *Zo Fu* and Meridians along the Pulse

Each of the twelve meridians and *zo fu* have a position along the pulse. *Akashi* is established by reading the pulse and determining which of the positions are *kyo* and

which are *jitsu*. This process is known as comparative pulse reading within Six-Position Pulse Diagnosis.

The following is a description of the arrangement of the 12 meridians as they correspond to each pulse position.

Chart 8: The Twelve Meridians and Five Phases of the Pulse Positions

RIGHT HAND				LEFT HAND		
	Five Phases	Surface	Deep	Five Phases	Surface	Deep
<i>Sunnko</i>	Metal	Large Intestine Meridian	Lung Meridian	Fire	Small Intestine Meridian	Heart (Heart constrictor) Meridian
<i>Kanjo</i>	Earth	Stomach Meridian	Spleen Meridian	Wood	Gall Bladder Meridian	Liver Meridian
<i>Shaku-chu</i>	So-Fire	Triple Heater Meridian	MeiMon	Water	Bladder Meridian	Kidney Meridian

The Deep position of the *sunnko* of the right hand is the Lung Meridian (and Lung Organ—the pulse positions correspond with *zo fu* as well as with the meridians), the *kanjo* is the Spleen Meridian; and the *shakuchu* is the MeiMon. In the Surface position, the *sunnko* is the Large Intestine Meridian; the *kanjo* is the Stomach Meridian; and the *shakuchu* is the Triple Heater Meridian. Next, for the left hand, the Deep position of the *sunnko* is the Heart Meridian (Heart Constrictor Meridian); the *kanjo* is the Liver Meridian; and the *shakuchu* is the Kidney Meridian. In the Surface position, the *sunnko* is the Small Intestine Meridian; the *kanjo* is the Gall Bladder Meridian; and the *shakuchu* is the Bladder Meridian.

4) The Yin Yang-Five Phases of the Pulse Positions

The *Zo Fu* Meridians of each pulse position correspond with the Five Phases. As Five phases Theory is the basis for the determination of *akashi*, its thorough understanding is essential for the development of successful pulse reading.

For the Yin meridians, the left *shaku* position is Kidney-Water; the left *kan* position is Liver-Wood; and the left *sunn* position is Heart-Fire. The right *shaku* position is MeiMon-So Fire; the right *kan* position is Spleen-Earth; and the right *sunn* position is Lung-Metal.

It follows, then, that the relationships between the pulse positions can be understood in terms of Yin Yang-Five Phases Theory. The *shaku* and *kan*, and *kan* and *sun* positions of the left hand are in *sosho* relationship. The left *sun* position and the right *kan* position are also in *sosho* relationship, as are the right *kan* and right *sun* positions, and the right *sun* and left *shaku* positions. The right *sun* position is in *sokoku* relationship to the left *kan* and left *sun* positions, and the right *kan* position is in *sokoku* relationship to the left *shaku* and left *kan* positions.

The Five Phases relationships for the Yang meridians are the same. Together with the Yin readings, these relationships provide the basis for comparative pulse reading.

4 AKASHI DETERMINATION BASED ON MERIDIAN THEORY

1) The Basic Rules for Pulse Diagnosis

As stated in the previous section, determining *akashi* through pulse diagnosis requires strict observance of the *sosho* and *sokoku* relationships of the Five Phases, and a thorough understanding of such principles as “Yin leads, Yang follows” and “*Ho* needling takes priority.”

From this point of reference, the three basic rules for the determination of pulse *akashi* can be described as follows:

1. The Yin and Yang readings of any single pulse position cannot simultaneously be *kyo* or *jitsu*.
2. Pulse positions in *sokoku* relationship to each other cannot simultaneously be *kyo* or *jitsu*.
3. Any three pulse positions in a row cannot simultaneously be *kyo* nor *jitsu*.

Note:

These rules have traditionally been called the “restrictions” for pulse diagnosis. As the idea of “restriction” can lead to a misunderstanding of the nature of these principles, however, we have chosen instead to use the word “rules.” The reason is that the pulses we see in actual clinical work often do not conform to the above patterns. A person with an illness suffers from some kind of imbalance and is, thus, certain to have an “abnormal” pulse *akashi*. Therefore, rather than viewing these patterns as restrictions on the kind of pulses that can exist, they must be seen as the rules that help define the parameters of the “normal” pulse. We call them the “basic rules” for pulse diagnosis because they constitute the fundamental patterns that one must understand in order to learn how to read pulses successfully.

2) Principles of “Yin Leads, Yang Follows” and “*Ho* Needling Takes Priority”

There are writings in the *Suwen* (Chapter V) that elucidate the nature of the relationship between Yin and Yang. They state, for example, that Yang is derived from Yin and cannot stand alone, and that Yin dominates Yang. From these principles it is clear that in pulse diagnosis, too, the determination of *akashi* must always begin with the Yin meridians.

Furthermore, it is stated in the third part of the 69th section of the *Nanjing* that *ho* needling must be conducted before *sha* needling, and in the 75th section that *kyo* must be treated before *jitsu*. These are descriptions of the principle, “*ho* needling takes priority.”

In order to determine *akashi* in accordance with classical East Asian Medical theory one must have a clear understanding of the Doctrine of Yin Yang-Five Phases, and one must strictly adhere to the principles stated above in practice. Otherwise, successful pulse diagnosis is not possible.

Some instructors and practitioners in the field, however, derive their ideas from book reading and theorizing rather than from hands-on clinical experience. One quick look at the patient's pulse and they are ready to content themselves with such readings as Gall Bladder-*Kyo Akashi*, Stomach-*Jitsu*, *kyo* of the outermost Yang, and so forth, that are in complete disregard for the principles described above. This is a truly regrettable situation, which serves only to confuse and exasperate the efforts that are being made to carry forward correct pulse diagnosis teachings.

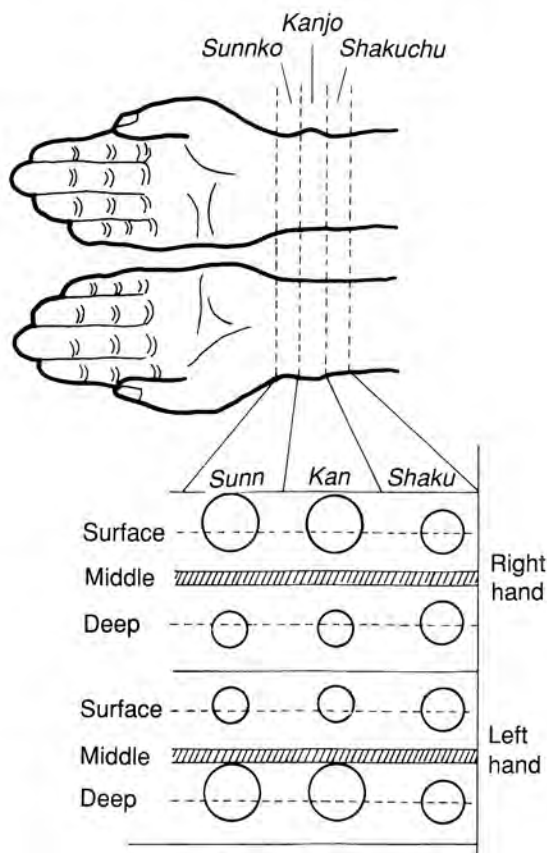
3) Basic Pulse Patterns for *Akashi* Determination

Learning to recognize the basic pulse patterns is of great importance in the achievement of correct pulse diagnosis. With Lung-*Kyo Akashi*, for example, we can assume the following:

- 1) The *sunoko* position of the right hand, Lung-Metal, is the most *kyo*.
- 2) The *kanjo* position of the right hand, Spleen-Earth, is also *kyo*.
- 3) The Liver-Wood of the left *kanjo* position and the Heart-Fire of the left *sunoko* position, being in *sokoku* relationship to the right *kanjo* and *sunoko*, are to some degree *jitsu*.
- 4) As for the Yang meridians at these positions, the *sunoko* and *kanjo* of the right hand are to some degree *jitsu*. The *sunoko* and *kanjo* of the left hand are *kyo*.
- 5) The remaining positions, which are the left and right *shakuchu*, are normal in the Yin and the Yang.

A pulse exhibiting these characteristics constitutes the standard Lung-Kyo Akashi pulse pattern (see Figure 5).

Figure 5: Basic Pulse Pattern for Lung-Kyo Akashi



The basic pulse patterns for Spleen-Kyo, Kidney-Kyo, and Liver-Kyo Akashi can be analyzed in the same way.

4) The Theory behind *Akashi* Determination

The determination of *akashi* in Meridian Therapy is both the diagnostic process and the establishment of the method of treatment. This relationship between *akashi* and treatment technique is described in the great and eternal law of *ho sha* needling from the 69th section of the *Nanjing*: “When *kyo*, apply *ho* needling to the Mother; when *Jitsu*, apply *sha* needling to the Child.” Thus we can see that correct *akashi* determination is a prerequisite for successful *ho sha* needling.

Taking the basic Lung-Kyo *Akashi* pulse pattern discussed above as an example, “When *kyo*, apply *ho* needling to the Mother” means that Lung-Metal *Kyo* must be treated through the application of *ho* needling to both the point along the Lung Meridian that manifests the character of the Mother, which is the Earth (Transporting) DaiEn point (see Chapter XIII), and to the Mother meridian itself, which is the Spleen-Earth Meridian. “When *jitsu*, apply *sha* needling to the Child” means that, in order to treat Liver-Wood *Jitsu*, *sha* needling techniques must be applied to both the point along the Liver Meridian that manifests the character of the Child, which is the Fire (Gushing) KoKan point, and to the Child meridian itself, which is the Heart-Fire Meridian.

Thus, the standard Lung-Kyo *Akashi* pulse pattern contains all the information necessary for the successful application of the *ho* and *sha* techniques.

In summary, “When *kyo*, apply *ho* needling to the Mother” means that when the *sunko* and *kanjo* positions of the right hand are *kyo*, the application of *ho* techniques to Lung-Metal and its Mother, Spleen-Earth, will bring both positions back to normal. “When *jitsu*, apply *sha* needling to the Child” means that, through the application of *sha* techniques to Liver-Wood and its Child, Heart-Fire, the presence of *jitsu* in the two positions can be corrected.

In actual clinical work, however, the principles of “Yin leads, Yang follows” and “*ho* needling takes priority” imply that *sha* needling will not necessarily be applied directly to the Yin meridians. In the above discussion, though, we have presented the fundamental concepts.

5) *Akashi* Determination in the Clinic

Most of the pulse patterns we come across in actual clinical work will contradict the three basic rules described above. This, in fact, is the definition of illness. Just as crime in society is defined as activity that stands in violation of the law, patients in the clinic will have pulses that stand in violation of the basic patterns. Examples include pulses in which two positions in *sokoku* relationship to each other are *kyo*, or in which the Yin and Yang of a single position are simultaneously *kyo* or *jitsu*.

To deal with these cases, our Toyo Hari Medical Association has developed a unique and highly effective treatment system known as “*Sokoku* Control Based on Unilateral Needling.” The subject is explained in detail in Chapter XV.

5 HANDS-ON AKASHI DETERMINATION

The determination of *akashi* in Meridian Therapy is conducted in a clear and systematic manner through strict adherence to the rules of treatment found in the 69th section of the *Nanjing* and through observance of the fundamental principles of “Yin Yang-Five Phases,” “Yin leads, Yang follows,” “*Ho* needling takes priority,” and the like.

The therapist places his or her fingers carefully along the six designated positions and moves them gently back and forth through the Surface, Middle, and Deep Pulses. The position that is most lacking in strength or vitality is called *kyo*, and the one that is strongest and fullest is *jitsu*. This procedure is known as comparative pulse reading. Comparative pulse reading and the reading of the overall pulse type make up the two pillars of Six-Position Pulse Diagnosis.

An explanation of the reading of the pulse positions must begin with a discussion of the Surface, Middle, and Deep Pulses. The Middle Pulse is located by gently pressing the three fingers down into the pulse, and finding that point at which the three positions can be felt most evenly and clearly. The Middle Pulse is the pulse of the Stomach *Ki* (see page 129). Next, going slightly deeper, there is a place along the underside of the Middle Pulse where the Yin meridians are read. Among them, the position that is the most weak, slight, or lacking in strength—perhaps even imperceptible to the touch—is called *kyo*. Strong positions that have width and depth are called *Jitsu*. The fingers are then brought back to the Middle Pulse and gently raised to the surface. The place just below the point where the pulse begins to disappear is the Yang. The *kyo* and *jitsu* of the Yang meridians are read in the same way as the Yin.

The pulse reading techniques must be conducted slowly, over and over, as comparative readings are made between the left and right *sun*, *kan*, and *shaku*. Then, modeled on the standard “Lung-Kyo Akashi pulse pattern” described above, an *akashi* that does not contradict diagnostic theory is formulated.

In the clinic, however, such simple and straightforward *akashi* determination is not always possible. The following examples describe nonstandard pulse patterns.

Patients with colds or similar conditions may have an overall pulse that is somewhat floating and expanded. In these cases, the pulse can be calmed and made easier to read through the application of a technique called “Dispersed Needling,” which is a quick and light needling spread across many points in any one area of the body. With cold-like symptoms it can be used in the abdominal region, or it can be combined with open-hand rubbing in the area of the upper back. This will cause one of the Yang pulse positions to show particularly great disturbance, and its Yin meridian can be taken as the pulse *akashi*.

Another example is when three or more pulse positions in a row are *kyo*, and it is not possible to make out which one is the *akashi*. In a case in which the Heart, Spleen, and

Lung Meridians are all *kyo*, for example, and one cannot readily determine whether the *akashi* is Lung-*Kyo* or Spleen-*Kyo*, the *ho* needling technique can be applied to the meridian in the middle of the three, at the point that corresponds to that meridian's Phase among the Five Phases. In this case, it would be the Spleen-Earth Meridian's Earth-"Source" point, which is TaiHaku. The pulse is checked after the *ho* needling, and if the right *Sunnko* position has been returned to normal, the *akashi* is Spleen-*Kyo*. If, however, the right *sunn* is more *kyo* than the left *sunn*, it is a case of Lung-*Kyo Akashi*.

Still another example is a nonstandard Yang pulse in which a Yang meridian disturbance has flowed from the Large Intestine Meridian into the Bladder Meridian. In this case it is important to remember the principle of "Yin leads, Yang follows" and to avoid rushing into treatment of the Yang disturbances. One must first apply *ho* needling to the Yin meridians as dictated by the standard pulse pattern and deal with the Yang meridians afterwards.

Making diagnostic judgments through pulse reading requires the skilled discernment of extremely subtle variations in the pulse. For this reason, pulse diagnosis will always require a very strict disciplining of the senses at the tips of the fingers. In addition, one must master the teachings in the section of this chapter entitled "The Key to Pulse Diagnosis," and not neglect the work involved in learning accurate *akashi* determination.

Earnest and uncompromising perseverance fosters strength and enables the therapist to develop truly formidable skills.

6 READING THE OVERALL PULSE TYPE

Reading the overall pulse type means relying on one's sense of touch to identify the particular form of the pulse. It is the process through which the specific treatment techniques--in Meridian Therapy, the *ho* and *sha* needling—are determined.

In the classic texts, the overall pulse type is often used to diagnose the causes and signs of illness or to make an overall prognosis. In Meridian Therapy, as will be explained further on, the main purpose of examining the pulse type, in addition to diagnosis and prognosis, is to determine the specific treatment techniques.

We will divide discussion of the overall pulse type into the following sections: 1) the Six Basic Pulses; 2) the Primary Pulse; 3) the Constitutional and Seasonal Pulses; 4) Symptoms and the Overall Pulse Type; 5) the Seven Yang, Eight Yin, and Nine Deeply Affected Pulses; and 6) Overall Pulse Types in actual clinical work.

1) The Six Basic Pulses

The Six Basic Pulses are Floating/Sinking, Slow/Rapid, and *Kyo/Jitsu*.

Though these make up the fundamental pulse types, the pulse types that are actually seen in the clinic are not so straightforward. The Six Basic Pulses, however, constitute the basis for the study of overall pulse types, and so familiarity with them is essential.

Chemical analysis clearly demonstrates that the substances comprising our natural environment are constructed of molecules of different elements. A water molecule, for instance, is composed of the elements H₂O (two hydrogen atoms, one oxygen atom). In nature, however, there are no such simple water molecules. Real natural water, with its characteristic taste and smell, is a mixture of water molecules, mineral substances, and other materials. According to the type and relative proportions of these components, we have what are called hard water, soft water, ground water, rain water, and so forth.

The same is true for the Six Basic Pulses. The pulses are divided into six categories to assist in the study of pulse diagnosis. In reality, however, when we read the pulse we see combinations of these basic pulses, affected by such factors as the Internal and External Causes of Illness, the season, or the particular physical constitution of the patient. The result of these combinations is the formation of the Seven Yang, Eight Yin, and Nine Deeply Affected Pulses (see page 123). Before learning to read these pulses, however, one must first develop a clear understanding of the Six Basic Pulses that form the foundation of pulse diagnosis.

i) Floating/Sinking

This category indicates whether the overall pulse is located in a floating position near the surface or in a deep, sinking position. The Floating pulse is caused by Wind-*Ki* and indicates a Yang illness that is light or superficial. With the Sinking pulse, disease-related disturbances have penetrated deep into the body and *zo fu* and give rise to a Yin illness.

The correct needling for these pulse types is, fundamentally, a shallow technique for the Floating pulse and a deep technique for the Sinking pulse.

ii) Slow/Rapid

This category concerns the speed of the pulse. Slow, regardless of Floating or Sinking, is described in the Classics as “three or less beats per breath,” and it indicates coldness. The corresponding needling technique involves slow and gentle movement “as if wishing to delay the departing of a friend.” In some cases techniques will be used in which needles are left in place for a certain period of time.

Rapid, according to the Classics, means a pulse of “five or more beats per breath,” and it indicates fever. The corresponding technique involves fast movement “as if

testing by hand the temperature of scalding water.” A unique fast needling technique was developed by our Association for this pulse.

Note:

A pulse between Slow and Rapid (four beats per breath) is a normal pulse.

iii) *Kyo/Jitsu*

The *kyo* pulse is weak and slight to the touch, and it indicates a lack of healthy *Ki*. *Ho* needling technique is used with this pulse. The *jitsu* pulse, of which there are two types (see Chapter XII, Section 4, (4) and (8)), feels big and strong, and sometimes rough. One type indicates the presence of large amounts of disease-related *ki* or *ketsu*, and the other type indicates a disturbance in the flow of *ki* and *ketsu* through the meridians. The *jitsu* pulse is dealt with through *sha* needling technique.

Reading the overall pulse type thus means examination from the following three standpoints: depth, speed, and strength. Through this reading, the Shallow/Deep, Slow/Fast, and *Ho/Sha* needling techniques are determined. These are the fundamental rules for treatment based on *ho sha* technique.

In the classic texts, however, writings on the overall pulse types vary greatly, with theories about Six Basic Pulses, Eight Basic Pulses, and more. The writers argue back and forth; some divide pulses into Floating/Sinking, Slow/Rapid, and Slippery/Choppy, while others use Big/Small, Long/Short, Taut/Tense, Flooding/Faint, and the like, making the development of a unified theory nearly impossible. As the overall pulse type of the patient is influenced by his or her lifestyle and environment, however, it is only natural that various theories would come about due to differences in time period and geographic area.

In addition, in early times *hari* and Herbal Medicine were often practiced together, thus making writings concerning overall pulse types even more complex due to the influence of the Three Yin-Three Yang Theory of the Stages of Illness from the *Shokanron* (page 145, see note 1), and so forth.

We practitioners of Meridian Therapy, however, are not academicians engaged in the study of pulse diagnosis from a theoretical standpoint. Our goal is the application of six-position comparative pulse reading and the reading of the overall pulse type to our clinical work, and as such we have found diagnosis based on the Six Basic Pulses of Floating/Sinking, Slow/Rapid, and *Kyo/Jitsu* to be of greatest value. The theory was first formulated by Chokaihin (the author of the *Ruikyo*).

2) Understanding the Primary Pulse

The overall pulse type is affected by such factors as the patient's physical constitution, Internal and External Causes of Illness, the seasons of the year, and so forth. The following is a discussion of these factors as they contribute to the formation of the Primary Pulse.

i) Constitutional Pulses

In East Asian Medicine the physical constitution is broadly divided into Yin or Yang and then described in terms of the Five Phases.

This categorization has already been discussed in Chapter VII, "The Doctrine of the Causes of Illness." With pulse diagnosis, too, each particular constitution will have a corresponding overall pulse type. These relationships are discussed to some degree in the 13th section of the *Nanjing*, where the overall pulse types of the Liver, Heart, Spleen, Lung, and Kidney constitutions are described as Taut, Flooding or Hooking, Gentle, Choppy or Feathery, and Slippery or Rock-like, respectively (see (3), below).

ii) Individual Pulses

Each individual is born, and remains, a separate and distinct entity. This uniqueness is expressed in the overall pulse type.

For example, relatively large-bodied individuals will have a Big, Gentle pulse, while the pulse of smaller individuals will be Small and somewhat Rapid. Older people will have a Sinking, Soft pulse that is Slow, and that of children will be Floating, Short, and somewhat Rapid. The male pulse is Yang, the female pulse Yin. Also, people with sensitive or nervous characters will have a somewhat Rapid pulse; while slow-witted people will have a pulse that is Sinking, Soft, and Slow (pulse types are described in detail in this chapter).

In addition, persons who have had organs or other parts of the body removed, or who have unusual physical constitutions due to, for example, genetic disturbances, each carry corresponding individual overall pulse types.

iii) Primary Pulses

As a therapist, one must be aware of the existence of the Constitutional and Individual Pulses described above and the Seasonal Pulses discussed below, as well as the Morning, Noon, Afternoon, Evening, and Night "Five Time-Block Pulses." In reality, however, what one feels when reading the overall pulse is a combination and unification of all these pulses. This is called the Primary Pulse.

In clinical work, the Primary Pulse will be under the influence of a succession of internal and external disease-causing factors, and will take a final form that expresses

precisely the nature of the patient's illness. It is this pulse that becomes the basis for treatment.

3) Clinical Considerations Concerning Constitutional and Seasonal Pulses

The Primary Pulse will always reflect the physical constitution—a constitution in which, for example, the Liver *Ki* or Lung *Ki* is particularly active—and factors related to the seasonal changes of Spring-Production, Summer-Growth, Autumn-Harvest, and Winter-Storage, and so forth. In order to make accurate judgments concerning these factors, it is necessary to return to the fundamentals of Traditional East Asian Medicine. This means one must take into detailed consideration the Yin Yang-Five Phases and *Zo Fu* Meridian Theories and fully keep in mind the Causes and Signs of Illness Doctrines. To aid this process, our Association developed a system for using the Chart of the Extensions of the Five Phases. We read it according to division by meridians (vertical reading), which we find to be the most straightforward method for coordinating all the aspects of diagnosis.

Let's take patients with a Liver-Wood constitution as an example of this kind of diagnosis. Liver-Wood is Yin that emerges from the Well point. Gall Bladder-Wood is Yang that emerges from the Transporting point. Their behavior is strong and confident. They care greatly about people and enjoy looking after others (Yang Soil, Benevolence). Their sound is of medium length, pitch, and resonance with a clear and crisp "T"-like quality (Sharp), and they speak as if they are giving commands (Shouting). As for the Five Livestock, they are of vigorous movement like the Garden Fowl.

In times of sickness, Liver-Wood constitutions usually manifest signs of illness that are brought on by Wind (dizziness, with bloated epigastrium), afflicting the eyes, tendons, or nails. Their complexion will be poor, exhibiting the Blue/Green color. The smell is Woodsy, and they prefer foods that are Sour. Their voice projects in a Shouting manner, and tears rise easily to their eyes. These characteristics, along with Anger Fist-Clenching, and the like, are Liver-Wood signs. (Refer to the Chart of the Extensions of the Five Phases on pages 61-66.)

In this case, pulse diagnosis will similarly show the left *kanjo* position (Liver) to be the weakest of all, and the pulse type to be Taut. Moreover, those with overall body strength will be a *jitsu-akashi* Constitution, and those without that strength will be a *kyo-akashi* Constitution.

Originally, when pulses of the left *kanjo* position were *jitsu*, physical constitutions were taken to be Liver-Wood. It was thought that a Liver-*Jitsu* Constitution would have an especially clear and strong pulse in the left *kanjo* position. When, however, through the research efforts of our Association we were able to scrutinize these phenomena in the light of many different clinical cases, we found the original conceptions to be clearly mistaken. Our Technical Training Staff then agreed on the following conclusion:

In a normal (completely healthy) person of, for example, Liver-Wood Constitution, the pulse of the left *kanjo* position will always be strong. However, in reality there are no such normal individuals—especially among the patients of our clinics who tend to manifest symptoms of *kyo* and *jitsu*—and in the early stages of illness the left *kanjo* position will be *kyo*. The reason for this is that in order to get through their daily lives, people of Liver-Wood Constitutions will behave vigorously and with confidence, give rise to sharp sounds, often make themselves angry, and so forth. Through a reliance on these and other actions involving the Liver, they facilitate their own particular way of living. Therefore, it is always especially easy for them to exhaust their Liver *Ki*. In the same way, the corresponding pulse for each type of Constitution will appear as *kyo*, such as the right *sunoko* position for Lung-Metal Constitutions, the right *kanjo* position for Spleen-Earth Constitutions, and the left *shakuchu* position for Kidney-Water Constitutions.

As such, the position that corresponds to the Primary Pulse will be felt as *kyo*. However, those for whom the pulse type and overall condition of the body are strong and full are diagnosed as *jitsu-akashi*, and those who have a weak pulse type and physical make-up are *kyo-akashi*.

As long as the Constitution and the pulse are in agreement, clinical work can proceed smoothly. However, with advanced cases of chronic and deep-seated illness, or when there are severe or critical symptoms from the start, pulse positions other than those of the Constitution will show the greatest disturbance. In particular, when the pulse position of greatest disturbance is in *sokoku* relationship to the pulse position of the Constitution, the illness must be interpreted as being difficult to cure. (Refer to the 13th section of the *Nanjing*.)

Next come the Seasonal Pulses. It is said, fundamentally, that Spring is Taut (like a bowstring), Summer is Hooking (hook-shaped, though some scholars prefer Flooding), the change of seasons between Summer and Autumn—the Earth Phase—is Gentle (relaxed and somewhat floating), Autumn is Feathery (like the fur of a rabbit), and Winter is Rock-like (deep, somewhat hard, and strong). These correspond respectively to the Liver, Heart, Spleen, Lung, and Kidney. The application of this knowledge to clinical work, however, is not as so as simple as may appear.

For example, in the Spring the cold stream waters thaw, and a warm wind blows in from the east. The plants and trees put forth buds, and the insects and wild animals begin to stir, emerging from their places of rest. In other words, the movements of all the phenomena of the natural world are an expression of Liver-Wood *Ki*. Those beings that are able to supply the necessary amounts of this meridian *ki*, then are those that will not easily fall prey to illness. As discussed above, however, people whose Constitutional Pulse is Liver-Wood are already exhausting their Liver *Ki* in managing their daily lives. The loss is especially great for patients with *kyo-akashi*, who will not be able to properly

adapt to the season. The fact is, therefore, that they will quickly develop signs of illness related to Liver-*Kyo Akashi* and end up as the ones who come to our *hari* clinics for treatment.

This is the reason that, although there are probably many people of Liver-Wood Constitution whose Liver *Ki* intensifies and becomes *jitsu* in Spring, manifesting as the Taut pulse type, those who visit our clinics in the Spring will usually be Liver-*Kyo*. In the same way, then in actual clinical work many patients in Summer will be Spleen-*Kyo*, in Autumn Lung-*Kyo*, and in Winter Kidney-*Kyo*. Moreover, the pulse type will be Taut in Spring, Hooking (Flooding) or Gentle in Summer, Feathery (Choppy) in Autumn, and Rock-like (Slippery) in Winter. If the overall pulse is even and relaxed and is in accord with the pulse *akashi*, it is a positive sign. If this relationship is *sokoku*, it is regarded as a negative sign indicating that the illness is difficult to cure.

It is important to keep in mind, however, the way in which our contemporary lifestyles—which involve the full-scale use of heating and air-conditioning and the eating of foodstuffs produced in greenhouses, for example—affect our relationship to the seasonal changes. Human beings are microcosms of the universe. We take in the *ki* of Heaven and Earth and Yin and Yang, and we cannot escape the laws of nature that dictate Spring-production, Summer-growth, Autumn-harvest, and Winter-storage. In Spring, when new growth appears, we need warmth. In Summer, to facilitate growth, we need hotness and strong Yang *Ki*. Autumn temperatures are cool to enable us to gather together the fruits of our labor. Coldness is necessary in Winter for storing the harvest and preparing the cycle to begin again in Spring (from the *Suwen*, Chapter II). Those who lead modern, cosmopolitan lives, which are heavily dependent on technology, have given in to a desire for excessive comfort; they artificially distort the laws of Yin and Yang in nature and become ill as a result. One fitting example is sickness arising from the use of air-conditioning in the Summer. Examination involving pulse diagnosis must be conducted with full awareness of this unnatural state of affairs.

4) Symptoms and the Overall Pulse Type

Looking through the writings on pulse types in the classic East Asian Medical texts, one comes across so many different theories that it is like reading a 3,000-year history of this form of medicine. Although there are useful explanations concerning prognosis, examination, diagnosis, treatment techniques, and so forth based on the pulse, overall pulse types are always reflected in and shaped by the environmental conditions of the patient. Therefore, it is very unlikely that those writings on the pulse will be of much value in their original form to present-day clinicians.

In spite of this, great numbers of annotated texts drawn from 2,000- to 3,000-year-old Classics are being published. Among them, of course, are the *Suwen*, *Lingshu*, and

Nanjing, as well as the *Yin Yang Eleven Meridian Classic of Okyu* excavated from the grave of Ma O Tai, the *Taisokyo*, and others.

Our goal, however, is not the archaeological study of classical medical texts. It is, rather, to master pulse techniques that will work in our clinics and to become therapists with the actual hands-on skills necessary to relieve illness and suffering. Accordingly, we must begin by developing a system of overall pulse types that is appropriate to our times, and this will require a thorough understanding of the fundamentals of pulse diagnosis. East Asian medicine recognizes six external agents of disease: Wind, Hotness, Dampness, Dryness, Coldness, and Fire. The levels of illness are known as contact, injuring, and striking. Internal injuries arise from imbalances in the Seven Emotions—Mirth, Anger, Grief, Worry, Sadness, Fear, and Surprise (see Chapter VII).

To begin to formulate a workable system of overall pulse types, then it is necessary to establish the relationship between the pulses and the six external agents of disease. One relatively recent system formulated during the *Edo* period was organized in an easy-to-memorize form by Homma Shohaku in his book *Lectures on Meridian Therapy 2*:

Wind: Floating, Flooding

Coldness: Slow, Tense

Hotness: Sinking, Prostrate

Dampness: Sinking, Gentle

This is one way to differentiate the pulse types, but times and people have changed even since the *Edo* period. For example, medical care in the *Edo* period involved only East Asian Medical practitioners whereas East Asian and Western practitioners share the responsibility for medical care today. Therefore, our systems of examination involve a completely different set of illnesses and symptoms. Critically ill patients today are generally taken by ambulance to a hospital, and *hari* practitioners have few opportunities to deal with serious, acute illnesses. For reasons such as this, we cannot expect a system of pulse types from the *Edo* period to be consistently effective today.

In our clinics, the pulse types for the external agents of disease are understood in the following way. Of the six external agents of disease, the second, “Hotness,” the fourth, “Dryness,” and the last, “Fire,” are considered as one under the name “Hotness” due to their similarity. “Wind [i.e., the common cold], it is said, is the predominant contributor to illness; the body is often attacked by Hotness, Coldness, or Dampness in combination with Wind, meaning that most clinical cases involve “colds” attributable to Wind-Hotness, Wind-Dampness, or Wind-Coldness. In addition, factors related to Excessive eating, drinking, and working are taken into consideration. Thus, it is possible to group the external agent of disease into five in a way that most closely fits

our contemporary needs. This grouping, known as the Five External Causes of Disease, is Wind, Hotness, Excessive eating, drinking, and working, Coldness, and Dampness, and it can be found in the 49th section of the *Nanjing*. In reorganizing the pulse types of these five external agents of disease according to my own clinical experience, I discovered the following pattern:

Wind: Floating, Flooding

Hotness: Soft, Weak

Excessive eating, drinking, and working: Sinking, *Jitsu*

Coldness: Tense, Rapid (Slow, Tense)

Dampness: Sinking, Gentle

This pattern has provided a workable, contemporary solution to the problem of pulse types for the practitioners of our Association. If those who take up and carry forward the teachings from here use it as a base, I am confident that it will become of great assistance to practitioners of the future, too.

Note:

(Division of the External Causes of Disease into Five)

As previously discussed, in East Asian Medicine “Healing is Love.” The therapeutic techniques of Traditional East Asian Medicine are derived from the day-to-day hands-on efforts made by human beings to help each other, and only afterwards were the Five Phases Doctrine, *Zo Fu* Meridian Theory, the Doctrine of Pulse Diagnosis, and so on put forth.

It stands to reason, then, that theoretical systems will differ depending on differences in the healing techniques from which they come.

In the beginning, practitioners of classical East Asian Medicine were concerned mainly with *hari* and viewed Herbal Medicine as a supplementary technique. The rules of treatment that took shape at that time were thus based on the Five Phases, as recorded in the 69th section of the *Nanjing*; these are the traditions that made the fantastic clinical record of East Asian Medicine possible and which were passed down to the practitioners of today. Therefore, if one’s understanding of the fundamental concepts involving *Zo Fu* Meridian Theory, the Doctrines of the Causes and Signs of Illness, the Doctrine of Pulse Diagnosis, and so forth is not based on Five Phases Theory, it is not possible to practice *hari* in its orthodox form.

Similarly, writings in the 49th section of the *Nanjing* describe the external agents of disease in terms of the five Wind, Hotness, Excessive eating, drinking, and working, Coldness, and Dampness. It was later, during the *Edo* period, that East Asian Medical practice began to incorporate therapeutic techniques from the *Shokanron* school of

Herbal Medicine, and the Causes of Illness were reorganized in terms of the six external factors of Wind, Hotness, Coldness, Dampness, Dryness, and Fire. The Doctrines of Pulse Diagnosis, Signs of Illness, and so forth, that resulted from this collaboration thus only complicated attempts by traditional practitioners to establish a theory of pulse types based on the Five Phases.

Some scholars are critical of East Asian Medicine for this reason, remarking, for example, that “the Doctrine of the Five External Causes of Illness from classical medicine is a theoretical formality trapped by Five Phases thinking.” This, however, is no more than the academic discourse of Herbal Medicine’s armchair practitioners. Their inability to understand the importance of Five Phases thinking is due to the fact that they themselves are not practitioners of Six-Position Pulse Diagnosis as based on the 69th section of the *Nanjing*.

The 21st section of the *Nanjing* contains teachings concerning the interpretation of cases in which the illness and the pulse type are not in accord. It states, for example, that when illness appears in the body but not in the pulse then prognosis is good, while illness in the pulse with no illness in the body means prognosis is poor. This indicates just how important it is for practitioners of Meridian Therapy to keep in mind the relationship between the symptoms of the patient and the overall pulse type.

For example, when a Yang pulse accompanies a Yin disease, or a Yin pulse appears with a Yang disease, it is a negative sign. With symptoms such as fever, headache, and coughing, a pulse that is Floating, Flooding, or Big would be normal, but Sinking, Slow, and Thin would be a reversed *akashi* and negative sign. When the body is cold with a distended abdomen, pain in the legs and lower back, and frequent urination, a pulse that is Sinking and Slow would be normal, while Floating, Choppy, and Thin would be a reversed *akashi* indicating a negative condition.

Also, when Yang-type external agents of disease attack the Yang meridians from above, a normal pulse would be Floating, Big, and Soft. Opposite kinds of pulses would be a negative sign. Or when Yin-type external causes of illness take to the Yin meridians from below, the pulse will be Sinking, Slow, and *Jitsu*. Opposite pulses indicate a reversed *akashi*.

Theories of illness can only be understood in terms of the time period from which they come, but the fundamental system for interpretation of overall pulse types in terms of symptoms will probably never change. Accordingly, in our efforts to come up with a contemporary theory of pulse types, we must be careful not to deviate too far from the basic, established truths.

5) Clinical Considerations Concerning the Seven Yang, Eight Yin, and Nine Deeply Affected Pulse Types

The preceding four sections cover the basics of symptoms and pulse types. For clinical work, however, this may not be sufficient.

Beginning with the Classic on Pulses, many of the classical texts on pulse diagnosis discuss 24 pulse types, known as the Seven Yang, Eight Yin, and Nine Deeply Affected Pulses. These pulses differ depending on the time period and particular writer involved, but the following section presents the most generally accepted classification system.

The Seven Yang Pulse Types

Floating, Hollow, Slippery, *Jitsu*, Taut, Tense, Flooding

These pulses are located in the Yang, surface region and indicate Yang-type, acute symptoms.

Floating: When strong, it indicates the presence of Wind. When positioned along the uppermost part of the pulse and lacking strength, it indicates a disease of the surface of the body.

Hollow: The surface can be felt but the center is empty, as if the stem of a scallion were being squeezed. It indicates a loss of *ketsu*.

Slippery: It is like touching a string of beads and indicates great amounts of *ketsu* with small amounts of *ki*. Symptoms include vomiting and phlegm.

Jitsu: It is a strong and hard pulse, indicating poor digestion and chronic illness.

Taut: It is strong like a bowstring, indicating illnesses of the Liver and Gall Bladder, and pain in the chest or abdomen.

Tense: It is tight like a twisted rope. Symptoms include fever, pain, and swelling or abscess.

Flooding: It is a big, strong pulse that feels as if it were overflowing. It indicates Yang-*Jitsu Akashi* and high fever.

The Eight Yin Pulse Types

Faint, Sinking, Gentle, Choppy, Slow, Prostrate, Soft, Weak

These pulses are felt in the Yin, deep region and indicate Yin-type, chronic symptoms and a loss of healthy *ki*.

Faint: It is a minute, weak pulse that disappears altogether if pressed strongly. It indicates a loss of *ki* and *ketsu*, and coldness.

Sinking: The pulse is deep, strong, and cannot be felt when the fingers are raised. It indicates Yin-*Jitsu Akashi*.

Gentle M: It is slow, easy, and somewhat floating. It is an even, or normal pulse and indicates healthy amounts of Stomach *Ki*.

Choppy: The pulse moves in an abrupt, jerky manner; it feels like the sensation of shaving a piece of bamboo with a dull blade. This pulse indicates blockage in the flow of *ki* and *ketsu*.

Slow: Slow means three beats or less per breath and is the main indicator of coldness.

Prostrate: The pulse, lying directly against the bone, is difficult to read. It is a temporary pulse (caused by Heat), which later changes to *jitsu*.

Soft: It is without strength, like a floating, thin piece of cotton. This pulse indicates *ki-kyo* and *ketsu-kyo*.

Weak: The pulse is like a sinking, thin piece of cotton and indicates general debility and a loss of *ki* and *ketsu*.

The Nine Deeply Affected Pulse Types

Long, Short, *Kyo*, Hurried, Irregular, Intermittent, Confined, Staccato, Thin
These pulses are expressions of deep change and indicate very serious illness.

Long: The pulse extends beyond the three pulse positions like a long, smooth rod. It indicates that there is fever throughout the body and that toxins from the Yang region have penetrated to the Inner Organs. There is discomfort in both sitting up and lying down.

Short: It is as small as a grain of rice, only covering the *kan* position of the pulse. It indicates disease that is difficult to cure, and pain in the chest and abdomen.

***Kyo*:** The pulse is somewhat floating, and soft. It indicates Yin-*Kyo* and fever.

Hurried: There are five or more beats per breath, with occasional stopping. It indicates a fever that is contained in the inner, Yin region of the body.

Irregular: It is a pulse that is normally slow and gentle, but stops from time to time. It indicates Yin-*Jitsu*, disturbances in the flow of *ki* and *ketsu*, and blocked or undigested remains in the intestinal tract.

Intermittent: It is a nonuniform pulse that will beat a fixed number of times, such as ten or twelve, and then stop. It indicates general debility.

Confined: It is a strong, big, and long pulse that is completely contained in the Yin region and leaves the Yang without strength. It indicates swelling within the body, difficulty in breathing, and a short lifespan.

Staccato: It appears only in the *kan* position between the Surface and Deep Pulses. The pulse feels like a bean under the finger and indicates cramping in the limbs, exhaustion, vaginal discharge, and bloody diarrhea.

Thin: It is a little larger than the Faint pulse, located between the Surface and Deep Pulses. It indicates *Kyo* and Cold, an insufficiency of Prenatal *Ki* and *Ketsu*, emaciation, and numbness.

6) Overall Pulse Types in Actual Clinical Work

I memorized these 24 pulse types and have spent many years diagnosing them in the clinic. With each patient I wondered to myself, "Now, to which of the different pulse types does this one belong?" but often came across cases that I was unable to classify. The principle reason, as explained above, is that the descriptions of the pulse types from the classic texts do not always correspond to the pulses of patients in our contemporary clinics. Our living environment, especially the condition of the foods we eat, has changed greatly. We also have iatrogenic diseases caused by the haphazard use of synthetic drugs and medical technology, and disorders brought about through mistaken or unsuccessful surgery. It stands to reason, therefore, that we will see certain pulse types in our clinics that are the result of factors unknown to our ancestors.

Up until this point, we have discussed simple patterns for relating pulse types to the causes of disease. Using those patterns, it is possible to conduct effective therapy in work involving standard *ho sha* needling of the Yin and Yang meridians. In addition to this, however, successful clinical work today necessitates an understanding of special disturbances that appear in the Yang meridians called *kyo*-type disturbances.

Kyo-type disturbances occur with patients who have very low levels of healthy *ki*. They are disturbances that do not become *Jitsu* and are not appropriate targets for standard *Sha* needling. In treatment, the body's *ki* must first be fortified through *ho* needling techniques, after which the *Sha* techniques can be applied. The Training Staff of our Association has classified the *kyo*-type disturbances of the Yang meridians into the following four categories: Leaf-like, Twig-like, Dust-like, and Pounding, as described below.

i) Leaf-like Disturbances

Leaf-like disturbances are affiliated with *ki*. The pulse feels dry and lusterless like a withered leaf floating on water.

A patient with this kind of pulse has fought many different ailments over a long period of time and is often stricken with a chronic illness such as arteriosclerosis, diabetes, or digestive dysfunction. Common symptoms include stiff shoulders, headache, as well as pain and numbness in the back, lower back, and arms and legs.

Leaf-like disturbances are often seen in the Triple Heater, Stomach, or Large Intestine Meridians. They may also be seen in the Gall Bladder and Bladder Meridians when accompanying strong cases of dizziness, muscle cramping, and so forth. Some cases may require treatment involving the application of *ho*-type *sha* needling to the "Connecting" points (see Chapter XIII) of all the Yang meridians.

In general, treatment of Leaf-like disturbances is conducted with a #1 or #2 needle at the "Connecting" point of the meridian concerned. The needle is lightly inserted (12mm) against the flow of the meridian, and the *ho* technique is gently applied to bring

around the *ki*. At this point, the finger tips are squeezed together and the needle is removed, but the resulting aperture is not closed, nor is any downward pressure applied with the hand. This is the way to perform *sha* needling following *ho* technique, otherwise known as the *ho*-type *sha* needling technique (described in Chapter XII).

It is important to remember that, until recently, practitioners of Meridian Therapy had been putting the greatest emphasis on *ho* needling. Due to grave concern about the loss of *ki*, we tended to hesitate to use *sha* needling and often neglected its research and development. However, when *ho* needling is necessary, *ho* should be used; and when *sha* is necessary, *sha* should be used. Without an accurate reading of the pulse type followed by the proper application of the appropriate treatment, successful *akashi*-based healing is not possible. *Ho*-type *sha* needling is an especially safe technique because *ho* needling is applied to strengthen the body's *ki* before *sha* needling is used.

ii) Twig-like Disturbances

Twig-like disturbances are affiliated with *ketsu* and are, thus, somewhat harder than Leaf-like disturbances. The pulse is lusterless, dry, and stiff. It feels like a withered twig floating on water, which when slightly pressed gets lost beneath the surface.

Many patients with this kind of pulse type are elderly with chronic disease. It is seen with arteriosclerosis, hypertension, arthritis, diabetes, and hormonal abnormalities. Other symptoms include, as might be expected, stiffness, numbness and pain in the head, upper and lower back, and arms and legs, as well as discomfort in the chest and abdomen.

Twig-like disturbances usually appear in the Yang meridians associated with the particular *akashi* involved. Special attention must also be paid to the Triple Heater Meridian. In some cases, it may be necessary to conduct *ho*-type *sha* needling at the "Connecting" points of all the Yang meridians.

The needling method is very similar to the *ho*-type *sha* technique of the Leaf-like pulse discussed above. Because Twig-like disturbances are affiliated with *ketsu*, however, needling will involve somewhat larger motions, and the removal of the needle will be slow. The needling aperture is not closed, and downward pressure is not applied.

iii) Dust-like Disturbances

Dust-like disturbances are affiliated with *ki* and are spoken of as dust that has settled on the Yang meridians. The pulse feels like worn cotton floating on water. Pressing down into the pulse causes the disturbances to disappear. But if the pressure is released, they can be felt again along the underside of the tips of the fingers. In comparing the left and right pulse positions, the soft and floating feeling of this extremely weak disturbance can be recognized on the affected side.

Most of the patients with this pulse are those who constantly exhibit Yang-Kyo *Akashi* (see Chapter VIII). It will also appear in the Yang meridians of patients whose symptoms, such as colds, either have become chronic due to the use of synthetic drugs for treatment or accompany a chronic illness in a generally weak constitutions.

Symptoms other than the obvious ones that correspond to the particular *akashi* involved include quick fatigue, drowsiness, headache, stiff shoulders, and poor appetite. Dust-like disturbances are also common with persons who are enduring certain symptoms and meeting everyday responsibilities but somehow do not feel quite right, or with those whose symptoms are 70 to 80% cured but whose overall condition is not yet satisfactory.

As for the needling technique, we formerly taught that one could remove Dust-like disturbances by simply aligning a needling tube with the meridian point and lightly piercing the skin with one quick tap of the needle. A better method, though, is the extremely light application of the *ho*-type *sha* needling mentioned above, made with very small needle maneuvers and fast, precise hand movements.

iv) The Pounding Pulse

This is a special pulse type that appears with certain cases of chronic illness in *jitsu*-type physical constitutions.

References to the Pounding pulse can be found in one of the classic texts about pulses (*Myakuho Tebikiso*). The text includes descriptions of how the pulse feels—"a rapping against the fingers of both hands" or "a snapping against the underside of the fingers"—but explains nothing about accompanying symptoms and treatment techniques. There seem to be no references at all in the *Classic on Pulses*, which is considered to be the oldest text on pulse diagnosis, nor are there in any similar reference books. There are, however, detailed writings concerning affiliated pulse types, such as "Confined" and "Drum-like," which share with the Pounding pulse the characteristic of feeling as if one were pressing on the head of a drum. A description of the Confined pulse reads, "Yin and Yang are in conflict and the pulse is strong, big, and full. The Yang is defeated, and the life expectancy of the patient is short." The Drum-like pulse is described as "a pulse of the Yin meridians that indicates a loss of *ketsu*." These two pulses, however, correspond to very specific symptoms and are, therefore, useful in only a small portion of the Pounding pulse cases we encounter today.

I had come across this pulse before the War, and I have been watching it very closely in the clinic since that time. After the end of the War, it seems to have become progressively more common. The reason for this, as well as I can gather from my experiences in the clinic, is that, although living conditions have greatly improved since the War and patients seem generally stronger, the worsening of our environment is causing a drastic increase in external disease-related factors. The Pounding pulse that

we see can be understood to be the living expression of the struggle of the body's healthy *ki* against these disease-related factors. Therefore, achieving good results in today's clinics requires thorough mastery of the diagnosis, treatment, and assessment of this pulse.

For this purpose, one must become aware of the symptoms that indicate the presence of the Pounding pulse and then learn to identify that pulse through sophisticated hands-on techniques. In one description it is written, "In the reading of this pulse, slight pressure reveals nothing. It appears with strong pressing, and will feel wide and hard against the fingers." (*Myakuho Tebikiso*).

The Pounding pulse we see in today's clinics will be located just below the Yang pulse between the Yang pulse and the Middle Pulse. However, it may sometimes include the Middle Pulse and extend into the Yin pulse. It can appear in any of the *sun*, *kan*, and *shaku* positions, tending to begin in only one or two places and eventually extending to all positions as the condition of illness worsens.

Patients exhibiting the Pounding pulse are usually of *jitsu*-type physical constitution and often suffer from advanced, chronic disease accompanied by arteriosclerosis. It can also be seen with *jitsu*-type patients who have severe, acute symptoms or certain genetic predispositions.

As for treatment of the Pounding pulse, it is first necessary to establish the correct *akashi*. Then, through a skillful Fundamental Healing technique, the *ho* needling of the Yin meridians will cause *jitsu*-type disease-related disturbances to appear in the Yang meridians. When these disturbances are then removed from the Yang with the appropriate *sha* needling technique, patients will usually appear greatly relieved and may report feelings of having been given new life.

Among these patients, however, some will give rise to leaf-like or dust-like *kyo*-type disturbances. These cases will require application of the appropriate *ho*-type *sha* needling technique and repeated treatment over a longer period of time.

There is, by the way, a tendency to think that the Pounding pulse only appears in patients with hypertension. As mentioned above, however, it is not the pulse of any particular disease, if the patient is suffering from low blood pressure, the Pounding pulse may appear during those stages of illness in which there is intense battling between the body's healthy *ki* and the disease-related disturbances. It is probably best to understand this pulse then as an expression of life's energy in its fight against difficult chronic illness and severe, acute conditions.

Furthermore, a Pounding pulse that feels relatively hard and strong reflects disturbances related to *ketsu*. Pulses that are weak and seem to feel like Pounding, but do not assume a clear form are affiliated with *ki*. This type of distinction is important in making correct choices about needling technique.

7 THE KEY TO PULSE DIAGNOSIS

In all the special disciplines of East Asia that are founded on principles and techniques involving *ki*, mastery always requires an understanding of certain “knacks.” To reach that level of understanding with pulse diagnosis, one must first develop a power of concentration based on very keen senses and follow this with persistent practice.

The mastery of the deepest secrets of pulse diagnosis probably requires a lifetime, so it is important to just work as best as one can at one’s own level. In the game of *Go* or *shogi*, to use a parallel example, beginners can play a simple match while more advanced individuals can play a more sophisticated match; there will always be a winner and a loser to make the game complete. Similarly, with pulse diagnosis, beginners read pulses in a way that reflects their understanding, and experienced clinicians read pulses befitting their knowledge. Treatment in both cases need only be carried out as thoroughly as possible.

Accordingly, even though one may be just starting out, one must have the courage to apply to clinical work all that one has learned. Let me give a strong warning to the reader concerning those practitioners who plan on using pulse diagnosis treatment only after they have acquired a certain level of expertise—they are the ones who never master the techniques.

One of the keys to pulse diagnosis is to arch the wrists of the patient slightly backwards to set the pulse out flatly. The therapist places three fingers evenly across the pulse and keeps in mind that the *shaku* position is Yin and therefore must be read somewhat deeply, while the fingers must be slightly raised to read the *sun* position, which is Yang.

Beginners are often misled by the radial styloid process beneath the *kanjo* position of the pulse. They mistakenly interpret the two *kanjo* pulses as being very strong or very weak, or end up reading only Kidney-*Kyo* and Lung-*Kyo Akashi*. At first, in fact, the kinds of patients that one is most likely to encounter are Liver-*Kyo* and Kidney-*Kyo*. Then, as one becomes more proficient, one will be able to attract more Lung-*Kyo* and Spleen-*Kyo* patients, and the number of patients with Yang-*Jitsu* pulses will increase.

Another point to keep in mind is that the Middle Pulse is the pulse of the “Stomach *Ki*”. Stomach *Ki*, in this case, represents the overall condition of the *ei-e*, produced in the Middle Heater, that circulates through Five *Zo* and Six *Fu* Organs (as described on page 59 “Stomach *Fu*”). It is for this reason that diagnosis of the Middle Pulse is essential to diagnosis of the general body condition and that a Terminal Pulse is defined as one in which there is no Stomach *Ki*.

The Middle Pulse, when normal, is easy to recognize. Depending, though, on the patient’s particular symptoms, physical constitution, medical history, and so forth, the Middle Pulse may be exceptionally thin, thick, strong, or otherwise different from

normal. In those cases one may be misled into taking the Middle Pulse to be the Yin pulse or the Yang pulse, and end up formulating an incorrect *akashi*. For example, patients with arteriosclerosis will sometimes have a Middle Pulse that is a thick, Pounding pulse. When this kind of pulse appears on the right wrist of the patient, it can be mistakenly read as Spleen or Lung *Jitsu*. The left side is thus seen as *kyo*, and the *akashi* is determined as Liver-Kyo. In reality, however, there is always a *kyo* pulse beneath the Pounding pulse, and in cases like this the most common *akashi* is Lung-Kyo.

Next, in reading the pulse, the flow of the radial artery must not be obstructed. Furthermore, one must keep in mind that Yin is read along the lower surface of the pulse, and Yang is read along the upper surface. If the lower surface of the Middle Pulse described above has width and strength and feels big, it is Yin-*Jitsu*. If it is slight with no strength and no width, it is *kyo*. In the same way, if the upper surface of the pulse has width and strength and feels big, it is Yang-*Jitsu*. If it is slight, with no strength and no width, it is *kyo*.

There is also a “knack” to reading the disturbances of the Yang meridians. The technique involves gently raising the fingers that are reading the Yang meridians to the point where the pulse can no longer be felt, and then moving them slightly back and forth from there. If there is any disturbance, it will become apparent on the underside of the finger tips.

Also, because pulse diagnosis requires the careful interpretation of very subtle phenomena, starting out with strong preconceptions in favor of, for example, Lung-Kyo or Liver-Kyo can easily cause confusion and lead to a misinterpretation of *akashi*. This is why the old books teach, “No concerns, no thoughts. Close the eyes, place the fingers gently across the positions, and wait for the pulse to present itself.” This certainly must be experienced to be understood.

On the other hand, just an aimless positioning of the fingers on the pulse, followed by simple up and down movements, cannot possibly contribute to accurate pulse diagnosis. Strong and directed diagnosis means acquiring the ability to foresee the presence of, for example, externally caused disturbances or an especially thick Middle Pulse, or the Pounding pulse, and so forth, through careful consideration of such factors as the patient’s medical history and current physical condition.

Accurate examination of the pulse also necessitates hand maneuvers in which the fingers are pressed down and pulled across towards the radius and then pushed out towards the Heart Constrictor Meridian; or maneuvers in which the fingers that are raised to the surface of the skin are let up slightly further and moved about, pressing inwardly or out towards the Large Intestine Meridian. Moreover, it is important that corresponding pulse positions on the left and right sides be examined comparatively, as separate parts of a single whole.

In any case, one should bear in mind that the key to pulse diagnosis is the special training involving the sensitivity of the tips of the fingers. One must also become familiar with *sokoku* control pulse reading, discussed in Chapter XV.

8 THE SEVEN TERMINAL PULSES

Many of the classic medical texts carry descriptions of the Seven Terminal Pulses, which are believed to indicate that the patient will die within a certain fixed period of time. These are abnormal pulses in which Stomach *Ki* is completely exhausted, and they are often said to appear when the patient is on the threshold of death or a few days preceding. Following are the commonly accepted definitions of these pulses.

Swimming Prawn: Like a prawn or frog in water, the pulse gently glides up to the surface of the skin and then swiftly disappears. It indicates an absence of Spleen and Stomach *Ki*.

Pecking Sparrow: The beating of the pulse is like the irregular pecking of a bird.

Pounding Stone: The beating is hard and strong, like a finger snapping against a rock.

Fluttering: Like the swimming of a small fish, the pulse flutters up to the surface and disappears, to resurfaces later.

Boiling Caldron: The pulse is comprised of irregular, heavy beats, like bubbles rising from the bottom of a kettle of boiling water.

Leaking Roof: Like rain dripping through a roof, the pulse slowly gathers itself until, reaching a certain mass, it quickly drops.

Broken Bundle: The pulse is completely disarrayed, like a bundle of sticks that has snapped through its tie. It indicates that the Inner Organs have ceased functioning and appears during the terminal stage of illness.

Present-day *hari* clinicians, who seldom encounter patients on the verge of dying, are unlikely to see these kinds of pulses. In my limited experience with them, the pulses of patients prior to their deaths have been neither Floating nor Sinking, but felt as if an old piece of cotton thread were stretched across the *sun*, *kan*, and *shaku* positions. Because there is no Middle Pulse (Stomach *Ki*), however, the sensation is very similar to that of a normal and even pulse that is neither *kyo* nor *jitsu*.

At a technical training session our Association in 1965, a 52-year-old woman member suddenly fell ill, causing a great commotion. One of the directors of our group felt her pulse and said, "What? This is a good pulse. In thirty minutes she'll be fine," whereupon she soon after died. According to the reports of other members who had

been nearby, the woman's face had been an unusual white color, and her lips were bluish. Her overall color had been dark and her eyes were turned up. There was also an abnormal cramping of the muscles from the nape of the neck along both sides of the back to the calves.

The visually impaired director who read the pulse at that time probably would not have made such a mistake if, instead of depending solely on the pulse, he had proceeded more carefully and had asked those around him to describe what they could see about the condition of the patient. We can imagine that the pulse he was reading was probably like the "old piece of cotton thread" pulse mentioned above.

Conversely, a patient with an organic heart disorder can sometimes show an exceptionally abnormal pulse that seems just like a Terminal Pulse and yet may live for many years.

In other words, it is very risky to try to make decisions about life and death based only on the pulse. Any pulse diagnosis clinician who is able to do it should certainly be considered a rare master.

For most of us, however, it is important to make a careful and thorough diagnosis by reading the pulse while at the same time applying the Looking, Listening/Smelling, Questioning, and Palpating Examination System to the interpretation of all the accompanying symptoms and signs.

9 THE BACK-SIDE PULSE

Among our many patients, there will be some with a certain abnormal pulse structuring; instead of being located on the inside of the radial styloid process, the pulse passes along the Large Intestine Meridian on the back side and enters the body near the GoKoku point. The classic texts describe this pulse with characters indicating that its location is on the side of the radial styloid process that is opposite from normal. One way of dealing with these cases is to conduct treatment as if the positions in which the pulse cannot be felt were *kyo*. Sometimes the pulse will reappear in the proper positions during the treatment. Another method is to take into consideration the other symptoms and signs of the patient, and proceed with the treatment by assuming the existence of *Jitsu* that cannot be seen.

Similarly, we sometimes come across patients who are missing one or both hands, or whose pulses are covered by casts or the like. In these cases, treatment can be carried out with no particular difficulties by fully utilizing the Looking, Listening/Smelling, Questioning, and Palpating Four-Way Examination System.

1. Meimon 命門 is derived from the character for “life 命” and the character for “gate 門.” It is the pulse position through which the state of a patient’s Vital Energy can be examined. Whereas the other five pulse positions correspond directly with the Five *Zo*, MeiMon is often thought of as representing the overall condition of the entire body.
2. Originally from Ihotaiseiron.

XI

Final Diagnosis: The Determination of Akashi

GENERAL INTRODUCTION

In Meridian Therapy, the determination of *akashi* is synonymous with diagnosis. All the diagnostic techniques—i.e., differentiating the causes and signs of illness through the Four-Way Examination System, with reference to Chart of the Extensions of the Five Phases and *Zo Fu* Meridian Theory—are preparatory measures for formulating *akashi*.

The *akashi*, once determined, directly establishes the method of treatment. This “*Akashi*-based Therapy”, in which diagnosis and treatment are of instantaneous relationship, is unique to East Asian Medicine. The entire therapeutic process, from examination and diagnosis to the end of treatment, firmly adheres to the principle of the unity of *akashi* and therapeutic method.

As discussed in Chapter VIII and IX, *akashi* is neither an enumeration of the symptoms of the patient nor the name of a disease affixed to a particular set of symptoms. *Akashi* determination is the application of meridian theory towards the analysis, and subsequent unification through abstraction, of all the symptoms of the patient.

Kidney-Kyo *Akashi*, Lung-Kyo Yang-Jitsu *Akashi*, and Spleen-Kyo Liver-Jitsu *Akashi* exemplify some forms of *akashi*. Though they are diagnostic readings, they are also immediately understood as meaning “*ho* needling must be applied to the Kidney Meridian,” “*ho* needling must be applied to the Lung Meridian and *sha* needling to the Large Intestine Meridian,” and “*ho* needling must be applied to the Spleen Meridian and *sha* needling to the Liver Meridian,” respectively. This is the way in which *akashi* directly establish fundamental treatment methods.

In the clinic, though, prognosis must be made before treatment is commenced. One must assess the patient’s condition in relation to one’s own healing abilities, determining, for instance, whether or not treatment is even possible. Then, to begin the actual treatment, one must choose which point of which meridian to treat, the type of needling to apply; and the kind of needles to employ. In other words, practical decisions must be made concerning the site, techniques, and instruments of treatment.

In this chapter, we will begin with a discussion of prognosis. Then, we will discuss *akashi* determination divided into the following three stages: In the first stage, the various signs and symptoms of illness are identified. This step is critical in determining needling technique. In the second stage, all the signs and symptoms are analyzed in terms of meridian theory.

In the third and final stage, the meridian of primary responsibility is singled out as the *akashi*.

1 PROGNOSIS

Due to our present professional status as *hari* practitioners, the type of patients we are likely to encounter are those who are looking for simple relief from fatigue, those seeking general health upkeep, and those for whom drugs can offer no help or for whom Modern Medical treatment is otherwise impossible. In certain circumstances, however, a *Hari* clinician may be called upon to attend to a critically distressed patient in need of emergency care, so judgments about prognosis can become particularly important. For example, some patients may come to *hari* clinics as a last hope—having been unsuccessfully treated elsewhere—much as a drowning person clings to a piece of driftwood; they will already be manifesting the signs of illness of a disease that is not possible to treat. Others may not be in danger of losing their lives but will have symptoms that cannot be reversed through the tools of Modern Medical science, as is the case with certain crippling diseases and physical deformities. There will also be emergency cases involving severe and acute illness for which immediate attention is necessary.

In assessing these patients, East Asian Medicine warns that one should keep away from cases in which there are five major *kyo* symptoms or *akashi* that indicate life-threatening illness. It is of utmost importance to understand the limits of one's own healing abilities and to refuse those patients whom one cannot possibly help.

In East Asian Medicine, many methods exist within the Four-Way Examination System for judging whether or not a certain condition can be treated. In the Looking Examination, there are the techniques of Traditional Physiognomy and the examinations involving the Life-like and Death-like Colors. In the Listening/Smelling Examination, a weak voice that is unclear and of poor tone quality is considered a negative sign. Among the Five Smells, foul-smelling mixtures of a *sokoku* relationship are said to signify death. There are many signs of illness derived from the Questioning and Palpating Examinations that are thought to indicate death. With pulse diagnosis in particular, judgments about the feasibility of treatment can be based on the appearance of one of the Seven Terminal Pulses in which the Stomach *Ki* is exhausted; in abdominal

diagnosis one watches for strong and irregular palpitations involving the Heart *Ki* (*kyori-no-do*) and Kidney *Ki* (*jinkan-no-doki*), and one learns to prognose the severity of acute abdominal symptoms.

These days, one must also be wary of the special heart and central organ problems caused by the misuse of synthetic drugs—problems that have been responsible for sudden death among patients to an extent that would have been unimaginable to practitioners in the past.

2 THE THREE STAGES OF AKASHI DETERMINATION

1) First Stage: Decisions about Therapeutic Approach

At this stage, one must differentiate the signs and symptoms of illness, determine the prognosis, and identify the necessary therapeutic techniques. For this purpose, one must pay particular attention to the Doctrine of the Causes of Illness and the overall pulse type.

For example, Yang *Akashi* caused by external disease-related factors primarily involve the Yang meridians and illnesses that are located superficially. In these cases, the patient's body is strong, and symptoms are, therefore, usually harsh. The pulse will be *jitsu* (Yang-*Jitsu Akashi*), calling for predominantly *sha* needling techniques and a relatively large needle. In some cases, Microbleeding techniques (see Chapter XVIII) will be necessary. Fundamental Healing for a *jitsu* pulse caused by external disease-related factors, however, must be carefully conducted in accordance with the overall pulse type.

On the other hand, long-term illness brought on by internal causes of disease involves primarily the Yin meridians and is located in the deep, inner reaches of the body. Because the patient's strength is depleted, symptoms are usually slow and persistent (Yin-*Kyo Akashi*). In these cases it is common to see *kyo* pulses involving *ki-kyo* or *ketsu-kyo akashi*, which call for comprehensive usage of *ho* needling with as thin a needle as possible. Skillful adjustments of therapeutic technique may be necessary, such as the replacement of the standard needle with one of the Rounded Needles (see Chapter XII, Section 1), or the insertion of a small number of needles that are left in place for a certain period of time and warmed with a hot compress.

In actual clinical work, however, patients can rarely be so clearly divided into *kyo akashi* and *jitsu akashi* types. Instead, we usually see seriously ill patients with very complex conditions that involve various combinations of Yin and Yang signs and symptoms, such as Yang-*Kyo Akashi* or Yin-*Jitsu Akashi*. Therefore, in order to make

accurate decisions about therapeutic technique, illnesses and symptoms are classified into the following four groups:

i) New/old

Herein, disease is determined to be either of recent or past origin. With new disease, the effect on the meridians can be expected to be relatively superficial, and treatment need not involve more than one or two meridians. An old disease is more complex because it has been developing over a longer period of time; it will involve many meridians, calling for very careful examination and therapy that primarily involves *ho* needling techniques.

ii) Severe/mild

The patient's condition is determined to be either intense and agonizing, or low-keyed. New as well as old illnesses may be either severe or mild, and in combination with the division of "gradual/abrupt" that follows, the classification of many different types of illness becomes possible.

In the case of old illnesses, even if they are mild, the patient and his or her family must be made to understand the causes and peculiarities of the illness, and they must avoid negligent behavior. The therapist needs to be careful, though, with an old illness that at first glance seems to be mild, because it may actually be slowly but steadily threatening the life of the patient, as happens with cancer, ailments of old age, chronic hypertension, diabetes, tuberculosis, and so forth.

With severe illnesses, one must first make judgments concerning prognosis. If it has been determined that the patient's life is in danger, meridian points with special healing capacities, as well as emergency techniques, must be appropriately applied. If the case is too difficult, one should seek the assistance of a physician.

iii) Gradual/abrupt

The progression of the patient's illness is determined to be either slow and easy, or sudden. For example, with cases of neuralgia, articular rheumatism, pain caused by adhesion, and the like, symptoms are severe while the progression of illness is exceedingly slow. With suppurative illnesses and certain of the infectious diseases, appearances are mild, but progression is extremely abrupt. It is for reasons such as this that prognosis must be made very cautiously.

iv) *Kyo/Jitsu*

Herein, the relationship between the patient's physical strength and the strength of the illness is examined. If the patient is strong and the illness is of recent origin and progressing abruptly, it is an *akashi* for which *sha* needling and "Crevice" points (see

Chapter XIII) should be freely used. If, however, the body is a thin and weak *kyo*-type and the patient suffers from a slow and persistent long-term illness, the comprehensive use of *ho* needling is required.

In actual clinical work, signs and symptoms of illness are not always so clear-cut. In some cases, there is no clear distinction between Yin and Yang. For example, a patient with a *kyo*-type body will contract a severe and abrupt illness, while a *jitsu*-type will manifest symptoms of an old and persistent illness. It is necessary to adjust the treatment accordingly in order to assure the best possible results.

Emergency techniques must be employed to treat abrupt, severe illnesses that are judged to be life-endangering (loss of consciousness, hyperventilation, heart palpitations, high fever, severe pain), blocked urination and defecation, and so forth. In our Association, we are achieving remarkable results through the application of emergency techniques known as Midnight-Noon Needling, Odd Meridian Therapy, *Naso* Therapy, and Microbleeding. These techniques are discussed in detail in Chapter XVIII. In some cases, it may be helpful to use special meridian points; *sha* needling of the IY₀, EY₀, and KoSon points is used to facilitate urination and defecation, and *okyu* can be applied to the UraNaiTei point to treat cases of poisoning accompanied by severe nausea.

In addition, some cases require sophisticated therapeutic measures. These cases include sprains, dislocations, broken bones, foreign objects lodged within the body, severe nausea accompanying poisoning, birthing difficulties, and general bleeding or blood loss through stools. If the patient cannot be treated safely, however, one should not hesitate to seek outside help.

In summary the first stage of *akashi* determination requires that one make choices about whether therapy will be conducted with *ho* needling or *sha* needling, what kind of needle will be used, and whether or not emergency techniques are necessary.

2) Second Stage: Analyzing Symptoms According to Meridians

Up until this point in the diagnostic process, the many complex symptoms of the patient have been used only in direct reference. In the second stage, however, the symptoms are reinterpreted in terms of the twelve meridians, through application of the Chart of the Extensions of the Five Phases, the categories of illness related to the 12 meridians, the course and flow of the meridians, and so forth.

For example, painful arthritis of the knee, in which the front of the knee is red and swollen, is Stomach-*Jitsu Akashi*. As long as the body is not weak and thin, it is an *akashi* that calls for the use of *sha* needling. The same painful knee would be Kidney-*Kyo Akashi*, however, if the illness were long-term, the legs weak and cold, and the pain slow and throbbing. Symptoms such as a cold lower back, stiff shoulders, heaviness of

the head, hearing impairment, poor vision, frequent urination, and constipation would further confirm the *akashi* as Kidney-*Kyo*.

Or, to take another example, a patient whose primary complaint is a cold with symptoms that include a bad cough, breathing difficulties, stiff shoulders, swollen throat, headache, and running nose is usually Lung-*Kyo* Yang-*Jitsu Akashi*. This is a one-*ki* two-meridian illness, which is often easily cured through *ho* needling of the Lung Meridian and *sha* needling of the Large Intestine Meridian. The Metal (Well) point Microbleeding technique at the ShoYo point (Large Intestine Meridian) is especially effective in this case.

Suppose, however, a patient is suffering from severe pain along the side of the abdomen and has accompanying symptoms that include a pale complexion, emaciation, fatigue, coughing, fever, chest pains, poor appetite, migraine, sore throat, and distended epigastrium. In analyzing this group of symptoms in terms of meridians, we know that the whiteness of the pale complexion is the color of the Lung, and the coughing is also the Lung Meridian. Emaciation, fatigue, and poor appetite belong to the Spleen Meridian. The sore throat is the Large Intestine Meridian. The blue/green color within the complexion and the pain in the side of the abdomen are the Liver Meridian. The migraine is the Gall Bladder Meridian. The distended epigastrium is the Stomach Meridian. Fever is the Heart Meridian. Thus, this patient has symptoms of the Lung and Large Intestine (Metal), Spleen and Stomach (Earth), Liver and Gall Bladder (Wood), and Heart (Fire), which means four-*ki* seven-meridians. It should be concluded, therefore, that treatment will require great skill and ingenuity, and will extend over a fairly long period of time.

In addition to determining the meridian that is responsible for each symptom, it is also necessary to consider the location of such symptoms as pain, dysfunction, numbness, and swelling along the paths of specific meridians, and to make constant reference to the fact that the Lungs govern the skin, the Spleen governs the muscles, the Heart governs the blood vessels, the Liver governs the tendons, and the Kidneys govern the bones.

3) Third Stage: Determining the *Akashi* Meridian

In this final stage, one determines which meridian is the *akashi*, and pulse diagnosis will play a role of primary importance. Over-reliance on the pulse, however, is a common source of mistaken *akashi*. Diagnosis must be carefully conducted from one step to the next; the pulse is read at the end of the process as a final confirmation of one's findings. This is the only way to ensure accurate diagnosis. When reading the pulse, *akashi* formulation is relatively simple in cases which involve only one meridian. With two or more meridians, however, one must refer to the principles of the 69th section of the *Nanjing* (see Chapter XIV). In other words, when two consecutive meridians are *kyo*,

the Child Meridian of the Mother-Child relationship is taken as the *akashi*, according to the principle, "When *kyo*, apply *ho* needling to the Mother."

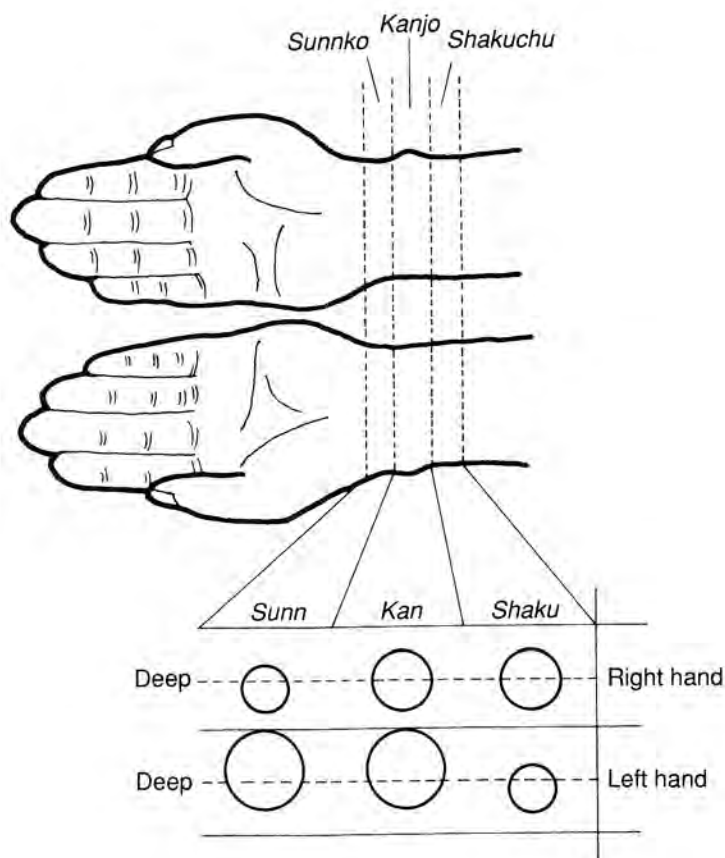
When there are two *jitsu* meridians in a row, the one that is the Mother meridian is taken as the *akashi*. This derives from the principle, "When *jitsu*, apply *sha* needling to the Child."

In terms of the pulse positions, then take, for example, the case in which the Deep Pulses in the *kanjo* and *sunoko* positions of the right hand are *kyo*. The *sunoko* position, which is the Lung Meridian, must be taken as the *Akashi*. The *sun* and *kan* positions of the left hand will be stronger than the right, and the left and right *shakuchu* positions will be normal (see page 110, Figure 5).

In the case of Spleen-Kyo *Akashi*, the right *kanjo* and left *sunoko* positions are *kyo*; the left *kanjo* and *shakuchu* positions are strong, and the right *sunoko* position is normal. In Kidney-Kyo *Akashi*, the left *shakuchu* and right *sunoko* positions are *kyo*, the left *sunoko* and right *kanjo* positions are strong, and the left *kanjo* position is normal. With Liver-Kyo *Akashi*, the left *kanjo* and *shakuchu* positions are *kyo*, the right *sun* and *kan* positions are strong, and the left *sunoko* position is normal. Thus it can be seen that in a *kyo* pulse *akashi* the position that is normal will be followed by a *jitsu*, *jitsu*, *kyo*, and *kyo*.

Jitsu akashi will usually appear in the Yang meridians; *sha* needling is not often applied to the Yin meridians. A method of treatment for the rare Yin-*Jitsu Akashi*, however, does exist, and it requires the application of principles from the 75th section of the *Nanjing*. The pattern of this pulse is a *kyo*, *kyo*, *jitsu*, *jitsu* in a row. For example, the pulse pattern for a Liver-*Jitsu Akashi* in the style of the 75th section of the *Nanjing* is *kyo* in both the right *sunoko* and left *shakuchu* positions, *jitsu* in the left *kanjo* and *sunoko* positions, and normal in the right *kan* position (see Figure 6).

Figure 6: Basic Pulse Pattern in the Style of the 75th Section of the *Nanjing* (Yin Meridians Only)



The above discussion revolves around the Yin meridians. There is a special relationship between the Yin meridians and Yang meridians known as “Yin leads, Yang follows,” which dictates that *akashi* determination must be based primarily on the Yin meridians, from which the Yang meridians are subsequently derived (see page 109). In the case of Lung-Kyo *Akashi*, for example, examination of the Yin meridians first reveals that the Spleen and Lung are *kyo*, and that the Liver and Heart are relatively strong. In examining the Yang meridians that correspond to the Spleen and Lung Meridians, it can also be seen that the Stomach and Large Intestine Meridians are somewhat strong, while the Gall Bladder and Small Intestine Meridians, which correspond to the Yang of the Liver and Heart, are comparatively weak. This is the standard Lung-Kyo *Akashi* pulse pattern (see Figure 5).

In addition, there are pulses that reflect an imbalance between Yin and Yang. These are the Yin-Kyo Yang-Jitsu Akashi. One example of this is the Lung-Kyo Akashi, mentioned above, in which *jitsu* pulses such as Floating, Flooding, and Taut appear in the Stomach and Large Intestine Meridians in correlation to the *kyo* of the Spleen and Lung. Yin-Kyo Yang-Jitsu Akashi for the other meridians follow similar patterns. Details of pulse reading can be found in Chapter X.

The pulses we see in actual clinical work, however, do not always follow these standard patterns. It is necessary, though, to learn the fundamentals as a basis for further study. It is also critically important to make practical and realistic usage of Yin Yang-Five Phases theory, which is too often treated as a purely abstract construction. This will necessitate paying careful attention to the *sosho*, *sokoku*, and *shofuku* relationships that govern the Five Phases.

Note:

(Correlating pulse *akashi* and abdominal *akashi*, and coordinating needling technique with the overall pulse type)

There is no need to repeat at this point how important it is to identify *akashi* correctly, but the fact is that the damage resulting from treatment based on wrong *akashi* in Meridian Therapy can be truly formidable.

In order to reduce the instances of mistaken treatment through more accurate diagnosis, our association developed a diagnostic system involving the correlation of pulse-derived and abdominal-derived *akashi* (discussed on page 94). We can expect to use abdominal diagnosis during the third stage of *akashi* determination.

Though the various and complex symptoms of the average patient can usually be understood in terms of an *akashi* in which the pulse and abdomen are in accord, there are cases in which correlation is not possible or in which the abdominal *akashi* cannot be formulated. In instances like these, inasmuch as abdominal *akashi* is only a supplementary technique, diagnosis is carried out primarily according to the pulse *akashi*.

Following the determination of *akashi*, the next consideration is the choice of needling technique, and it is a critical part of the diagnostic process. It is for this purpose that our Association developed its sophisticated system for reading overall pulse types (discussed in Section 6 of Chapter X). The determination of needling technique in coordination with pulse type is a subject of grave importance. In the treatment of fevers and chills, for example, even if Fundamental and Targeted Healing is based on the correct choice of *akashi* and proper point location, the process will not be effective if the specific needling technique does not match the overall pulse type.

The purpose of this additional note, therefore, is to stress the importance during the third stage of *akashi* determination of the correlation between pulse *akashi* and

abdominal *akashi*, and the accurate choice of needling technique in coordination with pulse type.

3 AKASHI DETERMINATION: CASE STUDY

The patient is a well-educated, 35-year-old woman. She had been treated for an aggravated cold but was not satisfied with her progress and had decided to try Meridian Therapy. She explained that it was her first experience with *hari* and that she was nervous and uncomfortable.

Clinical History:

The patient was married at age twenty-eight and gave birth to two children at ages 30 and 34. Though originally very healthy, she overexerted herself following the two births and found herself often becoming ill. Symptoms included lower back pain, dizziness, stiff shoulders, and heaviness of the head. Five months earlier, she aggravated a cold while looking after one of her children who was sick, and developed a fever, cough, and chest pains. She is at the clinic after having been unsuccessfully treated by three doctors.

Looking Examination:

Her facial color is pale. She is emaciated, and her overall complexion is grimy and lackluster.

Listening/Smelling Examination:

Her voice is weak and hoarse (Entreating). She is congested from phlegm, and sometimes coughs as if choking. The smell of her breath is Fishy/Bloody.

Questioning Examination:

Though feeling a little better from the treatments she had received, she still coughs at night, is feverish in the early evening, has no appetite, easily fatigues, has a chronic sore throat, and experiences a cramping pain that begins on the left side of the back and continues to the lower left side of the body. She sometimes suffers from headaches and dizziness.

Palpating Examination:

Examination of the chest region during abdominal diagnosis reveals the ribs are very prominent. The left side is especially emaciated, and the ChuFu point is painful to the touch. The abdominal area is weak, and the area of the stomach is distended. General palpating reveals that the overall skin complexion is dry and grimy, and the muscles are weak.

The course of the Lung Meridian along the arms and the Spleen Meridian along the legs is depressed. There is a great degree of pain upon pressure at the left HaiYu and left KoKo points, extending as far as the EnEki point of the Gall Bladder Meridian. There

is also pain upon pressing at the KenSei and FuChi points.

Pulse diagnosis reveals that the overall pulse is *Kyo*, Soft, and Choppy. The Deep pulses of the *sunko* and *kanjo* positions on the right hand are *kyo*, and their Surface pulses are somewhat strong. The Deep pulse of the left *kanjo* is *jitsu* and the Surface pulse is *kyo*. All the other positions are normal. In other words, the Lung and Spleen are *kyo*, and the Large Intestine and Stomach in the corresponding Yang positions are somewhat strong. The Liver is *jitsu* and the Gall Bladder is *kyo*.

Analysis:

In examining the above findings one by one, we can conclude the following: In the first stage of *akashi* determination, the patient is understood to be of *kyo*-type constitution. This is evident from the symptoms associated with the disturbances of the Wood meridian caused by overexertion following giving birth (lower back pain, dizziness, migraine); from the symptoms associated with her cold, including fever, cough, and chest pains; from the symptoms related to being bedridden for five months, including emaciation, lack of muscle tone, weak voice, grimy and dry complexion; and from an overall pulse that is *kyo* and soft. The patient is well-educated and fearful of *hari*, so treatment should predominantly involve *ho* needling, with very fine needles or one of the Rounded Needles. The prospects for her recovery are very good, however, in that she was originally strong and healthy and her signs of illness are relatively clear and well-ordered.

In the second stage of *akashi* determination, the symptoms are analyzed in terms of meridians. Pale facial color, Entreating sound quality, Fishy/Bloody smell, coughing, and dry skin belong to the Lung Meridian. Lack of appetite, emaciation, and quick fatigue are of the Spleen Meridian. Chest and back pain, dizziness, poor muscle tone, and grimy complexion belong to the Liver Meridian. The aching in the side of the head and side of the body are of the Gall Bladder Meridian. Sore throat is the Large Intestine Meridian. Distended stomach is the Stomach Meridian.

Considering this information in relation to the pulse, it can be concluded that the Lung and Spleen Meridians are *kyo*, the Liver Meridian is *jitsu*, and there are *jitsu* disturbances in the Stomach and Large Intestine Meridians.

In the third stage of *akashi* determination, the question of which meridian to choose as the *akashi* must be addressed. In the first stage it was determined that, in consideration of the patient's *kyo*-type constitution, predominantly *ho* needling should be employed. Therefore, we know that the *akashi* cannot be based on the *sha* needling of the Liver Meridian *Jitsu* nor the *Sha* needling of the *jitsu* caused by the disturbances in the Large Intestine and Stomach Meridians. The question is, then, of the remaining *kyo* of the Lung Meridian and Spleen Meridian, which is the *akashi*? If we refer to the principle,

“When *kyo*, apply *ho* needling to the Mother,” we can see that by choosing the *ho* needling of the Lung-Metal Meridian as the *akashi*, the *kyo* of the Spleen-Earth Meridian will also have to be needled with *ho* technique, and the conditions of the 69th section of the *Nanjing* will be met perfectly.

For this reason, the *kyo* of the Lung Meridian should be determined as the *akashi* for this patient. If treatment of the Lung Meridian is successful, the *jitsu* of the Liver Meridian is usually suppressed and then disappears, and the harmonization of Yin and Yang will cause the disease-related disturbances of the Stomach and Large Intestine Meridians to be extinguished. If, however, the Stomach and Large Intestine Meridians end up with so-called *kyo*-type disturbances, then *ho*-type *sha* needling is applied to the meridians; this will bring about a good overall pulse that is bright and well-toned (see Chapter XII).

In cases where the Liver Meridian remains *jitsu*, it is necessary to try to balance the Yin and Yang by applying *ho* needling to the Gall Bladder Meridian in the Yang position of the Liver. This is known as Transfer-type *sha* technique (Chapter XII).

This case study exemplifies a typical treatment pattern, and cases involving the other meridians can be understood using it as a model. Note also that if this patient had complained strongly about the sore throat—which is affiliated with the Large Intestine Meridian—Metal (Well) point Microbleeding could have first been applied to the ShoYo point to take care of the *jitsu* of the Large Intestine Meridian. Also, if the patient had been suffering greatly from the pain in the chest and back, it might be necessary first to treat the *jitsu* of the Liver Meridian as an emergency measure. These examples, however, are exceptions, and emergency and supplemental techniques will be discussed in detail in Chapter XVIII.

Note 1:

Akashi represents the fundamental nature of an illness and is the goal of its treatment; therefore, problems related to the misunderstanding of this concept are very serious in Meridian Therapy.

Historically, complication of the issue grew out of made throughout the development of East Asian Medicine, to combine *hari* treatment based on *akashi* with Herbal treatment based on the *Shokanron*¹. As a result, the concept of *akashi* eventually became confused with more symptomatic methods of disease-naming, to cause a great many problems for the beginning students.

Originally, *hari* was a system of benevolent healing practices rooted in a tradition of neighborly love. As it developed, meridians and meridian points were discovered and a theoretical system was established based on pulse diagnosis, *akashi*, and *ho sha*. It is

clear that during the Classic period, up until the Early and Later Han Dynasties, *hari* treatment focused on disturbances of the meridians and held *akashi* as a subject of central importance.

Later, after *hari* was combined with Herbal techniques, the teachings were transmitted to Japan. Two separate factions (*Gosei* School and *Koho* School) emerged during the *Edo* period, until control was taken by the Yoshimasu Todo school of healing. The prevailing mode of thought at that time was that “any illness can be successfully treated if Herbal Medicine is applied to the deep, root causes of the disease and *hari* is used to alleviate the accompanying symptoms.” It was furthermore believed that even the idea of curing disease with just a simple needle and pinch of moxa belonged to the realm of divine-like healers, while Herbal treatment was meant to make medical practice available to the general public.

Hari, thus, came to serve only in a Targeted Healing and supplementary treatment fashion. Even in researching the large amounts of literature on the subject of East Asian Medicine, it is difficult to find any clinical writings after the Classic period that make serious reference to *akashi*. Texts discuss “*akashi*-based therapy” and “needling in coordination with overall pulse types” in theory, but most of the clinical case studies involve treatment based only on physical symptoms.

In addition, since the middle of 1920s in Japan, we practitioners of *hari* have been qualified under a special licensing system which categorizes us as “paramedical” professionals. Our range of permitted activities has been limited, and the use of medical insurance at our clinics has been restricted. It was during the time of these changes that Yanagiya Sorei put out the call to “Return to the Classics!” emphasizing our need to rediscover the *akashi*-based therapy of China’s Classic period. The three masters Takeyama Inoue, and Okabe responded to his call and overcame a gap in history of more than a thousand years when they reinstated the teachings of Meridian Therapy. It was the first time in recent history that the question of *akashi* was revived, and *hari* as *akashi*-based therapy was conducted in its true, original form.

Accordingly, let the reader be warned that if we *hari* practitioners fail to understand the problems associated with *akashi* in light of the historical facts, we are threatening the survival of our great traditions.

Note 2:

As discussed in the last part of Chapter X, the present deterioration of our environment was not among the considerations of those scholars of China’s Classic period who devised the Doctrine of Yin Yang-Five Phases. Although this doctrine is of central importance to the practice of Traditional East Asian Medicine, we must remember that it cannot be applied to our contemporary clinics in its original form.

Akashi determination must be conducted with this in mind. Special adaptations made for present-day *akashi* formulation are discussed in Chapter XV. Herein we have only presented the teachings in their standard form, in accordance with basic Yin Yang-Five Phases Theory.

1. In *Hari* therapy, *akashi* is established according to the condition of the Twelve Main Meridians. As discussed in Chapter IV, the meridians are viewed in terms of the Three Yin-Three Yang as based on the *Un-Ki* Doctrine and Yin Yang-Five Phases Theory. Thus, the meridian names *Tai-yo*, *Yo-mei*, *Tai-in*, and so forth refer to the degrees of sunlight that reach the areas of the body through which the different meridians pass, and they, therefore, indicate the level of *ki* activity of the meridians based on the body's position and the time of day (see also Chapter XVIII, Section 1).

In Herbal Medicine, on the other hand, Three Yin-Three Yang is not based on the *Un-Ki* Doctrine and, thus, is not concerned with the sun's energy and the state of *ki* activity of the meridians. Instead, this Three Yin-Three Yang is derived from writings in the *Shokanron* concerning the progression of illness through the body in terms of six degrees of depth. This is known as the Doctrine of the Six Stages of Illness.

XII

Therapeutic Technique (The Doctrine of Ho and Sha)

GENERAL INTRODUCTION

Since ancient times, *hari* therapy has been defined most succinctly as “the differentiation of *kyo* and *jitsu* followed by the application of *ho* and *sha*.”

It follows from this definition that once having determined the *akashi* and basic therapeutic approach, one must make decisions concerning the selection of specific points and the type of needling and moxa techniques to apply. In Meridian Therapy, these detailed decisions concerning the practical aspects of treatment are discussed within the Doctrine of *ho* and *sha*.

Human beings are individuals. A treatment system that can adequately respond to the needs of each particular patient is essential. The therapeutic techniques of both East Asian Medicine and Western Medicine, however, are derived from general, standardized principles and theory. How to adjust these techniques to meet the distinct needs of the individual patient is a problem of great concern to every practitioner.

Western Medicine deals with the problem through the full-scale application of electronic diagnostic equipment, mechanical treatment techniques, and chemical technology. This approach, however, has not resulted in the creation of a truly individual-oriented therapeutic system.

East Asian Medicine, on the other hand, which developed from thousands of years of trial-and-error experience with living patients, grew into a therapeutic system centered on pulse diagnosis and *hosha* needling. These are the techniques of diagnosis and treatment—“the differentiation of *kyo* and *jitsu* followed by the application of *ho* and *sha*”—that have established for East Asian Medicine its position among medical disciplines as the one that is equipped to meet as closely as possible the needs of the individual.

The *ho* and *sha* techniques used in the treatment of *kyo* and *jitsu* are the foundation of East Asian healing. Though they are described in many different ways, an important definition from the *Suwen* (Chapter 28) reads, “When disease-related *ki* is in excess, it is *jitsu*; when life-supporting *ki* is depleted, it is *kyo*.” The *sha* needling technique, in

other words, removes disease-related *ki* from the body when it is present in large amounts. The *ho* needling technique replenishes the body with life-supporting *ki* when it is not present in sufficient amounts. Therefore, it is a mistake to think of *ho* and *sha* in terms of opposites like large and small or strong and weak; the *ho sha* techniques involve a theoretical system that describes the condition of an illness in relation to the treatment to be applied.

The Doctrine of *ho* and *sha* can be broadly divided into two parts: The first part, the *ho* and *sha* of treatment technique, is discussed in this chapter. The second part, the *ho* and *sha* of point location, is discussed in Chapter XIII.

1 THE DEVELOPMENT OF *HO SHA* TECHNIQUE

The *ho sha* of treatment technique concerns the type of needling and *okyu* to be conducted at each of the designated treatment points. Practical decisions must be made about specific techniques and tools, including the kind of needle, the way in which it is to be inserted, the way in which it is to be withdrawn, the techniques to be applied while the needle is in place, and the quantity of the moxa to be applied.

Long ago, healers rubbed and massaged their patients, and later they used instruments made of wood, bamboo, stone, bone, and so forth. By the classic period the concept of the Nine Needles (Arrowhead Needle, Round Needle, Rounded Needle, Sharp Needle, Round-sharp Needle, Fine Needle, Long Needle, Large Needle), which involved the use of metal, had been formulated. A needle from among these nine that is often referred to as the Fine Needle is the one that is most commonly used today. Others, such as the Rounded Needle, Children's Needle, Microbleeding Needle, Round Needle, and Running Needle, are also used as supplementary tools in Meridian Therapy. Herein, however, we will focus on the Fine Needle.

There are many types of *okyu*, too; some call for small string-like moxa, while large blister-forming *okyu* requires moxa the size of a horse's eye. In addition, substances such as *miso*, salt, and garlic can be positioned between the moxa and the patient's skin, to create even more variations in the treatment. Herein, however, we will take as our standard the type of *okyu* that uses small pieces of moxa the size of a half-grain of rice.

Mastery of the *ho sha* techniques has always been exceedingly difficult. Traditionally, an apprentice trained three to five years to refine his or her skills. The aspiring practitioner passed needles through a series of objects beginning with cotton pillows, and progressed to harder objects, then to floating objects, and finally to living subjects. It was said that attainment of complete expertise required more than ten years.

2 HO AND SHA IN THE CLASSIC TEXTS

The *Lingshu* contains many of the most important writings on needling technique. In one section (Chapter I) often studied by practitioners of Traditional *Hari*, Gihaku discusses the subtleties of expert needling with Kotei (the Emperor Huang Di). Gihaku's words can be summarized as follows: "The secrets of needling are easy to talk about but very difficult to master. For example, practitioners of poor skill become trapped in the more superficial aspects of needling and have no awareness of the movement of *ki* at the tip of the needle. On the other hand, the skillful healer focusses on the movement of *ki* and adjusts his or her technique accordingly. Understanding *ki*, in other words, is the essence of successful healing."

"Though very subtle, *ki* is perceptible at the meridian points, and the real secret to working with it is to know just when to insert and when to withdraw the needle. Poor technicians become completely preoccupied with the area they are treating and aimlessly focus on the back-and-forth movement of the needle, while a skillful technician is able to adjust the timing of needle insertion and needle withdrawal in coordination with the movement of *ki*." Gihaku is explaining that the truly great master is the one whose *ho sha* techniques match perfectly the *akashi* of the individual patient.

Gihaku goes into further detail, and his explanation can be summarized as follows: "*Ho* needling is a technique for replenishing deficiencies in healthy *ki*. As such, it is of critical importance that no leakage of *ki* occur during needling. For this reason a thin needle held very lightly at the handle is used. Insertion is gentle, and no force is applied in working with the resistance of the body tissue. Penetration should be natural, as if the needle is being drawn in on its own. Just as a mosquito or horsefly first rests its stinger on the skin of a person and then imperceptibly makes its insertion, so should the needle penetrate the patient's skin. Once the insertion has reached a certain depth it is stopped, and one concentrates on the *ki*. One addresses the *ki* through a very gentle pushing, pulling, and twisting of the needle; the needle is withdrawn once the deficient *ki* has been replenished. Withdrawal is performed with a clean snap—in the same way as an arrow leaves a bow that has been drawn as big as the full moon—and the aperture from the needling is quickly closed. At this time, the movement of the left and right hands must be perfectly coordinated. If the aperture is closed in this way, without a gap even as thin as a hair having been created, then the smallest amount of *ki* will not escape and the goal of *ho* needling will have been accomplished in full.

"To perform *sha* needling, the goal of the technique must be clearly envisioned. To meet that goal, a somewhat thick needle is chosen; it is held firmly at the handle and inserted relatively quickly. Once the intended depth is reached, one stops the insertion and addresses the *ki*, perhaps moving the needle up and down or gently shaking it until the resistance at the tip of the needle is removed. At this point one feels the separation

of the disease-related *ki* and the healthy *ki*, and one withdraws the needle. By applying downward pressure with the supporting hand (explained below) during removal of the needle, the disease-related *ki* will escape and the goal of *sha* needling will thus have been accomplished.”

Regarding one's patients, it is written that the therapist must maintain an attitude of profound care, “as if walking over thin ice” or “peering into an abyss,” and must be free of all disturbing thoughts. The handle of the needle must be held with both intent and caution, “like gripping the tail of a sleeping tiger.” Working with *ki*, it is also written, requires that the technician possess great skill, “like one who is able to haul a ton of stones with a single lotus thread.”

There are numerous other interpretations of the writings in the Classics on *ho* and *sha*. They differ from school to school and from scholar to scholar and can be summarized as follows:

1) *Ho* and *Sha* in Terms of Breathing

This method calls for the adjustment of needling technique in accordance with the patient's breathing. In *ho* needling, the needle is inserted during exhalation and withdrawn during inhalation. *Sha* needling is the opposite—insertion occurs during inhalation and removal during exhalation.

2) *Ho* and *Sha* in Terms of Needle Direction

The theory behind this method is that *sha* needling is effected by “meeting *Jitsu* head-on,” and *ho* needling is effected by “following *kyo* from behind.” As it pertains to clinical work, this means that *ho* technique is performed by positioning the needle in line with the flow of *ki* in the meridian, and that *sha* technique is performed with the needle positioned in the direction opposite to the meridian flow.

3) *Ho* and *Sha* in Terms of the Supporting Hand

In *ho* needling, the area to be treated is gently caressed with the supporting hand along the meridian before the needle is positioned. After insertion, the first and second fingers of the supporting hand are kept tightly closed around the needle. Then, when the needle is withdrawn, one of these two fingers is used to shut the needle aperture immediately to prevent the leakage of *ki*. In *sha* needling, in order to facilitate leakage of the disease-related *ki*, needle insertion is quick, and the aperture is left open after needle withdrawal.

4) *Ho* and *Sha* in Terms of the Needling Hand

During *ho* needling, the handle of the inserted needle can be lightly tapped with the fingernail of a finger of the needling hand to send a gentle vibration down into the meridian and facilitate the gathering of meridian *ki*. During *sha* needling it is possible, although seldom practiced, to widen the aperture of the needling site by strongly tapping the needle, thereby separating the disease-related *ki* and the healthy *ki* and facilitating the attainment of the goal of *sha* needling. There are also theories that the fingernail of a finger of the needling hand can be used to press and tap the meridian point in certain ways prior to needling to contribute to the effectiveness of the *ho* and *sha* techniques.

5) *Ho* and *Sha* in Terms of Insertion and Withdrawal

Ho needling is performed without causing pain and without letting any *ki* escape. It involves the gentle inserting, twisting, pushing, or resting of the needle until the resistance at the tip of the needle is completely removed. The needle is then withdrawn, and the aperture is carefully pressed closed. With *sha* needling, insertion is quick. Withdrawal also immediately follows needle manipulation. It is necessary, however, to be careful that the needling is not too coarse due to the danger that healthy *ki* will be lost along with disease-related *ki*.

There are many other theories concerning *ho* and *sha* needling that vary with different schools and time periods. In the end, however, their common focus is the re-establishment of proper *ki* flow.

Many of the writings in the *Lingshu* contain instructions for the performance of needling technique aimed at the manipulation of *ki* and *ketsu*. The *Lingshu* (Chapter I) states, for example, "If the inserted needle fails to bring around the *ki*, then further needling is of no avail; if the inserted needle succeeds in bringing around the *ki*, then no further needling is necessary," and "The essence of needling is the movement of *ki*. Conducted properly, it is as if the wind has swept away the clouds and the eyes have set upon a dazzling blue sky."

The techniques used to manipulate the patient's *ki* (which is called "*Saiki*") include inserting the needle and then keeping it in place for a long period, warming it, or gently vibrating it with either the supporting hand or the needling hand. It is also very important that needling techniques be selected in accordance with the condition of the patient. The *Lingshu* (Chapter I) states, "Needling in the case of fever requires fast movement, as if testing by hand the temperature of scalding water; needling in the case of coldness requires slow and gentle movement, as if wishing to delay the departing of a friend."

6) *Ho, Sha and Okyu*

Okyu does not have as strict a *ho sha* system as needling. Fundamentally, though, *ho* technique requires the gradual transmission of a mild heat, while *sha* technique involves the abrupt transmission of strong heat. For example, *ho* technique can be conducted by slowly burning soft, small moxa cones in large numbers, and *sha* technique can be carried out by rapidly burning tightly rolled large moxa cones. With *sha* technique, the burning moxa can be fanned to increase the speed and temperature.

3 TREATMENT QUANTITY

Treatment quantity, the next issue in clinical work, is closely affiliated with the problem discussed above of adopting general rules of treatment to the particular needs of the individual patient. In order to carry out therapy that corresponds as closely as possible to the patient's *akashi*, it is necessary to adjust the quantity of treatment to the particular signs of illness, physical constitution, environment, and so forth of the individual.

Inexperienced therapists are easily carried away in their enthusiasm and may rush into treatment before fully understanding the condition of the patient. They are often misled into exceeding proper treatment quantity by attempting to respond to everything that the patient says, or by a desire to test different kinds of "special" healing techniques. As a result, the patient's symptoms often worsen, and he or she may even be rendered immobile. In especially tragic cases, patients end up in the emergency rooms of hospitals.

The control of treatment quantity, along with *akashi* determination, is therefore a subject of the utmost importance in clinical work. In order to assure that treatment does not go beyond what is necessary, the patient's overall condition—including physical constitution, signs of illness, environment, and so forth—must be thoroughly examined. The following is a list of the fundamental issues that pertain to the correct determination of treatment quantity.

- 1) Some patients are naturally very sensitive, and others are insensitive. A person's sensitivity must be carefully considered during the examination process. Those persons who have thin, fine, smooth skin, speak gently and fluidly, and have symptoms involving disturbances in such meridians as the Lung and Liver are usually highly sensitive. Those with thick, coarse skin, who are slow-witted and reticent, are generally of low sensitivity. Also, treatment quantity must be carefully restricted for patients who have a history of overreaction to *Hari* treatment, to certain drugs and foods, or to other related factors.

2) Elderly patients tend to be less sensitive than younger patients because their meridian *ki* flow is weak. Children and infants, whose circulation of *ki* and *ketsu* is very good, require only a small amount of treatment.

Special needling techniques for children are discussed in Appendix I.

3) Though it is often said that *ki* circulation in men is faster than in women, it is not possible to determine treatment quantity based on gender without taking other factors into consideration. The patient's body weight also cannot be used as the sole determinant of treatment quantity.

4) White collar workers are more sensitive than blue collar workers, and highly sensitive people are especially common among those working in the arts. Treatment quantity is thus generally increased for blue collar workers.

5) Treatment quantity is usually greater for rural dwellers than urban dwellers.

6) Patients who are accustomed to *hari* treatment will often require larger treatment quantity. One must be wary, however, of their tendency to continually request stronger stimulation.

One must be equally careful with inexperienced patients, who are usually highly sensitive. First treatments, for example, should be conducted relatively lightly. Generally treatment quantity can gradually be increased over time with thicker needles in greater numbers.

7) With acute and inflammatory illnesses, treatment must be light. Very gentle and delicate technique is especially important in treating heart disease, nervous disorders, tuberculosis, *ki-kyo*, *ketsu-kyo*, and so forth. With chronic disease, however, relatively large needles are used, and in greater numbers. Also, it is necessary to leave needles in place for ten to twenty minutes in cases in which hardening or adhesion is present in the area being treated; Microbleeding (see Chapter XVIII) and the piercing of muscle tissue may also be helpful.

Note:

With inflammatory illnesses, treatment is performed at sites located at a distance from the symptoms. For example, swellings and abscesses are often treated with repeated *okyu* at the GoKoku point, and high fever is treated by needling points located between the fingers or the toes. With symptoms that involve changes in the body tissue, direct needling of the affected area is employed. Examples include the burning with moxa of corns and warts, and the prolonged insertion of needles into tissue that has become tight or adhered following surgery.

Finally, it is important to consider the question of treatment quantity in relation to our constantly changing social environment. During times of peace, for example, individuals have an abundance of *ki* and *ketsu*, and treatment can be conducted in greater

quantity. During periods of war and conflict, or in times like the present in which interpersonal relations are very complex, individuals lack both *ki* and *ketsu* and treatment must be conducted very lightly. These kinds of considerations are also important for understanding the classic texts. Time period, environment, healing customs, and the character of the author influence the content of the work to a great extent.

4 HO AND SHA IN THE CLINIC

The above discussions summarize *ho sha* technique as it is presented in the classic literature and as it concerns the problem of treatment quantity. Contemporary conditions, however, differ from those of the classic period, and the symptoms we see in our clinics are unique to our present times. In addition, the needles used during the classic period were relatively thick—their primary function was Microbleeding and *Sha* needling, examination was based on the pulse but was practiced in many different forms (*Sambukyuko* Pulse Diagnosis, *Jingei-myakuko* Pulse Diagnosis and Six-Position Pulse Diagnosis), and treatment did not incorporate a systematic theory of point selection. Therefore, it is impossible to obtain positive clinical results by adopting the *ho sha* techniques exactly as they appear in the classic texts. At the same time, however, the classic writings preserve elements of truth that remain constant throughout time. Accordingly, in the following discussion concerning the application of *ho* and *sha* needling to clinical work, we will focus on the contemporary relevance of the classic texts.

The specific needling techniques to be used will differ greatly according to such factors as the patient's physical makeup, the pulse type, and the condition of the body in the area to be treated. It is a subtle and complex subject that is difficult to explain in limited written form. For this reason, our Association puts heavy emphasis on individual hand-to-hand training and the direct clinical application of the teachings. In order to provide the tools for a basic understanding, however, we will herein discuss the fundamental principles of *ho sha* needling.

1) Practicing Needle Technique

Ho sha needling involves working with *ki*. Therefore, it should cause the patient neither pain nor discomfort. In this regard, it differs greatly from techniques involving stimulation-induced healing. Patients who have received treatment at a clinic where strong, stimulation-induced healing is conducted often complain that "regardless of whether or not the treatment is effective, each needle was so painful and unpleasant that I could not bear to continue." We practitioners of Meridian Therapy, however, needle

in order to restore proper *ki* flow, and our treatments are therefore painless. In fact, the more skillful the practitioner, the more pleasant are the sensations of the treatment.

In the past, needling was practiced first on cotton pillows, then on hard objects, on floating objects, and finally on living subjects, and it is said that as many as ten years were required to master the techniques. We do not have this kind of leisure, however, in today's fast-paced society. The best way to learn needling technique is to begin on one's own abdomen and outside lower leg.

To practice the subtle needling techniques of Meridian Therapy, a 1.3 *sunn* #1 or #2 silver needle should be used. The needle must be held very lightly at the handle. Contact is made with the skin at the site of insertion, and a very small amount of pressure is applied. Then, one must wait for the needle to penetrate the skin as if it is being drawn in on its own. If the needle does not enter when one is practicing in this way, either the point of the needle is defective or there is some abnormality in the body tissue.

Insertion must be conducted to a specific depth. Among the various needling techniques of Fundamental Healing, the greatest needling depth required will be four or five millimeters. When the needle has reached the intended depth, techniques such as back-and-forth movement, twisting, or vibration of the needle, or flicking of the handle of the needle, are used to address the *ki*. Then, when the resistance at the tip of the needle has diminished, the needle is withdrawn. This is the point at which the *ki* has come around, and it can be perceived as a light, cottony feeling, like the wind blowing against a spider's web caught on the surface of one's skin.

Needling in Meridian Therapy is, thus, completely different from needling in Modern Acupuncture. Practitioners of stimulation-induced healing, for example, use a 1.6 *sunn* #4 or #5 needle. It is rapidly inserted and used to conduct strong stimulation.

Needling technique must be practiced over and over again, hundreds and thousands of times. The aimless repetition of needle insertion and withdrawal, however, does not constitute proper training. Rather, one must focus one's entire being on the movement of *ki*. It is also important to practice the many different techniques in pairs; for example, needling can be practiced while holding the handle of the needle lightly or firmly, and by inserting the needle quickly or gradually, and so forth. Also, large and small needles, long and short ones, and needles of different metals can be used. The inquisitive student will be able to seek out and master all the possible variations.

When using a needling tube, the tip of the needle's handle should be tapped very lightly. The tube should be removed as soon as the needle has contacted the patient's skin, after which the techniques can be conducted as described above.

2) “*Ho* Needling is Built on Left-right Pressure, *Sha* Needling is Performed through Downward Pressure”

To the uninitiated, there may be no perceptible differences between the Fundamental Healing needling techniques of a skilled practitioner and those of an unskilled one. However, the way the pulse changes, and therefore the effectiveness of the treatment, can be as different as night and day. Our Association, as a result of long years of cooperative research, has discovered that these differences are due primarily to the action of the supporting hand.

For example, in explaining *ho* technique, the *Lingshu* emphasizes that the needle should be withdrawn with a “clean snap, in the same way that an arrow leaves a bow that has been drawn as big as the full moon.” Our group has come to the understanding that to do this, the thumb and forefinger of the supporting hand must be completely closed together (left-right pressure) when the needle is withdrawn. Then, to shut the needling aperture, the underside of the fingertip of either the thumb or forefinger of the supporting hand is swiftly pressed upon the point in coordination with the needling hand during needle withdrawal. This must be done without leaving a gap even as thin as a strand of hair. To carry out *ho* needling successfully one must also know how to use between 30 and 50% of this left-right pressure in accordance with the pulse type, even before needle withdrawal.

Next, the explanation of *sha* needling describes the importance of “applying downward pressure with the supporting hand” in order to facilitate the removal of disease-related *ki* and *ketsu*. In other words, at the same time that the needle is withdrawn with the needling hand, pressure is applied to the skin with the thumb and forefinger of the supporting hand (downward pressure), in accordance with the pulse type.

The average practitioner of Meridian Therapy may not be so keenly aware of the needling hand and supporting hand during treatment. Without this awareness, however, it is very difficult to carry out fully effective Fundamental Healing, which is the most important part of Meridian Therapy. In order to assist in the training of students of Meridian Therapy, the instructors in our Association analyzed and systematized these techniques under the title, “*Ho* Needling is built on Left-Right Pressure, *Sha* Needling is performed through Downward Pressure.”

3) *Ho* Needling Technique

Ho needling is performed to replenish deficiencies in healthy *ki*. This is accomplished by first passing the hand gently over the skin to locate the meridian point and then carefully setting the supporting hand. A relatively thin needle is used (1.3 *sunn* #1 or #2 silver needle). It must be held very lightly by its handle and slowly lowered to the skin in the direction of the meridian flow. After contact is made with the surface of the skin, the needle is inserted as naturally as possible. To do this, one must maintain

constant awareness of the resistance at the tip of the needle, and one must be careful not to cause any pain or discomfort through the use of force.

Then, when the intended depth has been reached, the needle can be gently twisted, moved back and forth, or held in place in order to address the *ki*. Sometimes the handle of the needle is tapped or the needle lightly vibrated. Through this kind of manipulation (*saiki*), *ki* can be brought around. One will notice the dissolution of the resistance at the tip of the needle resulting in a smooth and fluid sensation, and one will feel the *ki* at the tip of the finger. This is the point at which the needle must be withdrawn. At this time, it is important that left-right pressure be sufficiently applied and that the needle be quickly and cleanly snapped away. One must also keep in mind the importance of the immediate shutting of the needling aperture to prevent the leakage of *ki*.

In cases in which a needling tube is used, the tube is carefully placed over the point and the needle is tapped very lightly two or three times to gently penetrate the skin. After the tube is removed, needling proceeds as described above. One must not try to insert the needle into the skin with a single strong tap.

In *ho* technique, the needle is inserted to the depth of the meridian *ki*. For the major points of the hands and feet, this will generally be one or two millimeters. Even when it is necessary to go deeper, three to four millimeters will be found sufficient. Depending on the symptoms involved, it may be enough just to bring the tip of the needle into contact with the skin or merely to hold the needle near the point between the two fingers of the supporting hand.

With Targeted Healing, which is conducted at sites other than those of the major points, the depth of needling must be determined by the condition of the particular area being treated.

4) Sha Needling Technique

Sha needling is performed to remove excess disease-related *ki* and *ketsu* from the system, and thus a relatively thick needle (1.3 *sun* #2 to #5 or #6 silver or stainless steel needle) is used. It is held firmly by the handle and inserted quickly, and the resistance at the tip of the needle is removed through application of the appropriate *sha* technique (described below). The resulting sensation is smooth and fluid, and one will be able to feel the disease-related *ki* *ketsu* separate from the healthy *ki* *ketsu*. At this point, the needle is withdrawn. One must be careful, however, not to remove healthy *ki* *ketsu* along with the disease-related *ki* *ketsu* through rough or heavy needling, which will also leave the patient with pain or the feeling that the needle is still inserted.

One might believe that *sha* needling is simpler than *ho* needling. In actual clinical work, however, using *sha* techniques in accordance with the pulse type as part of the complete rebalancing of the pulse is a task of great difficulty. In general, disturbances in the meridians that will require some type of *Sha* needling can be divided into three

categories: externally caused *jitsu*-type disturbances, *jitsu*-type disturbances in the flow of the meridians (see (8), below), and the various *kyo*-type disturbances (see (5), below). Successful *sha* needling of externally caused *jitsu*-type disturbances requires one to determine whether the particular pulse type indicates that the disturbances are related to *ki* or related to *ketsu*. The representative *ki* pulse is floating, and the representative *ketsu* pulse is taut. The corresponding *sha* needling techniques can be understood as follows:

Ki is Yang, superficial, active, and tending towards movement. As such, *sha* needling for the Floating pulse will require a 1.3 *sun* #1 or #2 silver needle. The handle is held firmly, and the needle is inserted two or three millimeters against the flow of the meridian. The needle is moved back and forth over a narrow space until the resistance at the tip of the needle diminishes. At this point, the needle is swiftly withdrawn while applying quick but deliberate downward pressure with the supporting hand. The sensation of releasing *ki*-related disturbances from a meridian is like that of causing air to escape from a hole in a rubber ball.

Ketsu is Yin, deep, passive, and sluggish in movement. Therefore, *sha* needling for the Taut pulse requires a 1.3 *sun* stainless steel needle of the #3 size or greater. The handle is held firmly, and the needle is inserted four or five millimeters against the flow of the meridian. The needle is slowly moved back and forth over a somewhat wide space until the resistance at the tip of the needle diminishes, at which point the needle is gently withdrawn. When the tip of the needle is just separating from the surface of the skin, downward pressure is applied slowly and deliberately. The feeling one should look for in using downward pressure to release *ketsu*-related disturbances from the meridian is like that of pushing down on a pimple to squeeze out its contents.

5) *Ho*-type *Sha* Needling Technique

Ho-type *sha* needling is used in the treatment of *kyo*-type disturbances. The concept of *kyo*-type disturbances was first put forth by our Association in order to describe meridian disturbances that result from the infiltration of disease-related *ki* and *ketsu* into a *kyo*-type constitution. The *kyo*-type constitution lacks sufficient amounts of healthy *ki* to combat disease-related *ki* and *ketsu*, and it consequently gives rise to a dry and lusterless overall pulse in which Leaf-like, Twig-like, or Dust-like disturbances become apparent (Details of these pulse types are given in Chapter X, Section 6, Part 6).

A Leaf-like disturbance is associated with *ki*. The appropriate needling is a *sha* technique, performed against the meridian flow, requiring a #1 or #2 needle. The needle is inserted one or two millimeters, after which *ho* technique is gently applied until the *ki* comes around and the resistance at the tip of the needle disappears. At this point, the finger tips are lightly squeezed together, and the needle is withdrawn. But the needling aperture is not closed, and no downward pressure is applied.

The Twig-like disturbances are associated with *ketsu*. A #2 or #3 needle, held firmly by the handle, is slowly inserted against the flow of the meridian. Through application of *ho* technique, the *ki* can be brought around and the resistance at the tip of the needle will diminish. The finger tips are lightly squeezed together, and the needle is slowly withdrawn. Downward pressure is not applied, and the needling aperture is not closed.

Sha needling in the case of Dust-like disturbances must be conducted very delicately, through a quick and light application of *ho* technique, followed by swift needle removal in which the needling aperture is not closed.

Due to the strength of the *sha* techniques and the dangers associated with excessive needling, many beginning practitioners of Meridian Therapy neglect their usage in favor of the gentler *ho* techniques. To carry out *akashi*-based therapy successfully, however, it is of the utmost importance to apply *ho* when *ho* is necessary and *sha* when *sha* is necessary.

It is similarly important that *ho*-type *sha* needling be used whenever *kyo*-type disturbances appear. Since these are disturbances of *kyo*-type physical constitutions, the *ho*-type *sha* needling is the safest technique in that *sha* needling is performed only after the deficiency in healthy *ki* has been replenished through *ho* needling.

6) *Sha*-type *Ho* Needling Technique

This type of *ho* needling is only rarely used. It is employed, for example, in the treatment of certain deep-seated illnesses in which proper point selection and proper needling do not bring satisfactory results, and small hard or knotted spots that are painful upon pressure are found in passing one's hand along the surface of the meridian being treated. These points are usually major points in *sokoku* relationship to the meridian. They act as obstacles obstructing the meridian flow and must be treated in order for *ho* needling to be effective. The technique used is called *sha*-type *ho* needling.

Sha-type *ho* needling is performed with a 1.3 *sun* needle that is #2, #3, or larger. Because the ultimate goal of the technique is *ho* needling, the needle must be placed in the same direction as the meridian flow. The needle is then manipulated so that the meridian obstruction is removed. When this has been achieved, the needle is gently withdrawn and the needling aperture is closed.

7) Yin *Jitsu* and Wa Needling Technique

The basic principle of the Causes of Illness states, "If there is no internal weakness or injury, external causes of illness cannot affect the body." It is when two meridians in *sokoku* relationship are both *kyo*, for example, that the repeated assault of certain disease-related factors can eventually cause one of them to become *jitsu*, and signs of illness associated with Yin *Jitsu* appear. In most instances, symptoms will primarily

involve the *jitsu* meridian rather than the *kyo* meridian.

Through repeated treatment involving the skilled application of needling technique in accordance with the pulse type, the meridian that is *jitsu* will eventually change to *kyo*. At some point in this process a pulse will appear that is neither *kyo* nor *jitsu* but displays a distinctive light disturbance that can be felt striking at the underside of the finger. This is the kind of pulse that calls for application of the *wa* needling technique.

In the *Lingshu* (Chapter I), between the explanations of *ho* and *sha* needling, there is a description of the *wa* technique. It explains that *wa* needling is not a *sha* technique aimed at the removal of meridian disturbances of *ki* and *ketsu* but is a needling technique designed to free obstructed meridian flow. As such, the needle is placed in the direction of the meridian flow and inserted two or three millimeters. Resistance will be met at the tip of the needle. The needle must then be gently pushed in and then released, pushed in and released, over and over until the resistance is removed and the feeling becomes smooth and fluid. At this point one withdraws the needle, taking care to protect the needling aperture with the part of the thumb and forefinger of the supporting hand that rests on the skin of the patient, in order to prevent any *ki* or *ketsu* from escaping.

When practiced properly the technique is highly effective, and patients often feel a warming of the part of the body that is ill. Note also that although the *wa*-type disturbance will appear during the course of treatment of a Yin-*Jitsu* condition, a first-time patient may also display a *wa*-type disturbance if he or she happens to visit the clinic during that particular stage of healing.

Wa technique must be understood as belonging to a specific pulse type and particular signs of illness, and must be accurately employed as such. It is improper to resort to *wa* needling in a haphazard fashion, such as when one is simply unable to determine whether a certain pulse is calling for the *ho* or the *sha* technique.

8) Transfer-type *Sha* Needling Technique

As was previously explained above (see (4)), there are two kinds of *jitsu*-type disturbances. One kind is the *jitsu* that results from an infiltration of disease-related factors from the outside. The other kind results from strain in or distortion among the 12 meridians, causing imbalances in meridians of Yin/Yang and *sokoku* relationship and resulting in the kind of swelling of the meridian that is characteristic of *jitsu*. In these latter cases the pulse will be big and beat strongly, but there will not be a loss of luster or smoothness. In comparison, the pulse caused by disease-related factors from the outside will be big, strong, and rough, and will often lack luster and smoothness.

Transfer-type *sha* needling is a technique for correcting *jitsu*-type disturbances caused by strain or distortion in the meridian. It is applied in a manner that allows the effect to be transferred from the point being needled to the meridian that manifests the *jitsu* disturbance. For example, the *jitsu* part of a Yin *Jitsu*-Yang *Kyo* imbalance is

corrected through the application of *ho* technique to the Yang; a *Sha* effect is, therefore, transferred to the Yin and balance between Yin and Yang is regained. Another example is the application of *ho* needling to a point on the meridian that is in *sokoku* relationship to the meridian; the needling thus transfers an overall *sha* effect to the meridian.

9) Dispersed Needling

In Meridian Therapy, the needling techniques known as *ho*-type Dispersed needling and *sha*-type Dispersed needling are used for such symptoms as stiff shoulders, swelling and pain, stiffness, fullness, and so forth. They involve the repeated and superficial—one millimeter or less—insertion of a needle over an area associated more with the specific symptoms than with specific meridian points. When a needling tube is used to assist in skin penetration, the tube need not be removed after each insertion. *Ho*-type Dispersed needling requires that the needling aperture be closed with the fingertip of the thumb or forefinger of the supporting hand, while in *sha*-type Dispersed needling the needling aperture is left open.

Dispersed needling may seem like a simple technique, but it requires a great deal of proficiency. When it is performed by a skilled practitioner, the effects are very pleasant.

10) Needling Technique for the Pounding Pulse

The Pounding pulse (described in detail on page 127) should be understood as one special kind of pulse involving *kyo*-type meridian disturbances. It is an abnormal pulse that appears in some particularly difficult cases among patients with *jitsu*-type constitutions suffering from long-term, deep-seated illness. The therapist can recognize it by the way it jumps up against the fingers. It is usually located just below the Surface Pulse, or extends from the Middle Pulse into the Deep pulse.

There are two kinds of Pounding pulse. One is a *ki* pulse and the other is a *ketsu* pulse. The *ki* pulse is called the Drum-like pulse because it has a strong elasticity reminiscent of “pressing on the head of a drum.” Although one may be able to recognize the pulse through this sensation, the form of the pulse remains intangible. The *ketsu* pulse, on the other hand, has form. Big and strong, it sometimes feels like a bowstring and sometimes like a wriggling worm.

Needling technique for the Pounding pulse requires a thorough understanding of the principles of Meridian Therapy. First, the successful application of *ho* needling will cause a *jitsu* pulse to appear in the Yang meridians; this pulse is an expression of the presence of *ki*-type or *ketsu*-type disturbances. Then to remove the disturbances, the appropriate *sha* needling technique must be chosen according to the specific pulse type.

When the technique is used correctly, the results are truly remarkable. The classic texts draw an analogy between successful Pounding pulse needling and an experience

in which “the wind has swept away the clouds and the eyes have set upon a dazzling blue sky.” Often both the therapist and the patient express deep amazement.

11) *Ho* and *Sha* with *Okyu*

The application *okyu*, which has often been conducted as a kind of folk medicine, does not follow as strict a conception of *ho* and *sha* as does *hari*. *Ho* and *sha*, however, can definitely be effected through its use.

For example, *ho* technique can be carried out by lightly rolling moxa into small cones and allowing a slow and gentle heat to penetrate to the patient. *Sha* technique involves rolling harder and larger cones, which are burned quickly and conduct strong heat.

The *okyu* of skilled practitioners is conducted in coordination with the specific physical constitution and symptoms of the patient. Therefore, it is difficult to make any general statements about its use. For example, with cases involving inflammation around the nail of a finger or toe, and with swelling and abscesses, the single application of small, thread-like *okyu* is enough to obtain a *sha* effect. *Ho* technique for facial lesions can be effectively carried out through the repeated application of *okyu* at the GoKoku point.

Other *okyu* techniques include warming *okyu* (see Appendix II), blistering *okyu* that makes use of moxa cones as large as a horse’s eye, *okyu* in which certain materials are placed between the moxa and the surface of the patient’s skin, and many others. We will leave the discussion of these techniques to specialists in that field.

In closing this section on *ho sha* techniques, it is important to mention the reactions of the patient. Immediate responses to *ho* and *sha* needling vary greatly from patient to patient. By getting overconcerned with them, one can lose sight of the goals of the techniques and, thus, end up overdoing the quantity of treatment. Generally, though, when *ho* and *sha* techniques are used in correct accordance with the *akashi*, the sensation the patient receives from the needling will always be very pleasant, and the *okyu* will never be uncomfortably hot.

Also, one must keep in mind the fact that practitioners who are educated only in modern, stimulation-induced healing and are still relatively new to Meridian Therapy may not be able to obtain positive results from these fine and subtle techniques. However, “actions speak louder than words,” one must strive for correct understanding through direct experience. Repeated hands-on training is essential.

XIII

The Ho and Sha of Point Selection (Meridian Therapy's Central Doctrine)

GENERAL INTRODUCTION

Diagnosis has been completed, and the *kyo* and *jitsu* of the meridians have been identified. The next step is to select the meridian points to be used in treatment. The information needed for this purpose is obtained through comparative pulse reading based on the comprehensive application of the doctrine of *ho* and *sha*. Final selection of the meridian points is then made in a systematic way through strict adherence to the rules of treatment (Chapter XIV). Points chosen in this way are the building blocks of successful therapy. This unique process of point determination is known as “The *ho* and *sha* of point selection,” and it is considered to be the central doctrine of Meridian Therapy.

The *Suwen* and *Lingshu* focus on the *ho* and *sha* of needling technique. The *Nanjing* is the first text to apply *ho sha* and Five Phases Theory to point selection. During the Ming Dynasty, a system of point selection was finally formalized (*Shinkyu-jueihakki*) after generations of its clinical application and development. Today the sophisticated practitioners of Meridian Therapy are using this system as the foundation of their work.

1 FUNDAMENTAL HEALING AND TARGETED HEALING

Meridian Therapy is composed of two treatment systems—Fundamental Healing and Targeted Healing. Successful therapy requires that they be used in a properly integrated manner.

Depending on the specific symptoms of the patient, for example, Fundamental Healing alone may at times be sufficient; at other times, the supplemental and

emergency techniques of Targeted Healing, such as Midnight-Noon Needling, Odd Meridian Therapy, *Naso* Therapy, and Microbleeding, take priority. Decisions concerning the integration of these two systems must be based on the overall condition of the patient.

1) The Meaning of Fundamental Healing

“Fundamental Healing involves the application of *ho* and *sha* needling techniques to selected major points along meridians of the arms and legs in order to correct imbalances in the 12 meridians. This rebalancing of the meridians, which are responsible for Vital Energy, stimulates the generation of healthy *ki* from the Triple Heater and thus invigorates the patient’s physical and mental well-being. The result is an astonishing improvement in the ability to resist disease, recover from fatigue, reproduce, grow, and flourish.

The strengthening of Vital Energy is the primary goal of Meridian Therapy. The patient’s illness must be interpreted holistically in terms of imbalances in *ki* and *ketsu*, identified through the *kyo* and *jitsu* of the meridians. *Ho* and *sha* techniques are applied with *hari* and *okyu* to correct these imbalances. This process constitutes true Traditional East Asian Medicine. It is Fundamental Healing based on “rebalancing meridian *ki*” that makes Meridian Therapy a unique and outstanding medical discipline.

2) The Meaning of Targeted Healing

Targeted Healing is a system for the direct treatment of the local afflictions accompanying a patient’s illness.

The strengthening of Vital Energy through Fundamental Healing will eventually result in the removal of all the symptoms and discomforts of the patient, but certain complicated cases involving severe physical disturbances may require a long period of time to cure. Targeted Healing speeds up the process.

Because its effects are direct and immediate, patients find Targeted Healing easy to understand. In terms of the overall care of the patient and curing of disease, however, its value is far less significant than that of Fundamental Healing.

Many therapists today content themselves with the simple relief of local symptoms. With this approach, though, not only is the treatment time extended, but also the patient is likely to suffer from the repeated recurrence of the symptom or from a succession of related ailments. It, thus, becomes increasingly difficult to help the patient recover perfect health. Depending on the symptom, however, Targeted Healing alone may provide some degree of relief. Examples include the treatment of bruises, sprains, stiff shoulders from overworking, and simple fatigue. Targeted Healing is also used for dangerous or painful emergency work—the replacement of dislocations, the removal of foreign objects from the body, and the treatment of anuria, obstructed defecation, and

difficulties in giving birth are some examples. In these cases, it must be conducted before Fundamental Healing.

Targeted Healing is effectively employed as supplemental therapy in our Association through Midnight-Noon Needling, Odd Meridian Therapy, *Naso* Treatment, and Microbleeding (see Chapter XVIII). Other highly effective Targeted Healing practices include needling and moxa application to meridian points that are traditionally attributed with special healing capacities. For instance, *okyu* is applied at the *UraNaiTei* point for the effective treatment of poisoning, at the *SanInKo* point for difficulties in giving birth, at the *GoKoku* point for facial lesions, at the *SanRi* point of the arm and the *KenGu* point for skin ailments, and at the *HyakuE* point for hemorrhoids. The *RyoKyu* point is needled for acute abdominal pain, the points between the fingers of the hands and feet for high fever, and the *IYo* and *EYo* points for anuria. In the end, however, techniques involving these points are successful only when used within correctly integrated Meridian Therapy. Regardless of how well the Targeted Healing is applied, its effects will be temporary and the patient's overall recuperation poor if the Fundamental Healing is not conducted properly.

Also, Targeted Healing must be adapted to the part of the body that is being treated, since the eyes, nose, ears, shoulders, lower back, abdomen, Frontal and Rear Yin, and so forth all manifest unique symptoms.

2 TREATMENT SITES AND MERIDIAN POINTS

1) The Meaning of Meridian Points

Among the many *hari* practitioners, there are some who conduct effective therapy without any concern for meridians and meridian points. They may claim that meridians and meridian points have no value, but the fact is that the development of healing skills based only on instinct and experience—the way of the great but isolated masters—is a long and difficult process. Having no clear theoretical structure or treatment system, these masters are also unable to pass on their skills to others.

By contrast, our knowledge concerning meridians and meridian points is the culmination of thousands of years of trial-and-error clinical work within traditions initiated and developed by our great ancestors; it forms a well-ordered system unified through *Zo Fu* Meridian Theory. Meridian Therapy is a sophisticated medical science based on this knowledge. Its teachings have been passed from generation to generation and are capable of infinite development and expansion.

Clinicians may say that they do not believe in meridian points or do not use them in treating patients, but meridians control the entire body and carry *ki* and *ketsu* to every part of it. From the standpoint of Meridian Theory, therefore, any patient who is healed

is done so through the manipulation of the meridians, whether or not the clinician is aware of it. Some of these clinicians may actually be practicing, by virtue of their long years of experience, a form of healing similar to that based on *akashi* and Meridian Theory.

Even practitioners of Modern Acupuncture make frequent use of such points as TenChu, FuChi, GoKoku, ChuKan, and SanRi (Stomach Meridian). This proves just how difficult it is to ignore the reality of meridians and meridian points.

At the same time, however, merely needling a certain point according to a predefined location and function does not constitute the proper utilization of meridian points. The location of true meridian points depends on the reactions they exhibit to changes taking place in the meridians, and their correct selection requires a knowledge of their capacities to produce *ho* and *sha* effects.

Historically, the location of meridian points was conducted according to sites of pain or discomfort. In other words, points were located completely in terms of the reaction of the patient. The therapist rubbed and pressed different areas, looking for points of sensitivity, while the patient responded with "Ah...yes...that's it, ah...that's the one." However, with this primitive system of point location—the location of so-called "Ah...that's it" points—each treatment was relatively painful and of long duration.

But human beings are inventive, and therapists have strived to develop a system with which the best possible results could be obtained using the least number of points. Ongoing efforts to gather and analyze information from hands-on clinical work gradually led to the disclosure of the most effective point locations. The meridians and meridian points we use today, the end products of this process, are the invaluable cultural legacy of our great ancestors, derived from generation after generation of trial-and-error work with countless numbers of patients. (Those few master therapists who discourse on the uselessness of meridian points, on the other hand, only speak from their own meager 30 or 40 years of experience.)

One first begins to understand the real value of meridian points when one uses them as part of a therapeutic system in which "Illness is interpreted holistically in terms of imbalances in *ki* and *ketsu* that are identified through the *kyo* and *jitsu* of the meridians and treated with *ho* and *sha* techniques." Through this understanding, the best results can be obtained with the least number of points.

2) The Location of "Living and Functioning Meridian Points"

Traditional East Asian Medicine views the human being as a microcosm of the universe and recognizes in the body 12 meridians and 365 meridian points—as many points as there are days in the year. Listing of the names and numbers of points, however, vary among the Classics. There are also different points with the same names as well as different names for the same points. These variations create difficulties for the

beginning student, but they are indications that this style of medicine covers the vast geographic expanse of East Asia as well as three-thousand years of history. In Meridian Therapy, we take the *Jushikeihakki*, which lists 354 meridian points, as our standard (see Part II, Section 1 for the positions and methods of location of the major meridian points).

Most texts define point location according to the position of anatomical protrusions and depressions, muscles, blood vessels, skin color, and so forth. The function of these definitions, however, is only to aid the clinician in making first approximations. As for the final location of meridian points, we have the famous words of the master Goto Konzan of the early *Edo* period who said, "It is not the meridian point that makes the therapy work; it is the therapist who makes the meridian point work." Sawada Ken taught that there are "living and functioning" meridian points as well as "dead" ones destined to be functionless, and successful therapy depends on the ability to distinguish between the two.

Despite these teachings, many therapists determine needling sites by following the measurement instructions of point texts rather than by locating them in terms of the sensations that characterize the patient's illness. Real meridians and meridian points are normally dormant, and they appear as expressions of disturbances in the meridians at locations related to the particular meridian involved.

As mentioned repeatedly, East Asian Medicine evolved over a great period of time and over a vast geographic area. Symptoms also vary greatly due to differences in environmental conditions. In addition, each patient must be recognized and treated as a unique individual. Because of these factors, classical point texts and measurement systems unified and reorganized for general use cannot possibly be of practical help in our contemporary clinics.

In *Meridian Therapy*, we take the basic descriptions of the meridian point locations only as standards, and we make final decisions by hand. The fingers must be trained to read and interpret meridian phenomena in terms of disturbances in vitality. As explained in Chapter VIII, Meridian Therapy is a therapeutic system that adheres strictly to the principle that treatment must be conducted in accordance with the *akashi* of the individual patient. In hands-on clinical work, this means locating and treating "living and functioning" meridian points. These are the aspects of Traditional *Hari* that make individualized healing possible.

The disturbances in vitality that the senses, especially the fingers, must be trained to recognize can be categorized into *jitsu* and *kyo*. *Jitsu* sensations include the patient's expression of pain upon pressure, redness, tension, hardness, oversensitivity, and knotting of the tissue. *Kyo* sensations include depressions, flaccidity, insensitivity due to Stagnated Blood, and local palpitations. An experienced clinician can immediately read and decipher these sensations and has no need for any kind of measurement system.

The members of our Association similarly focus their time and energy on clinical work, knowing very well that “meridians and meridian points must be learned hands-on, through the treatment of disease.”

3) The Classification of Meridian Points

The meridian points described in the *Jushikeihakki* can be divided into Five Phases points, Five Primary points, other Primary points, and general points.

i) Five Phases Points

The Five Phases points, sometimes referred to as the Five Well points, are the most important points for Fundamental Healing. Each meridian has five of these points, and they are located for the most part below the elbow on the arms and below the knee on the legs. They begin at the tips of the fingers and toes, and run in order from Wood to Fire to Earth to Metal to Water in the Yin meridians, and from Metal to Water to Wood to Fire to Earth in the Yang meridians. When spoken of in terms of Well points, they are known as the Well, Gushing, Transporting, Traversing, and Uniting points. They can be organized as shown in the following chart.

As the chart indicates, the names of the five points are made by combining the Five Phases point names, the Well point name, and the regular point name. The points of the Liver Meridian, for example, are called the Wood (Well) TaiTon point, the Fire (Gushing) KoKan point, the Earth (Transporting) TaiSho point, the Metal (Traversing) ChuHo point, and the Water (Uniting) KyokuSen point. The other Yin meridians follow the same pattern.

In the Yang meridians, the order of the Five Phases is Metal, Water, Wood, Fire, and Earth. The points of the Gall Bladder Meridian, for example, are the Metal (Well) KyoIn point, the Water (Gushing) KyoKei point, the Wood (Transporting) RinKyu point, the Fire (Traversing) YoHo point, and the Earth (Uniting) YoRyoSen point. The other Yang meridians follow the same pattern.

Each Five Phases point has two properties, one related to its Phase and the other related to particular symptoms of illness. The use of the Five Phases points in terms of these properties, however, is restricted predominantly to the Yin meridians in accordance with the principle, “Yin leads, Yang follows.”

Five Phases

Each of the five points carries the property of the Phase to which it belongs. For instance, although the Lung Meridian is of the Metal Phase, the individual Five Phases points of the Lung Meridian maintain their own Wood, Fire, Earth, Metal, and Water character-

istics. The two points ShoSho and GyoSai of the Lung Meridian are in *sokoku* relationship to the meridian. The ShoSho point is of the Wood Phase, and its *ki* is inhibited by the Metal *Ki* of the meridian. The GyoSai point is of the Fire Phase, and its *ki* is an inhibitor of the meridian *ki*. The DaiEn point and ShakuTaku point are in a *soshō* or Mother-Child relationship to the Lung Meridian. The DaiEn point is of the Earth Phase and is, therefore, the Mother point of the meridian, while the ShakuTaku point is of the Water Phase and is, therefore, the Child point of the meridian. The KeiKyo point is of the Metal Phase, bearing the same *ki* as the meridian.

These relationships are of critical importance to the functioning of the points and form the basis for *ho* and *sha* point selection. When applying *ho* technique to the Lung Meridian, for example, the Mother point DaiEn is used according to the principle, "When *kyo*, apply *ho* needling to the Mother." When applying *sha* technique to the meridian, the Child point ShakuTaku is used according to the principle: "When *Jitsu*, apply *sha* needling to the Child." When the intention is to apply *ho* and *sha* techniques to the Lung Meridian without influencing the other meridians, then the KeiKyo Metal point is used.

The usage of *sokoku* points is complicated in that the *ki* of the point and the *ki* of the meridian inhibit each other. If, for example, it is necessary to obtain a *sha* effect without applying the *sha* technique to the meridian, one can apply *ho* technique to a *sokoku* point of the meridian. In the same way, the application of a *sha* technique to a *sokoku* point will deliver a *ho* effect to the meridian.

Symptoms

A particular set of symptoms is associated with each of the Five Phases points.

The relationships between the points and their characteristic symptoms are described by analogies between the movement of *ki ketsu* and the natural course of water. The Wood point represents a Well, the place from which the flow of water begins. The Fire point represents a Gushing, the place from which the water gushes forth and collects. The Earth point represents a Transporting, the place where the water begins to carry itself forward. The Metal point represents a Traversing, the place where the water is in full movement. The Water point represents a Uniting, the place into which all the waters gather together. In the Yang meridians, the "Source" point is also spoken of as the place past where there is an endless flow of water.

The symptoms associated with the Liver-Wood Well point involve bloating of the epigastrium caused by excessive tension in the solar plexus. This tension is built up through efforts to endure pain or discomfort caused by dizziness, spasms, and the like. The Heart-Fire Gushing point is affiliated with symptoms of fever—subjective, objective, or local fever. The overall pulse type will usually be Rapid. The symptoms of the Spleen-Earth Transporting point involve heaviness of the body and pain in the joints,

and include fatigue, edema, lethargy, and weight problems. The Lung-Metal Traversing point symptoms are predominantly coughs, chills, and fevers. They include, however, all breathing difficulties affiliated with respiratory ailments and asthma. The Kidney-Water Uniting point is associated with a condition known as “cold feet and hot head with loss of body fluids.” Symptoms may include light-headedness, stiff shoulders, a throbbing headache, and increased blood pressure. “Loss of body fluids” means increased (or sometimes decreased) urination and defecation, sweating, loss of water through tears, and loss of blood through vomiting or stools. Finally, the “Source” point is considered to be the meridian’s representative point.

Let’s take as an example a Lung-Kyo Akashi patient with respiratory problems. If the symptoms include a sore throat, swollen tonsils, and a sharp, rising pain in the epigastrium, then effective treatment requires application of *sha* needling—and sometimes Microbleeding—to the Wood (Well) ShoSho point that is in *sokoku* relationship to the meridian. In the case of high fever, effective treatment is conducted by applying *sha* needling to the other *sokoku* point, the Fire (Gushing) GyoSai point. If the predominant symptoms are lack of appetite, heaviness of the body, and fatigue, healing can be effected by applying *ho* technique to the Mother point, which is the Earth (Transporting) DaiEn point. With coughing and alternating chills and fever, *ho* needling is applied to the Metal (Traversing) KeiKyo point that is of the same Phase as the meridian. When light-headedness is accompanied by cold feet, stiff neck, and diarrhea, the Water (Uniting) ShakuTaku point, which is the Child point, is used. The logic behind the selection of these points is evident.

As the above examples illustrate, it is important to use the Five Phases points in coordination with the symptoms of illness. This must be done, however, without violating the principles of Five Phases theory.

ii) Five Primary Points

Each of the twelve meridians contains Five Primary points, known as the “Source,” “Crevice,” “Connecting,” “Front-associated,” and “Rear-associated” points.

The “Source,” “Crevice,” and “Connecting” points are located below the elbow on the arms and below the knee on the legs. The “Front-associated” points are located primarily in the abdominal region and the “Rear-associated” points are found in the upper and lower back. In the Yin meridians, the “Source” point and the Earth (Transporting) point of the Five Phases points share a single location.

The Five Primary points can be organized in the following way (see Part II, Section 1 for positions and methods of location):

It is important to understand the meaning and special characteristics associated with each of the Five Primary points and to apply them to treatment accordingly:

"Source" Points

It is written in the classic texts that all disturbances of the 12 meridians manifest themselves through the "Source" points. These points are strongly associated with the flow of the healthy *ki* produced from the Triple Heater and are, therefore, of critical importance to the body's natural healing capabilities. *Ho* and *sha* needling of these points, as well as the application of *okyu*, tends to be very effective, and the "Source" points are frequently treated.

"Crevice" Points

The written character means "fissure" or "gap," and the points represent places within the body's tissues in which *ki* and *ketsu* become clogged or stuck during illness. Stiffness, bumps, and Stagnated Blood often appear at these points, to which the application of *ho sha* needling and Microbleeding is very effective. They can be used whenever they manifest signs of illness, though they are most often employed in the treatment of acute and traumatic conditions. It is important to select the particular "Crevice" point belonging to the meridian that is responsible for the symptoms involved. The following provide some examples:

KoSai (Lung Meridian)—Blood loss from the respiratory tract, hemorrhoid pain, severe coughing

SuiSen (Kidney Meridian)—Menstrual problems, prolapse of the uterus

ChuTo (Liver Meridian)—Uterine bleeding, sharp abdominal pain

InGeki (Heart Meridian)—Heart pain, epilepsy

ChiKi (Spleen Meridian)—Acute colitis, edema

GekiMon (Heart Constrictor)—Heart disease, intercostal neuralgia, nervous accelerated heartbeat

OnRu (Large Intestine Meridian)—Cold, hemorrhoidal bleeding, appendicitis

KimMon (Bladder Meridian)—Leg cramps, convulsions in children, high fever

GaiKyu (Gall Bladder Meridian)—Epilepsy, pain along the side of the body, acute lower back pain

YoRo (Small Intestine Meridian)—Dizziness, ringing in the ears

RyoKyu (Stomach Meridian)—Abdominal pain, stomach convulsions, gastritis

ESo (Triple Heater Meridian)—Appendicitis, heart pain, fever

The "Crevice" points can be used effectively to treat other acute and traumatic conditions whenever the points exhibit signs of illness.

“Connecting” Points

These points are located at places where branch meridians split from main meridians. In *Lectures on Meridian Therapy*, it is written, “When there is an excess of meridian *ki*, the “Connecting” points exhibit sensitivity to pressure, hardening, and swelling; when the meridians are weak, the points become depressed and flaccid. They are important, therefore, for differentiating the *kyo* and *jitsu* of the meridians.” In contrast to the “Crevice” points, which are used to treat acute and traumatic conditions, the “Connecting” points are primarily used to treat chronic disease.

“Front-associated” Points

The written character comes from the word that means to “recruit” or “collect,” and these points represent places where large amounts of meridian *ki* gather. The front of the body is Yin, and the back is Yang. However, since “Yang diseases move to Yin areas,” these points, although located in the abdominal region, will manifest signs such as stiffness and bumps during Yang illnesses involving acute fever, pain, swelling, and so forth. Treatment with the “Front-associated” points in these cases will be highly effective.

Some of the “Front-associated” points are located on the meridian to which they belong, and some are points located on other meridians. Most of them, however, are located in positions through which several meridians pass.

“Rear-associated” Points

The written character makes up part of the word that means “to heal;” these points are located in places that cure disease. Although found along the back, which is Yang, these points become active—exhibiting hardness, sensitivity to pain, and so forth—during the appearance of Yin-type, chronic illness, according to the principle, “Yin diseases move to Yang areas.” The application of *okyu* at these points is also very effective.

The “Rear-associated” points also represent the positions of the Inner Organs, as these Organs are traditionally understood in East Asian Medicine (see Chapter V). For example, the Lung is situated at the third vertebra and the Kidney at the 14th vertebra; 1.5 *sunn* to either side of the third vertebra we find the Lung “Rear-associated” point (HaiYu), and 1.5 *sunn* to either side of the 14th vertebra is the Kidney “Rear-associated” point (JinYu). These points are not only sites for the diagnosis of the Organs with which they are associated but are also foci for treatment of the Organs.

iii) Other Primary Points

Three types of Primary points are not affiliated with particular meridians.

First, there are the eight "Meeting" points. These points have an especially strong influence on the particular aspect of the body with which they are associated.

ShoMon is the *zo* "Meeting" point (associated with diseases of five *zo*).

ChuKan is the *fu* "Meeting" point (associated with diseases of six *fu*).

KakuYu is the *ketsu* "Meeting" point (associated with diseases involving a lack of *ketsu*, conditions in which blood rises and accumulates in the upper half of the body, and circulatory problems in women).

DanChu is the *ki* "Meeting" point (associated with diseases of the *ki*, palpitations, and heart pain).

DaiJo is the bone "Meeting" point (associated with diseases of the bones).

YoHo is the marrow "Meeting" point (associated with diseases of the bone marrow).

YoRyoSen is the tendon "Meeting" point (associated with diseases involving flaccidity, swelling, and pain of the tendons and ligaments).

DaiEn is the blood vessel or pulse "Meeting" point (associated with diseases involving disturbances in the pulse).

A second group of Primary points not affiliated with specific meridians are the four "Controlling" points. The SanRi point on the leg controls the abdominal region; the IChu point controls the upper and lower back; the Rekketsu point controls the head and back of the neck; and the GoKoku point controls the facial region.

The last group of Primary points are those that family and folk traditions have popularized. Special techniques are required to locate them, and their proper employment comes only with experience, for example, *Shikakammon*, *Kichikuba*, *Chikujyo*, *Sekihai*-five points, *Kakke*-eight points.

iv) General Points

In addition to the Five Phases points and the various Primary points, certain of the ordinary meridian points are commonly used for Targeted Healing in Meridian Therapy. These are selected with respect to the courses of the meridians and the type and location of symptoms.

The most important of these general points are:

Head region—HyakuE, ZuI, TenChu, FuChi, AMon

Facial region—InDo, SeiMei, DoShiRyo, ShiHaku, DaiGei, GeiKo, KyoSha

Neck region—JinGei, FuTotsu, TenTotsu

Shoulder region—DaiTsui, KetsuBon, KenSei, KyokuEn, HeiFu, KenGu, TenSo
 Upper and lower back—KoKo, ShinChu, KakuYu, MeiMon, YoYu, YoKan, ShiShitsu, KanCho, DenAtsu
 Chest and abdomen—KyuBi, SuiBun, KiKai, Kyokkotsu, FuYo, FukuAi, KiSho
 Arm region—SanRi, ShiToku
 Leg region—ImMon, IYo, ShoZan, SanInKo, ShimMyaku, UraNaiTei

Though the points employed in Targeted Healing are often highly effective in and of themselves, it is always of the utmost importance that they be used within the framework of Meridian Theory. A therapeutic system pieced together by combining the points used for Fundamental Healing with various popular and especially effective points used for treating local symptoms does not constitute proper Meridian Therapy.

For example, it is known that the GoKoku point is very effective in the treatment of facial lesions. In selecting it for usage, however, one must first understand that skin afflictions are associated with the Lung and Large Intestine Metal Meridians, and then one should check this particular point to see if it is exhibiting any reaction. If the OnRu or KyokuChi points should prove to be the more reactive, they must be used instead of the GoKoku point. If abscess or swelling were to appear along the Stomach Meridian in the chest region, or if the *akashi* were Spleen-Kyo, then the SanRi point on the leg would be the most effective.

Another example involves points such as OnRu, KyokuChi, ESo, and RamBi that, although often selected to treat appendicitis, must be used in accordance with the character of the particular meridian to which they belong and with the condition of the patient's body around the afflicted area. One must also take into consideration the overall *kyo* and *jitsu* of the body during healing to be sure not to overdo the quantity of treatment.

Point selection in Meridian Therapy means reading the pulse and determining the relationship between the patient's condition and the disturbances of the 12 meridians, and then examining by hand the reactions manifested around the site of the affliction. From this standpoint, it can be understood that there are no singly effective "miracle points" in Meridian Therapy, but that, through a selection process based on the patient's *akashi* and overall condition, each one that is used becomes a "miracle point."

Chart 9: Five Phases Points**(Yin Meridian)**

	Well	Gushing	Transporting	Traversing	Uniting
	Wood	Fire	Earth	Metal	Water
Liver	TaiTon	KoKan	TaiSho	ChuHo	KyokuSen
Heart	ShoSho	ShoFu	ShimMon	ReiDo	ShoKai
Spleen	ImPaku	TaiTo	TaiHaku	ShoKyu	InRyoSen
Lung	ShoSho	GyoSai	DaiEn	KeiKyo	ShakuTaku
Kidney	YuSen	NenKoku	TaiKei	FukuRyu	InKoku
Heart Constictor	ChuSho	RoKyu	TaiRyo	KanShi	KyokuTaku

(Yang Meridian)

	Well	Gushing	Transporting	Traversing	Uniting
	Wood	Fire	Earth	Metal	Water
Gall Bladder	KyoIn	KyoKei	RinKyu	Yoho	YoRyoSen
Small Intestine	ShoTaku	ZenKoku	GoKei	YoKoku	ShoKai
Stomach	ReiDa	NaiTei	KanKoku	KaiKei	SanRi
Large Intestine	ShoYo	JiKan	SanKan	YoKei	KyokuChi
Bladder	ShiIn	TsuKoku	Sokkotsu	KonRon	Ichu
Triple Heater	KanSho	EkiMon	ChuCho	ShiKo	TenSei

Chart 10: Five Primary Points

	Source	Crevice	Connecting	Front-associated	Rear-associated
Liver	TaiSho	ChuTo	ReiKo	KiMon	KanYu
Heart	ShimMon	InGeki	TsuRi	KoKetsu	ShinYu
Spleen	TaiHaku	ChiKi	KoSon	ShoMon	HiYu
Lung	DaiEn	KoSai	Rekketsu	ChuFu	HaiYu
Kidney	TaiKei	SuiSen	TaiSho	KeiMon	JinYu
Heart Constrictor	TaiRyo	GekiMon	NaiKan	(DanChu)	KetchinYu
Gall Bladder	KyuKyo	GaiKyu	KoMyo	JitsuGetsu	TanYu
Small Intestine	WanKotsu	YoRo	ShiSei	KanGen	ShoChoYu
Stomach	ShoYo	RyoKyu	HoRyu	ChuKan	IYu
Large Intestine	GoKoku	OnRu	HenReki	TenSu	DaiChoYu
Bladder	KeiKotsu	KimMon	HiYo	ChuKyoku	BoKoYu
Triple Heater	YoChi	ESo	GaiKan	SekiMon	SanShoYu

XIV

Rules of Treatment: The 69th and 75th Sections of the Nanjing

GENERAL INTRODUCTION

The *Nanjing* was written toward the end of the Zhou Dynasty, in the period of the Spring and Autumn Warring States. Theories about the identity of the author, who is popularly known as Henjaku in Japanese, abound. Some theories conjecture that he lived in the fourth or fifth century B.C., at which time he was supposed to have been treating a well known member of the ruling family of the Qi Kingdom (Kanko). Other theories, based on the supposition that the contents of the *Nanjing* postdate the *Suwen* and *Lingshu*, place him in the second or third century B.C. Some scholars propose that the name refers to two generations of Henjaku, or that a Henjaku never even existed.

The *Nanjing*, the *Suwen*, and the *Lingshu* together comprise the three major classic texts of Meridian Therapy. Among the three, the *Nanjing* is considered to be of greatest value in hands-on clinical work. It is sometimes referred to as the Classic of *Hari*.

The *Nanjing* is composed of 81 sections. “Jing” of *Nanjing* means “classic text.” “Nan” is a character that makes up part of the word that means “difficult;” in this case it conveys the image of a person making a series of inquiries to another person concerning a subject of great complexity.

Meridian Therapy is a practical and logically ordered system of therapy due to its strict adherence to rules of treatment. These rules, found in the 69th and 75th sections of the *Nanjing*, will be discussed in this chapter. The rules of the 69th section describe fundamental concepts; the rules of the 75th section focus on special cases involving *jitsu akashi*.

1 RULES OF THE 69TH SECTION OF THE *NANJING*

The original text of the 69th section reads as follows: “Here we will discuss the 69th problem. In the ancient books it is written that *ho* needling must be applied to *kyo* conditions, *sha* needling to *jitsu* conditions, and when there is neither *kyo* nor *jitsu* the Yin/Yang meridian pair associated with the illness must be found and treated directly. What is the meaning of this? The ancient books are explaining that the treatment of a *kyo* meridian calls for *ho* needling of its Mother and the treatment of a *jitsu* meridian calls for *sha* needling of its Child. In these cases, the *ho* needling must be applied before the *sha* needling. When an illness involves only a single Yin/Yang meridian pair, however, the Mother and Child are not treated; the specific meridian pair associated with the illness must be found and treated directly.”

The main tenets of these writings can be organized as follows:

- 1) When *kyo*, apply *ho* needling to the Mother (Rule 1).
- 2) When *jitsu*, apply *sha* needling to the Child (Rule 2).
- 3) When using both *ho* and *sha* needling, first apply *ho* to replenish the healthy *ki* and apply *sha* afterwards to rid the body of the disease-related disturbances (Rule 3).
- 4) When illness involves only a single Yin/Yang meridian pair, apply *ho* and *sha* needling directly to that meridian pair without concern for meridians of the *sosho* (Mother-Child) or *sokoku* relationship (Rule 4).

These principles constitute the four unchanging, fundamental rules of *ho sha* treatment. In the clinic, they work precisely as they are described. The *Lingshu* states, “This is what we must understand as ‘Law’ and pass as such to future generations.”

These rules can best be illustrated by an actual example. Let’s take the case of a Lung-*Kyo Akashi* patient who has a cold, with *jitsu* disturbances in the Large Intestine Meridian that give rise to symptoms of coughing, fever, sore throat, and a runny nose. Treating this as an illness of the Lung and Large Intestine Meridians, *ho* needling is first applied to the DaiEn “Source” point or the KeiKyo Metal point of the meridian (Rule 1). *Sha* needling is then applied to the Large Intestine Meridian at, for instance, its GoKoku “Source” point, OnRu “Crevice” point, or HenReki “Connecting” point. Needling can also be applied to the Lung “Rear-associated” (HaiYu) or “Front-associated” (ChuFu) point, or to the Large Intestine “Rear-associated” (DaiChoYu) or “Front-associated” (TenSu) point, depending on the particular reactions manifested at these points.

In cases such as this, in which the root of the illness is considered to be located in only one meridian pair, the points used in treatment are predominantly the “Source” point, the Five Phases point that is the same Phase as the meridian, the “Crevice” point, the “Connecting” point, the “Rear-associated” point, and the “Front-associated” point

of the meridian. It is not necessary to use points involving other meridians (Rule 4).

When *sha* needling is also used, it is applied after *ho* needling (Rule 3). In this case, should the *jitsu* disturbances of the Large Intestine Meridian move into the Bladder Meridian, symptoms such as stiff shoulders, stiff neck, and headache will appear and *sha* needling of this meridian will also become necessary. To treat these *jitsu* disturbances, the first points used are the Metal (Well) ShiIn point or Water (Gushing) TsuKoku point of the Bladder Meridian, which acts as the Child Meridian of the Mother-Child relationship. Then the Child point of the Large Intestine Meridian, which is the Water (Gushing) JiKan point, is used (Rule 2).

If the condition of this patient had been worse, with a *jitsu* pulse appearing in the Liver Meridian and suppressing the Earth-Spleen Meridian, then the pulse *akashi* would show *kyo* of the Lung and Spleen Meridians and *jitsu* of the Liver Meridian. In this state of illness, it is not uncommon for the *Jitsu* disturbances of the Large Intestine Meridian to disappear. In addition to coughing and fever, symptoms in these cases may include those of the Liver Meridian such as chest pain, headache, and dizziness, and those of the Spleen Meridian such as lack of appetite, fatigue, and emaciation.

Point selection in this case is made as follows:

Ho Needling

1) Lung Meridian: *Ho* needling is applied to the Earth (Transporting) “Source” point, DaiEn, which is the Mother point (Rule 1).

2) Spleen Meridian: The Spleen Meridian is acting as the Mother meridian. *Ho* needling is thus applied to either the Earth (Transporting) “Source” point, which is TaiHaku, or the Metal (Traversing) ShoKyu point (Rule 1). Note, however, that when the predominant symptoms are coughing, chills, and fever, the ShoKyu point must be used, along with the KeiKyo point of the Lung Meridian. When the main symptoms are emaciation and lack of appetite, then the TaiHaku point is used with the DaiEn point of the Lung Meridian.

One may wonder why *ho* needling of the Spleen Meridian is not applied to the Mother point of the meridian, which is the Fire (Gushing) TaiTo point. The reason is clear. The *akashi* in this case is Lung (Metal)-*Kyo*. Therefore, points and meridians of the Fire Phase cannot be used for *ho* needling. The Fire Phase is in *sokoku* relationship to the Metal Phase (Fire inhibits Metal) and strengthening the Fire *Ki* would hinder the healing process.

Point selection for *ho* needling of the Spleen Meridian is thus carried out in terms of its role as the Mother of the Lung *Akashi* Meridian. Selection of points for *ho* needling of the Yang meridians, however, must be considered separately.

Sha Needling

3) Liver Meridian: In general, *sha* needling is not applied to the Yin meridians. Especially in cases like this one in which the patient is weak and there is a lack of healthy *ki* and *ketsu*, the *jitsu* of the Liver Meridian is dealt with through the application of *ho* needling to the Yang meridians or to points that are in *sokoku* relationship to the Liver Meridian. This is known as Transfer-type *sha* technique (see Chapter XII).

Concerning point selection, one must consider that the pulse is *jitsu* in the Liver and Heart Meridians, and *kyo* in the corresponding Yang meridians (Gall Bladder and Small Intestine). The typical pattern in such cases is *kyo* in the Lung and Spleen Meridians with somewhat strong pulses in the corresponding Large Intestine and Stomach Meridians, and *jitsu* in the Liver and Heart Meridians with *kyo* in the corresponding Gall Bladder and Small Intestine Meridians (see page 110, Figure 5). Therefore, one deals with the *jitsu* of the Liver and Heart Meridians by applying *ho* needling to the Gall Bladder and Small Intestine Meridians. The points used are the Gall Bladder Meridian's Fire (Traversing) YoHo point and the Small Intestine Meridian's Wood (Transporting) GoKei point.

These points are selected because the Liver and Heart Meridians are in *sokoku* relationship to the Lung-Metal *Akashi* Meridian. In the case of a normally strong patient, the Liver *Jitsu* would call for *sha* needling of the Fire point of the Liver Meridian and the Wood point of the Heart Meridian. The condition of the patient in this case, however, is weak. It is therefore not possible to apply *sha* needling to the Yin meridians. Instead, the Yin/Yang relationship makes it possible to achieve the same effect by conducting treatment via the Yang meridians through the application of *ho* needling to the Fire point of the Gall Bladder Meridian and the Wood point of the Small Intestine Meridian. Depending on the nature of the illness, though, it may be necessary to use "Connecting" points or "Crevice" points instead of Five Phases points (Chapter XIII).

A *sha* effect can also be achieved through the application of *ho* needling to points on the Liver and Heart Constrictor (a substitute for the Heart) Meridians that are in *sokoku* relationship to their respective meridians. Thus, in this case, one would use the Earth (Transporting) TaiSho "Source" point or the Metal (Traversing) ChuHo point of the Liver Meridian and the Metal (Traversing) KanShi point of the Heart Constrictor Meridian. The specific needling technique requires the application of *ho* needling followed by needle withdrawal in which the needling aperture is left open to allow some degree of *ki* to escape.

Contrarily, when using *sha* needling to achieve a *ho* effect, the standard *sha* technique is applied, but it is followed by needle withdrawal in which the needling

aperture is firmly shut to prevent the leakage of *ki*. *Sha* needling through Microbleeding may be called for in some cases to rebalance *ki* and *ketsu* by ridding the body of Stagnated Blood (see Chapter XVIII).

Sha needling of the Stomach and Large Intestine Meridians would usually be conducted at the "Connecting" or "Crevice" points. If one chooses to use Five Phases points instead, the Metal (Well) ReiDa point of the Stomach Meridian and the Earth (Uniting) KyokuChi point of the Large Intestine Meridian are selected.

The patient may also complain strongly of other symptoms involving Liver-Wood such as chest pain or dizziness. In these cases treatment should begin with the Wood (Well) TaiTon point which is of the same Phase as the meridian and is affiliated with bloated epigastrium and dizziness. Techniques would include *okyu*, needling in which the needle is left in place for an extended period of time, and Microbleeding.

If the patient is strongly affected by symptoms involving *jitsu* disturbances of the Large Intestine Meridian such as sore throat or running nose, treatment should begin with *okyu* techniques at the DaiTsui, Stomach SanRi, KyokuChi, or GoKoku points.

Note:

Our goal here is to understand how the 69th section of the *Nanjing* is applied to clinical work. In order to make this as simple as possible, the above case was first described in terms of illness involving one meridian pair, followed by a discussion involving two meridian pairs, and then *Sokoku* Control.

These discussions, however, were chosen to illustrate fundamental theory. One rarely encounters cases such as these in actual clinical work, where complex illnesses, involving disturbances of the *akashi* meridian as well as the *sokoku* meridian, are more common. These types of illnesses will be discussed in detail in the following chapter, entitled "Rules of Treatment for *Sokoku* Control."

2 RULES OF THE 75TH SECTION OF THE NANJING

The 69th section of the *Nanjing* describes rules for the treatment of ordinary patients. Certain difficult conditions, especially acute illnesses with *jitsu akashi*, cannot be treated according to these rules. These conditions often respond exceptionally well, however, to treatment according to the 75th section of the *Nanjing*.

The original text of the 75th section reads as follows: "Here we will discuss the 75th problem. In the ancient books it is written that, when there is *jitsu* in the East and *kyo* in the West, one must apply *sha* in the South and *ho* in the North. What is the meaning of this? The ancient books are explaining that...the East, which is Wood, is *jitsu*. This means, as I am sure you realize, that the Liver is *jitsu*. The West, which is Metal, is *kyo*.

This means, as you well know, that the Lung is *kyo*. The South, Fire, is the Child of the Liver, and the North, Water, is the Mother of the Liver. A strong Child creates *jitsu* in its Mother while a strong Mother creates *kyo* in its Child, and Water inhibits Fire. Therefore, applying *sha* to Fire and *ho* to Water will strengthen Metal and correct the disturbances in Wood. The ancient books are explaining; it is the *kyo* that must be rectified, otherwise it is of no use to continue."

This passage can be understood as follows. When Lung-Metal is *kyo* and Liver-Wood is *jitsu*, *sha* is applied to Heart-Fire and *ho* is applied to Kidney-Water, because the root of the problem is the *jitsu* disturbance of the Heart Meridian. The strong Heart-Fire *Ki* is inhibiting the *ki* of the Lung-Metal, causing the Liver Meridian to become *jitsu*. Therefore, one begins with *sha* needling to correct the *jitsu* disturbance of the Heart Meridian. Then, taking advantage of the fact that Water inhibits Fire, *ho* needling is applied to the Kidney Meridian. Through this process the Lung-Metal that is rescued from the *jitsu* of Heart-Fire can easily regain balance with the Liver-Wood and correct the *jitsu* disturbance there.

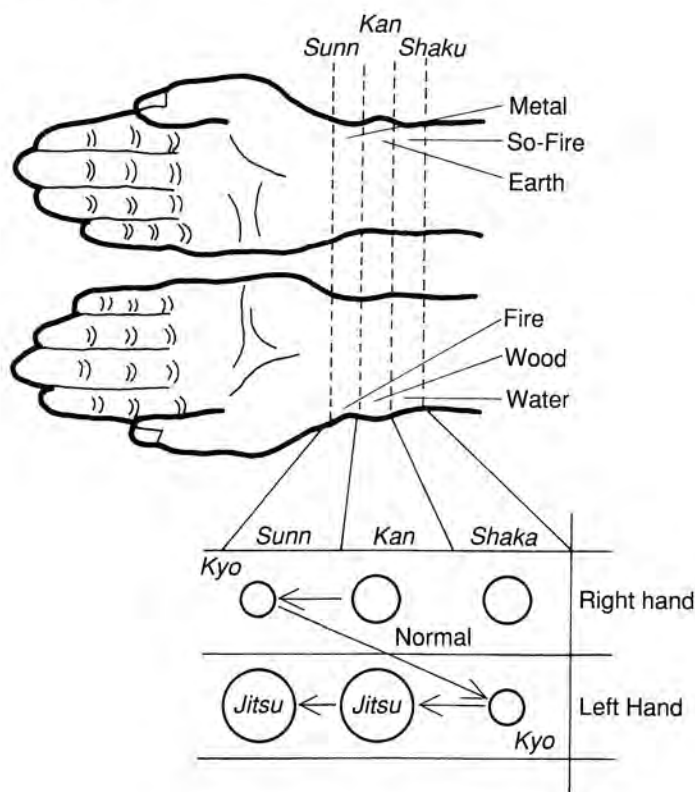
"... a strong Child creates *jitsu* in its Mother:" Heart-Fire is the Child of Liver-Wood. The *jitsu* of the Heart Meridian, in inhibiting the *ki* of the Lung Meridian, permits the Liver Meridian, its Mother, to become *jitsu*.

"... a strong Mother creates *kyo* in its Child:" Kidney-Water is the Mother of Liver-Wood. *Ho* needling of the Kidney Meridian strengthens the Kidney *Ki*, which then inhibits the *ki* of the Heart Meridian. This releases the inhibited Lung *Ki*, which can then control the *jitsu* of the Liver Meridian.

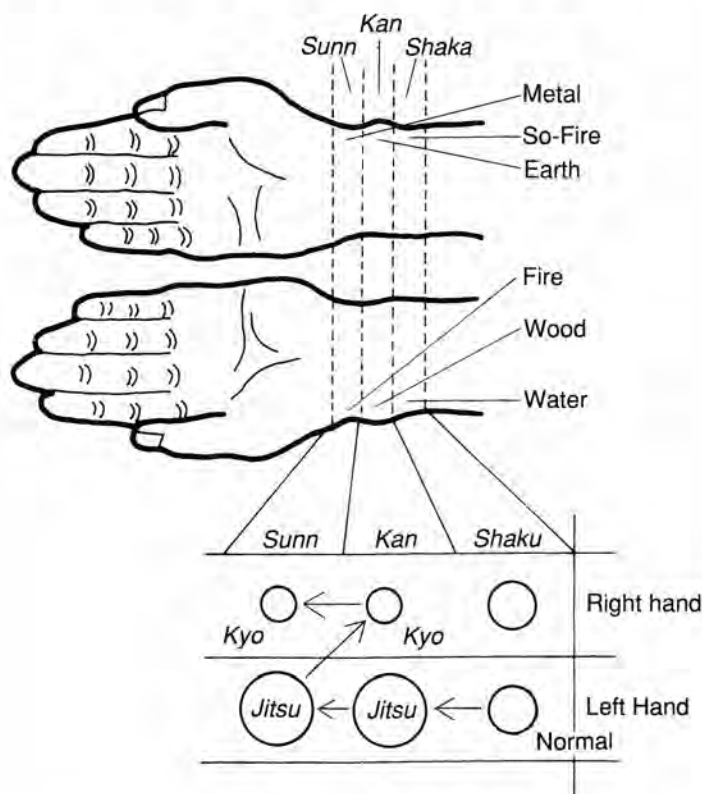
In conclusion, the successful treatment of the case cited above requires that we first rescue the subdued Lung Meridian by correcting the Heart-Fire *Jitsu* disturbance that is the cause of the Lung-*Kyo*. This will replenish the patient's healthy *ki*. Until this is done, moreover, it is of no use to try anything else.

The following figure shows the pulse pattern of the case described by the 75th section. The *kanjo* position of the right hand is normal, the right *sunoko* and left *shakuchu* are *kyo*, and the left *kanjo* and *sunoko* are *jitsu*. In other words, a normal position is followed by a *kyo*, *kyo*, *jitsu*, and *jitsu* in this pulse pattern (see Figure 7).

Figure 7: Basic Pulse Pattern (Metal *Kyo*-Wood *Jitsu*) for the 75th Section of *Nanjing*



Let's compare this Liver-*Jitsu* pulse pattern with the Liver-*Jitsu* pulse pattern of the 69th section. In the 69th section, a normal position is followed by a *jitsu*, *jitsu*, *kyo*, and *kyo*. Therefore, the pattern of the 75th section reads Spleen normal, Lung-*Kyo*, Kidney-*Kyo*, Liver-*Jitsu*, and Heart *Jitsu*, while the pattern of the 69th section reads Kidney normal, Liver-*Jitsu*, Heart-*Jitsu*, Spleen-*Kyo*, and Lung-*Kyo*. In other words we can see that, in the two cases, the Spleen and Kidney pulses are reversed (see Figure 8).

Figure 8: Basic Pulse Pattern (Lung Kyo Akashi) for the 69th Section of *Nanjing*

The above discussion concerning the rules of the 75th section of the *Nanjing* applies only to the Yin meridians. In actual clinical work, we must also consider point selection and treatment of the Yang meridians. In addition, the illness and pulse of the patient are influenced by his or her immediate environment as well as contemporary living conditions. Treatment must take these factors into account.

The concluding statement of the 75th section demands particular attention: "It is the *kyo* that must be rectified, otherwise it is of no use to continue." Here Henjaku is emphasizing the concept that humanitarian healing based on the strengthening of Vital Energy can only be conducted through, firstly, full concentration on replenishing the healthy *ki* of the *kyo* meridians. All 81 sections of the *Nanjing* have this principle as a central theme. Treatment revolving around *ho* technique is truly the lifeblood of Henjaku.

The treatment pattern of the 75th section is described in the following clinical case study.

Case Study:

The patient, a male, is a 35-year-old blue-collar worker. Having entered the clinic, he explained that he had begun catching a cold the night before and had been unable to sleep. Since that time he had developed a fever of 39 °C, and was suffering from lower back pain, severe headache, dizziness, and an inability to turn over in sleep. His overall complexion was darkish and his face red. He was of robust constitution. He had a high-pitched voice and spoke in a shouting manner, with occasional moaning and coughing. His overall pulse was Flooding, Big, and Fast.

Comparative pulse reading revealed that the strongest positions were the left *Kanjo* Liver and Gall Bladder, followed by the *Sunnko* Heart and Small Intestine. The weakest position was the right *Sunnko* Lung, followed by the left *Shakuchu* Kidney. This is a *jitsu akashi* fitting the pattern of the 75th section of the *Nanjing*. It calls for treatment of the Liver *Jitsu* with *sha* technique through the application of *ho* needling to the Kidney Meridian, and *sha* needling to the Small Intestine, Liver, and Gall Bladder Meridians.

Analysis:

The lower back pain, headache, and dizziness of which the patient complained are affiliated with Wood *Ki*, or the Liver and Gall Bladder Meridians. The Shouting voice also characterizes the Liver. Fever is affiliated with Fire *Ki*, or the Heart and Small Intestine Meridians. Coughing points to the Lung Meridian, and Moaning is the speaking quality related to the Kidney Meridian.

We can thus conclude that *jitsu* disturbances of the Heart-Fire caused the *kyo* of the Lung Meridian, and the weak Lung Meridian allowed Wind and Cold to penetrate the body. This further weakened the Lung *Ki* and removed the restraints on the Liver *Ki* which then became *jitsu*. The Liver *Jitsu* spread to the Gall Bladder, resulting in the *jitsu* of both these meridians.

Note, however, that if the patient had been of *kyo*-type constitution, the Small Intestine and Gall Bladder Yang meridians would have been weak. When the Yang positions of the *jitsu* meridians are *kyo*, the pulse pattern is given the special name of a *kyo*-type 75th section pulse. This pattern is relatively common in the “*kyo*-type” era in which we are living.

The darkish complexion and robust constitution signal that this patient is normally of Kidney-*Kyo Akashi*. His pulse pattern of the 75th section represents a special, temporary condition for which treatment is usually very effective. Therefore, he can be expected to return to his Kidney-*Kyo* constitutional pulse after only one or two visits.

One may wonder why this case is not treated as Lung-*Kyo Akashi* instead of Liver-*Jitsu Akashi*. With Lung-*Kyo Akashi*, *ho* needling would have to be applied to the Spleen Meridian, which is the Mother of the Lung Meridian. With this patient, though,

not only is there an absence of symptoms related to Spleen-*Kyo*, but *ho* needling of the Spleen Meridian would also cause further weakening of the *kyo* of the Kidney. Thus *ho* needling of the Spleen Meridian is not appropriate.

On the other hand, the application of *ho* needling to the Kidney Meridian causes a suppression of the Heart-Fire *Ki*, as Water inhibits Fire. The suppression of the Fire *Ki* releases the Lung Meridian and allows the Metal *Ki* to correct the *jitsu* disturbance of the Liver Meridian.

Point selection is carried out as follows: The *ho* needling of the Kidney Meridian is applied to the Metal (Traversing) FukuRyu point (affiliated with coughing, fever, and chills). *Sha* needling is applied to the Wood (Transporting) GoKei point of the Small Intestine Meridian. *Sha* needling is also applied to the Wood (Transporting) RinKyu point of the Gall Bladder Meridian and the Fire (Gushing) KoKan point of the Liver Meridian (affiliated with fever). This Fundamental Healing, if conducted skillfully, will rebalance the pulse and probably relieve the patient of half of his or her suffering.

Targeted Healing follows. Sensitive points or points showing signs of illness are sought out along the lower back, shoulder, and neck regions of the Gall Bladder and Small Intestine Meridians, and *ho* needling is applied. The patient will recover after one or two treatments, and the pulse will then most likely return to either Kidney-*Kyo* or Lung-*Kyo Akashi*.

It is not theoretically inconceivable that the pulse pattern of the 75th section of the *Nanjing* can involve *jitsu akashi* other than that of Liver-Wood. In reality, however, cases involving other meridians are not common except for a few instances of Liver-*Kyo Akashi* caused by Spleen-*Jitsu*.

Although practitioners of Traditional *Hari* usually study the 75th section of the *Nanjing*, one does not often come across the type of pulse pattern described therein. However, together with the 69th section, the 75th section makes a complete and accessible treatment system out of Yin Yang-Five Phases Theory, which might otherwise be criticized as an empty, academic doctrine. It is important, therefore, at least to be aware of its existence.

XV

Rules of Treatment for Sokoku Control

GENERAL INTRODUCTION

Treatment described in the *Suwen* and *Lingshu* involves predominantly the *sha* needling of *jitsu akashi*. The pulses are examined in the upper, middle, and lower sections of the body (head, arms, and legs), and the strongest meridians are isolated for immediate treatment (*Sambukyuko* Pulse Diagnosis). As was suitable for *sha* technique, the needles of that time were relatively thick and ranged in size from the present-day #5 through #10. *Okyu* may have been used only for *ho* technique.

Over the centuries, the methods of pulse examination gradually grew in sophistication (*Jingei-myakuko* Pulse Diagnosis). By the time of the *Nanjing*, the basics of Six-Position Pulse Diagnosis had been established and subsequently incorporated into the kind of clear and logically ordered therapeutic system that is described in Chapter XIV. Considerably thinner needles, corresponding to today's #2 and #3 sizes, were used, and therapy focused predominantly on *ho* technique. Healing was understood to involve the manipulation of *ki*, towards the fundamental goal of fortifying the patient's Vital Energy. This is precisely the type of therapy described by Henjaku in the last part of the 75th section of the *Nanjing* (Chapter XIV), in the following way; "It is the *kyo* that must be rectified, otherwise it is of no use to continue."

During the time of the *Lingshu*, treatment points had been selected with the intention of balancing the Yin and Yang meridians. Healing in the *Nanjing*, however, involves Five Phases Theory, and points are selected to effect a more complicated balancing among meridians of *sosho* and *sokoku* relationships. Thus, the systematic application of the Five Phases points to treatment, known as "The *Ho Sha* of Point Selection" (see Chapter XIII), developed, culminating in the great and immutable laws of the 69th and 75th sections of the *Nanjing*. It is for his recognition of the central role that *ho* technique must play in *hari* therapy that Henjaku is remembered as a healer of divine-like skill and wisdom.

However, as our present physical and social environments differ greatly from those of the past, we cannot apply Henjaku's concepts of therapy regardless of his level of

sophistication to today's patients without making adjustments. The environmental pollution in this age of high-technology and nuclear energy has given rise to an onslaught of new diseases, in addition to which patients must deal with a range of new problems related to incorrect medical treatment. Interpersonal relationships have also become a source of complication and confusion, creating social conditions that may be as stressful as those of the Warring States Period in which Henjaku lived.

Therefore, we can expect today's patients to display a wide variety of complex pulses. Few of these pulses fit precisely into the patterns of the 69th section of the *Nanjing*, and even with the application of special techniques like those described in the 75th section it is often difficult to obtain positive results. This is especially true for patients of *kyo*-type constitution suffering from *ki-kyo*, *ketsu-kyo*, and the like. Application of the rules of the 69th section in these cases does not bring about a steady strengthening of the *ki* of the *akashi* meridian, but rather a continual shifting of the *akashi* from one meridian to another of *sokoku* relationship. The therapist eventually ends up completely at a loss.

Cases such as these generally involve patients with chronic health problems. Their symptoms and *akashi* are complex, but they are very sensitive to treatment involving meridians and meridian points. Careful examination of their pulses, moreover, reveals *kyo* of two meridians that are in the *sokoku* relationship. With these patients, it is necessary to establish both *kyo* meridians as the *akashi*. The two meridians can then be treated one at a time according to the principles of *sokoku* control.

Many *hari* practitioners, however, including some who practice Six-Position Pulse Diagnosis and Meridian Therapy, try to place all their patients into one of four simple categories: Liver *Akashi*, Kidney *Akashi*, Spleen *Akashi*, or Lung *Akashi*. Then, frustrated by an inability to treat these patients satisfactorily, they are lured away from traditional theory and turn for answers to unorthodox systems and techniques derived from Odd Meridian Theory, Three Yin-Three Yang Theory, *Un-ki* Theory, and, in extreme cases, to practices involving electrical measurement and stimulation. Fundamental *akashi* problems cannot be solved this way, however, and I would encourage these practitioners to reconsider seriously the teachings of the great Henjaku.

"It is the *kyo* that must be rectified; otherwise it is of no use to continue." As explained in Chapter XIV, Henjaku makes this statement in the last part of the 75th section of the *Nanjing* to stress the importance of dealing with the *kyo* of the *akashi* meridian before undertaking any other measures.

The practice of Meridian Therapy is similarly concerned first and foremost with the rectification of the *kyo* among the 12 meridians—we make the strengthening of the patient's Vital Energy the focus of our work. From this point of view, it is clear that *Sokoku* Control techniques that enable us to deal with several *kyo* meridians at a time will be of more value to our clinical work than the special techniques of the 75th section

of the *Nanjing*—especially in this age of environmental deterioration in which *kyo akashi* are increasing.

The symptoms we most often see arise from internal illnesses related to functional imbalances in the relationships between organs, and the success of treatment is certain to depend on *Sokoku* Control techniques. It is for this reason that I strongly emphasize the importance of *Sokoku* Control here.

Note:

Interaction among the Phases in Five Phases Theory can be defined in terms of the *sosho* and *sokoku* relationships. The interplay of these two relationships gives Five Phases Theory its characteristic meaning. They appear with equal frequency and are of equal importance, and neither one is stronger nor more influential than the other.

In the 69th section of the *Nanjing*, Henjaku concentrates on therapy involving the *sosho* relationships of the Phases. Where *sosho* relationships exist, however, *sokoku* relationships are also certain to be at work. The 75th section, on the other hand, focusses on *sokoku* relationships. Here too, though, it is important to remember that *sokoku* relationships cannot exist without *sosho* relationships.

In other words, individual *sosho* and *sokoku* relationships merge to form a greater whole known as Five Phases Theory in the same way that the individual instruments of an orchestra merge to create a single melody.

Even among practitioners of Meridian Therapy, however, there are those who make treatment solely based on *sosho* principles. Some therapists say that the use of *sokoku* principles is too complex and should be left to the research of specialists in the field. Why do these practitioners develop such mistaken ideas about *sokoku* control?

As discussed in the beginning of this book, Meridian Therapy, in the form we know it today, was first defined in 1939. This was a time of unparalleled turmoil and nationalistic fervor in Japan. War and confusion followed, and then, in 1945, came Japan's first defeat in a major military conflict. For the next ten years, the Japanese people suffered from a lack of food, shelter, and clothing, as well as from deep emotional shock.

Thus, by 1945 Japan had entered an era that, both materially and spiritually, represented an extreme "*kyo akashi*" state. The formulation of Meridian Therapy proposed at that time by three *hari*-masters: Inoue Okabe, and Homma. It was based on the unique experiences of their work with the patients of that "*kyo*-type" period.

It was inevitable, therefore, that treatment would be conducted through the simple and direct *ho* needlings of single *kyo* meridians and would, thus, involve predominantly *sosho* relationships. In other words, it was possible for clinicians of that time to achieve some degree of success in their treatment without taking into consideration the complexity of *sokoku* relationships. This type of Meridian Therapy, though, must be

understood to be a product of Japan's unique post-war period.

The preservation and transmission of the true teachings of Meridian Therapy, based on the clinical application of Five Phases Theory, thus require a full understanding of the special circumstances surrounding Meridian Therapy's conception.

1 SOKOKU CONTROL: BACKGROUND

Some time in 1960, I developed a severe pain due to overworking that extended from my left upper back into my left shoulder. I visited Inoue Keiri for a series of 16 treatments. His point selection seemed to indicate Spleen-*Kyo Akashi*, while also indicating Kidney-*Kyo Akashi*. In any case, each treatment lasted only five to eight minutes, of which a mere two or three minutes were devoted to Fundamental Healing.

I noticed that Inoue followed pulse diagnosis with the swift *ho* needling of two or three points, after which he checked the pulse again and applied *ho* and *sha* techniques to two or three more points. The treatment was fast and gentle, and I observed that he needled points on one side of the body without needling the same points on the other side.

I asked him, "Don't you not find it necessary to needle both the left and right side locations of the points that you select for Fundamental Healing?"

"If the pulse shows that the needling has been effective, what need is there to treat both sides?" he asked me in response.

Subsequently, during a lecture, he answered a similar question by explaining, "The *Lingshu* states, 'If the inserted needle fails to bring around the *ki*, further needling is of no avail. If the inserted needle succeeds in bringing around the *ki*, no further needling is necessary.' In Fundamental Healing, if the pulse shows improvement, even one needling of one point can be enough. More needling does not necessarily mean better results."

At that time I had been operating my clinic without an assistant and found it all but impossible to treat in full the numerous patients who had been coming. I was losing my health from overwork and began wondering whether there might be some way to conduct a more abbreviated form of treatment. At one point, I even doubted the value of Six-Position Pulse Diagnosis and Fundamental Healing and turned instead to various supplemental techniques and unorthodox treatment methods.

I then began to consider the possibilities of conducting Fundamental Healing with as little as one needle and one point. Where I had normally read Kidney-*Kyo Akashi* and subsequently needled the FukuRyu and ShakuTaku points on both the left and right sides before rechecking the pulse, I now tried needling the two points on one side of the body only and then the pulse. I continued needling on the opposite side only when the

first application proved insufficient. Continuing in this manner I made the following discovery:

Depending on the patient's condition, the pulse improved either after unilateral needling, or it improved after needling of both the left and right sides. For example, I had needled both sides of some patients, believing that unilateral treatment was not enough, only to find that, regardless of how carefully I applied the needling, the pulse was negatively affected. Performing the treatment again with unilateral needling, I then had relatively positive results.

I eventually came to the following conclusions:

- 1) Male patients should usually be treated on the left side and females on the right.
- 2) Regardless of gender, when the illness is restricted to one side of the body, treatment is conducted on the healthy side (*koshi* and *byoshi*). Should re-examination of the pulse prove this needling to be ineffective, however, it may be necessary to treat the afflicted side of the body.

Determining which side is the patient's healthy side is very clear with, for example, hemiplegia resulting from apoplexy, or hemialgia arising from osteoarthritis of the spine. But decisions ultimately have to be made case by case. This subject needs ongoing research.

- 3) Though very rare, there are cases of male patients who respond better when treated on the right side, and of female patients who respond better when treated on the left side. Also, treatment in certain cases of acute illness is sometimes more effective if conducted on the side where the illness is found.

In general, determining which side to treat in unilateral needling presents the therapist with a formidable challenge.

After the proper side is chosen and the treatment is conducted using the fewest number of needles possible, however, the patient often ends up with a pulse in which one of the meridians in the *sokoku* relationship to the *akashi* meridian is clearly *kyo*. In most of these cases, moreover, the patient does not feel much improved after treatments and overall recovery is not steady.

Having continually encountered this problem, I called a meeting with Kosato and other colleagues to recommend that we undertake follow-up studies on *sokoku* needling. It was not easy, however, to convince them to consider therapeutic techniques that contradict the Five Phases Theory. After several attempts over a ten-month period to explain my findings, Kosato finally agreed to assist me in making a formal presentation to the instructors of our Association. Through this presentation I was able to win the support of a number of members, and the *Sokoku* Control treatment system was officially integrated into our technical training program in 1967.

My own clinic became the fulcrum of our investigation. With four or five therapists

practicing the same techniques using the same charts, we were able to obtain the objectivity and reproducibility necessary to prove the validity of the new system. During that period, 60 to 70% of our patients were already being treated through *Sokoku* Control.

2 SOKOKU CONTROL: THEORY

1) The Principles of *Sokoku* Harmonization

Yin Yang-Five Phases Theory is the foundation of Traditional East Asian healing. The therapist must fully understand this theory, particularly as it concerns *sokoku* (successive inhibition) relationships, in order to practice *Sokoku* Control treatment.

Most therapists are already familiar with the concepts of successive inhibition and control among Phases of *sokoku* relationship. Surprisingly enough, though, the idea of *sokoku* harmonization is not generally well understood.

Ancient Chinese sages formulated Yin Yang-Five Phases Theory and developed it into a structured conceptual system in order to improve their lives and achieve happiness. A correct understanding of Yin Yang-Five Phases Theory, therefore, will always illuminate its positive bearing on people and society. For example, although the *sokoku* relationship between Metal and Wood implies that Metal inhibits Wood, metals can also be made into tools for cutting wood in ways that benefit humankind. Suppose, however, that Five Phases Theory had made Fire the inhibitor of Wood instead. The fire would then only ignite the wood, eventually forming a great inferno and destroying everything in the universe. It is a relationship that could never be of benefit to our lives.

It was through this type of reasoning, along with constant examination and revision by the ancient sages, that the Five Phases Theory was brought to its existing level of perfection. Some examples of *sokoku* harmonization are as follows:

(i) Wood and Earth: During the spring and summer, trees take nutrients from the soil in order to grow and flourish. In the autumn, however, leaves fall from the trees onto the soil and help replenish its fertility. It is for this reason that land without trees is called "barren." This illustrates the nature of Wood and Earth *Sokoku* harmonization.

(ii) Earth and Water: Earth is used to build embankments to prevent floods as well as dikes to control water. Clay cups hold liquids. On the other hand, however, earth will turn to dust and scatter in the wind without the moisture it receives from water. The desert is an extreme example. This illustrates the nature of Earth and Water *Sokoku* harmonization.

(iii) Water and Fire: Fire is the fiercest of the Five Phases. If left to itself, it has the power to engulf the whole world in flames. Fortunately, though, it is inhibited by Water which brings it under sufficient control to make it of benefit to our lives. Water, on the other hand, is described in *Book of Changes* as two Yin with a Yang in the middle (*kan*-

no-ke ☵). Without this Yang, water would turn to ice, and eventually the entire world would freeze. This illustrates the nature of Water and Fire *Sokoku* harmonization.

(iv) Fire and Metal: Metal is the strongest and most durable of the Five Phases. However, it can be forged into instruments that are useful to humanity through the fierce power of Fire. Conversely, fire can be contained in metal lanterns to provide light and in metal stoves to provide heat. This illustrates the nature of Fire and Metal *Sokoku* harmonization.

(v) Metal and Wood: Furniture and other useful objects can be built from wood with cutting tools made of metal. Cutting tools, on the other hand, are often kept in wooden containers, and the handles of planes and chisels are often made of wood. This illustrates the nature of Metal and Wood *Sokoku* harmonization.

2) The Basic Principles of *Sokoku* Control Treatment

i) Definition

Sokoku Control is a treatment system applied to cases in which Yin meridians of *sokoku* relationship are simultaneously *kyo*. (Note, however, that one of the meridians may temporarily call for *wa* needling technique; see Chapter XII, section 4-7.) It involves the establishment of two *akashi*—one on the left and one on the right—followed by Fundamental Healing conducted according to the principles of *sokoku* harmonization.

In these cases, the first *akashi* that is treated is known as the Primary *Akashi*, and the *Akashi* treated afterwards is known as the Secondary *Akashi*. With Lung-Kyo Liver-Kyo *Sokoku* Control treatment, for example, the Lung-Kyo *Akashi* is the Primary *Akashi* and the Liver-Kyo *Akashi* is the Secondary *Akashi*.

ii) Rules for Determination of Primary and Secondary *Sokoku Akashi*

1. Of two Yin-Kyo *Sokoku* meridians, the one with which the patient's main symptoms are affiliated is established as the Primary *Akashi*. If either meridian is Yin-*Jitsu* (See Chapter XII section 4-7), however, it is taken as the Secondary *Akashi* and the *kyo* meridian that is in *sokoku* relationship to it is established as the Primary *Akashi*. This accords with the principle, "*Ho* needling takes priority."

2. Among new and old illnesses and abrupt and gradual illnesses, the Primary *Akashi* is determined in terms of new and abrupt illness.

3. Of the two Yin-Kyo meridians, one may have a mother meridian that is clearly *kyo*. The meridian with a *kyo* mother meridian is taken as the Primary *Akashi*.

4. Of the two Yin-Kyo meridians, the one in which the difference between the *kyo* of the meridian and the *jitsu* of its Yang meridian is greatest is taken as the Primary *Akashi*. This factor, however, should not be used as the only criterion for distinguishing the Primary *Akashi* from the Secondary *Akashi*.

5. If all these factors have been taken into consideration and the determination of *akashī* is still unclear, the upper and lower abdomens should be comparatively examined. When the upper abdomen is the more *kyo*, Lung-*Kyo* or Spleen-*Kyo* is taken as the Primary *Akashi*. When the lower abdomen is the more *kyo*, Kidney-*Kyo* or Liver-*Kyo* is established as the Primary *Akashi*. Abdominal diagnosis, however, should be used only to supplement pulse diagnosis.

The above rules are no more than basic guidelines. When one becomes proficient in reading the pulse, one knows instinctively the difference in degree between two *kyo* meridians, whereupon the establishment of the primary and Secondary *Akashi* ceases to be problematic. With severe and deep-seated illnesses, however, even the basic rules may be difficult to put into practice. The best way to learn *akashī* determination, of course, is through the rigorous hands-on training that accompanies clinical work.

iii) Determining the Side of the Body to Be Needled

Though the same meridian points exist on the left and right sides of the body, one side must be given priority in needling. The Toyo Hari Medical Association refers to this aspect of treatment as "Fundamental Healing based on unilateral needling." After one selects points for treatment, therefore, one must also determine the side on which the points will be used.

1. Fundamentally, the male body is Yang and is treated on the left; the female body is Yin and is treated on the right.

2. When one side of the body is clearly more affected than the other, as in hemiplegia or unilateral sciatic neuralgia, treatment is conducted on the healthy side (*koshi* and *byoshi*).

3. When symptoms are distributed randomly between the left and right sides, male patients can be treated on the left and female patients on the right as dictated by Yin Yang Theory.

Although rare, there are cases in which males benefit more from treatment on the right and females from treatment on the left. Also, in cases of acute or traumatic illnesses, treatment on the afflicted side is sometimes more effective.

4. When it is difficult to determine which side of the body should be given priority, one can examine the left and right superficial temporal arteries. The side which exhibits the stronger, healthier pulse will be the treatment side. The left and right sides of the navel can also be compared; the treatment side will be the one that feels fuller or more rounded. These techniques were introduced by Katori Toshio, one of our Association's instructors.

It is also possible to compare the left and right Middle Pulses, which indicate the condition of Stomach *Ki*. The side with the stronger and fuller pulse can be taken as the

treatment side. This was the discovery of instructor Taniuchi Shuho, one of our Association's instructors.

Note:

Modern treatment methods based on stimulation-induced healing are directed at either the destruction of a disease-causing agent or the removal of a diseased part of the body. Thus techniques are usually applied directly to the site of the affliction.

The goal of Meridian Therapy, on the other hand, is the fortification of Vital Energy. Healing is effected through the strengthening of the patient's own natural ability to fight disease. Thus, treatment techniques are directed at the non-afflicted part of the body, where healthy *ki* is most abundant. This aspect of treatment is especially important in Fundamental Healing.

Treating the healthy side of the body is an essential characteristic of Traditional *Hari*, which focusses on the manipulation of *ki*, and one which distinguishes it from schools of Modern Acupuncture.

iv) Point Selection

When *Sokoku* Control techniques are used in Fundamental Healing, point selection for treatment of the primary *akashi* is made with Five Phases points in conjunction with Five Phases Theory. The points used for treatment of the Secondary *Akashi*, however, may also include the Five Primary points, such as "Source", "Crevice", and "Connecting" points, chosen according to the symptoms of the illness.

For example, in the case of Liver-Spleen *Sokoku Kyo Akashi*, in which the patient's main symptoms are a hot head and cold feet with a loss of body fluids, *ho* needling of the Liver-Kyo Primary *Akashi* is conducted in terms of the Mother of Liver-Wood, which is Water. The points thus selected are the Liver Meridian Water (Uniting) KyokuSen point and the Kidney Meridian Water (Uniting) InKoku point. Point selection for *ho* needling of the Spleen-Kyo Secondary *Akashi*, however, is made symptomatically. Thus the Water (Uniting) InRyoSen point is used despite the fact that it is in *sokoku* relationship to the Spleen Meridian.

3) The Clinical Application of *Sokoku* Control

The basic rules for pulse diagnosis, as discussed in Chapter X, are the following:

1. The Yin and Yang readings of any single pulse position cannot simultaneously be *kyo* nor *jitsu*.
2. Pulse positions in *sokoku* relationship to each other cannot simultaneously be *kyo* nor *jitsu*.
3. Any three pulse positions in a row cannot simultaneously be *kyo* nor *jitsu*.

As long as the pulses of our patients are in accord with the aforementioned rules, clinical work is relatively straightforward. Let's examine the case, however, of a patient whose pulse violates these rules, making *akashi* determination problematic.

The patient is a seriously ill 42-year-old housewife.

She has suffered several abortions and postpartum illness, and relationships between members of her household are very strained. She has been to many hospitals, complaining of emaciation, dry skin, coughing, palpitations, dizziness, headache, stiff shoulders, and lack of appetite. She gets fatigued easily; her lower abdomen is distended; and she has bloody stools and an abnormal vaginal discharge. She walks unsteadily.

Turning to the pulse, the overall pulse type is *kyo* and soft, and there are light disturbances in all of the Yang meridians. Pressing down into the Yin meridians reveals that the right *sun* and *kan* are *kyo*, and the left *kan* and *shaku* are also *kyo*. It is thus difficult to determine through the pulse whether the *akashi* is Lung-Kyo or Liver-Kyo, and in this case the Looking, Listening/Smelling, and Questioning Examinations do not help to clarify the situation.

The conditions that would be necessary for establishing Lung-Kyo *Akashi* are: (1) The Yin meridians of the right *sun* and *kan* positions are *kyo*, and the Yang meridians are relatively strong; (2) the Yin meridians of the left *sun* and *kan* positions in *sokoku* relationship to the above are *jitsu*, and the Yang meridians are *kyo*; and (3) the left and right *shaku* positions are normal. The pulse of this patient, however, does not meet these conditions, and in the same way fails to meet the conditions for Liver-Kyo *Akashi*.

One final technique for clarifying the *akashi*—comparative examination of the left and right Yang meridians—also fails to provide a solution. This pulse cannot be understood in terms of standard pulse patterns.

Although it is not proper procedure, let's interpret the patient's coughing, stiff shoulders, and emotional stress as indicating Lung-Kyo *Akashi* and conduct the treatment accordingly:

Patients with these symptoms are generally very sensitive, and each needling will bring about changes in the pulse that make the treatment appear to be highly effective. On deeper examination, of course, the overall pulse will prove to be lackluster, and poor in tone and stamina. After this type of treatment, moreover, the patient will normally experience a negative reaction. Our patient, even if she is not too greatly disturbed, would probably return the following day manifesting symptoms predominantly of Liver-Kyo *Akashi*, such as bloody stools, vaginal discharge, lower back pain, and dizziness.

Treatment to correct the Liver-Kyo would then most likely initiate symptoms such as fever and coughing. Symptoms of Spleen-Kyo *Akashi*, Kidney-Kyo *Akashi*, and so forth would appear with subsequent treatments, around and around through all the meridians. This is a frustrating and ineffective pattern that in the end offers no relief to

the suffering patient.

If, on the other hand, treatment is first conducted in terms of Lung-Kyo Akashi (Primary Akashi) with right-sided unilateral needling and the pulse is carefully re-examined after the patient begins to respond, one will discover the *sokoku* meridians of the left *kanjo* and *shakuchu* to be *kyo*. If this condition is then immediately treated as Liver-Kyo Akashi (Secondary Akashi) with left-sided unilateral needling, the pulse will be completely rebalanced. This is the principle of *sokoku* harmonization. The overall pulse will be lustrous and well-toned, and the patient will express relief and relaxation.

If the predominant symptoms had been dizziness and gynecological disorders, and the Liver pulse position had been the most *kyo*—even if only slightly so—of all the meridians, the Primary Akashi would have to be Liver-Kyo. In this case, right-sided unilateral needling would first be applied to the KyokuSen and InKoku points. Then the Lung-Kyo Secondary Akashi would be treated with left-sided unilateral needling.

If neither the Lung nor the Liver pulse position proves to be the more *kyo*, the best alternative is to take the *akashi* of the Primary Pulse (see Chapter X) as the Primary Akashi.

Let's suppose, in any case, that *sokoku* needling has been completed and the overall pulse is still lackluster and loose. The cause must be attributed to poor needling technique. Although generally it is not a recommended practice, the situation can sometimes be corrected by performing the *sokoku* needling a second time: Either one would repeat the needling that had at first been insufficient, or one would substitute the original points with, for example, "Connecting" points.

In any case, one should not try to supplement unsuccessful *Sokoku* Control needling with bilateral needling, as excessive treatment results in a loss of healthy *ki* from the body (see Chapter XII, Section 3). Also, *ho* needling of the Secondary Akashi before the Primary Akashi meridians have been sufficiently fortified will usually cause the original *kyo* state of the meridians of the Primary Akashi to reappear.

Successful *Sokoku* Control treatment requires skill in pulse diagnosis in discerning the effects of needling through reading the changes in the pulse and in using the needling techniques to bring the pulse to balance.

4) Thoughts on Sokoku Control

Sokoku Control is not an exceptional treatment system reserved for cases in which standard *akashi* cannot be formulated. *Sokoku* Control is based on the rules of the 69th section of the *Nanjing*, revised to include comprehensive usage of *ho* needling to answer the needs of our contemporary "*kyo-akashi*" age. It provides a way to treat conditions involving the simultaneous presence of several *kyo* meridians.

Due to the prevalence of *sokoku kyo* pulses and pulses in which a *kyo* meridian is accompanied by a *sokoku* meridian calling for Wa needling technique, almost 100% of the Meridian Therapy practiced by our Association involves *Sokoku Control* treatment.

When a pulse that requires *Sokoku Control* needling is treated in terms of a single *akashi*, the effects will not be negative provided that the *akashi* treated is the Primary *Akashi*. In most of these cases, however, treatment will drag on over a long period of time during which the *akashi* will constantly shift from one meridian to another. If, on the other hand, the *akashi* that is treated is the Secondary *Akashi*, the condition of the patient will worsen.

As just mentioned, the *Sokoku Control* treatment system is not meant to be used only with complex and severe illnesses. It is applicable to the majority of cases today, regardless of the patient's age, gender, and type of sickness. Cases involving single *akashi* or treatment of only one meridian, in fact, are now the exceptions.

Proper Meridian Therapy demands keen pulse diagnosis skills in determining correct *akashi*, followed by adept treatment conducted in accordance with that *akashi*. Halfhearted efforts by beginners who claim, for example, "I still cannot make much sense out of the pulse, so I might as well apply *ho* needling to all the *kyo* meridians on the left and right sides and then take things from there", are futile.

The patient's *akashi* may change a few times during the course of long-term therapy involving *Sokoku Control* treatment. This is a natural occurrence arising from the patient's continual exposure to new external and internal disease-causing agents or from changes related to the healing process. The therapist must keep on top of these shifts in *akashi* to ensure successful treatment. This process is one of the more subtle and fascinating aspects of Meridian Therapy.

It is important to mention briefly that *Sokoku Control* treatment differs from *sokoku* needling used to correct mistaken treatment and also from the therapeutic system of Hashimoto Masae.

Practitioners sometimes turn to *Sokoku Control* needling after treatment conducted according to single *akashi* proves to be ineffective or even detrimental. These practitioners, however, are demonstrating a superficial understanding of *Sokoku Control*; the effects of their *sokoku* needling are different from those of treatment in which a *sokoku akashi* is established from the start.

In the therapeutic system of Hashimoto Masae, male and female pulses are read in reversed positions, and *ho* needling is applied to all *kyo* meridians regardless of *sokoku* relationships. This system lacks the kind of solid theoretical base that Meridian Therapy utilizes in the formulation and treatment of two separate *akashi* on the left and right sides. It also lacks any conception of unilateral needling. Methods and results are thus completely different from those of *Sokoku Control*.

Treatment of the Yang meridians is also an important part of *Sokoku* Control therapy. In most cases, there will be weak disturbances in all of the Yang meridians. Sometimes, though, the Yang meridians may be *kyo*. Successful treatment in either case must begin with the skilled application of *ho* needling to the Yin meridians.

In cases where *jitsu*-type disturbances have risen into the Yang meridians, they must be treated with the appropriate *sha* needling technique. The "Connecting" points are used for this purpose. Needling is first conducted on the side of the body, which corresponds to the pulse position of the meridian, or on the side in which related symptoms are found when they are restricted to a single side. Application can be made to both the left and right sides, however, when unilateral needling is insufficient.

When all of the Yang meridians are *kyo*, *ho* needling can be applied to the "Connecting" points of each meridian in the manner described above.

3 SOKOKU CONTROL: CASE STUDY

In our Association, hands-on training for pulse diagnosis and *ho sha* needling is conducted in groups comprised of three members. One person acts as a model patient, while a second person performs the needling, and the third person judges the effects of the needling by reading the pulse. The roles are then changed until each person has experienced each of the three positions.

When a Four-Way Examination has been completed, treatment can begin right away as long as the formulation of the *akashi* is unanimously agreed upon. If there is disagreement, the members discuss the problem and experiment with different *akashi* until the correct one is found. This type of hands-on training, modeled completely on clinical practice, is unique to our Association. It is called "*Kosato*-style small group training" after Kosato Katsuyuki, who developed the idea.

Note :

"*Kosato*-style small group training" is normally conducted in groups of three. During training seminars and other gatherings of large numbers of participants, it is best to split into groups of this size. When a skilled instructor is present, however, up to ten participants can group with the instructor. The instructor reads the pulse, while the others take turns needling and acting as model patients.

Next, we will discuss an interesting case study involving *Sokoku* Control treatment that took place at a training session on November ninth, 1969.

The patient, Ms. F, is a 42-year-old professional practitioner of *hari* and massage, and a single mother of four children. Model patients at these meetings do not usually

have realistic “patient-like” symptoms, but this woman happens to be suffering from a left-side migraine headache.

Clinical History:

Ms. F had a cystoma surgically removed from her right ovary five years earlier. She had felt relatively well since that time, having no recollection of any major illness. Beginning about one year before, however, she began to suffer from lower back pain, headache, and dizziness, and found herself easily fatigued and annoyed.

Symptoms:

Overworking had left her with cold-like symptoms for three days. She came to the training session despite having woken up with a migraine, which had progressively worsened during the afternoon.

The five members of her group proceeded to examine her pulse. The overall pulse type—somewhat Floating and Rapid—was indicative of a cold. The Deep Pulses were weak on both the left and the right, without a substantial difference between the two sides. Three members determined the pulse to be Liver-*Kyo Akashi*, one member saw it as Lung-*Kyo Akashi*, and another interpreted it as Kidney-*Kyo Akashi*. As they were unable to determine which among the three was correct, they approached me for advice.

First of all, I interpreted Ms. F's clinical history of gynecological disorders, the strength of character she displayed in leading her rigorous lifestyle, her physical build, and her symptoms of visual impairment, lower back pain, and dizziness to be affiliated with Liver *Akashi*. On the other hand, her cold-like symptoms, stiff shoulders, and cough belonged to Lung *Akashi*. The left-side migraine, her main complaint, was a disturbance of the Yang meridians, but it was unclear whether it was affiliated with the ZuI point of the Stomach Meridian or the various points of the Gall Bladder Meridian. Overall, it was difficult in terms of her clinical history and present symptoms to decide whether the *akashi* should be made Liver-*Kyo* or Lung-*Kyo*.

As for the pulse, the left *Kanjo* Liver position was *kyo*, but the right *sun* and *kan sokoku* positions were also *kyo*, and the Large Intestine and Stomach Meridians in the Yang positions were as strong as the Gall Bladder Meridian. These conditions did not support the standard Liver-*Kyo Akashi* pattern.

Lung-*Kyo Akashi*, for similar reasons, was not applicable. Kidney-*Kyo Akashi* was also not suitable. Consequently, based on the patient's Primary Pulse and most recent symptoms, it was necessary to formulate the *akashi* as Liver-Lung *Sokoku Kyo Akashi*.

After explaining my conclusion to the members of the group, several said they had considered Liver-Lung *Sokoku Kyo* themselves, because the *kyo* of the Liver Meridian was accompanied by weak Lung and Spleen Meridians.

Ms. F then told us about treatments she had received a year or so earlier from a veteran member of the Association. She explained that the *akashi* had shifted around from Liver-Kyo to Lung-Kyo to Spleen-Kyo to Kidney-Kyo, and so forth to the point where no single *akashi* could be determined. She and the therapist had wondered whether a *sokoku akashi* might not have been necessary.

I moved on to the next group but overheard the comments of a member of the first group who had needled the patient. He had rechecked the pulse, and exclaimed, "What's this? I think my *ho* needling of the Lung DaiEn point of the Secondary *Akashi* was too strong and that it re-created the Liver-Kyo of the Primary *Akashi*." I returned to the group and commented, "That's a strange thing to say; your interpretation of the situation is very foolish. As Inoue often explained, there's never been a case of a person going broke from collecting too much money. Let me see what you've done..." I read the patient's pulse and immediately understood the problem. The Lung-Kyo had been corrected, but the Liver-Kyo remained unimproved.

The overall pulse type, moreover, did not have the firmness of a healthy pulse. It was loose and lacked stamina. When I asked the patient about the condition of her migraine she replied, "I started feeling better after the *ho* needling of the right KyokuSen and InKoku points. But now the original pain has returned, and my whole body feels weak. "Some of the members then started mumbling", I guess it was Liver-Kyo *Akashi*, after all. What need was there for *Sokoku* Control, anyway? This is not one of those complicated chronic diseases."

"*Sokoku* Control was absolutely not mistaken", I explained. "What probably happened was that the effect of the *ho* needling on the Liver Meridian was weak due to poor needling technique, causing the *ho* needling of the Lung Meridian that followed to re-create a Liver-Kyo pulse. The proof is that only poor needling technique could result in this kind of loose and listless overall pulse type. The fact that this patient's Primary Pulse and most recent symptoms are indications of Liver-Kyo means that the *kyo* of the Liver Meridian is the strongest and will require skilled *ho* needling. If the same weak *ho* needling is applied to the Liver and Lung Meridians, then the first needling of the Liver will be less effective on the Liver Meridian than the subsequent needling of the Lung is to the Lung Meridian. Thus when the needling is completed, the pulse will temporarily appear to have returned to Liver-Kyo."

"On the other hand", I continued, "as long as the *ho* needling of the Liver Meridian is successful, then *ho* can also be applied to the *Sokoku* Lung Meridian to effect *sokoku* harmonization. This will result in a firm and lustrous healthy pulse, and it will be pleasant for the patient. Let me show you how it works." I then applied *ho* needling to the right KyokuSen and InKoku points. The patient noted an improvement in the condition of her migraine, and I confirmed through the pulse that the Liver-Kyo had been corrected, that the overall pulse was taking shape, and that the Lung pulse clearly

remained *kyo*. After all five members of the group were able to see this, I applied *ho* needling to the left DaiEn and TaiHaku points. The member reading the pulse during this needling exclaimed, "This is a great pulse! Now I understand what's happening."

The patient said she felt much better, and the overall pulse was lustrous and firm. I noticed, however, that there was still room for improvement and asked the members what they thought should be done. Since nobody seemed to know, I proceeded to explain.

"There is still a small amount of disease-related disturbance like a thin cotton thread in the Triple Heater, Stomach, and Large Intestine Meridians. These disturbances represent the effects of the Wind and Cold external agents of disease affiliated with the patient's particular illness. It is easy to overlook their presence, but the long-term effects of the treatment will not be good if they are not removed. Let's see what we can do. Watch the pulse; I'm going to use *ho*-type *sha* needling to correct them."

I then applied the *sha* needling to the left and right GaiKan points, the left HoRyu point, and the left GoKoku point. All the members took turns examining the resulting pulse and confirmed the positive effects. There was not enough time remaining, however, to undertake Targeted Healing.

I later telephoned Ms. F to ask how she was doing. She replied, "For five or six days I felt great and accomplished a good deal of work. The following Sunday, at our local training session, I was again the model patient. One of the members treated me according to Liver-Lung *Sokoku* Control, including Targeted Healing, but my whole body became languid and my head began throbbing. I asked one of the older members of the group to look at my pulse, and he said that it had changed to Lung-Liver *Sokoku Kyo Akashi*. In other words, the Lung-Kyo became more pronounced than the Liver-Kyo, forcing the Primary and Secondary *Akashi* to reverse places. They then treated me with just Fundamental Healing using Lung-Liver *Sokoku* Control. I feel much better now."

Note:

This woman eventually died from ovarian cancer.

We can learn the following from this case study:

(1) If proper instruction had not been available when a member of the group falsely concluded that he had applied excessive *ho* needling to the Lung DaiEn point of the Secondary *Akashi* and re-created the Liver-Kyo of the Primary *Akashi*, not only would the members of the group have failed to learn correct principles of treatment, they might also have come to doubt the value of *Sokoku* Control needling.

(2) Hands-on training is conducted within the framework of Meridian Therapy's clear and logical theoretical system. Thus it is possible, through pulse diagnosis, abdominal diagnosis, and the other methods of examination to make immediate objective decisions concerning the effectiveness of one's techniques and to correct treatment that has been conducted improperly.

(3) Quite apart from the question of correct *akashi*, the effects of treatment will be as different as night and day depending on the practitioner's needling skill.

(4) The "*Kosato*-style small group training" of our Association is an excellent vehicle for hand-to-hand instruction.

Other examples of *Sokoku* Control treatment are described in the clinical case studies of Chapters XVI and XVII.

XVI

Correcting Mistaken Treatment

GENERAL INTRODUCTION

Meridian Therapy is based on a clear system of principles and rules. When it is conducted properly, healing illness is a natural consequence.

Clinical work, however, is subtle and complex. In fact, such a high degree of sensitivity and skill are required of the therapist that Meridian Therapy is often spoken of as a healing “art”. Thus, positive results are not obtained 100% of the time; a patient’s condition may remain unchanged, or he or she may even react negatively to the treatment. The cause in either instance is referred to as “mistaken treatment.”

In the unfortunate event that one has conducted treatment mistakenly, one can return to the principles and rules of Meridian Therapy to reassess the examination, diagnostic, and therapeutic processes. One can uncover the aspects of the treatment that were conducted incorrectly and lead the patient back to health through application of the appropriate corrective measures.

In haphazard treatment systems that lack a theoretical foundation, therapists quickly turn to self-created techniques and popular folk methods, and, therefore, often overwork the patient. With mistaken treatment of this type, the application of corrective measures is exceedingly difficult. Mistaken treatment of great masters, too, whose healing is based only on intuition and long years of experience, cannot be corrected in the same practical and systematic way as it can be within the framework of Meridian Therapy.

1 BASIC PRINCIPLES

Mistaken therapy can be analyzed from four standpoints: *Akashi* determination, point selection, treatment quantity, and Targeted Healing.

1) Mistakes Involving *Akashi* Determination

Treatment conducted according to mistaken *akashi* will cause negative reactions in the patient and a worsening of symptoms. If it involves patients with strong physical constitutions or therapists whose needling skills are undeveloped and weak, however,

it may not cause much immediate change in the patient's condition.

If it becomes clear that the wrong *akashi* has been used, the negative effects of the treatment can be immediately reversed by conducting therapy according to the correct *akashi*.

When the correct *akashi* is difficult to formulate from the start because the patient has a particularly disturbed pulse, examination is carried out through other techniques such as abdominal diagnosis, meridian palpation, and an analysis of the patient's symptoms. When the *akashi* remains elusive, however, the pulse is rendered easier to read through the application of Dispersed Needling (see Chapter XII, Section 4-9)) around the ChuKan, KanGen, and DanChu points or through the application of *ho* needling to the DaiEn point, which is the "Meeting" point (see Chapter XIII, Section 2-3)-iii) of the pulse. It may also be helpful to insert needles around particularly painful areas and to leave them in place, or to apply immediately any necessary emergency and supplemental techniques. With young children, light needling can be conducted in the back and abdominal regions before beginning diagnosis.

2) Mistakes Involving Point Selection

Even when the correct *akashi* is used, if point selection is conducted improperly the effects of treatment will be vague.

A therapist, who has an understanding of the properties of the major meridian points in terms of the Five Phases and the symptoms of illness and has familiarity with the special characteristics of the "Source", "Crevice", and "Connecting" points, is able to select the appropriate points through application of the rules of treatment.

After the correct point is chosen, the needling site must also be accurately located. Through careful practice, one learns to recognize the sensations affiliated with correct meridian points, such as knotting or stiffness of the tissue, depressions, pain upon pressure, the presence of Stagnated Blood, or local palpitation. Then, to ascertain whether or not the points were properly located during Fundamental Healing, one returns to the pulse after each needling. Our Association refers to this process as the location of "living and functioning meridian points" (see Chapter XIII, Section 2-2)).

3) Mistakes Involving Treatment Quantity

The subject of treatment quantity assumes great importance in *hari* therapy. As discussed in Chapter XII, determining treatment quantity is one of the most difficult aspects of healing.

Even with correct *akashi* and proper point selection, overdoing the treatment quantity may cause the patient to experience fatigue, drowsiness, palpitations, or dizziness. Symptoms will often worsen, and the patient may develop a fever or nausea. In extreme cases, the patient may suffer such severe discomfort that he or she is rendered

immobile. To avoid making these kinds of mistakes, one should generally treat first-time patients as lightly as possible. Overzealous attempts to perform extraordinary healing feats are a common cause of failure.

If the proper treatment quantity has been exceeded, the negative effects can be reversed to some degree. One must recheck the pulse to identify the meridians that are *kyo*, then apply one of the Rounded Needles to those meridians. Or, one can gently rub the back of the patient's neck or the patient's back. Very gentle *ho* needling of points such as stomach SanRi, ChuKan, KanGen, TenChu, FuChi, and HyakuE will also help ameliorate the patient's discomfort.

On the other hand, if the treatment quantity has been insufficient, the patient's condition will remain unchanged. To rectify this situation, it is necessary to increase the size of the needle, the depth of the needling, or the length of the needling time. One can also leave the needles in place for a certain period of time, or warm them. When the needling site is particularly hard, it may be useful to change to a stronger needle, such as one made of stainless steel.

4) Mistakes Involving Targeted Healing

Even when the *akashi*, point selection, and treatment quantity are correct, if the Targeted Healing of the affected area is not conducted properly, one cannot expect the best possible results.

As discussed in Chapter XIII, Fundamental Healing and Targeted Healing are like the left and right wheels of a car—success depends on their proper integration. When Targeted Healing is not conducted skillfully, especially in the case of a chronic illness, progress will be slow. If the patient ends up by losing confidence in the therapist, the entire treatment program will be a failure.

The subject of Targeted Healing is very complex, though, and cannot be described here in full. Like the subject of treatment quantity, its mastery surely requires a lifetime. In our Association, the Targeted Healing and emergency techniques practiced within the framework of Meridian Therapy include Midnight-Noon Needling, Odd Meridian Therapy, *Naso* Therapy, and Microbleeding. These techniques are discussed in Chapter XVIII, "Emergency and Supplemental Techniques."

Note:

(Needling in accordance with the overall pulse type)

In addition to the four categories described above, there is another aspect of healing that can make the difference between successful and unsuccessful clinical work. Our Association refers to this aspect as "needling in accordance with the overall pulse type." We regard it as a subject of the utmost importance.

Needling in accordance with the overall pulse type means working with the affects that coldness, fever, *kyo*, and *jitsu* have on the pulse. The classic texts state, "Needling in the case of fever requires fast movement, as if testing by hand the temperature of scalding water; needling in the case of coldness requires slow and gentle movement, as if wishing to delay the departing of a friend." In other words, just as with the *ho* and *sha* needling techniques, decisions concerning fast and slow needling techniques must be made in precise correspondence to the overall pulse type of the patient.

In our Association, examination of the pulse type (see Chapter X, Section 6) begins with the classification of the pulse into *ki* or *ketsu*, followed by classification according to the Five External Causes of Illness, which are "Wind, Hotness, Excessive eating, drinking, and working, Cold, and Dampness." Needling is performed in coordination with these findings. In addition, one must learn to recognize special pulse types, such as the Pounding pulse, which are treated with the careful application of needling techniques that cause the pulse disturbances to rise into the Yang meridians where they can be removed from the system.

It is important to bear in mind that, if one disregards the patient's pulse type, needling will not only be ineffective but it may also become a source of mistaken treatment.

2 CLINICAL CASE STUDIES

1) Mistaken *Akashi*

[Case 1] A 32-year-old housewife of nervous temperament

This patient complained of poor appetite, headache, and dizziness, and was treated as Liver-*Kyo Akashi*. The following day she reported, "Perhaps I've caught a cold. I have a cough and my headache has gotten worse, and I've developed a rash on my face. The prolapse of my rectum that had finally gotten better is also bothering me again." The *akashi* was changed to Lung-*Kyo*, after which all of her symptoms showed improvement.

[Case 2] A 62-year-old strong-minded and muscular man

This patient was treated as Spleen-*Kyo Akashi* for bilateral sciatic neuralgia caused by osteoarthritis of the spine. The results, however, were unsatisfactory; and after five treatments I made up my mind to try Liver-*Kyo Akashi*. The patient returned after five days, reporting, "I had such terrible dizziness that I thought my blood pressure must have gone up, so I went to the doctor for an injection. However, my condition did not improve." I then returned to Spleen-*Kyo Akashi* and applied *ho* needling to the Gall Bladder and Bladder Meridians. The patient's dizziness was immediately cured, and the neuralgia showed steady improvement.

[Case 3] A 45-year-old housewife

Unable to come to the clinic due to a menopausal disorder, this patient was treated in her home. She had received medical attention for heaviness of the head, dizziness, lack of appetite, and fatigue, and had been in bed for more than two weeks. I treated her as Liver-Kyo *Akashi* and kept the quantity of treatment light. The next day she said, "My dizziness has gotten much worse. When I get up I fall over, and I can't even sit up." Knowing that dizziness and fainting are signs of Liver-*Jitsu*, I took another look at her pulse and found that the Liver Meridian was indeed *jitsu*. I, thus, reformulated the *akashi* as Lung-Kyo and applied *ho* needling to the Gall Bladder Meridian. Her dizziness showed immediate improvement and she was able to sit up again.

I telephoned her the next day, and she said that she felt much better. Two days later she began coming to the clinic and afterwards showed steady improvement.

[Case 4] A 16-old girl with appendicitis

This patient was being treated by a member of our Association. The therapist telephoned me to explain that it was a normal case of appendicitis, accompanied by a distended and painful abdomen and lack of appetite, and that a doctor had recommended surgery. Three treatments as Lung-Kyo *Akashi* had made the patient feel somewhat better, but her overall condition had not improved. Listening to the story, I was able to suggest that treatment be changed to Spleen-Kyo *Akashi*. The therapist followed this advice, and later reported that the patient was showing great improvement.

In the treatment of this patient, Lung-Kyo *Akashi* required the use of the DaiEn and TaiHaku points while Spleen-Kyo *Akashi* required the use of the TaiHaku and TaiRyo points. The difference in point selection, therefore, amounted to a mere one or two centimeters along the inside wrist, yet the difference in treatment effect was tremendous.

2) Mistaken Point Selection

[Case 1] A model patient

A student at one of the technical training sessions of our Association was needling the model patient according to Liver-Kyo *Akashi* (KyokuSen, InKoku). Reading the pulse, I noticed that the needling of the Liver Meridian had been effective but that the needling of the Kidney Meridian had not been. The model patient had also begun to feel heavy and tired. Thinking this to be a strange reaction, I checked the position of the points and discovered that the student had located the InKoku point too forward towards the KyokuSen point, and the KyokuSen point had been located just alongside the knee cap. After correcting these positions, the pulse showed great improvement, and the model patient reported a feeling of well-being.

[Case 2] A model patient

A 40-year-old model patient was suffering from chest pain, stiff shoulders, and headache. The student treated the patient according to Kidney-Kyo *Akashi* by applying *ho* needling to the FukuRyu (coughing, chills, and fever) and ShakuTaku points. The symptoms immediately worsened, and the patient experienced chills and difficulty in breathing. The instructor recognized the problem and checked the pulse, which he found to be in complete disarray. He thereupon reapplied *ho* needling according to Kidney-Kyo *Akashi*, but instead of the FukuRyu and ShakuTaku points, he changed to the InKoku (hot head and cold feet with a loss of body fluids) and ShakuTaku points. The pulse became balanced and the patient's condition immediately improved.

This case illustrates the results of incorrect point selection and the way in which poor needling technique causes a loss of healthy *ki*.

[Case 3] A 31-year-old male carpenter

This patient was introduced to my clinic by a member of our Association who had treated him ten times according to Liver-Kyo *Akashi*, but without success.

The patient's main complaint was a severe facial rash, which he suspected was a reaction to a skin cream. The patient was hypersensitive and underweight. There were small *okyu* marks on the SanRi and GoKoku points of the Large Intestine Meridian. Pulse diagnosis revealed the *akashi* to be Liver-Kyo, and there was an old *jitsu* disturbance in the Yang Gall Bladder position that had also flowed over to the Small Intestine Meridian. I thereupon applied *ho* needling to the KyokuSen and InKoku points, and applied *ho*-type *sha* needling to the KoMyo point of the Gall Bladder Meridian and the ShiSei point of the Small Intestine Meridian.

By the following day, the patient's stubborn skin rash had greatly improved. This case history illustrates the importance of coordinating point selection and needling technique with the pulse *akashi*—the initial treatment did not succeed because the necessary *sha* needling was not carried out.

3) Mistaken Treatment Quantity and Targeted Healing**[Case 1] A 48-year-old woman**

For two years this patient had been receiving medical care for a neurosis-related condition, but without success. She suffered from weight loss, quick fatigue, lack of appetite, chronic diarrhea, abdominal pain, palpitations, dizziness, ringing in the ears, insomnia, and other related symptoms. Her muscle tone was weak and her skin dry, and she had a soft, weak pulse that clearly indicated *ki-kyo* and *ketsu-kyo*.

I treated her as Lung-Kyo *Akashi* and was wary of the danger of overdoing the treatment quantity. There were so many symptoms to deal with, though, that I inadvertently overworked her. Her pulse did not improve, and she had become so

languid that she wondered whether she would even be able to return to the clinic.

I decided on the spot to try to reperform the treatment correctly by keeping the treatment quantity light, by applying *ho* needling to the DaiEn and ShoKyu points with a Rounded Needle, and by performing all other needling with the most superficial of techniques. I applied neither the subcutaneous needles nor the warming *okyu* that I normally use at the end of a treatment.

After the second or third treatment of this kind, the patient was able to sleep at night, and her appetite improved. I then began using standard needles when conducting Fundamental Healing, but I continued to use superficial techniques for Targeted Healing. The patient showed steady progress.

From about the tenth treatment, I was able to employ standard Targeted Healing techniques at the TenChu, FuChi, HyakuE, HaiYu, and HiYu points. By the 20th treatment I had changed to Liver-Kyo Akashi. I continued in this manner until the patient was completely cured.

[Case 2] A 64-year-old male executive

This patient was of strong build and weighed 78 kilograms. He suffered from high blood pressure, heaviness of the head, stiff shoulders, and lower back pain.

After more than ten treatments as Kidney-Kyo Akashi, the patient's blood pressure did not decrease as I had hoped it would. The other symptoms also persisted. On the 16th treatment I employed Targeted Healing techniques, inserting 3sunn #2 stainless steel needles bilaterally, two centimeters into the TenChu, FuChi, KenChuYu, KakuYu, HaiYu, JinYu, and DaiChoYu points, and along the fourth cervical vertebra. These needles were left in place for twenty minutes. After two or three of these treatments the patient's blood pressure dropped, and his other symptoms showed marked improvement.

Note:

The above case studies are drawn from the middle of 1960s, when *akashi* were formulated with single meridians, and, as such, they are relatively easy to understand. In actual clinical work today, however, practitioners must make use of *Sokoku Akashi*, as illustrated in the following section.

4) Mistaken Treatment in Today's Clinics

[Case 1] A 45-year-old woman

The patient is very weak, suffering from severe *ki-kyo* and *ketsu-kyo*. A member of our Association had been treating her, but after her *akashi* began shifting incessantly between Lung-Kyo, Liver-Kyo, Spleen-Kyo, and Kidney-Kyo, he despaired of healing her himself and introduced her to my clinic.

The patient explained that she began to experience palpitations, dizziness, reduced eyesight, loss of appetite, chronic diarrhea, weight loss, fatigue, insomnia, and so forth twelve or thirteen years earlier, after she received a skin-grafting operation in the area of the KoKo point on the left side of the back for the treatment of low blood pressure. Since that time she had sought the help of many medical professionals, but to no avail. When she came to the clinic, she was suffering incessantly from severe pain and oversensitivity in the area of the graft and along the entire back.

In reading her pulse, I found the overall pulse type to be Thin and Faint. I could detect slight indications of both Lung-Kyo and Liver-Kyo but could not determine which was dominant. I eventually established the Primary *Akashi* as Lung-Kyo and decided to treat the patient with Lung-Liver *Sokoku* Control. I reasoned that the upper back is affiliated with the Lung Meridian and that the patient's general exhaustion of *ki* is also the responsibility of the Lung. I conducted Targeted Healing with very light needling, and ended the treatment with a subcutaneous needle at the ShinChu point near the pain in the back.

The patient returned the next day reporting that the pain in her back had lessened. She then said, under her breath, "It's a little embarrassing, but I think I've just soiled my undergarments!" I carefully examined her pulse and found that the Lung and Liver were still *Sokoku-Kyo*, but that this time the *kyo* of the Liver was clearly dominant. I immediately reformulated the *akashi* as Liver-Lung *Sokoku-Kyo* and conducted Fundamental Healing accordingly. I ended the treatment with very light Targeted Healing.

After eight treatments of this type, the patient showed considerable improvement. She expressed amazement that her troublesome back pain had disappeared after only three treatments. However, the person accompanying her at the time said to me, "She's rather upset that her eyesight is progressively worsening."

Upon hearing this, I proceeded to question the patient very carefully. She admitted that her eyesight had been gradually worsening from long ago and assumed, strangely enough, that this process had been speeded up as a natural consequence of *hari* treatment. A detailed description of her present condition included cold feet, distended lower abdomen, stiff upper neck and upper back, and hot flashes, and she said that sometimes urination, defecation, and tearing took place beyond her control. In addition, she informed me that an ear infection from a few years back had begun to leak fluid again.

These signs of illness exemplify the meaning of the words "hot head with cold feet and a loss of body fluids" that indicate the need to employ Water (Uniting) points. Thus point selection for Liver-Kyo *Akashi*—KyokuSen and InKoku Water (Uniting) points—need not change. Point selection for Lung-Kyo *Akashi*, however, must be changed to the Lung Meridian ShakuTaku Water (Uniting) point and the Spleen Meridian InRyoSen Water (Uniting) point. This change brought immediate overall improvement, and after

20 sessions the patient's eyesight had improved tremendously, her weight had increased six kilograms, and her other symptoms were markedly better.

[Case 2] The 54-year-old wife of a physician

Normally of good health, this patient became ill three years earlier due to overwork and fatigue. After three heart attacks, she suffered a brain hemorrhage that resulted in partial paralysis of the arms and legs—especially on the right side—weight loss, insomnia, palpitations, loss of appetite, speech impairment, and a feeling of fever and swelling on the inside of the hands and feet. She was carried into the clinic by members of her family.

Pulse diagnosis revealed Spleen-Liver *Sokoku-Kyo Akashi*. Application of *ho* needling to the left TaiHaku, left TaiRyo, and right TaiSho points brought the pulse back to balance. I finished the treatment with Targeted Healing consisting of *ho* needling of two to three millimeters around the TenChu, FuChi, KoKo, right ChuFu, KenGu, Stomach SanRi, DanChu, and ChuKan points and along both sides of the neck.

The patient's overall condition began showing improvement after a few treatments, and her speech became quite clear. I had hoped, though, to impress her physician husband with more dramatic changes. This gave me the wild idea of switching the *akashi* to Liver-Lung *Sokoku-Kyo*. After the treatment I sent her home with the words, "I used some special techniques today and expect you to see some great changes."

She returned to the clinic ten days later and told me, "I must have caught a cold or something. I developed a cough, cramps in my arms and legs, uncontrolled urination, and swelling all over my body. It was only a few days ago that I began feeling well enough to come in again."

I immediately understood these symptoms to be the result of mistaken treatment and re-examined the patient's pulse very carefully. When I changed the *akashi* back to Spleen-Liver *Sokoku-Kyo*, she showed steady improvement.

[Case 3] A 72-year-old male executive

The patient is physically fit and well-nourished but has tendencies towards diabetes and high blood pressure. Questioning Examination revealed that he had been in bed with a cold for one month. His fever had reached 39.6°C, and he was suffering from a heavy cough. A physician had given him medication to bring down the fever, but told him that, due to his age, he must stay in bed until he had completely recovered in order to avoid contracting pneumonia. His cough, however, did not subside. Furthermore, he had lost his appetite and felt weak and uncomfortable. A friend had recommended that he come to my clinic.

Pulse diagnosis in coordination with the other methods of examination revealed Lung-Liver *Sokoku-Kyo Akashi*, and after the first treatment carried out according to this *akashi*, he seemed to show improvement. The next day, however, he told me that

his cough had worsened to the extent that he was kept awake all night and was completely unable to eat. He had to have someone carry him into the clinic for treatment.

I realized that this patient's condition was the result of mistaken treatment. In order to remove his needless overconcern, I explained, "The worsening of your cough is only temporary. It is part of your body's effort to clear out your bronchial tubes after the month-long chronic cold. Today's treatment will help you to get the phlegm out of your system." I then rediagnosed him as Spleen-Kyo Liver-Jitsu Akashi and treated him accordingly.

I decided to use Metal (Traversing) points that are associated with coughing, fevers, and chills—the ShoKyu point of the Spleen Meridian, the KanShi point of the Heart Constrictor Meridian, and the ChuHo point of the Liver Meridian—and conducted the Fundamental Healing with great care. For Targeted Healing, I applied *ho* needling to a depth of over one centimeter with a #3 stainless steel needle at the ChiZen point, and at a few more points below that. I finished the treatment with Odd Meridian *okyu* applied five times to the right Rekketsu point and three times to the left ShoKai point (Kidney Meridian), then five times to the left Rekketsu point and three times to the right ShoKai point.

The next morning the patient telephoned to report that he had slept very well the night before, and that for the first time in a long time he was able to eat a full breakfast. He said that he still had a cough, but he was careful to add that it was helping him to clear out phlegm and was thus making him feel much better.

During the course of treatment I learned that the patient was accustomed to eating relatively large amounts of fatty meat and fish and drinking two to three large bottles of beer a day. I therefore felt the need to advise him about his diet.

[Case 4] Mrs. Y, a 52-year-old Japanese folk dance instructor

The patient is of good constitution and well-nourished but is uncommonly hypersensitive. She came in for treatment thinking she must have caught a cold and explained that she was completely exhausted and had been unable to move for the past two to three days.

I diagnosed her as Lung-Liver *Sokoku-Kyo Akashi* and asked a staff member of the clinic to treat her while I attended to another very seriously ill patient. During the course of the treatment, however, Mrs. Y's condition grew worse, and the staff member asked me to take a look. I told her I was busy and asked her to wait, but I could hear Mrs. Y's troubled breathing and groaning.

I moved to Mrs. Y's bed and was startled to find her in severe distress. She was down on her hands and knees and trembling from head to foot, with her back covered in oily sweat. She was unable to reply to anything that I said.

In order to calm her trembling, I watched for a chance to carefully apply *ho* needling to the FukuRyu point of the Kidney Meridian as an emergency measure. This quieted her down considerably, and she fell onto her stomach. I then applied *ho* needling to the JinYu and turned the patient face-up with the help of an assistant.

I carefully re-examined her pulse. The *akashi* was indeed Lung-Liver *Sokoku-Kyo*, but I could also make out a strong Drum-like pulse in the middle position. At that point I realized that her negative reaction was the result of severe Yang-Kyo, caused by the therapist's efforts to treat the Drum-like pulse disturbance with *sha* needling before it had been sufficiently raised to the surface of the pulse. I reapplied the Lung-Liver *Sokoku-Kyo* needling with extreme care and rechecked the pulse. This time, along the underside of my fingers, I could feel the throbbing of *jitsu*-type disease-related *ki* in the Yang meridians.

I then changed to a #3 stainless steel needle and performed the *sha* technique at the "Connecting" point of each Yang meridian. Mrs. Y's breathing became deep and relaxed, and before long she was weeping tears of relief. She told me that she had feared for her life. I finished the treatment with Odd Meridian *Okyu* using the Rekketsu-ShoKai group together with the GoKei-ShimMyaku group.

Note:

Through these case studies, one can understand how even small mistakes in diagnostic and needling technique can mean the difference between life and death. However, a real understanding of the subtleties of Meridian Therapy requires hands-on practice in everyday clinical situations. This is the true spirit of the words, "Correct understanding comes only through experience." It is through experience that one rediscovers the magnificence of traditional pulse diagnosis, *akashi*, and *ho sha*, and gains a deep respect and admiration for the wisdom of the ancients.

XVII

Meridian Therapy: Clinical Case Studies

GENERAL INTRODUCTION

At long last, the reader is presented with real-life examples of Meridian Therapy in action. We will see, however, that the correct clinical application of the principles and techniques we have been studying is a very complex task. The development of the necessary hands-on skills requires years of experience, as well as courage and dedication. In addition, in order that this process not take a lifetime, one must fully understand the theoretical system that allows Meridian Therapy to be studied as a “science.”

The cases we have chosen to present do not define the range of applicability of Meridian Therapy. Once the basic theories and techniques have been mastered, an *akashi* can be established and treatment can be conducted for any illness. Unlike Modern Western Medicine, Meridian Therapy is not limited by disease names that pre-establish the feasibility of treatment. And the patient does not have to run from one specialist to another in a search for the practitioner who can handle his or her particular condition.

In other words, regardless of the complexity of a patient’s symptoms, examination and diagnosis based on an understanding of meridian theory and the workings of *ki* and *ketsu* make possible a holistic interpretation of the patient’s situation, expressed in the formulation of *akashi*. A therapeutic method, involving *ho sha* needling and the fortification of the patient’s Vital Energy, is derived directly from the *akashi* and is the basis for the healing of any illness. Though there are *akashi* that represent illnesses already advanced beyond cure (see Chapters X and XI), they are rare. Success and failure in most cases depend only on the practitioner’s level of skill.

For example, therapists with a general knowledge of Modern Medicine usually assume that Traditional *Hari* cannot help a patient that is labeled with an infectious disease. According to the classic texts, however, the great practitioners of the past were highly effective in treating this kind of illness, since recovery is the direct result of the strengthening of Vital Energy. Effective intervention is similarly possible with measles,

mumps, chicken pox, influenza, and the like—illnesses for which a Western physician can do nothing but put the patient to bed and wait.

Also, practitioners of Modern Acupuncture, which is based on stimulation-induced healing, may hesitate to treat functional disorders of the inner organs. Therapists who work with the meridian system and the body's Vital Energy network, on the other hand, are able to treat even such conditions.

Six case studies illustrating various aspects of Meridian Therapy are discussed below. Note that the format of these reports is variable, and the analyses of the symptoms and signs of illness in relation to the 12 meridians are often abbreviated.

The followings are illustrated in the order of a simple case of one-*ki* one-meridian to a more complex multi-*ki* multi-meridians. This edition picks up only three cases because of the troubles in translation. Instead, three more cases are added which are conducted by the translator, Douglas, himself. Thorough aspects of Meridian Therapy will be discussed in the future edition.

[Case 1] Balancing of the Yin Yang - Five Phases

Patient:

45-year-old male, proprietor of a confectionery.

Main Symptoms:

Bloated stomach and back pain.

Looking Examination:

Grayish complexion with yellow hue. Good physique but extremely underweight.

Listening/Smelling Examination:

Low, husky voice. Short-tempered manner of speaking, i.e., combination of Sharp and Sacred sound qualities.

Questioning Examination:

The patient has suffered from stomach troubles, including hyperacidity, gastroparesis, and ulcers for the past 20 years. He has also had venereal disease. In need of constant care, he has visited every major hospital in the city at least once. He tells us, however, that because stress, overeating, overdrinking, and smoking are unavoidable aspects of his working life, he does not expect his symptoms ever to be completely cured.

He has no appetite and can easily get through the day without eating. Overeating, even slightly, distresses his bloated stomach. He feels best when he limits himself to meals consisting of small amounts of eggs, milk, and rice porridge. He has a tendency toward constipation, with alternating bouts of diarrhea. His entire back is swollen, painful, and feverish. The rest of his body is cold. He gets fatigued easily, his eyesight is weakening, and he does not sleep well at night. His body temperature is low.

Palpation of the Abdomen:

The overall abdominal region is emaciated, and the ribs protrude. The skin is dry. The upper and lower abdomens are depressed and weak, and the epigastrium is distended. Below the rib cage, especially on the right side, the hardened liver can be felt. Light palpation in the region of the heart reveals strong movement. The palpitation disappears upon pressure (*ki-kyo*), but at deeper levels it becomes hard and seems to take root (*ketsu-kyo*).

Palpation of the Back:

The "Rear-associated" points of the five *zo* along both sides of the backbone are hypersensitive and hard to the touch. Pressure causes a pleasant sensation.

Examination of the Pulse:

The overall pulse type is Thin, Faint, and somewhat Rapid, clearly indicating *ki-kyo* and *ketsu-kyo*. The comparative pulse reading reveals that the Spleen and Heart Meridians are *kyo*, and that the Stomach and Triple Heater Meridians are weak. Furthermore, the Liver and Kidney Meridians are *kyo*. The Gall Bladder and Bladder Meridians are also *kyo*.

Analysis:

The patient's good physique indicates that his present weakened condition does not represent his true constitution but is rather the result of many years of overworking, poor living habits, and illness. The Spleen-*Kyo*, responsible for the disturbances of his digestive system, and the *kyo* of the Liver and Kidney are quite advanced. Together with the Thin and Faint pulse type, they indicate that the patient is suffering from *kyo* of both the Yin and the Yang and will, therefore, require extensive *ho* needling. It is also possible to surmise that a complete cure will take a relatively long period of time.

Akashi Determination:

Spleen-Liver *Sokoku-Kyo Akashi*. *Ho* needling to be applied to both the Yin and Yang.

Treatment:

First, I applied *ho* needling with a Rounded Needle to the Earth "Source" TaiHaku point of the Spleen Meridian and the left Earth "Source" TaiRyo point of the Heart Constrictor Meridian (in substitution for the Heart Meridian). The resulting pulse showed that the Liver and Kidney Meridians were still *kyo*. I then carefully applied *ho* needling to the right Earth "Source" TaiSho point of the Liver Meridian and the right Earth "Source" TaiKei point of the Kidney Meridian. This needling corrected the imbalances in the Yin meridians, and I was, therefore, able to move on to the Yang Meridians. I applied *ho* needling to the Stomach Meridian SanRi point, the Triple Heater Meridian YoChi point, the Gall Bladder Meridian KyuKyo point, and the Bladder Meridian KeiKotsu point. This needling balanced the remaining meridians and resulted in a bright and well-toned overall pulse.

Turning to Targeted Healing, I first applied *ho*-type Dispersed needling to the abdominal region. Then, to treat the numerous hard spots along the “Rear-associated” points of the back, I chose a 1.3 *sunn* #2 needle and inserted it three to four millimeters. After I gently moved it back and forth at each point, the patient reported that the sensation he was experiencing was very pleasant. I finished this first treatment by placing subcutaneous needles in the ShinChu point, the left HiYu point, the YoKan point, and the ChuKan point.

Progress:

Returning to the clinic the next day, the patient told me that he had felt better after the treatment, but that later he became very tired and developed heart palpitations. He began to feel anxious and had been unable to sleep.

In this case, neither the *akashi* nor point selection was incorrect. My mistake was that I had become overconcerned with the patient’s back symptoms and performed excessive Targeted Healing. During the second treatment, therefore, I conducted Fundamental Healing in the same way as before but used very light needling with the Targeted Healing of the back. I then finished the treatment by placing subcutaneous needles in the ShinChu and ChuKan points.

The patient returned two days later. He reported that the pain and feverish feeling in his back had not changed, but the bloating of his stomach had almost disappeared and, in general, he was feeling much better. I treated him a third and fourth time, in the same manner as the second treatment.

For the fifth treatment, during the third week, I changed from a Rounded Needle to a #1 needle for Fundamental Healing. In Targeted Healing, I examined the abdomen to find the places that were *kyo* (predominantly the KoKetsu, ChuKan, FuYo, RyoMon, TenSu, KiKai, and ShoMon points), and inserted 1.3 *sunn* #1 stainless steel needles about two millimeters and pointing a downward. I covered the needles with a towel and placed a heating pad over the towel for ten minutes. The patient stated that the sensation was very pleasant and that his stomach was gurgling and moving again.

I continued treatments in this manner, by gradually increasing the number of needles for the Targeted Healing of the back. Subcutaneous needles were inserted at a few positions. The patient’s appetite slowly returned, and he began to sleep well at night. His body temperature rose, and the pain and fever of his back gradually disappeared. I may have made two or three errors in addition to the initial excessive Targeted Healing, but after about 50 treatments over a four-month period the patient was completely cured of the symptoms that had caused him to suffer for so many years.

Note also that after about 28 treatments, the patient changed to Liver-Kyo Akashi, which I recognized as his Primary Pulse.

Note:

Warming needling sites with electric heating pads is often simpler and more effective than trying to conduct heat by burning moxa on the handles of inserted needles. Heating pads are most commonly used for chronic degenerative illnesses. They are also very effective with women's disorders such as infertility, irregular menstruation, and lower back pain caused by poor circulation. Heating pads must not be employed, however, when the patient has a fever.

[Case 2] The Pounding Pulse**Patient:**

68-year-old male, president of a large company.

Main Symptoms:

Fits of dizziness and nausea.

Clinical History:

The patient has been coming to the clinic for over 20 years. He had first come in after contracting gangrene in the fourth and fifth toes of his left foot. His brother, the head of the surgery department at a major hospital, had strongly advised him to have the toes removed, but the patient chose to treat the condition at our clinic and was eventually completely healed. Since then, he and his family have been receiving treatments at the clinic on a regular basis.

Present Condition:

The patient telephoned, saying that he had suffered an attack of vertigo and nausea at a meeting the day before. He had quickly returned home and called a physician. The doctor told him he had no fever but "perhaps a slight cold," and prescribed some medicine for his stomach. This morning, when he got out of bed, he still felt dizzy, nauseous, and generally unwell. He arranged to cancel a business meeting in order to come in to the clinic.

Looking Examination:

The patient possesses a strong constitution and is well nourished but seems generally exhausted. His skin is dry. He is shivering slightly. His blood pressure is 128/77 mm Hg.

Listening/Smelling Examination:

The patient's voice is normally sharp and clear, characteristic of a person with strong leadership abilities. Today, however, it is feeble and hoarse, i.e., a combination of Entreating and Sharp.

Questioning Examination:

The patient reports that for the last several days he has been overworking and now he feels discomfort in his chest. When he stands up quickly, he experiences dizziness and

nausea. Lying face-up on the examination bed, his chest still bothers him. He also experiences slight chills.

Examination of the Pulse:

The overall pulse type is Sinking, *Jitsu*, and somewhat Rapid. A strong pounding pulse can be felt along the Middle Pulse. The Yang meridians are all *kyo*. The comparative pulse reading reveals Lung-Liver *Sokoku-Kyo*.

Akashi Determination:

The patient has recently endured a great amount of stress due to a heavy end-of-the-year work load, and the stress has brought about disturbances in the flow of *ki* and *ketsu*. This situation, as well as the findings of the examinations described above, indicate that the *akashi* is Lung-Liver *Sokoku-Kyo*.

Analysis:

Note that the physician failed to understand the severity of the patient's condition. He noticed that the body temperature and blood pressure were normal, but he was unable to recognize the presence of the Pounding pulse.

Successful therapy will depend on skillful needling technique. Effective *ho* needling of the Yin meridians will raise the Pounding pulse from the Middle Pulse to the Surface Pulse. From there it can be eliminated from the system with the appropriate *sha* techniques.

Treatment:

I first inserted and left in place 1.3 *sun* #1 stainless steel needles at the TenChu and FuChi points, along both sides of the DaiTsui point, and at the DanChu and ChuKan points.

Then, as is standard procedure, I used a 0.8 *sun* #2 silver needle and carefully applied *ho* technique at the left DaiEn and TaiHaku points and at the right TaiSho and TaiKei points. Checking the pulse, I discovered that the Pounding pulse had not been raised high enough into the Yang region to permit successful *sha* needling. Although it is not completely a safe practice, I dealt with the problem by immediately applying the same *ho* techniques a second time. With the second application, *jitsu*-type disease-related *ketsu* became clearly visible in the Yang meridians. I then conducted the necessary *sha* techniques on each Yang meridian with a 1.3 *sun* #3 stainless steel needle.

The patient reported an immediate easing of the discomfort in his chest and a general feeling of warmth throughout his body. I finished the treatment by removing the needles from the abdomen and back of the neck, and by applying *ho*-type Dispersed needling to both areas.

Supplemental techniques included the use of Odd Meridian Therapy as discussed in Chapter XVIII.

Progress:

The patient expressed his thanks the next day, adding, "The treatment is working. I feel much better, and my dizziness and nausea have disappeared."

Complete recovery took place after three more of the same treatments.

[Case 3] Asthma**Note:**

This case study was reported by Ishii Hiroko, a fourth-year member of our Association. In recognition of the excellence of this work as well as her continuing outstanding efforts and achievements, Ms. Ishii was presented with the Association's first "*Kosato* Award."

Patient:

73-year-old woman.

Main Symptoms:

Wheezing, coughing.

Looking Examination:

Pale complexion. Height is 147 cm., weight is 56 kg. She is slightly heavy-set, and slow-moving.

Listening/Smelling Examination:

Heavy wheezing with occasional weak coughing. Rough breathing. Feeble voice. Answers questions very sharply, as if annoyed. Breath odor is Fishy/Bloody.

Questioning Examination:

The patient tells me that she catches colds quite easily. About ten years earlier, after being out in the rain, she contracted a heavy cold with a lingering cough, and a doctor subsequently diagnosed her as asthmatic. Since that time she has suffered from wheezing and coughing every year between autumn and spring. The medicines she was prescribed did not help her, and eventually she found herself resorting to incantations and prayers—all to no avail.

Realizing her susceptibility to colds, she conscientiously avoids inclement weather. But about ten days earlier, circumstances compelled her to venture out into the rain. She got wet and developed a fever, and the next day she had to stay in bed. An injection from the doctor brought down the fever, but her coughing continues unabated. At night it worsens to such a degree that it prevents her from sleeping.

Her daughter strongly advised her to come to my clinic for treatment. She hesitated, however, recalling a prior experience with acupuncture that had been very painful. "*Hari* Master Ishii's type of healing is absolutely painless," her daughter explained, but she still resisted. The day she came in, a colleague had telephoned her and said,

“You still haven’t begun treatment? Well, if you’re not going to listen to anyone, I suppose there is nothing we can do for you.” Threatened with the loss of peer support, she finally decided to give the clinic a chance.

Her other symptoms include stiff shoulders—especially the left side, headache, running nose, and lethargy. Coughing causes pain in the chest, and sitting and standing cause pain in the lower back, especially on the right side. She has an upset stomach and no appetite, and suspects that her cold medicine is responsible for these conditions. She also takes herbal medicine for constipation.

In addition, she receives injections to strengthen her physical constitution, but the administering doctor told her it was too soon to judge their effectiveness. I advised her to stop the injections while she is under my care, and she promptly agreed.

Palpation Examination:

[Meridian Palpation] The patient has very fine skin, but it lacks luster and tone and feels generally flaccid. The inside forearm is of a rather coarse complexion. The *Naso* Therapy region of the shoulders shows signs of congestion, especially on the left side. Comparative examination of the regions below the collarbone reveals that the left side protrudes more than the right. I suggested, “You probably experience heart palpitations, and you may have an enlarged heart.” She replied with surprise, “How did you know! That’s what they told me at the hospital, too.”

The patient was wearing a corset, and I asked her to remove it in order to facilitate examination of the abdominal region. She complied but seemed fearful. At the age of 67, she explained, she had had an operation for gallstones. She does not like to remove the corset because her intestines have never realigned themselves properly; they protrude above the skin in the area near the navel whenever she strains the surrounding muscles. At that moment she happened to cough, and a part of the intestine the size of a ping-pong ball bulged forward just as she had described. In cases such as these, the protrusion is normally corrected surgically, but it seems that the doctor decided against additional treatment due to the patient’s age. A large scar runs from the area above the navel to the area of the *KoKetsu* point. Also, the upper spine curves outwardly and the lower spine deviates sharply to the right.

Abdominal Examination:

The overall abdominal region is soft, weak, and cold. The area of the *Lung Ki*, below the right ribs and including the *NichiGetsu* and *FukuAi* points, is severely depressed. The area of the *Spleen Ki* is cold, almost as if a cool wind were emanating from the navel. The area of the *Liver Ki*, including the left *TaiMyaku*, *GoSu*, and *YuiDo* points, is cold and *kyo*. The same is true for the area of the *Kidney Ki* above the pubic bone.

Pulse Examination:

The overall pulse type is Faint, Weak, and Thin. It is somewhat Rapid. In the comparative pulse reading, the Deep Pulse in the right *sunoko* position—Lung-Metal—

is the most *kyo*. The right *Kanjo* Spleen-Earth position is also *kyo*. The Large Intestine and Stomach Meridians of the Surface Pulse are *kyo*. The Deep Pulses of the left *kanjo* and *shakuchu* positions that are in *sokoku* relationship to the above—the Liver-Wood and Kidney-Water—are both *kyo*. The Gall Bladder and Bladder Meridians of the Surface Pulse are *kyo*. The Triple Heater and Small Intestine Meridians are *kyo*. The Heart Meridian is also weak.

It is said that a therapist should avoid treating a patient whose five Deep Pulses are all *kyo*. While pondering the severity of this woman's condition, I said aloud, "You seem to be quite exhausted. Do you find yourself sweating in your sleep?" She replied, "Yes, I do sweat in my sleep. I even sweat when I'm standing still, and it feels terrible." She then laughed bitterly and added, "I used to enjoy cooking, but lately—and especially this year—I tire so easily that I don't feel like doing anything. I've managed to slowly pull myself away from kitchen chores and leave them to my daughter, who must see to everything after each hard day at work."

Analysis:

The whiteness of her pallid skin, the poor complexion of her inner forearm, the roughness of her breathing, the Fishy/Bloody breath odor, the wheezing and coughing, the tendency to catch colds, the running nose, stiff shoulders, and inability to sleep at night are all disturbances of the Lung Meridian. The constipation is a disturbance of the Large Intestine Meridian. Her languor and body pains, lack of appetite, and unsettled stomach are disturbances of the Spleen Meridian. Heart palpitations, sweating in sleep, and enlargement of the heart are disturbances of the Heart Meridian. The greenish color within her pallid complexion, her headache, chest pain, and lower back pain are disturbances of the Liver Meridian. The cold lower abdomen is a disturbance of the Kidney Meridian.

Akashi Determination:

Judging from the results of the pulse diagnosis and abdominal diagnosis in coordination with the other findings from the Four-Way Examination System, I determined this patient to be Lung-Liver *Sokoku-Kyo Akashi*.

Treatment Strategy:

The overall pulse type is Faint and Weak, and the Yang meridians are *kyo*. Therefore, it is of the utmost importance during needling not to lose any healthy *ki* and not to exceed the proper treatment quantity.

Also, because the patient is worried that *hari* treatment will be painful, she must be shown during her first treatment that it is actually painless. In determining which side of the body to needle, I noticed that the patient's symptoms are randomly distributed between the left and right sides, and thus decided to undertake an examination of the Superficial Temporal Arteries and the shape of the navel. I concluded that the standard right-sided treatment for women would be acceptable.

Prognosis:

Normally, asthma can be treated successfully through Meridian Therapy. Considering the symptoms and pulse type of this patient, however, it is likely that her case will be more difficult than usual. Even so, I realize that I cannot refuse to treat the troubled patient standing in front of me. I don't know how much I will be able to help her, but I decide to do my best to alleviate her suffering, even if only to a small degree.

Treatment:

First, I gently touched a 1 *sun* #1 silver needle to the right DaiEn point. I applied left-right pressure with my supporting hand to about 70% of full capacity and began concentrating on the movement of *ki*. At that moment, the patient's stomach gurgled and she drew a deep breath. Recognizing this as a sign that the *ki* had come around, I increased the left-right pressure to 100% and immediately removed the needle. I carefully closed the needling aperture with the thumb of my supporting hand to ensure that no healthy *ki* could escape.

"That didn't hurt, did it!" I exclaimed. "What's that? Do you mean you already needed me?" she replied. "I was so scared that I kept my eyes closed, but I didn't feel a thing."

I then checked the pulse. It seemed to be a good pulse, bright and firm, so I applied the same *ho* needling to the other three meridians using Metal (Traversing) points that are affiliated with coughing, fever, and chills: the right ShoKyu (Spleen Meridian), left ChuHo, and left FukuRyu points. After these Fundamental Healing techniques, the patient's wheezing almost disappeared, and her breathing in general relaxed.

The pulse now indicated that the imbalances of the Yin meridians had been corrected and the Yang meridians had become stronger. With a 1 *sun* #2 silver needle I applied *Ho* needling to the left and right SanYoRaku, Stomach SanRi, and GoKoku points, and to the left WanKotsu, KoMyo, and HiYo points. This harmonized the balance between the Yin and Yang and resulted in a good overall pulse.

I then turned to Targeted Healing, applying *ho* needling to the ChuKan, TenSu, and KanGen points of the abdomen with a 1 *sun* #2 silver needle. In the chest region, I applied *ho* needling to the DanChu and ChuFu points, and to two or three points in the congested area around the sternum, to help relieve the pain. To treat "rubber-like" *Naso* disturbances, I used a 1 *sun* #2 stainless steel needle. I gently inserted the needle until it reached the site of the disturbance; I moved it down another millimeter and then back up, going back-and-forth in this manner until the resistance at the tip of the needle disappeared. At about the same time, the patient took a deep breath, and I immediately removed the needle in accordance with the rules of *ho* technique. I performed this type of needling a few times on both the left and right sides.

Next, I had the patient turn over, and I used a 1 *sun* #2 silver needle to apply *ho* needling to the TenChu, FuChi, ChiZen (relatively deeply), and JoSen points, and to

the HaiYu, KanYu, HiYu, and JinYu points. After that, I applied *okyu* ten times to the DaiTsui point, and five times to the HyakuE, the left and right SanYoRaku and Stomach SanRi, the DanChu, and the KanGen points. I also used Odd Meridian Therapy, by applying *okyu* five times to the right Rekketsu and three times to the left ShoKai (Kidney Meridian) points, and five times to the left Rekketsu and three times to the right ShoKai points.

Upon finishing the treatment, I checked the pulse and the abdomen. Both were free of any disturbances.

"I had no idea that Traditional *Hari* treatment is such a pleasant experience," the patient sighed in relief. "I only wish I had come sooner. I feel great, thank you so much," she continued, bowing deeply.

Before she left, I explained to her that the rebuilding of the physical constitution—the goal of Meridian Therapy—requires regular and uninterrupted treatment.

Second Treatment:

The patient returned the following day. Entering the clinic, she immediately started speaking about her reactions to her first treatment, so I worried that her condition might have worsened again. Instead, though, she told me that she had laid down for a short nap in the little free time that was left before she had to prepare dinner yesterday, only to awaken after six o'clock. She jumped up to start cooking and noticed that she felt very well—like her "old self," she explained.

She told this to her daughter, who smiled and replied, "See, that's why I encouraged you to go."

Though she still had a slight cough, she slept soundly that night. In the morning, though, she was troubled by phlegm. "The phlegm is a good sign," I told her. "It's helping to clear out your bronchial tubes. In fact, the more that comes out, the better." The patient was reassured by this explanation.

I examined her pulse and discovered that it had greatly improved; today her pulse had strength. I performed the second treatment in almost the same manner as the first. This time, though, since the patient had no chest pain, there was no need to conduct Targeted needling around the sternum. Instead, I located a sensitive area near the KakuYu point and needled it to promote the healthy movement of the phlegm. I then applied *okyu* five times to the needling site.

After this second treatment, the patient's wheezing and coughing stopped. She has come in for treatments several times since then, and all her other symptoms have shown considerable improvement. Both her voice and skin are bright and well-toned. She has abundant energy and keeps busy with various activities such as outings organized by a group for the elderly.

Concluding Remarks:

The fact that recovery from such a serious illness was possible over such a short period of time is testimony to the efficacy of Meridian Therapy—Traditional *Hari* based on pulse diagnosis, *akashi*, and *ho sha* needling—and to the excellence of the teaching staff of the Toyo Hari Medical Association.

A *Hari*-Master, Kosato used to say that he was secretly delighted every time a patient with asthma appeared at his clinic. That is the kind of healer I would like to become. The happiness that one experiences through this work is irrepressible; I will never be satisfied until I can share even a small part of it with the aspiring young practitioners of the coming generation.

Brief Comment from the Teaching Staff:

This report is well written, and the explanation of the treatment is exceptionally clear. Because of this, the reader may be left with the impression that the content of the work is very simple. Much to the contrary, this level of mastery of the theory and practice of Meridian Therapy requires a great deal of effort and dedication. Ms. Ishii, for example, managed to make the trip from Kagoshima prefecture in Kyushu to our training sessions in Tokyo every month, and the fact that she is totally blind did not deter her. She was the first recipient of this Association's "*Kosato Award*," and we have great expectations for her future as both a healer and instructor.

Case Studies of Non-Japanese Patients:

After three years of intensive study and training as an assistant in the clinic, my first live-in foreign apprentice (the translator of this book) became responsible for the direct treatment of my patients.

Having a non-Japanese therapist among us caused a startling increase in foreign clientele. Until that time we rarely saw more than two or three foreign patients a month, but within half a year we were treating four or five a day, out of a total of eighty patients. At present, and only two years since that time, it is not uncommon for one-fourth of our patients to be non-Japanese on any given day.

Therefore, as a special addition to the English translation of my book, we have decided to include case studies of three of the foreign patients treated by the translator. Not only will these histories serve as valuable reference material for the non-Japanese practitioner, but they have also come to represent an important aspect of the reality of our clinical work.

[Case 4] Tooth Abscess**Patient:**

31-year-old French woman; practitioner of theater and dance.

Main Symptoms:

Pain at the base of the teeth and gums on the upper right side of the mouth. Heaviness of the lower back.

Clinical History:

The patient is normally healthy and strong and seldom seeks the assistance of a physician. Periodically, though, she finds it necessary to see a dentist for tooth and gum pain.

She has been in Japan for ten months and has since developed heaviness of the right lower back and irregular menstruation.

Looking Examination:

The patient has the strong physique of a dancer. At present, however, she appears to be somewhat overweight and flaccid. Her overall complexion is pale, and there are clear signs of Stagnated Blood along her right jaw extending from the EiFu point below the ear to the DaiGei point near the chin. On the upper right side of her mouth between the tooth and gum there is a dark purple swelling the size of a gumboil.

Listening/Smelling Examination: The patient has a low, coarse voice and strong breath odor.

Questioning Examination:

She explains that she feels “somehow out of balance” and thinks that a clinic of East Asian Medicine might be able to help her. Her right lower back especially bothers her; she describes it as being weak, with poor circulation. She mentions her tooth problem only in passing, assuming it to be a symptom that is not treated in a *hari* clinic.

She also tells us that her daily schedule is so haphazard that it is impossible for her to eat regularly. She often suffers from indigestion and tends to get constipated easily.

Palpation Examination:

Overall, the patient's skin lacks luster and tone. Examination of the abdomen reveals that the general area is soft and weak. The area of the Lung *Ki* is dry and rough and the area of the Spleen *Ki* is depressed.

The pulse type is *kyo* and somewhat Rapid. It is also a Floating pulse that is loose and soft. The comparative pulse reading reveals that the right *Sunnko* Lung position is the most *kyo*, followed by the right *Kanjo* Spleen position. The left *Kanjo* Liver position in *sokoku* relationship to the above is a *jitsu* pulse that requires *wa*-type needling. In the Yang pulse, the Large Intestine, Stomach, and Small Intestine Meridians display slight *jitsu* disturbances, and the Triple Heater Meridian is *kyo*.

Analysis:

The patient's lackluster skin complexion and pale skin color are disturbances of the Lung Meridian. Her feeling of heaviness and her digestive problems are disturbances of the Spleen Meridian. The presence of Stagnated Blood, the lack of muscle tone, and the irregular menstruation are disturbances of the Liver Meridian. The rough voice is a disturbance of the Large Intestine Meridian.

Akashi Determination:

Judging from these symptoms, in coordination with the findings of the abdominal and pulse examinations, the *akashi* is established as Lung-Kyo Liver-Jitsu (*wa*-type).

Although the patient is a woman, the left side is chosen for treatment, as the symptoms of both the lower back and tooth are on the right side.

Treatment Strategy:

The patient is concerned about her lower back and her tooth pain. However, these symptoms, as well as her irregular menstruation and general lack of healthy *ki*, are "whole-body problems;" they indicate the need for a rebuilding of the physical constitution that is possible only through Traditional East Asian Medicine. The patient should be reassured, therefore, that she has come to the right place for the treatment of all her symptoms, including the feeling that she is "somehow out of balance."

Treatment must focus on Fundamental Healing and must culminate in the creation of an overall pulse that is bright and firm. Targeted Healing will be used in a supplementary manner for the treatment of the symptoms affiliated with Stagnated Blood.

Treatment:

We began Fundamental Healing with *ho* needling to the left DaiEn and TaiHaku points. This needling resulted in a clear improvement in the Lung and Spleen pulse positions, and emphasized the *jitsu* disturbance in the Liver position. *Wa* needling was then applied to the right TaiSho point.

At this stage, the Floating pulse settled into a relatively deeper position, and the Rapid pulse slowed down. A *kyo*-type disturbance became apparent in the Large Intestine Meridian and was treated with a *ho*-type *sha* technique at the right HenReki point. The Triple Heater Meridian was still weak, calling for *ho* needling of the right YoChi point.

Though the overall pulse was still somewhat Floating and weak, the *kyo* and *jitsu* disturbances of the pulse showed marked improvement. Thus the decision was made to continue with Targeted Healing. First, a 1.3 *sun* #1 stainless steel needle was used for *Naso* Therapy in the region of the right shoulder and neck, as well as for *ho* needling to a depth of three to four millimeters in the region of the right lower back near the DenAtsu¹, MeiMon, ShiShitsu, and DaiChoYu and JinYu points.

Next, Microbleeding was performed by an assistant in the clinic. The areas treated included the Well points of all the right-side Yang meridians, as well as the areas that exhibited Stagnated Blood along the right jaw and right lower back.

After the Microbleeding treatment, the pulse seemed to have lost strength. We thus decided to make use of Odd Meridian Therapy. *Okyu* was applied to two groups of points that help contribute to overall body strength and the rebuilding of the physical constitution: the left ShoKai (five times) and right Rekketsu (three times), and the right KoSon (five times) and left NaiKan (three times) points.

The patient reported that she felt lighter and could move her lower back much more freely, but said she did not notice any change in the pain in her mouth. We instructed her to continue the *okyu* at home and to come back for a second treatment within two to three days.

That afternoon, however, she telephoned the clinic to report that the right side of her mouth had become more swollen and that it was so painful she could not eat. She also said that she felt generally weak and tired. We advised her to return to the clinic immediately.

The right side of her face was clearly red and swollen, and her overall pulse was weak. Careful examination of the comparative pulse and abdomen revealed that the *akashi* was Spleen-Liver *Sokoku-Kyo*. One possible explanation for these changes is that the treatment quantity, especially that of the Microbleeding, had been performed in excess.

Fundamental Healing with the new *akashi* had an immediate and positive effect on the pulse. We decided to perform the Microbleeding again, taking extra precautions to needle only major sites of Stagnated Blood. The presence of Stagnated Blood was the clearest at the KyoSha point; one quick, skillful tap of the needle brought forth surprising amounts of dark and viscous fluid. At that point we stopped the Microbleeding treatment. The patient reported that her tooth pain had vanished.

We changed the second of the two Odd Meridian *Okyu* groups to the right KanKoku (five times) and right GoKoku (three times) points, and sent the patient home.

She returned to the clinic three days later and reported that her tooth pain had not reappeared. After four more treatments over a two-week period, the patient's lower back also showed marked improvement. We then changed the *akashi* to Spleen-Kyo Liver-*Jitsu* (*wa*-type) and began treating the patient from the right side. We also resumed application of the original two Odd Meridian *Okyu* groups.

After six weeks, the patient's body had developed tone and luster, and she experienced menstruation for the first time in three months. It was also the first time, she remarked, that she had not suffered a relapse of her tooth and gum pain, as had always happened following dental treatment.

[Case 5] Sprained Ankle

Patient:

32-year-old Canadian male, student of *aikido*.

Main Symptoms:

Pain in the left ankle and left lower leg.

Clinical History:

The patient is rarely ill. At worst, he suffers bouts of constipation and diarrhea.

Looking Examination:

The patient is relatively short and has an athletic physique. His skin is pallid and lusterless. There are signs of Stagnated Blood in the area of the affected left ankle. When he walks or stands, he puts his weight on the right side.

Listening/Smelling Examination:

He speaks in a dejected tone about his inability to participate in the *aikido* training for which he came to Japan, i.e., Entreating sound quality.

No particular body odor is distinguishable.

Questioning Examination:

The patient explains that he studied *aikido* in the West for about seven years and had come to Japan to learn from his teacher's master. During a training session soon after he arrived, however, he twisted his left ankle. He felt a snap and then experienced severe pain running up the lower leg (along the Liver Meridian). It is now one year since the accident. He has been seen by several specialists, but they were unable to find the cause of the pain and, therefore, could not treat him. The pain persists, and he has been completely unable to continue his practice of *aikido*.

He also mentions a lack of appetite and a tendency towards constipation.

Palpation Examination:

The patient has a muscular body, but his skin is dry and lackluster. Abdominal examination reveals that the diagnostic area of the Lung is the most lacking in healthy *ki*. The area of the Spleen is depressed and lacks strength.

The overall pulse type analyzed in terms of the Six Basic Pulses is *kyo*, Rapid, and somewhat Sinking. Comparative pulse reading reveals that the right *Sunnko* Lung position is the most *kyo*, followed by the right *Kanjo* Spleen position. In the left *Kanjo* Liver *Sokoku* position, a slight disturbance can be felt against the tips of the fingers; it is a *wa*-type *jitsu* pulse. In the Yang region, the Gall Bladder, Large Intestine, and Triple Heater Meridians show slight disturbances.

Analysis:

The lack of moisture and tone in the skin, the pallid complexion, and the Entreating sound quality are disturbances of the Lung Meridian. The poor appetite and tendency towards constipation are disturbances of the Spleen Meridian. The pain in the leg and

the presence of Stagnated Blood are disturbances of the Liver Meridian.

Akashi Determination:

Judging from the pulse and abdominal diagnoses in coordination with the analysis of the symptoms, the patient's *akashi* is established as Lung-Kyo Liver-Jitsu (*wa*-type).

Though the patient is male, the right side is chosen for treatment due to the presence of symptoms on the left side. Supporting this decision, the superficial temporal artery is found to be stronger on the right.

Treatment Strategy:

We must first reassure the patient that his ankle and leg can be treated despite the fact that practitioners of Modern Medicine cannot find a "cause" for the pain. We explain that treatment in our clinic will be conducted according to a holistic interpretation of his condition based on the examination of the pulse, and we promise him that the resulting strengthening of his Vital Energy will allow him to return to *aikido* training within ten weeks.

Therapy must focus on Fundamental Healing. Microbleeding techniques will be employed to facilitate the removal of Stagnated Blood, and Odd Meridian *Okyu* will be used to increase the efficacy of the treatment.

Also, because the pulse type is *kyo*, we must guard against the loss of healthy *ki* during the treatment.

Treatment:

First, to establish the points for Odd Meridian Therapy, we asked the patient to stand on his left leg and locate the precise area of the pain. It was centered near the ChuHo point of the Liver Meridian and ran along the path of the meridian. Accordingly, we chose the TaiSho - TsuRi group. Magnetic testers were used to determine TaiSho as the "leading" point and TsuRi as the "following" point. In addition, we decided to employ the ShoKai - Rekketsu group to aid in the rebuilding of the physical constitution.

Fundamental Healing was conducted by first applying *ho* needling with a 0.8 *sun* #2 silver needle to the right DaiEn and TaiHaku points and then applying *wa* needling to the left TaiSho point. Examination of the pulse at this stage revealed that the Rapid condition had been normalized and that good overall tone had developed. In the Yang pulse, *kyo*-type disease-related *ki* (Leaf-like) had become apparent in the Gall Bladder, Large Intestine, and Triple Heater Meridians. It was treated with *ho*-type *sha* needling. Finally, *ho* needling was applied to the Stomach Meridian.

Next, both needling and *okyu* were applied to the Odd Meridian points, and light needling was conducted in the left inguinal region with a 1.3 *sun* #1 needle.

Microbleeding was then performed at the Well points of the Liver and Stomach Meridians of the left foot and at the major sites of Stagnated Blood around the ankle. We asked the patient to stand on the leg again. He reported a marked decrease in pain.

Finally, warming *okyu* was applied in the area of the DaiTsui point, and subcutaneous needles were inserted at the ChuKan, YoKan, and right HaiYu points, and at the points on the patient's ankle that had been the center of the pain.

Progress:

We continued the treatments twice-a-week for four weeks. The patient reported that the treatments were effective in lessening the pain, but that it reappeared to some degree during any form of exercise.

During his eighth visit, the patient exhibited three major changes in symptoms. First of all, he had developed diarrhea and had become generally languid. Secondly, the focus of his leg pain had shifted from the Liver Meridian to the Stomach Meridian. Thirdly, his facial color had reddened—it was especially noticeable when he spoke.

These changes were identified as disturbances of the Spleen and Heart Meridians. Pulse and abdominal diagnoses confirmed that the patient's *akashi* had changed to Spleen-Kyo Liver-Jitsu.

Fundamental Healing was carried out according to the new *akashi*, and the TaiSho - TsuRi Odd Meridian group was replaced with the KanKoku - GoKoku group. The resulting pulse was not only balanced and strong, it was well-toned and lustrous to a degree that had not been attainable before. In fact, during the first application of *ho* needling to the right TaiRyo point of the new *akashi*, the patient exclaimed, "This is amazing! I can already feel a deep change."

After six of the same treatments, the patient's pain disappeared, and he successfully participated in a three-day *Aikido* training camp. He telephoned to express his thanks and to report that he was back at daily practice. His recovery occurred three weeks before our ten-week deadline.

Concluding Remarks:

The beginning student of Meridian Therapy must realize that treatment is possible through Traditional *Hari* even when there is no apparent "cause" for a specific symptom in Modern Medical terms. In fact, it is not necessary that there be any symptoms at all. Every living being is constantly growing and changing and is, therefore, continuously moving in and moving out of balance. The practitioner who is a master of the pulse will be able to stay on top of these changes and offer his or her patient valuable assistance.

Brief Comment from the Teaching Staff:

An ankle that has been injured for over a year is a difficult symptom to treat. From this case study we can learn the importance of quick and accurate decisions concerning supplemental therapy, and we can understand the necessity of adjusting treatments to coordinate with changes in the patient's condition.

Experienced practitioners of Meridian Therapy will occasionally come across cases in which adjustments in treatment strategy bring about surprisingly good results.

Consistently recognizing changes in patients' conditions and working with these changes effectively are keys to successful therapy. Though it may seem like a simple task, distinguishing meaningful changes from trivial ones or from irrelevant information offered by the patient and making the proper corresponding decisions require a great degree of skill.

We have high expectations for the future of this practitioner.

[Case 6] Myoma of The Uterus

Patient:

32-year-old Brazilian woman; folk dance artist.

Main Symptoms:

Two swellings, each the size of a child's fist, in the area of the right uterus. Discomfort and occasional pain.

Clinical History:

The patient travels extensively in the study and performance of her art. She is syphilitic and manifests symptoms of the illness when overtired. Four years earlier she underwent an operation for uterine myoma. The doctor had pronounced her cured, but two more swellings appeared about two-and-a-half years later.

Looking Examination:

The patient is tall and slim. Her movements are feeble. Due to lackluster skin tone, her facial features appear sharp and bony.

Listening/Smelling Examination:

Lightly sobbing, she speaks about herself in a despairing tone, i.e., Entreating sound quality.

Questioning Examination:

She seems most upset over the relapse of the myoma, but informs us that the entire right side of her body distresses her. For example, her right hand and foot are always cold, and the area from the outside of the upper right leg to the right lower back is often numb. Also, she feels as if the blood is not circulating on the right side of her head.

A recent blood analysis for syphilis tested positive and showed relatively strong activity. She was instructed to take antibiotics three times a day.

She has no appetite.

Palpation Examination:

Overall, the patient's complexion is lusterless and dry.

During abdominal palpation, she reacts with extreme sensitivity. The scar of her previous operation can be felt in the area of the Kyokkotsu point. The two myoma of which she spoke can also be felt in the areas of the right ShoMon and right SuiDo points. The area of the Lung *Ki* is cold, and the area of the Spleen *Ki* is *Kyo*.

Her pulse, according to the Six Basic Pulses, is Floating, somewhat Rapid, and *Kyo*. A strong Drum-like pulse can be detected between the Middle and Surface positions of the right hand. In the comparative pulse reading, the right *Sunnko* Lung position is the most *kyo*, followed by the right *Kanjo* Spleen position. The Yang meridians in these positions, i.e., the Large Intestine and Stomach Meridians, show slight disturbances. The left *Kanjo* Liver *Sokoku* position is *wa*-type *jitsu*. Its Yang position, the Gall Bladder Meridian, is *kyo*. The Triple Heater Meridian is also *kyo*.

Akashi Determination:

An analysis of the patient's symptoms in coordination with the findings of the pulse and abdominal examinations reveals the *akashi* to be Lung-*Kyo* Liver-*Jitsu* (*wa*-type).

Treatment Strategy:

The Drum-like pulse detectable between the Middle and Surface positions of the right-hand pulse indicates serious chronic illness. The goal of treatment is to apply *ho* needling to the Yin Meridians skillfully enough to raise the Drum-like disturbance into the Surface position and then remove it from the system with the appropriate *sha* techniques.

At the same time, however, the patient is of *kyo*-type constitution. Therefore, needling must be conducted as gently as possible to prevent any healthy *ki* from escaping.

Treatment:

The patient expressed feelings of general discomfort, and it was determined that Odd Meridian Therapy should be employed immediately. Considering the symptoms of the right side of her body, the RinKyu - GaiKan group was chosen. Upon application of the magnetic testers to the right RinKyu (plus) and right GaiKan (minus) points, the patient showed an immediate positive response; she reported that the pain in her right leg had lessened, that there was a warm feeling on the right side of her head emanating from behind the ear, and that she could feel sensations through her hip to the area where the myoma is located. Accordingly, gold and silver needles were immediately inserted into the points.

Fundamental Healing was then undertaken. The patient's left side was determined as the treatment side, and *ho* needling was carefully applied to the left DaiEn and left TaiHaku points with a 0.8 *sun* #2 silver needle. The resulting pulse showed a clear strengthening of the Lung *Ki* and Spleen *Ki*. *Wa* needling was then applied to the right TaiSho point. Examination of the pulse at this stage revealed that the Yin meridians were well-balanced, but that the needling had not been effective in pushing the Drum-like pulse up into the Yang meridians. Thus, though it is not always a safe practice, we decided to apply the same *ho* needling again, by taking the greatest care to prevent any healthy *ki* from escaping. Through this process, the Drum-like pulse was finally brought to the surface, and it was then eliminated through the application of *ho*-type *sha*

needling (Leaf-like) to the "Connecting" points of each right-hand Yang meridian.

The Odd Meridian needles were then removed (approximately five minutes had passed), and Targeted Healing was lightly undertaken with *ho*-type needling of the right inguinal and *naso* areas.

Finally, Microbleeding was applied to the Well points of the Yang meridians on the right side. This ended the first treatment.

Progress:

The evening of the following day, the friend of the patient who had introduced her to the clinic arrived from a great distance. She exclaimed, "I can't believe it! I saw her this morning and she looks like a completely different person. Her cheeks have color now, and she looks relaxed and strong. I can tell that she's feeling much better, too. Thank you so much."

Just as her friend had reported, when the patient came in for her second treatment it was clear that she had changed dramatically for the better. Her improvement, moreover, was in spite of the fact that she was still taking antibiotics. We were confident that she could thus expect a complete cure at our clinic.

Concluding Remarks:

The patient showed steady improvement. After ten more treatments over a four-week period she remarked, "I don't feel that there is anything wrong with me anymore. I feel healthy." Another blood test at the hospital showed that her syphilis count had dropped to one-third of what it had been during her first treatment, and she told us that the administering doctor was surprised beyond words.

We had hoped to continue the treatments until complete remission of the patient's myoma was effected. But her visa expired, and she returned to Brazil. She thanked us, though, and told us that she would make every effort to return.

1. DenAtsu is the name of the point at the center of the buttocks that is most sensitive to pressure. There are two points; one at the left, and one at the right buttock.

XVIII

Emergency and Supplemental Techniques

GENERAL INTRODUCTION

Of the many kinds of patients who visit our clinics, immediate positive results are most difficult with those who are in severe distress or who are afflicted with a complex array of symptoms. Regardless of the level of one's skills in Fundamental Healing, the period required to obtain significant results with these patients will be long if emergency and supplemental techniques are not properly employed. In the meantime, the patient may lose confidence in the therapist and end the course of treatment before it has had a chance to take effect.

Emergency and supplemental techniques, though, must be used in accordance with the basic principles of Traditional East Asian healing. A haphazard application of unorthodox techniques in the belief that "anything goes, as long as it works" does not constitute proper Meridian Therapy.

The techniques described in this chapter—Midnight-Noon Needling, Odd Meridian Therapy, *Naso* Therapy, and Microbleeding—comprise a unique system developed by our Association. Their correct application will not only ensure that a pulse balanced through Fundamental Healing is not subsequently destroyed during Targeted Healing, but it will also enhance the efficacy of the overall treatment and offer an impressive demonstration of the healing capacities of Meridian Therapy.

In Traditional East Asian Medicine, three major doctrines form the foundation of the principles of therapy: the Doctrine of Yin Yang-Five Phases, the Doctrine of Three Yin-Three Yang, and the Doctrine of *un-ki*. The classic medical texts, however, span 3,000 years of history and the vastness of the East Asian geographic region. Consequently, most of the writings on the principles of therapy are confusing mixtures of the aforementioned three doctrines, and they can be a great obstacle to understanding for the beginning students.

Overall, though, the Doctrine of Yin Yang-Five Phases, as it is formulated in the *Suwen*, *Lingshu*, and *Nanjing*, is the foundation of Traditional *Hari*. The Doctrine of the Three Yin-Three Yang, as derived from the principles of the *Shokanron*, is the

foundation of Traditional Herbal Medicine; and the Doctrine of *un-ki* describes the relationships between the Five *Un* (i.e., the Five Phases) and the Six *Ki* (i.e., six External Causes of Disease) as they influence the workings of all phenomena of the natural world—including the human body, which is considered a microcosm of the natural world.

1 MIDNIGHT-NOON NEEDLING

1) Basic Principles

The principles of Midnight-Noon Needling are derived from the Doctrine of *un-ki*, which is based on unique Chinese sciences over 2,000 years old that analyze information about positions and directions in order to interpret causality and fate.

During compilation of some of the classic texts in the year 762 A.D. of the Tang dynasty, these teachings were incorporated into the *Suwen* to fill a gap between the 66th and 74th sections by Oubyo. For this reason, that section of the *Suwen* is sometimes criticized for a lack of authenticity, but the fact is that the writings concerning the Doctrine of *un-ki* are very sophisticated and can be of great reference value to practitioners of East Asian Medicine

An outline of the Doctrine's general theory can be found in the 66th section. It explains that the Five *Un*—Wood, Fire, Earth, Metal, and Water—are separated into divisions of “Older brother-Younger brother” or “Hard-Soft” to form the Ten Stems (Kou, Otsu, Hei, Tei, Bo, *Ki*, Kou, Shin, Jin, *Ki*)¹, and the Six *Ki*—Wind, Heat, Dampness, Dryness, Cold, and Fire—are separated into divisions of Yin-Yang to form the Twelve Branches (Ne, Ushi, Tora, U, Tatsu, Mi, Uma, Hitsuji, Saru, Tori, Inu, I)². 60 different combinations of *un* and *ki* are possible, thus, creating a cycle that repeats itself every 60 years.

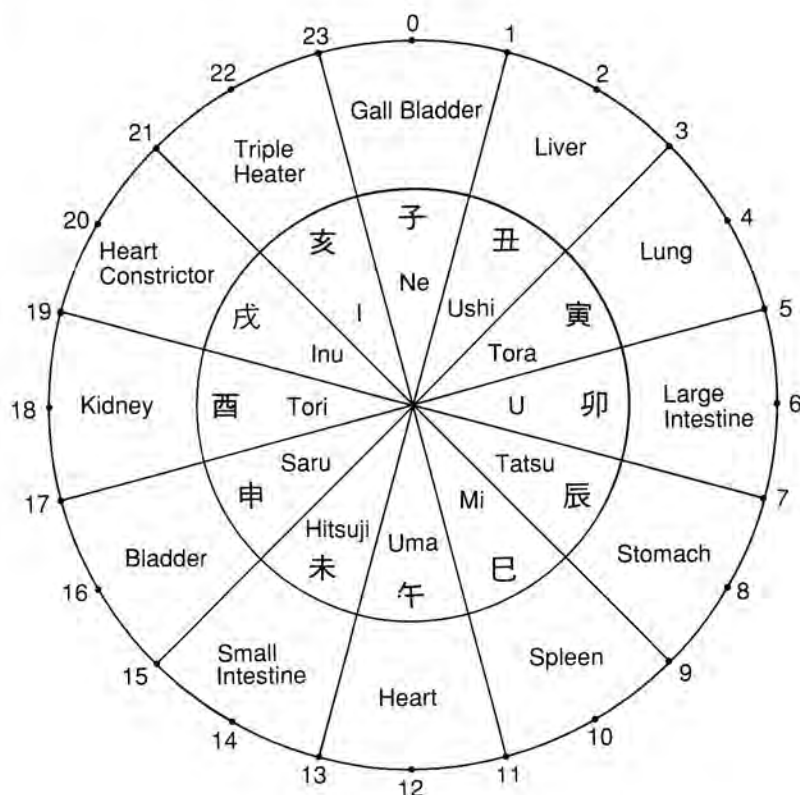
The Doctrine of *un-ki* states that the Five *Un* and Six *Ki* function to control the workings of all the phenomena of the universe. The ancient Chinese believed that everything could be understood through the Doctrine of *un-ki*, and they applied its principles to all aspects of their daily lives including farming, fishing, business, and warfare.

The Doctrine as applied to medical practice was called “Midnight-Noon Needling,” which refers to the relationships between the Twelve Branches and the times of day. All living things derive their energy from the sun, and, as modern astronomy teaches, the amount of sunlight that reaches any particular place at a particular time depends on the position of the earth relative to the sun at that time. It is the rotation of the earth and its revolution around the sun, as we well know, that give rise to day and night and the four seasons. Differences in the intensity of the sun's energy, thus, affect all living

phenomena. In our natural environment, these differences cause changes in the Six *Ki* of Wind, Heat, Dampness, Dryness, Cold, and Fire. In our bodies, as microcosms of the natural world, differences in intensity affect the amount of *ki* that flows through the 12 meridians. As a result there are excesses and deficiencies of meridian *ki* that change with the time of day. The most active period in terms of *ki* for each meridian is as follows:

Lung Meridian	3 a.m.–5 a.m.
Large Intestine Meridian	5 a.m.–7 a.m.
Stomach Meridian	7 a.m.–9 a.m.
Spleen Meridian	9 a.m.–11 a.m.
Heart Meridian	11 a.m.–1 p.m.
Small Intestine Meridian	1 p.m.–3 p.m.
Bladder Meridian	3 p.m.–5 p.m.
Kidney Meridian	5 p.m.–7 p.m.
Heart Constrictor Meridian	7 p.m.–9 p.m.
Triple Heater Meridian	9 p.m.–11 p.m.
Gall Bladder Meridian	11 p.m.–1 a.m.
Liver Meridian	1 a.m.–3 a.m.

Figure 9: The Most Active Period in Terms of *Ki*



The meridians on opposite sides of the figure are paired together and form the six groups: Gall Bladder-Heart, Liver-Small Intestine, Lung-Bladder, Large Intestine-Kidney, Stomach-Heart Constrictor, and Spleen-Triple Heater. The meridians within these pairs interact in their control over the body and influence the kinds of signs and symptoms that the body can manifest. Midnight-Noon Needling makes use of these interactions to diagnose and treat illness.

2) Case Studies

[Case 1]

In May, 1980 a famous actor, Mr. T, was carried into my clinic by two men. At about four o'clock that afternoon he had injured himself on stage, and he asked me to help him before his next appearance at six o'clock. He is a large man, and it required three of us to get him onto the treatment bed. Even so, he was unable to lie face-up.

He explained that three times a day for the past several weeks he has had to swing a large weapon. This day, though, as he swung it he felt a gripping pain emanating from the area between the shoulder blades. The pain moved up into the back of the head and neck and down into the lower back and paralyzed his right arm.

The time of day of his injury, four o'clock in the afternoon, corresponds to the Lung-Bladder meridian pair. I wondered whether the location of the injury was also along one of these meridians, in which case Midnight-Noon Needling could be used. I took hold of his right wrist and gave it a yank, while carefully harmonizing my action with his breathing. I could feel the bones snap into place. His discomfort was relieved to some degree, and he was able to lie face-up. I inspected the area of his pain. It ran exactly along the Bladder Meridian from the right TenChu point, past each of the "Rear-associated" points, and down to the area of the sacrum.

In this case, because the symptom is located on the right Bladder Meridian, treatment is conducted via the left Lung Meridian. When I touched the commonly used Rekketsu "Connecting" point on the left side, I observed that the patient found it to be very painful; so I immediately prepared a #30 gold needle and pressed it gently upon the point. The connection felt very good, and just as the needle had gently penetrated to a depth of one or two millimeters the patient exclaimed, "The pain is going away! I can move my neck. And I can move my arm."

He then got up by himself, shaking his head as if waking from a bad dream. He raised the right hand that he had been unable to move a short while ago and firmly shook my hand in thanks. The Midnight-Noon Needling had been a success.

[Case 2]

An actress from the same theater was carried into the clinic one morning. She had sprained her right ankle but had continued to perform, and now she was unable to move it. The clinic was very busy, and I could not spend much time with her. But I was able to confirm that the location of the pain was along the Kidney Meridian between the FukuRyu point and the YuSen point. The strongest pain was in the area of the NenKoku point.

As such, the treatment point must be located on the left Large Intestine Meridian. The left HenReki "Connecting" point was so sensitive that the patient squirmed when I touched it. I immediately lowered a #30 gold needle gently onto the point. The patient exclaimed, "Oh, I can move my foot! It looks as though I'll be able to continue my performance today after all." She and those accompanying her expressed both amazement and thanks.

Note:

As the above two case studies illustrate, Midnight-Noon Needling is used when a patient's symptoms are strictly confined to a single meridian, and the treatment point is normally the "Connecting" point of the opposite meridian of the meridian pair, on the opposite side of the body from the symptom. There are times, however, when other points on the meridian, such as the "Source" or "Crevice" points, are more sensitive to the touch, in which case those points should be used.

Midnight-Noon Needling is usually most effective when the time the symptom occurred corresponds with the meridian involved. But, as the second case illustrates, this condition is not necessary for therapy to be a success. The treatment will not be effective, however, when symptoms are not clearly limited to single meridians or when there are no clearly sensitive points along the meridian to be needled.

It is standard practice to insert a gold subcutaneous needle at the site of treatment following the Midnight-Noon Needling. Patients should be warned, however, that if they are highly sensitive they may react negatively to the needle, in which case they should remove it themselves. In treating highly sensitive persons, we sometimes substitute *okyu* for the subcutaneous needles.

Compared to normal meridian treatment, the application of Midnight-Noon Needling is like bringing out the knight in a game of chess; it can be effective when all other means fail.

[Case 3]

The 11-year-old daughter of an otorhinologist came in one afternoon with a cast on her right wrist. She explained that she had caught her hand in the door of a taxi and had fractured a bone of her fifth finger. She was being treated by an orthopedic surgeon, but was still in so much pain that she was unable to sleep at night. Painkillers provided some relief, but they made her nauseated and destroyed her appetite. She wondered if we could help her.

I established the patient's *akashi* as Spleen-Kyo Liver-Jitsu and conducted Fundamental Healing accordingly, but the pain did not subside. The cast prevented the application of Targeted Healing to the affected area. I then realized I might be able to employ Midnight-Noon Needling. The injury was on the outside of the little finger along the Small Intestine Meridian, and the treatment point was therefore the left ReiKo point of the Liver Meridian. When I pressed on it the patient showed extreme sensitivity, so I placed a #30 gold needle on the point and pressed down a millimeter or two until she reacted, exclaiming, "Hey, it feels much better!" *Okyu* was then applied five times, and I instructed the patient to do the same at home each morning and evening.

Her mother later called to express her and her daughter's happiness over the disappearance of the pain. Their doctor, it seems, had told them that if the pain continued for another three days, the patient's hand would have to be treated surgically.

[Case 4]

The patient is a 45-year-old male who suffers from stricture of the heart and intermittent claudication (limping). Because he lived rather far away, he stayed with relatives in the neighborhood in order to come to the clinic for treatments.

After a series of treatments according to Spleen-Liver *Sokoku-Kyo Akashi*, the patient was able to discontinue his use of nitroglycerin and noted a marked improvement in his claudication. However, at two o'clock every morning he suffered a heart spasm. He described the pain as emanating from the left KiMon point of the Liver Meridian and continuing through the area below the left nipple, over the area of the KenSei point, and up into the area behind the eye.

Both the time and location of his symptoms clearly belong to the Liver Meridian. I, thus, checked the treatment point ShiSei of the right Small Intestine Meridian, but there was not as much of a reaction as I had expected. The symptoms fit the Midnight-Noon Needling pattern for the Small Intestine so perfectly, though, that I decided to check further along the meridian, and eventually found a very sensitive point about two to three centimeters above the YoRo point. I was confident that this was the proper treatment point and instructed an assistant to apply *okyu* ten times. I then told the patient to apply the same *okyu* 20 to 30 times should he suffer another attack.

The patient returned the next day. He reported that the spasm had not returned and then he thanked us. Presently he commutes to the clinic from his own home one-and-a-half hours away by train.

As the above four cases illustrate, Midnight-Noon Needling can be dramatically effective if the necessary conditions for its usage are met. As an emergency and supplemental treatment, it can be of great aid when other techniques fail.

2 ODD MERIDIAN THERAPY

Originally, the Meridian Therapy of our Association was concerned primarily with treatment involving the Twelve Main Meridians. By 1972, however, our cooperative research efforts had led us to the understanding that there are certain illnesses that do not respond well to manipulation of the Main Meridians alone. We also knew of the special properties of the Odd Meridians and the effects of treating them. We, thus, decided at that time to incorporate the techniques of Odd Meridian Therapy officially into our treatment system.

According to the Meridian Theory of the classic texts, the Twelve Main Meridians are responsible for maintaining the healthy flow of *ki* and *ketsu* throughout the body. The body, however, is constantly under the attack of Internal and External Disease-related Factors, which results in excesses and deficiencies in this flow. When these disturbances are too great for the Main Meridians to handle, they are intercepted and controlled by the Odd Meridians. The Odd Meridians can, thus, be understood to function like drainageways for the Main Meridians.

Practitioners who use only Odd Meridian Therapy teach that a patient with specific symptoms should be analyzed only in terms of the Odd Meridians involved. Therapy consists of the manipulation of these meridians to rid the body of its symptoms. We practitioners who focus on the Main Meridians, however, believe that the goal of therapy is to work with the patient before the appearance of symptoms. Through diagnosis and manipulation of the Twelve Main Meridians, the patient's Vital Energy can be strengthened and a physical constitution that is not susceptible to illness can be constructed.

1) Odd Meridian Groups

As described in Chapter IV, the eight Odd Meridians are the *Toku* Meridian, *Nin* Meridian, *Yo-kyo* Meridian, *In-kyo* Meridian, *Yo-i* Meridian, *In-i* Meridian, *Sho* Meridian, and *Tai* Meridian. Unlike the Main Meridians, these meridians function in pairs, and their usage does not involve the application of *ho* and *sha* techniques for the

treatment of *kyo* and *jitsu*. Instead, two needles of different metals are used—the most common are gold and silver, or gold and stainless steel. One is applied to a special treatment point on one meridian of the pair involved, and the other needle is inserted into a point of the second meridian.

The four Odd Meridian groups and their predominant treatment points are described in the *Shinkyu-jueihakki* as follows:

- i. *Sho* Meridian (KoSon point)—*In-i* Meridian (NaiKan point)
- ii. *Tai* Meridian (RinKyu point)—*Yo-i* Meridian (GaiKan point)
- iii. *Toku* Meridian (GoKei point)—*Yo-kyo* Meridian (ShimMyaku point)
- iv. *Nin* Meridian (Rekketsu point)—*In-kyo* Meridian (ShoKai point)

2) Signs and Symptoms of the Odd Meridians

To use the Odd Meridians for diagnosis and treatment correctly in the clinic, the signs and symptoms of each meridian pair must be committed to memory. The following list combines my own clinical experiences with references from the classic texts. As times and circumstances change, however, I expect that this list will have to be revised.

i) *Sho* Meridian—*In-i* Meridian

For purposes of diagnosis, the course of *Sho* Meridian can be thought of as the Spleen Meridian in the legs and feet and the Kidney Meridian in the chest and abdomen. Its diagnostic points are KiSha, KoYu, SanInKo, and KoSon.

The course of the *In-i* Meridian can be thought of as the Heart Constrictor Meridian. Its diagnostic points are TenTotsu, KiMon, FukuAi, DaiO, FuSha, and ChikuHin.

Signs and symptoms of this Odd Meridian group include pain, swelling, numbness, and feelings of hotness or coldness along the paths of the meridians. In particular:

- *swollen or sore throat
- *discomfort in the chest or chest pains emanating from the heart or other internal organs
- *nausea or vomiting
- *distention, gripping pain, or palpitations in the epigastrium or upper abdomen, indigestion
- *distention, pain, cramping, upward flushes, or palpitations in the side of the abdomen (Spleen) or around the navel (Kidney)
- *diarrhea, constipation, or bleeding affiliated with the stomach, kidneys, or large intestine
- *certain women's disorders and ailments of the urinary tract, menopausal disorders, and hot flushes with cold feet
- *prolapse of the anus, hemorrhoids

ii) *Tai* Meridian–*Yo-i* Meridian

For purposes of diagnosis, the course of *Tai* Meridian can be thought of as the Gall Bladder Meridian. Its diagnostic points are ShoMon, TaiMyaku, GoSu, YuiDo, and KyoRyo.

The course of *Yo-i* Meridian can be thought of as the Triple Heater Meridian. Its diagnostic points are KenSei, TenRyo, KyoRyo, YoRyoSen, and YoKo.

Signs and symptoms of this Odd Meridian group include pain, swelling, numbness, and feelings of hotness or coldness along the paths of the meridians. In particular:

- *aching and edematous swelling of the front, side, back, or top of the head
- *general eye and ear afflictions, trigeminal neuralgia, tooth and gum pain in the side of the mouth
- *vertigo, Meniere's Syndrome, spontaneous sweating, night sweating
- *"half external - half internal" symptoms such as discomfort along the side of the body and alternating chills and fever
- *illnesses of the liver and gall bladder
- *swelling and pain in the side or lower abdomen, cold and painful lower back, irregular menstruation, abnormal vaginal discharge

iii) *Toku* Meridian–*Yo-kyo* Meridian

For purposes of diagnosis, the course of *Toku* Meridian can be thought of as the Small Intestine Meridian. Its diagnostic points vary greatly with the type of illness involved and must, therefore, be located by applying pressure to points along the entire meridian.

The course of *Yo-kyo* Meridian can be thought of as the Bladder Meridian. Its diagnostic points are FuBun, KoKo, IChu, ShoZan, FuYo, and BokuShin.

Signs and symptoms of this Odd Meridian group include pain, swelling, numbness, and feelings of hotness or coldness along the paths of the meridians. In particular:

- *simple aching of the top and back of the head and back of the neck, stroke-related paralysis and speech disorders
- *general ailments of the eyes, ears, and nose
- *trigeminal neuralgia (especially involving the second and third branches), tooth and gum pain
- *swollen and sore throat when points on the *Toku* Meridian along the back of the neck and upper back are sensitive to pressure
- *symptoms of the outermost Yang (fever, chills, headache accompanied by flushing, coughing, stiffness of the upper back and lower neck, an inability to sweat or a tendency to sweat spontaneously)
- *spontaneous sweating, night sweating, and fatigue that accompany *Ki-Kyo* or *Yang-Kyo*
- *Alzheimer's disease, lack of mental clarity, epilepsy, certain types of hemorrhoids

iv) *Nin Meridian—In-kyo Meridian*

For purposes of diagnosis, the course of *Nin Meridian* can be thought of as the Lung Meridian. Its diagnostic points vary greatly with the type of illness involved and must therefore be located by applying pressure to points along the entire meridian.

The course of *In-kyo Meridian* can be thought of as the Kidney Meridian. Its diagnostic points are JinGei, KetsuBon, KoShin, ShoKai, and NenKoku.

Signs and symptoms of this Odd Meridian group include pain, swelling, numbness, and feelings of hotness or coldness along the paths of the meridians. In particular:

- *swelling and pain of the tooth and gums in the front of the mouth
- *coughing, wheezing, shortness of breath, phlegm
- *distention or pain of the epigastrium, nausea, vomiting
- *distention or pain in the middle or lower abdomen, diarrhea, constipation, uncontrolled urination or an inability to urinate, blood loss through urination
- *certain women's disorders (labor difficulties, stuck placenta after giving birth, abdominal pain after birthing, female circulatory problems), emotional disorders
- *hemorrhoids, prolapse of the anus, constipation
- *cold feet, hot feet, lack of vitality, certain illnesses of the kidneys

Note:

In addition to the basic four Odd Meridian groups, our Association makes use of one more Yang group and one more Yin group. This has enabled us to broaden the range of our diagnostic activities and to employ Odd Meridian Therapy to its fullest capacity. The primary treatment points, the diagnostic points, and the related signs and symptoms of illness of these two groups are described below:

v) *GoKoku Point—KanKoku Point*

The GoKoku point is affiliated with the Large Intestine Meridian. Diagnostic points used in addition to the GoKoku point include OnRu, KenGu, TenTei, and GeiKo.

The KanKoku point is affiliated with the Stomach Meridian. Diagnostic points used in addition to the KanKoku point include ShoKyu, ShiHaku, KetsuBon, TenSu, KiSho, and SanRi.

Signs and symptoms of this group include pain, swelling, numbness, and feelings of hotness or coldness along the paths of the meridians. In particular:

- *growths and abscesses on the face, neck, arms, or back
- *stye, pinkeye
- *inflammation of the oral mucosa, swelling and pain of teeth and gums (especially lower mouth), sore throat
- *distended or painful stomach, diarrhea

- *diseases of the skin
- *acute emotional disorders

vi) TaiSho Point–TsuRi Point

The TaiSho point is affiliated with the Liver Meridian. Diagnostic points used in addition to the TaiSho point include ReiKo, KyokuSen, and KiMon.

The TsuRi point is affiliated with the Heart Meridian. Diagnostic points used in addition to the TsuRi point include ShimMon, ReiDo, and KyokuSen.

Signs and symptoms of this group include pain, swelling, numbness, and feelings of hotness or coldness along the paths of the meridians. In particular:

- *vertigo, Alzheimer's disease, emotional disorders, eye afflictions
- *disorders involving the endocrine system (pituitary gland, thyroid gland, thymus gland, ovaries, uterus, testicles, liver, gall bladder, and so forth)
- *distention and pain in the chest and sides, hernia (lower back or groin)
- *muscle cramping, swelling, coldness
- *lack of motivation

3) Detailed Description of the Course and Points of the Eight Odd Meridians

See Chapter IV section 2: The Course and Points of the eight Odd Meridians.

4) The Principles and Techniques of Odd Meridian Therapy

It is sometimes said that Odd Meridian Therapy remedies “the 404 illnesses.” However, if one adds all the illnesses that involve the symptoms that match those of the Odd Meridians and all the especially difficult cases for which effective treatment is possible only through application of the Odd Meridian emergency and supplemental techniques, it becomes clear that Odd Meridian Therapy is standard practice in the everyday clinic.

There are two diagnostic techniques that determine which of the Odd Meridian groups to use in treatment. One is the analysis of the signs and symptoms of illness. The other is the observation of the sensitivity of the treatment points and examination points of the meridians. There are also an Odd Meridian pulse diagnostic technique and a system employing electric probes, but neither of these has as yet been proven effective.

In our Association, we use magnets to test the reactions of the meridian groups and to determine which of the treatment points will be the “leading” point and which one will be the “following” point. Two weak magnets are employed, one of positive polarity and one of negative polarity. To check an Odd Meridian group and its two treatment points, the positive pole is first affixed to the point being tested as the “leading” point, and then the negative pole is affixed to the point being tested as the

“following” point. If there is a reaction, it is usually instantaneous; either the patient will feel a sensation along the course of the meridians, or the pulse will exhibit changes. This type of magnetic tester is especially effective when there are acute and severe symptoms or when the patient is very sensitive. A clear reaction from the magnetic testers is usually an indication that Odd Meridian Therapy will bring about very good results. In cases of chronic illness and with patients of low sensitivity, however, it is often difficult to obtain a clear reading from the testers, and their usage will result in a great loss of time. Also, it is important to remember that magnetic testers must be of proper strength and calibration in order to give accurate readings.

In most cases, an analysis of the patient’s symptoms and an examination of the meridian points are sufficient for the determination of the Odd Meridian group and the “leading” and “following” points. This is especially true for basic health maintenance as well as for the rebuilding of the physical constitution. Overall, two prominent theories exist concerning the “leading” and “following” points. The theory of Manaka posits out that, when employing a pair of Yang Odd Meridians, the “leading” point should be located on the foot and the “following” point should be located on the hand. Conversely, with Yin Odd Meridians, the “leading” point should be located on the hand and the “following” point should be located on the foot. The theory of Kido asserts that the treatment point of the meridian on which the major symptom is located should be taken as the “leading” point, and the treatment point of the accompanying meridian should be taken as the “following” point.

It may seem that these two theories can contradict each other. However, the theory of Manaka further proposes that, when the expected results from the Odd Meridian Therapy are not obtained or when a negative reaction occurs, the “leading” and “following” points should be switched. The theory of Kido similarly postulates that, when a patient’s symptoms are randomly distributed throughout the body and a “leading” and “following” point cannot clearly be established, one will most probably have to rely on the system of Manaka. Remember, also, that if a clear reading can be obtained from the magnetic testers, one can expect positive results.

Odd Meridian Therapy is conducted as follows: Once the proper meridians have been determined and the order of the points established, a gold needle is inserted in the “leading” point, and a silver needle is inserted in the “following” point. The most commonly used needles for Odd Meridian Therapy are 1.3 *sunn* #2 gold and silver needles. Some practitioners prefer to use stainless steel instead of silver because silver needles easily slip out of place. As far as the depth of needling is concerned, two to three millimeters is sufficient to ensure that the needle does not come loose. The direction of needling is not problematic. Since the goal of the technique is to effect positive changes in the body with only two needles, however, it is of critical importance that the points be properly located (refer to Part II, Section I).

Writings in the classic texts concerning Odd Meridian Therapy often describe the dramatic effects that result from proper employment of the techniques. When the expected results are not obtained, the practitioner will often supplement the technique with further needling or *okyu* application to especially reactive points along the meridian, or with gentle massaging of the meridians by hand or with a Rounded Needle. Then, when the patient's symptoms have shown improvement, the two needles are removed.

In our Association, primary importance is given to treatment involving the Twelve Main Meridians. The Odd Meridian needles are usually left in place for a total of five or six minutes; they are removed after Fundamental Healing is finished, when it has been confirmed through the pulse that the patient's condition has sufficiently improved. It is standard procedure in my clinic, furthermore, to apply Odd Meridian *Okyu* following Odd Meridian needling. The Odd Meridian *Okyu* technique is of especially great value because it can be taught to patients, who are then able to continue it on their own.

Odd Meridian *Okyu* is conducted with moxa about one-third the size of a grain of rice. Application is made five times to the "leading" point and then three times to the "following" point. In other words, the gold and silver needling is replaced with a five-three *okyu* application. There are times when a greater size or number of applications will be necessary—emergency work with severe acute symptoms, for example, may require that *okyu* be performed several hundred times. In most cases, however, the standard five-three application is sufficient and will not result in any scarring of the skin tissue. With highly sensitive patients, it is sometimes better to use warming *okyu* (see Appendix II), or to tape small metallic beads to the points, which can be pressed to achieve similar results.

5) Case Studies

A 62-year-old woman, the wife of a farmer, came in for treatment of stiff shoulders and heaviness of the head. Fundamental Healing conducted according to Lung-Liver *Sokoku-Kyo Akashi* brought her some relief, but she told us that she lived too far away to come regularly. We would, thus, have to depend more than usual on the Odd Meridian *Okyu* that she could practice at home.

The *okyu* treatment chosen was left ShoKai point five times - right Rekketsu point three times; and right ShoKai point five times - left Rekketsu point three times. We performed the *okyu* and then instructed the patient to practice it twice a day, morning and evening, without fail.

The patient returned to the clinic six months later with a friend and said, "I'm doing *okyu* everyday just as you taught me; it gives me a wonderful feeling throughout my whole body. The other day at our annual health exam the examiners told me they

couldn't believe I was over sixty years old! Since *okyu* is something I can do myself, I plan to continue it for the rest of my life. Today I brought a friend, and I hope you'll be able to help her, too."

The friend was a 58-year-old heavyset woman, the wife of the owner of a sizable farm. She explained that from the time she was young and to the end of her forties, she needed no medical attention other than during childbirth. In her fifties, however, her health had dramatically declined. She complained of fatigue, stiff shoulders, heaviness of the head, and slight swelling and attributed her condition to long years of hard work. Her blood pressure was 172/106 mm Hg.

This patient was suffering from a menopausal disorder. If not treated properly, she would also develop serious hypertension. After therapy conducted according to Spleen-Kidney *Sokoku-Kyo Akashi*, she seemed to feel much better. We established her Odd Meridian *Okyu* as left ShoKai point five times - right Rekketsu point three times, and left GoKei point five times - right ShimMyaku point three times. In addition, *okyu* was applied to the Stomach SanRi points five times each. We instructed her to practice this *okyu* at home mornings and evenings.

On her recommendation, an 82-year-old man who was a large landowner came in for treatment. He explained, "I get cramps in both my legs from the hips to the heels of my feet, and then I can't walk more than a hundred meters. I've given up hope of a complete cure because the doctors all told me it's just an ailment of aging, but I'm hoping you can teach me a few *okyu* points that might lessen the pain."

After treating him predominantly with Fundamental Healing techniques to bring about an overall strengthening of his Vital Energy, we chose an Odd Meridian grouping that works to relieve his type of intermittent claudication: left GoKei point five times - right ShimMyaku point three times, and right GoKei point five times - left ShimMyaku point three times. We also used the Stomach SanRi points. We instructed the patient to practice this *okyu* at home every morning and evening.

A month later the patient returned, bringing two more friends. He said that he felt wonderful as a result of *okyu* and that he practiced it every day without fail in the morning, noon, and evening. "Thanks to these treatments," he added, "I can walk as far as I like with no pain, and my friends and neighbors are telling me that I look ten years younger."

The next case involves the use of Odd Meridian Therapy in the treatment of severe, acute symptoms. The patient was a 32-year-old housewife of strong and healthy appearance, who had a nine-month-old boy. She explained that a few days earlier he had bitten her left nipple, which had then become swollen and painful. This morning she had a fever of 38.9°C, and the nipple had grown twice as swollen and intolerably painful.

The first thing we did, then, was to check the left KoSon and NaiKan Odd Meridian points as an emergency technique. The patient showed signs of relief with the KoSon

point as the “leading” point, and so, working with two assistants and beginning with the KoSon point, we applied continual *okyu* to the meridian group. The patient reported that the *okyu* felt pleasant. After more than one hundred applications, the swelling had considerably subsided, and the breast started giving milk. The patient was overjoyed by both this and the fact that the pain had disappeared. In addition, the left ShoKai - right Rekketsu group and the left and right Stomach SanRi points were used.

The next case involves a 36-year-old single woman. More than six months earlier, she had developed tooth pain in the left side of her mouth. She commuted to a dentist two times a week and had three teeth removed, including her wisdom teeth, but the pain only worsened.

The month before coming to our clinic, she had visited the dental, surgical, internal, and neurological departments of a large hospital, and ended up receiving nerve-block treatment for the pain. Now, however, she was experiencing waves of very intense pain from the area in front of her left ear through the upper and lower jaws. She had been unable to eat for the past few days. She was lying on the treatment bed, quivering with tears.

Using testers, we immediately determined the Odd Meridian group to be GaiKan (plus) - RinKyu (minus) points and inserted a gold and a stainless steel needle. The patient reported a fifty percent decrease in pain. There were also signs of a large amount of Stagnated Blood between the area below the left ear and the left upper back. After the application of Microbleeding, the patient said she felt as if she had just woken from a bad dream.

Another case involves a 46-year-old man whom we were treating for kidney stones. His pain had been reduced about seventy percent but still bothered him on the inside of the penis. Since the genital organs are under the control of the Liver Meridian, we checked the TaiSho and NaiKan Odd Meridian points.³ Obtaining a positive reaction, we subsequently applied continual of *okyu* from foot to hand. Within two hours the patient reported that a small kidney stone the size of the tip of the little finger had passed with his urine.

We also have records of cases, successfully treated with Odd Meridian Therapy, involving the most serious symptoms of our times. These include cases of malignant tumors, cerebral hemorrhage, and illnesses of the internal organs. Since these cases are relatively rare, however, we will not present them here.

3 NASO THERAPY

The word “*naso*” is derived from the Braille reading for “cervico-brachialgia.” *Naso* Therapy is a Targeted Healing technique for the treatment of certain signs of illness that appear in the neck and shoulder region around the KetsuBon point.

According to the classic writings on the courses of the meridians, the six Yang meridians enter the body through the KetsuBon point on their way to the Inner Organs of the chest and abdominal regions. Branches also move up from the KetsuBon point to circulate through the inside of the head. Thus, this point plays an important role in the meridian flow throughout the entire body. Many of the meridian point texts list it as a “forbidden” point because unskilled needling of the point is fraught with dangers. As is true of all the “forbidden” points, however, the KetsuBon point has unique healing properties and can greatly enhance clinical work if it is used properly and with care. Indeed, correct needling of the KetsuBon point is the key to *Naso* Therapy.

Even Modern Medicine considers this “*naso*” region to be important, not only in relation to symptoms of the shoulders and arms, but also in relation to symptoms of the internal organs and to the eyes, ears, nose, and throat. The deeper areas within the *naso* region are known to contain the cervical and brachial plexuses related to the neck, shoulders, and arms as well as various stellate ganglia affiliated with the autonomic nervous system.

For practitioners of Traditional *Hari*, the skilled application of *Naso* Therapy is of great assistance in the treatment of the many nonclassified symptoms we so often come across in our work. These include stiff shoulders, headache, heaviness of the head, pain and numbness of the shoulders and arms, palpitations, dizziness, nausea, insomnia, as well as irritability. *Naso* Therapy also figures prominently in the treatment of chronic illnesses of the heart, lungs, and other internal organs, as well as in difficult cases of digestive ailments and women’s disorders.

Among these cases, the symptoms of most women’s disorders and diseases of the liver and gall bladder appear on the right-side *naso* region. Diseases of the heart usually appear on the left-side *naso* region. The symptoms of all other diseases appear either on the side of the specific ailment involved or on both sides simultaneously.

Examples of cases for which *Naso* Therapy is especially helpful include severe stiff shoulders—needling of the *naso* region is usually more effective than even direct needling of the stiff areas of the upper back and shoulders—and symptoms involving dysfunction of the fingers that are often labeled as “tendonitis” by physicians. In such cases of so-called “tendonitis,” in fact, physicians are often unable to relieve the pain, and will recommend surgery “to remove excess cartilage.” Symptoms involving stiff neck are also most effectively treated with *Naso* Therapy and the needling of the area around the DaiTsui point. Patients struggling with stricture of the heart and heart

attack can be effectively treated with *naso* needling of the left side. Alzheimer's disease and diseases of the eyes, ears, and nose are treated through needling in the area of the KetsuBon point. Other symptoms of the neck, shoulders, arms, and hands such as whiplash and weakness of the limbs are also treated with the Targeted Healing techniques of *Naso* Therapy.

One must always remember, however, that even proper *Naso* Therapy applied in the treatment of the type of symptoms described above will not bring the expected results if Fundamental Healing is not performed correctly.

Next, we will discuss the different needling techniques of *Naso* Therapy. With the other Targeted Healing techniques we have described up to this point, needling was conducted as deeply as five or six millimeters. However, *Naso* Therapy often involves "forbidden" points and other points which, when excessively needled, can easily cause severe negative reactions or even loss of consciousness. Though these reactions are actually rare and often involve patients of exceptional sensitivity, the depth of needling in *Naso* Therapy does require ceaseless and careful attention. The therapist must take into account not only the signs and symptoms around the area to be needled but also the physical constitution, clinical history, and present condition of the patient.

If conducted properly, *Naso* Therapy will bring about dramatic results. It is not uncommon to hear patients make remarks such as "I feel fresh and revitalized," "I can now raise the arm that I couldn't move before, and I can move my fingers again," or "I can breathe again. My nausea and palpitations have vanished. I feel like I've been given new life!"

Naso needling techniques can be classified into the following three types:

1) With acute or relatively recent symptoms, the therapist will come upon small areas of loose, knotted tissue in the *naso* region. The patient's condition may involve fever, swelling, or sharp pain. In these cases, a finely pointed, thin needle should be used. It should be gently inserted one or two millimeters into the sight of the disturbance. When the resistance at the tip of the needle has been removed, the fingers of the supporting hand should be tightly shut and the needle withdrawn.

2) With conditions of a slightly more serious nature, especially cases of chronic illness, pressing somewhat deeply into the KetsuBon point and its surrounding area will reveal firm, tense tissue. These disturbances are sometimes referred to as "rubber-like" or "hard clay." The needle must be slowly lowered into the disturbance until contact is made with hardened tissue. It must then be inserted another millimeter and moved back and forth until the hardness and resistance at the tip of the needle have disappeared. Then the needle is withdrawn.

This second needling technique is the most common of the three. When it is conducted properly, the patient will often feel the effect directly in the afflicted area of the body. Whether that area be the arm, hand, back, or stomach, a symptom may show dramatic improvement at the instant the *naso* disturbance has been removed.

3) With severe chronic illnesses such as those continuing more than 20 or 30 years or those accompanied by Alzheimer's disease and the like, the *naso* area will reveal blockages that feel as hard as bone and that cause the shoulder to rise out of shape and the neck to be distorted. In fact, the blockage will only appear on one side and will thus cause the posture of the entire body to be contorted. These blockages are sometimes referred to as "bone-like" *naso* disturbances.

The skin in the area to be needled is certain to be *kyo*, i.e., dry and weak. Treatment of this type of disturbance must thus begin with light *ho* needling of the region in order to bring around healthy *ki*. Then, over a series of treatments, needling can be gradually conducted more and more deeply with the ultimate goal of dissolving the disturbance completely. The process may feel something like the gradual removal of the layers of a scallion.

Since the effect of needling involving "bone-like" disturbances may be completely imperceptible during the first few treatments, the therapist may be tempted to do it more deeply and strongly. This, however, will only result in negative reactions. A good therapist must have strong, unyielding faith in the teachings of Meridian Therapy, which concern the causes and treatment of illness. It is only after one has strictly observed proper therapeutic principles over an extended period of time that one hears patients report such changes as, "This ringing in the ears that I've had for over ten years has stopped, and my eyesight is improving," or "My hair has developed body and shine and is coming in darker," or, from a patient over seventy years old with chronic digestive disorders, "I no longer succumb to the summer heat nor develop frostbite in the winter, and I've completely recovered from anemia and low blood pressure."

The needles that are used for *Naso* Therapy must be chosen in accordance with the type of disturbance that is being treated. Some cases require silver needles while others call for stainless steel, and needle size may vary from a 1 *sun* #1 to a 1.6 *sun* #3 to #7.

As far as the needling site is concerned, the area of the KetsuBon point is usually the focus of treatment. Points that are often used in a supplementary fashion include the KoKotsu point in the shoulder region, the ChuFu, UnMon, YuFu, and WakuChu points in the chest region, and the KiSha, SuiTotsu, TenTei, FuTotsu, and TenSo points in the neck area. Other points somewhat further away that can play an important role when clear *naso* disturbances are present include the points around the DaiTsui point, and the DaiJo, FuMon, KyokuEn, FuBun, and KoKo points in the upper back region, as well

as the TenChu, FuChi, and TenYo points in the area of the back of the neck.

One note of caution: The upper tip of the lung protrudes to a height of one to two centimeters below the skin in the *naso* area, and careless needling could very well puncture the lung and expose the patient to increased suffering and danger. To prevent this possibility, needles in the *naso* area should always be pointed towards the spine.

4 MICROBLEEDING

According to the classic texts, Microbleeding is the oldest technique within Traditional *Hari*. There is abundant literature on the subject, with sources extending from East Asia and India to the Mediterranean.

In primitive times, hunters of a tribe were sometimes bitten by poisonous insects or snakes, or shot with poisonous arrows. If the hunter's companion rubbed the afflicted area, strong palpitations as well as dark-purple blood vessels along the surface of the skin would become apparent. The companion might then have taken hold of a sharp instrument such as a stone or a piece of bone, wood, or bamboo to cut open the throbbing vessel, believing that the removal of the swelling and its poisonous contents would bring relief to the sufferer. This person might even have tried to suck out the poisonous fluids. In some unfortunate cases, the person would swallow the fluids in the process and also end up dying from the poison.

The ancient Chinese, however, developed a technique that utilized the horn of the water buffalo to remove fluids from these wounds. This was the beginning of the therapeutic system known as "cupping." Today, special glass cups and pumps are manufactured for this purpose. Cupping is performed by piercing the skin and then affixing the cup (to remove Stagnated Blood), or it is conducted without needling (to improve circulation). Also, small amounts of Stagnated Blood are drawn from the Well points at the tips of the fingers and toes to improve the circulation of specific meridians in which disturbances are located.

In Japan today, a practitioner with an Acupuncture license cannot legally perform needling techniques that involve bleeding. There are patients, however, with certain symptoms, physical constitutions, or clinical histories, whose successful treatment depends on Microbleeding techniques. Many practitioners will explain the situation to the patient and conduct the therapy with their consent.

Microbleeding can be of great assistance in cases such as the following:

1) Bumps and Sprains

A well sharpened Microbleeding needle⁴ is used to pierce the small, dark-red blood vessels that appear on the surface of the skin around the site of the affliction or at other points along the meridian involved. A quick and skillful tap that cuts the vessel crosswise will bring forth the Stagnated Blood trapped below. A few drops to several milliliters can be removed by gentle pressing with an alcohol pad or by affixing a “cupping” device to the wider, flat areas. Then, Well point Microbleeding can be conducted on the tips of the fingers and toes of related meridians or meridians that show signs of Stagnated Blood. These techniques can be used immediately after an injury has occurred, when the afflicted site is still swollen, but they are also effective with injuries of patients who come in several months later, after having been unsuccessfully treated by orthopedic surgeons, for example (see Chapter XVIII, case study 5). Often two or three treatments are enough to cure any injury of this type.

2) Inflammation of the Oral Mucosa

This condition is difficult to treat without the Microbleeding supplemental technique. Under proper lighting, the therapist will find small, dark-red blood vessels on the surface of the skin beneath or along the jaw. Piercing the blood vessels as described above will bring immediate and startling results. The same is true with tooth and gum problems; in these cases, the small blood vessels associated with Stagnated Blood appear most often in the chin and cheek areas closest to the site of the affliction (see Chapter XVII, case study 4).

Young children often respond well to Microbleeding techniques. A four-year-old boy, with swelling of the tip of the tongue, was brought in by his mother after having been unsuccessfully treated for several days at a local hospital. Needling of two or three of the main Stagnated Blood vessels that were apparent around the DaiGei point brought him immediate relief, and he was soon happily drinking a glass of juice.

3) Eye Afflictions

In cases of chronic or acute conjunctivitis and similar afflictions small, dark-red blood vessels will be found in the temple region, above and below the eye, in front of the ear, and so forth. Microbleeding of these points, combined with the proper use of the Well points, will not only greatly contribute to the healing of these eye afflictions, but will also help to relieve associated tension headaches.

4) Chronic Respiratory Problems

Signs of Stagnated Blood often appear in the area of the upper back, especially around the DaiTsui and HaiYu points.

5) Hypertension

Microbleeding of patients with hypertension and other illnesses that indicate a “Stagnated Blood-type constitution” can bring about dramatic results. With hypertension in particular, the therapist should look for signs of Stagnated Blood on the rim and back of the ear, the back of the neck, and the upper back. Effectiveness can be further enhanced through Well point Microbleeding of all the Yang meridians.

1. See the footnote 5 of Chapter VI.
2. The Twelve Branches are formed by the separation of the Six *Ki* into divisions of Yin-Yang through the Doctrine of *un-ki*. These branches indicate positions, directions and the times of day.

Wind — Yin—Ne
 Yang—Ushi

Cold — Yin—Saru
 Yang—Tori

Heart — Yin—Tora
 Yang—U

Fire — Yin—Inu
 Yang—I

Dampness — Yin—Tatsu
 Yang—Mi

Dryness — Yin—Uma
 Yang—Hitsuji

3. The NaiKan point of the Heart Constrictor Meridian is sometimes used with the TaiSho point in stead of the TsuRi point in order to establish an Odd Meridian group that is affiliated solely with *ketsu*-in meridians.
4. See Chapter XII page 154.

Appendix I: Needling for Children

From infancy to the age of 12 or 13, a child's body is growing at a prodigious rate, and *ki* and *ketsu* are functioning at peak smoothness and speed. For this reason, striking results can be obtained even with very light treatment.

Normally, a two-centimeter, thin needle is used for children. The process of treatment often consists of simply holding the tip of the needle and tapping it gently and rhythmically along the meridians, then lightly applying specific needling techniques to two or three points.

The meridian system of children is not completely developed; therefore, one cannot conduct diagnosis through the standard Looking, Listening/Smelling, Questioning, and Palpating examination process. The therapist can establish an *akashi*, though, using the basic principles of meridian diagnosis. For example, symptoms of coughing, running nose, and skin afflictions can be interpreted as Lung-Kyo *Akashi*, for which the treatment will involve the Lung, Spleen, Large Intestine, and Stomach Meridians. Lack of appetite, diarrhea, fatigue, and emaciation can be interpreted as signs of Spleen-Kyo *Akashi*, for which the treatment will involve the Spleen, Heart Constrictor, Stomach, and Triple Heater Meridians. A nervous or irritable temperament accompanied by crying and screaming or problems with sleeping can be interpreted as Liver-Kyo *Akashi*, for which the treatment will involve the Liver, Gall Bladder, Bladder, and Triple Heater Meridians. There is a theory that the Kidney Meridian does not function in children, because the sexual organs are not yet developed. However, children of exudative constitutions, who easily retain water and gain weight, can usually be treated according to Kidney-Kyo *Akashi*, which will involve the Kidney, Lung, Large Intestine, and Bladder Meridians.

Our Association strongly emphasizes *Sokoku* Control needling. Thus, during the diagnostic process, our therapists always take into consideration the meridians in *sokoku* relationship to the meridians just described. Therapy will not have a significant effect, particularly with children who are very sensitive, if the Secondary *Akashi* is not correctly established.

Classification of the signs and symptoms of illness is made by broadly dividing conditions into two categories: emotionally related imbalances (*kan*) and acute and chronic conditions that are the result of external causes of disease (*kyofu*). Conditions of the first type are treated predominantly with *ho* needling, while conditions of the

second type require the application of *sha* needling to the Yang meridians. As for needling sites, the chest and abdominal regions are normally treated with *ho* needling, and the head region is usually treated with *sha* needling. The upper and lower backs may call for *ho* or *sha* needling, depending on the particular symptoms.

Fundamental Healing requires the careful application of standard needling techniques to Five Phases points and Five Primary points. Targeted Healing will involve points such as HyakuE, InDo, GeiKo, TenChu, FuChi, DaiTsui, ShinChu, MeiMon, YoKan (Toku Meridian), ChuKan, TenSu, KiKai, Stomach Sanri, SanInKo, KyokuChi, GoKoku, and the "Rear-associated" points of the Five *Zo* Organs. Particularly irritable children may require needling of the JiKan and SanKan points. High fevers can be treated with the SanKan and KimMon points and in some cases with Microbleeding.

One of the Rounded Needles is usually sufficient to treat children who are not accustomed to *hari* treatment as well as children who are especially sensitive. Otherwise, a 0.8 *sun* #1 or #2 needle is best.

Some practitioners believe that it is not possible to use pulse diagnosis with children, but I find that the following system works very well. First, the pulses of the left and right hands are compared. If the pulse of the right hand is weaker, the *akashi* is either Lung-*Kyo* or Spleen-*Kyo*. Of these cases, symptoms related to the respiratory system are indications of Lung-*Kyo*, and symptoms related to the digestive system are indications of Spleen-*Kyo*. When the pulse of the left hand is weaker, symptoms related to nervous or irritable dispositions are indications of Liver-*Kyo*, and symptoms related to a slow-witted temperament and heavy-set constitution are indications of Kidney-*Kyo*.

Practitioners who are proficient in the techniques described in this section can conduct Fundamental Healing with children based on pulse diagnosis and *ho sha* needling; the treatment process is thus similar to that which is carried out with adults.

To treat simple symptoms, such as crying at night and slight colds, gentle rubbing across the meridian with one of the Rounded Needles is often sufficient. To treat more serious illnesses, however, success will depend on proper point selection and a skillful needling technique.

Appendix II: *Subcutaneous Needles and Warming Okyu*

The system of subcutaneous needles employed by our Association is the one developed by Akabane Kobei. First a thin piece of tape one centimeter long is affixed to the skin. Then, just beyond the edge of the tape and parallel to the skin, a subcutaneous needle is inserted to a depth of no more than one or two millimeters. And a larger piece of tape is used to cover the entirety.

The needle must be inserted in the same direction as the folds of the skin, i.e., horizontally in the abdominal and lower back regions, and vertically in the upper back region along the spine. This will ensure that the needle will not penetrate the body when the patient moves or bends. The depth of the needling is also very important; a needle that is too superficial will easily come loose, and one that is too deep will result in overstimulation or pain.

Subcutaneous needles are used principally in the alleviation of pain. For this purpose, the needle is inserted in the area that is most sensitive to pressure. When it is properly located, the effect is usually quite dramatic. Subcutaneous needles are also used, for example, for among other things, the alleviation of coughs, to bring about the cessation of diarrhea, or as part of a therapeutic program to rebuild the physical constitution. (Refer to the case studies of Chapter XVII.)

Warming *Okyu* was developed by Inoue Keiri. Coarse-grade moxa—a higher temperature can be achieved using the coarser grades—is rolled into a cone the size of the tip of the little finger and placed directly upon points that are painful. The moxa is lit; and as soon as the patient feels a comfortable degree of heat, the cone is removed.

When applying Warming *Okyu* to areas that are not parallel to the ground, the bottom of the cone can be lightly dampened with water to prevent the cone from rolling off the skin.

This type of *okyu* is often used with arthritic pain, abdominal pain, neuralgia, bumps, sprains, skin afflictions, and so forth. Warming *Okyu* principally results in a *sha* effect. A *ho* effect can also be achieved by removing the cone a little sooner, when the patient first notices a warming sensation.

Appendix III:

Toyo Hari Medical Association

PROSPECTS

Civilization's continual growth and expansion will not permit us a single day's rest, and even Traditional *Hari* must now take its place among medical practices from around the world.

In Japan, this has brought forth calls to adapt *hari* to the ways of Modern Science. As a result, an increasing amount of research has been undertaken with the tools of Modern Medicine to analyze the principles and techniques of traditional healing. However, this research defines Meridian points, for example, merely as sites for the application of stimuli, and completely ignores the diagnostic and therapeutic value of the meridians. Research of this type will never contribute to a sincere appreciation of the significance of our 3,000-year-old traditions.

Meridian Therapy remains true to the original teachings. Illness is interpreted holistically based on an understanding of *ki* and *ketsu*. Disturbances in *ki* and *ketsu* are identified through the *kyo* and *jitsu* of the meridians, and therapy is conducted with *ho sha* techniques that employ meridian points for both diagnosis and treatment. These principles and techniques must be mastered before a scientific investigation of their effectiveness can even begin to be possible. Failure to do so will bring an end to these traditions—the cultural legacy of our great ancestors.

Herein, we of similar aspiration have come together to form the Toyo Hari Medical Association, and we resolve to carry forth its established Oath.

To our colleagues in the medical world who share these views, we call on you to come and join us!

OATH

1. We pledge to reexamine the teachings of the classic texts through our clinical work; to gain hands-on knowledge of meridians and meridian points through treatment of the sick; and, in so doing, to master the true teachings of Traditional *Hari*.

2. We pledge to cultivate character and strength as *hari* practitioners by perfecting our understanding of the principles and techniques of Meridian Therapy and, in so doing, to establish our position in society firmly as professional *hari* therapists.

3. We pledge to attain to correct understanding and correct application of classical meridian theory; to familiarize as many individuals as possible with meridians and meridian points; and, in so doing, to transmit to future generations the cultural legacy of our great ancestors.

Postscript

A negative consequence of our current rapid economic growth and industrial development is contributing to a deterioration in the state of health of all peoples around the world. In response to this, progressive minds in social and medical circles everywhere are turning to a reinvestigation of the ways of Traditional East Asian culture, and the concept of holistic healing has become a major focus of concern.

Now it is my great honor to present this English edition of *Meridian Therapy* (originally in Japanese). The subject of the book is Traditional Japanese Medicine based on pulse diagnosis, *akashi*, and *ho sha*. Meridian Therapy is true holistic healing; its fundamental aim is the complete rebalancing of a patient's *ki* through the strengthening of his or her Vital Energy. I would like to thank Douglas Klapper for his painstaking efforts in the translation, and Kitaoka Yasuo for his assistance.

With this book, the teachings of Meridian Therapy will become available to practitioners in the West. A study group has already formed in Boston, Massachusetts, and strong interest has been expressed in Wuhan, China; Paris, France; and London, England; among others. I would like to extend my deepest gratitude to all parties involved.

For more information concerning our organization, contact us at addresses below.

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