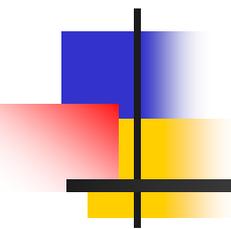
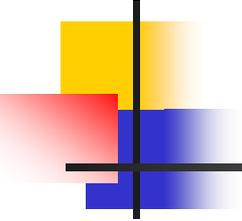


# Diagnosis and Treatment of Blood Stasis



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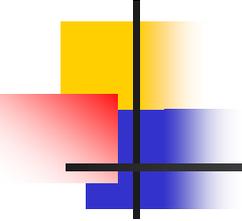
T. Koei Kuwahara Lic.Ac



# What is Blood Stasis?

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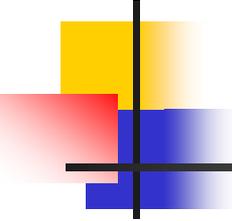
- stagnated and doesn't flow, not a condition that in which there is a lot of blood.
- Consider it as a condition wherein the blood stagnates, gets hard and dries up.



# Causes of the Blood Stasis:

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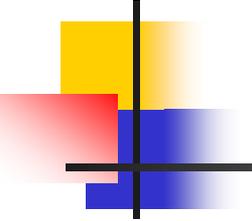
- 1) Fetal toxin=inheritance from parents
- 2) Depression causes stagnation of Ki and the circulations of blood worsen.
- 3) Excessive consumption of animal protein or alcohol
- 4) LR Excess occurs due to the use of present-day medicines or drugs like marijuana, etc.
- 5) Labor, like lifting heavy objects



# Causes of the Blood Stasis:

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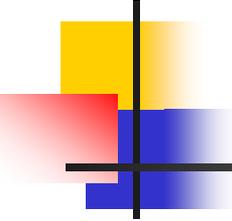
- 6) Internal bleeding caused by injury due to car accident, fall, etc.
- 7) Stagnation of blood due to surgery
- 8) Stagnation of blood due to irregular menstruation, childbirth, miscarriage, etc.
- 9) Heat in GB, LR channel due to fever. Heat in LR channel causes Blood Heat. Blood that received heat stagnates and becomes blood stasis.
- 10) LR Excess due to Liver or GB diseases



# Common Signs from Blood stasis

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- Discoloration
- Vascular Spiders
- Lumps, Tumours, Fibroids
- Fixed Pain
- Swelling
- Cold Limbs
- Choppy or Hesitant Pulse
- Spontaneous Bleeding / Easy Bruising
- Purple Tongue
- Irritability / Anxiety / Depression
- Possibly Insomnia
- Menstrual Abnormalities
- Abdomen feels tight and rough
- Patient feels pressure-elicited pain - especially at ST 25, ST 26, ST 27, Around Navel, Inguinal area.
- Reversal Ki - Ki rises to head and does not come down.



# **MT Sho with Blood stasis**

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**A) SP Def. LR Ex. Heat and LR Ex. Pattern**

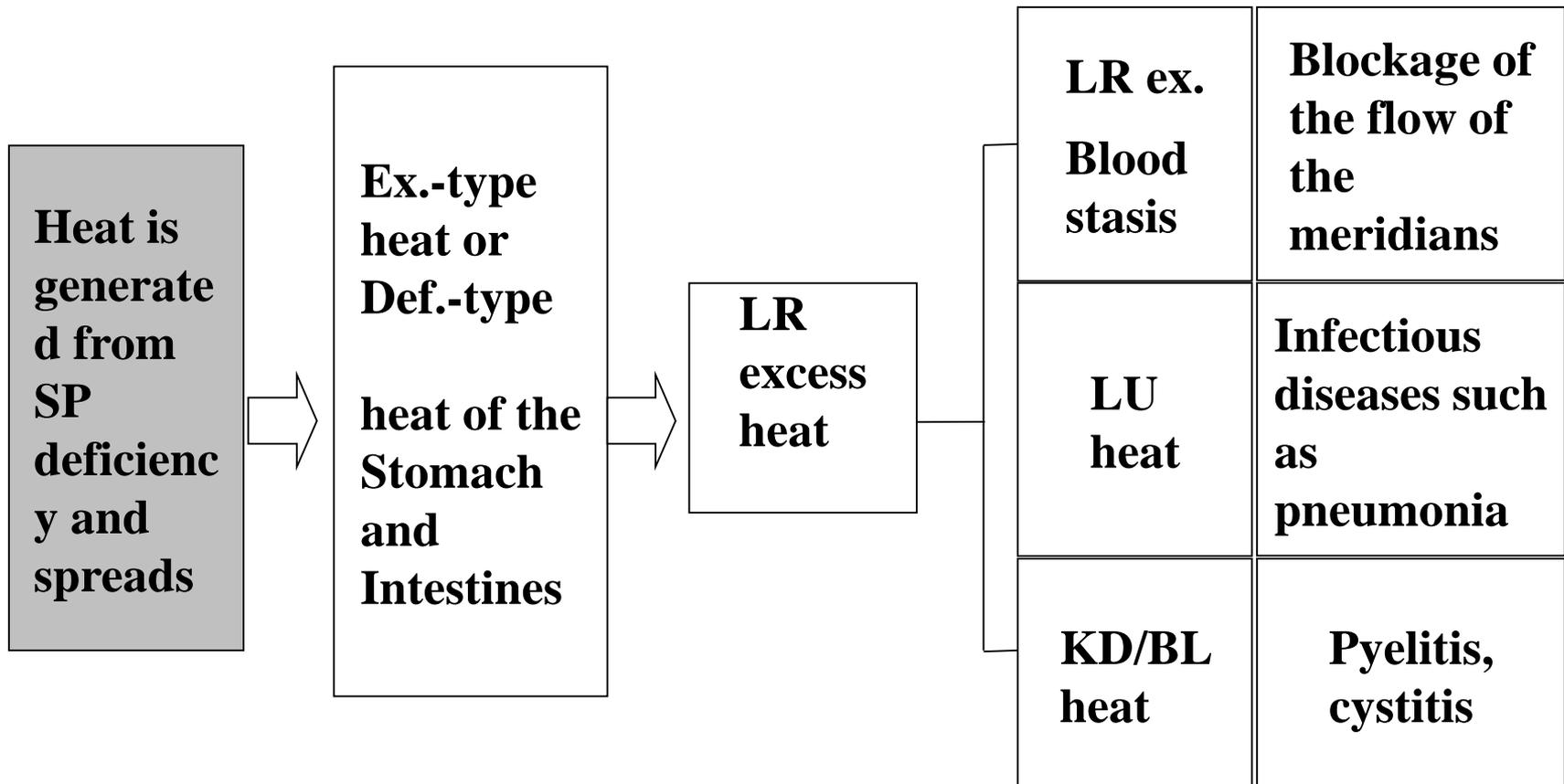
**1) SP Deficiency LR Excess Pattern  
(The Subcostal Type)**

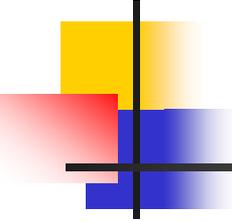
**2) SP Deficiency LR Excess Pattern  
(The Lower Abdominal Type)**

**B) LU Deficiency LR Excess Pattern**

# SP Deficiency

## LR Excess Heat Pattern

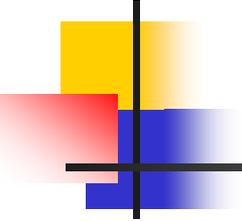




# Pathology SP Def. LR Ex. Heat and LR Ex. Pattern

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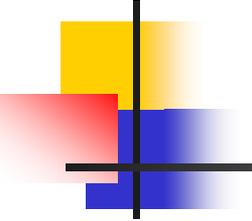
- The condition in which LR excess heat is added to a SP deficiency heat pattern.
- Heat has been added to blood in this condition. However, if that heat disappears and blood stagnation becomes prominent, the condition is referred to as a SP Deficiency LR excess pattern.
- This is also known as a blood stasis pattern. A blood stasis pattern can be divided into those that present mainly in the subcostal area and those that present mainly in the lower abdomen.



# SP Deficiency LR Excess Pattern (The Subcostal Type)

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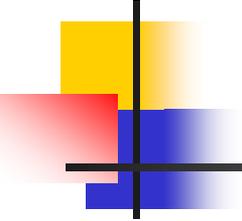
- Cause of Blood stasis, one being when blood alone remains in the areas controlled by the Liver and LR channel after the heat of LR excess heat has come down.
- It can be caused by traffic accidents, endogenous factors, and internal organ disorders (hepatic or cholecystic disorders, duodenal ulcers).
- These types of blood stasis are called subcostal blood stasis. Because of that, many people become emotionally depressed, and then present with psychosomatic disorders such as stomach ulcers or neurotic type symptoms such as insomnia.



# SP Deficiency LR Excess Pattern (The Lower Abdominal Type)

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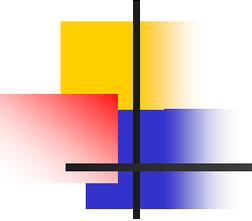
- Blood stasis to increase mainly in the LR channel in the lower warmer once LR excess develops after LR excess heat. When blood stasis develops in the lower warmer, the BL takes on heat and the fluids of the KD dry out.
- Women who constitutionally have a lot of blood stasis will also develop a SP Deficiency LR excess pattern.
- Although the condition is one of SP deficiency, there is often not much ST and Intestine symptomology other constipation. If anything, there is a hearty appetite. However, this condition is easily mistakable for a cold pattern since the pulse is thin.



# Treatment

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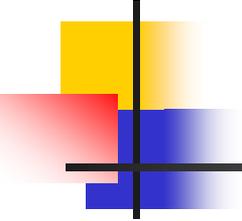
- **[1] Point Selection 【Basic Points】**
- For SP deficiency, tonification of PC-7, PC-8, and SP-3 is the general rule.
- Disperse LR-8, SP-10, and SP-6 if there is a LR excess blood stasis pattern.
- **【Combination Points】**
- Tonify PC-5 and SP-5 if there is Lung heat with a SP Deficiency LR excess heat pattern.
- Tonify yin by deeply needling BL-40 and KI-8 if there is Kidney and Bladder heat with a SP Deficiency LR excess heat pattern.



# Supplementary Points, Local Tx.

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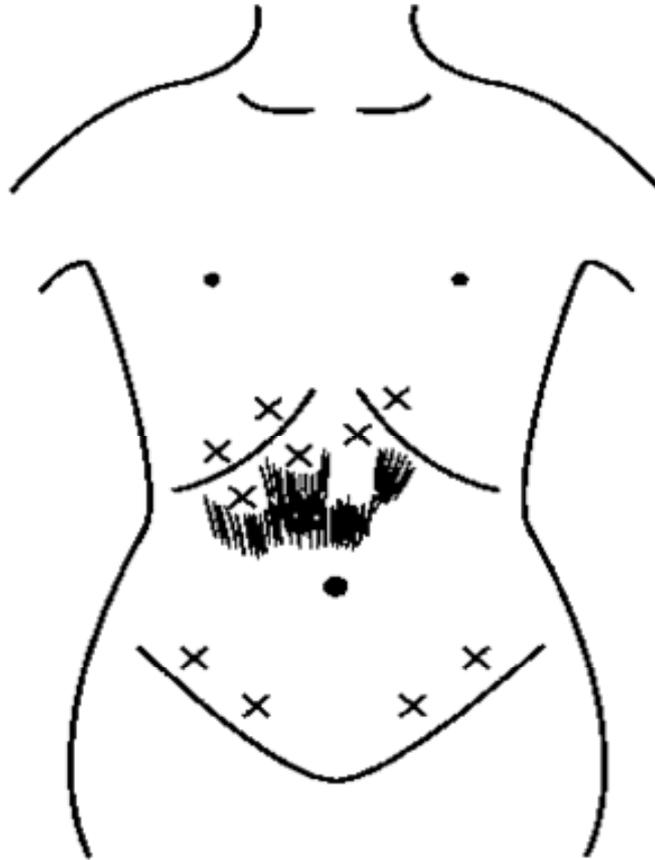
- **【Supplementary Points】**
- Tonify or disperse LR-14, GB-24, CV-12, ST-25, BL-14 BL-17, BL-18, BL-19, BL-20, BL-21, BL-22, and the Glomus Root Point in accordance with the deficiency and excess.
- **【Local Treatment】**
- For the tonification technique, deeply inserting the needle to tonify yin produces the result of dispersion by reducing internal heat.

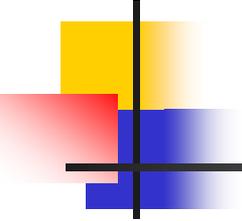


## SP-LR Ex. Heat

Left Wrist		Right Wrist
Wiry - Deficient	I	Wiry
Wiry - Excessive	II	Wiry – Deficient
Wiry	III	Wiry – Deficient

# SP-LR Ex. Heat





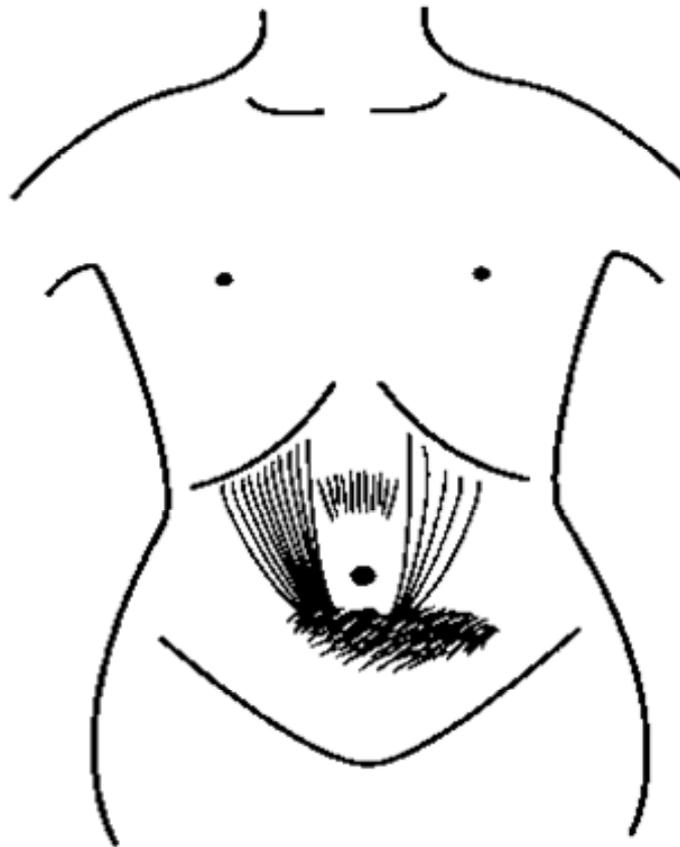
# SP-LR Excess

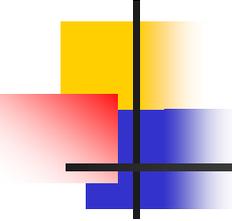
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Left Wrist		Right Wrist
Minute	I	Normal
Sinking - Excess	II	Wiry – Deficient
Normal	III	Wiry – Deficient

# SP-LR Excess

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# Pathology

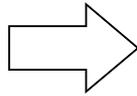
## LU Deficiency LR Excess Pattern

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- LR deficiency heat pattern arises when the LR takes on heat, but LR blood stagnates, resulting in a LR excess pattern in those who naturally have a lot of blood stasis.
- It is a condition in which there is poor circulation of blood due to poor circulation of LU ki while there is a deficiency of KD fluids, which causes a further worsening of the blood circulation.

# Pathology of a LU Deficiency LR Excess

LR ex. develops along with the poor circulation of LU ki and the insufficiency of KD fluids



LR ex. blood stasis;  
Blood stasis in the subcostal and lower abdominal regions

Obstruction of circulation through organs and meridians due to the presence of blood stasis produces indurations

Heart/Small intestine heat

HT heat develops when the HT and SI take on deficient-type heat from the KD

SP/ST heat

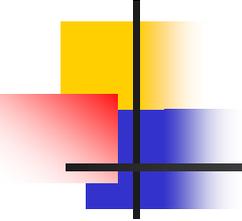
A hearty appetite develops the SP and ST take on deficient-type heat from the KD

Deficiency of LU ki

Water stagnation in the exterior surfaces of the body

Deficiency of KD fluids

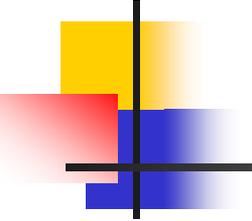
Generation of deficient-type heat



# Treatment

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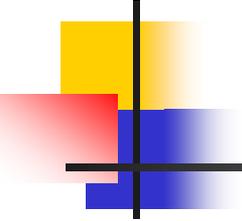
- **[1] Point Selection 【Basic Points】**
- Tonify LU-5 and KI-7. Also, tonify KI-10 and KI-1 if there is a lot of heat.
- **【Combination Points】**
- For LR excess, disperse LR-2 and LR-8 after tonifying the basic points.
- Differentiate any symptomology of the meridians and channel sinews into deficiency, excess, cold, and heat, and tonify and disperse accordingly.
- **【Supplementary Points】**
- LU def. LR ex.: CV-17, CV-12, ST-25, LR-14, GB-24, CV-5, BL-13, BL-18, BL-10, BL-23, BL-26, BL-25, and the Glomus Root Point.



# Tonification and Dispersion

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- **【Root Treatment】**
- Use the flicking and fingernail pressing methods in order to tonify or disperse the nutritive ki.
- **【Local Treatment】**
- Direct moxibustion or moxa-on-the-handle needles can be used at both tonification and dispersion points. Moxa-on-the-handle needles should especially be used on BL-23 in people who have KD deficiency due to liberal use of corticosteroids for Atopic dermatitis.



# LU-LR Excess

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Left Wrist		Right Wrist
Slippery - Excess	I	Overflowing
Excess	II	Excess
Deficient	III	Deficient

# LU -LR Excess

