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Diagnosis and Treatment of Blood Stasis

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1. What is Blood Stasis?

The Blood Stasis is the Blood which did not circulate normally and became stagnated, mainly at the sub-costal region, lower abdomen and lower back (sacral region). This can be understood as an excess of the Liver Channel. However, since a disease doesn't occur without deficiency, the patterns are Lung Deficiency Liver Excess or SP Deficiency Liver Excess. Also blood stasis is a condition in which blood is stagnated and doesn't flow, not a condition that in which there is a lot of blood. Or rather, I would like you to consider it as a condition wherein the blood stagnates, gets hard and dries up.

2. Causes of the Blood Stasis

- 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 Liver Excess occurs due to the use of present-day medicines or drugs like marijuana, etc.
- ⑤ Labor, like lifting heavy objects
- 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 Shao Yang Channel and Liver Channel due to fever. The heat in Liver Channel causes Blood Heat. The blood that received heat stagnates and becomes blood stasis.
- ⑩ Liver Excess due to Liver or Gall Bladder diseases

3. Causes of the Blood Stasis: Pathology and Pattern.

- ① Fetal toxin=inheritance from parents, Eczema due to blood stasis.
The cause of many diseases like allergies such as atopic dermatitis, etc. and constitutional diseases is blood stasis. It manifests with pressure pain at inguinal region (abnormality of Dai Mai). There is right sub-costal tightness and heat in the chest. The pulse sometimes feels Sinking and Thin but is excess at the left 2nd position. Most appear as Lung Deficiency Liver Excess Pattern.
- ② Blood Stasis due to Depression, Depression causes stagnation of Ki and the circulations of blood worsen. Depression tends to cause Lung Deficiency Liver Excess Pattern or SP Deficiency Liver Excess Pattern.
Tightness in right sub-costal region or tightness in both sides. The pulse is Sinking and Thin. When you have blood stasis, the usual tendency is toward constipation, but with this pattern, sometimes there is diarrhea. However, even if there is diarrhea, there is not loss of appetite. Depression, Stomachache, Stomach or duodenal ulcer.
- ③ Blood Stasis due to excess consumption of present-day medicine, Usage of drug likes marijuana, etc, and food. Excess consumption of animal protein worsens the circulation of blood and causes the blood stasis. Too much drinking causes Liver Heat and once the heat decreases, it becomes Liver Excess Blood Stasis. Most are SP Deficiency Liver Excess Pattern. Pressure pain at right ST19, CV17. Chest heat. Pressure pain, water stasis and tightness in right sub-costal region.
The pulse is Sinking, Wiry and Excess. Sometimes Slow. Chest pain, cardiac diseases, moral instability, malignant tumor, chronic hepatitis, etc.
- ④ Blood Stasis due to Injury, Surgery, Physical Labor like lifting heavy objects
Blood stagnates at the area of injury. There are knots in lower abdomen or sacral area, and all the muscles in the body decrease in elasticity and easily tighten. Muscular rheumatism (pain) occurs easily.
The pulse is Sinking, Thin, Excess or Sinking, Wiry, Slow. Various muscle pains, neuralgia, shoulder tightness, joint pain, etc.
- ⑤ Blood Stasis due to Irregular Menstruation, Childbirth, Miscarriage, etc.
At a young age, mainly these are SP Deficiency LR Excess Pattern and have blood stasis in the lower abdomen. The pulse is Sinking and Thin. The tendency is to have constipation and heat in upper warmer and cold in lower warmer. In old age, it transfers to LU Deficiency LR Excess, and the pulse is Sinking, Wiry, and Slow. This becomes a cause of malignant tumor. There is tightness in right sub-costal region, blood stasis in lower abdomen, and pressure pain in inguinal region.
- ⑥ Blood Stasis due to Fever or Liver/Gall Bladder Disease
If becoming feverish a lot, heat from Shao Yang Channel to Liver Channel occurs. The heat in Liver Channel causes Blood Heat. The blood that received heat stagnates and becomes blood stasis. Liver/Gall Bladder diseases cause the stagnation of Liver Blood and the blood stasis. Pressure pain, tightness and water stasis below the xiphoid process. Tightness in right sub-costal region and blood stasis in lower abdomen.

4. General Treatment of Blood Stasis Pattern

Root Treatment=Dispersion of Liver Channel, LV2, LV8

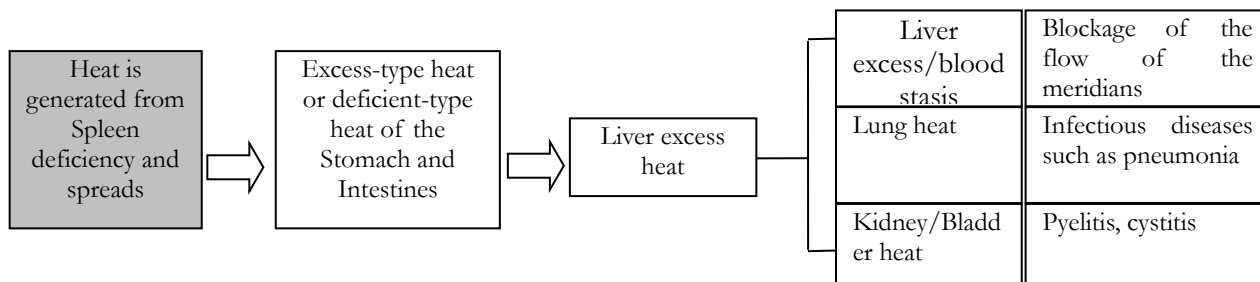
Local Treatment=Chishin (Retaining Needle) in the area of pressure pain, knots, resistance. Chishin at the knots in sacral region.

Spleen Deficiency Heat Pattern Diagnosis and Treatment

1. Pathology

The condition in which Liver excess heat is added to a Spleen deficiency heat pattern is called a Spleen deficiency Liver excess 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 Spleen deficiency Liver 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.

Diagram: Pathology of a Spleen Deficiency Liver Excess Heat Pattern



[1] Spleen Deficiency Liver Excess Heat Pattern

[2] Spleen Deficiency Liver Excess Pattern (The Subcostal Type)

Blood stasis can develop from various causes, one being when blood alone remains in the areas controlled by the Liver and Liver channel after the heat of Liver excess heat has come down. Additionally, 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. When blood stasis develops, the creation/generation function of the Liver is weakened. Because of that, many people become emotionally depressed when they develop blood stasis, and then present with psychosomatic disorders such as stomach ulcers or neurotic type symptoms such as insomnia.

Moreover, there is a tendency to develop indurations and present with pain and stiffness due to the poor circulation of blood in the meridians because of blood stasis. This possibility exists in all the meridians.

[3] Spleen Deficiency Liver Excess Pattern (The Lower Abdominal Type)

It is possible for blood stasis to increase mainly in the Liver channel in the lower warmer once Liver excess develops after Liver excess heat. When blood stasis develops in the lower warmer, the Bladder takes on heat and the fluids of the Kidney dry out. Because of that, it is possible to develop urinary organ disorders such as urethritis. Alternatively, the person could become constipated and present with signs of derangement.

Women who constitutionally have a lot of blood stasis will also develop a Spleen deficiency Liver excess pattern. Although the condition is one of Spleen deficiency, there is often not much Stomach and Intestine symptomatology other than constipation. If anything, there is a hearty appetite. However, this condition is easily mistakable for a cold pattern since the pulse is thin.

This pattern of imbalance as well can cause blockages in the flow of blood through the various meridians, form indurations that present with pain and stiffness.

2. Symptomology

[1] Spleen Deficiency Liver Excess Heat Pattern and Related Symptomology

[2] Spleen Deficiency Liver Excess Pattern and Related Symptomology

Headache. Stiffness from the interscapular region to the neck. Chills in the lower limbs and hot flashes in the upper body. Tendency to be constipated. An increase in discolored patches and freckles. Holding one's temper even when angry. Diminished libido due to emotional depression. Tendency to develop gastric or duodenal ulcers from emotional depression. Healthy appetite. Stiffness, twitching, and pain in the muscles. These are the essential symptomology of a Spleen deficiency Liver excess pattern.

Insomnia. Alopecia. Dizziness. Toothache. Hemorrhoids. Various skin diseases. Various female disorders. Various internal organ disorders. These are the disorders and symptomology that tend appear due to blood stasis.

Spleen Deficiency Liver Excess Heat Pattern and Liver Excess Pattern			
Examination		Treatment	
Looking	With Liver excess heat, the face is red, eyes bloodshot or yellowish, and the tongue is dry or coated. With a lot of blood stasis the complexion is blackish.	Basic Points	For Spleen deficiency tonify PC-7, PC-8, SP-2, and SP-3.
Listening Smelling	Emotional depression. Speaking very softly.	Liver Ex. or Liver Ex. Heat	Disperse GB-38, GB-36, TW-5, TW-3, LR-2, LR-3, LR-4, LR-8, SP-10, SP-6.
Questioning	Causes include: traffic accidents; internal organ disorders such as of the liver; presently taking long-term medications; holding one's temper; childbirth. Deterioration with cooling or at night. With Liver excess heat: alternations of cold and heat; constipation; nausea; loss of appetite; low-grade fever. With Liver excess blood stasis: chills in the lower limbs and hot flashes in the upper body; constipation; emotional depression; interscapular stiffness.	Heart Heat	Tonify KI-2. Disperse GB-41.
		Spleen Heat	Disperse ST-36, ST-37, and ST-39.
		Lung Heat	Tonify PC-5, SP-5, LU-10.
		Kidney Heat	Disperse BL-40.
Palpation	With Liver excess heat: resistance and pressure pain the subcostal area. With Liver excess blood stasis: resistance in the right subcostal area, and pressure pain and resistance in the lower abdomen. With Liver excess heat: the pulse is either wiry and rapid or choppy and excess. With Liver excess blood stasis: the pulse is wiry and excess, slippery and excess, or thin and excess. The left middle position is always excess.	Supplementary Points	For Spleen deficiency Liver excess heat: LR-14, BL-17, BL-18, BL-19, BL-20, and BL-21. For Spleen deficiency Liver excess: BL-25, and the so-called <i>Eight Bone Holes</i> [BL-31 to BL-34].

Spleen Deficiency Liver Excess Pattern

Chilling accompanies blood stasis, and so the patient will emphasize being cold, but the chilling does not extend internally. Because of that, even though the patient may speak with a weak-sounding voice, he or she will have a healthy appetite and a tendency to be constipated. Also, there will definitely be stiffness from the interscapular area to the neck. The patient will most likely have a tendency to be somewhat emotionally depressed, and so you should ask if he or she tends to feel down or blue.

3. Looking

With a Spleen deficiency Liver excess blood stasis pattern the complexion will be blackish and there will be many discolored patches. Alternatively, in the case of young women, even if their skin is white, pimples or small boils or eczema will bother them.

4. Listening (and Smelling)

When there is blood stasis there will be emotional depression, and so the patient's manner of speaking will be soft, or they will not have many complaints.

5. Questioning

[1] Causes of Pathogeny / Process of Pathogeny / Past Illnesses

Causes of blood stasis include the following. Traffic accidents or accidents such as falling that result in bruises. Tendency to develop fevers with a condition such as tonsillitis at a young age. Previously had hepatic or cholecystic disorders. Presently taking long-term medications. Often holding one's temper even when angry. Also confirm whether women have given birth, or had abortions or miscarriages. Additionally, ask about other past illnesses.

[2] Triggers of Deterioration

Symptomology appear when holding one's temper while angry. Symptomology deteriorate at night. Deterioration during the menstrual period.

[3] Checking the Local Area

Blood stasis tends to form indurations and obstruct the circulation of ki and blood in all areas. Check indurations and use them as treatment points. Blood stasis is checked in the abdominal diagnosis.

[4] General Symptomology and Essential Symptomology

【Spleen Deficiency Liver Excess Pattern】

Chilling accompanies blood stasis, and so the patient will emphasize being cold, but the chilling does not extend internally. Because of that, even though the patient may speak with a weak-sounding voice, he or she will have a healthy appetite and a tendency to be constipated. Also, there will definitely be stiffness from the interscapular area to the neck. The patient will most likely have a tendency to be somewhat emotionally depressed, and so you should ask if he or she tends to feel down or blue.

6. Palpation

[1] Channel Palpation

When there is Liver excess heat there will be pressure pain and pinching diagnosis abnormalities along the Liver, Gallbladder, and Triple Warmer channels.

There is no mistaking the presence of blood stasis if palpation reveals pressure pain along the Liver channel from LR-8 upward and at SP-6 and SP-10 on the Spleen channel.

[2] Abdominal Diagnosis

A Liver excess heat pattern presents with pressure pain and water stagnation superior and inferior to the costal arch, and resistance and pressure pain in the subcostal area. This is referred to as light swelling and pain in the subcostal area. With Liver excess there is resistance superior and inferior to the costal arch but no pressure pain. That resistance can extend like a rod to about ST-25 on both the left and right, and is referred to as subcostal tension. At the same time there will be blood stasis induced resistance and pressure pain the in the lower abdomen.

[3] Back Diagnosis

When there is Liver excess, the area from the interscapular region to the neck will be stiff and there will be indurations around BL-17. There will also be indurations in the sacral area.

[4] Pulse Diagnosis

<Pulse Picture of a Spleen Deficiency Liver Excess Pattern: Diagram 1-22>

The overall pulse is wiry and powerful. The pulse can be slow due to poor blood circulation because of blood stasis. Alternatively, the pulse could be sinking, thin, choppy, or excess.

【Left Distal Position】

The pulse in this position is deficient at both the superficial and deep levels and is minute.

【Left Middle Position】

At the deep level, this pulse is either wiry and excess or choppy and excess.

【Left Proximal Position】

This pulse leans to neither deficiency nor excess.

【Right Distal Position】

This pulse leans to neither deficiency nor excess.

【Right Middle Position】

This pulse is either wiry or choppy, and is deficient at the deep level.

【Right Proximal Position】

This pulse is either wiry or choppy, and is deficient at the deep level.

7. Treatment

[1] Point Selection

【Basic Points】

For Spleen 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 Liver excess blood stasis pattern.

【Combination Points】

Tonify PC-5 and SP-5 if there is Lung heat with a Spleen deficiency Liver excess heat pattern.

Tonify yin by deeply needling BL-40 and KI-8 if there is Kidney and Bladder heat with a Spleen deficiency Liver excess heat pattern.

If there are any indurations on meridians that are related to the symptomology, confirm the deficiency, excess, cold, and heat, and tonify or disperse accordingly.

【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.

[2] Tonification and Dispersion

【Root Treatment】

Tonify nutritive ki with the flicking and fingernail pressing methods.

【Local Treatment】

Use retaining needles or cone moxibustion on areas that have pressure pain, indurations, or heat.

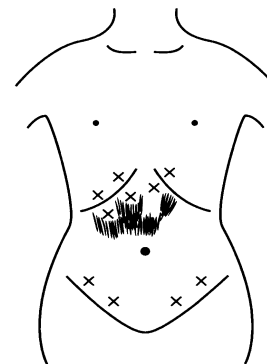
Use a thick needle for deep needling with a single needle technique or retaining needles for blood stasis.

For the tonification technique, deeply inserting the needle to tonify yin produces the result of dispersion by reducing internal heat.

6. Palpation

Diagram 1-21 SP-LR Ex. Heat

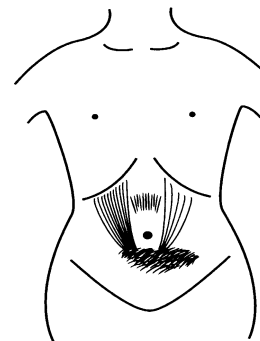
Left Wrist		Right Wrist
Wiry - Deficient	Distal	Wiry
Wiry - Excessive	Middle	Wiry - Deficient
Wiry	Proximal	Wiry - Deficient



SP-LR Ex. Heat

Diagram 1-22 SP-LR Excess

Left Wrist		Right Wrist
Minute	Distal	Normal
Sinking - Excess	Middle	Wiry - Deficient
Normal	Proximal	Wiry - Deficient



SP-LR Excess

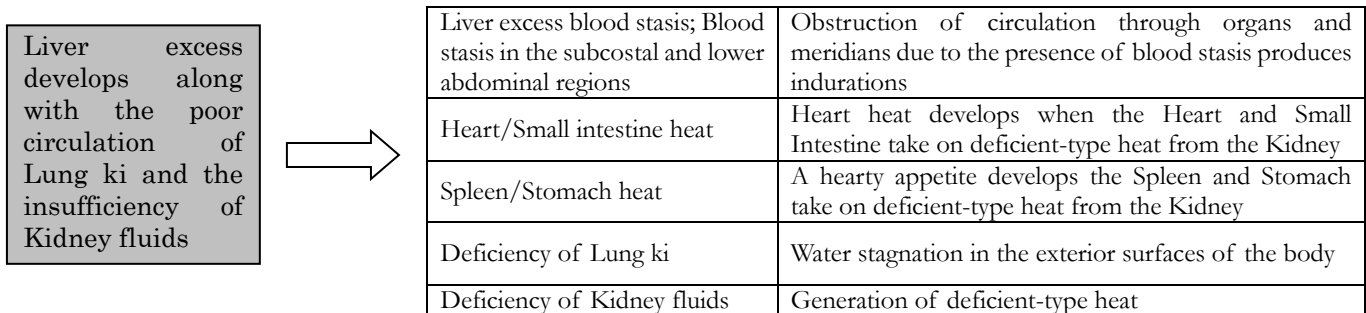
Lung Deficiency Liver Excess Pattern Diagnosis and Treatment

1. Pathology

A Liver deficiency heat pattern arises when the Liver takes on heat, but Liver blood stagnates, resulting in a Liver excess pattern in those who naturally have a lot of blood stasis. This is called a Lung deficiency Liver excess pattern. It is a condition in which there is poor circulation of blood due to poor circulation of Lung ki at the same time that there is a deficiency of Kidney fluids, which causes a further worsening of the blood circulation and finally blood stagnation. Blood stasis increases in both the subcostal regions and in the lower abdomen. This pattern of imbalance tends to manifest in people from middle age on who had a Spleen deficiency Liver excess pattern.

The ki and blood circulation in all the organs and meridians is obstructed with the development of blood stasis, resulting in the manifestation of various Symptomology and causing a variety of diseases. Moreover, indurations will be formed in the meridians, which will present with pain.

Diagram: Pathology of a Lung Deficiency Liver Excess Pattern



2. Symptomology

Lung Deficiency Liver Excess Pattern and Related Symptomology

Emotional depression. Feeling of obstruction in the throat. Heavy headedness. Headache. Vertigo. Anxiety neurosis. Insomnia. Hardness of hearing. Palpitations. Shortness of breath. Dry mouth. Constipation. Chills in the lower limbs and hot flashes in the upper body. Myalgia such as low back pain. Stiffness from the interscapular region to the neck. These are the essential symptomology of a Lung deficiency Liver excess pattern.

Diabetes. Fifty-year-old's shoulder. Chronic hepatitis. Hypertension. Trigeminal neuralgia. Various tumors. Various women's diseases. Various intractable diseases. These are the symptomology and disorders that tend to manifest due to blood stasis that results from a Lung deficiency Liver excess pattern.

Diabetes. Fifty-year-old's shoulder. Chronic hepatitis. Hypertension. Trigeminal neuralgia. Various tumors. Various women's diseases. Various intractable diseases. These are the symptomology and disorders that tend to manifest due to blood stasis that results from a Lung deficiency Liver excess pattern.

3. Looking

A Lung deficiency Liver excess pattern is entails longstanding blood stasis, and so many people with this pattern of imbalance will be overweight. In the case of blood stasis, the tongue can be reddish-black. Moreover, the sublingual vein will be visibly raised. The tongue will not have much of a coating.

4. Listening (and Smelling)

There is a tendency to become emotionally depressed when there is blood stasis, and so many of these people will be uncommunicative.

5. Questioning

[1] Causes of Pathogeny / Process of Pathogeny / Past Illnesses

There are many possible causes of blood stasis. People who have early on experienced a traffic accident, child birth, or a miscarriage, are prone to developing a Lung deficiency Liver excess pattern as they age. ing too many sweets.

[2] Checking the Local Area

Blood stasis obstructs the circulation of ki and blood in all areas of the body, causing the development of indurations. Check the location of indurations and use them as treatment points.

[3] General Symptomology and Essential Symptomology

The patient will stress the coldness of the legs and lower back when there is blood stasis, but the chilling will not extend internally. Because of that the appetite is hearty and there is a tendency to become constipated. Finally, there will definitely be stiffness from the interscapular region to the neck

6. Palpation**[1] Channel Palpation**

There will be pressure pain at SP-6, SP-10, and LR-8.

[2] Abdominal Diagnosis

In the case of a Lung, deficiency Liver excess pattern there will be indurations with pressure pain around the navel. There will also be muscular resistance in the subcostal region on the right side but no pressure pain. There will be pressure pain between the superior aspect of the pubic bone and the superior portion of the inguinal area.

[3] Back Diagnosis

There will be water stagnation in the sacral area. There will be indurations in the sacral area when there is blood stasis.

[4] Pulse Diagnosis**<Lung Deficiency Liver Excess Pattern: Diagram 1-36>**

The overall pulse is powerful, and at the deep level is either slippery and excess or wiry, excess, and slow.

【Left Distal Position】

The pulse at this position can be either wiry and excess or slip KD-Deficiency Heat which LU-LR Excess uses that accompany Kidney deficiency.

【Left Middle Position】

This pulse is either slippery and excess or wiry and excess at the deep level.

【Left Proximal Position】

This pulse is deficient at both the superficial and deep levels,

【Right Distal Position】

This pulse should be deficient due to the Lung deficiency, but sometimes it is strong. Also, it is possible for this pulse to be overflowing.

【Right Middle Position】

This pulse is felt at the superficial level and could be powerful at the deep level, which is the result of the heat of Kidney deficiency spreading to the Spleen and Stomach.

【Right Proximal Position】

This pulse is deficient at the deep level.

6. Treatment**[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 Liver 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】

Supplementary points for Lung deficiency Liver excess: 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.

[2] Tonification and Dispersion**【Root Treatment】**

Use the flicking and fingernail pressing methods in order to tonify or disperse the nutritive ki.

【Local Treatment】

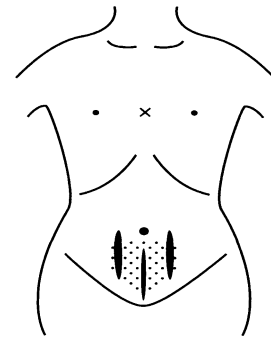
Direct moxibustion or moxa-on-the-handle needles can be used at both tonification and dispersion points. Moxa-on-the-handle needles should especially be used on BL-23 in people who have Kidney deficiency due to liberal use of corticosteroids for Atopic dermatitis.

Kidney Deficiency Heat Pattern and Lung Deficiency Liver Excess Pattern			
Examination		Treatment	
Looking	Big, reddish-black ears. Balding. Bloating. Blackish skin. Edema of the legs. Redness between the eyebrows. Too much luster in the face.	Basic Points	Tonify LU-5, KI-7, KI-10, and KI-1.
		Liver Excess	Disperse LR-2 and LR-8.
Listening Smelling	Humble demeanor. Easily surprised. Quite if there is blood stasis.	Heart Heat	Tonify KI-2. Disperse PC-4.
		Spleen Heat	Disperse SP-8 and ST-36.
Questioning	Causes such as: working on one's feet; overindulgence in sex; chilling of the legs and lower back. Deterioration with chilling of the feet and in the winter. Heat vexation in the feet. Nocturnal urination. Palpitations. Diarrhea without abdominal pain. Hearty appetite.	Lung Heat	Disperse LI-2, LI-4, LU-5, and LU-6.
		Kidney Heat	Disperse BL-65 and BL-63.
Palpation	Loss of strength from the conception vessel inferior to the navel and tension in the Stomach channels to both side of the navel. Heat in the chest.	Supplementary Points	CV-3, CV-4, ST-25, C-12, CV-17, CV-14, BL-13, BL-23, BL-26, BL-28, BL-25
	The overall pulse is floating, slippery, and deficient, or possibly hollow. The right distal and left proximal positions are deficient at the deep level. The pulses of areas that have taken on heat are excess.		For Lung deficiency Liver excess: 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

6. Palpation

Diagram 1-35 KD Heat

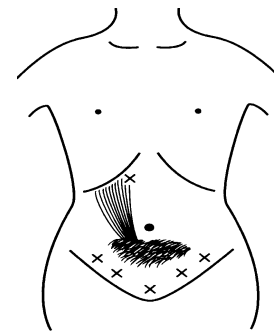
Left Wrist		Right Wrist
Slippery - Excessive	Distal	Minute
Slippery - Excessive	Middle	Wiry
Slippery - Deficient	Proximal	Slippery - Deficient



KD-Deficiency Heat

Diagram 1-36 LU-LR Excess

Left Wrist		Right Wrist
Slippery - Excess	Distal	Overflowing
Excess	Middle	Excess
Deficient	Proximal	Deficient



LU-LR Excess