

Shigo Diagnosis Shimpo

Tonify/Disperse: Tonifying methods

Needles used: Gold/stainless needles

Methods: In general, treatment utilizing Shigo and Koshi methods (exception: same side)

Characteristics: **Dx-** determine def./exc. of right and left channels

Txt- Alleviation of sym w/ txt to def. ch.

Ex.) Bending laterally creates px along R GB ch,

Right GB channel symptom
(Txt with Shigo Shimpo)

Sym. better w/ txt to: L HT ch.

※ By using Shigo Dx Shimpo, we now know that,

R GB ch. is excess
L HT ch. is deficient

Note 1: When treatment is done on the yang channel, infer that the opposite yang channel has excess symptoms and use said information in EV txt.

EV Diagnosis Shimpo

Tonify/Disperse: Dispersing methods

Needles used: Flat needle/pellets

Methods: Txt using 2 points on the hands/feet, main point, couple point

Characteristics: **Dx-** determine def./exc. of ch. objectively

Txt- Alleviation of sym w/ txt to exc. txt

According to Shigo Dx. Shimpo,

R GB ch. has excess symptoms
(Txt using EV Shimpo)

Master pt.

Couple pt.

(R GB41) — (R LI4)

— (L LI4)

— (R SI3)

◎Plausible EVs are as shown, conclusions are made according to alle. of sym or change in pulse (Myaku-tei: consolidation/firmness).

◎EVs can be narrowed down to one EV at the Shigo Shimpo if def/exc of both right and left LU ch are determined.

Root Treatment

Tonify/Disperse: Tonifying to Yin channels

Needles used: Stainless/Gold needles etc.

Methods: Treatment based on Nan Jing Difficult Question Chap. 69

※Tonify the def. ch. itself first, then tonify the mother. For excess ch., disperse the jaki, if not enough, disperse the child's jaki as well.

Thinking from EV txt method to Sho...

Note 1: Yang ch. are converted into opposing ch. in Shigo, whereas yin ch will remain as themselves.

R GB41 (yang/GB ch.) - R LI4 (yang/LI ch.)
↓ (Convert to opposing ch. in shigo)

(**L HT ch.**) — (**L KD ch.**)

Sho: HT def/KD def, L same side

Note 2: If the combination of Yin channels becomes child and mother as a result of creating Sho from EV, the Primary Sho is child ch. def. w/ controlling circle ch. excess Sho (Secondary).

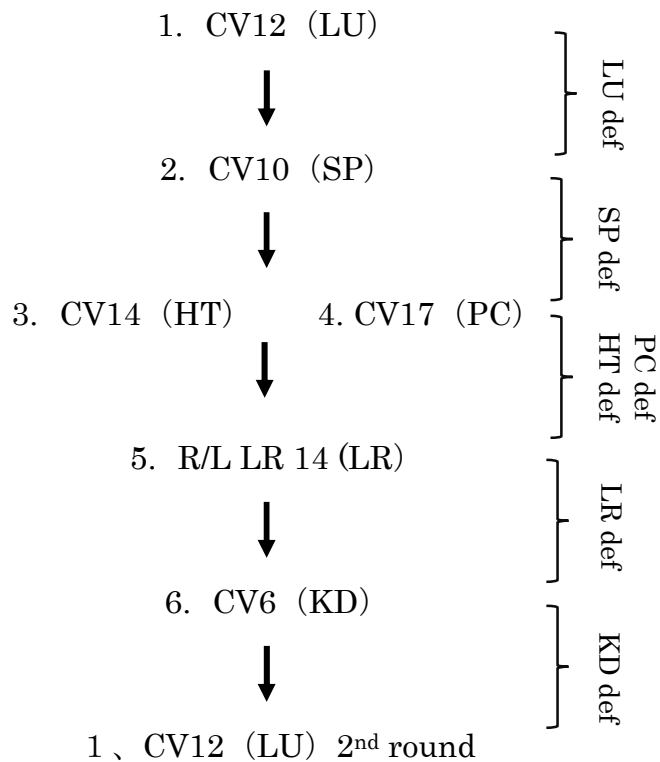
Abdominal Ki Diagnosis Shimpo

Tonify/Disperse : Tonifying

Needles: Stainless, Fukuju (Titanium Teishin)

Methods : test dx pts of 6 ch. in order, find areas where pulse gets better or worse.

Characteristics : **Dx** - Determine exc./def. of each ch. and performing the Sho. Can be used to check if jaki excess has been dealt with after root txt.



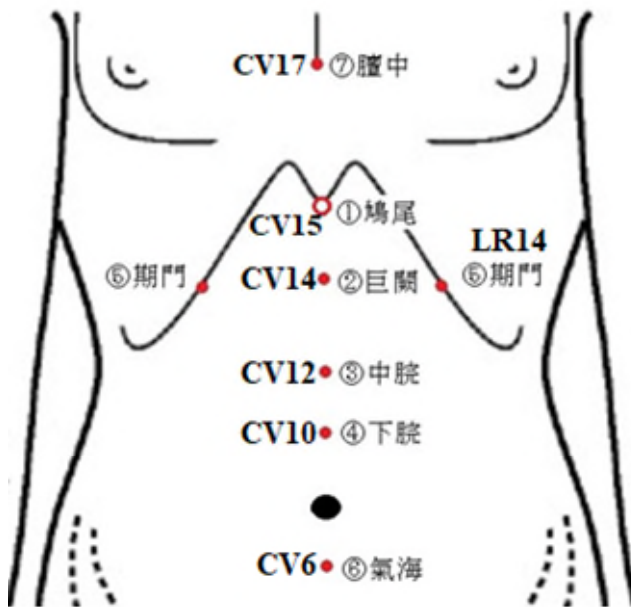
1、 CV12 (LU) 2nd round

With Abdominal Ki Dx Shimpo, if pulse tightens at CV15, **L** LR14:

L HT def can be inferred.

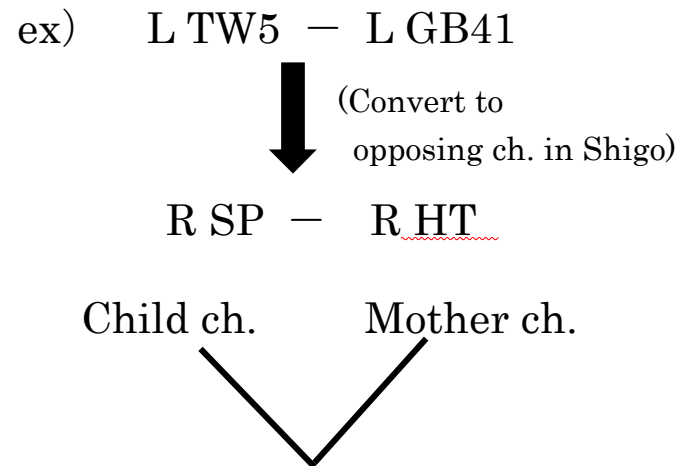
In this case, like the Shigo Shimpo, think that the opposing R GB ch. is excess sym. and connect findings to EV dx.

Abdominal Ki Diagnosis Points



Explanation of Note 2

When determining Sho from EV and the Yin ch. combination becomes Child/Mother ch,



When child and mother ch. are deficient, based on Nan Jing Chp.69- Child ch. def. Sho

In other words, it is a SP def sho.

The adjustment of the controlling cycle for SP def sho is controlling excess, so secondary sho is KD excess.

In addition, since in the way Nan Jing Chp. 69 handles excess, the existence between KD excess and its child is to be considered, so the Sho is SP def/KD+LV excess Sho.

※Dx method observes the combo of Nan Jing Ch. 69: mother/child from LU ch and onward