

New England School of Acupuncture
Spring Term 2008
NESA JAS: Local Treatments

Place of Class: New England School of Acupuncture
150 California St. Newton, MA 02472
Instructors: T. Koei Kuwahara, Lic.Ac.

Japanese Acupuncture Styles: Local Treatments

Spring Semester, 1/7/07 – 4/21/08 Mondays, 7:30am-10:00pm 30 Hours, 2 Credits

No class, Spring break 2/18

Prerequisite: JAS: Meridian Five Phase,

Instructor: T. Koei Kuwahara, Lic.Ac. Phone: 617-926-6986 Email: Kuahara@msn.com

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Objectives: Based on classical theories of Oriental medicine and modern information about disease and healing, this course focuses on the application of techniques used to resolve symptoms.

Goals: Students will continue to develop their technical skills in the application of Moxibustion, Intradermal needles, press tacks cupping, bloodletting, advance needle and touching needle. Through the practice of careful palpation and the consideration of diagnostic and treatment points students will learn how to differentiate the most appropriate techniques for achieving symptomatic change and systemic balance.

Format: The first portion of the class will be lecture/review of historical uses of the materials and methods used for local treatments. A demonstration will follow the lecture. The second portion of this class is a practical hands-on session in which students will work in small groups with a teaching assistant. Students will be required to demonstrate and practice these techniques on each other.

Required Texts: “*Japanese Acupuncture – Japanese Acupuncture A Clinical Guide*” (JACG) by S. Birch & J. Ida; “*Traditional Japanese Acupuncture--Fundamentals of Meridian Therapy*”(TJAF): The Society of Japanese Medicine.

Reference textbooks: “*Introduction to Meridian Therapy*” by Denmei Shudo, “*Meridian Therapy*” by Kodo Fukushima, “*The Practical of Japanese Acupuncture and Moxibustion*” by Ikeda Masakazu

Grading and Evaluations: There will be two exams consisting of both a written and practical component. The written exams are worth 40% each and the practical exams are worth 50 % each. The remaining 10% of the final grade is determined by the teaching assistant’s assessment of the student’s progress in the weekly practice sessions. A student will fail the class if clean needle technique is not used and/or it is determined that the student is not ready to progress to the next level.

If you miss an exam, you must speak with the instructor to schedule within one week a make-up. Make-up exams will be administered by NESA administrative staff during regular office hours. A charge will be levied for make-up exams, as set by NESA policy. If the exam is cannot be taken within one week an extension must be agreed to by Faculty and Academic Dean or a grade of 0 will be given. Please refer to Student Handbook for more details.

If a student receives a grade of incomplete in a course that is a prerequisite for another course, the student must make up the missed work, test, final exam (provided the student is eligible to retake the final), etc. by the make up exam dates at the beginning of the next semester set by the Academic Department. These are always 2 dates during the second week of the next semester and they are published in the student weekly newsletter at the end and beginning of each semester. If a student earns a grade of “incomplete” in a course that is not a prerequisite for another course, the student may have until the end of the following semester to complete any outstanding work.

Guidelines for Class Participation:

Students are expected to attend all classes and to fully participate in this course. There will be no take-home assignments, but students are expected to review the previous week’s material before each class. Students are

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required to make up any missed time in this class. Students are responsible for making up any missed classes at an additional expense, according to NESA's attendance policy for classes.

Assignments: Readings need to be completed by the date listed next to the assignment.

Attendance: This course adheres to NESA's attendance policy on clinical classes and requires 100% attendance. Any absences will require make-up tutoring and documentation at an additional expense.

Materials: Proper dress or change of clothes must be brought to every class. Supplies: #02-01-1. 30mm, #1. 40mm, #3-5. 40-50 mm Seirin Laser needles (metal handle); Japanese pure and semi-pure Moxa, incense, lighter, 3 mm and 6mm intradermals, press tacks, pressballs, tape; scissors; tweezers, lancets and Teishin(You can purchase it from NESA bookstore).

About Instructor: T. Koei Kuwahara graduated from the Tokyo Therapeutic Institute in 1979, Japan. He researched and practiced meridian therapy for 15 years after graduating from TTI as an apprentice under Kodo Fukushima, renowned master and developer of the Toyo Hari system. Mr. Kuwahara has continued to develop the Hari (Japanese) style of acupuncture that draws from various systems practiced by his teachers: A. Okada, M. Ikeda, D. Shudo, T. Shiomi (Meridian therapy), K. Kudo (bloodletting), M. Tanioka (pediatrics), M. Nakagawa (Ki therapy), and 30 years of Aikido experience. He is an assistant professor at NESA and maintains a clinical practice at Watertown, MA.

Schedule of Local treatment Class

Track 1	Subject of study, Demo and Q&A	7:30-7:45
Track 2	Contents of Lecture	7:45-8:30
Track 3	Ki breathing exercise	8:30-8:45
Track 4	Practice	8:45-10:00
Track 5	Assignments: Keyword and Resources	

January 7 – April 21, 2008 Mondays 7:30-10:00pm

Schedule				
Track	1. Subject	2. Lecture, Q and A	3. Demo and Practice	5. Must-Read
1 1/7/08	Moxibustion Okyu/Direct Moxa	Purpose, Equipment/Materials Rolling, Placing, Igniting and Numbers of Moxa Supplementation Technique. Palpation DX. for Moxa Techniques to Avoid too much heat	Demo-Local Treatment Practice: Rolling, Placing, Igniting Moxa on your or your friend's TW4, LI10, 11, ST36 and SP6 after you do the practice on the paper. Control the heat and sensation from heat	Handout 7-10 11-14 (JACG) 107-133
2 1/14	Moxibustion Okyu/Direct Moxa	Dispersion Technique Precautions, Prevention of burning and scarring. Contraindications for the use of Moxa	Dispersion Technique. Practice: supplementation moxa on back shu points, Swada, Hara points	
3 1/21	Moxibustion Chinetsukyu, Ibuki/Chosei Kyu	Indirect Moxibustion: History and Terminology, Function, Uses of Chinetsukyu - types and -areas of the body. Other Indirect Moxibustion	Chinetsukyu procedure: Making a cone, placing, lighting and removing the cone. Practice it on the abdominal points and on the eye.	H15-16 (JACG) 133-137
4 1/28	Bloodletting Mattan Shiraku Jing Well	History, Classifications, Purpose of Bloodletting, Contraindications, Reactions, Overdose. Bloodletting Jing Points Indications	Steps of treatment, Needle Technique, Clean needle techniques and Sterilizing. Practice on Jin points w/DX.	H17-22 29-35-36 (JACG) 211-241
5 2/4	Bloodletting Sairaku Shiraku/Vascular Spiders	Purpose of Bloodletting from Bloodletting Vascular Spiders Important Body Areas Dosages	Practice: Finding Vascular Spiders and Bloodletting	H22-28
6 2/11	Bloodletting and Cupping Ranshi-Ho/ Cutaneous Areas	Cupping Methods & Bloodletting Cutaneous Areas	Practice: Bloodletting with Cupping Methods on the Cutaneous Areas. Cleaning cups.	H19-20 25
2/18	Spring Break 2/18/08			
7 2/25	Midterm exam: Written exam and Practical exam: Moxibustion, Bloodletting			

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8 3/3	JAS: Local Treatment (2008)	Retain needle technique Chishin with Touch DX.	Purpose, Function, Uses of Retaining needle technique with Touch DX.	Demo –Local treatment Practice: retain the needle in Mu and Shu points it come from touch DX.	H37 (JACG) 56-80
9 3/10		Single needle technique Tanshi needle: Jakutaku/Sennen	Purpose, Function, Uses of Dispersion Single needle techniques; Jakutaku/Sennen	Practice: Disperse the stagnation of the Ki and blood.	H37-38 TJA.F. p325
10 3/17		Combination effects Shinsha-sennpo, Sennsha-shinnpo	Purpose, Function, Uses of Retaining w/ Single needle tech.: Disperse excess in deep-side then tonify deficiency at superficial, and in the opposite way	Practice: Most common Combinations with Retain and Single technique on the indurations. Yu (Shu) points	H39
11 3/24		Moxa on the needle head, root Kyutoshin, Kyukonshin	Purpose, Function, Uses of Moxa on the needle head, root	Practice: Kyutoshin on Yu(Shu)-points, Kyukonshin on the local stiffness or pain points	H39-41
12 3/31		Touching needle Teishin /Hifushin with Touch DX	Purpose, Function, Uses of Teishin /touch needle with Touch DX.	Practice: Tonification on the Bo(Mu) and Yu(Shu) points by contact needling with regular needle and Teishin	(JACG) 50-56
13 4/7		Touching needle Teishin /Hifushin with Touch DX	Purpose, Function, Uses of Teishin /touch needle and Spread style needling	Practice: Dispersive and Tonification Sanshin on the back.	H41-43
14 4/14		Other tools Hinaishin/Enpishin/Ryushin	Purpose, Function, Uses of Intradermals/Press tack/Pressbolls	Practice: Intradermal/tacks on the stiffness or pain points.	H43-44 (JACG) 139-180
15 4/12		Final exam: Written test and Practical test: Local treatment in accordance with Four examination and Touch DX.			Relax and Smile
Assignments		Review your class note, book and handouts. Reading Assignments is indicated in next week schedule.	Practice: Moxibustion and needle technique on your body or friends every day.		Enjoy your Treatment.

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Touch diagnosis and Treatment methods

This section presents modern-day needling techniques and the methods for using them for Tonification and Dispersion.

Local treatment is performed on meridians in the localized area of affliction according to deficiency or excess and heat or cold in those areas, and so does not follow the same principles of point selection as for the root treatment. However, that does not mean that one haphazardly selects points. There are certain criteria for local treatment point selection. These are presented below.

- ① Consideration is given to the meridians that flow through the area of the chief complaint as to which needs to be treated. For instance, in a case of fifty-year-old's shoulder, the meridians that flow through the shoulder joint should be examined to see which one is unwell. Or, if the patient complains of stomachache, then one should examine the conception vessel and upper Stomach channel as well as the back transport points.
- ② Yin-Yang, front-back, upper-lower, left –right, same category, yin-yang/right-left cross channel pattern
- ③ The pulse diagnosis results are thought of in regards to the chief complaint. So, again in the case of a patient with fifty-year-old's shoulder who has Liver deficiency and a strong Lung pulse, sections of the Lung channel and Large Intestine channel that flow through the shoulder are considered as possible treatment areas.
- ④ Consideration is also given to the front alarm (Bo) points and back transport (Yu) points (transport points) associated with the pattern of imbalance as other possible treatment areas. The front alarm points and back transport points are used as root treatment supplementary points. The ones that are commonly used were given along with the root treatment. As one can see, they were present in each case, as they inevitably show signs in reaction to all disorders. The specific method for their selection as treatment points will be given later, but for now let it be noted that it is not a matter, for example, of tonifying BL-18 (the Liver transport point) simply because there is Liver deficiency. Rather, if there were a heat pattern this point would tend to show excess, and so would be dispersed. Nevertheless, the front alarm points and back transport points on the upper half of the body generally tend to show excess while those on the lower half of the body generally tend to show deficiency. Acupuncture points on the lower abdomen will show excess if there is blood stasis, but the alarm points on the conception vessel commonly show deficiency, even under such a condition.
- ⑤ When treating meridians that are associated with the chief complaint, based on the level of one's experience it is possible to treat the condition from a distant location. For example, there are times when LI-6 is used to treat a toothache. However, such cases are almost always handled at the same time as the root treatment, since treatment is given based on a consideration of the pathology.
- ⑥ The local area can also be treated without relation to the pattern of imbalance, such as in treating a sprained ankle.

Once you have figured out the meridian(s) to be treated based on the above principles, the next step is to actually select and locate the appropriate points. The standard procedure is to palpate the determined meridian and the surrounding area, searching for any pressure pain, resistance, indurations, depressions, protuberances, moistness, dryness, coldness, or heat. Then, classify these as yin or yang and give tonification or dispersion accordingly.

1. Pressure Pain 圧痛

Pressing on certain meridians or acupuncture points may especially elicit pain or tenderness. This pressure pain can be brought on by lightly pinching the skin over the meridian or by pressing with the thumb or index finger. Start by pressing with all the fingers and palm together and then switch to the thumb or finger to ascertain the precise location of the pressure pain, trying as much as possible to narrow in on an exact point. Pressure pain can appear on either yin channels or yang channels.

Pressure pain that appears on yin channels is almost always related to the pattern of imbalance, and pressure pain that appears on the yin channels along the arms and legs often correspond to points selected for the root treatment.

Pressure pain that appears on yang channels is associated with the local treatment area, and any specific acupuncture points that show pressure pain are included in the local treatment. If pressing on the point that reveals pressure pain feels good to the patient, that is an indication of deficient-type pain, and if it hurts more to press on the point that has pressure pain, that is an indication of excess-type pain. Points that show deficient-type pain should be tonified and those that show excess-type pain should be dispersed.

With a headache for example, excess-type pain is indicated if simply touching the hair causes an increase in pain, while deficient-type pain would be indicated if pressing on the area of the head that hurts were to feel good.

Any points with pressure pain that center on the alarm points or back transport points are included in the local treatment. Naturally, these are also categorized as either deficient-type pain or excess-type pain and given tonification or dispersion accordingly.

As a basic rule areas with pressure pain are treated with extremely shallowly inserted retaining needles, but depending on the conditions, can also be treated with direct moxibustion or intradermal needles.

2. Resistance 抵抗

Resistance is a phenomenon seen more over an area rather than at a specific point. The resistance of the muscle can be felt over an area up to the size of a handprint, and is often felt in the abdomen. Most of these areas on the abdomen that show resistance are what is known as accumulation, or *shaku* (積) in Japanese.

Resistance in the right subcostal area corresponds to the Lung *shaku* and indicates either a Lung deficiency Liver excess pattern or a Spleen deficiency Liver excess pattern. Resistance in the left subcostal area corresponds to the Liver *shaku* and indicates a Liver deficiency heat pattern. Cone moxibustion or moxa-on-the-handle needles are good to use for these conditions. Extremely shallow retention needles can also be used.

These *shaku* normally show only resistance and not pressure pain. Without pressure pain it can be difficult to limit and determine the treatment area, and so treatment should be given at points within the center of the area of resistance or at the area that shows the strongest resistance. In the subcostal area for example, LR-14 or ST-19 would be taken as treatment points.

Resistance in the lower abdomen is related to blood stasis. Pressing on these areas invariably reveals pressure pain. Any pressure pain should be classified as either yin or yang and treated accordingly.

These areas of resistance are useful references for helping to determine the pattern of imbalance, but they can also be used as local treatment areas in connection with the pattern of imbalance. Moreover, even if blood stasis in the lower abdomen does not seem to be related to the pattern of imbalance, it can still be used as a local treatment area if it is associated with a chief complaint of tending to get cold easily.

3. Indurations 硬結

Indurations are smaller than areas of resistance, and can range from being as hard as a rock to being soft like a clump of fat. Moreover, the size can vary from the size of a grain of rice to the size of an egg yolk.

Indurations are frequently accompanied by pressure pain. In most cases indurations themselves can be thought of as excess, and so are commonly treated with dispersion. Of course, indurations can be thought of as acupuncture points.

Extremely shallow retention needles can be used for indurations. Direct moxibustion can also be applied until it feels hot.

4. Depressions and Protuberances 陷下と膨隆

Depressions can be used as treatment areas. However, there are two different kinds to take note of. Rather than an actual depression, one kind feels more like there is no strength at the superficial level of the skin, and is an area of ki and blood deficiency. Such areas naturally appear on the back, but can also appear at root treatment points such as PC-7, LU-9, KI-3, and KI-7. These points are tonified when used either as root treatment points or local treatment points since they almost never are accompanied by pressure pain. Contact needling is appropriate. The other kind is raised but then caves in when pressed to reveal a point about the size of a guide tube or the tip of one's finger. The point is raised and blocked off due to an abundance of deficient-type heat. The point can be treated after pressing reveals it.

These kinds of points can appear on the arms and legs at root treatment points such as KI-10 or LR-8, but they are most common at local treatment points on the back. These points have a deficiency of nutritive blood and so frequently are accompanied by pressure pain. But, they should be tonified whether they are root treatment or local treatment points.

5. Dampness and Dryness 乾湿

When palpating the skin attention is paid to any damp or dry areas and this information is used to help determine the pattern of imbalance. But, these areas can also be used for local treatment.

Generally, damp skin is due to an abundance of deficient-type heat. If the dampness is apparent only in certain areas, press the acupuncture points in those areas to check for pressure pain, indurations, or depressions, and designate appropriate local treatment points. However, note that it is also possible for the dampness to be caused by sweat leaking from pores that are not closed properly due to a deficiency of yang ki.

Dry skin is almost always caused by blood stasis, in which case there will be blood stasis-caused resistance deep in the abdomen, the pressing of which will reveal pressure pain. Pressure pain found along the upper edge of the groin and near the pubic bone is such an example. If this condition is related to the pattern of imbalance this area can be used as a local treatment area. As might be expected, extremely shallow retaining needles are appropriate, and moxa-on-the-handle needles are good for blood stasis beside or below the navel. The prognosis is not good if the patient is thin and weak and has dry skin.

6. Cold and Heat 寒熱

Cold and heat are also looked for during palpation and used as a reference to help determine the pattern of imbalance. If there is a connection with the pattern of imbalance, then acupuncture points in these areas can be used as local treatment points.

The lower abdomen, especially around CV-4, CV-5, and CV-6, is commonly cold. At such a time o-kyū moxibustion should be used at these points. There will usually be little pressure pain or resistance. The points will be mostly depressed. Of course this is a condition of ki and blood deficiency.

A feeling of heat is common in CV-17, along the governing vessel and the paravertebral points. All of these points can be used as treatment points. They will usually reveal pressure pain.

7. In Conclusion

This section presented the standard methods of point selection for the local treatment. There is no other way to learn it than by practicing to make one's palm and fingers sensitive. In order to do that it is best to calm one's mind and just feel what there is to feel.

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As was previously mentioned, when one is able to perform a good examination and determine the pattern of imbalance, the selection of the root treatment points as well as the local treatment points naturally follows through. However, relying on the name of an illness or the chief complaint and then looking only for pressure pain cannot be called Meridian Therapy.

Treating pressure pain surprisingly raises the effectiveness of the treatment, and so it is easy to be enticed by the lure of pressure pain points even though one says they are practicing Meridian Therapy. Great care must be taken about this matter. As many senior teachers have said, healing is slow when treatment is given without performing the root treatment.

Moxibustion Techniques

Moxibustion treatment includes techniques such as direct application, *chinetsukyū* (cone moxibustion) in which the moxa is removed when it begins to feel warm, and *kakubutsukyū* (indirect moxibustion) in which a sliver of ginger or garlic is placed in between the skin and the moxa.

Tōnetsukyū (透熱灸 Direct Moxibustion)

Purpose:

Direct moxibustion is used during the local treatment to treat nutritive ki (blood) deficiency.

Technique:

When there is a deficiency of nutritive ki (blood), some acupuncture points will develop depressions or indurations.

Acute disorders that are accompanied by heat and that suppurate are also caused by nutritive ki (blood) deficiency.

Moxibustion is appropriate in any of these cases.

The effectiveness of direct moxibustion is most dramatically seen when employed on indurations. The first three cones should feel hot, and afterwards the feeling of heat from the moxa will be lost. Then, the moxa treatment should be finished when the moxa feels hot again. At this time the symptoms of the illness should have diminished.

Press the patient's skin to locate depressions that should be used as treatment points. When burning moxa on these points the patient should feel a comfortable heat soaking into them. If the moxa is not exactly on the acupuncture point then it will just feel hot.

For suppurations, apply thread moxa. One or two pieces should be burned at a number of spots around the suppuration. This should be performed as a dispersion technique and so the moxa should be tightly twisted.

In Japan there are separate licenses for acupuncture and moxibustion practice. It has quite a long history for as well as being used by specialists. It has been used extensively, and still is, by the populace as part of the country's folk medicine repertoire.

Specialists of Moxibustion therapy such as Isaburo Fukaya who practiced for over 60 years and Takeshi Sawada, who inspired a whole generation of practitioners with his uniquely brilliant and powerful treatments, studied the classics extensively. One of Mr. Fukaya's favorite texts for instance was the Huang Di Ming Tang Jiu Jing the Yellow Emperor's Ming Tang moxa text A.D. 1115-1234. Although they were relatively modern practitioners much of their work stemmed from their studies of the classics.

Types of Moxa

When doing Okyu use pure 'gold' moxa because it burns cooler than less pure grades (60 degrees C is the acceptable temperature. When it was performed by experienced practitioner.) and because it makes better rolls. Direct moxa, is where tiny pieces of moxa punk are ignited on the skin and burned down to the skin - this is a "non-scarring" method when done correctly. We recommend the use of the 'clean' Japanese moxa. 'Dirty' moxa is too bulky to roll into the tiny size moxa threads that direct moxa requires; and also burns too hot thus, it is not appropriate to use.

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Hari practitioner generally used direct moxa and would give moxa to their patients teaching them to use it at home. Generally the use of the Ibuki moxa for home therapy may be better as it is less likely to burn the patient and reduces the risk of scarring. However, if the patient appears capable of performing correct moxa therapy or has a partner to do it for him/her one can teach the patient to do it directly.

Equipment/Materials

- * Pure moxa: moxa is the dried with light yellow, chopped, and filtered leaf of the mugwort plant.
- * The smell of burning moxa is therapeutic. Certain chemicals are released when it is burned, and they have a positive effect on the body.
- * Unscented incense. Incense is made from cedar needles.
- * Okyu ring for moistening the point, It is not good manner to use saliva.
- * Two thick rectangular pieces of stiff paper or cardboard for teaching patients how to roll moxa.
- * Matches or a lighter for lighting the incense
- * Ash receptacle
- * Pen for marking the point

Rolling moxa

Mark the point or points to be treated with a pen. Roll a small piece of moxa between your thumb and forefinger making a soft, thin roll. Don't compress the moxa but mold it to the proper shape and size. Rolling moxa to the right shape, size and consistency is a skill easily attained with several hours of careful practice. It is important to roll the moxa correctly, for generally, it should be hot to the patient but not uncomfortable and it should not scar. The heat is generally felt like a brief pinprick. Sometimes it elicits the stimulation sensation obtained with needles.

If one can roll the moxa without touching the fingers together this is the right kind of pressure. Thus the moxa should be loose but well formed. A tighter roll burns too hot. Generally the sizes of the moxa used should be:

Half rice size
Sesame size
Thread size

As one can see, they are usually very small. The shape of the moxa is very important, it should never be pyramid shaped. It should always come to a point. Ideal shapes are like grains of rice or small threads, ie.

The moxa should stand upright. This is to minimize the amount of contact with the point thus reducing the intensity of the heat. Generally one tries not to scar, this is important because it is believed that just as surgical scars obstruct the flow of qi, so too do the moxa scars. Of course in certain severe chronic cases, a small amount of scarring will occur with extended use. It is also important to minimize the intensity and duration of the heat so that the patient remains calm and comfortable. Sometimes this very light stimulation can be very relaxing and calming, often this calming effect is therapeutically valuable.

Placing the Moxa

Once one has practiced rolling the correct size moxa, the next step is placing the moxa so that it stands upright. Break off a piece about 2-3 mm's long. It should taper at both ends and not have a jagged edge or be pyramidal in shape. This is often the hardest step and requires a lot of practice. It helps to moisten the point very slightly or place a very thin film of Vaseline Vicks vapor rub or lip balm on the point.

There is also an ointment called 'Shiunko' which is made of plum and sesame seed oil, which helps to protect the skin. Use ointments sparingly as they tend to be messy and some retain too much of the heat. This helps the moxa stick to the skin and stand up. The moxa threads are really tiny and take a lot of practice to be placed consistently.

If one moistens the point slightly with water, Vaseline etc. one should be careful not to put too much moisture on the point otherwise the moxa will not burn down all the way and will likely be useless. Don't push the moxa thread down

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onto the skin, that action will compress the moxa, and it will burn hotter. If your fingers get too sweaty, try using incense ash to dry them.

Igniting the Moxa

This again is skill that comes with consistent and patient practice, since the moxa is very small the moxa will often lift off the point with the lighted incense that one tries to light the moxa with. This again renders the moxa useless. When lighting the moxa thread which has been placed on the point, be sure there is no ash on the incense. If there is, the incense may stick to the moxa thread and lift it off.

To prevent this happening we recommend giving the incense a very slight but quick rotation as one touches the moxa. This helps the incense roll off the moxa leaving it in place. Use the reddest part of the lit end of the incense to light the moxa thread. Don't linger with the incense, its heat can be uncomfortable to the patient.

Numbers of Moxa

Generally with the direct kind of moxa 3 - 7x is enough. There are exceptions to this if the patient does not feel the heat, keep burning until the patient feels the heat 3-7x. But often specific points can be insensitive there are occasions when after burning 20, 50 even 100 moxa the patient does not feel the heat.

In these cases keep burning moxa until the patient feels the heat and then again until they have felt in 3-7x.

When one finds a point that is insensitive to the moxa, it is an indication that that is a good point to treat. The greater the insensitivity, the more severe the problem reflecting at that point. It takes time to practice like this, but it is the best way to practice. Do not keep increasing the size of the moxa until the patient feels it. That is not the best method. Unless otherwise specified the moxa should always be tiny, half rice to thread size. This serves two functions, firstly less likelihood of scarring, secondly it helps one gauge the degree of severity and assess the likely length of treatment and helps with one's prognosis. Consistency of size of moxa in this case is very useful.

Supplementation Techniques

Okyu is usually used for supplementation. Use a smaller piece of moxa to minimize stimulation; use a softer roll so it will burn at a lower temperature; leave ash on the point; use more moxa threads on fewer points.

Drainage Techniques

Use a larger piece for more stimulation and a harder roll for a hotter temperature; blow on the moxa when it is burning; remove the ash each time ; use fewer moxa threads on more points.

Example; For a boil with lots of heat or a sprain, use points around and over the swelling.

Other Factors Influencing the Size and Number of Moxa

Generally, 3-7 times is enough for supplementation at the Hari treatment. More specifically, keep burning moxa until the patient feels the heat 3-7 times or the area around the point becomes red.

Patient with a strong constitution and in an early stage of disease can have more and larger moxa threads.

Weak and then chronically ill patient---smaller and more moxa threads on a fewer points.

On the face, head, or chest---smaller and fewer.

On the abdomen or the lumbar region of the back---more and bigger.

On the four extremities because Ki is at there more than trunk and the skin is thinner---smaller and fewer.

On the upper shoulder, upper back--- smaller and fewer.

Elderly and children--do less (smaller and fewer).

In the Summer-- smaller and fewer. In the Winter-- more and bigger

Precautions

Explain direct moxa procedure to the patient so that they'll know about the sudden heat feeling. Explain that in scarring direct moxa a scar forms. For example, in treating patients with cancer, pneumonia, or chronic sciatica, Okyu can be effective, but 100-200 moxa threads may have to be burned in a treatment, so a scar is unavoidable.

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Position the patient in a stable and natural position in order to avoid burning his clothes or other body parts.

Exercise caution with patients who have reduced feeling or communication problems.

No direct moxa on the lumbar or abdominal regions of pregnant women.

Not for febrile disease, unless the patient has the flu; also, good if catching a cold.

Use an anti-inflammation cream if a big blister with pus forms after the moxa treatment.

Techniques to Avoid Too Much Heat

1. To lower the temperature and stimulation, use a thinner, softer, lighter moxa threat which has a tapered top and bottom.
2. If the moxa is too hot, place your thumb and forefinger to either side of the moxa threat. This action lowers the temperature by decreasing the oxygen supply to the burning moxa and allows your fingers to absorb some of the heat.
3. The fingers pressing down into the patient's skin also function to distract the patient from the heat. You can also use bamboo or a shoni-shin tool (seirin disposable pediatric needle) case pressed down on the skin over the moxa to distract the patient. Anything that is cylindrical and hollow will do.
4. If you thought numbers 2 and 3 don't help, snuff the moxa between your thumb and forefinger.
5. These techniques are primarily for the first moxa thread; usually you can build the other threads on the ash in order to lower the temperature.
6. Patients can be instructed on how to roll moxa between two sheets of stiff paper or cardboard so that they can treat themselves at home.

Prevention of Burning and Scarring

With some people who are oversensitive on points any moxa feels too hot. In these cases and often as a general rule, it is useful to stub out the moxa just as the patient begins to feel the heat. As the moxa burns down, when it burns close to the skin and/or the patient begins to feel the heat then control heat or sensation from heat. If it did not work well, you press the moxa with one's finger. The moxa is so small it will snuff out immediately without burning you or the patient. This helps the patient feel comfortable and relaxed during the treatment. Another way of decreasing the intensity is to leave the ashes of previous moxa on the point and build the new moxa upon the ashes.

This technique is usually seen as being more tonifying since the less the patient feels the heat the more tonifying. Conversely removing the ashes and letting the moxa burn down to the skin might be more dispersive. This principle comes from the Ling Shu ". (* To disperse with moxa blow on it gently - this makes it burn hotter - Ling Shu Chapter 51).

Contraindications for the Use of Moxa

In children, one generally shouldn't let the moxa burn down to the skin. One should not burn moxa on points in the inflamed area or inflamed joints,. One should select and treat points local and distal to the inflammation. Generally burning moxa on the face is not recommended because of the risk of scarring and too sensitive.

Because of the nature of the physiological responses of the body to the use of moxa we can see that it can produce the same or similar bioelectric phenomena that needles do. It is also better in blood deficient or anemic patients than needles. It is also especially good for deficient and cold conditions though it works well for excess and hot conditions too. If there is heat in a certain area of the body one can generally find a cool spot elsewhere. This may be a good spot to treat with moxa. Moxibustion further represents an aspect of the patient's health care where the patient can easily and relatively safely become involved in their therapy. Here indirect moxa or heat is invaluable.

Recommended Moxibustion treatment

Sawada (*Taikyoku*) treatment: JACG pp. 125

Moxa treatment from Bunshi Shirota: JACG pp. 126-130

Shimetarou Hara: ST36 and Eight Points of the back

Chinetsukyū (知熱灸 Cone moxibustion)

History and Terminology

Keiri Inoue started this method. Inoue was one of the founders of keiraku chiryo or Japanese Meridian therapy. Onkyu or "warming moxa" is another name for Chinetsu Kyu. Chinetsu Kyu is an indirect moxa method in which you burn the top 2/3rd's of the moxa cone. The bottom 1/3rd corresponds to a heat-transfer medium such as garlic or ginger.

Function:

Cone moxa works on the Ki level; it moves Ki, especially Wei Ki. Direct moxa works more on the blood level.

Cone moxibustion is used to induce the release of yang ki and fluids from areas that are excess.

Technique:

Cone moxibustion is a dispersion technique. In addition to other signs, the effect of cone moxibustion can be judged from the fact that it causes sweating and reduces heat. Based on such results, cone moxibustion is appropriate for use on areas that feel warm, have indurations, are tense, or that have edema.

Chinetsu Kyu Procedure

Quality of Moxa

In general, use semi-pure moxa (Wakakusa); High quality moxa will burn too quickly, leaving the goal unattained. Use pure if you want to lower the temperature (very expensive).

Size of the Cone

Height should be 1.5cm and the diameter should be 1cm. The size was smaller in earlier days. A more comfortable warmth is felt from a larger and softer size while a sharper and less comfortable heat is felt from a smaller and harder size.

Making a Cone

Roll some moxa between your fingers into a 1cm ball. Form the cone shape by squeezing the ball between the thumb, forefinger and middle fingers while pressing down on a hard surface and making short clockwise turning movements (less than a 1/4 turn).

Make the cones the same size, density, and shape. An uneven shape burns unevenly. A hard cone burns too slowly. A cone that is too soft may disintegrate on removal.

Placing and Lighting the Cone

Prepare beforehand a cup with water or a wet cotton ball. If the point is not on flat skin, place the cone in the cup or touch it to the wet cotton ball in order to moisten the bottom surface, so it will stick to the skin. Do not use too much water. It is not necessary to moisten the cone or skin if the skin is flat because the cone won't fall off. Ignite the top of the cone with an incense stick.

Removing the Cone

Remove the cone when about 2/3rds of it is burned (even though the patient says he does not feel much warmth), or when the smoke starts circulating to the bottom surface of the cone, or when the patient feels a slight sensation of warmth (but don't wait until the patient says "hot"). Follow whichever condition comes first. Remove by grabbing the unburned bottom with the thumb, fore-and middle fingers or by using tweezers. Place the burnt cones in a container of water.

This method of moxibustion uses cone shapes, the size of the ball of the little finger. Where to put them on the patient's body varies depending upon the patient, but it can be applied to almost any kind of patient. In general it is used on the spots which have "pressure pain". Basically it is used on each spot once, but sometimes more than once. If we remove it from the skin quicker (just after the patient starts feeling warm) it works as tonification, but if we wait longer to remove it (until the patient feels hot), it works as dispersion.

Uses of Chinetsu Kyu - Types of Patients

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Infants

Young children

Severely weak or very vacuous patient

Very sensitive patients: sensitive emotionally and sensitive to needles

People who've suffered yang collapse

Yang vacuity

If you have needled too much, apply chinetsu Kyu on the points that have been needled or on GV14, ST 36, or CV 8, in order to raise the yang.

Uses of Chinetsu Kyu -Areas of the Body

Eye: area between eye and eyebrow (1x), Taiyang (1x)

Nose: Yintang (1 to 3x), LI 20 (1x) (Be careful for the patient not to inhale smoke.)

GV14: a) for deficient Qi patient with tonification technique (1 to 3x)

b) for children to maintain their health (1 to 3x)

c) for fever with dispersion technique (1 to 20x)

BI 10, GB 20: headache, stiff shoulder, tired eyes (1x)

Ketubon (supraclavicular fossa and neck area) (3-5 points, 1 x) It is also used to get rid of residual feeling from needling, extravasation and mistaken treatment by needling Ketsubon.

Lower back: Shu points & adjacent points (4-8 points, 1x)

Abdomen: for diarrhea - 4 points around the navel (closer to it). For other cases - CV12, CV4 or CV 6, ST 25 (1x), helps clarify a pulse when deciding a Five Phase pattern is difficult.

Navel: for diarrhea - Make cone the size of the big toe so that it doesn't drop into the navel (many times). Sometimes put salt on the navel (CV 8), and do Chinetsu Kyu on it.

At the site of bloodletting

For excessive dose by needling, residual feeling from needling, to get rid of reaction by mistaken treatment, it is used with tonification technique.

At the painful site accordingly. For pain accompanying heat and swelling, it is used with dispersion technique.

At the post surgical site and the site of herpes. In these cases they are used around the site.

For rash, itchiness, insect bite with dispersion technique.

Kakubutsukyū (隔物灸 Indirect Moxibustion)

Moxa:

Use coarse moxa. Burn a suitably sized cone on top of salt or ginger or garlic that is placed on the treatment point.

Purpose: Indirect moxibustion is used to treat coldness or pain.

Technique:

Indirect moxibustion is used to tonify yang ki through the addition of heat. However, it must not be allowed to get so warm that it causes sweating, as this will result in the undesired effect of further chilling.

Shiraku Therapy
(Japanese Specialized Bloodletting)
How to use Jing-Well Points

BLOODLETTING METHODS

History

Bloodletting has been used as a form of treatment in China since ancient times. When you read the inner classic with special attention to Bloodletting, sixty percent of the treatments in the *Su Wen* and *Ling Shu* talk about the use of bloodletting. At that time, bloodletting was the central focus of an acupuncture treatment. Today its use is not that common! However, Oriental medical literature resumed its interest in bloodletting about 200-300 years ago. Chinese philosophy believed it was not good to injure the skin. This led to the decline of the bloodletting method. Once it was an effective form of treatment, but it became misused and many people died. Bloodletting must be used with caution because it can have side effects. An acupuncturist should take precautions to ensure that a patient's condition improve under his/her care.

The classics say that "Ki governs blood and that blood is the mother of Ki". Blood provides the foundation for the creation of energy in the body. According to the Nan-Jing, "bloodletting is used to treat the basic problems of the body". It states:

"Bloodletting is the first form of treatment to be used on the patient. It acts as a good foundation for other forms of treatment".

Classifications of Bloodletting - Three Categories

1. **Bloodletting of veins** - whereby a hypodermic needle is injected to remove 200-300cc of blood. At one time this was in popular use as was the use of leeches, but now it is not used very much by Western medicine. In some cases people died from excessive blood loss.
2. **Bloodletting on vascular spiders** - takes much less blood than venisection, from 2-3 drops to 20cc on average.
3. **Bloodletting on cutaneous areas of the skin** - which is used when you don't see vascular spiders. But you see the signs from blood stasis. There are two basic types:
A: Bloodletting the extremities - on the top of the head, nose, tongue, Jing points.
B: Bloodletting on areas of the skin

Purpose of Bloodletting

Venisection - reduces the blood pressure that helps in diseases such as high blood pressure, cerebral hemorrhage, and carbon monoxide poisoning. It is used as an emergency method of treatment. So next time you get a severe headache there is no need to go to the Red Cross. Try it. This bloodletting method gets the maximum effect by drawing the minimum amount of blood. This method is based on information drawn from the classic texts *Su Wen* and *Ling Shu*.

Acupuncture and moxibustion are primarily used to regulate Ki circulation, whereas bloodletting is used to regulate the circulation of blood. Accurate diagnosis of the circulation of blood in the body is essential in order to correctly use this method of bloodletting. When conditions are excess, bloodletting is indicated. But we must ask ourselves what is the condition of the blood? For example we know that blood congestion results from Ki stagnation or from some physical problem, which contributes to blood stasis. (i.e. trauma, contusion...). Bloodletting methods vary depending on the conditions and causes of the blood problems. This is why a thorough Oriental medical diagnosis is very important to making the best use of bloodletting.

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We can also use bloodletting for the treatment of local problems. For excess conditions – Disperse, for deficiency conditions -Tonify. The basic treatment principle is to tonify the deficient essential ki in the organs and balance the Yin/Yang and Five Phases. Bloodletting is a convenient method to treat the basic problems of the body as well as an effective form of treatment in an emergency situation.

It has a powerful effect on the extremities. It's effects last for a long time, thus having the potential of reducing the frequency of treatments. Tonification and dispersion without bloodletting takes longer. It becomes more efficient when combined with bloodletting.

Bloodletting is good for high blood pressure. It is also effective for low blood pressure, stroke, and pre-stroke. When signs of stroke appear it is very effective. Approximately 60% of patients who are pre-stroke have high blood pressure.

Common disorders for using bloodletting include: flu, tonsillitis, infantile and adult asthma, gynecological disorders especially menopause, neuralgia, paralysis, lumbago, headache, stiff shoulder, gastric disorders, skin problems, hemorrhoids, drug toxicity, contusion, frost bite.

Contraindications - Precautions

There are no absolute prohibitions to bloodletting. But in cases of cardiac problems, anemia, hemophilia, be more cautious with the dosages and number of points used.

1. Cardiac problems - Be especially careful with cardiac conditions that have an organic origin i.e. myocardial infarction. In these patient's removing blood from the back of the shoulder, can be extremely dangerous. Treating cardiac neurosis is generally acceptable. Bloodletting on the extremities improves general blood circulation. This causes the blood flow to become very active which can burden the heart. We must judge how much bloodletting a person can take without causing adverse reactions.
2. Hemophilia
3. Cerebral Embolism - except for bloodletting the Jing points which can improve the overall condition.
4. Tuberculosis - Avoid bloodletting. Again bloodletting the extremities can be helpful in relieving symptoms.
5. Anemia - Local anemia is also no problem, but with systemic anemia we must use caution. This condition may be the result of a LV deficiency or a SP deficiency + yang deficiency.
6. Extreme Weakness - If a patient's condition is rapidly weakening, think carefully about using bloodletting.
7. Malignant Tumors - In a cancer that is advancing quickly, if we consider the condition of the decrease in the blood supply, we may not use bloodletting. This may make the condition worse. They may eventually die because of a decrease in the quantity of blood.

Reactions from Bloodletting

Cerebral Anemia, Light Headedness

The most common reactions from bloodletting are a light degree of cerebral anemia or light-headedness, which can also happen with acupuncture. Explain this to the patient so as not to scare them or put them in an unforeseeable situation. Although less common the patient may get chills or break out in a cold sweat. Use bloodletting judiciously in a patient who is neurotic or sensitive.

Elevated Body Temperature

Bloodletting may elevate the body temperature slightly. This is considered a good reaction, if it doesn't last for a long period of time. A one degree Celsius change is typical of a good reaction. On a negative note, the patient may get cold hands and feet or immediately get chills, which can last for 5 or 10 minutes. When blood stagnation suddenly moves, one can feel cold sensations in various part of the body.

Fatigue

The patient may feel a sense of fatigue. If they have cold hands and feet, wait for them to warm up before doing bloodletting so as not to have as severe a reaction. In other words don't do bloodletting when they first come in, especially in the wintertime. Remember, bloodletting and acupuncture may cause temporary fatigue. This should not cause great concern, as it is part of the healing process, which permits relaxation to occur. In an ideal situation, a patient should rest for 24 hours after the treatment

Exaggeration of Symptom

In some cases the pain may get worse after bloodletting. A stiff shoulder may get worse the next day. This seems to happen often with chronic problems. Let the patient know that this may happen and that it is a *temporary* condition. Be especially careful in the treatment of rheumatoid arthritis and reconsider bloodletting. Do not take too much blood.

Hematoma

A hematoma or blood congestion resulting from cupping can last for 5-7 days. This is a good tool for diagnosis.

1. The more congestion that exists, the greater the degree of blood stasis.
2. If a patient has a bruise for a long time, a high degree of bloodletting is indicated. We must use it repeatedly on this patient.
3. We can't leave marks on the face from cupping or bloodletting. But we can use the momentary or moving cupping method. However this may also cause the appearance of varicose veins, so don't use strong cup suction or deep cuts. Always avoid the arteries and major veins with the lancet.

Overdose

In case of overdose, or adverse reactions.

1. Lie the patient down and make them comfortable.
2. Give them something warm to drink.
3. Burn cone moxa on CV8 (navel) on a salt bed.
or burn cone moxa or direct moxa on ST36, GV20, CV14.
4. Bloodletting on the Jing points (TW).

A basic principle of recommended usage is to begin on the extremities and then move to other (more local) areas of the body. For example with a stiff shoulder, if you apply bloodletting directly to the shoulder it can cause problems.

1. Use the appropriate Jing points first
2. Next proceed to a more local treatment.

CUPPING METHODS and USAGES

Cupping is a method, which is sometimes used with bloodletting; it is also used to treat blood stasis conditions. Cupping creates a temporary state of blood congestion that ultimately promotes the flow of blood and reduces stagnation. As mentioned above it can be useful as a diagnostic tool. With this in mind it is easy to see why it has value when used in combination with bloodletting. This warrants a brief introduction to cupping and its role as part of the bloodletting method.

Sterilization Methods - Chemicals

1. Bleach Solution: store bought bleach (Sodium Hypochloride) is a 5.25% pure solution, which is too strong for our purposes. Make a diluted solution of 1 cup of bleach to 9 cups of water for the correct concentration. Let the cups soak for 1 hour and make sure that all blood is completely off of the cups.
2. Gluteraldehyde or Sidex both from Johnson & Johnson can be used as is. Soak cups for 10-30 minutes or as per directions.

These chemicals breakdown the blood proteins, so you must wear gloves so as not to harm your skin. Sidex is very strong. After soaking wash thoroughly with water several times, and dry.

Alcohol is not recommended since it doesn't kill Hepatitis. Don't soak the rubber part of the cup because it will eventually deteriorate. Gas sterilization is the best method but is prohibitively expensive.

Cupping Methods

Generally cupping doesn't involve contact with blood. There are several ways it can be used:

1. Apply cups and leave for a while.
2. Apply cups and move along the body by first using an ointment as a lubricant for the cups.
3. Cup momentarily, remove and move to another location.
4. Cupping with herbs inside

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5. Cupping over needles.
6. Cupping over bloodletting.

Cupping Method combined with Bloodletting

1. Lancet needles: Use disposable lancets for safety and convenience. Those for diabetics are OK. Three edged needles are the best, but are not disposable and tend to be expensive. Korean 3 edged disposable lancets are good to use.
2. Gloves - We must wear latex gloves and a one-piece goggle and facemask while doing this procedure. Use the mask only when blood may spray, i.e. while cupping over bloodletting,
3. Biohazard Containers - Use one container for contaminated lancets and other sharps. Use another container for bloody cotton, gloves, and other bloody non-sharps.
4. Spills - If blood gets on the table or floor put on gloves and a lab coat. Clean the area immediately with a bleach solution.

Types of cupping methods

1. Glass Cups - Glass cupping sets are the best and most economical. Glass cups are more comfortable for the patient than plastic.
2. Bamboo, Bone, Plastic
3. Electric Cupping - Makes it easy to control suction pressure especially when hair on the body is involved. Hospitals use a simple pump to rid phlegm. This can be adapted for cups.
4. Fire Cups - the oldest method, can be dangerous to the patient

In general cupping is popular as a folk medicine and is a low risk, effective, easy to use technique becoming more popular in the United States.

Examples of Using Cups

OPI - Aversion to Cold

In Oriental medicine this is seen as a weak LU meridian, organ or insufficient Wei Ki, In addition, when the Taiyang meridians are weak, pathogens may attack the surface of the body. We must treat the root cause of the problem first. The treatment may be for LU or SP deficiency since the SP is the mother of LU. For an overall weak or deficient condition use CV & GV points. Tonify deficient areas like the Back Shu Points BL13 or BL20; or front Mu Points LU1 or LV13 if weak. LV13 is not often used. For an overall deficiency add CV12 or CV4.

Tonification

For tonification manually pump at 40-50cm of pressure for 10 seconds. Any longer than that the technique becomes dispersive. Tonification can also be applied with a weak suction for 10 min.

To perform tonification technique use 3-5 cups on an area like the abdomen or back for 10 seconds. You can use more cups for tonification, but for a shorter period of time. When calculating the overall dosage remember that more is not better. An acupuncture treatment is not like housecleaning; less is better, but too little may not be enough. For patients who are more excess, use more cups and leave them for a longer time. For example, in clearly deficient conditions we may use one cup on the abdomen and three cups on back.

Dispersion

At the onset of evil Ki attacking the Taiyang meridians, or to treat the overall back in general (BL - SI meridians) place cups on GV14, GV12, and GV8 to move the Ki in the Yang meridians. Joint pain signifies an imbalance in the SI channel; disperse S111 using full suction for 10 minutes. If this is too much for the patient keep the cups on for a shorter period of time.

For relief of severe muscle tension, use cups over needles. Be selective of the points used, the CV and GV channels are usually good. Choose at least 1 point on the GV or BL line around GV12 to GV14, where stagnation tends to accumulate. About 50% of all patient are stagnate in the T1-T7 area. Always look for a change in blood stasis after using cupping and bloodletting.

Contraindications — no absolute criteria, use your own discretion.

BLOODLETTING JING -Well POINTS

According to Western physiology, the greatest amount of the Cerebral cortex's function is used for the operation of the hands. This allows fingers to be flexible and move well. Smooth and constant usage of the hands stimulates brain activity. Games that involve finger dexterity are good for the elderly to stay young. It also affects the autonomic and sympathetic nervous systems.

In Oriental medicine it is believed that blood gathers from distant areas just like water in a well. Just as with well water, when we check the quality of the water, it tells us something about the quality of the soil around it.

The *Ling Shu* talks about the transmission of evil Ki. It says that evil Ki stays in the Luo vessels for a longer time than in other vessels. Bloodletting helps to get rid of evil Ki from there. Treating the extremities with bloodletting releases the stagnation in the Luo vessels. It also helps meridian and organ problems. For example, bloodletting LI1 smoothes out the stagnation in the entire LI meridian.

Jing-Well Points are located at the nail beds of the fingers and toes. It is an area of the vascular system where the artery and vein connect with each other. This area stagnates easily from any abnormality in the body. This makes it an easy area to check for problems.

Since bloodletting the Jing-Well Points is often an emergency treatment it is helpful to use the symptoms in diagnosis and find the affected meridian. Bloodletting will smooth and disperse evil Ki. Choose the meridian, which has the most stagnation of Ki. For example, With an OPI who has a runny nose, sore throat, lumbago, etc. may affect the LI, SI, and BL meridians. Check each of the Jing-Well Points visually and by touch, if they are indicated, then bleed them.

STEPS of TREATMENT

Equipment

1. Three edged needle or lancet
2. Rubber gloves
3. Cotton Balls
4. Alcohol
5. 10% bleach solution in a spray bottle

Diagnosis

1. Decide from the pulse and abdomen, whether the condition is an overall deficiency or excess.
2. Then isolate the meridians involved based on channel symptomology and confirm it by looking at the fingers and toes.
3. Check the Jing points for the degree of blood stasis. The tips of the fingers and nail beds may be darker red, swollen, puffy, darker color or look lack luster when compared to the back of the hand.
4. Color of the nail: the base of the nail will look ashen white, while the nail will be dark red or purplish in color.
5. A cold and/or numb feeling at the fingertips.
6. Stiff, hard to move joints.
7. Peeled cuticles or frostbitten fingers. People who bite their cuticles may show a condition reflective of their nervous habit rather than signs of pathology.

Dosages

1. On average draw 15-20 drops of blood from each point.
2. One drop is half the length of an azuki bean or 2mm long.
3. Internal problems take 15-20 drops.
4. Muscular-skeletal problems take 20-30 drops.

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5. Children and sensitive patients use half of customary amount.
6. Stop squeezing once the color changes.
7. It can also be used for tonification i.e. in a Lu deficient pattern bleed LU11. Taking 2-3 drops can help tonify the organ.

Color and Viscosity of Blood

The healthy color of blood is bright red. The darker the color is the worse condition and prognosis. A dark color is expected when first coming out of the Jing point. It will change as it is bled. Stop squeezing once the color changes. The color change will begin to normalize throughout the course of treatment. In any one bloodletting treatment, a small change in color and quality is enough.

The viscosity of the blood also reflects the severity of the condition. The more slowly blood flows, the more viscous it is, and the worse the condition and prognosis. Dark blood is usually more viscous. The TH meridian gets stagnant the most often and the most easily. This is a Jing point (ulnar side of the fourth finger) that is used quite often alone or in combination with other points.

Technique

1. Wear one or two layers of gloves on each hand for bloodletting.
Wipe the point with alcohol. Have several alcohol soaked cotton balls on hand.
2. Place the middle finger of your left hand (right handers), under the finger you will bloodlet.
3. Place the index finger and thumb of that same hand on each side of their finger near the nail bed.
4. Use the middle finger of your right hand and/or the other fingers to stroke the meridian toward the fingertips to help get the circulation of blood going.
5. Take a lancet in the thumb and forefinger of your right hand and place it in line with your index finger.
6. Place it such that the largest smooth facet of the 3-edged needle is facing towards you.
7. Place the fingernail of your index finger on their finger near the Jing point.
8. Roll the index finger towards you to the point where the needle cuts the skin at the Jing point, then slightly lift off of the point
9. Where the lancet is placed in the fingers determines how deep the cut will be. By using the index finger as a lever, it also acts as a measuring gauge and insures better control.
The needle depth is 0.5-1mm for sensitive patients or children, and 1-2mm for average patients.
10. Put the used lancet in the sharps biohazard container.
11. Use the middle finger of your right hand to draw the blood out of the Jing point by pressing from the distal phalangeal joint toward the Jing point, while the right thumb and forefinger hold a alcohol soaked cotton ball to wipe the blood.
12. The desired action is a gentle smooth stroke, squeeze, and wipe several times until the desired dosage is drawn. Then take a dry cotton ball and hold pressure on the point until it stops bleeding
13. It is recommended to use a fresh needle for each Jing point or area bloodlet.
14. Take one glove off and place it with any bloody cotton in the other hand and then remove the other glove inside out so that the contaminated contents are inside of the second glove.
15. Then stretch and tie a knot at the opening of the glove. Put the glove in the non-sharps biohazard container.

JING-Well POINT INDICATIONS

Hand - Jing Points

Thumb (LU 11) radial side or both sides

Tonsillitis, pharyngeal catarrh, mumps, bronchial asthma, fever from toothache

Index Finger (LI 4) radial side

Neck Lymphadenitis, bronchial asthma, and lower jaw toothache

Middle Finger (PC 9) radial side

Palpitations, neurosis, paralysis of the median nerve, high fever

Middle Finger (PC 9) ulnar side (represents the Diaphragm)

Difficulty swallowing, hiccups, stiff shoulder

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Fourth Finger (TH 1) ulnar side

Headache, brain congestion, eye congestion, dizziness, pharyngeal pain

Little Finger (HT 9) radial side

Loss of consciousness, shock, Heart disorders, dyspnea, neurosis

Little Finger (SI 1) ulnar side

Loss of consciousness, shock, Heart disorders, dyspnea, neurosis, rheumatism, pharyngeal pain, convulsions

Feet - Jing Points

Big Toe (SP 1) medial side

Indigestion, acute gastroenteritis, infantile seizures,

Big Toe (LV 1) lateral side

Eye problems (severe pain), convulsions, frequent urination, genital organ problems

Second Toe (ST 45) mainly lateral

Upper jaw toothache, beriberi, gastroenteric disorders

Third Toe (ST related) mainly lateral

Heel bone pain, eye problems, lumbago, sciatica

Fourth Toe (GB 44) mainly lateral, sometimes medial

Headache, eye pain, ear pain, flank pain, dizziness

Pinky Toe (BL 67) lateral side Hemorrhoids, nasal obstruction, lumbago, headache, Intercostal neuralgia

(KI 1) medial side

IMPORTANT AREAS FOR BLOODLETTING - Body Regions

Vertex of the Head - Feel for puffiness, use 2-3 cuts and squeeze. Where there are vascular spiders use the same method. It is good for neurosis, insomnia, hypertension, headache, stroke, anal prolapse, hemorrhoid, spinal irritation.

Occipital area - It can become a thickened muscle. A leathery skin indicates stagnation. Use 2-3 cuts, squeeze then apply a cup over the cuts. It's good for the same indications as vertex including stiff neck, and ear and nose problems.

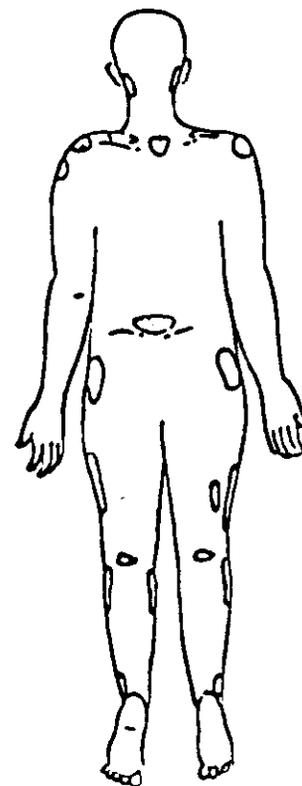
Mastoid Process - Often spiders accumulate here. Bleed the spiders and cup. Good for tinnitis, headache, cerebral congestion, neurosis, stroke, hypertension, Meniere's, eye problems, ear and nose problems, Bell's Palsy, trigeminal neuralgia

Forehead - Especially at Yintang. It may appear lack luster or have roughness. Use 2-3 cuts and cup over them. It's good for cerebral congestion, headache, nosebleed, and abnormal blood pressure.

Inferior Fossa of the Scapular Spine- Good for Mastitis, insufficient lactation, stiffness and pain in the shoulders, rheumatism of the upper extremities, facial furuncle.

Ear - We often use extremity areas like the ear. Check the patient's ear for softness. If it is hard or painful - apply treatment to those areas. For elderly people often times the color is dark and hard without luster. The top half of the ear gets hard and discolored. Bleed the area with 2-3 cuts and squeeze. Indicated for high blood pressure, headache due to cerebral congestion and spiders behind the ear. We often use the back of the ear for high blood pressure, pre-stroke, tinnitis, and hearing difficulties.

Nose area - The circulation of blood is different here than in other vascular areas. Normally the veins are going out from the brain, but in the nose area the veins goes in toward brain. When the blood vessels of the brain get congested - the nose will bleed. Bloodletting the spiders of the nose will help. It's also good for headache, heavy headedness, nose problems, hypertension, rosacea, as well as a good prevention for cerebral hemorrhage. For loss of consciousness bloodlet below the nostril.



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Sublingual - Look underneath the tongue for spiders. Helps with articulation of speech (from stroke), shock, abnormal blood pressure, cardiac problems.

Zygoma area - Often there are spiders here. Don't cup cuts just squeeze to bleed. Good for general eye problems, facial paralysis, cerebral problems, nose problems in general. Note just below the eyes is easy to make a hematoma - squeeze lightly and afterwards put direct pressure with a cotton ball.

Jaw - Often there are spiders here too. Use cups in this area. Indicated for tooth problems, bleeding gums, facial paralysis, trigeminal neuralgia, combine it with bloodletting the tongue for speech problems.

Temporal area - Occasional spiders. Use with migraines.

Neck area - We seldom uses bloodletting at front side of neck. Often spiders occur around CV23 with respiratory problems. High blood pressure also causes spiders in this area. The back of the neck is a most important area because it holds the brain up.

Shoulder and Neck- A stiff shoulder and neck comes from a poor circulation of blood to the brain. As the blood goes up in the artery and down in the vein, its circulation is poor. This is true for hanging neck syndrome, which may cause nosebleeds. Bloodletting C6, C7, and T1 are common and are good for middle to upper warmer signs and symptoms. We should still use bloodletting in these areas, whether they have spiders or not.

The top of the shoulder often has spiders especially at LI15. For pain, stiff shoulder, and frozen shoulder (50 year old shoulder) we should use light bloodletting without cupping. Just squeeze it to bleed. It often relates to a blood stasis condition. This is common with menopause in women. Be careful of the dosage and amount of blood taken.

Medial Elbow - Often spiders accumulate here. It can be good to treat asthma, pneumonia. It also draws blood from the local area. Find the spider, cut and cup it.

Lumbar - The lumbar is probably the most important area of all, because it supports the entire body. It can easily get fatigued and have muscle tension, as well as spiders there.

It is just as important as the C6, C7, and T1 area. The lumbar reflects lower warmer problems. Some stiff shoulders don't improve without bloodletting the lumbar region. The lumbar is controlled by the KD and can lead to headaches and stiff shoulders.

Popliteal Crease - is a commonly used area for bloodletting, good for high blood pressure, knee problems, tired or heavy lower extremities, gastric tension, lumbago, headaches, dizziness, or stiff shoulders.

GB34 area - may also contain spiders. Indications are for knee problems, lumbago, stiff shoulder, migraines, and GB meridian pathway problems.

Ankles - medial and lateral - very often have spiders. Bloodletting them a few times doesn't cause them to disappear, but is good for cold feet, counter flow Ki, lower warmer weakness, headache, stiff shoulder, and sprains.

BLOODLETTING VASCULAR SPIDERS

Reasons for Appearance

The progression of disease can stop at any stage depending on the strength of immune system and how the symptoms manifest. Try to determine which stage the patient is in and how to treat them. We may decide to treat the organ, Mu, Shu, Luo, etc., or by bloodletting the skin. Remember the energetic levels:

Evil Qi - OPI

Skin → Son Raku → Raku → Kei → Hara → Zang → Death
II II II II Stomach & Organs
 Grandchild Luo Luo Meridians intestines

Evil Ki tends to remain at Luo vessel level. When evil Ki stagnates in the Luo vessels disease comes to the surface. Evil Ki in the Luo and grandchild Luo manifests as vascular spiders/veins. The visible part of the vein, which is darker, represents disease in the Luo mai. Basically spiders represent disease in the grandchild Luo. A color change from bright red to darker red means the disease is a little deeper, and at a more advanced stage.

Spiders take on different shapes some are thin, some are thick. It tends to have wiggle worm shaped spiders. We can often find small spiders near varicose veins. We should bloodlet these smaller veins and spiders. This is especially good

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for pregnant women. Spiders are easy to find on smooth, tight skin. On skin that has wrinkles we should stretch the skin to locate them, i.e. elderly, obese patients.

A Western medical explanation of spiders is that they come from the stagnation of blood in the vessels in an artery, vein, or capillary. It is in the transition areas of each type of blood vessel that make it easy for stagnation to take place. (Where arteries turn into veins, veins into capillaries, etc.)

In adjoining areas blood vessel valves usually open automatically and are all regulated by temperature and pressure. They consist of one-way valves, and when they don't function well they must be bypassed. A thicker bypass shows up as a spider. It represents the congestion of blood in an artery or vein because the valves aren't functioning properly.

Physical trauma also damages valves and makes the body feel cold. Stress causes muscle tightness and disturbs the smooth flow of blood. It lowers the blood function because it changes the shape of the blood cell. The blood cell becomes larger than the vein. It must change its shape to flow through the vein. Because it can't change its shape it begins to stick inside the vessel. The cause of this is unknown. It may come from the eating habits.

Dosages

As we squeeze, it changes its color and viscosity. The dark color changes gradually. The blood in the vein changes as well as the blood in the spider. But blood in the vein is much darker than blood in the spider. Once the change occurs we can stop squeezing. There is always a risk of drawing too much blood, so be cautious. The purpose is not to get lots of blood, but to stimulate blood circulation. Some people can give lots of blood, but for other people this creates negative reactions. We must use good judgment in treating based on the patient's needs and lifestyle. In pregnant women the dosage is less than 1/2 the average person. Light cupping is good.

Oriental Medical Diagnosis

In Oriental medicine -we call this condition blood stasis for which we have good treatment methods. Bloodletting leads to this kind of treatment. Treating spiders on the lumbar-sacral region represents a good root treatment for blood stasis conditions. The LV organ relates to blood stasis. A LV pattern is also a good root treatment. Spiders will often appear in the subcostal area as well as in many other areas - which ones do we treat.

For patients with cirrhosis, draw less blood each time and treat them more often. LV blood stasis will eventually lead to a weakened Liver function. The blood spreads to areas of the skin and creates lots of spiders. If we draw lots of blood it will be hard on a weak Liver and may cause side effects.

A LV deficient patient can't sleep because the blood doesn't go back to the organ, but stays in the brain. Bloodletting on the head provides temporary relief. The root treatment is for deficient LV Blood. According to the *Shang Han Lun*, "in cases of LV deficiency + Yang deficiency be careful about losing too much blood especially in the Yin stages of disease".

BLOODLETTING CUTANEOUS AREAS of the SKIN

Skin bloodletting is used for excess with blood stasis conditions. If we see an excess condition on an area, we want to use a dispersion method. Very excess patients often have no spiders. Check the entire body's condition and the local area for excess or deficiency to find which areas and what methods to use to treatment.

It is acceptable to do a branch treatment, but we must understand the root cause and treat it. Combining a root treatment will give much less negative reactions than just using a branch treatment. For general use, burn cone moxa after bloodletting or needle moxa at the site of bloodletting.

After sprains and contusions the affected area becomes excess. Apply the bloodletting method, but be very gentle.

A stiff shoulder may be caused by a superficial excess or superficial deficiency. Dispersion techniques with a deficient condition makes the patient feel worse. After the treatment re-check the tone of the muscle.

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A stiff shoulder which is not very muscular but has excess can benefit from bloodletting the skin. Diagnosis the area to treat by touching and evaluating the skin and tissue.

Look for tight, thick, rough and raised areas and mark them. Apply 4-5 cuts in each area at a depth of 1-2mm, and then apply cups. Leave them on for 5-10 minutes.

Bloodletting at the hairline is good for high blood pressure which shows up in tight, hard raised muscle on the back of the neck. Bleeding 4-5 cuts in that area immediately lowers the blood pressure. In a high blood pressure conditions with soft muscles, don't use bloodletting. Bloodletting the extremities use the same principal as Jing point bloodletting, i.e. top of the head, tongue, and Jing points.

For the treatment of sports injuries and fractures: Begin with the Jing points, seek for spiders, and then immobilize area.

CLINICAL APPLICATIONS

Kudo Treatments: makes use of herbs, bloodletting, and Kyutoshin.

1. Bloodlet the Jing points of 3-4 fingers, after which the condition usually gets better.
2. Look for spiders on the back at GV14, and the lumbar-sacral area. Use bloodletting with cup on both areas. This is good for almost any condition.
3. Local areas get treated according to signs and symptoms. Often times this generates lots of blood.
4. Warming needle (kyutoshin) according to Oriental medicine diagnosis and touch diagnosis. Look for cold, indurations, pressure pain or tight areas. Use 10-15 needles with moxa each treatment.
5. The patient will rest for 20-30 minutes, and then gets an herbal prescription. The pulse change is very dramatic with Kudo treatments. It is an aggressive form of medicine, using herbs for tonification internal treatment and acupuncture for external treatment.

Meridian Therapy Diagnosis

Meridian therapy puts organ imbalances based on deficiency (Sho) at the center of therapy. This makes tonification the basis for acupuncture treatment. This is different from more traditional ideas of acupuncture, which is better at dispersion than tonification.

We make use of the four examinations to gather information and determine the diagnosis. Of the four, pulse diagnosis is the most important of all. The pulse determines if a LU, SP, KD, or LV pattern exist. We then use the control cycle to find the secondary pattern of disharmony,

Treatment Strategies

1. Tonify the five phase according to Sho confirmation
Use signs and symptoms to determine the treatment methods and point selection.
Learn how to incorporate bloodletting with the presenting signs and symptoms.
2. Bloodletting - May be the root treatment used to move blood, and remove stagnation
3. If pain signs and symptoms remain, use supportive treatment strategies like:
 - Extra vessel treatments (EV)
 - Chinese clock treatments (Shigo)
 - SCM, supra clavicular fossa + inguinal area (Ketsubon-Kigai) Muscle Meridian treatment (fire needle). Specific points for specific indications.
 - Pain on the channel, needle above and below pain.
4. Check the Mu and Shu points for deficiency (depression, indurations) and excess (pressure-pain). When the signs and symptoms improve check the pulse and repeat the root treatment to rebalance the essential Ki in the organs. We may use intradarmals or moxa at home to continue the treatment. Moxa: the eight master-couple points with direct moxa. Moxa: the Mu and Shu points as indicated.

SPECIFIC CONDITIONS

Chronic Fatigue - Bleeding Jing points is good for chronic and extreme fatigue, it helps patients recover their strength quickly.

Acute Conditions - Bloodletting is used as an emergency treatment for acute conditions such as tremors, high fever, abnormal blood pressure, dizziness, headache, heavy headedness, heavy heart, cough, asthma, and difficulty breathing.

Contusions - Before treating the local area, find and treat the Jing points of the affected meridians. This makes treatment easier and more effective.

Mental Disorders - Neurosis and schizophrenia requires a different treatment. For high stress conditions treat the GV area, especially GV20. Schizophrenia is very difficult to treat.

Carpal Tunnel and Tendonitis - Treat the neck area where the meridians pass. Look for tightness close to bone. Needle it and use a slight manipulation to release the area. Also bleed the Jing point of the affected meridian. Look for pressure-pain at the fingertips. If deficiencies are found on the back, use cupping and moxa for tonification.

Gastric problems - May be reflected in Stiff shoulders. Find and bloodlet spiders at the hairline of the occiput, check and bleed the Jing points of the TH, ST, and BL channels.

Gallstones - Treat the shoulder area, and the Jing point of the GB. For pain from stones use EV treatments.

CASE HISTORIES

Case I

A 52 year old, female, assistant secretary contracted lumbago one week ago. Her symptoms are worse in the morning.

Signs/symptoms: Can't bend forward, stiff shoulder, cold hands and feet, heavy headedness, overweight, round face, dark complexion, high voice, quiet body, heavy but muscular body type.

Pulse: overall excess, slippery, KD floating¹ weak GV3 area dark, with thick spiders

Diagnosis: KD deficient.

Treatment: tonify right KD7, and right LU5

Local treatment: Bloodlet and cupped spiders at GV3, drawing 20 cc of blood. The blood came spurting out.

Right BL23 was very tight, so we used needle moxa (kyutoshin) -2 balls

All signs and symptoms improved. However, the next day she felt nausea, heavy headed, and the lumbar was worse. She stayed home from work and returned to the clinic the following day

Treatment #2: The root treatment was the same, KD deficiency. Local treatment: Bloodletting on the lumbo-sacral region, taking a 10cc dose.

Bloodlet the 4th lumbar bilaterally taking 2-3 cc of blood.

Place 4-6 cups on the upper back for 20 minutes.

Perform kyutoshin on BL23 + another pressure-pain point using 3 balls on each needle.

After the treatment 70-80 % of her signs and symptoms improved. Two days she returned and her condition remained improved. She felt lighter.

Treatment #3: Used the same light dosage as the second treatment.

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After the third treatment her body felt firmer. She was still overweight but her muscles had more tone. In the first treatment she had negative reactions. Even when we are very careful we can't always avoid such side effects. This is what we must explain to the patient.

Case II

44 year old, female: Dysmenorrhea - pain from blood stasis. Diagnosis: LV deficient with GB excess or Sp deficient with LV excess.

Treatment #1: Acupuncture: tonify SP3, PC7 and disperse LV8, SP10. Needled a pressure-pain point near ST26 and tonified BL17, BL18, and BL20. The patient felt much better.

Treatment #2: Same root treatment but added local points for lumbago, and headache. Then used bloodletting on the lumbar area instead of local needling.

The first treatment we used just acupuncture, the next time we combined it with bloodletting.

Case III

9 year old, boy: Asthma with lots of wheezing, difficult breathing. He was so miserable lying down, that he had to sleep with a pillow under his back. Sitting made him feel more comfortable.

Pulse: LU deficient pattern (LU,SP positions weak).

Treatment: Began with Jing point bloodletting as an emergency treatment on the LU and LI fingers, taking a light dosage of blood. His condition was slightly better.

The back showed spiders at GV14. Two big spiders were bloodlet and cupped. Blood spurted immediately. After 4-5 minutes he fell sound asleep. The cups were removed 7-8 minutes later. After doing cone moxa (chinetsukyu) on the bloodlet areas, the patient was able to lie down and sleep comfortably.

Treatment course: twice a week for 1 month, gradually reducing treatments thereafter. The boy Completely recovered. Bloodletting can be very good for infantile asthma.

The root treatment was for a LU pattern, with direct moxa on the Yin qiao Ren EV points - KD6, LU7.

How to Use Jing-Well Points For Bloodletting

Points for Bloodletting According to Symptoms:

1. Head and Neck

A. Headache (excluding those from tumor and inflammation)

- 1) Frontal HA: BL67 & GB44, or LI1 & ST45 all bilaterally
- 2) Occipital HA: BL67 & GB44 bilaterally
- 3) HA on the flanks: a) LI, BL, & GB of the affected side
b) TW & BL of the affected side
c) BL & GB bilaterally
- 4) Temporal HA: a) TW bilateral
b) TW & GB bilateral
- 5) Tired Eyes: a) LI & BL bilaterally
b) ST, BL, & GB bilaterally

- 6) Common Cold: a) LI bilaterally
b) BL bilaterally
c) ST, BL, & GB all bilaterally
- 7) Hypertension: LI, GB, & BL all bilaterally
- 8) Toothache: a) LI, SI, & ST of the affected side
b) Left Sp, St, & BL
- 9) Migraine Headache: a) TW & GB bilaterally
b) LI, BL, & GB of the affected side
c) LI, SI, & TW of the affected side.
d) LI, SI, TW of the affected side
e) SI, GB, and GV20 on the affected side.

B. Heavy feeling in the Head

- 1) From Wind-Cold: a) LI b) BL c) LI & BL (all bilaterally)
- 2) From Hypertension: LI, BL, & GB (all bilaterally)
- 3) From Hypotension: a) TW b) GB c) TW & GB (all bilaterally)

C. Numbness in the head

For numbness in the right sphere: a) Right LI, BL, & ST b) GV20

D. Neck Pain

- 1) Pain in the lateral aspect of the neck: a) The affected side: LI, BL, & GB
b) Bilaterally: LI & ST (c) GV20
- 2) Pain around the posterior hairline: GV20
- 3) Pain in the anterior aspect of the neck: LI & ST bilaterally;
- 4) Pain in the posterior aspect of the neck: a) BL & GB bilaterally (b) BL, GB bilaterally, & GV20

E. Pain around the Vertebra: GV20

F. Pain in the Lateral sides of the Vertebra

- a) TW5 b) GB c) TW & GB all bilaterally

G. Whiplash a) BL & GB bilaterally b) BL, GB, LI, & TW bilaterally c) Add GV20 to b)

2. For Various Symptoms of Common Cold

(All points indicated below are used bilaterally except F and H)

A. Fever, headache, chill, backache, joint pain

- a) LI b) BL c) LI & BL

B. Discomfort of the throat, hoarse voice

- a) LU11, LI b) LI, ST

C. Coughing due to tracheitis

- a) LU, LI b) LU, LI, & ST c) LU, LI, & PC9

D. Pain and inflammation of the sublingual gland

(The salivary gland below the tongue) LI, & ST

E. Nasal symptoms

1) Runny nose and phlegm obstructing the nose due to Wind Cold

- a) LI b) BL

2) Nasal problems due to allergic reactions

- a) TW b) GB c) TW & GB

F. Esophagus pain

a) LU and LI of the affected side b) LI of the affected side c) LI and ST of the affected side

G. Throat pain (pain in the Larynx)

- a) LI & ST b) LU, SI, & ST

H. The lymph node gland below the lower jaw on the right side

LI, SI, & ST all on the Right side

3. Problems with Esophagus and Tonsils Area

A. Tonsillitis, pain in the tonsils

- a) LU, LI of the affected side
b) LU, LI, & ST of the affected side
c) LU, ST of the affected side

B. Pain in the Larynx:

a) Pain in the trachea, bronchial tube: LU, LI

b) Pain in the esophagus: LI, ST

C. Pain associated with swallowing, dysphagia:

a) LI, ST b) LI, ST, & KD

D. Hoarse voice:

a) LU, LI b) LU, ST c) LI, ST, & KD

E. Acute swelling of vocal cords:

a) TW b) TW, & GB

F. Pain in the Adam's Apple: KD

G. Coughing

1) From OPI invasion, Common Cold: a) LU, LI b) LI, BL

2) From bronchial Asthma: a) TW b) TW, GB c) Area around GV14, TW, & GB

3) From Cardiac insufficiency (heart failure): a) Left HT b) HT

c) TW (if it is from weakened cardiac muscle)

4) Bronchitis that resembles Asthma: TW, GB

5) Enlargement of the bronchus: Area around GV14, Needle bilaterally for LU, LI

6) Cough with bloody sputum: LU, LI

4. Face and Cheek area

Pain in the Cheek:

LI, ST of the affected side

B. Acute Tension of Facial Muscles associated with Locked Jaw:

LI, SI, & ST of the affected side

C. Trigeminal Neuralgia: a) TW, GB b) LI, BL, & ST

D. Flushed Face: TW, GB

5. Flushed Face

A. Rhinitis (stuffy nose, excessive phlegm)

1) From over-excitation of sympathetic nerves (due to common cold): a) LI b) LI, BL

2) From allergic reactions: a) TW b) TW, GB

B. Nose Bleed

1) From over-excitation of sympathetic nerves or over-excitation: a) LI b) BL c) LI, BL

2) From hypertension: a) LI, BL, GB b) LI, KI, BL

C. Ozena a) TW, GB b) LI, BL, & ST c) a + b + GV20

6. For Ear Problems

A. Tinnitus, bradyacusia (difficulty of hearing)

1) Due to hypertension: a) LI, BL, & GB b) LI, BL, & KD

2) Due to hypotension: a) TW, GB

3) Due to common cold: a) TW, GB

b) LU, LI

c) The affected side of LI, BL, & GB

d) TW, GB

e) HT

B. Otorrhea (discharge from ear): TW, GB

C. Painful Ear:

a) the affected side of SI, TW, & GB b) a + GV20

c) If caused by common cold, needle the affected side of LI, BL, & GB

7. Eye Problems

A. Painful Eye

1) General pain: a) the affected side of LV, BL, & ST b) LV, BL, & GB

2) From allergic reactions: a) TW b) TW, GB

3) Due to asthenopia (fatigue of eye): a) LI, BL, & GB b) LV, BL, & c) TW, GB (if caused by tension)

4) Pain in the back of the eyeballs: the affected side of BL

B. Blurred Vision: LV, BL, & GB

C. Tired and dry eyes: TW, GB

D. Excessive Mucus Discharge from the Eye:

the affected side of BL, GB

E. Blepharitis (inflammation of eyelid):

a) the affected side of LV, BL, & GB b) SP, LV c) ST, BL

F. Herpes in the Eye: TW, GB

G. Epidemic Conjunctivitis: LV, ST, & BL

H. Pain due to Glaucoma: LV, ST, & BL

I. Pain of the Eyeball: a) LI, LV b) LV, ST, & BL

J. Asthenopia (fatigue of the eyes, eye strain):

a) LI, BL, & GB b) TW, GB

8. Dizziness and Vertigo

A. From hypertension: LI, BL, & GB

B. From hypotension: TW, GB

C. General: a) LV, GB b) LV, GB, & GV20

9. Problems with Labium (lips) and Oral Cavity

A. Inflammation of Labia (or labium):

a) the affected side of LI b) LI, ST

B. Inflammation of the corner of Labium:

a) the affected side of LI, ST b) Right SP, ST, & BL

C. Herpes of Labium:

the affected side of TW & GB

D. Swollen Lips: a) LI b) LI, ST

E. Pain in the back of the lower Labia: LI, BL, & ST

F. Dryness in the Oral Cavity (stickiness):

Left SP, ST, & BL

G. For Stomatitis (inflammation of the oral mucosa), and Gingivitis:

The affected side of LI, BL, & ST

H. Eruptions inside the mouth: LI, ST

I. Stomatitis, wound on the tongue or the Lips:

a) LI, ST b) BL, ST

J. Pain in the Gum:

a) the affected side of SI, LI, & ST b) TW, GB

K. Abnormal Secretion of Saliva

1) Excessive viscosity in saliva: SP, ST, & BL

2) Saliva too watery (serum-like): TW, GB

3) Dry mouth: Right SP, ST, & BL

L. Swelling in the right side of the Soft Palate:

Right LI, SP, BL, & ST

M. Toothache (excluding the front teeth):

a) the affected side of LI, BL, & ST b) SP, ST, & BL

N. Toothache of the Front Teeth: LI, ST, & GV20

10. Internal Disorders

[1] Disease caused by the Disorder of Autonomic Nerves

A. Autonomic Ataxia

1) The sympathetic nerve disorder: a) LI b) LI, BL

2) The parasympathetic nerve disorder: a) TW b) TW, GB

B. Psychosomatic Disorder

1) Heart: HT

2) Stomach ulcer: TW, GB

3) Bladder related disorder: TW, GB

4) Hypertension: LI, BL, & GB

C. Depression: TW, GB

[2] Allergic Disorder

A. Hives:

a) TW, GB b) TW c) GB

B. Skin Eruption due to Reaction against Drugs and/or Cosmetics: TW, GB

C. Allergic Enteritis: TW, GB

[3] Diseases of the Circulatory System

A. The Heart Related Disorders

- 1) Palpitation: a) HT b) HT, LI
- 2) The decline in the cardiac muscles' ability to contract: TW, GB
- 3) Palpitation associated with pain in the chest: HT
- 4) Chest pain caused by the abnormality in the vein (including vena cava): TW, GB
- 5) Shortness of breath: a) HT b) TW, GB
- 6) Angina pectoris (or stenocardia-heart attack): HT
- 7) Shock: TW, GB
- 8) Arrhythmia (irregular pulse):
 - a) Due to the sympathetic nerve disorder: HT
 - b) Due to the parasympathetic nerve disorder: TW, GB
 - c) Irregular pulse in general: HT

B. Blood Pressure Abnormalities

- 1) Hypertension due to constitutional tendency: a) LI, BL, & GB
b) LI, left LV (left only LV), ST, & BL
c) Right LV (right only LR), ST, & BL
- 2) Hypotension due to constitutional tendency: TW, GB
- 3) Hypertension due to Kidney disorders: LI, KI, & BL
- 4) Hypertension due to Heart disorders: LI, FIT, & BL
- 5) Decrease in blood pressure during the acupuncture treatment due to over-dosage: GB, TW

11. Diseases of the Digestive System

[1] Gastroenteritis

A. Esophagus pain: Left SP, ST, & BL

B. Swallowing pain: Left SP, ST, & BL

C. Stomach ailments

- 1) Due to the sympathetic nerve system disorder: SP, ST, & BL
- 2) Due to the parasympathetic nerve system disorder: TW, GB
- 3) Acute and chronic gastritis: SI, ST, & BL

D. Gastropnoxis (prolapsed of stomach) associated with gastric atony:

- a) SP, ST, & BL b) Left SP, ST, & BL

E. Food Poisoning

TW and GB, or you can promote vomiting and diarrhea by bloodletting on left SP, ST, & BL.

F. Gastritis associated with Asthenopia (fatigue of the eyes)

- a) Left SP, ST, & BL b) LI

G. Abnormal sensation in the upper abdomen:

- 1) Stomach disorders: see the prescriptions above
- 2) Liver ailments: Right LV, ST, BL
- 3) Pain in the upper abdomen: TW, GB

H. Diseases of the intestines:

- 1) Acute appendicitis or the sequel following the appendicitis:
 - a) Right SP, ST, & BL b) SP, LV, & ST
- 2) Distension of the stomach: Left SP, ST, & BL
- 3) Duodenal ulcer (ulcer of the duodenum): TW, GB
- 4) Cancer of the duodenum: SP, ST, & BL
- 5) Chronic diarrhea: TW, GB

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6) A spasm of the stomach or the intestines: TW, GB

I. Constipation:

1) Due to the tension (stress): TW, GB

2) Due to the lack of intestinal movement:

a) Left SP, ST, & BL b) SP, ST, & BL c) LI, ST

J. Hemorrhoids

a) GV20 b) GV20, Left SP, ST, BL, and Right LV, ST, BL

K. Nausea and vomiting

1) Due to food poisoning:

a) Use TW & GB to stop the acute symptom

b) Use Left SP, ST, BL, & LV to promote more vomiting to quicken the healing.

2) Due to hangover

a) Left SP, ST, BL, & Right LV, ST, BL

b) Left ST & Right LV

3) Due to the ingestion of a cold medicine: Left SP, ST, & BL

4) Due to a liver disease: Left LV, ST, & BL

5) Due to hypotension and/or cerebral anemia: TW, GB

6) If associated with asthenopia (fatigued eyes): TW & GB, or Left SP, ST, & BL

7) Due to the sympathetic nerve disorder: Left SP, ST, & BL

8) TW, GB

[2] Liver and Gallbladder Diseases

A. Hepatitis

a) Right LV, ST, & BL b) Right LV, ST, BL, and Left SP, ST, BL

B. Cholelithiasis (Gallstones), and Cholecystitis

a) Right LV, ST, BL and Left SP, ST, BL

b) Right LV, ST, BL, GB, and Left BL

c) TW, GB (for reducing pain)

C. Jaundice: a) Right LV, ST, BL and Left BL b) Right SP, LV, BL and Left BL

[3] The Urinary System Diseases

A. Acute and Chronic Cystitis: KD, BL

B. Psychosomatically initiated Bladder Disorders: TW, GB

C. Prostatomegaly, inability to urinate, incontinence, blood in urine, a wandering kidney, pyelitis, chronic

involuntary erection of penis: KD, GB

D. Enuresis (nocturnal): TW, GB

Promotion of sexual desire (or stamina):

Left SP, ST, BL and Right LV, ST, BL

12. Pediatrics Bloodletting

CAUTIONS:

*Needle no more than two Jing-Well Points at a time.

*LI on the both sides (for the sympathetic nerve disorder) and TW on the both sides (for the parasympathetic nerve disorder) are most widely used.

*Puncture shallowly, and squeeze sufficient amount of blood. Stop after ten drops. Five to six drops would be enough. Older children can tolerate 10 to 20 drops from a point.

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- A. Common Cold symptoms: LI
- B. Allergic symptoms: TW
- C. Migraine HA: The affected side of LI, BL, & GB
- D. Inflammation of the upper lip, and inflammation of the gum of the front teeth (due to common cold): LI
- E. Toothache:
 - a) the affected side of LI, SI, & ST
 - b) Left SP, ST
- F. (Often epidemic) Parotitis (inflammation of the parotid gland--salivary glands right below the ears) a)
 - LI
 - b) LI, ST, & ST
- G. Chicken Pox: a) TW b) GB
- H. German Measles: a) TW b) GB
 - I. Asthmatic Bronchitis: TW
 - J. Bronchial Asthma: TW
 - K. Spasm of the Stomach and/or Intestines, Vomiting: TW
 - L. Chronic diarrhea: TW
 - M. Chronic Constipation:
 - a) TW (for the parasympathetic nerve related)
 - b) SP, ST, & BL (for the sympathetic nerve related)
- N. Acme Gastritis: Left SP, SI, & BL
- O. General Pain of the Flank (including subcostal area--may be Gallbladder related): TW
- P. Nosebleed due to Common Cold: LI
- Q. Chilblains, Frostbite, and Enuresis: TW, GB

13. Gynecological Problems

- A. Menopausal and Post-menopausal Disorder: a) TW b) TW, GB
- B. Abnormal uterine bleeding: TW
- C. Miscarriage associated with premature contraction of the uterus: GB
- D. Abnormalities in menstruations: GB
- E. Change in the regularity of menstruation
 - 1) To delay: TW, GB
 - 2) To advance the date of: a) Right LV, ST, & BL b) SP, ST, & BL
- F. To Promote Labor: a) Right LV, ST, & BL b) SP, ST, & BL
- G. Prevention of Miscarriage and/or Premature Delivery: TW, GB
- H. Leucorrhoea: TW, GB
- I. Promotion of Lactation: SP, LV, & ST

14. Disorder of the Skin: TW, GB

15. Others

- A. Hyperthyroidism: LI, ST, & BL
- B. Diabetes: a) SP, LV, LI, & BL b) SP, LV, KD, & BL c) LI, BL
- C. Fatigue – chronic or temporal: TW, GB

STERILIZING & DISINFECTING

SOLUTION- DISINFECTANT/ STERILANT

NON- REUSABLE STERILIZING & DISINFECTING SOLUTION

BLEACH: store bought bleach (Sodium Hypochloride) is a 5.25% pure solution, which is too strong for our purposes. Make a diluted solution of 1 cup of bleach to 9 cups of water for the correct concentration.

REUSABLE STERILIZING & DISINFECTING SOLUTION

GLUTARALDEHYDE: WAVICIDE-01 or SIDEX can be used as is.

DIRECTIONS FOR USE

Wear goggles, lab coat or plastic apron and rubber gloves when working with chemicals. Make sure lids are secure on containers. Take containers to treatment room to directly place cups after use. After soaking, take container to sink to rinse instruments, Along with empty container to carry instruments back to dry.

FOR DISINFECTING NON-INSERTIVE INSTRUMENTS (EG: CUPS)

Clean and wipe off equipment thoroughly before immersing in solution. Make sure that all blood is completely off the cups. Put your name, date and time of soaking on container.

Let the cups soak for 1 hour (Bleach Solution) 10-30 minutes or as per directions. (Glutaraldehyde)

Rinse equipment and set on drying tray, or dry with paper towels. Return equipment to proper place.

Do not discard solution. (Bleach: only one day use) (Glutaraldehyde: one week).

PROCEDURES FOLLOWING AN EXPOSURE INCIDENT

If you are exposed to blood or visibly bloody fluids by a needle-stick or cut OR splashed in an open cut or in the face, immediately do the following:

1. CALMLY wash the affected area (use antibacterial soap if available).
2. Have yourself force bleed, if possible.
3. If it is an eye splash incident, rinse your eyes at an eyewash station for 15 minutes.
4. If there is a source patient (a known person from whose body the needle or blood originated) explain the situation to her/him, and ask if they would agree to have some blood tests done. THIS IS THE SOURCE PATIENT'S CHOICE; so do not insist. Have them fill out the consent form for source patients, which include a place for declination as well as consent. If the source patient agrees to be tested, it is best if they go to the facility that you contract with. If they prefer, they may go to their own health care provider.
5. Call the Occupational Health Department, and leave a message if you get a recording letting them know what happened.
6. The exposed person, you and source patient should get medical attention and have the appropriate blood tests done as soon as possible (within 24 hours).

PLEASE MAKE SURE THAT THE APPROPRIATE STEPS ARE TAKEN IN A TIMELY MANNER, AND TO BE CALM AND REASSURING TO THE PARTIES INVOLVED. ALTHOUGH THOROUGH IMMEDIATE MEDICAL ATTENTION AND FOLLOW-UP ARE REQUIRED, IT IS IMPORTANT TO REMEMBER THAT TRANSMISSION OF DISEASE THROUGH AN ACUPUNCTURE NEEDLE IS EXCEEDINGLY RARE.

Chishin (置鍼 Retaining Needle)

Needles:

Gōshin #0 to #3 needles are typically used as retaining needles, but slightly thicker needles can be used if the condition warrants it.

Purpose:

Retaining needles are used for tonification and dispersion of nutritive ki (blood) during the local treatment. Recently there are many people who use retaining needles during the root treatment, but in such cases, the practitioner needs to always pay close attention to the movements of the patient's ki. For those who cannot feel ki, they should determine any adjustments to the retention time by observing the pulse.

If needles are retained for too long, ki will be lost rather than gathered. This can most easily happen on the hands or feet, and so it is not advisable to retain needles there.

Tonification:

For tonification, #0 to #2 *gōshin* needles are retained on the abdomen or back. The points to focus on are those that are opened or revealed by pressing, or in other words, those points that are deficient in nutritive ki (blood).

Consider using gold or silver needles for elderly people who have weak bodies.

The insertion depth should be about 1mm so that the needle falls over to the side. The number of needles should be adjusted according to the pathological condition. But, for the abdomen use at least four needles and not more than eight, and for the back use at least two and not more than twenty. The needles should be retained from ten to thirty minutes. Generally, gentle tonification is used when there are acute symptoms, and more needles and longer retention times are used for chronic problems.

Dispersion:

If the patient is constitutionally a yang-type person or constitutionally tends to have blood stasis, needles are retained at indurations both on the abdomen and back. Various depths can be used, from 2mm to greater than 1cm.

Thin *gōshin* needles are usually used, but thicker needles can also be used if needed. The number of needles and the length of retention time are the same as for tonification, but should, of course, be adjusted according to the hardness and number of the indurations.

Tanshi (単刺 Single Needle Technique)

Needles:

40 mm *gōshin*. Decide the gauge based on the deficiency or excess of the area to be needled as well as on the overall deficiency and excess.

Purpose:

The *tanshi* technique is used during the root treatment for tonification or dispersion of defensive ki or nutritive ki.

Tonification:

Tonification for Defensive Ki

Areas that are deficient in defensive ki lack strength, and are depressed and cold. Or, they could be very soft and lack strength when pressed. Locate the point within this area and then perform the stroking technique in order to gather ki to this spot. At this time care must be taken not to press more than necessary on this area since doing so can cause a loss of yang ki. It is best to just lightly touch the supporting hand to the area with the acupuncture point.

Next, touch the tip of the needle to the skin, pointing in the direction of the flow of the meridian. Hold that position for a few breaths until the meridian and acupuncture point becomes warm and stronger. Do not try too hard to insert the needle. It should feel more like the needle just naturally slips in. Of course, it is important to not cause any pain.

Tonification for Nutritive Ki

Areas that are deficient in nutritive ki (blood) usually show a protuberance. Use the flicking and fingernail pressing techniques to reveal (open) the acupuncture point at this spot. Place the insertion tube (or needle tip if you are not using an insertion tube) against the skin and insert the needle.

Only insert the needle to the depth to which it gently penetrates, and then wait for the count of a few breaths while the needled area becomes filled with ki. However, if there is no feeling of ki filling the area, try twisting the needle in the direction for tonification (clockwise) or try vibrating it. Remove the needle when it feels heavy, as this is an indication of the arrival of ki.

Dispersion:

Dispersion for Defensive Ki

The technique for the dispersion of defensive ki is basically the same as the *sanshin* technique that is used for the dispersion of defensive ki except that specific acupuncture points are used for the single needle technique. A slight insertion of about 1mm is used for this technique, which is generally used on the yang channels. The patient should feel a prick similar to that of being bit by a mosquito.

Dispersion for Nutritive Ki

The technique used for the dispersion of nutritive ki (blood) is used on indurations. First, thoroughly palpate the selected area to determine the location of indurations and then insert a needle into the center of each induration. It is important to not skewer, or needle through, any of the indurations. When indurations are needled, the needle should start to feel heavy. Hold this position for a few breaths. However, if it seems to be taking a long time to make the indurations disappear, try using a pecking technique: a light and quick thrusting motion like that of a sparrow. If that does not work, try the pecking technique with a thicker needle.

Needling and Ki:

Create warmth with oshide. Note appropriate depth, sensing (especially ki), and timing.

Ki comes like an ocean wave, rising then falling, and repeats. If this wave is repeated too much, the needling becomes a dispersion technique and the wave will cease. For this reason, longer is not better. Timing varies from several seconds to just a few minutes. The timing of withdrawal is important. If you miss the first wave, wait for the second. Withdraw the needle when the wave crests.

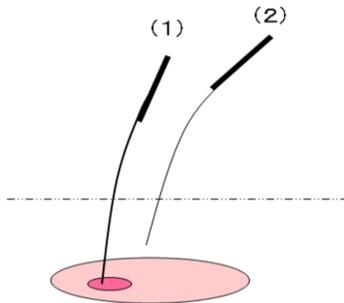
Retaining needles work on the physical ki. Hari techniques are working at the mental and spiritual levels. "This happens at the moment the needle touches the skin. Nutritive Ki is traveling at approximately 10 cm/sec. It takes a certain amount of time to balance the meridian but the moment you touch the point the pulse changes. Japanese acupuncture in general works more at the spiritual level. When balance is attained at this spiritual level, the physical level will become balanced. Fifty years ago, needling was performed deeper but not retained. By knowing the Hari techniques, use of retaining techniques become more effective. If using insertion tubes, only gentle tapping can be used because the ki is very delicate.

Most common

Combinations with Retain and Single technique with the indurations

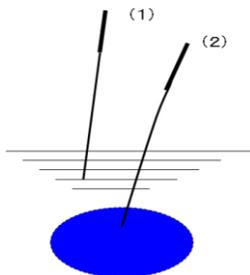
Shinsha-Sennpo 深瀉浅補

- (1) Disperse excess in deep-side then (2) tonify deficiency at superficial
- (1) Flicking, Twisting, Vibrating
- (2) Tonification type Tanshi or retaining needle



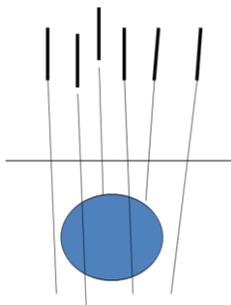
Sennsha-Shinnpo 浅瀉深補

- (1) Disperse excess at superficial then (2) tonify deficiency in deep-side
- (1) Flicking, Twisting, Vibrating
- (2) Tonification type Tanshi or retaining needle



Youdo 揺動法

- Retain at the side of the indurations.



***Kyūtōshin* (灸頭鍼 Moxa-on-the-Head Needle)**

Brief Description

A ball of moxa is placed on the metal handle of an inserted needle and lit. The biggest effect comes from the needle, but the heat from the burning moxa increases the effect of needling. It supplements Ki and blood in the channels and body and treats stagnant cold in the channels.

Kyūtōshin is used to relieve pain due to longstanding frigidity.

Technique:

Kyūtōshin has a warming effect and is basically used for tonification. But, it is also effective when used for indurations, and therefore came to be used for both tonification and dispersion.

Kyūtōshin is used at areas of deficient nutritive ki (blood), at areas of chronic pain such as on the lower back, buttocks, thighs, around the shoulder joints, and at areas in the abdomen that show resistance or pressure pain due to blood stasis.

Kyūtōshin is surprisingly suitable for use on many people. However, this is different from saying that the illness of all those people will be cured. *Kyūtōshin* feels good and so there is a risk that practitioners will get into the habit of randomly giving *kyūtōshin* just for the comfort of the patient. However, it should be used with a clear purpose in mind based on a sound determination of the pattern of imbalance.

Its effect is somewhat similar to the fire needle. The fire needle is a thicker and longer needle with a wooden handle. The tip is heated by a flame from an alcohol soaked cotton ball and is used to prick points. Fire needle is a non-insertive method that is taught as part of the Hari symptomatic treatments.

Kyutoshin Needle

Don't use a needle with a handle that is glued to the shaft or a plastic handle. Use a roughened (wound) handle so the moxa can stick to it. The length is 1.3-2 cun, occasionally 3 cun. Gauges used are #2-5; a #3 gauge 1.6 or 2 cun needle is the most common. The needle material should be stainless steel.

Moxa Considerations

Use semi-pure moxa known as Wakakusa. Avoid poor quality which has stems or rubbish which may fall out and burn the patient. Avoid darker moxa that is coarser and burns hotter. Semi-pure moxa is softer and burns more mildly.

Kyutoshin Procedure

Before inserting the needle or needles, roll the moxa into however many 1-2 cm diameter balls are required; for a mild condition, use 1 ball, for a cold condition, up to 3 balls on the one point.

Example, for "50 year old shoulder" which has limited movement and pain without fever, use 5 balls on the front of the shoulder and 5 balls on the back and add 5 balls in the lower back for a greater effect. A good round shape holds together better and prevents pieces from falling on the patient's skin.

To locate the points for *Kyutoshin* look for stiffness or tightness under the skin. At the same time the surface of these points should indicate blood deficiency.

Insert the needle to the center of the stiffness, deep enough so the needle will remain upright when the moxa ball is on the handle. On the upper body, above BL17, and on thin people use a 1 or 1.3 cun needle, so as to avoid puncturing the lungs or other internal organs. On other parts of the body, use a 1.6 cun needle on average sized people, 2 cun on heavier people, and over 2 cun on obese people. Split the moxa ball in half with your fingers and squeeze it together on the handle, making sure to cover the top of the needle with the moxa. Mr. Kuwahara pokes a hole in his moxa balls and slides them onto the handle. Vibrate the needle to check if the moxa is on securely.

Light the bottom, right, and left sides of the moxa ball. Don't place the lighter flame too close to the shaft of the needle, because the heat may bend the needle. Use your fingers to check the temperature of the patient's skin. If it is too hot, place the shield under the needle, but it is better to avoid needing to do so. Most of the heat travels through the air from the burning moxa to the skin. The body of the needle doesn't get very hot.

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Lift off the burnt moxa ash with a cut spoon or with your fingers.
Remove the needle with tweezers, close the hole, and massage well.

Tools

1. Lighter and/or incense stick
2. A cut spoon to lift off the burnt moxa (optional).
3. Tweezers to remove the heated needle
4. Shield to prevent ash from falling onto patient or to shield the skin if the heat is too hot.
5. Receptacle for moxa ash (moxa cup filled with water).

Indications

1. Rheumatism
2. Stiff joints, especially the shoulder
3. Contusion, whip-lash injury
4. Cold within patient
5. Cold feet and hands
6. Numbness and paralysis of the limbs
7. Diarrhea
8. Bloating
9. Pain due to blood stasis

Contraindications

High fever

Fast-floating pulse

In cases of counterflow Ki, don't use moxa on the upper part of body where there is counterflow Ki, but do use it on the lower half of the body.

When it is not appropriate to retain a needle for long while in the patient. Remember that the main effect comes from the needle.

Precautions

Swiftly remove any fallen ash; better to prevent its falling by being attentive.

Caution the patient not to move.

Use round moxa balls, an irregular shape is more likely to fall apart.

Keep asking the patient how they feel and watch the skin for redness, a sign of too much heat.

Don't push down on the needle when affixing the moxa ball because this will be painful to the patient.

Sanshin (散鍼 Scattering Needle)

Needles:

Gōshin #0 to #3.

Purpose:

The *sanshin* technique is used for tonification or dispersion of defensive ki during the local treatment. It can be used for tonification of deficient defensive ki in a cold pattern, or for dispersion of excess defensive ki in a heat pattern.

Tonification:

The *sanshin* tonification technique is used to treat cold in the external areas of the body without being particular or specific about acupuncture points. When using an insertion tube, there are two methods to choose from: manipulation of the needle while it is still in the insertion tube, or quickly performing single-handed reinsertion of the needle into the tube while performing the *sanshin* technique.

If performing *sanshin* without an insertion tube, do it slowly, making sure to always employ the technique with a well-formed supporting hand.

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In all cases, the tip of the needle should just touch the skin without causing the slightest pain. The area on which the *sanshin* technique was performed should turn red, or it should become moist and feel warm to the patient. Gently stroke the area before and after performing *sanshin*.

Dispersion:

The technique is basically the same as for tonification except that dispersion is performed as if lightly bouncing the supporting hand or gently pinching. This can also be described as the stroking dispersion technique. For dispersion, it is acceptable if the patient feels a little pain. The heat-ki should disappear after doing this technique.

San-Shin Technique (touching and spreading) - Tonification within Dispersion -- used more on areas instead of specific points.

There are Tonification San Shin or Dispersive San Shin Techniques, but not Wa Ho San Shin.

Normally, treatment concentrates on one point for the root treatment. Branch treatment, however, may use one point or an *area*. The basic technique for *sanshin* remains the same for tonification and dispersion, but it is lighter and briefer because the desired effect is sought over a whole area. If the excess or deficiency shows on a single point, regular needling techniques may be used. However, use the *sanshin* technique if the condition is vague, mild and observed over a large area. *Sanshin* also makes the patient feel better after the specific local treatment has been applied, which might make the *ki* flow not smooth and therefore make the patient feel uncomfortable. In other words, "polishing" may be done on the areas described above, such as the back, head, and lower leg along the Bladder, Gallbladder and Stomach lines. This makes the energy flow equally in all parts of the body.

Sanshin resembles pediatric techniques.

Normally, you should select a point that is "alive" rather than the anatomical correct (textbook) point. You should use your left hand to detect evil *ki* (*jaki*), excess and deficiency.

While dispersing, the oshide may be floating in the air. Continuously monitor the condition by feeling the skin of the patient. It is necessary to train the left hand to evaluate the skin as you go.

A deficient area feels cool, and can be imagined as a feeling of "loneliness." the hand is drawn in toward the area and down. An excess area is raised. When you come across evil *ki*, the hand feels as if something is poking it, or like worms are crawling beneath the hand. Healthy/natural *ki* has a warm and pleasant feeling. If there is evil *ki* it should be released.

The root treatment will take care of 70-80% of the treatment. The remainder of the treatment is carried out because the patient usually does not feel completely refreshed or complete at that point and wants something more.

If there is still deficiency after using the *sanshin* technique, moxa or intradermal needles may be used to finish tonification.

The focus of *sanshin* technique is an area rather than a single point. It is easier to find an area.

This is a local technique rather than part of the root treatment.

Sanshin is used frequently, but it is recommended that one master the other techniques that have been taught before using the *sanshin* technique.

In this treatment, less mental concentration is required than for point-specific techniques.

If your *sanshin* technique is rough, the pulse will deteriorate.

You need to be very careful when applying this technique.

Sanshin is easier to learn by practicing than by listening to a verbal explanation of how to do it.

How to select an area for Sanshin . . .

You are looking for the same thing as you look for when selecting a point to needle.

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Use your left hand to detect the appropriate area for treatment.
Move your hand over the skin as if you were moving it over a tissue paper.

Deficient areas of the skin will feel:

Cold, empty, hollow, depressed, as if they have puffiness, without resilience.
In this case, the goal of sanshin is to get rid of the deficiency.

Excess areas of the skin will feel:

Rough, hard, raised, tight, dull or heavy (rather than resilient), hot in an uncomfortable way
In this case, the goal of sanshin is to get rid of the excess.

Today, we will palpate the back to find excess and deficient areas.
We will then use sanshin to balance the area.

Note: Sanshin is considered a local treatment. It is used after the root treatment.

Strategy for Approaching the Back . . .

First, feel the overall back.

Palpate the Du Mai channel, searching for excess and deficient areas.

Palpate the Hua Tuo lines (Kyo Sai) bilaterally and simultaneously.

Then proceed to the inner and outer Bladder lines bilaterally and simultaneously.

The body tends to be like a seesaw. You often find that if one side of the body--for example the inner Bladder line--is excess, its corresponding area on the opposite side is deficient and vice versa. Sometimes the excess may not be clear, as in the deficient type excess- which is characterized by loose muscle underneath but with tightness or roughness on top (like branches on water).

Be sure to check the edge of the scapulae.

Tonification.

Do all tonification first. This sometimes clears the excesses you detected.

First tonify areas of intense deficiency (like a concentrated point).

Then tonify the larger deficient area, doing a very quick tonification: use a silver needle; close your oshide; touch the point; remove the needle; do this repeatedly and rapidly over the whole area.

Dispersion.

Touch the points more with the needle.

Push the needle a little just before removing it.

If area is very rough, use a stainless steel needle.

After applying sanshin to the whole area, you may use an enshin or your hand to tonify the whole back, and leg channels.
If there is still some deficiency or excess, consider using moxa or another method.

In sanshin, your left hand - the diagnostic hand - is the most important.

Hinaishin (皮内鍼 Intra-dermal Needle)

They were invented by Kobei Akabane of Japan. The needles have a quick effect, are painless, and are easy to use. There are many ways of using them.

Needles:

There are various types of intra-dermal needles.

Purpose:

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Intradermal needles are used to treat defensive ki in a similar manner to the *sanshin* technique, and are effective for giving a light dispersion.

Technique:

Intradermal needles are generally used when there is pain in the muscles, or at areas of severe soreness upon palpation on the trunk such as at the back transport points.

Guidelines for Using Intradermals

1. Never leave in for more than one week. In the summer, they should stay in no more than four or five days. Instruct the patient in the safe removal of them if you are unable to do so yourself.
2. Use flat-headed tweezers for holding and manipulating the intradermals rather than pointed-headed tweezers or those with a rough surface on the inside of the tips of the tweezers.
3. When using intradermals on a hairy area, carefully inspect the tape and trim any hairs stuck to the tape. Pulled hair can feel like a sticking needle.
4. Intradermals are basically for supplementation so close the hole after removal and massage. Gold intradermals are the most supplementing.
5. Generally use two to four needles, six maximum. Avoid using too many in a treatment. No more than one point on a channel.
6. There are two types of intradermals. One has a circular head---this is what we use. The other has a solid, square head (the circular type does not have a solid head). The tip and head of the square-headed type produce a balanced stimulation.

Inserting the Intradermal

1. Prepare tape for all points. Find the point and mark it. Clean the point with alcohol.
2. Open the package carefully. Hold the needle at the neck with the tweezers. Stretch the skin, touch the point with the intradermals, and retract the skin.
3. Insert 1mm (2-3 mm's all right). To check the depth of insertion, press the head of the needle lightly. The depth is correct when the area of the skin lying over the inserted needle raises. If depth is incorrect redo.

Taping the Intradermal

1. Stretch the skin before applying the tape so that it can accommodate more movement.
2. Place the tape pillow under the raised head. Or pillow can be placed before needle insertion. If this is done, then use three pieces of tape.

The pillow is used to prevent unnecessary stimulation of areas of the skin other than the point. Cover with the tape blanket.

3. After inserting and taping, be sure the needle isn't pinching. Slightly touch and press it but don't rub. This shouldn't cause pain. If it causes any discomfort, remove it and try again with a new intradermal.

Removing the Intradermal and Advice for patient

1. To remove, pull the top piece of tape off from the tip end to the handle end of the needle. Close the point with clean cotton and massage the point.
2. Upon removing check the tape for the needle. Make sure it is not still in the body. The needle and tape can wash off.
3. Instruct the patient that if the needle is causing pain to remove it. If the patient has any questions about the needle, instruct them to call you.

Areas of the Body

Near a crease, insert along the line of the fold and use 3mm needles.

When inserting needles in the intrascapular region of the bladder channel, insert the needle point down following the flow of the bladder channel. Use 6mm needles.

When inserting needles on points that are level with T7 and below, insert pointing to the spine (horizontal).

When inserting on the neck, insert horizontally toward the spine and use 3mm needles.

In ears, hands, or face use 3mm.

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On limbs near creases, needle along the crease line. When not near creases, needle with the channel flow. Usually 3mm's but 6mm's can be used in thick tissue, such as the middle of the thigh.

Conclusion

There are different ways to use intradermals, depending on the desired effect of the treatment. Using no pillow tape produces different effects from using one. They don't have to be inserted. They can be placed directly on the skin, either with or against the flow of the channel, and covered with tape. All of the needle can be placed on the pillow tape, with or against the flow of the channel, and covered with a blanket tape. Insertion produces a longer lasting and slow effect, non-insertion has a quick effect that should remove after six hours or so.