

Local Treatment Point Selection Touch diagnosis and treatment methods

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 need 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 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.
- ③ Consideration is also given to the front alarm points and back transport 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. Those that are commonly used are given along with the root treatment. These points inevitably show signs in reaction to all disorders and are therefore beneficial to nearly everyone. 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.
- ④ 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.
- ⑤ The local area can also be treated without relation to the pattern of imbalance, such as in treating a sprained ankle.
- ⑥ Front and back, left and right, upper and lower – compare these aspects and get a sense of the state of balance of the structure

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 often 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.

This *shaku* normally shows only resistance and not pressure pain. Without pressure pain it can be difficult to limit and determine the treatment area, 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 considered 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 like there is no strength at the superficial level of the skin. It 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. This 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. 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. This condition is often related to the pattern of imbalance, but in either case 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 ō-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 at 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.

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 significantly raises the effectiveness of the treatment. Thus, 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.

MATERIALS AND METHODS of MERIDIAN THERAPY

1. Direct Moxibustion Okyu 直接灸

In Japan there are separate licenses for acupuncture and moxibustion practice. Its use has quite a long history and not only with specialists. It has been used extensively, and still is, by the general 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 was the Huang Di Ming Tang Jiu Jing - the Yellow Emperor's Ming Tang moxa test circa 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 ultrapure 'gold' moxa because it burns cooler than less pure grades (60 degrees C is the maximum acceptable temperature) and because it makes better rolls. Direct moxa is igniting tiny pieces of moxa punk and burning it on the surface of the skin. We utilize the "non-scarring" method, which must be done correctly to be, in fact, "non-scarring." 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. It also burns too hot. Therefore it is not appropriate to use.

Messrs. Fukaya, Shiroda and Sawada generally used direct moxa and would give moxa to their patients, teaching them to use it at home. Generally, the use of the Stick-on 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

1. Pure moxa: moxa is the dried, chopped, and filtered leaf of the mugwort plant. The smell of burning moxa is therapeutic. Certain chemicals are released when it is burned, which have a positive effect on the body.
2. Unscented incense. Incense is made from cedar needles.
3. Okyu ring for moistening the point, don't use saliva.
4. Two thick rectangular pieces of stiff paper or cardboard for teaching patients how to roll moxa.
5. Matches or a lighter for lighting the incense
6. Ash receptacle
7. 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 because, generally, while it should be hot to the patient but it should not be 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 at the bottom. Ideal shapes are like grains of rice or small threads.

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 ki, so too do 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 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 Vaporub 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 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 used 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 as 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 they feel it 3-7x. On the other hand, points can sometimes be insensitive. There are occasions when after burning 20, 50, or even 100 moxa cones the patient still does not feel the heat.

In these cases, again, keep burning moxa until the patient feels the heat 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 reflected 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, there is 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 the ash on the patient, and 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, and use fewer moxa threads on more points. For a boil with lots of heat or a sprain, use points around and over the swelling.

Number of Moxa

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

Other Factors Influencing the Size and Number of Moxa

1. Patient with a strong constitution and in an early stage of disease can have more and larger moxa threads.
2. Cold pattern—more than heat pattern
3. Weak or chronically ill patient---smaller and fewer moxa threads.
4. On the face, head, or chest---smaller and fewer.
5. On the abdomen or the lumbar region of the back---more and bigger.
6. On the four extremities because the skin is thin---smaller and fewer.
7. On the upper shoulder, upper back, and hip---bigger and more.
8. Elderly and children--do less (smaller and fewer).

Precautions

1. 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 burn in a treatment, so a scar is unavoidable.
2. Position the patient in a stable and natural position in order to avoid burning his clothes or other body parts.

3. Exercise caution with patients who have reduced feeling or communication problems.
4. No direct moxa on the lumbar or abdominal regions of pregnant women.
5. Direct moxa is not for febrile disease, unless the patient has the flu. It is also good if the patient is catching a cold.
6. Use an anti-inflammation cream if a big blister with pus forms after the moxa treatment.

Techniques to Avoid Too Much Heat (Prevention of Burning and Scarring)

1. To lower the temperature and stimulation level, use a thinner, softer, lighter moxa thread with a tapered top and bottom.
2. Tenting: if the moxa is too hot, place your thumb and forefinger to either side of the moxa thread. 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.
4. You can also use a bamboo case pressed down on the skin over the moxa to decrease the oxygen and to distract the patient. Anything that is cylindrical and hollow will do.
5. If tenting doesn't help, snuff the moxa between your thumb and forefinger.
6. Tenting is primarily used for the first moxa thread; usually you can build the other threads on the ash to lower the temperature.

***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.

With some people who are oversensitive 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 close to the skin and/or the patient begins to feel the heat press the moxa with one's finger or quickly tent the moxa until it goes out. 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. At inflamed areas or inflamed joints, one should not burn moxa within the inflamed area. 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 its sensitivity.

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.

Moxa is 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 in which the patient can easily and relatively safely become involved in their own therapy.

2. Chinetsukyu Method (Cone Moxibustion) 知熱灸

History Terminology

Keiri Inoue started this method. Inoue was one of the founders of Keiraku Chiryō or channel therapy. Onkyū or "warming moxa" is another name for Chinetsu Kyū. Chinetsu Kyū is an indirect moxa method in which you burn the top 2/3rd's of the 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.

Chinetsu Kyū Procedure

Quality of Moxa

In general, use semi-pure moxa (Wakakusa); 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. 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 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." Usually 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

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 just above the line between eye and eyebrow (1x), Taiyang (1x)

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

GV14: a) for deficient Ki 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)

Ketsubon: (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.

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 overdose by needling, lingering sensation after needling, or to treat reaction do to mistaken treatment, use it tonification technique.

At the site of pain, as is appropriate. 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.

3. Kyutoshin - Moxa on the Head of the Needle 灸頭鍼

History

A similar technique is mentioned in the Shang Han Lun. In China, Kyuto shin is called "warming needle moxa".

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. The moxa heat increases the effect of needling. It supplements Ki and blood in the channels and body. It is used for stagnant cold in a channel. 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 to a depth of 5 or 6 mm. There is also a non-insertive method that is taught as part of the Toyo 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 1-1.6 cun, occasionally 2 cun. Gauges used are #2-5. A #3 gauge, 1.3 or 1.6 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 seeds, which may fall out and burn the patient. Avoid darker moxa, which 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 cm diameter balls are required; for a mild condition, use 1 ball, for a cold condition, up to 3 balls, for "50-year-old shoulder" which has limited movement and pain, 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.

Insert the needle deep enough so it will remain upright when the moxa ball is on the handle. On the upper body - anywhere above BL17, and on thin people use only a 1 cun needle. Use a 1.3 cun on average people, 1.6 on heavier people, and a 2-cun needle on obese people, obviously always taking care to avoid puncturing the lungs or something else. 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.

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, whiplash injury
4. Cold within patient
5. Cold feet and hands
6. Numbness and paralysis of the limbs
7. Diarrhea
8. Bloating

Contraindications

1. High fever
2. Fast-floating pulse
3. In cases of counter flow Ki, don't use moxa on the upper part of body where there is counter flow Ki), but do use it on the lower half of the body.
4. When it is inappropriate to leave a needle in the patient. The main effect comes from the needle.

Precautions

1. Swiftly remove any fallen ash; better to prevent its falling. Be attentive.
2. Caution the patient not to move.
3. Use round moxa balls; an irregular shape is more likely to fall apart.
4. Keep asking the patient how they feel and watch the skin for redness, a sign of too much heat.
5. Don't push down on the needle when affixing the moxa ball because this will be painful to the patient.

4. Hinaishin - Intradermal Needles 皮内鍼

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

Guidelines for Using Intradermal

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 intradermal rather than pointed-headed tweezers or those with a rough surface on the inside of the tips of the tweezers.
3. When using intradermal 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 intradermal are the most supplementing.
5. Generally use two to four needles, six maximums. Avoid using too many in one treatment. Use no more than one point on a channel.
6. There are two types of intradermals. One has a flat, 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. Once the circular head is mastered, try the square head.

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 away from the direction of the needle insertion, touch the point with the intradermal, and retract the skin.
3. Insert 1mm (2-3 mm is alright). 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. 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.

4. Pillow can be placed before needle insertion. If this is done, then use three pieces of tape.

Removing the Intradermal

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

1. Near a crease, insert along the line of the fold and use 3mm needles.
2. When inserting needles in the extrascapular region of the bladder channel, insert the needle point down following the flow of the bladder channel. Use 6mm needles.
3. When inserting needles on points that are level with T7 and below, insert pointing to the spine (horizontal).
4. When inserting on the neck, insert horizontally toward the spine and use 3mm needles.
5. In ears, hands, or face use 3mm.
6. 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.

Basic Procedure

Mr. Kuwahara demonstrated intradermal use. Prepare tape for all points. Find the point and mark it. Rub the point with alcohol. Open the package carefully. Hold the needle at the neck with the tweezers. Stretch the skin, touch the point with the intradermal, and retract the skin. Insert 1mm (2-3 mm's alright). 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 rises. If depth is incorrect redo. If the depth is correct, press the skin over the inserted portion of the needle, which raises the head. Place the tape pillow under the raised head. The pillow is used to prevent unnecessary stimulation of areas of the skin other than the point. Cover with the tape blanket. Check the point for pain. Pillow can be placed before needle insertion. If this is done, then use three pieces of tape.

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 effect; non-insertion has an effect that lasts six hours or so.

This section presents modern-day needling techniques and the methods for using them for tonification and dispersion.

5 *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 touching diagnosis.

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

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.

Sanshin also makes the patient feel better after the specific local treatment has been applied. The local treatment may have left an unsmooth flow of ki in the region which the patient would feel as an uncomfortable feeling. In other words, "polishing" may be done on these areas, such as on 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.

How to select an area for Sanshin . . .

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

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, dampness, 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, dry, 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.

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 is not clear, like with 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.

6. *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, uses of retaining techniques become more effective. If using insertion tubes, only gentle tapping can be used because the ki is very delicate.

7. 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.

8. Special Non-Insertive Needles

Classic 9 Needles are emphasis of treatment; regarding Ki aspect. Among the nine, some are used more often.

Go-Shin (UTT) is a regular needle. In Hari society, it is not inserted during the root treatment but originally it was inserted deeply.

En-Shin and **En Tei Shin** originally were round on the top. Tonifying by gently rubbing with a little pushing on the skin.

Tei-Shin Teishin is a non-insertion needle. If you use this needle well you can get the same effect as from other needles. This technique is less delicate; to maintain delicate technique, use silver needles. Using silver needles is good to practice the control of Ki. It is used for tonification or dispersion by applying the proper end next to the body. The sharp point is for dispersion and the round for tonifying.

Zan-Shin is used for dispersion. The original form was flat but now it is folded in a cone shape, which is easier to use.

Shoni-hari (Pediatric needle) is a needle used for treatment on children until the age of 12 years. Can also be used on adults.

Taishi-hari (three edge needle) is originally used for Shiraku (bloodletting); Kuahara uses it on children to brush their body.