

Easy Method of ACUPUNCTURE

**Based on
Meridian Theory**

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Published books (in Japanese)

- Hari wo shiranakutemo dekiru tsubo chusha chiryo
(Acupoint Injection for Those not Familiar with Acupuncture) from Kimpodo, 1996, revised edition 2002
- Ika no tamen o wakariyasui hari-chiryo
(Intelligible Acupuncture Treatment for Doctors) from Kimpodo 2001

PREFACE

In 1972, news of acupuncture anesthesia was widely reported in newspapers, causing a worldwide sensation as an unbelievable story. This news strongly impressed me too, and made me interested in acupuncture. By chance, a colleague of mine had an opportunity to visit the Department of Anesthesiology of Tokyo Medical-&Dental University and observe acupuncture treatment. We tried to apply acupuncture therapy by “the Tokyo Medical-&Dental University's method” on patients complaining lumber pain and asking for acupuncture therapy. We were quite astonished by and satisfied of the excellent effects. There I started studying acupuncture seriously. It was in April 1973.

Yet after reading many books, attending lectures, and observing acupuncture treatment by many professional acupuncturists, I was further impressed by the diversity in the principles and technical methods practiced by different acupuncturist. The enormous amount of the names and functions of acupuncture points etc. were also a surprise. Indeed, the barrier between the concept and terms of acupuncture world and those of Occidental Medicine is revealed to be more solid and higher than expected. Some may look Five Element Theory suspicious or superstitious. Perhaps, it is cleverer to take the acupuncture world as a new field or a different world for human body function. So I tried to establish more simplified system by modifying the Tokyo Medical-&Dental University method based on the Meridian Theory, probably based on the method of the late Dr. NAGAYAMA Kunzou.

The method of Tokyo Medical-&Dental University which we understood is as mentioned below.

1. Meridian selection: Those passing through the location of complaints.
2. Point selection: On the meridian, distal from elbow-or-knee joint, bilaterally.
3. Needle insertion: Vertical.
4. Stimulation: 45Hz cathode rectangular electric stimulation.

As strong as the patient can endure.

Strength of each point is to be felt equal.

Today, this method is largely modified through experiences. But the fundamental conditions such as the meridian-&point selection and balance taking stimulation are still in the same way.

Hereinafter the system described here was established by myself. The characteristics of this system are as described below.

1. The system is completely due to Meridian Theory.

Fundamental meridian selection is to select the meridian that passes through the location of complaint or the meridian that has close relation with corresponding ORGAN (in the meaning of Oriental Medicine). Thereby the

meridians of classic literature are considered important, and relation of similarity between ORGAN and anatomical organ bearing other name (such as KIDNEY and adrenal body) or special ideas of Oriental Medicine (such as the relation between LUNG and skin & hair) is taken into consideration.

This method does not require difficult dialectics or consideration of “ORGAN Diagnosis” under complicated diagnosis of Oriental Medicine.

2. Meridians to be treated are selected at the beginning of the treatment according to the above mentioned principle, being different from generally adopted method in other schools.
3. Points are selected on above mentioned meridian, without consideration of “function of the point” which is described minutely in other textbooks.

Principally “local point locating” is not adopted.

4. Points are taken principally at periphery of extremities, i.e. distal from elbow and knee joint, bilaterally.
5. Basic method of treatment is electro-acupuncture. Supplementation-&-Draining is performed according to the oral teaching of the late Dr. MANAKA Yoshio.

Stimulation is controlled so as the patient feels the stimulation comfortable and equal at all points.

6. Retaining needle, moxa needle, intradermal needle, thumbtack needle and acupoint injection are performed under the completely same principle as electro-acupuncture.
7. In acupoint injection, injection is used mainly as stimulation, without expecting pharmacological effects. So, in most cases any substances for subcutaneous-or-intramuscular use can be used. This method is useful also as an entrance of acupuncture. When pharmacologically active substances are used, the effects are much stronger with less dose, and it continues much longer.

These principles of acupuncture treatment are (often widely) different from usually adopted ones. They may look easygoing methods. However, excellent effects are obtained for many symptoms and diseases by the treatment under these principles as mentioned later.

This method has no side effect except slight pain of needle insertion and bruise due to subcutaneous bleeding. Other “side effects” such as infection, needle breakage or burn by moxa needle are completely avoidable by normal attention.

There are numerous indications of acupuncture. In textbooks or clinical reports, many points and methods for many diseases are described. But, in this book, only my experiences with sure results are described.

I believe that this method is one of the easiest methods of acupuncture. Especially Acupoint Injection of my style can be used by medical doctors, dentists and nurses who have almost no knowledge of acupuncture under the same principle.

HOW TO USE THIS BOOK

This book is written mainly for the medical doctors and dentists who have no experiences in acupuncture up to the present. As acupuncture is a method of Oriental Medicine, principles and using instruments are quite unfamiliar ones from those used in Occidental Medicine.

The approach of the system of acupuncture described in this book is almost absolutely based on the Meridian Theory, and it is a very simple system established by myself. It will encourage beginners to learn acupuncture practice.

A number of same words are used both in Oriental Medicine and in Occidental Medicine that have quite different meanings. For example, water in Occidental Medicine is H₂O, whereas in Oriental Medicine it is colorless fluid circulating in the body, like lymph fluid, extracellular fluid or intracellular fluid etc. To avoid confusion, words used in Oriental Medicine are written in capitals like WATER in this book.

The use of this book will be more efficient by following the orders given below.

[1st] To Comprehend Meridians and the Outline of Meridians' Routes

The present method is based on the Meridian Theory. So, it is very important to understand meridians and their routes. For this purpose, read Part 1 (OUTLINE OF ACUPUNCTURE) carefully with the following comments in mind.

- ① Go through briefly PART1, Chapter 1 §1 & §2 and Chapter 2, leaving §2 (p.5) and Chapter 3 (p.9~11).
- ② Read carefully PART I Chapter 4 §1 to 3 (Meridian and Acupuncture point, p.12~43). Chapter 4 may be one of the most incomprehensive part of this book. But, in this step, there is no need to make effort to remember details. It is enough to read the descriptions of individual meridian in the frame seeing meridian chart (or meridian doll, if possible) and to get overall idea of the meridian routes. There are some differences in the routes among different charts. But there is no need to mind minute differences of charts. In this step, the main purpose of Chapter 4 is to understand and to get rough idea about the meridians and points. Here, at least, the names of meridians such as "LUNG Meridian" etc. and the outline of their routes are to be remembered.
- ③ Go through descriptions PART1 Chapter 4 §4 [1] and [2] (p.44~46). Description [3] (names and locations of acupuncture points p.46~63) should be regarded as a telephone book. This part can be used not only for the affirmation of the location of points but also for the reconfirmation of the routes and local distribution & their flow direction. This troublesome work will be good help for understanding meridians and acupuncture points very much.

[2nd] To Understand Diagnosis for Acupuncture (Part2 Chapter 3 & 4, p.70~79)

Medical examination for acupuncture is quite different from that of Occidental Medicine. Here questioning and pulse diagnosis are the most important.

To understand the questioning, it is necessary to read PART2 Chapter 1 §3 (Questioning p.66) and PART4 Chapter 1 §3 (106~107) carefully.

In PART2 (Medical Examination for Acupuncture), Chapter 1 §1, 2, 4 (p.64~67) can be run over lightly. But much more effort must be given to read Chapter 2 (p.68 ~69) and Chapter3 and Chapter 4 (p.70~79).

For the pulse diagnosis, it is important to read the description of PART2 Chapter3 carefully. That is:

1. To remember the location of “Sunkou^(Jp.)” (or “Sun^(Jp.)” or Front Position), “Kanjou^(Jp.)” (or “Kan^(Jp.)” or Middle Position) and “Shakuchuu^(Jp.)” (or “Shaku^(Jp.)” or Rear Position).
2. To understand the pulse of “Fu^(Jp.)” (Float) and “Chin^(Jp.)” (Sink), and to practice the method of examination of “Fu” and “Chin”.
3. To master the relations between Sun/Kan/Shaku-&-Fu/Chin^(Jp.) and 12 Meridians.

Methods of pulse diagnosis are mentioned in PART2 Chapter3 (p70~74) in detail.

[3rd] To read through PART2 Chapter 4 (Meridian Selection), Chapter 5 (Point Selection) and Chapter 6 (Point Search) (p.75~85)

This part is very important only in practicing acupuncture therapy. So in the first step, there is no need to read this part too seriously. Read those again carefully when you start acupuncture therapy.

[4th] To Practice “Puncture with Fine Needle”

Before the start of practicing, it is necessary to read PART3 Chapter 1 §2 (Management of Filiform Needle (p.89~93) carefully.

1. It is recommended to start training on soft test bench.
2. Read PART3 §2 [3] and [4] (p.89~93) carefully, and practice puncture following to the directions given in [4] D (Training of Skin Cutting and Needle Penetration, p.93)
3. Before applying acupuncture on the patient, it is necessary to read again §2 (management of filiform needle, p.89~93) carefully, and understand the descriptions well.

[5th] To Understand the Method of Supplementation and Draining

For this purpose, it will be useful to read this book in following order.

- ① Read again PART2 Chapter2 (Deficiency-&-Excess and Supplementation -&-Draining p.68~69)
- ② Read again PART3 Chapter 2 §1 (Management of Needle and Supplementation -&-Draining, (97~98) and §2 (method of stimulation and Supplementation -&-Draining p.98~103) carefully.

③ Read carefully PART3 §2 [5] (Electro-acupuncture p.103), then read PART4 Chapter 2 §2 (Electro-acupuncture109~115), especially [2] (Instrument for Electric Stimulation111~115) carefully.

[6th] To Confirm Understanding about Meridians, Meridian Selection and Point Selection

It is useful to read again PART2 Chapter 4, 5, 6 (p.75~85) carefully for this purpose.

Thus the lecture of basic outline about the system of my method of acupuncture is completed. Read again Part 4 and Part5, and try to practice acupuncture referring to PART6.

It is important to pay enough attention to next 3 points.

1. Faultless disinfection is necessary not to cause infection.
2. When a needle is bent, change the needle immediately to avoid needle breakage.
3. Careful attention must be paid to avoid burn by moxa needle.

Except these three possible accidents, there is no risk in this method of acupuncture. The best way to become proficient in acupuncture is to practice. Ideal objects of acupuncture for beginners are pain, shoulder stiffness, pollinosis, dysmenorrhea and attack of bronchial asthma. They are easy to make a plan of treatment, and the effects appear quickly and clearly.

Some doctors may vaguely feel opposition to acupuncture. For such cases, it is recommended to begin with acupoint injection.

The world of acupuncture is multiple. This method is only a small part of acupuncture. Those who have enough experiences of acupuncture will feel incongruous with this description. But methods of acupuncture may be (or should be) essentially diverse, and any method is valuable as far as it is effective.

The easiest acupuncture

Probably, there are many doctors who want mainly (or only) to get prompt results of acupuncture, not expecting to be a specialist of acupuncture. For this purpose, there is an excellent and very easy method.

That is ACUPOINT INJECTION.

Acupuncture is a therapeutic method to insert needles to some points (acupoints) and to give some stimulation.

Theoretically any kind of needle and any kind of stimulation can be used as acupuncture. When the needle is switched from acupuncture needle to injection needle, and stimulation from electricity to injection, that is namely my method of acupoint injection. Acupoint injection involves more pain than usual acupuncture, and causes bruise more frequently. But it is much easier to practice than any method of acupuncture. It does not demand paying consideration to Deficiency-or-Excess of meridians nor exact hitting on acupoint. I believe that this is the easiest introduction to acupuncture.

For this purpose, please use this book as mentioned below:

1. Read “Acupoint Injection” (PART4 Chapter 3 §5, p.121 ~ 122) over and over until you understand well. (That may not be difficult for doctors.)
2. Use “Frequently Used Points and Their Location” (PART1 Chapter 4 [3] B p.46 ~ 63) and “Practice of Acupuncture” (PART6, p.134 ~ 219) as “telephone directory”. The direction of needle puncture is vertical to the skin.

The late Dr. MANAKA published an introduction book named “The Layman’s Guide to Acupuncture”. Acupoint injection may be also suitably called “The Layman’s Practical Acupuncture”.

Anyway, at your start of present purpose, there is no need to read other parts of this book **NOW**.

However, it is strongly recommended:

1. To confirm every time the location of aimed point by “Frequently Used Points and Their Location” (PART I Chapter 4 [3] B (p.48 ~ 63). Frequently used points are written in bold letters.
2. To habituate to stroke softly around the aimed point before injection. This habit will help you to get tactile sense of acupoint so much.
3. In PART 6 , there may be found many matters which you hardly understand. You had better not to avoid the troublesome work to seek their explanation in this book as far as you have time.

When you get skillful with this method with good effects, and yet you get interest in acupuncture, please read this book again. Thereby, it will be the best way to read in the next order. That is:

- ① “My Method of Meridian selection” (PART2 Chapter4 §1(p.75 ~ 79).
- ② “Methods of Point Search” (PART2 Chapter6 (p.83 ~ 85)

Then, you will gradually understand the meaning of my method. If you have still interest in acupuncture, please read this book again in the recommended order of “How to Use This Book”. It will lead you to a new world of acupuncture.

CONTENTS

	Page
HOW TO USE THIS BOOK	iii
The easiest acupuncture	v
EXPLANATORY NOTES	vii
CONTENTS	xii
PART 1 INTRODUCTION – OUTLINE OF ACUPUNCTURE –	(1)
Chapter 1 Principle and Characteristics of Acupuncture	(1)
§ 1 Principle of Acupuncture	1
§ 2 Merits and Demerits of Acupuncture	2
[1] Merits of Acupuncture	2
[2] Demerits of Acupuncture	3
Chapter 2 Indications and Methods of Acupuncture	(5)
§ 1 Indications of Acupuncture	5
§ 2 Methods of Acupuncture	5
[1] Principles of Acupuncture Therapy	6
[2] Methods of Stimulation	6
[3] Acupuncture without Acupuncture Needle	7
Chapter 3 Acupuncture Needles	(9)
§ 1 Filiform Needle(毫鍼 Goushin)	9
§ 2 Intradermal Needle (in Narrow Sense)	10
§ 3 Thumbtack Type Needle (En-pishin) (Thumbtack Needle)	11
Chapter 4 Meridian and Acupuncture Point	(12)
§ 1 Meridian & Acupuncture Point (Acupoint or Point)	12
§ 2 Flow of KI(QI) and Ketsu(BLOOD) in the Meridian	14
§ 3 Fourteen Meridians and Acupuncture Therapy	15
[1] LUNG Meridian(LU)	15
[2] LARGE INTESTINE Meridian (LI)	17
[3] STOMACH Meridian (ST)	18
[4] SPLEEN Meridian (SP)	20
[5] HEART Meridian (HT)	22
[6] SMALL INTESTINE Meridian	24
[7] BLADDER Meridian (BL)	25
[8] KIDNEY Meridian (KI)	28
[9] PERICARDIUM Meridian (PC)	31
[10] TRIPLE ENERGIZER Meridian (TE)	32
[11] GALLBLADDER Meridian (GB)	34
[12] LIVER Meridian (LR)	37
[13] GOVERNOR VESSEL (GV)	39

[14] CONCEPTION VESSEL (CV)	41
[15] Important Meridians That are not Described in Usual Charts	42
§ 4 Acupuncture Point (Acupoint)	44
[1] What is Acupuncture Point?	44
[2] Name of Points and Their Notation	45
[3] Frequently Used Points and Their Location	46
A. Bone Proportional Cun(abbreviation B-cun) (尺度法 Shakudohou)	46
B. Points of Each Meridian	47
1 Points of LUNG Meridian (LU)	48
2 Points of LARGE INTESTINE Meridian (LI)	49
3 Points of STOMACH Meridian (ST)	51
4 Points of SPLEEN Meridian (SP)	52
5 Points of HEART Meridian (HT)	53
6 Points of SMALL INTESTINE Meridian (SI)	54
7 Points of Bladder Meridian (BL)	55
8 Points of KIDNEY Meridian (KI)	56
9 Points of PERICARDIUM Meridian (PC)	58
10 Points of TRIPLE ENERGIZER Meridian (TE)	59
11 Points of GALLBLADDER Meridian (GB)	60
12 Points of LIVER Meridian (LR)	61
13 Points of GOVERNOR VESSEL (GV)	62
14 Points of CONCEPTION VESSEL	63
PART 2 MEDICAL EXAMINATION FOR ACUPUNCTURE	(64)
Chapter 1 Medical Examination of Oriental Medicine	(64)
§ 1 Diagnosis by Observation	65
§ 2 Diagnosis by Hearing & Smelling	65
§ 3 Diagnosis by Questioning	66
§ 4 Diagnosis by Palpation	66
[1] Palpation of Abdomen	66
[2] Palpation of Meridians	67
[3] Pulse Diagnosis	67
Chapter 2 Deficiency & Excess and Supplementation & Draining	(68)
Chapter 3 Pulse Diagnosis	(70)
§ 1 Method of Pulse Taking	72
[1] Condition of Patient	72
[2] Posture of Patient and Position of Examiner	72
§ 2 Method of Pulse Examination	72
§ 3 Judgment and Recording of Pulse	73
[1] Estimation of Pulse	73
[2] Recording of Pulse	73
Chapter 4 Meridian Selection	(75)

§ 1 My Method of Meridian Selection	75
§ 2 Meridian Selection According to the Location of Complaints	75
§ 3 Meridian Selection according to the Relation between ORGAN and Organ &/or Tissue	76
§ 4 Meridian Selection According to the Resemblance between ORGAN and organ in Different Name	77
§ 5 Meridian Selection according to FIVE ELEMENTS Theory	78
Chapter 5 Point Selection	(80)
§ 1 Strategy of Point Selection	80
§ 2 Points at Auricle	81
§ 3 HIRATA's Twelve Reaction Zone	81
Chapter 6 Methods of Point Search	(83)
§ 1 Bone Proportional CUN (B-CUN) (Shakudohou)	83
§ 2 Point Search by Electric Resistance of the Skin	83
§ 3 Point Search by Palpation or Inspection	84
§ 4 Point Search by Tenderness for Pressure or Puncture Pain	85
PART 3 MANAGEMENT OF NEEDLE AND STIMULATION & SUPPLEMENTATION-DRAINING	(86)
Chapter 1 Management of Needle	(86)
§ 1 Position and Posture by Acupuncture	86
[1] Position of the Patient	86
[2] Position of the Leg	86
[3] Position of the Arm	87
[4] Position of Practitioner	88
§ 2 Management of Filiform Needle	89
[1] Preliminary Massage	89
[2] Disinfection	89
[3] Skin Cutting and Needle Insertion	89
A. Needle Tube Method	89
B. Insertion without Needle Tube	91
[4] Penetrating Needle into the Skin	92
A. Direction of the Needle	92
B. Prevention of Contamination	93
C. Depth of Insertion	93
D. Training of Skin Cutting and Needle Insertion	93
§ 3 Getting KI (QI) ("Tokki" or "Hibiki")	94
§ 4 Management of Intradermal Needle	94
§ 5 Thumbtack Needle (En-pi-shin)	95
Chapter 2 Stimulation and Supplementation-&-Draining	(97)
§ 1 Management of Needle for Supplementation and Draining	97
[1] Type of Needle and Supplementation and Draining	97

[2] Procedure of Insertion & Removing and Supplementation and Draining	97
[3] Stimulation and Supplementation & Draining	98
§ 2 Method of Stimulation and Supplementation & Draining	98
[1] Retaining Needle Method	98
A. Retaining Needle	98
B. Intradermal Needle	99
C. Thumbtack Needle (Drawing Pin Shaped Needle)s	99
[2] Moxa Needle	99
[3] Manipulation	99
Burning Mountain Method	100
Penetrating Heaven Cooling Method	101
[4] Bloodletting	102
Bloodletting at WELL POINT	102
[5] Electro-acupuncture	102
[6] Acupoint Injection	103
§ 3 Frequency of Acupuncture Therapy and Attention after Treatment	103
[1] Frequency of Acupuncture Therapy	103
[2] Attention after Acupuncture Treatment	104
PART 4 MY METHOD OF ACUPUNCTURE	(105)
Chapter 1 Medical Examination for Acupuncture	(106)
§ 1 Inspection	106
§ 2 Auscultation & Olfaction	106
§ 3 Questioning	106
§ 4 Palpation	107
§ 5 Meridian Selection	107
§ 6 Point Selection and Point Taking	108
Chapter 2 Treatment with Filiform Needle (Body Acupuncture)	(109)
§ 1 Needle Insertion	109
§ 2 Electro-acupuncture (Electric Acupuncture)	109
[1] Principled	109
A. Supplementation & Draining with Electro-acupuncture	109
B. Balance of Stimulation	110
[2] Instruments for Electric Stimulation	111
A. Structure and Merits of "Tokki"	111
B. How to Operate "Tokki"	112
C. Troubles of the Stimulator "Tokki"	114
§ 3 Other Treatment with Filiform Needle (Body Acupuncture)	115
[1] Retaining Needle and Manipulation	115
[2] Moxa Needle	115
Chapter 3 Other Acupuncture Therapies	(119)
§ 1 Intradermal Needle & Thumbtack Needle	119

§ 2 Auricular Acupuncture	119
§ 3 Eyelid Acupuncture	120
§ 4 SSP	121
§ 5 Acupoint Injection	121
§ 6 Finger Pressure to Acupuncture Points	123
§ 7 Pasting Silver Grain or Magnetic Grain	123
Chapter 4 Appearance and Course of Effects	124
PART 5 COMPLICATIONS, SIDE EFFECTS & CASES OUT OF ACUPUNCTURE	(126)
Chapter 1 Complications and Side Effects of Acupuncture	(126)
§ 1 Leaving Needle	126
§ 2 Bleeding	126
§ 3 Needle Breakage	127
§ 4 Infection	127
[1] Contamination due to Imperfect Disinfection of the Skin	128
A. Dirty Skin	128
B. Unsuitable Disinfectants	128
C. Contaminated Disinfectants	128
[2] Contamination by Contaminated Needle Body	129
A. Contamination by Imperfect Disinfection of Needle	129
B. Contamination due to Improper Use of Needle	129
§ 5 Side Effects of Acupuncture	130
Chapter 2 Diseases out of Indication & Contraindications of Acupuncture	(131)
§ 1 Diseases out of Indication of Acupuncture	131
§ 2 Cases out of Indication of Electro-acupuncture	132
§ 3 Contraindication of Intradermal acupuncture & Thumbtack Needle	132
§ 4 Contraindication of Acupuncture	133
PART 6 PRACTICE OF ACUPUNCTURE	(134)
Chapter 1 Pain (Including Stiffness & Numbness)	(134)
§ 1 General Rule	134
§ 2 Head (Except Face)	135
[1] Around the Center Line	136
[2] Outer Side of the Centre Line to Parietal Region	136
[3] Temporal- & Retro-auricular Region, Temple & Lateral Neck	137
[4] Forehead and Lateral Part of the Forehead	137
[5] Pain at Broad Area or Obscure Region	137
§ 3 Face and Mouth	138
[1] Eye	139
[2] Toothache	140
[3] Oral Cavity and/or Tongue	141
[4] Throat	141
[5] Face	142

1) Lower Jaw	142
2) Upper Jaw & Zygomatic Region	143
3) Around the Nose	144
4) Forehead	145
§ 4 Neck	146
[1] Back of the Neck	146
[2] Anterior &/or Lateral Part of the Neck	147
§ 5 Shoulder & Shoulder Joint	148
[1] "Shoulder"	148
[2] Around the Shoulder Joint	149
§ 6 Arm & Hand	151
[1] General Rule	151
[2] Elbow Joint	152
[3] Hand Joint & Fingers	152
§ 7 Anterior- & Lateral Chest	152
§ 8 Abdominal Pain	154
[1] Epigastrium (So Called "Stomachache")	155
[2] Hypochondrium	155
[3] Pain around Navel	155
[4] Lower Abdomen	155
[5] Inguinal Region	155
§ 9 Back & Lumbar Pain	156
§ 10 Sacral Region and around Gluteal Region	158
§ 11 Genital Area and around Anus	158
§ 12 Lower Extremity	160
[1] Pain of the Leg	160
1) Dorsal Side of the Leg	161
2) Inner Side of the Leg	161
3) Lateral Side of the Leg	161
4) When the Localization of Pain is Too Wide or Indistinct	161
[2] Pain in the Hip Joint	161
[3] Pain in the Knee Joint	162
[4] Pain of the Foot	163
§ 13 Pain of Malignant Tumor	163
Chapter 2 Acupuncture in Surgery, Orthopedics & Anesthesiology	(165)
§ 1 Acupuncture Related to Operation	165
[1] Acupuncture as Premedication	165
[2] Acupuncture for Postoperative Pain	165
[3] Acupuncture for Postoperative Paresis of Intestine	165
[4] Acupuncture Anesthesia	166
§ 2 Acupuncture Therapy for Fresh Injury	167

[1] General Fresh Injury (Wound, Fracture etc.)	167
[2] Compression Fracture of Vertebra	167
§ 3 Refractory Fistula	168
§ 4 Whiplash Syndrome	168
[1] Method of Treatment	168
[2] Effect and Process of Acupuncture Therapy	170
[3] Acupoint Injection for Whiplash Syndrome	171
§ 5 Cervicobrachial Syndrome & Thoracic Outlet Syndrome	171
§ 6 Lumber & Back Pain	171
§ 7 Spinal Canal Stenosis	172
§ 8 Acupuncture Therapy for Articular Pain	172
Chapter 3 Diseases of Nervous System	(174)
§ 1 Central Nervous System	174
§ 2 Neuralgia	174
[1] Trigeminal Neuralgia and Diseases with Similar Symptom	174
[2] Intercostal Neuralgia	176
[3] Sciatica	176
[4] Post-herpetic Neuralgia (PHN)	176
[5] Diabetic Neuralgia	179
§ 3 Motor Paralysis	179
[1] Facial Nerve Paralysis	179
[2] Recurrent Nerve Paralysis	181
[3] Motor Paralysis of Extremities (According to Mr. AOYAGI's oral teaching) ..	182
[4] Myasthenia Gravis	183
Chapter 4 Acupuncture in Psychiatric Area	(184)
§ 1 Depressive State	184
§ 2 Somatoform Disorder	184
Chapter 5 Diseases of Digestive Organ & Metabolic Diseases	(185)
§ 1 Nausea and Vomiting	185
§ 2 Hiccup	185
§ 3 Dehydrated Feeling of the Mouth	186
§ 4 Constipation	186
§ 5 Obesity	187
[1] Method of Treatment	187
[2] Meal during Treatment	188
[3] Process of the Effect	188
[4] Attention by This Treatment	188
Chapter 6 Diseases of Respiratory Organs	(190)
§ 1 Bronchial Asthma	190
§ 2 Diseases with Asthma-like Symptom	191
Chapter 7 Acupuncture in Gynecology	(192)

§ 1 Dysmenorrhea	192
§ 2 Menopausal Disorder	193
§ 3 Emesis (Morning Sickness)	193
§ 4 Painless Delivery	194
Chapter 8 Acupuncture in Dermatology	(195)
§ 1 General Rule for Acupuncture for Dermal Disease	195
§ 2 Urticaria	196
§ 3 Erosion around Artificial Anus	196
§ 4 Fresh Herpes Zoster	197
[1] Method of treatment	197
[2] Meridian & Point Selection	197
[3] Effect of Acupuncture and the Course	198
[4] Frequency and Length of Treatment	199
§ 5 Atopic Dermatitis	199
§ 6 Palmoplantar Pustulosis	199
Chapter 9 Acupuncture for Complaints of Ear, Nose and Throat	(200)
§ 1 Acupuncture for Disorder of the Ear	200
[1] Meridians and Points Related to Ear	200
[2] Pain of the Ear	201
[3] Tinnitus, Dizziness, Hearing Loss	201
A. Hearing Loss	201
B. Tinnitus	202
C. Dizziness	203
[4] Symptoms of the Nose	203
[5] Pollinosis	204
[6] Complaints of Pharyngo-Laryngeal Region	204
Chapter 10 Acupuncture in Ophthalmology	(206)
§ 1 General Rule	206
§ 2 Pain of the Eye	207
§ 3 Diplopia	207
§ 4 Ocular Hypertension	207
Chapter 11 Acupuncture for Urinary Organ and Impotence	(208)
§ 1 Dysuria	208
§ 2 Urolithiasis	208
§ 3 Impotence	208
§ 4 IgA Nephropathy	208
Chapter 12 Allergic or Autoimmune Disorders	(209)
§ 1 General Rule	209
§ 2 Bronchial Asthma	210
§ 3 Pollinosis (Allergic Rhinitis and Conjunctivitis)	210
§ 4 Chronic Urticaria	212

§ 5 Atopic Dermatitis	213
§ 6 Palmoplantar Pustulosis	213
§ 7 IgA Nephropathy	214
§ 8 Myasthenia Gravis	216
§ 9 Sjögren's Syndrome	217
§ 10 Fibromyalgia	218
§ 11 Alopecia Areata	218
INDEX	220

PART 1

INTRODUCTION

— OUTLINE OF ACUPUNCTURE —

Chapter 1 Principle and Characteristics of Acupuncture

§ 1 Principle of Acupuncture

Acupuncture is a therapeutic method by which needles are inserted into certain points of the skin to give suitable stimulation through the needles. Some of its mechanism of effect is clearly explained by the Occidental methods as “Gate Control Theory” or “Endorphin Theory” etc. But various effects of acupuncture are not elucidated by these theories yet.

On the other hand, there are classic principles of acupuncture. From the viewpoint of Occidental Medicine, they may appear absurd because of lack of any evidence. But by the acupuncture therapy, on the assumption that these principles are true, extremely excellent effects, often better than Occidental Medicine, are obtained. I would like to admit the classic theories free from bias.

The principles are as described below:

1. There are “Meridians” in the body, and “KI^(Jp.) (QI^(Ch))” and “BLOOD” flow through Meridians.

KI(QI) is something having its function but no shape. “BLOOD” flows through body (meridians) like blood, but it is not same as “Occidental concept of blood”).

2. When the flow of KI(QI) & BLOOD become unfavorable, the body becomes ill.
3. By insertion of needle to certain points to give some stimulation, the flow of KI(QI) & BLOOD can be affected.
4. Ill body can be cured by stimulating some points with needle, which normalizes the flow of KI(QI) & BLOOD.
5. There are two types of disorder in the flow of KI(QI) & BLOOD, namely Deficiency (lack of correct KI(QI)) and Excess (meridians are full of pathogen KI(QI)).
6. Methods of therapy is as follows:

Supplementation for Deficiency: To supply correct KI(QI)

Draining for Excess: To remove pathogen KI(QI)

Those who are educated by Occidental Medicine may feel puzzled with the terms and theories of acupuncture. But, at this stage, please accept the concept of predecessors humbly.

§ 2 Merits and Demerits of Acupuncture

[1] Merits of Acupuncture

The following merits of acupuncture are known.

1) Acupuncture is Simple and Easy to Perform, Less Invasive, and Quite Effective.

Acupuncture therapy can be practiced with a few needles and small dose of disinfectant. Large instrument for sterilization of the utensils is not necessary, and by using disposable needles, the instrument for sterilization of the waste is not necessary. Large space is not needed for treatment of one patient because necessary instruments are not large. The only necessary special equipment is ventilator for moxibustion. For electro-acupuncture, a special instrument is necessary. But it is not so big, and not so expensive. Everything needed to acupuncture is smaller in size and in expenditure. This is a marked merit of acupuncture therapy.

The pain due to needling puncture is unavoidable. Acupuncture needles, however, are so fine, that the pain is much less than that due to usual injection. Except willful children or those who have excessive reflex like patients with cerebral disorders, there is no problems to practice acupuncture therapy.

2) Effects Appear Promptly

Usually the effects come to light after one or two treatment, excepting for a few cases such as motor paralysis or post-herpetic neuralgia and the like. The quick showing of the effect will encourage patient to continue treatment.

3) Effective Therapy is Possible without Definite Diagnosis

In Occidental Medicine, radical treatment without definite diagnosis is impossible. And there are some diseases that have no treatment method available even though the name of disease is identified. In Oriental Medicine, the treatment is performed according to the patient's "Shou^(Jp.)" (symptom complex in the meaning of Oriental Medicine). Thus, treatment can be performed as if the name of the disease is not identified. Or rather, strategy of treatment is different from the diagnosis of the disease in the meaning of Occidental Medicine.

This fact does not mean "Treatment of Oriental medicine is only symptomatic therapy". For example, for many kinds of cold or influenza, Kampo^(Jp.) treatment under correct Oriental diagnosis produces more delicate and better effect than Occidental Medicine.

In Occidental Medicine, treatment of pain must be performed under strictly correct diagnosis. Treatment of pain without diagnosis of disease is only a symptomatic therapy. Thereby diagnosis as well as treatment is often very difficult. On the other hand, acupuncture therapy is performed according to the "Shou^(Jp.)" of the patient. For the patient with same "Shou", same treatment is given independent of the Occidental diagnosis. If the patient's "Shou" is different, different treatment is given each, even if the Occidental diagnosis is same. Effects are often superior to Occidental Medicine.

Of course, diagnosis of “Shou^(Jp.)” is always necessary, and it demands some training. But it is much easier and less expensive than Occidental training

This merit contains a kind of risk. What needs to be paid attention is that acupuncture is very effective. Especially, acupuncture for pain sedation, most of pain is sedated (often it vanishes). Then, the patient sometimes misunderstands that the disease has cured.

Because of the excellent effect of acupuncture, there is another problem that patient's important symptoms can be buried, and it can mislead diagnosis. By acupuncture therapy, we must never be content with the effect of acupuncture, but we must make effort for definite diagnosis in the meaning of Occidental Medicine.

4) Broad Range of Indications

Pain or stiffness is good target for acupuncture. But there are plenty of other diseases and symptoms which can be cured more easily by acupuncture therapy, sometimes more efficiently than Occidental Medicine.

5) Less Side Effects and Complications

Kampo medicine (Japanese herbal medicine) has less side effects than Occidental medicine. Acupuncture has much less side effects than Kampo medicine. Unavoidable pain by needling and fatigue due to too strong stimulation or bathing after acupuncture or overwork on the next day of the treatment may trigger rather unique minor side effect.

The complication that most frequently appears is subcutaneous bleeding. Complete prevention of this “complication” is almost impossible. But it is rather unusual, and it surely disappears at most in a few weeks. In my method, treatment region is mainly peripheral parts of extremities. So, this complication seldom causes cosmetic problem.

Other possible complications such as infection, pneumothorax, needle breakage or burn by moxa needle etc. are almost completely evadable by normal attention.

[2] Demerits of Acupuncture

There are, however, some demerits of acupuncture as described below.

1) Training is necessary

Training is indispensable in all the fields of medical practice. But acupuncture is a field out of the Occidental Medicine. So, for ordinary medical doctors or dentists this training may be a big barrier.

2) Effects vary markedly according to the ability of the practitioner

It is quite reasonable to say that the effect of therapy by an unskilled practitioner is not good. But the fact that “Unskilled practitioner hardly gives good effects” seems much more evident by acupuncture than the result of surgical operation even for early stage gastric cancer by unskilled surgeon.

3) Risk of delaying or misleading diagnosis

Effects of acupuncture are often quite excellent at removing pains or other complaints of patients, so that the patient miscomprehend to the degree that the causative disease is completely cured by acupuncture. And the patient sometimes discontinues necessary therapy. “Excellent effects” can hide important symptoms, and correct diagnosis can be delayed or misled by excellent effect of acupuncture.

4) Adverse reaction to needle puncture

Pain of needle insertion is inevitable though it is usually much lighter than the usual injection pain. There are some methods of painless acupuncture. But some patients feel “needle puncture” just like surgical operation. In such a case, just give the patient finger pressure to the relevant acupuncture point, which is fairly painful. Then tell the patient that acupuncture is less painful than the finger pressure, which often persuade patients successfully

5) Low economic efficiency

Usually practicing acupuncture therapy takes time. To treat many patients, a spacious room is necessary. When doctors or dentists practice acupuncture by themselves, these factors may be the greatest barrier.

Chapter 4 Meridian and Acupuncture Point

§ 1 Meridian & Acupuncture Point (Acupoint or Point)

On the human body surface, there are many particular points connected with ORGANS. These points are called “Tsubo^(jp.)” or Acupuncture Point or Point or Acupoint. There are points, resembling each other to form a group. Connecting those points of similar character, some line, like a meridian, is observed on the surface of the body. By needle insertion or stimulation, occasionally some unusual sensation appears. When some medicine is injected at a point, sometimes the patient feels as if something flows along the meridian. This kind of sensation is called “Meridian Phenomenon”. The concept of “Meridian” may originate in such experiences.

According to the classic literatures, there are some groups of meridians in the body, through which KI^(jp.)(QI^(ch.)) and Ketsu^(jp.) (BLOOD) flow. When their flow is smooth, the body is healthy, whereas when it becomes irregular, the body gets ill.

Someone said that there was a person who could see meridians on the surface of the body. However, nobody could prove the presence of meridians on solid scientific evidences.

Any acupuncture practitioners scarcely neglect the acupuncture points. Yet there are acupuncturists who doubt the existence of meridians, and they practice acupuncture ignoring meridians.

Among those who believe the existence of meridians, their opinions are various. Someone says that the meridian may be the blood vessel, others say that it may be the lymph duct. The manner of spreading of meridian phenomenon or its spreading speed suggest me that the meridian is a kind of pathway of very fine non-myelinated nerve fiber. Anyway, none of those stories have sufficient scientific evidence. It is, however, undoubted fact that acupuncture therapy under the classic meridian theory produces excellent effects, sometimes much better than Occidental Medicine. It may be the best way to accept the classic theory as it is.

Many textbooks on acupuncture say that “The meridian connects with some ORGAN”. “Connect with something” may be analogous to the meaning of the term of “control of the nerve” by anatomy in Occidental Medicine. That is, “to distribute to some organ and to influence on the function of the organ”. ORGAN is not the same as the anatomical organ. They can be completely different. In Chinese books, pathways of meridians are represented like “general chart” and distribute to the anatomical organs of the same name of ORGANS. It sounds unreasonable to me, though the idea that “meridians exists not only on the surface of the body but also in the deep part of the body” can be agreed. Indeed, the real meridians may exist in the deep part of the body, and the meridians of body surface may be just their projection.

Even very shallow acupuncture is almost always effective. Injection to acupuncture point creates a sensation of flow along the correspondent meridian. From these facts, functional activity of points of body surface is evident. But “getting KI^(jp.)(QI^(ch.))”(explained later) is felt better rather by deeper insertion. This

fact may suggest that the real meridians are situated not on the body surface but deep in the body, and the points of the body surface may be the connecting points with the corresponding meridians.

The relation between the ORGAN and the acupuncture point is: according to the late Dr. MANAKA, similar to the relation between a country and its embassy or consulate. It is a quite excellent metaphor.

Meridians (and collaterals) are composed of 12 pairs of main meridians and 8 extra meridians. (There are other analogous pathways called “muscle meridian” or “divergent meridian”. But as I have no chance to use them, these meridians are not described in this book.)

Main meridians are where “K^(Jp.)I(QI^(Ch.)) and Ketsu^(Jp.)(BLOOD) flow through like water flows though the river, whereas extra meridians play a role of flood retarding basin or marsh or lake to support the smooth flow of the river. Among the extra meridians, GOVERNOR VESSEL (GV) and CONCEPTION VESSEL (CV) have their own acupuncture points, and they are regarded to be specifically important. Accordingly, 12 pairs of main meridians, together with these two important extra meridians, are called “Fourteen Meridians”.

In my practice, extra meridians are not so frequently used except GOVERNOR VESSEL (GV) and CONCEPTION VESSEL (CV), although many acupuncturists use those extra meridians as important acupuncture points. It may be better to use those extra meridians as well. But it is also true that without the use of those extra meridians, excellent effects are obtained in wide range.

Each meridian has its own name. Meridians are called by the name of IN^(Jp.)(YIN^(Ch.)) or YO-U^(Jp.)(YANG^(Ch.)) ORGAN which corresponds to the meridian. Each meridian has its character of IN (YIN) or YO-U (YANG). Meridian which has name of IN (YIN) ORGAN is IN(YIN) meridian, and meridian which has name of YO-U (YANG) ORGAN is YO-U (YANG) meridian. YO-U(YANG) meridians (except STOMACH Meridian) pass through the area on which the sun shines, namely the back side of the trunk, the extensor side of upper extremities and back-and-out side of the lower extremities, whereas IN(YIN)



Fig.5 Concept of IN(YIN) and YO-U(YANG)

meridians pass through shadow part, namely the abdominal side of the trunk, the flexor side of the upper extremities and the inner side of the lower extremities (Fig.5).

The character “IN(YIN)” and “YO-U(YANG)” of meridians is very important by acupuncture treatment (it will be mentioned later).

ORGAN and organ is, as if the name is the same, hardly considered to be equal because their function is often extremely different like SPLEEN and spleen.

However, the name of the meridians is convenient to estimate the character $IN^{(Jp.)}$ or $YO-U^{(Jp.)}$ of the meridian. Meridians (also ORGANS) which have the name of parenchymatous organs (except PERICARDIUM and HEART) are $IN(YIN)$ meridians or ORGANS, and that of hollow organs are $YO-U(YANG)$ meridians or ORGANS.

§ 2 Flow of $KI^{(Jp.)}$ ($QI^{(Ch.)}$) and Ketsu^(Jp.) (BLOOD) in the Meridian

The meridian is considered to start as LUNG Meridian which rises from “Chuushou^(Jp.)” (MIDDLE ENERGIZER), located near CV₁₂, which is situated at the middle of xiphoid process and the navel. LUNG Meridian starts from Chuushou^(Jp.) and, via LARGE INTESTINE → entrance of STOMACH → diaphragm → LUNG → front of the shoulder joint → radial side of the upper extremity → the end of the thumb, and links with LARGE INTESTINE Meridian. LARGE INTESTINE Meridian links with STOMACH meridian, and then the meridian’s flow with the following order: →SPLEEN Meridian, → HEART Meridian → SMALL INTESTINE Meridian → BLADDER Meridian → KIDNEY Meridian → PERICARDIUM Meridian → TRIPLE ENERGIZER Meridian → GALLBLADDER Meridian → LIVER Meridian. After that, it goes back to LUNG Meridian. $KI^{(Jp.)}QI^{(Ch.)}$ and BLOOD are considered to circulate in this order through meridian. Direction of this flow is very important for the acupuncture treatment. Putting it simply, the direction of flow of $IN^{(Jp.)}(YIN^{(Ch.)})$ meridians is upward and that of $YO-U^{(Jp.)}(YANG^{(Ch.)})$ meridian downward. It is very simple. But beginners often misunderstand the flow in the upper extremity. “Up” or “down” is meant by holding-up style (Fig.6).

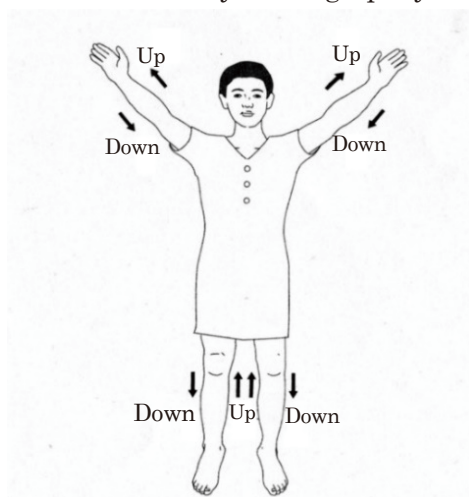


Fig.6 Direction of Flow “IN up, YO-U down”

The direction of extra meridians is not clear. The direction of GOVERNOR VESSEL and CONCEPTION VESSEL, the routes of which are vertical, is obscure even in classic literature. Under the hypothesis that “the function of extra meridians is like marsh or lake”, it may be rather reasonable that the direction of flow in extra meridians is not defined.

§ 3 Fourteen Meridians and Acupuncture Therapy

In many classic books, including Reisuu^(jp.) (靈枢), detailed description of meridians are given (Hereafter, the meridians of this sort are referred to “classic meridian”). Routes of classic meridians are different from those in general meridian charts (Fig.1). The difference between classic literatures and general charts are as shown below.

- 1) In the general charts, the routes in the deep part of the body are not shown.
- 2) The meridians in the classic literatures have branches. In the general charts, only STOMACH(ST) Meridian and BLADDER(BL) Meridian have branches and others do not. Moreover, in some meridians of the general charts, some parts (sometimes whole !) of the chief meridians are omitted.
- 3) Some routes of classic literature extend further beyond the end of the meridian of the general charts.
- 4) Routes of meridians of classic literature and those of the general charts are not always the same.

Some of classic meridians have highly complicated routes. The beginners, for example, may not comprehend the classic routes of GALLBLADDER Meridia at one glance.

Many cases can be treated according to the general chart with excellent effects. In many cases, however, better effects are obtained by the treatment following the classic literature. Therefore, in this book, routes of both of general chart and classic literature are given. The relation to acupuncture therapy are explained in detail.

[1] LUNG Meridian (LU)

Outline of the Meridian

LUNG Meridian (LU) starts at the upper abdominal area, and via LARGE INTESTINE → entrance of STOMACH → diaphragm → LUNG → front of the shoulder joint → radial side of the upper extremity. From here it arrives at the end of the thumb where it connects with LARGE INTESTINE Meridian.

Details of the Routes

LUNG Meridian starts at Chuushou^(jp.) (MIDDLE ENERGIZER), which is at the middle of the area between xiphoid process and navel. It goes down to LARGE INTESTINE (LI), turns back to the entrance of STOMACH, passes through the diaphragm and belongs to LUNG, then it comes out in front of the shoulder joint. From here, it goes along the radial side of the flexor side of upper extremity, and reaches the end of the thumb. One branch separates at LU₇, which goes to the end of the index finger, connecting with LARGE INTESTINE Meridian there.

In the general charts, only the route from LU₁ to the end of the thumb is shown.

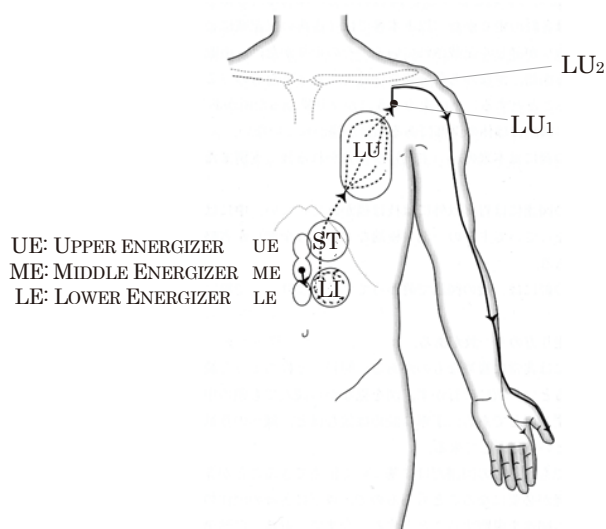


Fig.7 LUNG Meridian (LU)

LUNG Meridian and Acupuncture Therapy

Points of LUNG Meridian are used for the following cases with good effects.

1) Treatment of the complaints of shoulder joint

Many patients suffering from shoulder pain have complaints at the front of the shoulder joint where LUNG Meridian passes. Most cases need treatment of LUNG Meridian.

2) Treatment of complaints of the lung

LUNG Meridian belongs to LUNG. The word “belong to” is used in the same meaning of “connect with”. LUNG and anatomical lung are not exactly the same, though the function of LUNG is partially similar to that of lung. Treatment of the points of LUNG Meridian is usually effective for cough, asthma or dyspnea and the like.

3) Treatment of constipation or diarrhea

LUNG Meridian belongs to LARGE INTESTINE. For the treatment of constipation or diarrhea, points of LARGE INTESTINE Meridian (LI) are usually used. But the treatment on the points of LUNG Meridian is sometimes effective.

4) Treatment of dermal diseases

“Skin and hair belong to LUNG” is a unique concept of Oriental Medicine. Actually, treatment of LUNG Meridian is often surprisingly effective for the dermal diseases such as itching, urticaria, atopic dermatitis or palmoplantar pustulosis and the like.

[8] KIDNEY Meridian (KI)

Outline of the Meridian

KIDNEY Meridian starts from under the little toe, and goes via center of the sole of foot, the medial side of the heel, and the medial side of the leg to coccygeal region. Then changing the course to abdominal side of the body, it goes up parallel to the centerline of the anterior body to pass through the bronchus, the throat, and then finally reaches the route of the tongue.

Details of the routes

KIDNEY Meridian starts from under the little toe, and going through the center of the sole, under the scaphoid bone, the medial side of the heel, the medial side of the leg (at SP₆ it connects with SPLEEN Meridian and LIVER Meridian), arrives at coccygeal region where it connects with GOVERNOR VESSEL (GV). Then the meridian changes the course to abdominal side, to appear at the upper edge of the pubic bone (KI₁₁). Thereafter it goes up in parallel to the ventral center line of the body (width of one or half a thumb apart from the centerline of the body). The meridian connects with KIDNEY at the height of the navel, then goes down and connects with BLADDER. The other meridian passes LIVER and diaphragm, goes up to LUNG, and arrives at the root of the tongue (end of CONCEPTION VESSEL) via the bronchus and throat. A branch divides from LUNG, which connects with HEART and flows into the chest.

Marked differences are seen in the pathway and points of KIDNEY Meridian between different literatures, especially in the route between KI₂ and KI₇.

In general charts, the pathway is shown: KI₂ → KI₃ → KI₄ → KI₅ → KI₆ → KI₇, drawing a loop. There are another type of the route which does not make loop-shaped pathway (SAWADA's chart or Ruikai-zuyoku^(Jp.) 類経図翼 (Illustrated Appendices to the Categories). According to my experience of acupoint injection, the route of general charts seems more reasonable. In PART1 Chapter 4 § 3 of this book, both, general charts and SAWADA's chart, are given. As regards the pathway of this meridian and location of points, there are many different opinions. This may be due to individual difference of human body. But I cannot abandon the idea that the shape of KIDNEY Meridian is not linear but band shaped in this area.

General charts are different from classic chart as described below.

In general charts:

- 1) The meridian starts from the center of the sole.
- 2) The chief meridian ends at around the medial end of the clavicle, and the route to the throat and the tongue is absent.
- 3) The route that connects with KIDNEY and BLADDER is absent.
- 4) A branch starting from LUNG, going to HEART, and flows into the chest is absent.

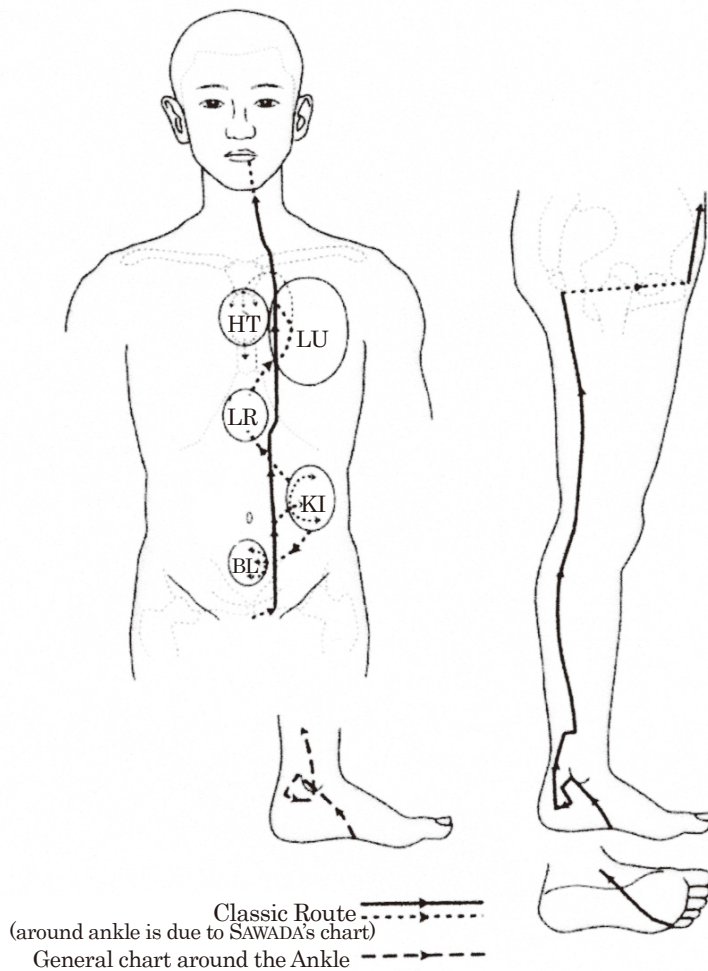


Fig.14 KIDNEY Meridian

KIDNEY Meridian and Acupuncture Therapy

In my practice, the most basic principle of meridian selection is to select meridians that pass the place of complaints. KIDNEY Meridian is often selected on the different principles.

Points of KIDNEY Meridian are used in the following cases.

- 1) Treatment of the complaints at the medial and back side of leg and the complaints at the abdomen or the anterior chest
- 2) Treatment of pain around anus

CV₂₀ is mostly used for the anal pain treatment. However, as the anal region is near to the coccygeal bone, the points of KIDNEY Meridian are often tried for anal pain with fairly good effect.

3) Treatment of bronchial asthma

Many patients with asthmatic attack suffer from strong discomfort at sternal region &/or throat where KIDNEY Meridian passes. According to the classic literatures, KIDNEY Meridian enters into LUNG. Furthermore, Oriental Medicine regards asthma as the disorder of WATER. KIDNEY is the ORGAN that controls WATER. Thus the treatment of KIDNEY Meridian for bronchial asthma may be quite reasonable. Actually, it always gives excellent effects.

Relation among KIDNEY and immunity and allergy will be explained later.

4) Treatment of pain or abnormal sensation of the throat**5) Treatment of hoarseness****6) Treatment of dysphagia**

4)~6) is based on the classic literatures which says that KIDNEY Meridian passes through throat and arrives at the root of the tongue. Sometimes auricular acupuncture is also performed along with body acupuncture.

7) Treatment of the urogenital organs

According to the classic literatures, this meridian connects with KIDNEY and BLADDER. The points on KIDNEY Meridian are used for the treatment of pain or urinal disorders due to diseases of prostate, cystitis or dysmenorrhea. They are often used along with SPLEEN Meridian &/or LIVER Meridian.

8) Treatment of tinnitus or vertigo

Classic literature says “KIDNEY controls the Ear.”, and that these symptoms are due to disorder of WATER. Following based on this concept, points of KIDNEY Meridian are used even though this meridian does not pass the ear. Often this meridian is used along with other meridians &/or auricular acupuncture.

9) Treatment of disorders of the bone

Classic literature says “KIDNEY controls bone”. Accordingly, points of KIDNEY Meridian are used for the treatment of disorders related to the bone disease in my practice.

10) Treatment of allergic disease (This will be mentioned in PART6 §12).

I do not believe that KIDNEY and kidney are the same. According to the description of classic literatures, function of KIDNEY is almost the same as that of the system of hypothalamus-adrenal body-gonads, especially adrenal body. In that sense, in my practice, the points on KIDNEY Meridian are always used for allergic diseases or autoimmune disease for which steroid hormones are used, and excellent effects are always obtained. The effect for bronchial asthma may contain this factor. For the disorders of the joint, the points on KIDNEY Meridian are used in the same reason.

§ 4 Acupuncture Point (Acupoint)

[1] What is Acupuncture Point?

“Toothache suddenly reduced by applying finger pressure at a point between the thumb and the index finger!”

That kind of experiences may not be rare. Like this case, there are points that cause some reaction in the body by some stimulation. Such points are called “acupuncture point” or “acupoint” or simply “point” (in Japanese “Tsubo”). Each point is well known to have close relation with certain part of the body. By connecting points with similar character, a line is drawn on the surface of the skin. The concept “meridian” must be formed by the insight into such phenomena. Certainly, acupuncture points are not only the window of organs but also the window of meridians.

Strategy of point selection for treatment is quite different by each school, and by each practitioner. If a beginner wants to investigate a point for some disease, the more he read books, the more he will be confused.

There are many hypotheses about the structure of the point, but theory about it has not been established yet. There is no doubt that acupuncture points actually exist. Points may have some construction. But I have some doubt if acupuncture point would have definite structure, because point seems to move.

In ancient China, there was “Copper-man (Fig.22)”. It is a doll made of copper punched small pits at the acupuncture points. It was used by qualifying examination of acupuncturist, being covered with wax and filled with water inside. That must be on the promise that acupuncture points are immobile.

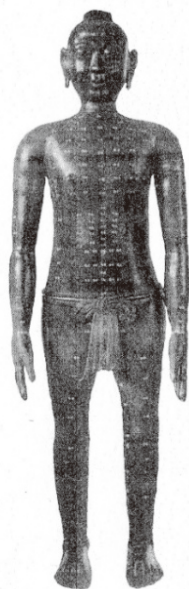


Fig.22 Copper-man

(Photographed by the author at Palace Museum in Beijing)

On the other hand, there is Japanese saying “Sanri sara hitotsu”. “Sanri” is ST₃₆, “sara” is dish (here it means patella) “hitotsu” is one. Namely, this phrase means that the location of Leg-SanriST₃₆ is not definite but it is situated (or moves) in the range of size of patella. There is a difference of opinion if the position of points is fixed or not. But many professional acupuncturists actually feel that position of acupuncture points is not fixed but varies subtly by person to person, every other time. Someone says that “point of fishing” is not only different for each fish, but not the same according to weather or condition of tide, even for the same fish. Assuming that acupuncture point has both morphological and functional aspects, this phenomenon may be easily understood.

It is said that international agreement of the position of acupuncture point is groped under the leadership of WHO. But, as it will be mentioned later, there is individual difference in the position of acupuncture points, and even in the same person, the position is not always constant. Therefore, it may become irrelevant when the position of points are rigidly followed to the description of textbook. The position of points in meridian chart is better to be regarded as rough standard.

Meridians (and acupuncture points) have connection with ORGANS? or organs? ORGANS of Oriental Medicine and organ of Occidental Medicine are evidently not the same. But acupuncture influences both ORGAN and organ. So, it may be better to take this phenomenon that meridians (and acupuncture points) are connected with both morphological organs and functional ORGANS.

[2] Name of Points and Their Notation (c.f. p ix)

In a classic literature of about 2000years ago, 138 names of points are described. After various transitions, about 1000 years ago, present 361 names are established⁹⁾

As acupuncture therapy extends out of Chinese letter area, translated naming appeared in each region, and same point became to bear various names. The People's Republic China proposed to unify the name into modern Chinese name. But no matter who thinks over, it is quite unreasonable. First of all, Chinese Roman transcription (Ping-in), as well as pronunciation and accent, is extremely difficult. Probably nobody, except Chinese, can read “Hegu (合谷)” as “huukuuu”, and this pronunciation is also completely different from Chinese itself.

WHO made plan to enact universal name of acupuncture points. Tentative plan was agreed, for the moment, in 1982 at the conference in Manila, and finally it was decided in 1989 at the conference in Geneva.

That is: as the name of meridians, two letters are chosen from the English name of meridian written in capital letters, and after the meridian name, number of points which are given following the order of the meridian's flow. (STOMACH Meridian and BLADDER Meridian are exceptional because they have two lines). Thus the points are quite obvious by this code number. In this book, names of points are always shown by this WHO code number (code name).

same, and there are also various other opinions about the position. But, from the standpoint of view that the position of points should be regarded to be rough standard, the difference may be negligible

1. Points of LUNG Meridian (LU) (Fig.24)

LU₅ (尺澤) : Ch'ih-Tze, Short-narrow marsh

This point is situated on the flexor side line of the elbow joint, 0.5 Sun^(jp.) (about the nail of the little finger breadth) from the radial end of the line. This point is important as the standard point of B-cun.

LU₉ (太淵) : Tai-Yuen, Great gulf

This point is situated on the line of the hand joint, above the radial artery. This point is important as the standard point of B-cun

LU₆ (孔最) : K'ung-Tzuei, Supreme cave

This point is situated on the line between LU₅ and LU₉, 7Sun (Cun^(Ch.)) from LU₅, 5.5 Sun(Cun) from LU₉, at 2/5 near LU₅. This point is most convenient for moxa needle treatment.

LU₇ (列缺) : Lieh-Ch'üeh, Extreme shortcoming

This point is situated on the line between LU₅ and LU₉, 2.5 Sun(Cun) (about 2 fb.) from LU₉, at 1/8 near LU₉.

LU₈ (經渠) : Ching-Ch'ü, Meridian gutter

This point is situated between LU₇ and LU₉, at 1/3 near LU₇.

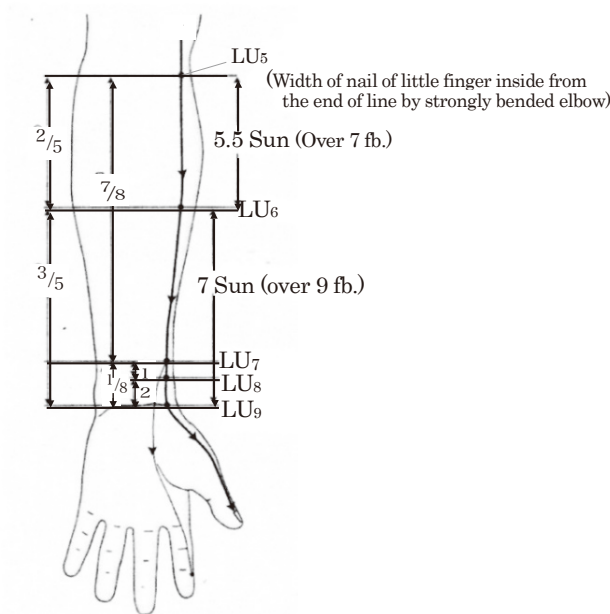


Fig.24 Points of LUNG Meridian

Attention: When seeking the points, the position of the arm should be at cardinal position, namely with stretched elbow joint and the palm upwards. By pronation, the position of points changes so much. (Fig.25)

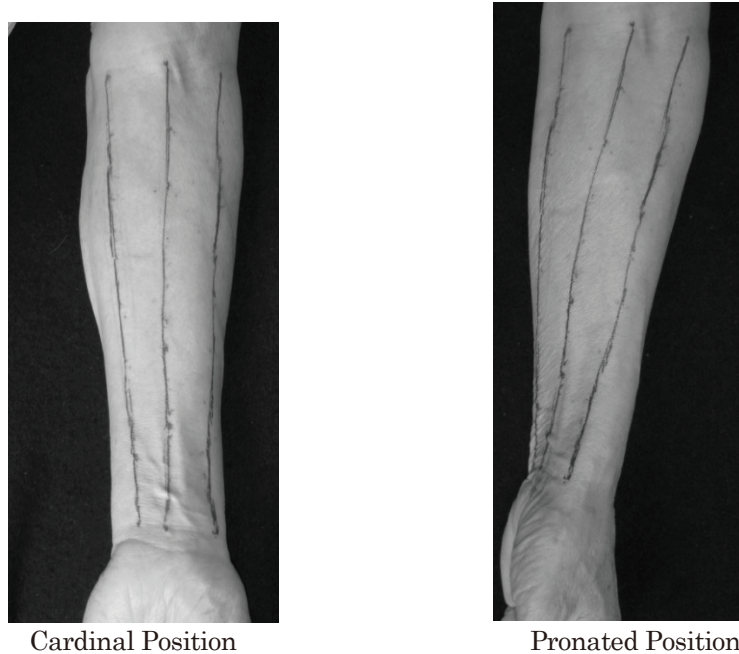


Fig.25 Deviation of Points of IN^(Jp.)(YIN^(Ch.)) Meridians by Pronation

2. Points of LARGE INTESTINE Meridian (LI)

LI₃ (三間) : San-Chien, Three intervals

This point is situated at the boundary of the head and the diaphysis of the 2nd metacarpus.

LI₄ (合谷) : Ho-Ku, Connecting valleys

This point is situated near the proximal end of the 2nd metacarpus.

LI₅ (陽谿) : Yang-Hsi, Sunny stream

This point is situated on the hand joint, between the tendon of long & short muscle of the thumb. This point is important as the standard point of B-cun.

LI₇ (溫溜) : Wen-Liu, Warm stagnant

This point is situated on the line between LI₅ and LI₁₁, at the middle point between them.

LI₁₀ (手三里) : San-Li, Three li

This point is situated on the line between LI₅ and LI₁₁, 2 Sun^(Jp.) (Cun^(Ch.)) (about 2.5 fb.) apart from LU₁₁.

LU₁₁ (曲池) : Ch'ü—Ch'ih. , Bent pond

This point is situated at the radial end of the line which appears when the elbow joint is strongly bent. This point is important as the standard point of B-cun

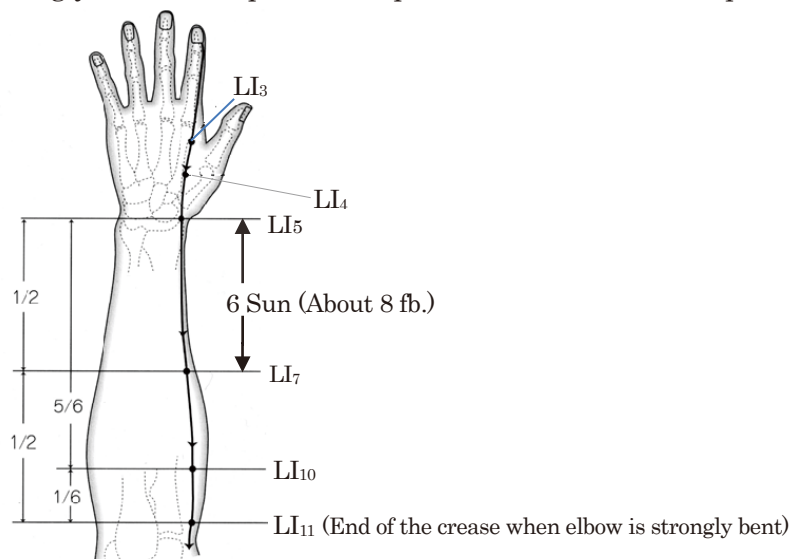
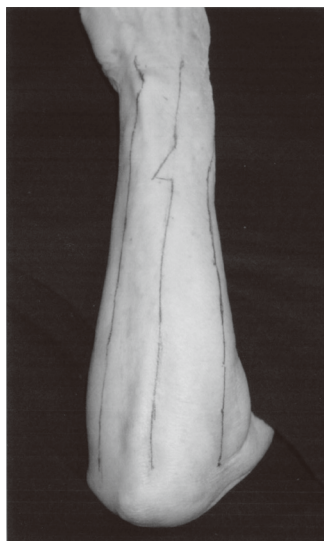


Fig.26 Points of LARGE INTESTINE Meridian

Attention: When seeking points, the position of the forearm should be at cardinal position. By pronation, the position of the points at the forearm changes markedly (Fig.27). In order to locate LI₇ and LI₁₀, it is better to mark LI₅ and LI₁₁, in the cardinal position of the arm before locating.



Cardinal Position



Pronated Position

Fig.27 Deviation of Points of YO-U(YANG) Meridians by Pronation

PART 3

MANAGEMENT OF NEEDLE AND STIMULATION & SUPPLEMENTATION-DRAINING

Chapter 1 Management of Needle

§ 1 Position and Posture by Acupuncture

[1] Position of the Patient

Theoretically acupuncture can be performed in any position, i.e. sitting-, spine- or prone position. In my practice, points on the back are not used except with acupoint injection, and spine position is mostly used. Sitting position is used only by intradermal needle or thumbtack needle treatment and acupoint injection.

Some say that spine position of the patient affects tonus of the autonomic nervous system. But according to my experiences of treatment for bronchial asthma, treatment in spine position gives always excellent effects. So, in acupuncture, the state of autonomic nervous system seems not to be affected by the position of patient so much.

Some patients cannot take supine position. If the reason is pain, he/she can easily take supine position after the treatment of acupoint injection. For the patient who cannot take spine position at any cost, treatment with electro-acupuncture or moxa needle is difficult. They must be treated with other method such as acupoint injection or intradermal acupuncture or thumbtack needle.

[2] Position of the Leg

Acupuncture on the legs &/or feet can be performed also by spine position. However, this position is sometimes inconvenient for the simultaneous treatment on the arms &/or hands. The best position for the treatment of the legs &/or feet is spine position with knee-flexion using soft pillow (Fig.45).

In this position, sometimes legs of the patient show extreme external rotation and the treatment of BLADDER Meridian becomes difficult. For this case, supporter made of elastic bandage is very useful (Fig.46). This supporter must be made of soft material.

In extreme equinus foot, treatment of BL₆₀ is difficult. If correction is difficult, it is better to select other points.



Fig.45 Position of Leg by Acupuncture Fig.46 Prevention of External Rotation

[3] Position of the Arm

For the treatment of the arm, the position must be placed convenient for needling and also the position must be kept during the treatment. If the treatment is limited only for IN^(Jp.) (YIN^(Ch.)) meridians, extended (palm up) position is adequate. After needling, the patient's arm often pronates slightly, but it is almost harmless. If the patient cannot keep extended position, soft pillow under the hand joint (Fig.47) is useful.

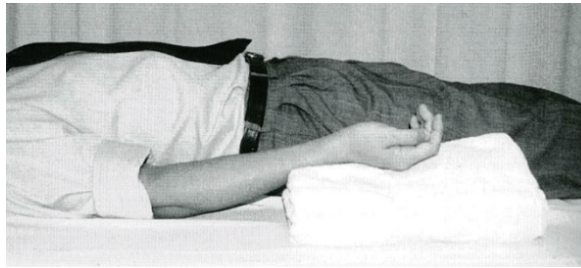


Fig.47 Prevention of Extreme Pronation of Arm

For the treatment of both IN^(Jp.)(YIN^(Ch.)) and YO-U^(Jp.)(YANG^(Ch.)) meridians simultaneously (this treatment is fairly difficult), recommended position of the arm is “styloid process of ulna on the iliac spine”. Sometimes marking is necessary (mentioned later). If this position is difficult for the patient, soft pillow under the elbow joint is useful (Fig.48).



Fig.48 Position of Arm by Treatment of YO-U(YANG)-&-IN(YIN) Meridians

But, usually, in these positions, forearm of the patient is kept in somewhat pronated position. In the pronated forearm, meridians shift to ulnar side. It is not negligible. To locate correct points, the best way is to put guiding mark of meridian in cardinal position (Fig.49).

As the standard point, the following points are useful.

Large Intestine Meridian (LI): LI₆ & LI₁₁ or LI₇

Triple Energizer Meridian (TE): TE₄ & TE₆ (Fig.49)

Small Intestine Meridian (SI): SI₅ or SI₆ & SI₈

FOR SMALL INTESTINE Meridian, marking is usually not necessary except for SI₇. Marking is made in cardinal position of the arm. Namely, from extended forearm in palm up position, then to bend elbow 90° as it is (Fig.49), and marking is made at that position.

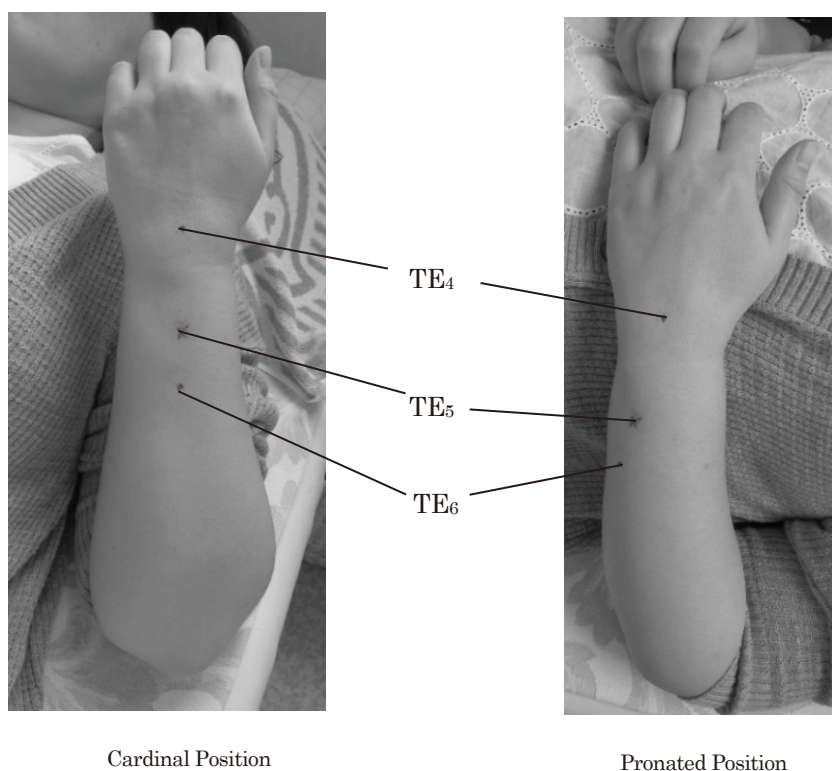


Fig.49 Guiding Mark of TRIPLE ENERGIZER Meridian

[4] Position of Practitioner

For the needling of the arm or the hand, operator had better stand or sit down at the side of puncture. For the leg or the foot, the best position is between the legs of the patient. Sitting position (on the movable chair, if possible) is recommended.

§ 2 Management of Filiform Needle

Needling is usually performed as following process. Needless to say that it is very important to wash hands and to keep hands as clean as possible before needling.

- ① Massage of the needle insertion site (Preliminary Massage).
- ② Disinfection of the needle insertion site.
- ③ Putting the needle at the point and stick the needle into the skin (Skin Cutting).
- ④ Insert the needle to the necessary depth (Insertion).

The method of needle insertion is different in Japan and in China. Even in Japan, the method is not unified, and from my viewpoint as a surgeon, there are some problems on the disinfection or aseptic technique.

There are good textbooks for the practical skill of acupuncture^{19) 20)}. But, in this book, only my method is described.

[1] Preliminary Massage

This is to seek point with fingertip (usually index finger) and to massage the surroundings of the point. With this handling, needling pain can be minimized. This technique is also useful in usual injection.

[2] Disinfection

Skin around the point should be disinfected about 3 to 4 cm in diameter. This is to prevent needle tip from contamination, as if the tip touched the neighboring skin. Some patients have very dirty skin. For such cases, “cleaning the skin before disinfection” is very important.

70% ethyl alcohol is practically enough useful as for usual injection. Management of disinfectant is same as usual injection. One swab should be used at most for two parts. Disinfected parts must not be touched with practitioner’s finger.

Most part of the skin of the auricle adheres to cartilage. Cartilage is susceptible to infection. So, disinfection and aseptic technique must be performed with extreme care. In auricular acupuncture, disinfection should be strict as surgical operation. Usually, after careful cleaning with alcohol swab, disinfection with povidone-iodine is given without bleaching with hypo-ethanol.

Joint and/or tendon sheath or synovial bursa is also susceptible to infection. In such places, also strict attention is necessary.

[3] Skin Cutting and Needle Insertion

A. Needle Tube Method (Fig.51)

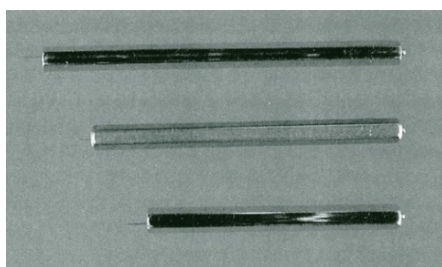
Horny layer of the skin is most resistant against needle penetration. To overcome this barrier, SUGIYAMA Waichi, a Japanese acupuncturist in the Edo period, invented needle tube method. This method is to insert needle through fine guide tube, so as to let the needle easily pass the strong horny layer. This guide tube is called “Needle Tube”.

Originally modern needle tube is made of metal, and its management is not so easy. Recently, however, disposable needle attached to sterilized plastic needle tube is widely used. From the viewpoint of aseptic technique, disposable needle of this type is evidently better than conventional metal tube. So, in this book, only the method with this type of disposable needle is explained.

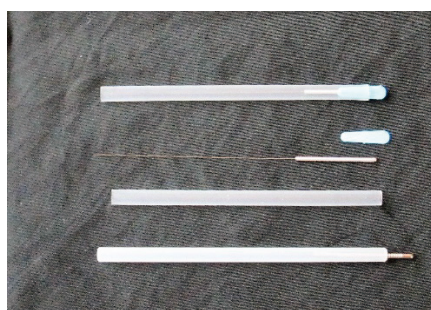
There are two types of disposable needle with needle tube. One is the tube with visible stopper, and the other is the tube with invisible function of stopper. The latter seems more convenient, but the technique to remove the function of stopper is sometimes comparatively difficult. Occasionally the function of stopper loosens, and freely moving needle tip breaks the package. In this type of the needle, attention must be paid in the function of the stopper. If function of the stopper is not intact, the needle must be scrapped because microscopic pinhole is hardly visible.



Principle of Needle Tube



Original Type of Needle Tube



Disposable Needle with Stopper

Stopper

Needle

Plastic Needle Tube

Disposable Needle without Stopper

Disposable Needle with Sterilized Plastic Needle Tube

Fig.50 Needle Tube

The process of skin cutting is as described below.

- ① Hold the needle tube with the thumb and the index finger of the left hand, and fit the tip on the point. (① of Fig.51)
- ② Loosen the stopper or stopper-function of the needle tube with right hand. (②)
- ③ Fix the direction of the tube according to supplementation or draining. (③)

- ④ Tap the top of handle of the needle with right index finger. (④)
(This work is called “skin cutting”.)
- ⑤ Remove the needle tube with the right hand and hold the needle body with the left thumb & index finger at the part near handle of the needle, in order not to touch the part to be inserted into the body. (⑤)
- ⑥ Insert needle under collaboration of the right-&-left hand. (⑥)

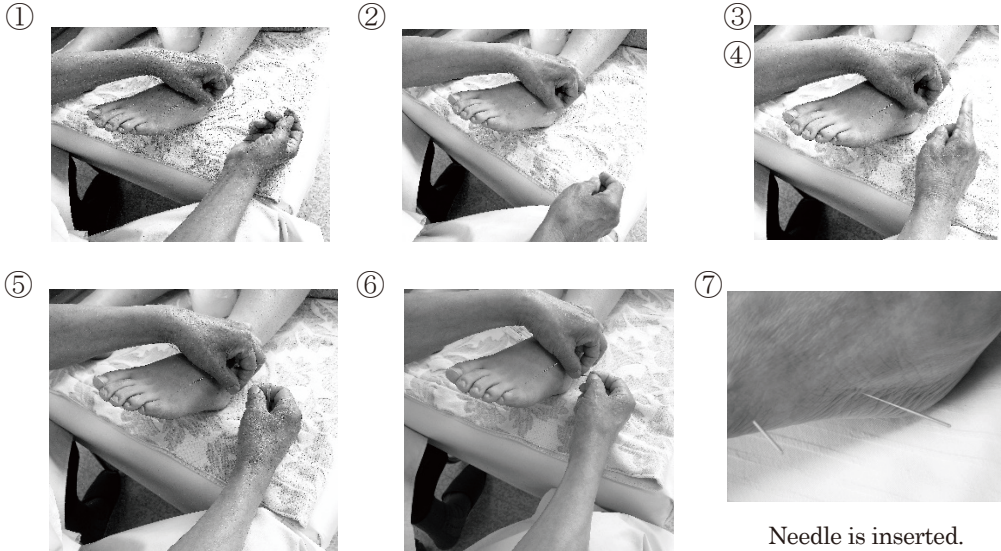


Fig.51 Skin Cutting and Needle Insertion with Needle Tube

B. Insertion without Needle Tube (Fig.53)

- Chinese acupuncture needle has a knot at the tip of the handle. So needle tube cannot be used.
- Using needle tube, exact hitting is difficult at extremely small point.
- When some hindrances (such as blood vessel etc.) exist under the point, or extreme attention must be paid to avoid contamination by needling.

In such cases, application of needle tube method is difficult or impossible, and needle insertion without needle tube is necessary.

The most important point “to insert needle without needle tube” is “not to touch fingers at needle body that will be inserted into the body”.

My method is as described below.

- ① Hold the handle of needle with the right thumb and index finger, and put the needle tip at the aimed point. ㊸
- ② Pinch the needle body with the left thumb-&-index fingers. The part to pinch needle should not have possibility of entering into the body during treatment. Direction of needle is kept with the left fingers according to the purpose of supplementation or draining. ㊹

- ③ Softly push the needle with the left fingers so as not to bend the needle, and simultaneously push the handle of the needle softly twisting with the right fingers, and penetrate the horned layer.

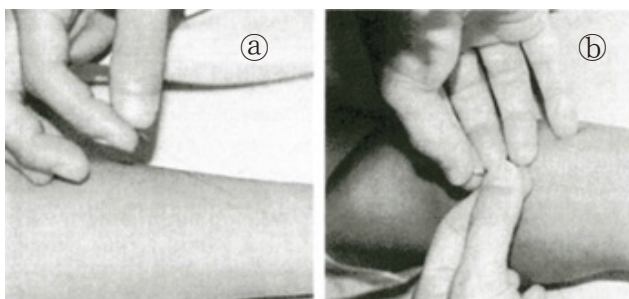


Fig.52 Skin Cutting without Needle Tube

The merit of this method is practicability of smooth transitional penetration into the skin. It seems difficult to perform, but it can be performed with some practice.

The demerit of this method is a little stronger pain than needle tube method. Usually it is tolerable. But for patients who have strong reflex, this method is often difficult to use.

Short needles less than 30mm can be easily used with this technique with the right hand only.

[4] Penetrating Needle into the Skin

This is a technique to let the needle tip arrive at the necessary depth. This technique is indispensable for acupuncture, and it is very important to acquire proficiency in this technique. Next 3 factors must be paid good attention.

1. Correct direction of the needle.
2. Finger should not touch the needle body where the needle enters the skin.
3. Send the needle tip at the proper depth.

A. Direction of the Needle

The direction of needle insertion is decided according to **Deficiency or Excess of the meridian**. For supplementation of the meridian, the direction is along the flow of the meridian, and for draining of the meridian, the direction is against the flow of the meridian. This relation is called “Geizui^(jp) (along or against the direction of the flow of the meridian)”. For correct selection of this relation, it is the most important to keep needle in correct direction **at skin cutting**.

Sometimes “to keep correct direction of needle tube” is difficult because of the length of the tube. Then “Insertion without Needle Tube” must be used.

That is: after putting the needle tip at the point, the needle is given suitable curve so as to keep the needle “correct direction **at the needle tip**”, and then the needle is pushed with fingers as mentioned before. Practice of this method is possible together with the practice of penetrating needle (mentioned later).

PART 4

MY METHOD OF ACUPUNCTURE

The fundamental principle of my acupuncture is electro-acupuncture with filiform needle by the following method.

- 1) Treating points are on the meridians that pass the area of complaints.
(There are some exceptions)
- 2) Points are selected distant from the area of complaints, principally at the extremities distal from the elbow and knee joint.
- 3) Points are selected bilaterally.
- 4) Basic method is electric stimulation of rectangular wave.
- 5) Supplementation or draining is performed according to Deficiency or Excess of **the meridian**, taking balance of the stimulation.

For the electric stimulation, the instrument “Tokki” (made in Japan) is used.

This instrument has 6 channels and the strength of stimulation can be controlled by each channel. So it can stimulate 3pairs of points electrically taking balance. If the treatment is necessary more than 3 pairs, those points are treated by retaining needle, moxa needle, manipulation or acupoint injection and so on.

Auricular acupuncture is used together with body acupuncture, for diseases of joints, diseases of the eye, dental pain and so on. Auricular acupuncture is used also for the treatment of obesity independent of the body acupuncture. Eyelid acupuncture is used mainly for the treatment of motor paralysis together with body acupuncture.

Intradermal needle and Thumbtack needle are used for almost the same indications of electro-acupuncture as simple acupuncture, and also as supplemental use for body acupuncture.

Acupoint injection is used for almost all objects of acupuncture with excellent effects. Especially it is very useful for pain sedation (above all for cancer pain), bronchial asthma, pollinosis or dermal diseases. It is also useful when time is lacking for electro-acupuncture, for predicting the effect of acupuncture or as supplemental use of other acupuncture therapy.

When the needle insertion is difficult, SSP can be used, and as the most simplified acupuncture, finger pressure for acupuncture point is often used.

In this part, my method of acupuncture will be explained minutely.

§ 6 Point Selection and Point Taking (cf. PART1 Chapter5)

In auricular acupuncture and eyelid acupuncture, points are automatically determined according to the purpose of the therapy. In body acupuncture, after meridian selection, points to be treated must be selected. About point selection, it is mentioned before (p.80). Basically, “convenient points for needle insertion” on the aimed meridian is selected. It is enough useful for the treatment independent of the "character of the point". Points are selected at extremities distal from the elbow and the knee joints, avoiding points near the place of complaints. When the treatment is less effective than predicted, MOTHER- or SON points (p.80) &/or HIRATA's 12-zones (p.81) can be considered. However, for the good effects, it seems more important to select suitable meridian, to hit needles at correct points and not to mistake supplementation or draining.

Points are selected almost always bilaterally. This is very useful for the control of strength of the stimulation. “Treatment for points of opposite side” very often produces excellent effects. Bilateral point selection may be reasonable also from this viewpoint.

The number of treating points is the less the better. In my method, mainly 3 to 6 pairs of points (except intradermal needle, thumbtack needle and acupoint injection) are used. When treatment of many meridians is necessary, the “multipurpose” points as SP₆, SP₁₀, PC₅, PC₆, GB₃₅ etc. are very useful.

PART 6 PRACTICE OF ACUPUNCTURE

Chapter 1 Pain (Including Stiffness & Numbness)

§ 1 General Rule

Method of treatment for stiffness and numbness is the same as treatment of pain. Effects for numbness are often inferior to pain. Electro-acupuncture and acupoint injection are most often used, and moxa needle is also used together with electro-acupuncture. For severest pain, acupoint injection with analgesics is very useful. It is also useful for meridian-&-point selection when the practitioner worries about it. Thumbtack needle or intradermal acupuncture is useful as supporting use of acupuncture, and sometimes they are used as the main treatment.

Principle of meridian selection for pain is to select meridians that pass through the area of the pain as mentioned before (PART 2). It is effective almost without exception. There, classic meridians which are not illustrated in general meridian charts are sometimes very important.

The most important factor by meridian selection is to confirm the localization of pain exactly as mentioned before (PART 2 and PART 4). If it is not correct, good effect is never obtained. Any point on the suitable meridian can be used regardless of function of the points. Usually, points that are easy to use are selected.

Effect is excellent. Process of effect is not uniform according to the cause of the disease or the method of treatment. Appearance of effect is very rapid by acupoint injection. Whereas effect of electro-acupuncture often appears a little later, but its effect is mostly better and longer lasting.

The principle of the treatment of pain is the fundamental principle of my method. This principle can be applied for many other complaints.

In following cases, effect of the acupuncture is (sometimes apparently) not clear.

1) Patients with Sensory Paralysis

Acupuncture at anesthetic part is ineffective. By such case, acupuncture must be given at sensory sound parts as the trunk or the head.

2) Post-herpetic Neuralgia (PHN)

Many patients of PHN do not feel effect after the treatment subjectively, as if the effect is objectively marked. This phenomenon will be mentioned later.

3) Pain Caused by Injury of Central Nerve

In acupoint injection with Pentazocine or opiates, almost all kinds of pain, such as severest cancer pain, can be sedated. However, in my experiences, good effect was not obtained for the patient of thalamic pain or the pain caused injury of the spinal cord. My method may not be indication of that kind of pain.

4) Fresh Injury

Electro-acupuncture is difficult to use for fresh injury except compression fracture of vertebra. There, acupoint injection with analgesics is mainly used if necessary.

5) Pain Caused by Excessive Deformity

For the pain which is caused by high grade deformity, acupuncture is often ineffective, or, as if it is effective for a while, its duration is often short.

6) Psychogenic Pain

Among patients of whiplash syndrome, although fairly rare, some cases show unexpectedly insufficient effect. One type is effect itself is insufficient (this type is rare), and the other is “good but short lasting” effect continues for a long time. Almost all patients have no unreasonable symptoms. But some of such patients do not come after settlement of compensation. It is uncertain if this is malingering or no, but the pain of such patient may be strongly affected by psychogenic factor.

Principle of acupuncture therapy for pain has many common points with the treatment of other diseases or symptoms. At the start of acupuncture therapy, comprehension of this chapter will be surely helpful.

§ 2 Head (Except Face)

Pain in the head and/or the face is one of the best indications of acupuncture.

There are numerous causes of headache including obscure origin as general malaise, postmenopausal syndrome or autonomic ataxia etc. Symptomatic headache such as brain tumor, intracranial hematoma, temporal arteritis, meningitis or glaucoma etc. is absolute indication of Occidental Medicine, and they should be excluded from the indication of acupuncture (except as supportive treatment). But the patients suffering from functional headache (which occupies from 70% to 80% of headache) expect only to sedate the pain even in Occidental Medicine. For such cases acupuncture is very useful. And the strategy of treatment is, regardless of the cause of the pain, with the same pattern according to the location of the pain.

Point selection is only to select on the meridians that pass through the part of the pain as described below. The meridians to be treated are:

1. Around the center line of the nape, occipital region, parietal region, around center of the forehead or the zone including them.
2. Outer side of the nape, temporal to parietal region, outer side of the forehead or the part including them.
3. Posterolateral side of the neck, temporal to retro-auricular region, the temple or the range including them.
4. Forehead
5. Broad area or obscure region

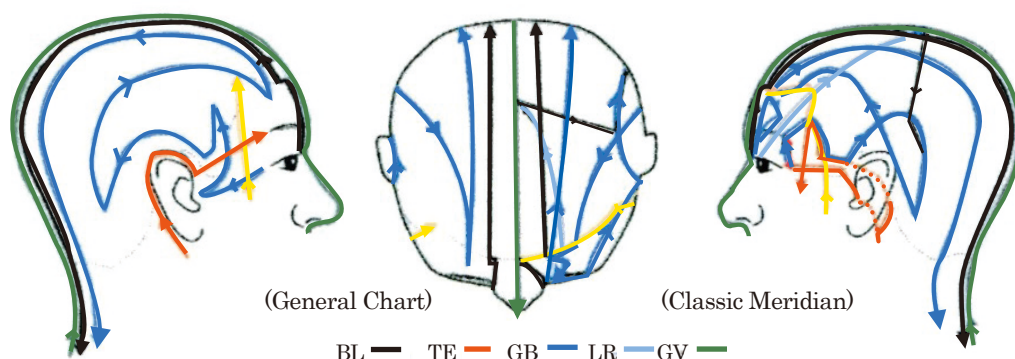


Fig.66 Meridians of head

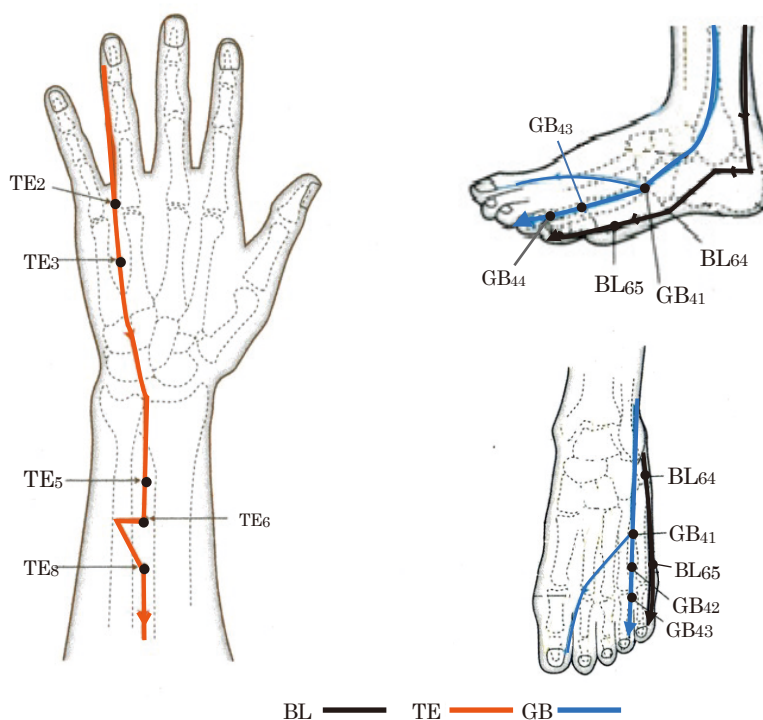


Fig.67 Points for Treatment of Headache

[1] Around the Center Line

Here the leading role is BLADDER Meridian (BL). With electro-acupuncture, BL₆₄ is most useful. By acupoint injection, BL₆₀, BL₆₁, BL₆₂, BL₆₄, or BL₆₅ are used taking the effect into account. Using the points of GALLBLADDER Meridian as GB₄₁, GB₄₂ or GB₄₃ etc. together, effects are often markedly intensified.

[2] Outer Side of the Center Line to Parietal Region

Here the leading role is GALLBLADDER Meridian (GB). GB₄₁, GB₄₂ or GB₄₃ is most often used by electro-acupuncture. Using the points of BLADDER Meridian (BL)

such as BL₆₄ or BL₆₅ etc. and the points of TRIPLE ENERGIZER Meridian (TE) such as TE₂, TE₃ or TE₅ together, effects are often markedly intensified.

[3] Temporal- & Retro-auricular Region, Temple & Lateral Neck

Here the leading role is TRIPLE ENERGIZER Meridian (TE). TE₂, TE₃, TE₅ and TE₈ are most frequently used. Using points of GALLBLADDER Meridian (GB) such as GB₄₁, GB₄₂ or GB₄₃ etc. together, effects are often markedly intensified.

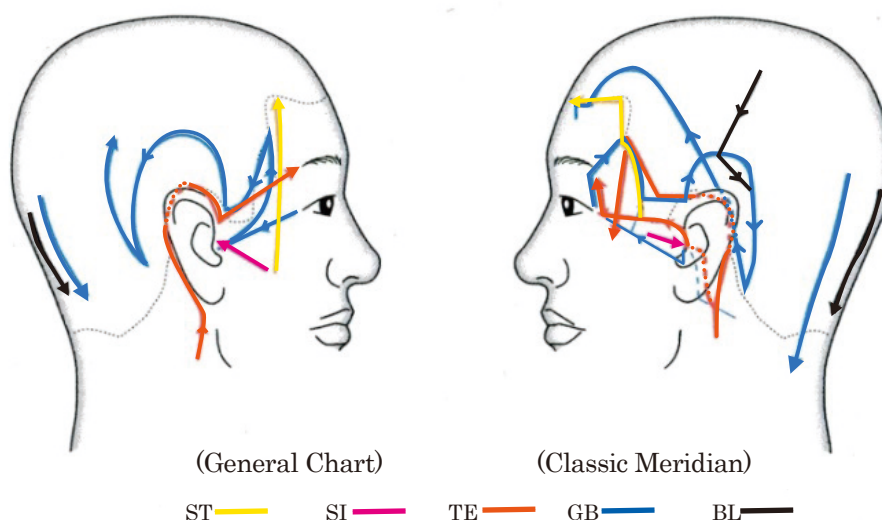


Fig.68 Meridians of Temporal & Retro-auricular Area

[4] Forehead and Lateral Part of the Forehead

Mainly points of GALLBLADDER MERIDIAN (GB₄₁, GB₄₂ or GB₄₃ etc.) and TRIPLE ENERGIZER Meridian (TE₃, TE₅ or TE₈ etc.) are used for the pain in this area. If effects are not enough, using the points of STOMACH Meridian (ST₄₃, ST₄₄ etc.) concurrently, often good effect is obtained. Sometimes excluding point on STOMACH Meridian, treatment is not effective.

[5] Pain at Broad Area or Obscure Region

In this case, treatment of points of BLADDER(BL)-, TRIPLE ENERGIZER(TE)- and GALLBLADDER(GB)- Meridian are used. Combination of BL₆₄, TE₅ and GB₄₁ is most convenient to use. If forehead is contained, it is better to add the point of STOMACH Meridian such as ST₄₃ or ST₄₄. To detect most important point (or meridian), acupoint injection is useful. Using bilateral injection, the most important point becomes clear automatically.

Chapter 12 Allergic or Autoimmune Disorders

§ 1 General Rule

Recently, immunology has marvelously advanced. Diagnosis and therapy of diseases related with allergy or autoimmunity is making rapid progress. Especially improvement of molecular targeted therapy is remarkable. However, catastrophic medical cost and side effects of new therapies may be not negligible.

Treatment of acupuncture is effective for some allergic diseases and autoimmune diseases with low cost and without side effects. In this category, many experiences of excellent effects were obtained under the basic concept of my acupuncture. A kind of innovation of the idea of immunology may be achieved under my method.

From the early period of starting acupuncture, I doubted equality of ORGAN in Oriental Medicine and organ in Occidental Medicine. ORGAN in Oriental Medicine seemed me to be a concept which has both morphological and functional aspects. From that point of view, some ORGANS are very similar to other organs of Occidental Medicine with different anatomical name as described below.

1. Function of **SPLEEN** is not that of spleen, but it seems almost equal to the function of **pancreas**. In Spanish speaking world, SPLEEN Meridian is called “Meridiano vazo-pancreatico (Spleno-pancreatic Meridian)”. That seems me very reasonable.
2. Function of **KIDNEY** is not of kidney. Its function seems just function of **adrenal body**.
3. According to the description of the classic literature⁸⁾ of **PERICARDIUM**, its role is to guard HEART and it is provided shape of network. This description actually implicates **thymus** as the corresponding organ.

Thymus produces T-cell, and it is regarded to be the center of immunity. From adrenal medulla, adrenaline (which is used by allergic shock at first) is secreted, and from adrenal cortex, cortical hormones which are widely used for the treatment of allergic diseases and autoimmune diseases.

From these points of view, for the treatment of diseases which is related with immunity, points of KIDNEY Meridian (usually KI₂) and PERICARDIUM Meridian (usually PC₅) are selected at first, and then points according to the symptoms are selected. The reason to select KI₂ is, because it is easiest to use in the KIDNEY Meridian, and it seems most effective in my impression. PC₅ and PC₆ are regarded to have close relation with LUNG Meridian (LU) & HEART Meridian (HT) which have often close relation with targeted diseases. Both PC₅ and PC₆ are situated at tendon-rich area, but tendons are rather sparser around PC₅. That is why I select PC₅ rather than PC₆. Some of these diseases are already mentioned before, but I would like to explain here again in a lump.

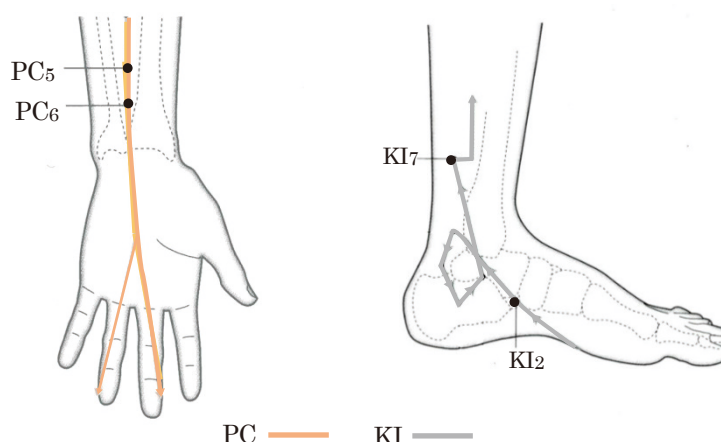


Fig.115 Fundamental Points for Autoimmune Disease

§ 2 Bronchial Asthma (cf. Chapter6 §1)

By the attack of bronchial asthma, usually patients complain strongest anguish at the sternal region where KIDNEY Meridian passes. The first experience of acupuncture treatment for bronchial asthma was acupoint injection to LU₇ and KI₂ with vitamin B₁ for a patient of status asthmaticus. It was surprisingly effective. After several years, treatment of PC₅ and KI₂ started for diseases related with allergy. Now point selection for the treatment of bronchial asthma is LU₇, KI₂ and PC₅. Effect is not evidently different from treatment of LU₇ and KI₂, but duration of effect seems elongated. Using intravenous use of aminophylline together, the effect seems to be equal to (sometimes better than) drip infusion of corticosteroid hormone.

This treatment is effective also for asthma-like diseases as cardiac asthma etc. But duration of effect for other diseases is evidently shorter. It seems to be a proof of the effect of KI₂ and PC₅ for diseases related with allergy or immunity.

§ 3 Pollinosis (Allergic Rhinitis and Conjunctivitis)

Main symptoms of pollinosis are sneezing, rhinorrhea, nasal obstruction and itching of the eye. Kampo^(jp) medicines are very effective for the treatment and prevention. But its effect does not appear promptly, and selection of formula is not so easy. Acupuncture is superior at the point of easy application and rapid appearance of effect without any side effect except pain from needling or injection.

According to classic literatures, main meridians related with the nose are LARGE INTESTINE Meridian (LI) and STOMACH Meridian (ST), and main meridians related

with the eye are LIVER Meridian (LR) and CONCEPTION VESSEL (CV). Treatment of LR₃ is always excellent for complaints of the eye. So, for the treatment of pollinosis, LR₃, LI₄ and ST₄₃ or ST₄₄ were used with excellent effect.

Later, adding treatment of KI₂ and PC₅, effect has evidently improved. Direct effects are not so different, but duration of effect became much longer. Usually Kampo^(Jp.) medicine is used together with acupuncture. So, exact comparison is difficult. But frequency and total count of treatment decreased markedly (often Kampo medicine became unnecessary). Many patients who were treated successfully with acupuncture, symptoms in the following year become much slighter. Such patients increased by new method.

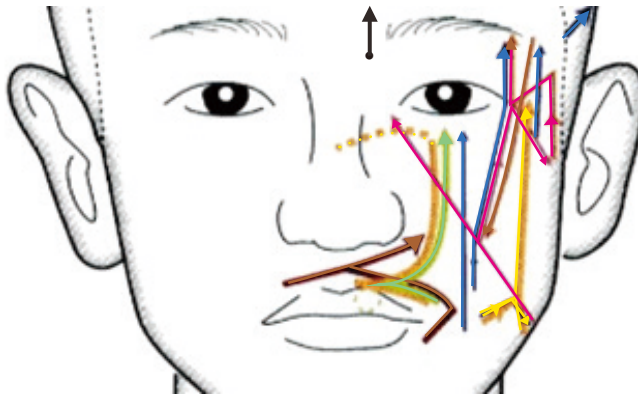


Fig.116-1 Classic Meridians around Nose and Eye

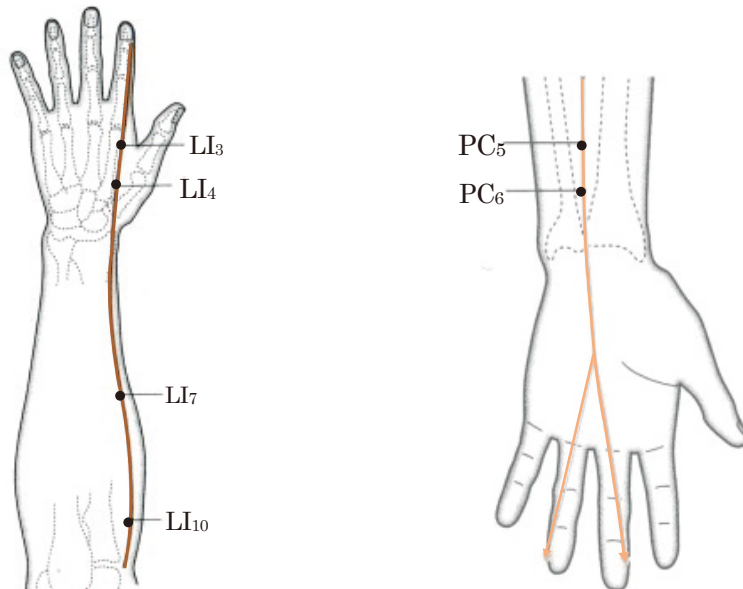


Fig.116-2 Points for Treatment of Pollinosis (Arm and Hand)

LI — ST — SI — TE — GB — CV — PC —

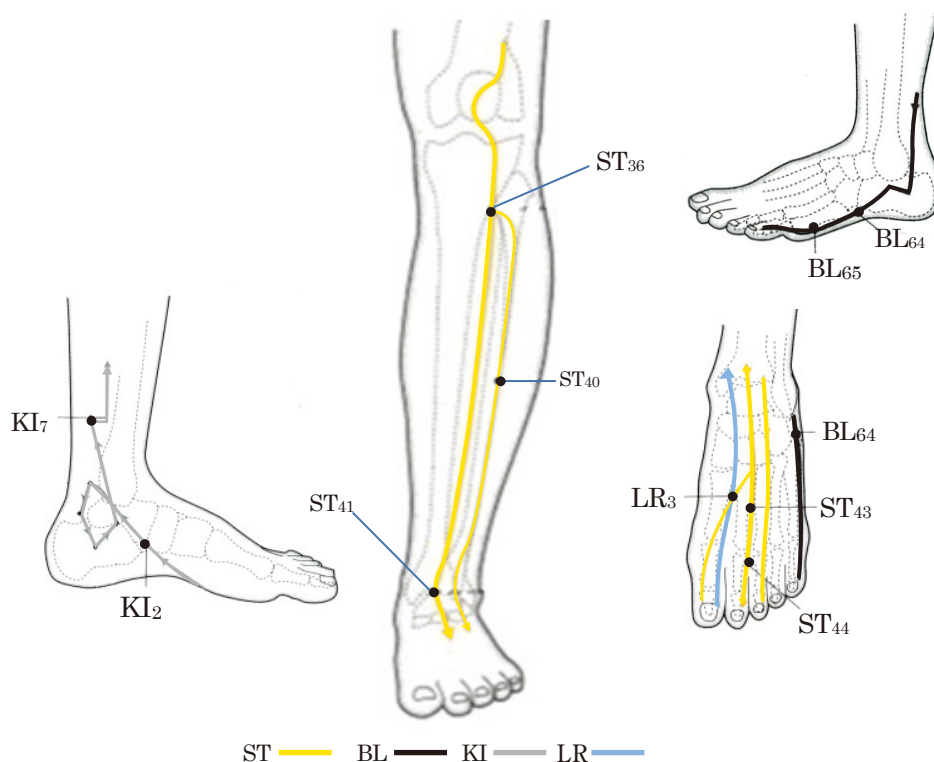


Fig.116-3 Points for Treatment of Pollinosis (Leg and Foot)

My point selection for electro-acupuncture is KI₂, PC₅ and one of LR₃ or LI₄ (or ST₄₃ or ST₄₄) for electric stimulation, and moxa needle for other two or three of LR₃ or LI₄ (&/or ST₄₃ or ST₄₄).

Selection is due to the heaviness of complaint of the nose and the eye. If the complaint of the eye is more severe, LR₃ is stimulated by electricity and vice versa. Selection of LI₄ and ST₄₃ or ST₄₄ for electric stimulation is according to usability.

Acupoint injection is very convenient to use. With any substances such as saline solution etc. excellent effect is obtained. It is better to start injection from KI₂ and PC₅. When the patient's symptom disappeared, treatment can be discontinued thereafter. For the prolongation of the effect, it is very useful to put thumbtack needle at every point. Only by putting thumbtack needle (without any other acupuncture), excellent effect is often obtained.

§ 4 Chronic Urticaria (cf. p196)

Acute urticaria is fairly easy to cure by acupuncture treatment of LUNG Meridian (mainly U₇). There acupoint injection &/or thumbtack needle is mainly used. In most cases, itch sensation disappears rapidly after the injection, and sometimes