Friendly, possibly useful, Verses of Advice to Dragons and Needles

This "list of advice" is the product of both my clinical experience and my observation of my students in teaching for some 20 years, seeing what is easy to understand, what seems to cause misunderstandings, what the common failures are, etc. This is an attempt to offer some advice as to how one might approach this style of acupuncture (which came to me via Kiiko Matsumoto) and find a swifter way to working with it while avoiding common pitfalls. This is not meant to be a manual, and there are no protocols here. It is simply a guide as to how you might want to view the technique so as to make it more alive, more effective, easier to use.

In the first section I offer my view on how to approach patients. People often think of this style as "palpate, press points, re-palpate, and needle," and it does appear to be that, but there is a lot more to it and more subtleties that people often miss. I have attempted to give you a guide as to how to collect the information, evaluate it, and assess treatment options without getting into any particular protocols, so the advice is generic, theoretically applicable in any situation. This section is about the "thought process." While this section reflects how I understand what I do and not a representation of what Kiiko does, most of these ideas are evident (at least to me) in her as well. Where I know that I am very clearly diverting from the style taught by Kiiko, and others in this style, I noted that as an "Avi-ism" so as to avoid confusion

The second section is technical advice about how to palpate, how to do moxa, etc. Most of this section is composed of "Avi-ism." It is the result of my search to teach people how to needle, palpate, and otherwise physically implement the treatment and is based on both my own experience in my own body (influenced by my background in the Alexander Technique and Yoga), as well as my observation of students as they begin to implement the techniques.

In Asia teachers offered advice to students written in the form of verses so that information could be easily memorized. Then students would write commentaries on these stanzas to help elucidate them. Though I am unable to write it, I see something very useful about the verse form: it is short and gives you easy mnemonics to work with that infiltrate the mind when needed. One can stand at the treatment table and have a catch phrase permeate the brain and initiate the best action.

Gathas (Ji -偈 – monks' poems, or swift/brave words of beggars) are most definitely beyond my expertise. Instead, I tried to create some sort of "punchy" short sentences (in bold) and then explain what I meant by them with the hope that these clunky phrases would find some resonance and prove useful.

The title for this piece is a takeoff (a joke really) on Nagarjuna's Suhrllekha (literally Letter to a Friend, or a Friendly Letter). Nagarjuna (Long Shu -龍樹, Nagas are serpents, translated as Dragons in Chinese) was writing an advice to the Satakarni Kings. In Chinese it is known as Quan Fa Zhu Wang Yao Ji (勸發諸王要偈) – "Advice Issued to All Kings; Essential Verses (gathas)." As there is no chance anyone would mistake me to have the qualities of Nagarjuna (a truly major figure in Mahayana Buddhism), I took the liberty of taking flight with a fancy title. The only similarity between me and Nagarjuna (who is said to have also been an Ayurvedic doctor) is my sincere desire to impart what experience I have to the younger generation and help people discover better ways of practicing medicine.

Note – throughout the text, I use the expression "abdominal reflexes" to mean not just the abdomen, but the neck, throat, back etc.

I – On the Thinking Process

History comes first. Though history is primary, stay in the present moment

Always start by having the medical history. The biggest mistake I see people make is not knowing the full medical history and then trying to treat the symptoms only, or clear the abdominal findings without considering where/how they came to be. The medical history gives you the most important tool in prioritizing your treatment. The dogma is to start trying to address the first known injury. The idea is that if you address the first issue and free the body from it, the following issues will unravel and resolve, kind of like a domino effect. Of course that is not always the case, and sometimes what appears to be the first injury seems to have no effect on clearing the abdomen or the symptoms, but some other past injury does. This does not make the idea of treating the history wrong, it simply exemplifies that not every medical event is going to be trapped in the body, thus the "first" actually means the first event that either registered in the body (meaning you can see or palpate it in the abdomen, neck or back) or that addressing that issue resolves may abdominal findings (and hopefully clears the symptoms).

Working just with abdominal findings, or just with the history, does not yield the best results. It is correlating the two, and continuously searching for treatment points that address both history and findings, that tends to give the best and/or lasting treatments.

Sometimes people try to treat only based on the medical history, and without checking it with the abdominal findings. This too is a mistake, because now you are stuck with a theory ("I must address this past problem"), but you have no way of checking that you treatment actually affects the patient positively. You want to be able to get clear confirmation for the treatment as it is happening, so you can change course and modify your treatment while the patient is still on the table, rather than evaluate a week later and change course then. That is what I mean by "stay in the present moment." Medical history is extremely important and we should not proceed with treatment until we know it, but it must be correlated to what is happening in the here-and-now, otherwise it becomes a theory and a burden instead of a torch that guides our treatment ideas.

Collect all the pieces of the Puzzle. Be an Express Train: know all the stations, know your route, and move as swiftly as you can to the destination.

Palpate the whole abdomen before trying to address it. Do not try to address (treat) one part of the abdomen without knowing the larger picture. Addressing one piece at a time is like taking a train that stops at every station and possibly never reaching your destination.

This is another common mistake I see, mostly by those who new to this style. When we first learn to use abdominal palpation, we tend to try and find something and then immediately try to fix it, using the protocol we have learned to address that finding. A number of problems can arise. For one thing, although the abdominal finding says X, the protocol for X may not be successful. This can be because there is something deeper that hinders the protocol (still correct) from being activated (see the section below on priorities). Other abdominal findings, or the medical history, might reveal to you why the protocol is failing. It is not unusual for a standard protocol to not be effective until something else is being addressed, and then, like a charm, it works... Another reason why the standard protocol is not working might be that it is just not the correct protocol, and we did not realize it because we did not look at the

abdomen as a whole. For example, you might find Kid13 (uterus) on a woman, and try to clear it with Liv8 (say you think it is a fibroid) or SP3 (she complains of menstrual cramps), and it does not work. Later you find pressure pain on ST9 and realize the person has a thyroid issue, and treating the Kidney channel resolves the uterus reflex as well as ST9 ("officially" the ovaries are in the Kidney domain and the uterus should be Liver or Spleen). Getting the whole picture saves us a lot of time.

I palpate the whole abdomen without making any assumptions about it until I have gotten the full picture of the abdomen and the neck (I usually do not palpate the back until after the front treatment, but you certainly can do the back upfront as well). While I am palpating I am naming what I find to myself (oketsu, adrenal, immune, liver, etc.) but I do not prioritize, and I do not attempt to resolve anything until I have completed my initial palpation. Then I go through a process I call prioritization, and only then do I test different treatment points.

Prioritize your findings. Correlate the physical (palpation) findings with the history. Try to go for the oldest.

We now have the building blocks to start looking at a treatment: we know the complaint(s), the medical history, and the abdominal findings. We have a full picture. (this picture will possibly get more refined and we may need to palpate more or ask more questions, but we have our first view that we might consider to be a "full view.")

I do my best to correlate the physical (abdominal) findings with the history. Can I explain why the abdomen shows a certain reflex? I do not have to be able to explain it, but I am simply seeing which reflexes might be related to each other, perhaps causing another, etc. This is what one might call the "diagnosis," a word that I avoid as much as possible (knowledge should neither be split nor advanced – as in prognosis). I prioritize which findings are likely to be the most crucial, perhaps reflecting older issues that are still stuck in the body. I am "gambling" as to what to treat first and hope this will pay off big – that it will clear as many abdominal findings (not just the ones officially related) as well as the symptoms.

When looking at prioritizing, we need to look at how different disorders will affect others, as well as "how deep" an issue is. Immune, adrenal exhaustion, and autonomic nervous system disorders can be separate issues, or they can be a continuum where a long-term immune challenge eventually depletes the adrenals and wears out the nervous system. This continuum does not have to start with the immune system (the Wei level so to speak), and one whose nervous system does not adjust easily can result in immune weakness also. There is no clear directionality (in my experience), but rather an axis, where one needs to evaluate which issue appears to be primary and to which the other two will respond. Lack of Stomach Qi can also be part of this axis, as well as the thyroid.

Furthermore, some treatments tend to take priority in the sense that the patient will not respond (finding will not be resolved) until they are addresses. Those are blood pressure issues (especially low), adrenal exhaustion, lack of Stomach Qi, immune issues, vagus nerve congestion and inguinal or inner thigh congestion. While these need to be addressed first, if they act as a Trump Card (meaning they clear all the findings), you may consider delaying their application until you confirm other treatment strategies (which I call "insurance" or you might consider to be "extra" or "secondary"). Figuring the first needle is a bit of an art…

Confirmation or disconfirmation – both are equally valid. Always ask "am I sure?"

Now I have an idea – this patient has X symptom, which has been complicated by certain events in their medical history, and s/he shows these findings. I have created a certain priority, I believe I need to treat a particular pattern in order to address the history and clear the abdomen. Wonderful! Now I have to put my theory into practice and prove myself right, wrong, or partially right.

I confirm that my treatment idea is correct by pressing on the treatment points I have in mind (perhaps because it is a protocol to release something in the abdomen, perhaps because it addresses a medical condition in the history, perhaps I am hoping it will align some structural problem that I believe is preventing healing, or a point with a name I feel relates to this situation, etc.). Pressing the treatment point, I confirm how useful it is by seeing how much of the abdomen (neck, etc.) it clears. The more findings it clears, the more likely I am to use it. The best treatment points are the ones that clear all the findings (but you cannot always get that). I do not needle a point unless I confirmed (through re-palpation) that it is effective. When a treatment point is not confirmed, or is only partially confirmed (it release only some abdominal findings, or it does not release a finding 100%), that is just as useful as getting confirmation (except in that it might be annoying to not get a resolution on first try). It means I have to rethink my strategy, perhaps there is another event/condition in the medical history that needs to take precedence, or I need to reprioritize which reflexes in the body are primary, or I need to reinvestigate, palpate more, ask more questions. This is what the next point is about.

Do not get stuck in diagnosis.

The diagnosis is only useful in terms of being able to treat it. I see no point in naming things except to satisfy the ego. To say "you have X" if I do not know how to treat X is useless for me as one who is interested in treating. You might say to yourself "this is a thyroid condition" and conclude that the diagnosis is "thyroid," but that is merely a convenience that says "this patient has pressure pain around ST9 and Kid7 clears the abdomen very well." You do not expect some blood test or other physicians to agree with this diagnosis (they might or might not). The patient may even already be diagnosed as hyperthyroid, or they may be coming for symptoms often correlated to thyroid, but my use of "thyroid" is simply to give myself a shortcut that tells me what to treat, not a diagnosis that helps me communicate with other health care providers. If I find that a patient has pressure pain on ST9 but it is released by Ren4, I might decide to call it an "autoimmune thyroid" simply because of what treats it. I am not married to the words.

More importantly, I am not married to the idea behind the words. I might think this is "thyroid" but my best thyroid points do not seem to do much good, I then release the idea of thyroid (I can come back to it) and look for other possible diagnoses. I then test out the new idea by confirming how effective the treatment points for that diagnosis are, and either adopt or jettison the diagnosis.

A diagnosis is a temporary tool that allows us to derive at a treatment. The more flexible we are and allow ourselves to shift diagnosis (according to confirmation), the more successful we will be in finding the best treatment in cases that do not respond to our original thinking.

Basically we get the information through history and palpation (steps 1 and 2), we prioritize (3) our findings correlating them all to the best of our abilities and create a so-called diagnosis that has some treatment ideas (perhaps protocols), and then we confirm the treatment by seeing how effective our points are in resolving the abdominal findings. If we are successful, we move on to actually treating (needle/moxa/magnet). If we are not successful in resolving the abdomen, we go back to step 3 and rethink the priorities, possibly create (or add) another diagnosis that we now attempt to confirm etc. If we loop around steps 3 and 4 (prioritizing and confirming) a few times too many, it means we need to go back to step (1) and inquire more about the medical history or (2) try to get more information from palpation.

Always seek the Trump Card. Do not use it until you have insurance.

This is a clear Avi-ism. You will see other practitioners (especially Kiiko when she is teaching and is excited about making a point) use the "trump card" without any insurance. The first idea, to look for the trump card, relates to prioritizing: can I find the point (or idea – and idea may require treatment of more than one point, say Adrenal is Kid6 + 27) that treats it all, that clears the abdomen fully as well as the symptoms? That is the Trump Card. It means, supposedly, that I found the true root cause. Why "supposedly"? Because I (Avi) am always going to ask "am I sure?" It may appear great on the treatment table and I got away with a fabulously elegant solution, but it is always possible that in a few minutes or hours this will prove to be less effective than it appeared. Also, if I have in mind that this person has X, Y, and Z in terms of "diagnosis" and when I addressed X I got my trump card, there is always a chance (in spite of the theory) that Y and Z are actually not addressed as well as it seems to by the abdominal response. That is why I tend to take insurance. Yes, I got my trump card, and now I try and resolve the abdomen by treating Y and Z rather than X (my Trump diagnosis). If I am successful using Y and Z, even if only partially, I will use that first, and only then use my Trump Card (X). The reason for using the lesser strategies before the trump card is that if I use the trump card first, I will have nothing left to confirm my secondary (insurance) strategies because the Trump Card released all the findings, meaning I have nothing to confirm against, and confirmation, for me, is the name of the game…

Release all dogmas, but always be ready to use them.

This is another Avi-ism. The dogmas, or protocols, exist because they have proven to be useful and effective. Sometimes they will not work in your clinic, or will not work for a period (or periods) of time. People often tell me that they just do not find Stomach Qi to be effective (I usually suggest they use ST41 instead for a time), but at a later point they find the right resonance with it and it seems to work just fine.
We want to have all those protocols and ideas available to us, so we can fully exploit (or explore) them. At the same time we have to always be willing to accept that the best protocols, even when they appear beautifully suited, can fail. The protocols apply to many patients, in many circumstances, but they do not apply universally to everyone. At some point we are all called to go beyond the dogma, beyond the protocols, and make it our own, come up with new ideas (perhaps new to us, perhaps new in application, or with regard to this patient/circumstance). Your biggest asset is your imagination. A well-tuned imagination, guided by knowledge, and subject to confirmation, is what makes a great

practitioner. If we are always hiding behind established protocols, we do not develop our imagination and miss out on both our own development and on an opportunity for a better treatment for the patient.

Address both sides and the neck as well.

It is important to treat both sides: the front and the back. We can never tell where in the body there is a stored blockage that might pull back the patient's progress if it is not addressed. Many people who are used to the TCM style of treating only one side in a session, try and replicate that in this style, and find that their treatments are not "holding" because they did not address the back and the spine.

I always treat both sides. Usually I treat the front first, and then I treat the back (I tend to prefer needling the patient lying face down, but the back treatment can also be done with the patient lying on their side).

Once experienced, the process of palpating, assessing, and needling takes about 5 minutes. Add to that 20 minutes of needle retention on the front, one can now easily spend 5 more minutes to treat the back and leave the needles in for 10-15 minutes, without running out of time…

On the back, one can be a bit more primitive and often use the reflexes as treatment rather than constantly trying to find remote points that resolve the reflexes. The back, specifically the spine, is a clearer/simpler system that woks more directly. However, there are times when you do need to look at resolving certain areas/reflexes before needling them, and prioritization should still be applied, even though it is a somewhat less complex task than on the front.

Another common mistake people make is to literally take the expression abdominal diagnosis to mean the abdomen only. The neck is as important to address and release as the abdomen: it is the connection between the brain and the organs, and the whole nervous system is affected by the state of the phrenic and vagus nerves (C3 and SCM). For me, not touching the neck is like having a meal that has calories but no nutritional value: you will not be hungry, but you did not get god food. I often further (myo-fascial) release the neck mechanically at the end of the treatment.

Build the basement before putting on the roof.

Generally speaking, address the body from the lower part (basement) upwards. It usually works that resolving reflexes on the lower abdomen takes priority over the mid abdomen or chest, and clearing the lower parts tends to facilitate the clearing of the higher ones. This is clearly just a guideline and you often find that you need to clear findings higher up (most commonly the neck) in order to release the lower ones.

A similar idea can be applied to the needle order, needling lower points (legs) first before the upper ones (arms and torso). I tend to avoid using points in the abdomen until the very end, so that it is easier to keep checking the abdomen, but this is definitely an Avi-ism.

Following the idea of fixing the basement first, with in any combination (such as Kid6 + Kid27 or Liv4 + LU5), needle the leg point first then the arm or torso, and when taking out, take out the top needles first, then the legs. You will not see Kiiko doing this much anymore, and she often just says "take them all out" leaving the assistant to do it in any old order.

II – On Technique

Create your Posture by Illuminating from the Heels. Touch with your whole Body.

Posture is clearly important when palpating and treating. If you just use your hands, the patient will feel the pressure as more intrusive, while if you lean in with your whole body it allows the hand to soften, the fingers to be able to feel more, and the patient feels a more diffused and softer touch. If, like Kiiko you like to sit rather than stand when treating, you will likely find that your ability to project the movement from the torso is less facilitated than when you stand. You will notice that Kiiko often has her free hand on the patients' thighs, leaning into them, giving them a sense of security as she palpates. My own preference is to palpate standing up, and I tend to lean my free hand into the table.

I palpate with 3 fingers (index, middle, and ring), but my concentration is on the middle finger which for me is the most sensitive and gives me the most feedback. It is totally possible to use the index finger as the main palpatory finger. Using the thumbs for palpation is not comfortable for the patient and also transmits back less information. You can use the thumbs to check Fire points, but not the abdomen.

It is hard to assess how much pressure one applies when palpating. The standard advice is to go up to the depth of one knuckle with diffused pressure (meaning with three fingers, not one). If you go any deeper, or you use just one finger, the patient will likely feel pain everywhere. The SCM is palpated with flat fingers: you are not trying to get in at any depth. Fire points are said to be checked by applying 3kg pressure (I have never checked my own pressure on a scale, but you can try to calibrate it if you like).

Before you palpate, it is good to establish your posture so that yor hands are coming from your back and that you are "grounded." For me this starts be opening the area of Kid6 (Zhao Hai -照海), by sending the heel into the ground while lifting the inner ankle bone away from it.

There is a phrase in the Heart Sutra in which Guan Yin (Avalokiteshvara) sheds light on her own accumulations (skandhas) to find them empty, and cuts off ill-being (照見五蘊皆空度一切苦厄: Zhao Jian Wu Yun Jie Khong Du Yi Qie Ku E). This observation/shedding light is Zhao Jian, this is the Zhao (照) of Kid6. The expression for ill-being is also interesting (Ku E 苦厄): bitter/suffering and distress/hardship. Ku, bitter, is written as ancient grass – when the grass is old/withered it turns bitter, because it has no "juice" flowing in it, and E, distress, is a hunched figure, indicating that our ill-being is connected with lack of flow and being hunched. These are countered (corrected) from the activation of Kid6, that which can illuminate the sea of life, the front of spine.

The activation of Kid6, activates the inner thighs (Inner Yin), lifts the perineum, and allows us awareness of the whole front of the spine. This gives us a sense of "core" from which we can lean into the patient and palpate and feel the abdominal reflexes. Without this, our hands become some sort of independent appendages that do not relate back into our heart/chest, and this will be uncomfortable for the patient and offer us less sensitivity/discernment.

Aim to create the same in the Patient.

The same connectedness to the core, to the front of the spine, which you aim at creating within yourself, is what you want to create within the patient's body, except that rather than physical or mental activation, you would be using needles to give them that sense of solidity, of being a conduit between Heaven and Earth. This explains why points like Inner Yin seem to affect so many areas and conditions, as would Kid6, G.B.27 (taken on the side as "Mu Shu"), ST9, T11,12, U.B.49, T5, U.B.43, and S.I.9/10 area.

Let the Heart guide. Work with your hands, only then with your brain.

There is a famous walking meditation gatha that says "I walk with my feet, not with my head, if I walk with my head, I lose my way," which urges us to not lose ourselves with thought, to just walk and connect with what is real. In a similar manner we want to rely on or fingers (as well as the patient's feedback) to tell us what is happening and not go through a lot of intellectual posturing. On the other hand, we do need to have a brain, a thought process, that guides it all, we just do not want our work to be theoretical.
Let the Heart guide is not a reference to intuition (which is fine too), but rather to the physical way in which we employ our hands, as an extension of the spine, or the back of the heart. In needling, also, widen the area between the shoulder blades and send the energy from the back of the heart all the way out, through the shoulder, elbow and wrist, to the needling hand. I sometimes ask my students to feel their teachers and the full lineage of teachers standing behind them opening the back of their hearts, sending their energy into the needling hand and onto the needle and patient. This is not just a metaphysical reverence paid to the ancestral teachers, but a physical opening and directing of energy.

First rule of moxa: size does not matter, tightness does.

One of the biggest mistakes people make when rolling moxa is that they are determined to make the moxa as small as can be, thinking that the smaller the grain, the more comfortable the patient will be. In the effort to make the moxa grain very small, they press it and make it compact and tight. This allows oil and sweat from the hands to be pressed into the moxa. The end result is a tiny moxa grain that is very tight (and potentially oily) which will burn hotter than a loose moxa grain that is bigger. Loose is the ideal, definitely not tight. Loose moxa burns cooler than tightly rolled moxa, thus size does not matter, tightness does.
To achieve a looser grain, you need to relax the hands. The grain does not have to be "beautiful" (it will become ash in a second or two), or even small. I lightly (i.e. with loose hands) roll a small amount of moxa in my right hand (I am right handed) between my middle/index fingers and the thumb, then transfer it to the left hand, holding it between the thumb and index finger, slightly protruding away from the fingers. Once the "roll" (which will not really look like a roll but a "glob" and typically can be split off into 5 or so grains) is in the left hand, it does not get pressed by the hand, but held loosely. I pinch off as small an amount as I can with my right hand, holding it very loosely, and landing it on the point.
To light the moxa, I hold the incense stick in my right hand, between my index and middle fingers (some have the dexterity to hold it between the middle and ring or even the ring and little fingers), lit side facing out. I hold it so it is somewhat "choked" meaning there is only a short distance (less than an inch) of the stick between my fingers and the lit end. Once I

"parachuted" the moxa grain with my index and thumb, I just roll my hand (inwards, palm facing towards me) so that the lit incense touches the moxa grain and lights it. It is best to light the moxa in a rolling motion, sideways, rather than approaching it from above, which will feel hot to the patient.
Once you have a loose roll in your left hand, you set the left hand close to the point. The left hand is now stationary. The right hand pinches a grain, parachutes it on the point, rolls the wrist and lights the grain in a circular motion, and now picks the next grain off the left hand. Keeping the hands very close to the point being treated at all times, allows you to work fast, there are no wasted movements moving in and out of the treatment area.
It is important to let each grain extinguish itself before placing the next grain. You want to light each new grain with the incense stick and not have it light up from the bottom from the still burning previous grain, as that will feel too hot to the patient: thus you want to be fast but not too fast…
Holding the incense stick in the right hand feels counter-intuitive at the beginning, but it is very important that you train yourself to do that. It will feel like it interferes with your ability to lightly pinch of a moxa grain because there is a tendency to tighten the hand (since it is holding a burning stick). However, if you try and light the moxa with your left hand, or you keep switching the incense from hand to hand, you will be wasting time, and that translates to too much time between burning moxa grains, reducing the efficacy of the moxa. I advocate starting out in that uncomfortable situation of having the incense stick in the right hand and just working with it. If this interferes too strongly with your learning to loosely pinch off and lay down a small grain of moxa, then keep the incense stick in your left hand which is stationary, until your pinching-and-parachuting technique is perfected and then train yourself to also hold the incense stick in the right hand.

Most Japanese practitioners prefer the thicker incense sticks, because they produce less ash. The ash will cause you to hesitate above the moxa grain not being able to light it as quickly, thus producing heat from the incense stick, and risking the patient feeling burnt. Personally I prefer the Seiun Chrysanthemum smokeless sticks, which are thin, but the ash is relatively minimal and I compensate by knocking off the ash more often. It is important to stop every so often and blow/shake off the ash on the incense stick and also to wipe the hands from sweat, so the moxa is kept clean and loose. I tend to do that every time I need to roll a new batch (about every 5-7 grains).
If you are not able to pinch off sesame-size, and your grain is a bit too large (it should not burn for more than 2-3 seconds), you can pinch it off midway of burning, light it up again, pinch of, and light up again (no moxa grain should be so large as to be lit more than 3 times – if you do that, it is a whole different technique, and the grain will have to be picked off the skin before burning out). This is a very common method, which Kiiko seems to prefer doing nowadays. The advantage is that your grains can be relatively large, and it also quite a bit faster – light, pinch off, light, pinch off as opposed to light, pinch a new grain, wait for the old grain to extinguish itself, parachute the new grain, light the new grain, etc. The disadvantage is that your fingers will get black and dirty, meaning the next grain will be less pure, so you will now have to keep doing the same "pinch off" technique, unless you stop and wipe off your right hand. It is also easy to burn off your fingers doing that (Kiiko is proud of having partially burnt finger prints…).

The best way to pinch off a burning moxa grain, with the least amount of burning risk (for you and the patient) is to pinch it off horizontally, between your index finger and thumb, and do it lightly but quickly, try to only pinch the top, where the grain is burning and not pinch the whole grain which will compact it and make it too hot when you relight it. The mistake here is that people try to stomp the grain out by pressing it into the patient. This will far more likely burn the patient, and also burn the pressing finger, and it will also not let you relight that smashed grain again (so now you have burnable fuel smashed in with the ashes on the patient's skin and the next grain will burn it up – adding oil to the fire, meaning the patient will feel that next grain too strongly!).

Moxa is an art that demands lightness and looseness in the hands. Once you get the hang of it, it is truly meditative and enjoyable to the practitioner! Direct moxa (okyu) should feel comfortable to the patient, at most it should feel like a small mosquito bite, it should not feel like a burning. The purpose is to "dissolve" the connective tissue under the skin and produce a light histamine reaction without any damage. I believe that direct moxa is essential for sustaining treatments for longer periods and is absolutely essential in cases of deficiency and all immune issues. Be aware that people with ANS disorders ("sensitive nervous systems") do not always tolerate moxa well. Be sure you are well practiced, before you do moxa on them. Practicing on feet, especially callouses is a great way to start, and doing moxa on yourself is even better as it gives you a clear correlation between the technique and what it feels like.

As real as technique appears, it is not. In the end it is all about space and light..

Of course technique counts, but at the end of the day, we all know practitioners who get miraculous results with almost no technique. Although I teach technique, it is because this is the part that is easy to teach. We develop our technique, our sensitivity, our ability to connect through technique. Yet, it is good to not get too lost in technique and to remember that the true healing is about space and light and ultimately that is what we are trying to provide.