Hara Diagnosis 2015

This handout is an update on the 1998 Hara Diagnosis handout. Though it is not as comprehensive, and some subjects (e.g. Kawai's infinity treatments) are not covered here, this handout is, however, more concise in that it reflects more clearly the protocols I most often use and presents them as slides (each page is a power point slide) so it is easier to navigate.

The handout was originally created for eLotus Seminars.
Principles of the Style

1. Gather Medical History
2. Gather Palpatory Findings
3. Correlate and Prioritize
4. Test and Treat

Keep going between steps 3 and 4 (prioritizing/diagnosing) and testing, until you find the point combination that clears the abdomen most effectively.
If you are unable to get a diagnosis that proves effective in treatment, go back to steps 1 and 2.
Medical History

Chronological order
including birth and inherited disorders

look for the “first injury” as well as most significant

can you identify the “root”?  
It will be the injury that when it is addressed will knock all other findings off like a domino effect.
Palpatory Findings

Get the general picture first -
  Do not try and resolve anything until you get the full picture so you can prioritize

Be sure to palpate the neck/throat not just abdomen

It is hard to reliably palpate and test the back from the front

Channel palpation:
  Fire point diagnosis, bumps, edema, etc.
Prioritizing

Is the first injury reflecting in the body?

What are the most significant aspects of the medical history?

What are the most severe palpatory findings?

This is where we correlate all we have found and create a “strategy.”

This strategy could be wrong, which is why we test it, and we keep going through more strategies, abandoning what does not work, until we find the best strategy.
Testing

Is the strategy we came up with resolving the abdominal findings? How fully?

We are looking for the “one strategy” that will clear the whole abdomen, neck and back.
   This is not always possible, and we may need to apply 2-3 strategies

A strategy/protocol that only clears one finding, is considered less valuable and should be abandoned (use it only as last resort)
Finding the Root

Priority is given to medical conditions such as:
- cardiac conditions
- autonomic nervous system disorders
- blood pressure disorders
- autoimmune diseases
- diabetes
- thyroid conditions

Palpatory findings that take priority:
- Adrenals (reflects below Kid16)
- SCM (ANS reflex)
- Cervicals and occiput
- Ren9 pulsing
- Fire points
- Stomach Qi (by pulse or by structure)
- Inguinal and inner thigh tightness
Ill-being in the Heart Sutra

照 見五蘊皆空度一切苦厄

Zhao Jian Wu Yun Jie, Kong Du Yi Qie Ku E

(“shed light on the 5 Skandhas and found them equally empty, after this penetration she overcame ill-being” Guan Yin in the Heart Sutra)

照 Zhao illuminate – to make apparent by putting it in the light of fire
苦 Ku bitter – grass that is old - withering
厄 e distress – a person crouching under a cliff

Ill-being (disease) has to do with lack of uprightness, lack of freshness, withering.
Ease – Ling Shu 33

We are trying to create -
輕 勁 多力 - Qing Jing Duo Li (ease, vigour, lots of power)

輕 - Qing, light, ease
cart moving swiftly along river
勁 - Jing, vigorous, sturdy
River with strength (and internal river of strength)

輕安 - Qing An – ease/light, peace/calm Prasrabhi (ease) the opposite of sluggishness
(prasrabhi – alertness, felexibility)

The opposite of ease is Auddhatya, excitement, restlessness
which can be expressed as Bu An (不安)
or as Diao Ju (掉舉) to lose one's wholeness (or uprightness, lift)
掉舉 - Diao Ju, drop the lift, loose wholeness
    掉 Diao – drop, lose, fall
    舉 Ju – lift, raise, uphold, whole
# Abdominal Findings

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
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<tbody>
<tr>
<td>Left SP14-13</td>
<td>base line (unless colitis)</td>
</tr>
<tr>
<td>Left ST26-27</td>
<td>Oketsu</td>
</tr>
<tr>
<td>Right ST26-27</td>
<td>Lung, Immune, digestion, pelvic shift</td>
</tr>
<tr>
<td>4 &amp; 8 o'clock</td>
<td>Adrenals</td>
</tr>
<tr>
<td>Ren9</td>
<td>weak Dan Tian, sadness (heart cannot hold)</td>
</tr>
<tr>
<td>Ren12 to ST21 beam</td>
<td>weak pancreas</td>
</tr>
<tr>
<td>Ren12</td>
<td>weak stomach</td>
</tr>
<tr>
<td>ST21</td>
<td>ulcer (left – stomach, right - duadenal)</td>
</tr>
<tr>
<td>Ren15</td>
<td>worry, cardiac</td>
</tr>
<tr>
<td>Ren17</td>
<td>anxiety, cardiac, esophagus</td>
</tr>
<tr>
<td>Kid25-27</td>
<td>bronchial (if both sides)</td>
</tr>
<tr>
<td>Kid13</td>
<td>uterus</td>
</tr>
<tr>
<td>ST28</td>
<td>ovaries</td>
</tr>
<tr>
<td>Liv14 or under ribs</td>
<td>Liver (excess/deficient/mixed)</td>
</tr>
<tr>
<td>Kid13</td>
<td>uterus</td>
</tr>
<tr>
<td>ST28</td>
<td>ovaries</td>
</tr>
</tbody>
</table>
# Neck/Throat

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
</table>
| SCM               | autonomic nervous system  
|                   | (parasympathetic block)  
|                   | motor nerve reflex  
|                   | check in any neurological disease |
| ST9               | thyroid, “primitive instinct” |
| Scalenes (ST12)   | Spleen, muscular |
| C3                | phrenic nerve |
| C4-5              | thyroid |
| occipital ridge   | ANS, endocrine |
| right G.B.20      | oketsu |
| Mastoid           | C1, deep tissue, ears, (autoimmune) |
| S.J.16            | Immune |
The Back I

T1-T3  face, head (brain also)
T2  right – G.B
T2-T3  Thymus/immunity,
T2-T9  psychosomatic
T4  eyes
left T4, T5, T6  Cardiac
S.I.11  autoimmune
deright S.I.11  cardiac
tleft S.I.11  digestion, liver, G.B
U.B.42  oxygen supply
tleft U.B.42 – U.B.45  cardiac
T.7, U.B.17  ANS, Insomnia Shu, Asthma Shu
right T7-T9  Liver
right T10  G.B.
T11, T12  Sugar
The Back II

| L1   | inguinal ligament |
| L2   | physical Kidney, brain, survival |
| L3   | hip |
| L5   | autoimmune, hemorrhoids, legs |
| U.B.32 | women's point |
| U.B.33 | male point |
| U.B.34 | testosterone |
| DU2  | ANS (treatment, not reflex) |
Oketsu

left ST26-27 left Liv4 + LU5
(up to below Kid16) left U.B.35

Oketsu Kai – use Inguinal and/or Liv12

right G.B.20 – clear Oketsu and needle

though considered less central than in the 90's, it is still essential in cases where there is a clear history of repeated operations, or with irregular heart beat
Immune behind the SCM – S.J.16 Immune points
(L.I.11-10 on the edge of the bone)

for lymph add S.J.1,2, SP5,9
below scapular spine

pain along the posterior iliac crest – this is Immune also
pain arching and curving lower back
temporal headache

use Immune points for Ren12
Adrenal

below Kid16
(4 o'clock, 8 o'clock)

Kid6 + 27

replace Kid6 with:
Kid7 – slow pulse
    G.B.26 pp
    Kid2 pp
Kid3 - rapid pulse
    hypothyroid
    brain disorders
    breathing disorders
Kid9 - goiter, neck pain

if Kid2 pain
Kid7 + 10 (Metal/Water)

tight paraspinals (“valley back”)
acne on chin
TMJ (use Kid9)
SCM and Thyroid
Liver I

Right Liv14 or under the ribs
dull or sharp?

Dull = Deficiency
Right Liv1

Sharp = Excess
Right Kid7, Sp7, HT3. P.4

Liv2 pp
right Liv4 + Liv8

Liver can also show on right C3
Oketsu may be involved
consider Sugar metabolism and detox
Liver II

Fatty Liver
Right ST25 + Liv13
(obese – start left G.B.26, ST27, Ren6)

Other:
Kid9, L.I.15 (detox),
right Si Shen Cong
G.B.28 (esp. in menopause)

Mouth sores – SP3 + Liv3

On the back – T7-T9 (right) left U.B.35
right U.B.43 may show, also right S.I.11 – treat those if they show
Cardiac Reflexes

left S.I.11 most reliable (pathognomonic)
left SP20
Ren15 (when pressing up and left)
left Kidney line (on sternum)
P.1
left ST18
inner border of left scapula

Cardiac patients tend to fall into 3 categories:
- short, weak pulse (no Chi position)
  use SP6, 9, Pericardium
  this type tires easily and may have stiff shoulders
- flooding left Cun pulse (at least relatively flooding)
  use Ren4 or U.B.27
- water accumulation
  treat this first to alleviate pressure on heart: SP3, 7, 11
Cardiac Treatments

distinguish slow vs rapid (or normal) pulse

   Ren4 - for rapid or normal pulse
   U.B.27 - for slow pulse

   check U.B.60 (especially left)
   treat U.B.66/67 Metal/Water or U.B.60

Left Under-2nd-Toe (tachycardia)

   left T4, S.I.11 and gummy area around scapula
Autoimmune Disorders

This is systemic inflammation – use systemic Metal/Water

Rapid pulse:
Ren4 + Kidney + Lung
(check which Kidney and Lung points clear abdomen)

Slow Pulse:
U.B.27 + U.B.23 or 52 + U.B.13 or 42

Do not use Ren4 if:
pulse is slow
Crohn's or Ulcerative Colitis
(you can substitute side-G.B.27, also known as MuShu)

Immune points can be added in either case

Consider IHiKun (anything that starts with high fever)
or (for rapid pulse) S.I.1, 2, U.B.66, 67
Diabetes

SP3
Adrenal (Kid below knee + 27)
Immune
Odi (right ST22)

T11,12

Consider this for any sugar imbalance
Consider Diabetes to also be autoimmune (add Ren4 etc.)
Consider Fatty Liver treatment
Thyroid

Thyroid is in the Kidney domain -
it is an endocrine gland, and the throat is Kidney domain

originally – Kid3 for hypo, Kid7 for hyper, Kid9 for goiter
however, do not rely on this and check the effect on ST9

ST Qi – can be useful also (ST9 is thyroid reflex)

Hypothyroid – activate the Du
Du2, (L2), T11, 12, T7, T5 (or T9, T4)

Consider autoimmune issue
Consider toxicity (Kid9, L.I.15)
Check Liver
Always treat Liver and Thyroid in any type of cancer
especially if chemo or radiation are involved
On any channel, if the Fire point is painful, use the Metal and Water points of that channel. Use this principle when you know you want to use a channel but not a specific point. This principle most significant with the Kidney or Pericardium channel points, check the Fire points first.

P.8 pressure pain – use P.5 + P.3
P.8 no pain – use P.4 (3 fingers below P.3) or P.6
P.8 nice sensation – use P.8 (or P.4)

Kid2 – do not press, rub, it is not just one spot
Neck I

Scalenes | SP3, LU8, HT3, Inner Yin
SCM | Opposite S.J.8 (5 – if rapid pulse) 
| Kid9, ST41 – same sides
S.J.16 | Immune
G.B.21 | SP9
behind G.B.21 | TMJ
Neck II

Cervicals C2-6  S.J.8 (same side) + Kidney + Liv8
               IhiKun

C3            Right Liv1
               Left either Cardiac or SP1

C4            ST9

C5            behind ST9

C6-7          HT3 (if one side)

Atlas (shows on mastoid)  Yao Tong Xue
Neck III

Occipital ridge  this can be ANS (An Mian 安眠)
use Under-3rd-Toe (opposite)

Right G.B.20  Oketsu – Liv4, LU5, needle left ST27

Lateral part of occiput  hormonal – use U.B.66

Mastoid (puffy)  autoimmune

All neck issue – look at T3-T5
Blood Pressure Imbalance

This include high, low as well as “weird” (meaning either too high or too low a gap between cystolic and diastolic)

There is no one clear reflex for blood pressure issues

Treat:  SP6, SP9 + Pericardium
        (check P.8 and determine accordingly)
        Under 3rd-Toe (check pulse)

        S.I.9/10
There is no autonomic nervous system clear reflex but it can reflect on:

tight SCM (parasympathetic/vagus blockage)
tight diaphragm (can reflect on C3)
tight Liv12

Ren17
Ren9

T5, T7
Inner boarder of left scapula
The clearest indication of an ANS disorder is the pulse. It is a “tight” pulse, which in TCM would be described as “wiry” and thin, often weak but not necessarily so. (note – wiry is supposed to be an Excess pulse, so saying “wiry” on a deficient pulse is inaccurate, but it is the common description)

This pulse disappears upon pressure (by Nagano) or changes quality and loses its “edginess” (by Avi)
ANS – Treatment

Differentiate between slow and rapid (including normal) pulse

Under-3rd-Toe – if pulse is not slow, or it is clearly tight

S.J.8 for regular and slow pulse, S.J.5 for rapid pulse

Pericardium (check P.8)

Ren6 (rapid pulse only)
Liv12 (rapid pulse)

DU2

S.I.9/10
T5, T7

There is a correlation between ANS and thyroid
There is a correlation between ANS and Adrenal
Ren9 pulse

A pulse on Ren9 (which can extend left to Kid16 and slightly below and up towards Ren12, and even beyond) indicates a weak Dan Tian or emotions that are not appropriately expressed (heart is unable to hold the emotion).
It indicates mis-communication between Ming Men (Lower Dan Tian) and the Heart (Fire) and often also shows on Left SP20

Treatment by Kiiko: Right ST24 (needle towards Spleen)
Left G.B.26

Treatment by Avi: side G.B.27 (MuShu) – may add U.B.2 then ST24 + G.B.26
Gynecology - Reflexes

Kid13 – uterus reflex
treat via Liver or Spleen points

ST28 – ovaries reflex
treat via Liver or Spleen points
Gynecology – Areas to check

These all have to do with blood/nerve supply

Pirifoirmis release via G.B.31, Kid16

sacto-iliac joint release via G.B.34

inner thigh

inguinal

L5 (sacral parasympathetic supply)

after releasing they can be needled also, and Kyutoshin added
The following conditions can have an effect on Gyn issues, are often part of the treatment/solution, and may need to be addressed first.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment</th>
</tr>
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<tbody>
<tr>
<td>Hormonal/Pituitary</td>
<td>reflects on U.B.2, G.B.20 use U.B.66 (S.I.3 if took birth control)</td>
</tr>
<tr>
<td>Thyroid</td>
<td>reflects on ST9 use Kidney points</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>SP6, 9, Pc, Under-3rd-Toe</td>
</tr>
<tr>
<td>ANS sensitivity</td>
<td>check and release neck</td>
</tr>
</tbody>
</table>
Gynecology – Specific Syndromes

Cysts  Liv8

Cramps  Sp3 + odi

Bleeding  SP7

Endometriosis  Liv5

Inflammation  Liv5 + SP5

Hormonal H.A (behind eyes) - Liv2, HT3, U.B.59

Post Partum depression - SP6, SP9, Pc, LU5
may or may not show as Adrenal (4 o'clock, 8 o'clock, or Kid2 pressure pain)
may show as Liver
may show tight diaphragm and Ren17

Kid6 + Kid27
   (substitute Kid6 as appropriate, usually Kid7)
SP9 + G.B34
Inguinal (G.B.27 to ST30 area, needle towards leg)
Gynecology – treatment points

Ren12+ right SP6, left S.J.4  Yi Tian Ni’s Gyn combination

Inner Yin is a hormonal area
    often shows bumps

P.4 sends blood to abdomen

SP6 + P.6 anemia

ANS sensitivity check and release neck