

# 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 Prasarabhi (ease) the opposite of sluggishness  
(prasarabhi – alertness, flexibility)

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

Left SP14-13	base line (unless colitis)
Left ST26-27	Oketsu
Right ST26- 27	Lung, Immune, digestion, pelvic shift
4 & 8 o'clock	Adrenals
Ren9	weak Dan Tian, sadness (heart cannot hold)
Ren12 to ST21 beam	weak pancreas
Ren12	weak stomach
ST21	ulcer (left – stomach, right - duodenal)
Ren15	worry, cardiac
Ren17	anxiety, cardiac, esophagus
Kid25-27	bronchial (if both sides)
	left only – cardiac (correlate with S.I.11)
Liv14 or under ribs	Liver (excess/deficient/mixed)
G.B.26	twist syndromes
Kid13	uterus
ST28	ovaries

# Neck/Throat

SCM	autonomic nervous system (parasympathetic block) motor nerve reflex check in any neurological disease
ST9 Scalenes (ST12)	thyroid, "primitive instinct" Spleen, muscular
C3 C4-5	phrenic nerve thyroid
occipital ridge right G.B.20 Mastoid	ANS, endocrine oketsu 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
left S.I.11	cardiac
right S.I.11	digestion, liver, G.B
U.B.42	oxygen supply
left 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  
(up to below Kid16)

left Liv4 + LU5  
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 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

# Metal/Water Treatments

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

# ANS - reflexes

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

# ANS - pulse

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

Piriformis                      release via G.B.31, Kid16

sacro-iliac joint              release via G.B.34

inner thigh

inguinal

L5 (sacral parasympathetic supply)

after releasing they can be needled also, and Kyutoshin added

# Gynecology – other considerations

The following conditions can have an effect on Gyn issues, are often part of the treatment/solution, and may need to be addressed first.

Hormonal/Pituitary      reflects on U.B.2, G.B.20  
use U.B.66  
(S.I.3 if took birth control)

Thyroid                      reflects on ST9  
use Kidney points

Blood pressure            SP6, 9, Pc, Under-3rd-Toe

ANS sensitivity            check and release neck

# 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

# Gynecology – Hot Flushes

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