Male uro-genital diseases

prostatitis, testicular problems and erectile dysfunction

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Abstract
In this article I introduce the reader to other forms of diagnosis and treatment of male uro-genital problems.
The standard TCM concepts of kidney deficiency, yin fire, and damp heat, while useful, do not always provide
the best treatment strategies for all patients. With the ability to utilise other points of view, it is my hope
that readers will benefit patients with problems that have not responded to the standard TCM approaches.

For a variety of socio-anthropological reasons most
acupuncturists treat more women than men. One of the
primary differences between male and female patients is
in the field of gynecology and endocrinology. Women tend to
be far more sensitive to hormonal issues. This is true not only
in terms of menstrual hormones, but also in terms of incidence
of thyroid diseases as well as prevalence of auto-immune
diseases which are often related to endocrinological status.

However, men also experience uro-genital problems. In
this article I will outline the Këko Matsunoto style treatment
protocols for three male disorders: prostatitis, testicular prob-
lems, and erectile dysfunction.

The Matsunoto style relies heavily upon palpation as a
form of diagnosis. Whenever we feel pressure pain in the
abdomen, we take note of it and attempt to reduce the pres-
sure pain during the treatment. We choose remote points
that will reduce the pressure pain in the abdomen. The abdomen is
not the only area used for diagnosis; we also palpate the chest,
the neck and throat, and the back. The two principles of the
Matsunoto style is to treat everything one finds and not just
the presenting symptoms, and to attempt to treat the oldest
injury/trauma/illness in the patient's history if it still reflects in
the body. This is based on the idea that as long as some past
incident has a hold on the body-energetics, the body might not
be able to deal with more recent issues. In other words, by let-
ting go of the past we are able to deal well with the present.

Technically, we adhere to another principle, which is that
we treat the abdomen mostly from the bottom up, as if fixing
the basement before fixing the roof. There are often exceptions
to this rule, that relate to how important or how deep an
issue is. Although uro-genital issues reflect in the lower
abdomen, they do not always take precedence in treatment,
and other issues might need to be addressed first.

In traditional female gynecology, the three leg yang
channels are of primary importance. The kidney rules our reproductive
energies, while the liver encircles the genitals. Because
women's gynecology is strongly correlated to blood, the spleen
and heart (or pericardium) play a more significant role than
they would in male uro-genital problems. According to Master
Nagano, in women, St 28 reflects the ovaries and Ki 13 reflects
the uterus. The ovaries are considered to lie in the kidney
domain, hence we treat pressure pain at St 28 via kidney
points (most commonly Ki 7). The uterus, which relates more
to blood is considered to be influenced by the liver and spleen,
and we tend to use liver and spleen points to release pressure
pain on Ki 13 (most commonly Liv 4, Liv 8, Sp 3, or Sp 7).

In men, the reflexes used are also Ki 13 and St 28 but also
Ki 11 and St 39, as well as the midline points (ren) points. Master
Nagano says that male uro-genital problems involve the liver
and kidney meridians.

Treating Prostatitis
According to Master Nagano this is a liver and kidney disor-
der. The treatment points are Ki 6, Liv 8, and GB 31. These
should be tested and ensure that they release the pressure pain
found in the lower abdomen. One often needs to change the
location of the point slightly in order to find the exact point
that truly releases the abdominal findings.
Liv 8 (guquan – Bending Spring) requires that the knee be slightly bent when locating and needling it. Look for the slight nodular/gummy feeling at the edge of the crease. Many TCM practitioners take Liv 8 quite a bit higher than we do (perhaps in an attempt to place it in the notch created by the femoral epicondyle). Liv 8 is a “cyst shrinking” point: it is imperative that you find the exact Liv 8 that eliminates the abdominal pressure pain. We also add direct moxa on this point. (We use very fine, yellowgold coloured moxa with tiny sesame size grains and we make sure that the moxa is not pressed hard, so the heat is not intense. This kind of moxa can be used in yin deficiency and heat conditions.)

(In women the whole area above Liv 8 can indicate hormonal imbalances if one finds puffy, thick tissue here. This area stretches for about 2-3 cm above Liv 8 on the liver channel. I have not found this correlation in men.)

Treating the sacrum is extremely important in male uro-genital problems

Often, prostatitis patients have pressure pain on Liv 2. We press on Liv 2 (towards the thumb) with 5kg pressure. If this amount of pressure is painful, we needle both Liv 4 and Liv 8. This is a principle we call “treating Metal/Water in order to reduce fire” (water counters fire, and metal, as the mother of water, enhances this ability). We locate Liv 4 about one thumb’s width below the internal malleolus, just medial to the tibialis anterior, and we needle it superficially upwards with the flow of the channel.

Ki 6 is needled superficially towards the achilles tendon, and GB 31 is needled perpendicularly. It is possible that the patient will also have pressure pain on Ki 2, upon 3kg pressure. This finding is more common in women than in men. Our Ki 2 is not quite as close to the navicular bone as the TCM point location, but lies in the more fleshly part of the arch of the foot (slightly forward and below the TCM location). If Ki 2 is painful, we compare the effect of Ki 6 on releasing the abdomen against the effect of Ki 7 with Ki 10 in releasing the abdomen. This is because, if a fire point is painful, the preferred treatment is the metal and water points. We define Ki 7 as the “puffy” spot, from 2 to 4 fingers above the malleolus, and needle it at a 30-degree angle upwards toward the knee. Ki 10 is needled superficially upwards.

Although we do not emphasise the treatment of the spleen in male uro-genital problems, if we find a nodule, puffiness, or a dent, on Sp 7, we use Sp 7 as well (preferably with direct moxa). Master Nagano says that Sp 7 is a spleen channel point which affects the kidneys, and thus uses it for water retention and ear infections. Our Sp 7 is on the back edge of the tibia, and some TCM practitioners will associate this point with Liv 6 (we take the liver channel on the bone itself).

Patients who are taking female hormones for the treatment of prostatitis, should be checked for hormonal imbalance, and SI 3 can be added. A hormonal/ pituitary imbalance often shows as pressure pain on Bl 2, and pressing on Bl 2 will often release the abdominal findings, confirming a pituitary connection. SI 3 is the master point of the du mai, and hence is chosen to fix brain/pituitary problems. We use UB 2 as both a reflex and treatment point of hormonal problems, rather than Bl 1 simply as a matter of convenience. Bl 1 has been called ming men in ancient texts and hence can be considered to have a relationship to ming men and hormones (that which maintains the gates of life). Because of the relationship of the liver and the eyes, points around the eyes can treat liver channel disorders.

Bl 66 is another hormonal point, as it is water on water. It is especially useful in the elderly population. We also use Bl 66 for dryness associated with hormonal deficiencies in old age, as well as to fix tailbone shifts.

Treating the sacrum is extremely important in male uro-genital problems. Generally men have far tighter sacro-iliac ligaments than women do. It is my understanding that this may be due to their higher center of gravity, caused by broader shoulders and narrower hips, resulting in greater tension in the sacral area.

Bl 33 is a point we consider to be the “male sexual dysfunction” point (for women we use Bl 32). It is common to find gummy spots on the sacrum, almost as if the bones have a rough edge, in prostatitis and other male uro-genital problems. It is in my contention that breaking these areas of stagnation and smoothing them out helps the uro-genital system.

A point just outside Bl 33 (fois yang – the Meeting of yang, an important point for men) is called ‘prostate shrinking’ point. You know you have got the right point when you feel as if there is a nut inside the muscle. Because of the typical male tightness in the sacro-iliac area, men often jump when you palpate this area. Do not assume that because the point is tight, it is the correct point. Look for the point that has a nodule/gummy feeling, like a nut, under your fingers, and needle it, breaking down the gumminess.

Treating Testicles

It is now common practice to remove a testicle if a growth is suspected. The biopsy is done after the testicle is removed. Men’s balance is partially dependent on their testicles, since this is the lowest yin. The removal of a testicle can create
Erectile Dysfunction

Despite the pitches of a former presidential candidate on American television, erectile dysfunction is probably best treated without the use of Viagra. The process of gaining an erection involves the dilation of blood vessels but at the same time requires a certain amount of tension/ excitement within the nervous system. Although the erection itself is within the domain of the sympathetic nervous system, it requires the cooperation of the parasympathetic nervous system as well. Orgasm is a unique process where these two normally antagonistic systems are activated together.

Although some erectile dysfunction can be rooted in structural blockages and other issues, in many cases it is an autonomic nervous system disorder. Other symptoms typical to an autonomic nervous system (ANS) disorder can be easily sweating, easily nervous, palpitations, temperature imbalance, insomnia, and lack of tone adjustment (that is, sleepy during the day yet overly awake at night and unable to sleep).

A typical pulse in ANS disorders is a pulse Master Nagano calls a tight pulse. This pulse is often thready and has a 'wiry' or tight quality. Most significantly this pulse either disappears or changes quality upon deeper palpation.

There are many abdominal and other reflex areas that will display pressure pain in an ANS disorder. However, none of them are conclusive. Ren 17 is called ‘anxiety reflex’ and typically shows in ANS type patients. Pressure pain (with 3kg pressure) on P 8 may be an indication of ANS disorder: if on one side P 8 is painful but on the other side it is not, this is a clear indication of ANS disorder as we consider the pericardium channel to be the ANS channel. The occipital region can also reflect ANS problems, especially blood pressure imbalances (both low and high blood pressure). Tightness in the sternocleidomastoid muscle (SCM) is commonly seen as well, as the vagus nerve runs through the SCM, and tightness in the SCM congests the parasympathetic action of the vagus nerve.

It is not necessary to have an ANS pulse or any particular body reflex for the diagnosis of an ANS imbalance. Most often we diagnose an ANS disorder from the symptoms, and we confirm the diagnosis by ascertaining that ANS points indeed resolve, or help resolve, the abdominal findings and other reflexes.

If there is SCM tightness, this should be resolved first, to allow parasympathetic function to flow into the organs. We release the SCM using opposite side shao yang points. If the patient has a rapid pulse we use TH 5 and GB 41 opposite the tight SCM, making sure that the tightness is softened and the pressure pain is eased. If the pulse is normal or slow, we use TH 8 and GB 40 (still on the opposite side of the SCM to be released). The point we call 'TH 8' is about one-third down from the elbow to the wrist, and is at the mound of the muscle (it is in fact above TH 9). If the point releases the SCM on the opposite side, then it is the right point.

Ren 17 pain is released by use of pericardium channel points. However prior to using the pericardium channel, we use TH 3 with GB 41, bilaterally, especially if the patient has a rapid pulse.

We determine which points to use on the pericardium channel as follows: If there is pressure pain (with 3kg pressure) on P 8, we needle P 3 and P 5, according to the 'metal/water overcoming fire' principle. If the patient likes the pressure on P 8, P 8 is needled; however, many patients dislike the idea of a needle in the centre of the palm, and in such cases P 4 can be used instead. This P 4 is 3 fingers below P 3. If the patient dislikes the pressure on P 8, then P 6 is needled. All pericardium points are needled shallowly and with the flow of the channel. I use Seirin #1 on P 8. (A note on the location of the P 3 and P 4: the Japanese P 3 is located between the two ten-
dens of the bicep muscles, in the centre of the crease, and not medial to the medial tendon as per TCM. P 3 is located 3 fingers below that. In thin and muscular people you will be able to see a depression in the muscle, otherwise, brush your hand lightly down the pericardium channel to feel this depression.) A rapid pulse patient requires emphasis on the abdomen, while a slow pulse type patient is treated on the back. A rapid pulse is considered 85 beats per minute or faster. A slow pulse is 65 BPM or less. We normally treat patients with a pulse rate of 65-85 BPM as if they had a rapid pulse. It is very important not to mix the two strategies.

For the rapid pulse type, we treat the point under the 3rd toe, in the centre of the phalangeal-metatarsal joint (plantar side). This is our main blood pressure imbalance point, used for both high and low blood pressure. This point often releases Ren 17, as well as the occuput (on the opposite side of the toe used). The third toe does not have any points on it and is in the domain of the stomach sinus meridian. Akahane determined that it relates to the chest and diaphragm. We also use Ren 6 and Liv 12 for rapid pulse type. We needle Liv 12 superficially and towards the pubic bone. It is important to find the tight spot around Liv 12. (In the case of erectile dysfunction, the tightness on Liv 12 may be disrupting blood circulation into the genitals.)

If the patient has a slow pulse rate, then Du 2, needled superficially upwards, is used in lieu of Ren 6 and Liv 12. (It is important not to stimulate the abdomen when a patient has a slow pulse as abdominal stimulation can further slow the pulse rate.)

Liv 12 is called ji mai, the urgent or anxious pulse, which represents sympathetic dominance. We can easily see how this point reflects the autonomic nervous system by assuming a sai chi posture with the tailbone suspended and drooping straight down. This is a neutral position. When we tilt the pelvis forward, pressing into the thigh (Liv 12 area) we can feel that this creates an anticipation, a sense of urgency, in us. Tilt the pelvis back (sticking the tailbone backwards) also changes the general disposition and we feel less calm. From this we can understand that the tailbone (Du 2) and the inner thigh (Liv 12) play a major role in the state of the autonomic nervous system.

Master Kawai uses special diode rings that he places on the middle finger (pericardium channel). These are extremely useful in all cases of ANS disorders, and because they can be worn at all times, can serve as homework for the patient. For urogenital issues, Master Kawai uses a diode ring on the small finger. Master Kawai has also constructed a special 'cock ring' consisting of a double diode ring, specifically for erectile dysfunction. This ring is worn as a 'cock ring' and stimulates healthy circulation in the area. However, these rings are not available except to Master Kawai's patients in Japan.

The importance of treating the autonomic nervous system in all patients who present as such cannot be over-emphasized. A 30 year old man complained of a 'leaky penis' (meaning he was leaking urine, not semen, in small dribs) and urinary frequency and urgency (an inability to hold urine even for a minute or so). He showed no standard uro-genital abdominal findings, nor did he display kidney deficiency signs. However, his clammy hands, tight pulse, and tight SCM, led me to believe that this indeed was an ANS disorder, and that perhaps it was nervousness that caused the leaky penis. After two treatments concentrating on releasing the SCM and adjusting the autonomic nervous system, this patient reported his penis stopped leaking and that he was able to finish conversations rather than run to the bathroom when pressure arose. Three months later he called to confirm that he was still doing fine in the 'leaking' department.

Because of the importance of releasing the sacrum in male uro-genital problems, it often becomes necessary to release the occipital and neck region, in accordance with the craniosacral principle that the two areas are related. I always check the cervical vertebrae and the occiput (BL 10, GB 20 area) on all patients. Because pressure pain here can be a reflection of the vertebral artery (Hua Tiao of cervical C2-C5) or the basilar artery (below the occiput), this area can serve as a reflection of the rest of the spine all the way down to the sacrum, since the basilar arteries join and turn downwards to form the spinal artery which nourishes the spine (they also move forward into the circle of Willis to nourish the brain).

The points that release the occiput and cervical are Liv 8, Kid 10, and TH 8 (the same point which releases the SCM), all on the side of tightness. On the back we treat BL 58, BL 40 (taken closer to BL 39), and BI 60, all on the tight side, with BI 60 needled against the flow of the channel with some stimulation and BI 58 and BL 40 needled perpendicularly and shallowly.

In spite of great advances in societal outlook on gender roles, we can still differentiate between the genders in the way they handle (or mishandle) their emotions. This can reflect in the body also. I find that men display broken vessels (visible luo vessels) in the subcostal area, far more frequently than
women. This is the area of Ren 15 through Liv 14, and even more laterally, as well as just under the ribs. Whenever I notice these blood vessels, whether red or blue, I use a gentle seven-star technique on them, and stop when the tiniest drop of blood is released. One can also just rub the area until it is red to activate the blood vessels.

Luo vessels are the vessels of blood, and the blood is the carrier of the shen and emotions. Often suppressed emotions will result in the appearance of luo vessels, and activating the luo and bleeding them, allows those emotions to be circulated and vented. I have found a high correlation between the qiao vessels (the statement of how I reflect on who I am, how I stand up to myself and to the world, pelvic constriction, back pain, as well as physical ankle pain) and the luo vessels across the lower ribs (Liv 14, Ren 15 area). There is no classical text explanation for this. Nowadays, we would view luo vessels in this area as possibly related to the ren luo (Ren 15), and hence the importance of releasing these blood vessels for uro-genital reasons becomes apparent.

However, I associate these luo vessels with the qiao vessels, specifically with the jin qiao, which also relates intimately with the genital region. Before the idea of a luo vessel for the ren and the du (Ren 15, Du 1) was developed, there was the idea of the qiao vessels being the luo of the ren and the du. It is possible that this is what the classics had in mind. We can also see these blood vessels as obstruction in the diaphragm/heart, and hence they are important to release as they will further release the bladder (dai) and genitals. We know that there are two watchtowers in the body, Ren 8 (shen que) and Ren 14 (pu que). These are watchtowers that guard over the two main obstacles of life, the bladder and the diaphragm/heart which can be said to represent the separate (the will to live of the kidney) and the larger, universal self (represented by the penetrating compassion of the heart). When one watchtower is released, the area under guard by the other can be released also.

(Thcld rings can be obtained from Kiiko Matsumoto at 8 Centre Street, Natick, MA 01760, USA. The cost is $73, including shipping, paid in US dollars.)