



Male uro-genital diseases

prostatitis, testicular problems and erectile dysfunction **Avi Magidoff**

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 often 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 disorders which are often related to endocrinological status.

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

The Matsumoto style relies heavily upon palpation as a form of diagnosis. Whenever we find pressure pain in the abdomen, we take note of it and attempt to reduce the pressure 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 Matsumoto 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 letting 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 *yin* 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 be in the kidney domain, hence we treat pressure pain on 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 30, as well as the midline (*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 disorder. 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 (*qu quan* – Bending Spring) requires that the knee be slightly bent when locating and needling it. Look for the slight nodule/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, yellow/gold 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 cun 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 3kg 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 fleshy 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 depletion 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 centre 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 my contention that breaking these areas of stagnation and smoothing them out helps the uro-genital system.

A point just outside Bl 35 (*bui 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 dependant on their testicles, since this is the lowest organ. The removal of a testicle can create

structural problems resulting in back and then shoulder pain.

Because the liver channel controls the testicles, we understand that removal of a testicle creates an imbalance in the liver channel between both sides: the channel encircles the genitals on both sides intermingling in the testicles. By dogma it is considered that the side of the removed testicle is more deficient compared to the healthy side. Therefore we restore the balance to the liver channel by needling Liv 1 on the unhealthy side, and Liv 2 on the healthy side. Liv 1 is needled superficially in the direction of the channel flow (I use only Seirin #1 needles here), and Liv 2 (on the opposite side) is needled towards Liv 1, creating a vector across the liver channel on both legs.

However, this 'dogma' can be proven wrong, and I have had cases where Liv 1 on the healthy side combined with Liv 2 on the unhealthy side has done the best job for the client. I believe that this is because the imbalance between the two sides of the channel is what is most important, and that which way the imbalance presents is not always uniform.

In all cancers we check Liv 9. Originally Kiiko was using this point for breast cancer, but its use has expanded to all cancers. Liv 9 is *yin bao*, the *yin* wrapping (or the *yin* bladder), which we can interpret as related to cancer, cancer being a *yin* substance that envelops itself.

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 time 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

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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 5 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 P 3 and P 4: the Japanese P 3 is located between the two ten-

dons 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.)

We always differentiate between rapid pulse and slow pulse for ANS patients, as the pulse rate determines the treatment strategy. 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 occiput (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 sinew meridian. Akabane 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 *tai chi* posture with the tailbone suspended and dropping 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. Tilting the pelvis back (sticking the tailbone backwards) also changes our emotional 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-emphasised. A 30 year old man complained of a 'leaky penis' (meaning he was leaking urine, not semen, in small dribs) and urinary fre-

quency 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

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occipital and neck region, in accordance with the cranio-sacral 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 Tuo* of cervicals 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 cervicals 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 Bl 60, all on the tight side, with Bl 60 needled against the flow of the channel with some stimulation and Bl 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 *yin 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/chest/heart, and hence they are important to release as they will further release the belt (*dai*) and genitals. We know that there are two watchtowers in the body, Ren 8 (*shen que*) and Ren 14 (*ju que*). These are watchtowers that guard over the two main obstacles of life, the belt/genitals and the diaphragm/heart which can be said to represent the separate self (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.

(Diode 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.)

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