

An Introduction to Hara Diagnosis, Kiiko Matsumoto Style

By Avi Magidoff, LAc

The Nagano-Matsumoto style of treatment is a very powerful tool available to acupuncturists, yet few people seem to utilize it, perhaps because Master Kiyoshi Nagano has never actively pursued fame in the great centers of acupuncture around Tokyo. However, even though his technique has gotten wider exposure through Kiiko Matsumoto's work, I suspect many acupuncturists find this style to be confusing and difficult, both intellectually and physically.



Avi Magidoff, LAc

It has taken me years of following Kiiko to "get it." One cannot learn a whole system of acupuncture from a few articles, nor from occasional seminars. However, it is possible to improve the results one gets by incorporating elements of this style and slowly increasing one's understanding of the system. The purpose of this article is to introduce the reader to some of the most common abdominal findings and their treatment. I have been teaching this style for the past 5 years, and attendees always attest to the effectiveness of these treatments. As beginners, they will often say they still use TCM or other methods (e.g., Miriam Lee/Richard Tan style), but that the addition of these simple procedures increases treatment effectiveness manifold.

The basics of abdominal diagnosis are the same as for pulse diagnosis - anything you find or feel has significance. When babies are born, if they are totally healthy, (assuming a clean karma) their pulses should be smooth,

without glitches, and reflect a clean slate upon which life will imprint its experiences. Newborn babies would, likewise, have a smooth abdomen, a Buddha belly, so to speak. As life goes on, experiences are accumulated, pathologies settle in, and patterns are created, all of which imprint their signature on the cellular memory of the body and reflect in various places. It is the nature of Chinese medicine to recognize that the microcosm reflects the macrocosm. Thus, the pulse reflects the whole body, as do the palms, feet, and, of course, the abdomen. It is the ability to attune ourselves to a particular modality of diagnosis, perhaps to combine more than one tool that makes us good at what we do. The reality of pulse taking is that it is an extremely subtle art. Most practitioners can read gross qualities, such as wiry, slippery, strong, weak, etc., but the reading of a life history requires lifelong practice.

Abdominal diagnosis, on the other hand, is easier. Here the patient can give you feedback. If an area pressed is hard, or ropy, or produces pain, that is hard to dispute. There is nothing "subtle" or mysterious about it. The problem in using this form of diagnosis is that the patient is fully aware of the process - they can tell when the abdomen is getting better and the pressure pain disappears. Unlike pulse diagnosis, the practitioner has no information that the client does not. This makes us, practitioners, rather vulnerable and appear less "smart," possibly another reason for resistance to this style.

On a healthy abdomen, one should be able to press the abdomen to the depth of one knuckle, that is from the finger tip to the distal interphalangeal joint, without producing pain and without the practitioner feeling resistance, hardness, ropiness, cold, or other "weird" sensations. I use 3 fingers, the index, middle, and ring fingers altogether. This gives the patient a more comfortable feel when I press. Never press the abdomen with the thumb. This can feel very violating (and violent) to the patient. By using 3 fingers, I minimize the discomfort felt. However, my attention is at the tip of my middle finger, which is my sensing finger and where most of the pressure is focused. It is possible to do

this with any other finger and is a matter of individual preference. I first touch the area to be pressed and then move in. At first you may want to move your fingers from side to side as if making space — this will ensure that you are not moving in too fast. As you gain more experience, you will learn the pace that is comfortable for the patient.

Of special note is the effect sugar imbalance has on weakening muscles and contributing to numbness and muscular pain, thus it is extremely important to treat.

Any area where you find pain, or a ropy, hard or "weird" feeling (like "finger nails," hopefully not yours), etc., indicates a pathology. We call this a "reflex area." Any one area in the abdomen can reflect more than one pathology. For example, the area around the navel reflects the spleen (*Nan Jing*), but the points just below K16 reflect the adrenals. Furthermore, in physical kidney disease, e.g., kidney stones or kidney infections, the area around the navel will be painful or ropy, especially K16. It is possible for a patient with allergies to be spleen deficient only, with no kidney or adrenal involvement, thus the area around the navel will be tender. On the other hand, this allergy patient may well have depleted adrenals, in which case the area below K16 (we call this 4 o'clock and 8 o'clock) reflects simultaneously the spleen and the adrenals, while pressure pain elsewhere around the navel is a reflection of the spleen only.

Another example is pressure pain on Ren 9. This area can indicate either small intestine/digestion problems or water problems, like edema. Which of these problems the pressure pain on Ren 9 reflects can only be ascertained by treating it. If water points release Ren 9, it indicates a reflection of water. If digestion points release Ren 9, it means that Ren 9 reflects digestion problems.

Once we have identified the various abdominal areas that show pressure pain, we interpret them, taking the whole picture into consideration. Our treatment goal is to eliminate all pressure pain (on the abdomen, the neck, throat, and back). Once this happens, the symptoms the patient is complaining about tend to subside. We can then further work more symptomatically on specific complaints once the abdomen has been cleared. Clearing the abdomen (neck, throat, and back) is our "root treatment."

The way we determine the points to needle is by pressing on the acupuncture point and ensuring that it has a good effect on the abdominal reflex, that is, it alleviates the pressure pain. Here is how this works. Suppose we find pressure pain on left St 27 area. We call this *oketsu* and normally treat this with Liv 4 and Lu 5, both on the left. Let go of the pressure on left St 27 and ask the patient to remember what it felt like. Press on left Liv 4, upwards in the direction of the channel, and then press again on left St 27, while still holding on with pressure on Liv 4. If the pressure pain on left St 27 is improved, we found the correct Liv 4. If not, look for a slightly better location. Finding the exact location for a point has absolutely nothing to do with its description in the book. It also has little to do with how painful the point is. All that really matters is that the point selected, and the angle of pressure alleviates the pressure-pain on the reflex. I often spend time finding the point that does the best job at clearing the reflex (preferably 100% clearing!). It is not uncommon to find a point that clears an abdominal reflex by 50%, but a point 3mm away may clear it by 90%. Obviously one chooses the latter.

When pressing on a reflex point, you need to remember at what depth and angle the pain was elicited and what it feels like to your fingers. It helps to have an image of the tissue under your fingers. Once you press on the remote treatment point, you need to reproduce the same location, angle, depth, and pressure, at the reflex point and make sure it has been cleared. I recommend that you leave your hand just touching the skin at the reflex point and that with your other hand

palpate and press the treatment point. Once you are pressing the treatment point, reapply the pressure on the reflex area. This way there is no argument about the location. It is common for the novice patient to claim that you are not pressing as hard or that you are pressing on a different spot. The changes are truly dramatic when pressure-pain disappears, and thus, you want to be sure to locate the correct reflex area.

Although I cannot elucidate all abdominal findings, the following four treatment ideas should prove to be a great start. These are the most common findings and most commonly used points in the Matsumoto style.

The most common finding is called *oketsu*, which means non-physiological, sluggish, dirty, piled-up blood. It can be translated as stagnant blood, however, this connotes the TCM understanding of a pathology resolved by herbs, such as *hong hua* and *tao ren*, which is not our understanding. We interpret *oketsu* to be an impingement of microcirculation. This is very similar to the modern Chinese emphasis on blood vitalizers to improve microcirculation to counter the effects of aging. This can be due to a fever, infection, repeated trauma, operations or bruises, etc. 70 – 80 percent of all patients show *oketsu*, regardless of their complaint or other abdominal findings.

Oketsu shows on the area of left St 26, St 27, and K15. Be aware that this is an area, not a matter of exact point location. This is originally a liver reflex, according to the *Nan Jing*. We understand this to be so because the portal vein that leads to the liver comes from the left side, and thus an "obstruction" in the liver will cause a more sluggish flow that will show on the left side. While it is true that *oketsu* will show in liver disorders, i.e. hepatitis, cancer, etc., it most often shows without any liver involvement. We diagnose liver on right Liv 14 and below on the right subcostal line.

If you find *oketsu*, you must clear it. There is no point in treating other issues if microcirculation is sluggish. After all, if *qi* and blood are not moving well, it makes it harder to address other issues. Once *oketsu* is cleared, many

other abdominal findings will improve, or even clear up, without adding other needles.

The standard treatment of *oketsu* is left Liv 4 with left Lu 5. We locate Liv 4 a thumb's width below the medial malleolus, on the medial side of the tibialis anterior, somewhat close to Sp 5. We needle Liv 4 at a 10° – 30° angle upward with the meridian flow, with 10 – 15mm of the needle. Obviously when we press on the point to test it, we press it in the same direction (toward the anklebone). Lu 5 is located almost a thumb's width laterally to where TCM textbooks describe it, that is, closer to LI 11. There is a "weird" tendinous feeling at the correct point. We needle it superficially towards the thumb, and with the flow. We then recheck the *oketsu* reflex area (left St 27) and ascertain that the *oketsu* is indeed cleared. If there is a little bit left, tiny manipulation of Lu 5, or moving the needle up and down in a shaking-like fashion, will probably clear the rest. The patient need not feel anything. We are not after a *qi* sensation, but want to break down the gummy connective tissue, which will communicate the effect of the stimulation to other tissues. For treatment, I use Seirin #2 needles since they are fine and insert easily.

Sometimes you will feel a hard lump feeling at the *oketsu* area. We call this *oketsu kai* (*oketsu* lump). For *oketsu kai*, the combination of left Liv 4 with left Lu 5 is likely to alleviate the *oketsu* reflex area by only 30% or so. This is often because of blocked circulation at the inguinal joint. After you have tested and needled Liv 4 and Lu 5, palpate the left inguinal ligament. This is the area between GB 27/28 and St 30. Press this area toward the left leg, laterally and downwards. Find the ropy area and press it. Now test the *oketsu* reflex area, and it should improve. Needle into the ropy area that most releases the *oketsu*. The area of the left inguinal groove (inner thigh—around left Liv 12) might also be blocked and obstruct the clearing of *oketsu*. Press this area up toward the pubic bone. This is also the direction to needle. Both the inguinal ligament and the inguinal groove are needled shallowly. You need only tap the needle in.

Continued on page 26

Continued from page 25

Note: If there is a lot of pain on either the inguinal ligament or inguinal groove, we would treat those areas as reflexes first and release that pressure pain, prior to needling them.

The treatment of *oketsu* is absolutely essential and must come before any other treatment, as it not only clears other abdominal findings, it also clears the way for other treatments. Be aware that *oketsu* can be complicated by other syndromes, primarily immune problems and poor circulation, and might not fully clear until those elements are addressed. I will discuss the immune points below.

There are two main circulation problems. The first is lack of blood flow, which we consider to be a spleen problem. This typically shows in patients who have a pulse that has no third position (kidney position - Nagano calls this "not enough blood to fill the pulse," and categorizes it as spleen). In this case, tonifying the spleen, using Sp 9, needled superficially

upwards, toward Inner-Knee-Eye, and Sp 10, both bilaterally, will help clear the *oketsu*. The other circulatory problem is related to the autonomic nervous system (ANS) and blood pressure. This tends to show as a tight pulse. A tight pulse by Nagano is what TCM practitioners might call wiry, thin, and superficial, and which loses this quality when pressed deeply, especially if rapid. The subject of treating ANS is rather complicated and is beyond the scope of this article.

Adrenal shock is another extremely common pattern. When people suffer fear or shock, or feel deeply threatened without the possibility of escape, the body contracts inwards, toward the navel. Think of your physical reaction during a nightmare. Chances are you will contract your navel. Thus, shock shows just below K 16. This reflex is one of the few that has a strict location, in that it cannot be above K 16, and it must show on both sides. People do not experience shock or adrenal depletion on one side only. We call these re-

flex points 4 o'clock and 8 o'clock. This is a reference to a clock around the navel, with Ren 9 being 12 o'clock, left/K 15 is 3 o'clock, Ren 7 represents 6 o'clock, and right K 15 is 9 o'clock. These points reflect not just shock and trauma, such as car accident, etc., but also slower and continuous exhaustion of the adrenal glands. Hence, we commonly find them in our fast-paced culture.

It is important to remember that the whole area around the navel, including 4 o'clock and 8 o'clock, reflects the spleen and allergies. So, when a patient has pressure pain on the adrenal-shock reflex, it does not immediately indicate shock or adrenal exhaustion. A patient can have both spleen deficiency and adrenal-shock, or one without the other, and have pressure pain on 4 o'clock and 8 o'clock. The only way to ascertain what these points reflect is to attempt to release them. If they reflect spleen deficiency with allergies, they will respond (pressure pain will be reduced) to spleen points (usually Sp 9), while

Continued on page 27

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if they reflect the adrenals, they will respond to kidney points. If you find only 4 o'clock & 8 o'clock and no other points around the navel, this is probably the adrenal pattern, and not the spleen pattern.

The kidney channel goes up the spine and into the kidneys, surfacing at K 16 (*Huang Shu* - Missing/Hidden Organ *Shu*) where one branch moves downward (K 15 to K 11) and the other moves upward (K 17 to K 27). Adrenal shock is seen as a severing of the kidney channel, or the kidney channel's inability to nourish the *jing* in its movement downwards. The treatment for adrenal shock is K 6 with K 27, bilaterally. This is a *yin qiao* treatment variation that reinforces or unites the kidney channel. Master Nagano says that K 6 treats the adrenals and K 27 calms down the parathyroid. (When the ovaries have weakened in menopause, the parathyroid becomes hyperactive and depletes calcium from the bones to the blood. Thus, Nagano believes it is important to calm the parathyroid when boosting the adrenals/ovaries).

K 6 is needled superficially and toward the Achilles tendon (down toward the table), and K 27 is needled superficially toward the Ren line. We use 1/4 of an inch of the needle, or less. Manipulation (tiny up and down movement, like shaking, again—the patient should not feel this manipulation) on K 27 might be needed.

In some cases we substitute other Kidney points for K 6:

K7: We use K 7 for people with a slow pulse, if there is bone pain, pressure pain on GB 26, a history of ovarian problems (reflex on St 28), post menopause, or if there is pressure pain on K 2. K 7 is not at a fixed location. As you slide up from the anklebone close to the Achilles tendon, look for the puffy/weird feeling. This is K 7. It can be from 2 fingers above the internal malleolus, up to 4 cun above it. We needle K 7 at a 30° angle upwards, using up to 30mm (1 inch) of the needle, and manipulate it (our typical up and down "shaking"—Kiiko calls it "old lady" shaking the needle). Pressure-pain on K 2 indicates fire in the kidney channel, and is best treated

by the combination of K 7 and K 10. We call this metal/water overcoming fire. When you find pressure pain on K 2 (with 3kg pressure), as well as adrenal-shock (4 o'clock and 8 o'clock), you need to choose between the K 6/27 combination and K 7/10 combination by determining which combination releases the most abdominal findings most effectively. K 2 is typically painful in hyperthyroid, ovary diseases, and advanced diabetes.

K 3 is used in lieu of K 6 if the pulse is very rapid, in cases of asthma with difficulty on inhalation, or where the disease history clearly involves mumps or salivary glands, though it is not common to do so. K 3 is needled toward the Achilles tendon.

K 9 replaces K 6 in the adrenal-shock treatment for the very elderly, very exhausted patients or those with chemical/drug toxicity (I find it useful also if there is liver damage). It is found at the base of the gastrocnemius muscle, and I look for a nodule/gummy-like feeling to find the exact point.

Immune issues can be involved in just about any problem. Specifically, we may find immune weakness whenever we find *oketsu*, as *oketsu* can be a result of infections, lung problems, and other immune problems, and treating the immune points is often the key to treating *oketsu* (after Liv 4 and Lu 5). Also, people who are continuously battling with weak immunity easily reach a threshold and start to tax their adrenals. If they are continuously fighting an infection or are in constant pain, they can easily develop adrenal exhaustion as well as an autonomic nervous imbalance.

Nagano says that our first line of defense is the nose and tonsils. Many people who have had their tonsils removed belong to the category of "immune type" (as do appendectomy and sinus allergy patients). Typically, immune problems reflect behind the sternocleidomastoid muscle (SCM), on SJ 16 and below (a point known as East Wind). This is a wind-related area by Chinese medical thinking, and a gland reflection by Western thinking. I press this area from behind the

SCM up toward the nose (the patient is lying face up), pressing three different areas from the mastoid down the SCM (down to about half way down the neck), finding the sore/gummy spot. The Immune points will release this area (left releases left, and right releases right). The Immune point is a point between LI10 and LI 11 but closer to the *san jiao* channel, on the edge of the bone. Look for the gummy adhesion on the edge of the bone. The needle is directed toward the bone, and direct moxibustion is always added to "melt" the adhesions.

When you find SJ 16/East Wind (gland reflex), this is a great opportunity to practice your palpation sensitivity. Leave your fingers just touching SJ 16, and with your other hand look for the Immune point. When you find the Immune point and press on it, you will feel the tissue at SJ 16 expanding or melting. When this happens, you have found the correct Immune point. You can now re-press SJ 16 and make sure it has indeed been released. Often there will be very tender points in the area of the Immune point, but they do not necessarily release SJ 16. Beware of points that are tender, as they masquerade themselves as treatment points, but they fail when taken to the test against the reflex site they are supposed to release.

Immune issues may also reflect on the abdomen in the area around right St 26/St 27. However, this area can also reflect lung issues (treat Lu 5/Lu 8), digestion (treat Sp 9), or a tailbone shift (treat Lu 8). Pain along the posterior edge of the iliac crest is also immune related and responds to the Immune points. This area, again, has something to do with adhesions at the edge of the bone. Weak ligaments, and thus knee problems, Achilles tendinitis, plantar fasciitis, etc. are often a result of weak immunity.

We always treat both front and back. The diagnosis on the back is somewhat more simplistic, as the reflex points often become treatment points. The back does not have the same complex network of channels as the front. We check the back *shu* points, but we are especially interested in the *hua tuo* points,

Continued on page 28

Continued from page 27
as those correspond to the control of the organs and structure. We take the *hua tuo* point, not only level with the lower border of the spinous process between the vertebrae, but also level with the vertebra, looking for pain, gummy, or squeezed vertebrae.

Perhaps the most common finding on the back is "Sugar." The Sugar points are the *hua tuo* of T11, T12 (give or take a vertebra - do not be dogmatic on your point location). When you find pain, weirdness, gummy tissue, or squeezed-together vertebra, it must be treated. We needle these points 45° toward the spine, using 15mm (1/2 inch) of the needle, or slightly more. We add direct moxa on these points, or on the Du line if we find sensitivity on the Du line at that level. Sugar issues are pervasive in our culture, as our busy schedules and lots of "convenience" eating, not to mention Chips Ahoy and other sweets, continuously challenge our metabolic systems. When sugar imbalance occurs, it will naturally affect every cell and

every system in the body. Of special note is the effect sugar imbalance has on weakening muscles and contributing to numbness and muscular pain, thus it is extremely important to treat. Treating the sugar points may not seem in some cases as dramatic as some of the other treatments outlined above, but it is often the part of the treatment that really stabilizes the treatment and facilitates it, and makes it last longer.

I have outlined four treatment ideas by Master Kiiko Matsumoto, oketsu, adrenal shock, immune issues and "sugar." This style of treatment does require a different kind of approach than TCM or other systems, however it is extremely powerful and well worth studying. Even the application of the above four simple treatments is likely to improve your patients' healing success. Do not be afraid to mix this style with what you already practice. Master Matsumoto is not a purist. Her method is a synthesis of many other masters. While Master Matsumoto concentrates on palpatory findings, Master Nagano is an

expert pulse diagnostician. Nonetheless, Nagano clearly agrees with Matsumoto's interpretation and supports this style. This tells us that there can be many approaches to solving any particular problem and that we need not be afraid of experimenting.

Unfortunately, a full discussion of this treatment style would take hundreds of pages. The good news is that Ms. Matsumoto will be publishing a book, accompanied by video, on this treatment style in the next year, making it easier to learn.

Avi Magidoff, LAc has studied extensively with Kiiko Matsumoto and teaches classes in the US and Europe on the Nagano-Matsumoto style. He is writing a book, Meditations on the Meridians: Philosophical Statements of Energy Pathways.



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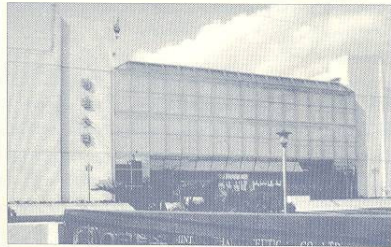


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