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ROOT DEFICIENCIES OF SPLEEN VERSUS KIDNEY
Recent Experiences with Muscle Testing
by Jake Paul Fratkin, OMD, L.Ac.

I have been practicing variations of Meridian Therapy for 24 years. My original teacher, Dr. Ineon Moon, had trained me in a meridian balancing protocol that sought to drain the excess into the deficient, using Luo connecting or Five Phase points. Dr. Moon would always advise, “Balance the meridians” whenever I asked what I should do with a particularly difficult case, and this has been my directing imperative ever since. Over the years, I have come to realize that this should be done judiciously, with a minimum of needles. I will never forget reading Kudo Fukushima’s MERIDIAN THERAPY where he warns against blindly chasing any and all imbalances.¹ His point was to find the primary imbalance, use a minimum of needles, and not to over-treat. As time goes on, meridian balancing becomes easier and easier as I focus on the primary imbalance, and trust that this work will bring the patient to a higher level of health and healing. This trust is based on clinical experience. As my work becomes simpler, patients demonstrate quicker recovery from symptoms, while reporting that they feel significantly better following the treatment.

When I teach courses on Meridian Therapy, I train the traditional approach of diagnosing and treating the root pattern based on Denmai Shudo and Stephen Brown². In clinical practice, however, my approach has taken an independent turn.

Muscle testing for Branch Treatment. In a previous issue of NAJOM, I wrote an article called, “USING MUSCLE TESTING IN MERIDIAN THERAPY”³. In that article I describe a method for using one’s own fingers to muscle test for deficient and excess acupuncture points. (I sum up the technique, for new readers, at the end of this article.) This enables one to quickly determine which points to treat with a needle. The same information can be obtained by looking for pulse changes when touching various acupuncture points, as promoted by the Toyo Hari group, but I feel that the muscle

¹ MERIDIAN THERAPY, Fukushima Kodo, Toyo Hari Medical Association, 1991.

² JAPANESE CLASSICAL ACUPUNCTURE: INTRODUCTION TO MERIDIAN THERAPY, Shudo Denmai, trans. Stephen Brown, Eastland Press, 1990.

³ North American Journal of Oriental Medicine, Vol 6, #15, March 1999.

testing method is faster. I am personally convinced of its accuracy. It can be helpful in both root treatment – determining the best point to treat – and in branch treatment – affirming if a particular point might be beneficial. For example, in a tooth pain or headache, I will perform root treatment first. I can then muscle test different points on the face or head looking for any that show deficiency, which I will treat as the branch treatment.

Finding frequently deficient points. In the course of muscle testing on numerous patients, I have made some discoveries that I think are significant. Certain points seem to beg for treatment with every patient. On the front side, the following points have demonstrated the need for tonification in all cases: Du 20, Ren 12, and Ren 3 - Ren 4 (at the deepest, softest point of the lower abdomen). Liv 8 also shows in all patients. On the back side, I find the following points need treatment in all cases: GB 20, SI 11, a kori around SI 12-14, GB 34 and BL 58.

Following are rationale for the uses of these points, with specific technique. I treat Du 20 with an #00 (0.12mm, green needle). The exact location varies with everyone, but I start with the indicated location, on the Du Mai at the level of the apex of the ears. I have found that any needle along the Du Mai around Du 20 will work. I believe that this point directly communicates with the pineal and hypothalamus glands, and prepares the body to receive acupuncture. It has a deep calming effect.

For Ren 12 and Ren 3-4, I treat first with 40 mm #1 (0.16mm) needles and follow with 3-5 small cones of direct moxa. Ren 12 communicates with all the yin organs, as well as tonifies spleen yang when done with direct moxa. Ren 3-4 tonifies the kidneys, and supports the Mingmen fire.

Liv 8 nurtures kidney yin and blood. I first paid attention to this point when two senior acupuncturists – Denmai Shudo and Akizo Okada – both mentioned that they commonly treat here. Whether this is due to chronic environmental toxin stress or for other reasons, this point seems to show on everyone. I treat this point after determining the root pattern so as not to influence the root diagnosis on the pulse.

For the points I found on the back, most of these relax the structure by affecting the yang channels. GB 20 relaxes the neck and eyes, and calms the midbrain. I actually muscle test for the exact location along the lower border of the occiput. SI 11, at the center of the scapula, relaxes neck and shoulder muscles that connect to the back of the scapula. I look for a kori – a tender hardness – between SI 12 and SI 14, and treat that point. The method is to touch the top of the kori with the needle and allow it to relax, rather than puncturing into the kori. GB 34 and BL 58 (in the lateral margin of the

gastrocnemius) encourage yang energy to descend down to the legs, so as not to stagnate in the upper back or shoulders.

I have come to the conclusion that the front and back treatments compliment each other, while serving two different functions. The front treatment balances the yin channels, and by doing so, reaches deep into the organs. It represents the yin aspect of the treatment. The yang treatment happens on the back, by relaxing and regulating the structure along points of fascial tension as well as regulating the yang channels. When combined, yin and yang, organ and structure are brought into balance, allowing a deep healing.

The Root Pattern. I can use muscle testing for choosing effective points, once the root pattern is determined. Using traditional Meridian Therapy, I diagnose the root pattern by looking for two weak yin channel pulses, and a third yin channel pulse that shows as either excess or deficient. The two weak yin pulses are adjacent to each other on the Five Phase sequence, and the third pulse is in a control position (father) to one of the two adjacent pulses. For example, a weakness on both Fire and Earth (PC-Sp) would indicate an Earth pattern, a weakness on both Earth and Metal (Sp-Lu) would indicate a Metal pattern, and so on. I would then use muscle testing to determine which point along the primary channel to place the needle. I often reinforce the primary channel by treating a point on the mother channel, again determined through muscle testing. This approach has proven both effective and efficient.

Discovering Underlying “Root” Patterns in the Eight Extraordinary Channels.

Recently, in trying to speed up the process of determining the root pattern, I have experimented by directly muscle testing points on the arms and legs without checking the pulse. I would do this by “challenging” various points on the arms and legs to discover deficient points. (“Challenging” is a technique where you press deeply and release abruptly, and then use the muscle test method to see if the point is weak. In this method, challenging a healthy point produces no negative effect, whereas challenging a weak point produces weakened finger strength.)

In the process of challenging and testing numerous points on the arms and legs, I made an interesting discovery: patients often show one of two presentations. On their arm, either the Lung channel (at Lu 7 or Lu 5) would show, or else the PC channel, usually at PC 6. In these cases, if a lung point showed, a kidney point would also show (either Ki 6 or 7.) If the pericardium channel showed, a spleen point would also show,

usually Sp 4, but sometimes Sp 3. These of course are Eight Extraordinary Channel combinations.

Baffled by the frequency that these pairs showed by muscle testing, I went back to see if the Spleen pattern (PC-Sp) or Kidney pattern (Lu-Ki) was obvious on the pulses. Sometimes they were, but just as often, a Liver or Lung pattern would be dominant. However, if I treated the appropriate Eight Extraordinary Channel pair, I found that any root patterns showing on the pulse would clear, regardless of what pattern originally showed. For example, the root pulse pattern on the pulse might be Liver or Spleen or even Lung, but if I treated the appropriate Eight Extraordinary Channel pair combination, the root pattern would then show as corrected on the pulse!

This led me to believe in the extraordinary pervasiveness of each patient having either a PC-Sp pattern (usually at PC 6-Sp 4) or a Lu-Ki pattern (usually at Ki 6-Lu 7, but also at Lu 5-Ki 7). Most astonishing, the treatment of one of these two patterns would always clear the traditional root pattern.

Eight Extraordinary Channel Patterns as Fundamental Deficiencies of Spleen or Kidney. As I perform this treatment for my patients, I ask myself what the significance might be. At this point, I am seeing that the PC 6-SP 4 treatment indicates a fundamental Spleen deficiency, while the Lu 7-Ki 6 treatment indicates a fundamental Kidney deficiency. This allows patients to be categorized as essentially Spleen deficient or Kidney deficient. Throughout the history of Oriental medicine, there have been Spleen schools versus Kidney schools, each asking what is the primary cause of disease. It turns out that some patients have a primary Spleen deficiency while other patients have a primary Kidney deficiency. Spleen patients have poor digestion, and their problems are often acquired through overeating or internalized worry. Kidney patients have a weakness affecting their endocrine systems, which may be due to fetal stress, weak inherited traits, or chronic infections affecting their immunity. When I say the endocrine system, it primary affects the adrenals, but by extension along the endocrine tree, it also affects their gonads, pancreas, thymus, thyroid, pituitary, hypothalamus and/or pineal.

Either patient can show deficiencies of qi or blood, as both qi and blood are regulated and created by Spleen and Kidney. However, treating their root deficiency enhances both qi and blood, and leads to quicker resolution of the branch complaint.

This explanation of course is speculative, but what is clear to me is that, in the clinic, most patients demonstrate a fundamental weakness of either PC 6-Sp 4 or Lu 7-Ki 6 (or Lu 5-Ki 7) by muscle testing. If you are able to work with the muscle testing technique, you may also see this pattern. This approach can simplify root treatment by choosing to

treat one of these two Eight Extraordinary patterns instead of the primary root patterns. However, so far, only muscle testing has allowed a correct diagnosis. I have not yet found a pulse diagnosis system that truly reveals the Eight Extra Channel imbalances.

Utilizing Eight Extraordinary Channel therapy as the root treatment may diverge from the traditional principles of Meridian Therapy, but it seems to offer the same therapeutic results. I am still convinced that root treatment – balancing the meridians, as Dr. Moon would call it – is the most valuable therapy one can do with acupuncture.

Addendum: Muscle Testing Technique. (Similar to material published in USING MUSCLE TESTING IN MERIDIAN THERAPY.³) I muscle test myself with self O-ring testing, where you are testing your own hand, not the patient's. I recommend the following method for right handed practitioners. (Left handed practitioners merely reverse the roles of the hands.) Make an O-ring with your left hand, that is, make a ring shape by touching your thumb and index finger. Then hold your index finger and thumb from your right hand flat and together, and place them into the circle created by the index finger and thumb of your left hand. You want to open the left hand circle by slowly separating and spreading your right hand index finger and thumb.

You can train yourself by using an AA battery. An AA battery depletes your energy and causes your O fingers to weaken, to the same degree as an acupuncture point with deficient energy. Hold the battery in one of your hands and determine the minimum amount of pressure require to separate your left hand thumb and index finger. Now put the battery down and use exactly the same amount of strength to separate the fingers in the same way. At this point, the fingers should not separate. Pick up the battery again and confirm the minimum amount of separating pressure required to open the fingers. Again, let go of the battery and use the same amount of separating pressure. The fingers should not open. Train this way over and over again until your fingers sense the minimum amount of pressure required. Training yourself on an AA battery prepares you for feeling, sensing and responding in the same way to a weakened point.

Once you have mastered your ability to O-ring muscle test and you trust this ability, you can use it to test for imbalances on acupuncture points. The method is to use one of your free fingers on your right hand (such as your ring finger) to “therapy localize” the point. If a point is deficient and requires treatment, one finger touching that point will make the O-ring go weak.

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