ROOT AND BRANCH: CLINICAL APPLICATIONS OF JAPANESE MERIDIAN THERAPY

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I have only integrated Japanese Meridian Therapy into my practice over the last several years, and I must be considered a novice. However, this is now my 18th year of clinical practice in acupuncture, and perhaps my experience can inspire or instruct acupuncturists starting to use Meridian Therapy.

I had been trained in the principles of meridian balancing twenty years ago by my teacher Dr. Ineon Moon, and, since 1989, thanks to Stephen Birch, studying Japanese Meridian Therapy with the help of the books of Shudo Denmai and Stephen Brown, and Fukushima Kodo.

Initially, my treatments concentrated on the basic balancing of the four patterns, without any symptomatic or branch treatment. I saw many wonderful improvements, regardless of complaint, and my belief in Meridian Therapy was greatly reinforced. For example, in a patient with recent onset Type I diabetes, we took blood sugar readings before and immediately after all root treatments. There was always a drop in blood sugar of at least 35 points.

Gradually, as I became confident in root treatment, I began to introduce simple branch treatments using the material of Manaka, Shima, Sawada, Serizawa, or traditional Chinese medicine. I saw significant improvement when root and branch could be combined, if there were major complaints by the patient. In the absence of a clearly defined complaint, however, I would only do root treatment.

At this point, I have settled on a treatment protocol that I would like to share. First, patients are evaluated and treated according to the basic patterns of Meridian Therapy. Second, I give what Ogawa Sensei calls “non-pattern root treatment”. This evaluates and treats a group of points for reactivity (depression, induration, or tenderness). Third, we apply symptomatic branch treatment based on the patient’s complaint.

1. MERIDIAN THERAPY ROOT TREATMENT

1) Pattern selection. Meridian Therapy specifies four basic root patterns, which are called Lung, Spleen, Liver and Kidney patterns. Each pattern involves a deficient meridian, with a deficient mother meridian. I think it is more accurate to call the root patterns by the combination of the two deficient meridians, namely Lung-Spleen pattern, Spleen-Heart pattern, Liver-Kidney pattern, and Kidney-Lung pattern. Ogawa also suggests a fifth, the Pericardium-Liver pattern.

In these patterns, the two primary meridians are always deficient. There is also an involved third meridian, which is the father of one of the affected deficient channels. In the original teachings of Meridian Therapy, it was understood that the third meridian would always be excess, and the father of the primary deficient channel. This is based on the 69th chapter of *Nan Jing* , which regards the third channel as over-controlling, in reaction to a deficiency. Fukushima correctly proposes that the third involved meridian could also be deficient, representing a more serious development of deficiency.

Clinically, I believe that the third channel could be the father of either one of the two deficient meridians. Below is a chart of the three meridians involved in each pattern.

	(1) Primary	(2) Mother	(3) Father		
1.	Lung	Spleen	Ht/PC	or	Liver
2.	Spleen	Heart	Liver	or	Kidney
3.	Liver	Kidney	Lung	or	Spleen
4.	Kidney	Lung	Spleen	or	HT/PC
5.	Pericardium	Liver	Kidney	or	Lung

Pattern selection is based primarily on six position pulse, and confirmed by palpating the abdomen and correlating the symptom picture. (Abdomen and symptom conformations are detailed in the books of Shudo/Brown, and Fukushima). Personally, I do not use abdominal or symptom conformations very often, tending to rely almost exclusively on pulse. This may be due to my inexperience, lack of thoroughness, or time constraints. However, when my diagnosis is accurate, I expect the pulse to change immediately with needle insertion and manipulation. This is my confirmation.

2) Pulse diagnosis of the pattern. Upon palpation of the radial artery, we should delineate the superficial and deeper borders of the blood vessel. The *yin* aspect of the position is felt by feeling the lower border of the vessel, and going down a little deeper. This correlates to its associated *yin* channel. Likewise, the *yang* aspect of the position is felt by feeling the upper border of the vessel, and coming off the artery a little. This correlates to its associated *yang* channel.

I recommend that each position of each hand (proximal, middle, distal) be felt alone with one finger, going back and forth between the superficial *yang* aspect and the deeper *yin* aspect. We are looking for differences of strength: the *yang* and *yin* aspects should be equal, and we prioritize by looking for the weaker *yin* positions. If we find a particular weak *yin* position, we should seek out the partner channel of the pattern, which should also be weak. This will determine which pattern is showing.

It is more valuable, I believe, to compare *yang* and *yin* aspects of each position, rather than compare relative weaknesses of all the *yin* pulses, or to compare right side and left side positions. (Shudo and Fukushima, on the other hand, encourage comparison of right and left sided positions.)

Once you have determined the two primary channels, I suggest going to the next step, namely selecting and treating the points to tonify the two deficient meridians. Don't worry about the third channel of the pattern until after needles have been placed in the primary channels. The reason for this is that often, with evaluation, the third channel will not need to be treated.

Pulse diagnosis is used not only to determine deficiencies and excesses, but, as importantly, to confirm correct point selection and effective needle treatment. The pulse should significantly and immediately change with correct treatment.

3) Point selection. Both Shudo and Fukushima recommend a basic protocol for doing root treatment, based on the 69th chapter of the *Nan Jing.* "In a case of deficiency, fill the respective meridian's mother. In a case of excess, drain the respective meridian's child. One must first fill, and drain afterwards.".

Mother and child can be performed in one of two ways: the mother or child point on the affected meridian, or the mother or child meridian itself. For example, if Lung meridian is weak, the *Nan Jing* instructs us to tonify the mother. The mother of Lung (metal) is earth. The earth point on the Lung meridian is LU 9. The earth meridian is Spleen. One chooses the horary point of the Spleen (earth of the earth), namely SP 3.

Both Shudo and Fukushima advise us to tonify both Lu 9 and SP 3 to affect an adequate tonification of the primary deficient meridian.

In cases of excess, one would choose the child point. If, for example, Liver meridian (wood) is excess, one would sedate the child, namely the fire point. The fire point of the Liver is LV 2; the horary point of the if the child meridian, namely Pericardium, would be the fire point, or PC 8.

In modern clinical practice of Meridian Therapy, certain classical five phase points are never used, because they are too uncomfortable for the patient. Instead, alternative points are recommended. Ogawa Sensei, in fact, remarked that one can use any point, as long as it is on the appropriate mother or child meridian.

Below, in chart format, are the various recommendations for point selection based on deficiency and excess of each channel. (Note that the Japanese recommend treating the Pericardium channel when imbalances are felt on the Heart meridian.) The classical approach uses two acupuncture points for tonification, and two acupuncture points for draining. Shudo and Fukushima use two points to tonify, and one point to drain. Ogawa only tonifies in his five phase Meridian Therapy, with one point. My selections suggests various points from which the practitioner chooses. This is based on my clinical experience of which points might effectively balance the pulse.

Meridian	**Classic point (use both)**	**Shudo, Fukushima (use both)**	**Ogawa**	**Fratkin (choose)**
LUNG				
To tonify	LU 9, SP 3	LU 9, SP 3	LU 6	LU 9, 8, 7, 5
To drain	LU 5, KI 10	LU 5		LU 7, 5
KIDNEY				
To tonify	KI 7, LU 8	KI 7; Lu 5 or 8	KI 6	KI 3, 6, 7, 10
To drain	KI 1, LIV 1			
LIVER				
To tonify	LV 8, KI 10	LV 8, KI 10	LV 3	LV 3, 8
To drain	LV 2, PC 8	LV 2, 4		LV 2, 3
HEART AND PERICARDIUM				
To tonify	PC 9, LV 1	PC 7	PC 4	PC 7, 6
To drain	PC 7, SP 3	PC 7		PC 7, 6, 3
SPLEEN				
To tonify	SP 2, PC 8	SP 3, PC 7	SP 6	SP 3, 4, 6, 9
To drain	SP 5, LU 8	SP 5		SP 3, 4, 5, 9

Point selection and location are critical to success. Point selection means choosing the best point on an affected meridian for therapy. This is determined by feeling the radial pulse of the appropriate channel, and simultaneously touching different acupuncture points on that channel. There should be a subtle but noticeable improvement on the pulse. You can use a *taishin*, or one's finger.

A second way is to feel the various points, and using your energetic sense in choosing the best point. Ogawa Sensei uses this method, in conjunction with visual inspection.

I have also devised a way of muscle testing myself in order to determine deficiencies and excesses on a point, in order to best select a point for treatment. In a future article I would like to share this marvelous technique.

Point location is also critical. Anatomical location of the point is merely the starting point for a scan of the exact nearby location of the actual point. The Toyo Hari school calls this "the presently alive point". One needs to train the finger to sense energetic imbalances so as to determine the precise location. This can also be verified by the pulse. Treatment on the wrong location is usually ineffective, and pretty much a waste of the patient's time.

4) The protocol for the root treatment. In the 69th chapter of the *Nan Jing,* it says, "One must first fill, and drain afterwards.". This important instruction has two implications. The first is that treating deficiencies has the priority over treating excesses. The second follows from the first. As we treat the primary or secondary deficiency, it often becomes unnecessary to treat the excess on the third meridian. For example, in a Lung-Spleen pattern, we may diagnose deficiencies on both the Lung and Spleen channels, and an excess on the Liver channel. But after treating the Lung and Spleen, the Liver channel may be normalized, without requiring further treatment.

A basic protocol would be as follows. First, evaluate on the radial pulse the two primary deficient meridians needing to be balanced. Then, determine which point on each meridian will balance that meridian on the pulse. Next, treat those two points. Usually the right side is treated for deficiencies on women, and the left side for men. Now, go back to feel the pulse: are the two meridians sufficiently tonified? If not, it may be necessary to treat on the other side, and if so, the same procedure for determining the correct point is repeated. Afterwards, evaluate the pulses for the third *yin* meridian in the pattern, and determine if it is excess or deficient. Again, find and treat the appropriate point. Usually the excess is treated on the opposite side of the primary deficiencies: left for women and right for men.

The last step in the root treatment is to evaluate all the *yang* channels for excess or deficiency. Normally, if there is an imbalance on the *yang* channels, it will be an excess. Determine which point to use, by pulse confirmation, and treat it. Clinically speaking, I rarely find a *yang* imbalance, except in cases of musculoskeletal pain. A list of the *yang* meridian treatment points is as follows:

Meridian	**Classic point (use both)**	**Shudo, Fukushima (choose)**	**Fratkin (choose)**
LARGE INTESTINE			
To tonify	LI 11, ST 36	LI 4, 11	LI 4, 5, 11
To drain	LI 2, BL 66	LI 4, 6, 11	LI 4, 6, 11
URINARY BLADDER			
To tonify	BL 67, LI 1	BL 58	BL 60, 62
To drain	BL 65, GB 41	BL 58, 59, 60	BL 58, 60
GALLBLADDER			
To tonify	GB 43, BL 66	GB 37	GB 37, 40, 43
To drain	GB 38, SI 5	GB 31, 37, 38	GB 37, 38, GB 39, GB 40, 43
SMALL INTESTINE			
To tonify	SI 3, GB 41	SI 7	SI 3, 4, 7
To drain	SI 8, ST 36	SI 3, 4, 7	SI 3, 4, 7
TRIPLE BURNER			
To tonify	TW 3, GB 41	TW 4	TW 3, 4, 5
To drain	TW 10, ST 36	TW 3, 4	TW 3, 4, 5
STOMACH			
To tonify	ST 41, SI 5	ST 36	ST 36, 41, 43
To drain	ST 45, LI 1	ST 36, 40, 43	ST 40, 44

5) Needle technique. The needle technique of Japanese Meridian Therapy is unique, distinguishing itself from other schools of acupuncture, particularly TCM. In Chinese acupuncture, the needle is placed below the layer of fat, to the level of the channel. This can be 15 mm to 40 mm deep. Needles are thick, with strong manual stimulation to affect the *qi* of the channel. In China, if the patient does not feel the needle sensation, the treatment is considered ineffective.

Japanese technique is radically different. If the patient feels the needle, the practitioner did not do a good job. Pain, according to Fukushima, causes a draining effect, regardless of the point chosen. The Japanese use thin needles, applied with very subtle stimulation. For distal points below the elbow and knee, needle insertion is 2 mm or less. (A needle in a plastic pipette comes with 4 mm of needle handle showing, so 2 mm is only halfway from the top of the handle to the top of the plastic pipette.) It is believed that influencing the energy of the channel at these points is best done just below the skin, where it is most ethereal.

Needle technique requires application of *qi* (*ki*) to the needle. This can be performed in several ways. Miki Shima advises pointing one's thumb and index finger towards the acupuncture point, in line with the needle shaft, and extending one's *qi* down the needle, into the point, and completely along the course of the channel. The farther up you can visualize the extension the *qi*, the better. When tonifying, I always try to extend the *qi* to the most distal point of that channel. For leg *yin* channels, I visualize to *Baihui*, GV 20.

In the Toyo Hari school, it is recommended to squeeze forcibly the thumb and index fingers of both hands so as to create energy which will be taken up by the needle into the point. In both cases, it is important to use the mind to focus and extend the *qi* into and along the channel.

6) Reinforcing the root treatment. If there are no secondary complaints, one can reinforce the root treatment by treating the Bladder *shu* points associated with the two primary deficient channels. For example, in a Lung pattern, one would treat BL 13 and BL 20, the *shu* points for the Lung and Spleen. This treatment can be done with needles, moxa-needles, direct moxa, or intradermal needles. I have also found that micro-stim with 8-9 Hz is very effective.

2. THE NON-PATTERN ROOT TREATMENT

Ogawa recommends what he calls "the non-pattern root treatment". This involves evaluating a certain group of points for one of three aberrant qualities: depression with a sense of energetic deficiency; induration or hardening (*kori*); or tenderness as reported by the patient (*a shi*). Points are evaluated quickly, depending on the clinical experience of the practitioner, by lightly running one's fingers over areas of the body, stopping to feel or press suspected points. The practitioner chooses between three and fifteen points to treat, using retained needle, non-retained needle with manipulation, or moxa. Choose from:

Torso:	CV 4, CV 6, CV 12, ST 25.
Head:	GB 20, GV 14.
Back:	GV 12, BL 10, BL 17, BL 43, BL 18, BL 20, BL 23, BL 32.
	GB 20, GB 21, TW 15, SI 12.
Arms:	TW 4, LI 11, LI 10.
Legs:	ST 36, GB 34, SP 6, KI 6.

3. BRANCH TREATMENT.

The branch treatment addresses the patient's main complaint, and can be chosen from a number of different styles, depending on the training and preference of the acupuncturist. These styles include the following:

Traditional Chinese medicine (TCM) uses recommended acupuncture prescriptions based on the patient's complaint. These include three point treatment (local, distal, remote), or acupuncture prescriptions based on *zang-fu* differentiation.

Japanese treatment of disease includes various approaches and techniques, including those of Nagano, Serizawa, and Kiiko Matsumoto; or the moxibustion techniques of Sawada and others, as taught by Junji Mizutani.

Eight extraordinary channel therapy, especially the therapeutic work promoted by Manaka, Birch, and Matsumoto.

Auriculotherapy , the work of Nogier and Oelson, is an excellent branch treatment.

Shima's somato-auricular therapy (SAT) combines auricular points with eight extraordinary channel or divergent channel therapy.

Trigger point therapy is a common treatment in medical acupuncture, performed with needles, electro-stim, or injection of homeopathic or allopathic medicines.

Requena's treatment of disease by constitutional type is an excellent modality not yet fully explored in North American, with a strong following in France and southern Europe.

Korean hand acupuncture also offers a valuable branch treatment for symptom control.

Branch treatment is important for clinical success, when specific complaints exist. In these cases, it is not enough to do meridian balancing alone. However, when one combines root and branch, clinical efficacy is twice as fast in terms of number of treatments required. In a modern practice such as Shudo or Ogawa, the meridians are assessed and treated as the first part of a treatment, even if it involves only two needles. The practitioner continues with non-pattern root treatment, followed by local branch treatment. This becomes an integrated root-branch therapy, by which successful treatment is insured.

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