

# THE THREE-LEVEL ACUPUNCTURE BALANCE

## Integrating Japanese Acupuncture with AcuGraph Computer Diagnosis

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## PART 1 ANTECEDENTS TO 3-LEVEL PROTOCOL

### A. OVERVIEW AND INTRODUCTION

1. What I hope To Accomplish
  - a. Theory and Practice
    1. Theory
      - a. Components of 3-Level Balance
      - b. Japanese versus Chinese approach
    2. Practice
      - a. Point selection
      - b. Point location
      - c. Needle technique
  - b. Acugraph
    1. How to choose and use different menus
    2. How to get accurate readings
  - c. Therapy
    1. Various systems of meridian balancing
    2. Various approaches to diagnosis besides computer
    3. Prioritizing the SAT protocol with ion pumping cords
    4. Japanese needle technique and point location
    5. Clinical problems and conundrums
  - d. Why I like this approach
    1. Complex and sophisticated balance
    2. Confirmation via O-ring muscle testing
2. Three-Level Meridian Balancing is a modern approach
  - a. Balances primary channels, divergent channels, 8 Extra
  - b. Synthesis of a Japanese protocol based primarily on the work of
    1. Yoshio Manaka, MD
    2. Miki Shima, OMD
  - c. Also incorporates the work of
    1. Japanese meridian therapy (*Keriaku Chiryō*)
    2. Dr. Richard Tan
    3. Nogier and TCM auriculotherapy

3. Seeks to achieve a total meridian balance
  - a. When meridians are in balance, the body heals quickly and efficiently
  - b. This is a root treatment
    1. Perfect for chronic cases
    2. Perfect for maintenance and health enhancement
  - c. Can be followed/accompanied by branch treatment
    1. Auriculotherapy
    2. TCM
    3. Japanese
    4. Dr. Tan/Master T'ung
  
4. Meridian systems (TCM approach)
  - a. From most superficial (*wei* level) to deepest (*yuan* level):
    1. Sinew channels (musculo-tendino)
    2. *Luo*-Connecting channels
    3. Primary channels
    4. Divergent channels
    5. Eight extraordinary channels
  - b. Three-Layer theory (TCM approach)
    1. Pathogens affect and are treated differently
      - a. *Wei*
        1. Treat sinew channels
        2. Treat *luo*-connecting channels
        3. Treat divergent channels
      - b. *Ying*
        1. Treat primary channels
        2. Treat *luo*-connecting channels
        3. Treat divergent channels
      - c. *Yuan*
        1. Treat extraordinary channels
        2. Treat divergent channels
  
5. The 3-Level Protocol (Japanese approach)
  - a. Primary channels: uses *teshin* devices to adjust skin above channels
    1. Regulates excess and deficiency of the primary channels
    2. Use *teishin* to release *kori* and other imbalances

3. Addresses primary channel imbalances after the 8 Extra and Divergent balance
  - b. 8 Extraordinary Channels
    1. Balances the musculoskeletal structure
    2. Circulates energy throughout the 8 Extra network
  - c. Divergent Channels
    1. Adjusts and utilizes the divergent channels to circulate *qi* and blood through the *zang-fu* network
      - a. Connects primaries to *zang-fu*
    2. Harmonizes *yin-yang* element partners
  - d. Auricular Therapy
    1. Utilizes ear points
      - a. To reinforce the primary channel treatment
      - b. To address specific complaints (branch treatment)
6. Our approach relies on Acugraph computer diagnosis
- a. Origin was Akabane diagnosis (1970s-1980s)
    1. Stroking *jing*-well points with incense, counting number of strokes until patient feels heat
    2. Painful, time consuming
    3. Requires mathematical calculations to determine treatment
  - b. Acugraph includes the protocol within their program
    1. Calculations are instantaneous
    2. Gives point prescriptions
  - c. Acugraph is also used for primary channel balance alone
7. 3 Level Balance can be performed with:
- a. Needles with ion pumping cords
    1. Moves excess to deficiency
  - b. Bi-metal needles
  - c. Needles with tonification-sedation methods
  - d. Laser
  - e. Electro-stim
  - f. Moxibustion

## B. SCHOOLS OF ACUPUNCTURE PRACTICED IN THE WEST

### 1. Chinese

- a. TCM/CAM: based on *zang-fu*, 1950s
  - 1. Foundation style taught throughout the world
  - 2. Applies acupuncture points to *zang-fu* pathology
- b. Channel: Wang Ju-Yi
- c. Classical: Jeffrey Yuen, Hamid Montakab
- d. *Taiji*/Mirror Approach: Master T'ung, Richard Tan

### 2. Korean

- a. *Sasang* (Korean constitutional medicine) - Joseph Kim
- b. Korean hand acupuncture - Tae-Woo Yoo, 1971

### 3. Japanese

- a. Sawada Method - Ken Sawada (1877-1938)
- b. *Keriaku Chiryō* (Meridian Therapy) 1936-present
  - 1. Denmai Shudo, Koei Kuwahara, Stephen Brown
  - 2. Kodo Fukushima - *Toyo Hari*
- c. Yoshio Manaka, Stephen Birch
- d. Topological Society, Miki Shima
- e. Kiyoshi Nagano, Kiiko Matsumoto
- f. Masakazu Ikeda, Edward Obaidey
- g. Shoji Kobayashi – Acupuncture Core Therapy
  - 1. *Koshi* Balancing - Jeffrey Dann
- h. Yoshito Mukaino - Muscle Meridian test

### 4. English

- a. Founding fathers
  - 1. Dick Van Buren, 1950s
    - a. Giovanni Maciocia
  - 2. Royston Low, 1960s, 1970s
  - 3. Felix Mann - medical acupuncture, 1970s
- b. J.R. Worsley – Five Element Acupuncture, 1980s

### 5. French

- a. Founding fathers

1. Georges Soulié de Morant (1878-1955); 1940
2. Roger De La Fuye, 1956
3. Albert Chamfrault, physician acupuncture, 1969
- b. Nguyen Van Nghi (1909-1999) (Marseille)
  1. Mark Seem (New York, USA)
  2. Tran Viet Dzung (Nice, France)
- c. Yves Requena – constitutional
- d. Maurice Mussat – trigram approach
  1. Joseph Helms (USA) - UCLA medical acupuncture
- e. Paul and Raphael Nogier – auriculotherapy, 1970 to present
  1. Terry Oelson (USA), 1980s

## 6. German

- a. Johannes Bischko, 1985
- b. Gabriel Stux, medical acupuncture, 2003
- c. Michael Weber – laser acupuncture, 2014

## 7. American Chiropractic

- a. Richard Yennie, John Amaro, Zev Myerowitz

## C. ACUPUNCTURE: GENERAL CONSIDERATIONS

1. Basic Concepts
  - a. Discussion of *qi* and blood
  - b. Discussion of meridian network (meridian vs. organ)
  - c. 24 hour bio-clock
    1. Follows meridian sequence in body
  - d. Relationship of 6 levels
  - e. Relationships of 5 Phases (element)
2. Discussion of needle and effect
  - a. Why do needles work?
3. Comparison of Japanese to Chinese acupuncture
  - a. Chinese TCM: 3-point combo directed towards symptom/ complaint
  - b. Japanese: balance meridians
4. Comparison of Japanese to Chinese styles of acupuncture
  - a. Needle technique
  - b. *De Qi*

## COMPARISON OF CHINESE AND JAPANESE NEEDLE TECHNIQUES

	Chinese	Japanese
Insertion of needle	<i>Deep:</i> 10-75 mm	<i>Superficial:</i> .5-20 mm
Needle Thickness	<i>Thick:</i> 0.20 mm (#36) - 0.35 mm (#28)	<i>Thin:</i> 0.12 mm (#44) - 0.18 mm (#38)
Point Placement	Follows the body's anatomy	Touches the skin to sense active point
<i>De Qi</i>	The patient feels the arrival of <i>qi</i>	The practitioner feels the arrival of <i>qi</i> through the needle
Moxibustion	Indirect treatment: Influences a large area on the skin surface	Direct treatment: Uses small cones burned on the skin surface

## COMPARISON OF NEEDLE SIZES

Japanese #	Color	Chinese gauge #	Thickness (mm)
00 (02)	Dk green	44	.12
0 (01)	Lt green	42	.14
1	Red	40	.16
2	Ivory	38	.18
3	Blue	36	.20
4	Pink	34	.22
5	Purple	32	.25

## D. LEVEL ONE: THE PRIMARY CHANNEL BALANCE

1. *Ling Shu* chapter 15 described the meridian flow as a circuit
  - a. LU > LI > ST > SP > HT > SI > BL > KI > PC > TW > GB > LV > LU
    1. There are contradictory statements in the *Ling Shu*
      - a. The final circuit was not confirmed until 1341, *Shi Si Jing Fa Hui* (“Fourteen Channels Elucidation”), Hua Bo-Ren
    2. Ultimately, the primary channel circuit is the most important flow in the body
      - a. *Qi* continuously flows through the circuit
      - b. Explains jet-lag
    3. Should be maintained daily
      - a. Primary Channel *qi gong*
      - b. Manaka’s *Taiji* treatment
2. Health is maintained when there is a continuous flow of *qi* through the channel circuit, and when the overall quality of *qi* is good
  - a. Primary channels are responsible for circulation of *qi*, blood, *ying* and *wei*
  - b. In disruption, some channels will show excess, and some will show deficiency
  - c. Determining excess and deficiency
    1. Pulse
    2. Skin palpation
    3. Channel and point palpation
    4. Abdomen
    5. Computer diagnosis: Acugraph, MEAD
3. The Six Levels
  - a. Organization
 

1. <i>Tai yang</i>	Greater <i>yang</i>	SI-BL
2. <i>Shao yang</i>	Lesser <i>yang</i>	TW-GB
3. <i>Yang ming</i>	<i>Yang</i> brightness	LI-ST
4. <i>Tai yin</i>	Greater <i>yin</i>	LU-SP
5. <i>Shao yin</i>	Lesser <i>yin</i>	HT-KI
6. <i>Jue yin</i>	Terminal <i>yin</i>	PC-LV

- b. Depth in body
  - 1. Placement on arms and legs, from lateral to medial, corresponds with depth of associated organ
  - 2. *Yang* channels, from most superficial to deepest
    - a. *Tai yang*: Small Intestine, Bladder Lateral
    - b. *Shao yang*: Triple Warmer, Gallbladder Central
    - c. *Yang ming*: Large Intestine, Stomach Medial
  - 3. *Yin* channels, from most superficial to deepest
    - a. *Tai yin*: Lung, Spleen Medial
    - b. *Jue yin*: Pericardium, Liver Central
    - c. *Shao yin*: Heart, Kidney Lateral
- c. For deeper discussion, see HANDOUT ADDENDUM, *Wang Ju-Yi's Observations on Six Levels*, p. 1

## E. LEVEL 1: KERIAKU CHIRYO

### 1. Balancing based on *Keriaku Chiryō*: Japanese Meridian Therapy

- a. Excesses and deficiencies are determined by pulse position comparisons
- b. Relationships are seen as primary or secondary patterns
- c. Primary patterns (*sho*)
  - 1. Spleen
  - 2. Lung
  - 3. Kidney
  - 4. Liver
  - 5. (Heart)
- d. History
  - 1. The effects of the Meiji Restoration
  - 2. Rebirth of Nanjing Classical Acupuncture as Japanese Meridian Therapy
  - 3. Point selection:
    - a. Designations and groupings of points
    - b. Father-mother-child relationship. 69<sup>th</sup> chapter.
- e. Based on 69th Chapter of *Nan Jing* (180 AD):
  - 1. *“In a case of deficiency, fill the respective meridian’s mother. In a case of excess, sedate the respective meridian’s child. One must first fill, and sedate afterwards.”*

f. Development

1. 1930-1940s: Sorei Yanagiya, Sodo Okabe, Keiri Inoue
2. 1940-1985: Kodo Fukushima
3. 1980s-present: Denmai Shudo, Akizo Okada, Masakazu Ikeda, Kuei Kuwahara, Stephen Brown

## PRINCIPLES OF MERIDIAN THERAPY

*From: TRADITIONAL JAPANESE ACUPUNCTURE: FUNDAMENTALS OF MERIDIAN THERAPY, Society of Traditional Japanese Medicine, Koei Kuwahara, editor; Complimentary Medicine Press, 2003*

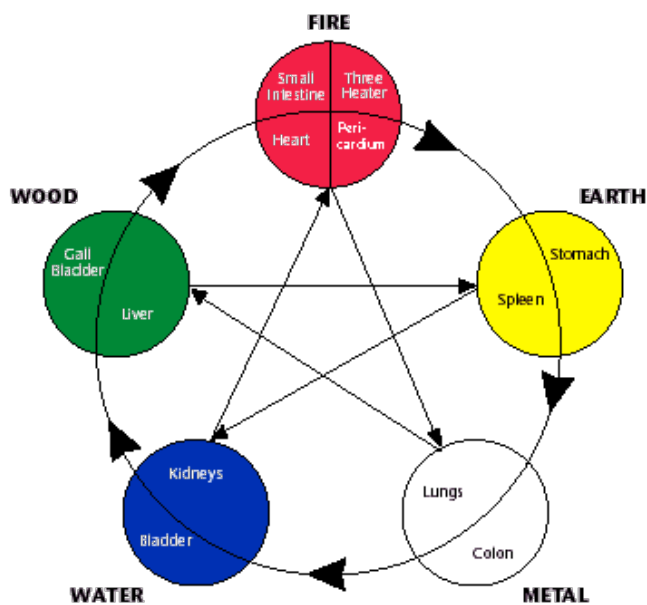
1. Affirmation of the existence of meridians
2. The view that all diseases will manifest as a change in the meridians
3. Changes in the meridians, whether deficient or excess, are grasped by focusing on the comparison of pulse positions
4. Focusing on patterns (*sho*) of imbalance based on deficiency of the *yin-zang* organs-meridians
  - a. Liver, Spleen, Lung and Kidney
5. The splitting of treatment between root treatment and local (branch) treatment
  - a. These are performed simultaneously and have equal value
  - b. Root treatments have standardized protocols
    1. Root treatment focuses on one of the *yin-zang* organ-meridians (*sho*)
    2. Recent effort to encourage wider point selection than just classical recommendations
6. Treatment theory: tonify deficiency and disperse excess
7. Focus on tonification
  - a. Use shallow insertion with retained needles
  - b. Or no insertion at all (contact needling)

**PULSE CLASSIC, Wang Shu-He**  
**3<sup>RD</sup> century, CE**

	LEFT		<i>Distal</i>	RIGHT		
	<i>Superficial</i>	<i>Deep</i>		<i>Superficial</i>	<i>Deep</i>	
<i>Fire</i>	Small Intestine	Heart	<i>cun</i>	Large Intestine	Lung	<i>Metal</i>
<i>Wood</i>	Gallbladder	Liver	<i>guan</i>	Stomach	Spleen	<i>Earth</i>
<i>Water</i>	Bladder	Kidney	<i>chi</i>	<i>Sanjiao</i>	Pericardium	<i>Fire</i>
			<i>Proximal</i>			

**THE PATTERNS**

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



## CLASSICAL SYNDROMES IN KERIAKU CHIRYO

Koei Kuwahara, *Traditional Japanese Acupuncture,  
Fundamentals of Meridian Therapy*

1. Liver Deficiency Heat Pattern
2. Liver Deficiency Cold Pattern
  
3. Spleen Deficiency *Yangming* Channel Excess Heat Pattern
4. Spleen Deficiency Stomach Excess Heat Pattern
5. Spleen Deficiency Stomach Deficiency Heat Pattern
6. Spleen Deficiency Cold Pattern
7. Spleen Deficiency Liver Excess Heat Pattern
8. Spleen Deficiency Liver Excess Blood Stasis Pattern
  
9. Lung Deficiency *Yang* Meridian Excess Heat Pattern
10. Lung Deficiency Cold Pattern
11. Lung Deficiency Liver Excess Blood Stasis Pattern
  
12. Kidney Deficiency Heat Pattern
13. Kidney Deficiency Cold Pattern
  
14. Heart Heat
15. Heart Cold

## F. LEVEL TWO: THE 8 EXTRAORDINARY CHANNELS

1. For deeper details of TCM tradition, see HANDOUT ADDENDUM, *Secondary Channels in TCM*, p. 6
2. Name
  - a. *Qí Jīng Bā Mài*, 奇经八脉
  - b. “Extraordinary Channel Eight Circulation”
3. **TCM Understanding of Eight Extraordinary Channels**
  - a. 8 Extra channels are considered to be storage vessels or reservoirs of energy
    1. Stores and distributes *yuan-jing*
    2. Constitutional, pre-heaven channels
  - b. They are not regular channels
    1. They follow their own courses
      - a. Do not have cutaneous, sinew, or channel divergences
    2. They are not associated directly with the *zang-fu*
    3. They do not have dedicated acupuncture points
      - a. They cross primary channel points and are controlled or influenced by primary channel points
    4. Do not have normal *yang-yin* pairs
    5. Did not come into clinical use until the 14<sup>th</sup> century
  - c. Main characteristics
    1. As constitutional vessels, they represent the link between pre-heaven (inherited) energies, and post-heaven energies
    2. Maintain the inner equilibrium of *qi*, blood and distribution of *jing*
      - a. Will handle overflow and excess of *qi* and blood from primary channel system
    3. The *Nanjing*:
      - a. They act as reservoirs in case of primary channel depletion
      - b. Act as reservoirs in case of primary channel excess
        1. Protect against external pathogenic factors
      - c. Can absorb and transfer excess during blockages in the primary channel network

- d. Structural
  1. *Ren* and *Du* divide the body left and right
  2. *Chong* divides the body into *yin* and *yang*
  3. *Dai* divides the body top and bottom
  4. *Wei* and *Qiao* coordinate life changes and are responsible for the aging process

#### 4. Functions in General

- a. Fertility and conception
  1. Manage and distribute *jing*
- b. Embryological development
  1. Prenatal 8 Extra channels consist of parents' *jing*, embryo's *yuan*-source *qi*, and *zong qi* – the cosmic or ancestral *qi*
- c. 8 Extra channels link pre-heaven and post-heaven *qi*
  1. Circulate and distribute inherited *jing*
    - a. *Jing* is transformed into *qi*
    - b. Distributes to the *zang-fu* via Triple Warmer function
    - c. Distribute *ying qi*, *wei qi*, fluids and blood
    - d. Nourishes marrow and brain
  2. This enables the various stages of growth and life

#### 5. Specific Functions

- a. *Ren Mai*
  1. Controls all aspects, functions and location of *yin*
  2. Command/confluent point: LU 7
- b. *Du Mai*
  1. Controls all aspects, functions and location of *yang*
  2. Command/confluent point: SI 3
- c. *Chong Mai*
  1. Original Chinese name meant “pregnancy”
    - a. Important for uterus, ovary, fertility, menses
  2. Command/confluent point: SP 4
- d. *Dai Mai*
  1. Belt/Girdle vessel
  2. Command/confluent point: GB 41

- e. *Yang Wei Mai*
  - 1. *Yang* Linking: links all *yang* channels
  - 2. Command/confluent point: TW 5
- f. *Yin Wei Mai*
  - 1. *Yin* Linking: links all *yin* channels
  - 2. Command/confluent point: PC 6
- g. *Yang Qiao Mai*
  - 1. *Yang* Motility
  - 2. *Qiao* means “to lift up one’s heel”
  - 3. Command/confluent point: BL 62
- h. *Yin Qiao Mai*
  - 1. *Yin* Motility
  - 2. Command/confluent point: KI 6

## 6. Traditional pairings

- a. Lu 7 – KI 6      *Ren - Yinqiao*
- b. PC 6 – SP 4      *Yinwei - Chong*
- c. SI 3 – BL 62      *Du - Yangqiao*
- d. TW 5 – GB 41      *Yangwei - Dai*

## 7. Japanese Understanding

- a. Manaka believed that the 8 Extra channels were the pathways by which *qi* and blood distributed in the embryo
  - 1. Prior to maturation of the primary channels, which happens after birth and is finalized at age 3
  - 2. Manaka did not specify that the 8 Extras stored and circulated *yuan-jing*
- b. Manaka saw the 8 Extras as being the the network that maintains the structural body
- c. See section on Manaka, below

## G. LEVEL THREE: DIVERGENT CHANNELS

1. For deeper details of TCM tradition, see HANDOUT ADDENDUM, *Secondary Channels in TCM*, p. 17
2. **General**
  - a. Jing Bie (经别 *jīng bié*)
  - b. Described in Chapter 11, *Ling Shu (Huang Di Nei Jing)*
    1. No symptomology or treatment protocols are described
  - c. The channel “diverges” from the main channel to join with their *yin-yang* partner channel and organ
    1. Eventually joins again into the *yang* channel that enters neck and head
    2. Because *yin* and *yang* channels merge, they take on therapeutic aspects of the other
  - d. Only channels beside primary channel to connect with *zang-fu*
    1. Enhance the relationship between exterior and interior
  - e. Helps connect head and neck with body and organs
    1. Balances channels with associated organs
    2. Seen to balance heaven (head) and earth (body)
  - f. Six Confluences
    1. The 6 *yin-yang* pairs
      - a. Confluence 1: BL-KI (Water)
      - b. Confluence 2: GB-LV (Wood)
      - c. Confluence 3: ST-SP (Earth)
      - d. Confluence 4: SI-HT (Fire)
      - e. Confluence 5: TB-PC (Ministerial Fire)
      - f. Confluence 6: LI-LU (Metal)
    2. Sequence follows anatomical location, lateral to medial
3. **Distribution**
  - a. Start at *He-Sea* points
    1. The energy dives deep into the interior
  - b. They all join their coupled channel
    1. The coupled channels go to their associated *zang-fu* organs
  - c. All converge at GV 20
  - d. Complete pathways, see HANDOUT ADDENDUM, p. 20

#### 4. Functions

- a. Maintain connection between head (heaven) and body (earth)
  1. Regulates distribution of *qi*, blood, *yin*, *yang* and fluids
  2. Under stress, energy will rise to head
  3. Treatment brings excess above (neck and face) back down to He-sea points
- b. Protection of internal organs
  1. Last protection against *xie qi* (pathogenic *qi*) penetrating to *zang fu*
    - a. If it has passed the *wei qi*, *jing jie* (sinew channels) or *luo mai* (connecting channels)
    - b. Deeper pathogens can get stuck at the divergent channels level
    - c. Become more chronic or latent

## H. 3-LEVEL ANTECEDENTS FROM JAPAN

### 1. Kobei Akabane

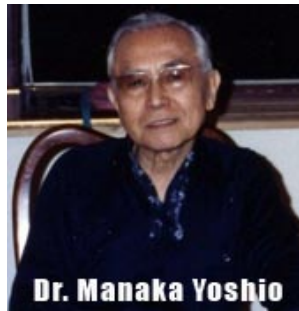
- a. 1940s-1950s
- b. Akabane diagnosis used incense thermal evaluation
  1. Thermal evaluation of *jing*-well points compares meridian response, indicating relative excesses and deficiencies
    - a. 5-10 light strokes of burning incense on *jing*-well points until patient reports heat sensation
    - b. Number is counted, recorded, and compared
  2. Further developed by Manaka, Itaya and Shima
- c. Akabane Treatment method
  1. Minimized needle treatment
    - a. Preferred moxa to needles
    - b. Invented and used *hinaishin* intradermal needle
    - c. Invented and used magrain pellets with tape
  2. Preferred unilateral treatment
  3. Back Shu treatment
    - a. Would tonify side of channel with greatest right-left imbalance
      1. Used *hinaishin* (intradermal needle) for 5-7 days

- b. Would then tonify other weak channels with direct moxa (unilateral Back Shu point)
  - 1. >10 cones, until skin red
- d. Expanded diagnostic parameters
  - 1. Use of 8 Extra channels pulses
  - 2. Abdominal diagnosis
  - 3. Hirata body zones
  - 4. Mubun Oda facial diagnosis

## 2. Yoshio Nakatani, MD

- a. Influenced by Akabane's incense diagnosis
- b. Discovered that acupuncture points had lowered electrical resistance when measured
  - 1. Named these points *Ryodoraku*, meaning electro-conductive points
- c. Developed Ryodoraku electro-meridian diagnosis, 1950
  - 1. Predecessor to Acugraph

## 3. Yoshio Manaka, MD (1911-1989)



- a. Biography and Overview
  - 1. Medical doctor with a Ph.D. in biology
  - 2. Devoted himself to acupuncture, moxibustion and herbal medicine
  - 3. Student of Akabane
  - 4. Throughout career, performed numerous scientific experiments testing and expanding frontiers of acupuncture
  - 5. Developed the use of ion-pumping cords to move places of excess to places of deficiency

- a. This developed from his war-time experiences treating burn victims
  - b. Confirmed unidirectional aspect of meridian flow
  - c. Electricity flows from black to red, one direction only
  - d. With IPC, treatment times could be 10 minutes
- 6. Investigated use of magnet polarity for diagnosis and treatment
- 7. Developed abdominal diagnosis based on lying flat on a bed
  - a. Different *Mu* point locations based on lying flat
  - b. See HANDOUT ADDENDUM, p. 26
- b. Saw body paradigm in *yin-yang* terms
  - 1. 

<i>Yin</i>		<i>Yang</i>
Front		Back
Upper		Lower
Right side		Left side
Inside		Outside
  - 2. The body is driven to keep the four polarities in balance
  - 3. 8 Extra best way to to balance 4 quadrants
- c. Palpatory Diagnosis
  - 1. Relied on abdominal palpation
  - 2. Also palpation of distal points
  - 3. Looked for patterns of tension, tightness, soreness or pain
  - 4. Confirmed treatment efficacy by rechecking places of soreness or tension
    - a. Eg, abdominal patterns of tension would change immediately with correct treatment
- d. Polarity diagnosis and treatment
  - 1. Polarity agents produce tiny electrical effects which can alter the body's structure and electrical/magnetic fields
  - 2. 

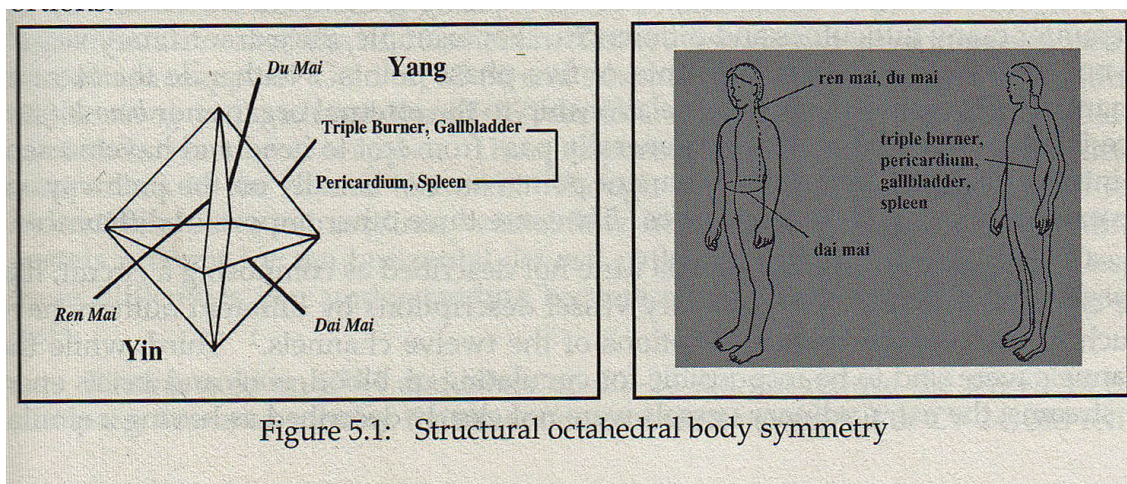
Agent	Positive	Negative
	<i>Tonifies</i>	<i>Sedates</i>
Magnet	north	south
Metals	copper	zinc
	gold	silver
Digits	thumb	little finger

3. Summarized these effects as the “X-signal system”
  - a. Method by which acupuncture and moxibustion works
  - b. Explains:
    1. Channel theory
    2. Unidirectionality of channel flow
    3. The closed circuits of channel flow
    4. *Yin-yang* theory and its relationship to body structure
    5. The extraordinary channel vessels and the octahedral theory
    6. The five-phase theory
    7. Five phase engendering and restraining
  - c. X-signal can change patterns of tension and pain
  - d. Called this “Topological Principles and Properties”
  
- e. Some of his discoveries and confirmations
  1. Meridians flow in the direction indicated in the classical texts
    - a. *Qi* follows the primary circuit sequence
    - b. Complete cycles are completed about every 45 minutes, or 50 times per day
    - c. Every two hours, there is a concentration in each meridian, in sequence
  2. Confirmed classical indications of 5 phase points:
    - a. Five phase correspondence to other channels
    - b. Tonification, sedation, *xi*-cleft and *luo*-connecting points indeed have those functions
    - c. Called them “isophasal”
      1. Basically means that all point on a channel affect the element/phase of the channel
      2. Multiple points of a channel can be used together, like a musical chord
        - a. There exists a polarity between tonification and sedation points
        - b. Like to combine both tonification point with sedation point, and IPC

- c. EG, would move energy from LI 2 (sedation) to LI 11 (tonification) to reduce excess in the channel
- 3. Confirmed 8 Extraordinary confluent/control points and master-coupled points
  - a. They also respond to positive-negative manipulation
- f. *Jing Luo* Theory – channel systems
  - 1. *Jing mai* – the primary channels
    - a. Run vertically
    - b. Connect to internal organs
    - c. Go externally to limbs and joints
  - 2. *Luo mai*
    - a. Connect horizontally
    - b. Interconnect the organ-channel system
    - c. Interconnect paired channels
  - 3. *Qi jing mai* (8 extraordinary vessels)
    - a. Regulate the channel systems
  - 4. *Jing jin* (channel sinews)
    - a. Connect with body's musculature
  - 5. *Jing bie* (channel divergences)
    - a. Branching and leading back to channels
- g. Developed 8 Extraordinary Channel approach as a stand-alone therapy
  - 1. Elucidated embryological role of 8 Extra channels
    - a. Felt that 8 Extra channels allowed energy to move and develop in fetus
    - b. They provide an acupuncture network for the developing embryo
  - 2. Proposed octahedral structure to body
    - a. 8 Extraordinary as underlying system for structure

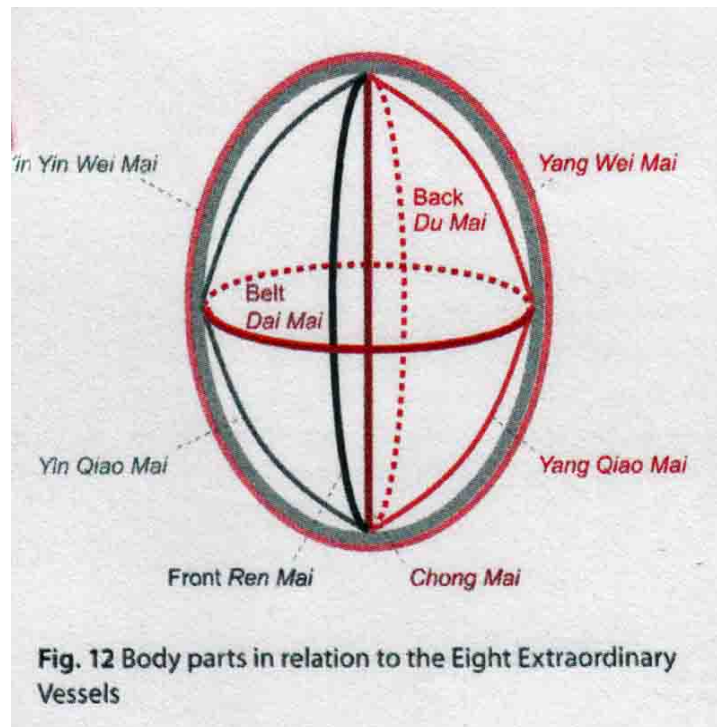
### 3. The octahedron

- |                   |   |
|-------------------|---|
| a. <i>Ren mai</i> | Divides anterior right and left               |
| b. <i>Du mai</i>  | Divides posterior right and left              |
| c. <i>Dai mai</i> | Divides superior-inferior                     |
| d. TW             | Divides upper, anterior-posterior <i>yang</i> |
| e. GB             | Divides lower, anterior-posterior <i>yang</i> |
| f. PC             | Divides upper, anterior-posterior <i>yin</i>  |
| g. SP             | Divides lower, anterior-posterior <i>yin</i>  |



From Manaka, *Chasing the Dragon's Tail*, p. 81

### Alternative octahedral model



From Montakab, *Acupuncture Point and Channel Energetics*

- h. Developed 8 Extraordinary Channel approach as a stand-alone therapy
  - 1. Structural problems are best treated by the 8 Extra channels and points
    - a. The traditional pairings affect octahedron
      - 1. *Yin*:
        - a. Lu 7 – KI 6 / *Ren - Yinqiao*
        - b. PC 6 – SP 4 / *Yinwei - Chong*
      - 2. *Yang*:
        - a. SI 3 – BL 62 / *Du - Yangqiao*
        - b. TW 5 – GB 41 / *Yangwei - Dai*
    - b. The following pairs are the most important for organizing the octahedron:
      - 1. TW 5 – GB 41
      - 2. PC 6 – SP 4

2. Expanded 8 Extraordinary pairs to include all 6 level pairs
  - a. Now 8 pairs, not 4
    1. Now would include LV, LI, ST and HT
  - b. Proposed 4 new master points for additional channels
    1. LV 4, LI 5, ST 40, HT 5
  - c. See material on Miki Shima, below
  
3. Manaka on 8 Extraordinary
  - a. 8 extraordinary have older embryological and evolutionary roots than the primary channels
    1. They regulate the body at a more primitive level of symmetric-asymmetric
  - b. They have a much broader regulatory effect on the movement of *qi* (primitive signals) than primary channels
    1. Primary channels, by comparison, serve as specific information pathways (signal communication)
    2. Coupling *yin-yang* primary channels, however, can elicit broad changes to *qi* flow in the octahedral, similar to 8 Extra
  - c. 8 Extra offer background “ocean of *yang*” and ocean of *yin*” to replenish the primary channels
    1. Primary channels often described as streams or rivers
    2. Manaka does not mention the classical concept of 8 Extras as conduit or reservoir of *yuan-jing*
  - d. Unlike primary channels, the 8 Extra network does not comprise a circuit
    1. Does not distribute energies (*qi*, blood, *yinq* and *wei*) like the primary channels
  - e. “Easier and more useful to consider the eight extraordinary vessels as dividing lines capable of affecting structural changes as related to the octahedral topological model”

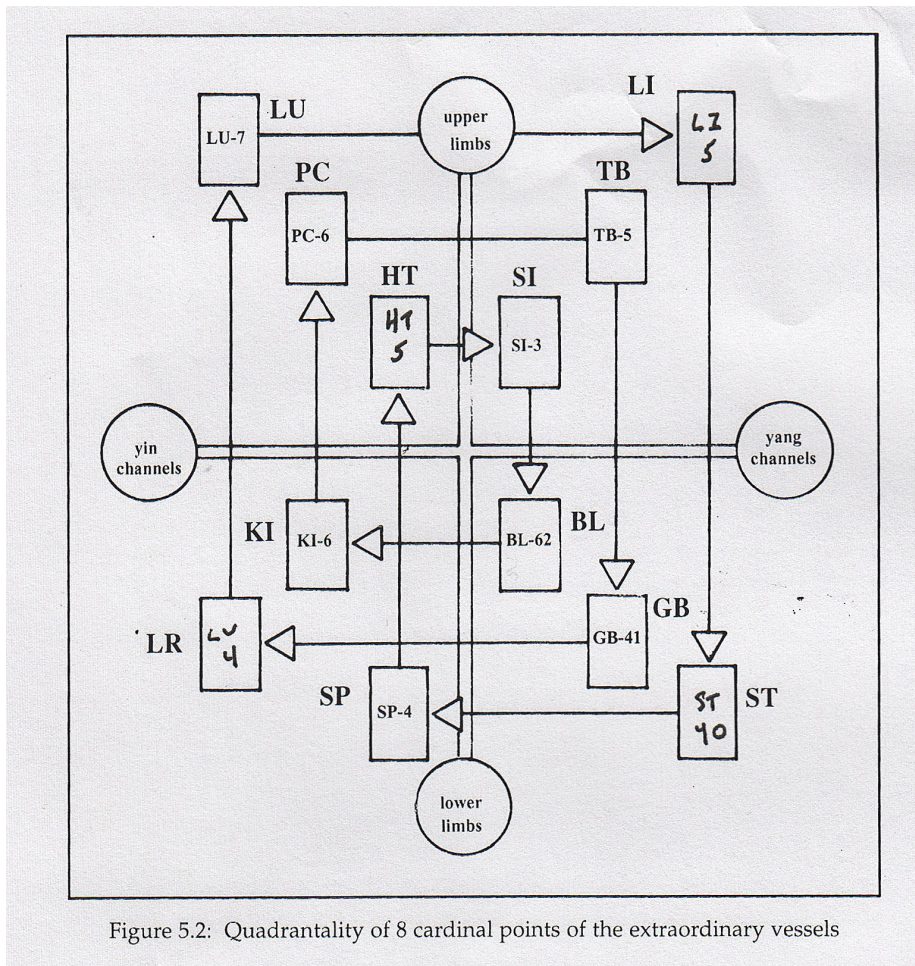


Figure 5.2: Quadrantality of 8 cardinal points of the extraordinary vessels

From Manaka, *Chasing the Dragon's Tail*, p. 86

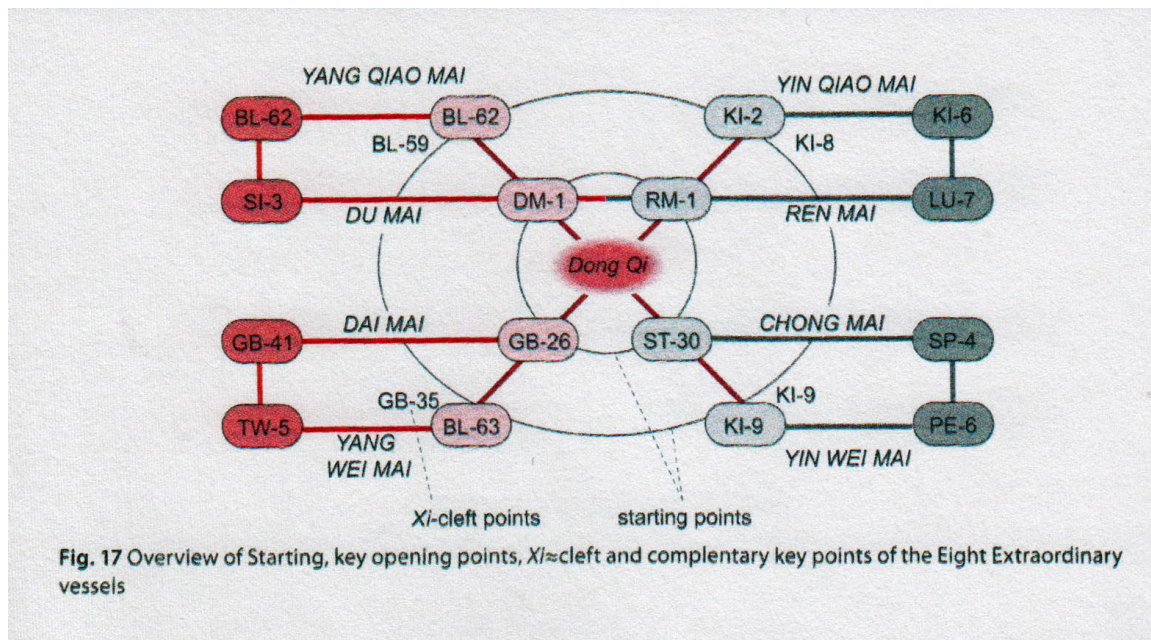


Fig. 17 Overview of Starting, key opening points, Xi-cleft and complementary key points of the Eight Extraordinary vessels

From Montakab, *Acupuncture Point and Channel Energetics*, p. 423

- i. Manaka's Abdominal Palpation
  - 1. Main diagnosis – no pulse or tongue
  - 2. Pressure or pain points
  - 3. Tight-knotted areas
  - 4. Soft-weak
  - 5. See HANDOUT ADDENDUM, p. 26
  
- j. Manaka's *Tai Ji* Treatment
  - 1. Treats all 12 meridians
    - a. Treatment is same on both sides
    - b. Uses 4 pairs IPC on each side
    - c. Reinforces bio-clock meridian circulation
  - 2. Applications
    - a. Fatigue, nervousness, stress
    - b. Whiplash, knee or hip pain
    - c. Hypertension
  - 3. Diagnosis
    - a. Pain/pressure on at least 2 of the following:
      - 1. KI 16, LV 13, SP 15
  - 4. Treatment
    - a. TW 8 (+), SP 6 (-)
      - 1. TW 8 is 3 arm *yang* meeting point
      - 2. Sp 6 is 3 leg *yin* meeting point
    - b. GB 35 (+), Manaka Pt (-)
      - 1. GB 35 is 3 leg *yang* meeting point
      - 2. Manaka pt is 3 arm *yin* meeting point
        - a. Halfway between PC 7 and PC 3
  - 5. Good to do when no time for AcuGraph diagnosis
  - 6. Good to do as meridian balance when treating back side

#### 4. Japanese Topological Society

- a. Developed around Dr. Manaka's ideas
  - 1. Included Tadashi Irie, Kodo Seki, Shigeji Naomoto
- b. Expanded therapeutic approaches
  - 1. Ion pumping cords
  - 2. Pellets, magnets
  - 3. Naomoto's Hibiki-7 auriculotherapy
- c. Expanded understanding of secondary channels
  - 1. Divergent channels seen as deeper level of meridian network, below primary channels
    - a. Carries *ying qi*, and also *yuan* and *jing*
    - b. More acute imbalances will show on primary channels
    - c. Deeper, more chronic, and less severe symptoms will show on divergent channels
  - 2. Unilateral treatments can affect imbalance on opposite side
    - a. Bilateral treatments are also OK
  - 3. Prioritize divergent channels for dealing with pathogenic *qi* which has lodged deeper in the body

#### 5. Tadashi Irie (1927-2002)

- a. Studied with Yoshio Manaka
- b. Became expert on divergent channel treatment
  - 1. Starting with publications in 1979
- c. Established head exit points for divergent channels
- d. Looked for most unbalanced side of the primary channel divergence
- e. Assigned *kanpo* herbal formulas for various imbalances
- f. Major contributions
  - 1. 1990s, promoted O-ring testing, and friction testing
    - a. Learned O-ring testing from Yoshiaki Omura, MD, 1985
    - b. Friction testing
      - 1. Rub thumb along index finger
      - 2. Slippery = good
      - 3. Sticky = poor
  - 2. Tested effects of magnets on channels with feedback system
  - 3. Able to map out effects of point treatment on channel imbalances

- g. Established the “master points” for each confluence (pair)
  - 1. In codifying these points, Irie defined divergent channel therapy
  - 2. The confluences and their master point
    - a. First confluence (BL-KI): BI 1 or BI 11
    - b. Second confluence (GB-LV): GB 1
    - c. Third confluence (ST-SP): ST 1
    - d. Fourth confluence (SI-HT): BL 1
    - e. Fifth confluence (TB-PC): GB 12
    - f. Sixth confluence (LI-LU): ST 12
  - 3. These confluences correspond to lateral-medial on hands and feet
- h. Recommended coupling master point with points on extremities
  - 1. Diagnosis (not Akabane)
    - a. Chose points based on pressure reactivity or O-ring testing
  - 2. Treatment: Used 1-2 hz micro-stim
- i. Protocol identified three levels for treatment
  - 1. Primary divergent pair imbalance
  - 2. Secondary divergent pair imbalance
  - 3. Symptomatic treatment
- j. Created Kidney Return protocol
  - 1. Use for kidney (adrenal) deficiency
  - 2. BL 40 (-); BL 23 (+), BL 11 (+)

## 6. Kodo Seki

- a. Originally trained as thoracic surgeon
- b. Seki and Irie influenced and borrowed from each other
  - 1. Followed Irie’s diagnostic methods
    - a. Added in abdominal palpation
- c. Author
  - 1. *Modern Electro-Acupuncture Therapeutics*, 1982
  - 2. Outlined divergent channel treatments
- d. Recommended *yuan*-source points as extremity distal point
  - 1. Reflected belief that *yuan-jing* played a role in divergent channel therapy

- e. Relied on polarized electro-stim to achieve therapeutic effect
  - 1. He would combine electro-stim to affected points, but also IPC (ion pumping cords) between master and coupled points
- f. Prioritized *yin* channels that were deficient, and *yang* channels that were excess
- g. Recommend using GV 20 or CV 22 in all treatments
  - 1. GV 20 as the intersecting point of all *yang* channels
    - a. Used as negative pole (draining)
  - 2. CV 22 as the intersecting point of all *yin* channels
    - a. Used as positive pole (tonifying)
- h. Included 8 extraordinary channels master points as possible treatment points
  - 1. If chosen channel pairs are also 8 Extra channels pairs, he will use 8 Extra channels master points
  - 2. Seki stopped using face and neck points altogether
    - a. He would connect extremity points to either CV 22 or GV 20
      - 1. *Yin* channel *yuan*-source points to GV 20
      - 2. *Yang* channel *yuan*-source points to CV 22
    - b. Polarity
      - 1. 1<sup>st</sup> to 3<sup>rd</sup> confluences: (+) on *yuan*-source point
      - 2. 4<sup>th</sup> to 6<sup>th</sup> confluences: (+) on CV 22 or GV 20
  - 3. The By-pass treatment
    - a. Later on, Seki would run an IPC from GV 20 to CV 22, polarity to be determined by O-ring testing
      - 1. Usually GV 20 (-) and CV 22 (+)
    - b. Or, he would use 2 IPC to these points, each pair in the opposite direction
    - c. Miki Shima would often use this combination to deal with GV excess and CV deficiency
- i. Applied his protocol mostly to musculoskeletal disorders
- j. His protocol opened up new ways of influencing and connecting various channels using few needles
  - 1. Allows connections between divergent channels, primary channels, and extraordinary channels

## 7. Kazuto Miyawaki

- a. Developed a meridian balance method utilizing 8 Extra
- b. Established new 8 Extra pairs:
  1. ST 42 - LI 4
  2. Ht 5 - Liv 3

## 8. Shigei Naomoto (d. 1987)

- a. An engineer who built many of Manaka's electrical acupuncture machines
- b. Put much of Manaka's thoughts and research into coherent articles
- c. Diagnostic contributions
  1. Use of facial diagnosis
  2. Application of 5 traditional sounds to channel divergent pairs
    - a. Using tuning fork
  3. Carotid-wrist pulse comparison diagnosis
    - a. Using *jin gei* pulses, *Ling Shu*, Chapter 48
    - b. Influenced Nakasone acupuncture, New Mexico
  4. Abdominal palpation
  5. O-ring testing
  6. Range of motion testing before and after treatment
  7. Electric measurement of each *yin* channel for comparison
- d. Treatment strategies
  1. Midday-Midnight needling method
    - a. Looked at polarity of confluence pair and it's opposing channel on the Chinese clock
    - b. Prioritized the *yin* channels
    - c. EG, if BL-KI is chosen, a needle is placed in one of those channels, and also LI channel opposite side, which is the opposite of Kidney on the Chinese clock
  - d. IPC polarity follows Irie's approach
    1. First 3 confluences, channel divergences are (-); opposite bio-clock point is (+)
    2. Second 3 confluences, channel divergences are (+); opposite bio-clock point is (-)

e. Point selections

- |                           |           |
|---------------------------|-----------|
| 1. BL 58 (-) or Ki 10 (-) | LI 4 (+)  |
| 2. GB 37 (-) or LV 8 (-)  | SI 4 (+)  |
| 3. ST 40 (-) or SP 9 (-)  | TW 4 (+)  |
| 4. SI 6 (+) or HT 3 (+)   | GB 40 (-) |
| 5. TW 5 (+) or PC 3 (+)   | ST 42 (-) |
| 6. LI 6 (+) or LU 5 (+)   | BL 64 (-) |

See p. 47 for modified protocol

2. Advocated auricular therapy with treatment

## I. SOMATO-AURICULAR THERAPY (SAT)

1. Protocol by Miki Shima, OMD (1948-)
2. Introduced in 1990



3. Followed work of Topological Society
  - a. Began studies of Japanese acupuncture literature in 1978
  - b. Most influenced by Irie
  - c. Went on to synthesize and simplify their work
  - d. Encouraged by Irie, went on to apply Akabane technique to divergent channel therapy
4. Overview
  - a. Defined three levels:
    1. Ectodermal (surface): primary channels
    2. Mesodermal (musculoskeletal): 8 Extra
    3. Endodermal (internal organs): Divergent channels
5. Techniques

- a. Promoted key discoveries of Topological Society
    - 1. O-ring testing (Dr. Omura)
    - 2. Use of electro-stim
    - 3. Use of magnets for diagnosis and treatment
    - 4. Use of *hinaishin* and magrain pellets
    - 5. Use of ion-pumping cords
    - 6. Use of gold and silver needles
  - b. Use of electro-stim
    - 1. Pantheon 4-C
    - 2. 2 hz to tonify
    - 3. 10 hz mixed for draining
    - 4. For kidney return treatment, uses 1 hz at 5-10 milliamps for 10 minutes
    - 5. Would use micro-stim in cases of entrenched or stubborn *qi* stasis
  - c. In weaker patients, Shima felt electro-stim could aggravate patient's complaint
    - 1. Preferred IPC or gold-silver needle combination
      - a. More gentle
  - d. 1990, studied auriculotherapy with Terry Oleson
    - 1. Used electro-stim to ear point and distal point, 5 minutes
    - 2. Used Hibiki-7
      - a. Channel extremity point (-)
      - b. Ear point (+)
    - 3. No electricity if patient too weak
  - e. Forced by California law to abandon IPC and magnets, and chose gold and silver needles instead
  - f. In 1990, creates Somato-Auricular Therapy (SAT)
6. Features of Shima's approach
- a. Integrated works of teachers before him, including Akabane, Manaka, Seki, Irie
  - b. Decided *he*-sea points were most reliable of the channel points for divergent channel treatment
    - 1. Used knee and elbow points exclusively as confluence points on channels

- a. These are traditional starting points of the divergent channels in the classics
2. This is where *qi* dives deeper into the body
3. They will influence *zang-fu* most directly
4. Originally used *yuan*-source points
  - a. These can still be used if *he*-sea point inconvenient
- c. Combined with Irie's head points
- d. Elaborated Yoshio Manaka and Kazuto Miyawaki's additional 8 Extra points
  1. Confirmed addition of following pairs
    - a. ST 40 - LI 5
    - b. SP 4 - LU 7
    - c. KI 6 - HT 5
    - d. LV 4 - PC 6
  2. This allows 8 Extra channels to include all Six Level channels:
    - a. Felt this is more inclusive and representative of the octahedron model
    - b. **Original 8 Extra Pairs**

KI 6	-	LU 7	
SP 4	-	PC 6	
BL 62	-	SI 3	<i>Taiyang</i>
GB 41	-	TE 5	<i>Shaoyang</i>
    - b. **Additional Pairs**

<u>ST 40</u>	-	<u>LI 5</u>	<i>Yangming</i>
SP 4	-	LU 7	<i>Taiyin</i>
KI 6	-	<u>HT 5</u>	<i>Shaoyin</i>
<u>LV 4</u>	-	PC 6	<i>Jueyin</i>
- e. Other points, according to Shima
  1. *Yuan*-source points mainly affect original *qi* of the channel
    - a. Help distribute *yuan qi* to the channels in the periphery (extremities)
  2. *Xi*-cleft points mainly reduce excess in the channel as it relate to the sinew/tendons
    - a. Best for excess and pain

3. 5 phase/*wu xing* points regulate the primary channels in relation to each other
  - f. Relationship of divergent channel treatments to 8 Extra treatments
    1. Divergent channels deal with deeper energy
      - a. Better for constitutional support
      - b. Better for deeper detoxification
        1. Too strong a treatment can cause exacerbation of symptoms or side-effects
    2. 8 Extra and/or sinew treatment would allow body to handle divergent channel treatment without side-effect
      - a. That's why he treated the 8 Extras first
  - g. Testing suitability of points
    1. Shima used magnets on points to see if pulse or abdomen would change for the better, before using needles
      - a. North pole on (-) point
      - b. South pole of (+) point
    2. He did not use magnets for treatment, only diagnosis
  - h. Studied auriculotherapy extensively with Terry Oleson, Ph.D.
    1. Made auriculotherapy a major part of this treatment
      - a. Preferred Nogier points to TCM auricular points
      - b. Used to reinforce 3 level treatment
      - c. Used to address major complaint of patient (branch)
      - d. Used Nogier's carotid VAS for confirmation
  - i. Shima routinely gave all patients *kanpo* herbal formulas based on abdominal palpation
7. Shima's point choices
- |                       |                   |   |                   |
|-----------------------|-------------------|---|-------------------|
| a. First confluence:  | Bl 40 & KI 1 (-)  | / | Bl 1 or Bl 11 (+) |
| b. Second confluence: | GB 34 & Liv 8 (-) | / | GB 1 (+)          |
| c. Third confluence:  | St 36 & Sp 9 (-)  | / | ST 1 (+)          |
| d. Fourth confluence: | SI 8 & Ht 3 (+)   | / | BL 1 (-)          |
| e. Fifth confluence:  | TB 10 & PC 3 (+)  | / | GB 12 (-)         |
| f. Sixth confluence:  | LI 11 & Lu 5 (+)  | / | ST 12 (-)         |

8. Immune enhancement treatment (Sawada and Shima)
  - a. Moxa (or laser) to following:
    1. Back: BL 11, BL 13, BL 17, BL 20, BL 23, GV 4
    2. Front: SP 6, ST 36, GB 34, LI 4, CV 4, CV 12
9. Shima's Treatment Sequence  
See HANDOUT ADDENDUM, *Miki Shima's SAT Protocol*, p. 30

## PART 2 THE 3-LEVEL PROTOCOL

### A. ACUGRAPH DIAGNOSIS

1. Acugraph includes a divergent channel interpretation and point recommendation in their computerized analysis
  - a. See: [www.miridiatech.com](http://www.miridiatech.com)
2. Method
  - a. Choose *yuan*-source point diagnosis (not *jing*-well)
  - b. Find point correctly
    1. Deepest part of hole
    2. Find direction of hole
  - c. Verify readings
    1. Any pair that is more than 15 points apart, measure both again to be sure of readings
3. Point prescription
  - a. Use Divergence icon, lower left
    1. In lower right, use "Add these points to today's plan"
  - b. Upper group of points lists 8 Extra treatment
  - c. Middle group of points lists divergent treatment
  - d. Lower group of points list *shu* treatment
  - e. For your notes:
    1. Write down PIE, Ratio, Energy Stability
    2. Map our Left and Right treatment on a 4 section grid
4. Efficacy
  - a. The complete correction will take 24 hours
  - b. Effects last about a week
  - c. Many people benefit once a month

- d. Compare readings with previous readings
    - 1. If there are consistent patterns, this indicates a constant deep-seated pattern
5. AcuGraph technique
- a. AcuGraph must be done well (accurately)
  - b. Find point with finger before applying probe
    - 1. Find hole and angle
    - 2. Adjust pressure
    - 3. Change position/location if necessary
  - c. Measurement line should achieve flat, not spiked
    - 1. Reading should be a sustained flat line
  - d. Right and left should be within 12 points of each other
    - 1. Re-test each side not
  - e. Reading sometimes defaults to “256”
    - 1. Try to get normal reading
      - a. If not, enter “174”
    - 2. Right side - left side are typically within 12 points of each other
      - a. If not, recheck one or both sides
  - b. Is electro-diagnosis (the strength of  $qi$ ) equal to Akabane heat diagnosis, which tests the yang/coldness of the channel?
  - c. Why doesn't the reading change after treatment?
  - d. Why do the PIE scores remain low?
6. Sequence of Treatment
- a. Abdomen and Head
  - b. Primary Channel Balance
  - c. 8 Extraordinary Channel Balance
  - d. Divergent Channel Treatment
  - e. Mop-Up Treatment
    - 1. Dr. Tan 5-System Balance Method
    - 2. *Luo-Yuan* Relationship
    - 3. Primary channel
  - f. Auriculotherapy

g. Back Treatment

## B. ABDOMEN AND HEAD

1. Abdomen
  - a. Abdominal palpation, shiatsu, *teishin*
  - b. Needles to CV 12, CV 5 area
  - c. Check: CV 17, SP 15, ST 25, ST 27
  - d. Check for ICV (ileocecal valve) at SP 13
  - e. Check for hiatal hernia at CV 15
2. Connect GV 20 (-) to CV 22 (+) with IPC

## C. BASIC 3-LEVEL PROTOCOL

### 1. PRIMARY CHANNEL TREATMENT

- a. Use *teishin* metal devices to remove excess and support deficiency on primary channels
  1. Clears the skin level
  2. Use *teishin* devices to remove *kori*
- b. Reinforce meridian tonification points in the ear (Auriculo 3D)
- c. May reinforce with tonification/sedation with needles
- d. On mop-up, can use various balance methods (eg Dr. Tan) to balance primaries

### 2. 8 EXTRAORDINARY CHANNEL TREATMENT

- a. Follow suggestions from Divergent menu, AcuGraph
- b. Use ion pumping cords (IPC)

### 3. DIVERGENT CHANNEL TREATMENT

- a. Follow suggestions from Divergent menu, AcuGraph
- b. Use ion pumping cords (IPC)
- c. Divergent treatment balances both channels in their confluence
  1. Use “By Element” menu
- d. Considerations
  1. *Yin-Yang* (6 level) partners go along parts of body: lateral, central, medial
  2. Become one unit rather than two

- a. A divergent treatment regulates the partner channel
- b. Eg, LI 11 – ST 12 also regulates LU
- c. Eg, TW 10 – GB 12 also regulates PC

#### D. MOP-UP TREATMENT

1. Go back, organize the graphic by using “Yin-Yang” or “Baseline” menu.
  - a. See which channels are significantly deficient, and which channels are significantly excess.
  - b. Are they included in the 8 Extra and Divergent treatment that you have performed?
    1. Even if they are addressed on one side only, this will work for both sides
    2. Partner divergent channel may not show on your treatment, but may be included due to its partnership
  - c. If possible, apply muscle-testing O-ring to see if channel needs treatment
2. Decide which method to bring those other channels into balance
3. For isolated channels:
  - a. Apply tonification or sedation to isolated channels (“Baseline” menu)
  - b. For deficient channel, prioritize *Keriaku Chiryō* pattern (*sho*) on “Yin-Yang” menu
    1. Tonify primary deficient channel on tonification point
  - c. For excess channel in isolation, treat sedation point
4. For excess and deficient channels:
  - a. The purpose is to move excess from the excess channel to the deficient channel
    1. Use *luo*-connecting point of excess channel, and *yuan*-source point of deficient channel
  - b. Use Dr. Tan chart to link deficient and excess channels
    1. Five Phase partner (“By Element” menu, Tan #3)
      - a. Use *luo*-connecting point of excess channel, and *yuan*-source point of deficient channel
      - b. But make sure that “missed” channel is not covered within the Divergent treatment
    2. Energy cycle / Bioclock (“Energy Cycle” menu, Tan #5)
    3. Midday-Midnight (“Horary” menu, Tan #4)

4. 6 Level Hand-Foot (Tan #1)
5. 6-Level Yin-Yang Pair (Tan #2)
5. Is the right side-left side balance resolved? (The BL-Shu imbalance)
  - a. You can use *yuan*-source point on weak side (face-up), or weak BL-*shu* point on the back
6. Other
  - a. “Belt Block”
    1. On “Baseline” menu
    2. Treat with SOT blocks
    3. GB 41 and TW 5
    4. If using IPC, confirm direction with muscle testing
7. Alternative Treatments
  - a. Manaka *Taiji* Treatment. Each side:
    1. TW 8 (+) (4 *cun* from wrist) - SP 6 (-)
    2. GB 35 (+) (7 *cun* from mal.) - Manaka pt (-)  
(halfway PC 7 and PC 3)
  - b. Manaka 8 Extra Channel Treatment
    1. Yin arm to opposite yin leg with IPC: PC 6 – SP 4; LU 7 – KI 6
    2. Yang arm to opposite yang leg with IPC: TW 5 – GB 41; SI 3 – BL 62
    3. If using IPC, muscle test direction
  - c. Immune Enhancement Treatment (Sawada And Shima)  
Moxa (or laser) to following:
    1. Back: BL 11, BL 13, BL 17, BL 20, BL 23, GV 4
    2. Front: SP 6, ST 36, GB 34, LI 4, RN 4, RN 12

## E. 5-SYSTEM TAI JI BALANCE METHOD

Main Proponents:

- a. Master T'ung: Tung Ching-Chang (Dǒng, Jǐng-Chāng, 董景昌)
- b. Wei-Chieh Young (Yáng, Wéi-Jié. 楊維傑, 杨维杰)
- c. Richard Tan

### 1. System #1. SIX LEVEL HAND-FOOT Do on opposite side.

<i>Taiyin</i>	LU - SP	<i>Yangming</i>	LI - ST
<i>Taiyang</i>	SI - UB	<i>Shaoyin</i>	HT - KI
<i>Jueyin</i>	PC - LIV	<i>Shaoyang</i>	TB - GB

### 2. System #2. SIX LEVEL YIN-YANG PAIR Do on either side.

<i>Taiyin - Taiyang</i>	LU - UB	SP - SI
<i>Jueyin - Yangming</i>	LIV - LI	PC - ST
<i>Shaoyin - Shaoyang</i>	HT - GB	KI - TB

### 3. System #3. 5-PHASE PARTNER (EXT-INT) Do on opposite side.

HT - SI	LU - LI
PC - TB	KI - UB
SP - ST	LIV - GB

### 4. System #4. CHINESE CLOCK - OPPOSITE Do on either side.

HT - GB	KI - LI
LIV - SI	PC - ST
LU - UB	SP - TB

### 5. System #5. CHINESE CLOCK - NEIGHBOR Do on opposite side.

SP - HT	TB - GB
SI - UB	LIV - LU
KI - PC	LI - ST

## 5-SYSTEM TAI JI BALANCE METHOD

Based on Dr. Richard Tan

ARM	#1	#2	#3	#4	#5
LU	SP	UB	LI	UB	LIV
PC	LIV	ST	TB	ST	KI
HT	KI	GB	SI	GB	SP
LI	ST	LIV	LU	KI	ST
TB	GB	KI	PC	SP	GB
SI	UB	SP	HT	LIV	UB
FOOT					
SP	LU	SI	ST	TB	HT
LIV	PC	LI	GB	SI	LU
KI	HT	TB	UB	LI	PC
ST	LI	PC	SP	PC	LI
GB	TB	HT	LIV	HT	TB
UB	SI	LU	KI	LU	SI
	Opposite	Either	Opposite	Either	Opposite

#1	6 Level Hand-Foot	#4	Chinese Clock - Opposite
#2	6 Level Yin-Yang Pair	#5	Chinese Clock - Neighbor
#3	5-Phase Partner (Ext-Int)		

## F. SHIGEI NAOMOTO: MIDDAY-MIDNIGHT NEEDLING METHOD

<i>Yang: luo / yin: he-sea</i>	<i>Yuan-source (opposite or same side)</i>
1. BL 58 (-) KI 10 (-)	LU 9 (+) LI 4 (+)
2. GB 37 (-) LV 8 (-)	HT 7 (+) SI 4 (+)
3. ST 40 (-) SP 9 (-)	PC 7 (+) TW 4 (+)
4. SI 7 (+) HT 3 (+)	LV 3 (-) GB 40 (-)
5. TW 5 (+) PC 3 (+)	SP 3 (-) ST 42 (-)
6. LI 6 (+) LU 5 (+)	KI 3 (-) BL 64 (-)

## G. AURICULOTHERAPY

1. Support channel deficiencies with AcuGraph ear suggestions (“Ear” icon)
2. Treat branch complaint with Auriculo 3D
3. Use laser, stim-plus, pointer plus, magrain seeds, or .12 needle

## H. BACK TREATMENT

1. Structural Holding points (*kori*)
  - a. Occiput: GB 20
  - b. Trapezius: TW 15
  - c. Scapula: SI 11 and SI 14
  - d. Waist: BI 52, GB 26
  - e. Iliac crest: Yanagiya point
  - f. Hips: GB 30, Femur point
  - g. Knees: GB 34 or BL 40
2. Spine
  - a. Right left *Shu* imbalance
    1. Use third group of points in Divergent Menus, AcuGraph
  - b. Spine *shu* points based on Acugraph spine icon
    1. Use *Hua Tuo* or Japanese *Hua Tuo* points for spinal blockage

- c. Spine *shu* points based on palpation
- d. 3 GV points based on palpation or muscle-testing

### 3. Outer *shu* points

#### a. Emotional imbalances (by palpation):

LU	[BL 13	T3]	BL 42	Grief
HT	[BL 14	T4]	BL 43	Sadness
	[BL 15	T5]	BL 44	Sadness
LIV	[BL 18	T9]	BL 47	Anger
SP	[BL 20	T11]	BL 49	Obsessiveness
KI	[BL 23	L2]	BL 52	Fear

### 4. Back side 8 Extra Treatment

#### 5. Yang: Arm – Opposite Leg:

SJ 5 - SI 3 (SI 4)

GB 41 - BL 62

#### Yin: Arm – Opposite Leg:

Lu 7 - PC 6

Ki 6 - Sp 4

### 6. Back side Manaka Taiji Balance (with IPC)

TW 8 (+) (4 *cun* from wrist) - SP 6 (-)

GB 35 (+) (7 *cun* from mal.) - Manaka pt (-) (halfway PC 7 and PC 3)

### 6. Immune Enhancement Treatment (Sawada And Shima)

#### a. Moxa (or laser) to following:

b. Back: BL 11, BL 13, BL 17, BL 20, BL 23, GV 4

c. Front: SP 6, ST 36, GB 34, LI 4, RN 4, RN 12

## I. CONSIDERATIONS

### 1. Use of Muscle testing

- a. Use to look for additional point treatment
- b. Use to check other problems

### 2. Use of laser stimulation

- a. Instead of moxibustion, or instead of needles
  - 1. Eg, on face points
  - 2. Very good with children
- b. Settings
  - 1. Tonification: Nogier B

2. Sedation: Nogier A
  3. General: Bahr B5
  4. Ear: Nogier by region
3. Needle considerations
    - a. Use thin needles with superficial insertion
    - b. If attaching ion pumping cords, make sure needle is in deep enough
    - c. For face points, use green needles only (.12)
    - d. Use a method to enhance tonification and sedation
      1. Tonification: clockwise intention, qi gong extension
      2. Sedation: counter-clockwise intention, qi gong withdrawing
4. Ion Pumping Cord (IPC) Considerations
    - a. If attaching ion pumping cords, make sure needle is in deep enough
    - b. For face points, use paper tape to secure IPC
      1. GB 2
      2. ST 2
      3. BL 2
    - c. Check patient to make sure IPC did not pull needle out
5. Point considerations
    - a. Bleeding
      1. ST 1 (use ST 2)
      2. BL 1 (use BL 2)
      3. SI 3 (use SI 4)
    - b. Painful
      1. PC 6 – pinch skin
      2. SP 4
      3. HT 8, PC 8
      4. KI 1
    - c. Difficult Divergent channel points (due to position)
      1. BL 40: use BL 64 or BL 58
      2. SI 8: Use SI 4
      3. BL 1: use BL 2 or *yintang*
      4. ST 1: use ST 2 with magrain pellet

## J. CLINICAL OBSERVATIONS

1. Unilateral treatment can treat both sides
2. IPC best way to move excess to deficiency
3. Can use hands/mind/qi gong to move excess to deficiency
4. 8 Extra and Divergent act as a *yin-yang* balance
  - a. 8 Extra = the structure (*yang*)
  - b. Divergent = the deeper pathways (*yin*)
  - c. Together, offer a balanced treatment
5. Manaka proposed 8 balances
  - a. Upper-lower                      8 Extra
  - b. Inner-outer                      Divergent
  - c. Right-left                        *Shu* points, /*Yuan* points
  - d. Back-Front                        *Shu-Mu/ Du-Ren*

### 5. Observations concerning Shima's new 8 Extra pairs

#### ORIGINAL PAIRS

- |          |   |      |                 |                  |   |                 |
|----------|---|------|-----------------|------------------|---|-----------------|
| a. KI 6  | - | LU 7 |                 | <i>Yin Qiao</i>  | - | <i>Ren</i>      |
| b. SP 4  | - | PC 6 |                 | <i>Chong</i>     | - | <i>Yin Wei</i>  |
| c. BL 62 | - | SI 3 | <i>Taiyang</i>  | <i>Yang Qiao</i> | - | <i>Du Mai</i>   |
| d. GB 41 | - | TE 5 | <i>Shaoyang</i> | <i>Dai</i>       | - | <i>Yang Wei</i> |

#### NEW PAIRS: Dr. Shima expanded 8 X Pairs to include all 6 levels

- |                 |   |             |                 |
|-----------------|---|-------------|-----------------|
| e. <u>ST 40</u> | - | <u>LI 5</u> | <i>Yangming</i> |
| f. SP 4         | - | LU 7        | <i>Taiyin</i>   |
| g. KI 6         | - | <u>HT 5</u> | <i>Shaoyin</i>  |
| h. <u>LV 4</u>  | - | PC 6        | <i>Jueyin</i>   |

### 6. Other Important Point Groups

#### a. XI CLEFT POINTS

- |                  |       |
|------------------|-------|
| <i>Yang Qiao</i> | BI 59 |
| <i>Yang Wei</i>  | GB 35 |
| <i>Yin Qiao</i>  | KI 9  |
| <i>Yin Wei</i>   | KI 8  |

#### b. 3 CHANNEL MEETING POINTS

GB 35	3 leg <i>yang</i>
SP 6	3 leg <i>yin</i>
TW 8	3 arm <i>yang</i>
PC 5	3 arm <i>yin</i>

### c. MUSCLE MERIDIAN MEETING POINTS

ST 3	3 Leg <i>Yang</i>	<i>Yangqiao</i> and ST
GB 13	3 Arm <i>Yang</i>	<i>Yangqiao</i> and GB
CV 3	3 Leg <i>Yin</i>	RN, LV, SP, KI
GB 22	3 arm <i>Yin</i>	

## 7. MANAKA'S MU POINTS

- a. LU LU 1 to LU 2
- b. LI ST 27 (+ slightly lateral)
- c. ST CV 12 to ST 21
- d. SP SP 21 to GB 26
- e. HT CV 14 + KI 23
- f. SI ST 26 (+ slightly medial)
- g. BL KI 11
- h. KI KI 16
- i. PC CV 17 + PC 1
- j. TW ST 25 (+ slightly lateral)
- k. GB GB 24 +/-to GB 29 ASIS
- l. LV LV 14, esp right subcos

See HANDOUT ADDENDUM, p. 28

## 8. SHIGEI NAOMOTO: MIDDAY-MIDNIGHT NEEDLING METHOD

<i>Yang: luo / yin: he-sea</i>	<i>Yuan-source (opposite or same side)</i>
7. BL 58 (-)	LU 9 (+)
KI 10 (-)	LI 4 (+)
8. GB 37 (-)	HT 7 (+)
LV 8 (-)	SI 4 (+)
9. ST 40 (-)	PC 7 (+)
SP 9 (-)	TW 4 (+)
10. SI 7 (+)	LV 3 (-)
HT 3 (+)	GB 40 (-)
11. TW 5 (+)	SP 3 (-)
PC 3 (+)	ST 42 (-)
12. LI 6 (+)	KI 3 (-)
LU 5 (+)	BL 64 (-)

## QI GONG EXERCISES

### 1. SIX GATE DANTIAN CONDENSING BREATHING.

**Inhale** from 6 gates to *dantian*: feet (*yongquan*, Ki 1), hands (*laogong*, PC 8), crown point (*baihui*, Du 20) and perineum *huiyin*, REN 1). Contract lower abdomen and pull up anal sphincter. Pull hands towards chest, palms out.

**Exhale** from *dantian* to 6 gates. Relax lower abdomen and anal sphincter, allowing energy to move back to hands and feet. Push hands away from chest, palms out.

### 2. EIGHT EXTRAORDINARY QI GONG

Inside sphere	<i>yinwei – yangwei</i>	PC 6 / TW 5
Outside sphere	<i>yinqiao – yangqiao</i>	KI 6 / BL 62
Back and Front	<i>du mai – ren mai</i>	SI 3 / LU 7
Center	<i>chong mai</i>	SP 4
Belt	<i>dai mai</i>	GB 41

### 3. MACROCOSMIC ORBIT: FOUR LIMB QI GONG.

- Inhale** through bottom of feet, inside of legs, to sternum (chest)
- Exhale** from sternum down inside of arms to palms
- Inhale** fingers, outside of arm, shoulders, back and sides of neck to top of head
- Exhale** top of head, back and sides of back, hips, legs and out feet into ground

### 4. PRIMARY CHANNEL QI GONG (Meridian Sequence Qi Gong)

Start: Inhale Dantian to LU 1

	Exhale	to	Inhale	to
Metal	LU	LU 11	LI	LI 20
Earth	ST	ST 45	SP	SP 21
Fire	HT	HT 9	SI	SI 19
Water	BL	BL 67	KI	KI 27
Min-Fire	PC	PC 9	TW	TW 23
Wood	GB	GB 44	LV	LV 14
	LU (repeat)			

## 5. DIVERGENCE CHANNEL QI GONG

		Inhale	Exhale
Confl. 1 (Water):	KI - BL	KI 10, BI 1, Du 20	BL 1, BL 40
Confl. 2 (Wood):	LV - GB	LV 8, GB 1, Du 20	GB 1, GB 34
Confl. 3 (Earth):	SP - ST	SP 9, ST 1, Du 20	ST 1, ST 36
Confl. 4 (Fire):	SI - HT	SI 8, BI 1, Du 20	BL 1, BL 40
Confl. 5 (Min-Fire):	TW - PC	TW 10, GB 12, Du 20	GB 12, PC 3
Confl. 6 (Metal):	LI - LU	LI 11, ST 12, Du 20	ST 12, LU 5

## 6. SIX LEVEL QI GONG

	Inhale	to	Exhale	
<i>Taiyang</i>	SI	SI 19	BL 1	Fire/Water
<i>Shaoyang</i>	TW	TW 23	GB 1	Min-Fire/Wood
<i>Yangming</i>	LI	LI 20	ST 1	Metal/Earth
<i>Taiyin</i>	SP	SP 21	LU 1	Earth/Metal
<i>Shaoyin</i>	KI	KI 27	HT 1	Water/Fire
<i>Jueyin</i>	LV	LV 14	PC 1	Wood/Min-Fire
Fire/Water	<i>Taiyang / Shaoyin</i>		SI-BL / HT-KI	
Min-Fire/Wood	<i>Shaoyang / Jueyin</i>		TW-GB / PC-LV	
Metal/Earth	<i>Yangming / Taiyin</i>		LI-ST / LU-SP	

## RECOMMENDED TEXTS

### 1. TEXTS ABOUT *KERIAKU CHIRYO*, JAPANESE MERIDIAN THERAPY

*Japanese Classical Acupuncture: Introduction to Meridian Therapy*, Shudo Denmei & Stephen Brown, Eastland Press, 1990

*Meridian Therapy*, Fukushima Koda, The Toyo Hari Medical Association, 1991

*The Practice of Japanese Acupuncture and Moxibustion: Classical Principles in Action*, Ikeda Masakazu, Edward Obaidey, Eastland Press, 2005

*Traditional Japanese Acupuncture: Fundamentals of Meridian Therapy*, Society of Traditional Japanese Medicine, Koei Kuwahara, editor; Complimentary Medicine Press, 2003

### 2. TEXTS ABOUT PRIMARY AND SECONDARY CHANNEL TREATMENT

*Acupuncture Point and Channel Energetics*, Hamid Montakab, Keiner, 2014

*Applied Channel Theory in Chinese Medicine*, Wang Ju-Yi, Jason Robertson, Eastland Press, 2008

*The Channel Divergences, Deeper Pathways of the Web*, Miki Shima and Charles Chace, 2001, Blue Poppy Press

*Chasing The Dragon's Tail*, Yoshio Manaka, MD with Kazuko Itayab and Stephen Birch, Paradigm Publications, 1995, 2008, 2014

*The Divergence Channels*, David Twicken, Singing Dragon, 2014

*Eight Extraordinary Channels*, David Twicken, Singing Dragon, 2013

*An Exposition of the Eight Extraordinary Vessels*, Charles Chace and Miki Shima, 2010, Eastland Press

*Hara Diagnosis: Reflections on the Sea*, Kiiko Matsumoto & Stephen Birch, Paradigm Publications, 1988

*Secondary Channels and Collaterals*, Wang Qi-Cai, People's Medical Publishing House, 2006

### 3. TEXTS ABOUT JAPANESE TECHNIQUES OF ACUPUNCTURE

*Acupuncture Core Therapy*, Shoji Kobayashi, translated by Dan Kenner, Paradigm Publications, 2008

*Finding Effective Acupuncture Points*, Shudo Denmei, translated Stephen Brown, Eastland Press, 2002

*Japanese Acupuncture: A Clinical Guide*, Stephen Birch & Junko Ida, Paradigm Press, 1999

*The Practice of Japanese Acupuncture and Moxibustion*, Ikeda Masakazu, translated by Edward Obaidey, Eastland Press, 1996

*Sports Acupuncture: The Meridian Test and its Applications*, Yoshito Mukaino, MD, Eastland Press, 2008

*North American Journal Of Oriental Medicine*, Vancouver, BC; Three issues per year 408 West 38th Ave, Vancouver, BC, V5Y 2N6

### 4. TEXTS ABOUT HISTORY OF OF ACUPUNCTURE IN THE WEST

*In the Footsteps of the Yellow Emperor, Tracing the History of Traditional Acupuncture*, Peter Eckman, MD, Long River Press, 2007

### 5. TEXTS ABOUT LASER ACUPUNCTURE

*Laser Acupuncture*,

*RJ Laser Therapy Reference Book*, Reimers et Janssen GmbH, Fabrikstr. 22, 79183 Waldrich, Germany, 2012

## RESOURCES

### O-RING MUSCLE TESTING, See:

[www.drjakefratkin.com/muscle-testing-meridian-therapy](http://www.drjakefratkin.com/muscle-testing-meridian-therapy)

### ACUGRAPH

[www.miridiatech.com](http://www.miridiatech.com)

208-846-8448

### ACUPUNCTURE NEEDLES

.12 x 15	Serin J-15	<a href="http://lhasaoms.com">lhasaoms.com</a> or <a href="http://gfcherbs.com">gfcherbs.com</a>
.12 x 30	Serin	<a href="http://lhasaoms.com">lhasaoms.com</a> or <a href="http://gfcherbs.com">gfcherbs.com</a>
.16 x 30	DBC Spring Ten	<a href="http://lhasaoms.com">lhasaoms.com</a> or <a href="http://BuyAcupuncture.com">BuyAcupuncture.com</a>
.16 x 40	HBW Silver Star, S Type	<a href="http://BuyAcupuncture.com">BuyAcupuncture.com</a>
.22 x 50	HBW Silver Star, S ype	<a href="http://BuyAcupuncture.com">BuyAcupuncture.com</a>
.22 x 75	Vinco	<a href="http://Heliomed.com">Heliomed.com</a>

Recommended items found at [Lhasaoms.com](http://Lhasaoms.com):

Manaka ion pumping cords (2 pcs)	\$ 25.00
Ion tester	20.00
Choki Shoini-Shin	7.43
Micropore tape, 0.5 in	1.30
Micropore tape, 1.0 in	2.60

#### Needles:

.12 x 15	Serin J-15	<a href="http://Lhasaoms.com">Lhasaoms.com</a>
.12 x 30	Serin	<a href="http://Lhasaoms.com">Lhasaoms.com</a>
.16 x 30	DBC Spring 10	<a href="http://Lhasaoms.com">Lhasaoms.com</a>
.16 x 40		<a href="http://Lhasaoms.com">Lhasaoms.com</a>
.22 x 50		<a href="http://Lhasaoms.com">Lhasaoms.com</a>
.22 x 75		<a href="http://Lhasaoms.com">Lhasaoms.com</a>

Other needle suppliers:

.16 x 30	DBC Spring Ten	BuyAcupuncture.com
.16 x 40	HBW Silver Star, S type	BuyAcupuncture.com
.22 x 50	HBW Silver Star, S type	BuyAcupuncture.com
.22 x 75	Vinco	Heliomed.com