

THE PRIMARY CHANNEL BALANCE

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In previous articles prepared for the Miridiatech website, we talked about the Three-Level Acupuncture Balance, which has become my preferred therapeutic protocol for using the AcuGraph program. The three levels are Primary Channels, Eight Extraordinary Channels, and Divergent Channels. The Primary Channels distribute *qi* and blood, the Eight Extra Channels affect the musculoskeletal body, and the Divergent Channels treats the internal *zang-fu* organs. This approach is based on Yoshio Manaka and followers, writing in the 1960s, 70s, and 80s, and further developed by Miki Shima in his Somato-Auricular Therapy (SAT) in the 1990s.

I wrote in detail a description of the 3-Level Balance, with separate articles on both the Eight Extraordinary Channel protocol and the Divergent Channel protocol. [Please refer to my articles, on this website.] The 8-Extra and Divergent protocols are combined in the AcuGraph menu as Divergent Treatment. (Use the left, bottom, diverging arrows to access the point recommendations.) Our present article addresses the third wing of this approach, namely Primary Channel balance. It can be used in isolation, as a Primary Channel balance, or added in to the 8 Extra/Divergent treatment, completing the 3-Level balance. The 3-Level Balance is preferred in chronic and complicated cases.

The Eight Extra and Divergent balance utilizes ion-pumping cords. The 8 Extra treatment requires four acupoints, and will use 2 sets of ion-pumping cords. The Divergent treatment also uses four acupoints (a different set), and will use another 2 sets of ion-pumping cords. Following the ion-pumping cord treatment of the 8-Extra and Divergent groups, there is often certain meridians that have not been addressed, and are still excess or deficient. This is where we add in the Primary Channel balance.

Cases requiring the 3-Level approach typically have a P.I.E. score below 70, and the lower the P.I.E. score, the more effective and important it is to use the 3-Level approach, with ion-pumping cords. When the P.I.E. score is above 70, or even above 65, a quicker and equally effective approach can be accomplished by balancing the Primary channels alone, without paying any attention to 8 Extra or Divergent

recommendations. Primary-channel treatment is also important to support dedicated musculoskeletal treatments when the patient is face-down.

Below, we will discuss two different organizations for choosing a Primary-channel protocol. The first is with the AcuGraph menu recommendations. Following, we will look at Primary channel balancing based on modern protocols from Japan and Taiwan.

ACUGRAPH MENU RECOMMENDATIONS FOR PRIMARY-CHANNEL BALANCE

The AcuGraph menu offers three different primary-channel treatment protocols: the Basic, Advanced, and Expert (under “Treatments”). When in one of these Treatment settings, there will be a point recommendation (in blue) below each meridian bar. Sometimes the point is simply the relevant tonification or sedation point. Sometimes, it is a point that will accomplish two tasks at one time. In any case, the point recommendations are based on classical dictates, and you can’t go wrong using any of the recommendations, as long as all of your point choices come from the same grouping, eg, Baseline, Yin/Yang, By Element, or Energy Cycle. The logic behind meridian balancing is that when the channels are in relative balance – nothing too excess, nothing too deficient – the uninterrupted flow of *qi* will allow the body to heal itself. Any of the menu recommendations will work, but some menus will be more efficient than others, requiring less needles. I personally think that the preferred goal is fewer needles for maximum balance.

The AcuGraph View Menu

Let’s talk about each of the menu recommendations in isolation, because when you choose points for your treatment, you will probably only need to use one of them. We do this by looking at the visual presentations offered in the left side menus: Baseline, Yin/Yang, By Element, or Energy Cycle.

Baseline divides the meridians by hand/upper (left side) and foot/lower (right side). This is convenient if you choose points based on wanting to work on the arms first, or the legs first. In my treatments, I do a *shoneishin* treatment first (scraping the channels with metal tools), and I will use the “Baseline” menu to allow me to look just at the arms for excess and deficient channels, and then the legs.

Yin/Yang shows the *yin* channels on the left, and the *yang* channels on the right. This menu becomes important if you wish to default to the *Keiraku Chiryō* treatment, which helps prioritize meridian patterns. (More on this later.) For myself, this is the menu I use most frequently.

By Element sequences the channels by their *yin-yang* partnerships. This becomes important when wanting to make sure *yin* and *yang* pairs are balanced, leading to either *luo-yuan* (connecting point-source point) or Divergent treatment. The “By Element” menu, like the “Baseline” menu, is also organized by separating the upper part of the body (left side of screen) from the lower part (right side of screen.)

Energy Cycle shows the meridians in their natural sequence, the order of channels by which energy runs through the body. My teacher Ineon Moon was always interested in where in this sequence a blockage occurred. This would be seen as one or more excess channels (red bars) preceding a significant drop to one or more deficient channels (blue bars). His solution would be to use the *luo*-connecting point of the last excess (red) channel before the drop to deficient (blue), allowing the normal flow to continue. If the two channels were part of a pair (eg Stomach excess and Spleen deficient), he would use the *luo* point of the excess channel and the *yuan*-source point of the deficient channel. The Manaka approach would use ion-pumping cords to lead the excess into the deficiency.

Treatments

Once you have chosen which menu view, you now can go to “Treatments” for appropriate point recommendations. In the bottom left of the screen, we have six icons for “Treatment”. The top three icons will contribute to Primary Channel balancing. The bottom right, the diverging black arrows, will lead you to the 3-Level Balance, points for balancing 8 Extra and Divergents. (I have discussed this approach in previous articles.) Here, we will concentrate on the top 3 treatment icons, in order to balance Primary Channels only. To repeat myself, I tend to use this approach when the P.I.E. score is greater than 70, preferring the 3-Level Balance with ion-pumping cords for more complicated cases.

I also choose one of these primary-channel point recommendations when I am treating the back for musculoskeletal problems. This is regardless of the P.I.E. score. These menus allow me to add in tonification or sedation points of the most affected channels, allowing a balance treatment to be combined with a musculoskeletal treatment. The tonification and sedation points are always below the elbow or knee, and can easily be added to a back-torso treatment. And one can avoid any awkwardness of managing the ion-pumping cords while lying on the stomach. I will also use the Primary balance as a stand-alone treatment (without 8-Extra/Divergent) in any case where I don't want to use ion-pumping cords, or to do quick excess and deficient treatments with laser.

Treatment choices are positioned in the bottom left of the screen, under "Treatments". There are three bar icons above, and below are icons for meridian points applied to Ear, Back, and Divergent. We will concentrate in the upper three icons.

Basic. The icon is to the far left, and shows two bars, one red (taller) and one blue (smaller). "This approach tonifies deficient meridians, sedates excessive meridians, and addresses L/R imbalances using Luo points." (This is from the menu text.) It is an effective treatment, but not very efficient, using more needles than may be necessary.

Advanced. The icon is in the middle, and similar to the Basic icon. It also has a green arrow on top of the bars, leading from left to right. "This approach enhances the Basic treatment by adding Shen, Ko, and Luo transfers to accomplish more, using fewer points. It also includes group treatment points and global pattern treatments." Here, we will get point recommendations that might apply one point to several channels. In this regard, it is a more efficient balance. I usually default to this menu.

Expert. This icon, also on the bottom left with Treatments, is to the farther right. The picture shows multiple bars of green, red and blue, repeated and fading into the background. "This approach enhances the Advanced treatment by considering the patient's prior graph patterns and imbalances, in selecting treatment points. It also considers exams of different types (Source, Jing-well) performed on the same day." Some practitioners like looking at the history, to look for patterns.

Personally, I tend to work in either Advanced, or Divergent.

For any of the three choices, point recommendations are provided in a white horizontal bar, below the channel bars. Again, these might change depending on which Treatment mode you selected. In any event, we have the ability to ask “Why? Why this point?”. The answer is found by clicking on the question mark (?) to the very left of the point recommendations. Some points will apply to two or more channels, and the reason is provided. For example, SP 4 might be used for both Spleen deficiency, and Stomach excess. Or it lists a Luo point, or an element point, etc.

Once you have chosen your “Treatment”, you can enter the points into Treatment Plan, on the right side, by clicking “Add These Points to Today’s Plan”, lower right. The AcuGraph menu allows you to remove (the X in the red circle) or add your own points (“Add Point”). This feature is convenient for creating a computer-stored record of your treatment.

So here we have, in the AcuGraph menus, three ways to balance the channels, with point recommendations. All of the recommendations are based on classical applications of tonification, sedation, *luo*-connecting, *yuan*-source, five phase (elements), etc. And each method works.

One of the beauties of the AcuGraph program is visually showing relative excesses and deficiencies. This gives us flexibility beyond the AcuGraph treatment recommendations. For example, we may just want to know the most excess channels, or the most deficient, and work with those. This is what I recommend when doing a musculoskeletal treatment. Also, when I do the 3-Level Balance (which concentrates on 8 Extra and Divergent treatments), I want to know which channels have not been included, not been treated. This is where I bring a Primary Channel balance into play, allowing me to complete my treatment.

MODERN JAPANESE AND CHINESE APPROACHES TO CHANNEL BALANCING

Relationships of acupuncture meridians (channels) have been mapped out since the *Nan Jing* (100 CE). The essential premise is that *qi* (life energy) flows through twelve channels in a continuous sequence. The energy in the channels nourish and invigorate all tissue along the pathway, including designated organs (*zang-fu*), blood flow, muscle, bone, etc. Health problems occur when that flow is either interrupted (blocked), or when the quality of the *qi* and blood is sub-standard. In the *Nan Jing*, pathway acupoints were described that allowed an intervention/manipulation of the channel, using needle or moxa. Channels could be controlled directly by reducing, supplementing, heating, or cooling. Or, points could be chosen that allowed connection to one or more other channels.

The *Nan Jing* establishes the importance the meridian network, describing its pathways as well as the locations and functions of the acupoints. It also described the basis of meridian balancing, that all channels need to have relatively equal amounts of *qi*, and that this balance can be achieved by using certain groups of acupuncture points to connect the channels directly. The goal of the acupuncturist is to determine which channels have too much energy (excess), and which channels have too little energy (deficient), and then choose certain acupoints to rectify the channel flow. All the various schools of meridian balance follow this dictate, whether they originate in China, Taiwan, Japan, Vietnam, Korea, Europe or North America. This can be done by leading excess to deficiency with ion-pumping cords (in Manaka style), by adjusting each channel individually according to excess /deficiency with relevant acupoints, or by using specific points that can interface between two (or more) channels.

Obviously, the first requirement for meridian balance is proper diagnosis of which channels are out of balance, as either excess or deficiency. Traditionally, this was done by evaluation of the radial pulse on the wrist (or other locations), and later, in Japan, by skin or abdominal palpation. Our earlier Asian doctors were extremely sensitive and advanced in their pulse diagnostic abilities. I have seldom seen modern Western practitioners obtain the level required to make accurate diagnosis of specific meridian imbalances. Chinese herbalists, on the other hand, concentrate on whole pulse diagnosis, and are able to distinguish 28 aberrant pulses. This is suitable for herbal prescribing, and many Westerners have mastered this level. But to distinguish excesses and deficiencies of all twelve of the meridians on the radial pulse is difficult. I used to teach meridian pulse diagnosis, and I feel I was as good as many at this. But after nine years of using the AcuGraph, I am convinced that computer diagnosis is much more accurate, and more revealing of the subtleties of comparative meridian strength.

In any event, the idea of evaluating and treating meridian imbalances was in place at the time of the *Nan Jing*, and persisted through many centuries in East Asia. By the time of the founding of the People's Republic of China, there existed numerous schools of acupuncture, with a number based on isolated family lineages. One of these systems was based in *zang-fu*/Eight Category diagnosis and treatment. When China organized its TCM universities and medical schools in the mid-1950s, it promoted the system based in *zang-fu*/Eight Category diagnosis and treatment. This conveniently aligned with the curriculum organized by the TCM herbalists, and allowed for a unified teaching program. Any historic school of thought focusing on meridian

therapy would be lost in mainland China; however meridian schools survived outside China in Japan, Taiwan, Hong Kong, Korea, Vietnam, and later, Europe and North America.

KEIRAKU CHIRYO, JAPANESE MERIDIAN BALANCING

The flowering, the revival, of *Nan Jing* meridian balancing occurred in Japan in the 1930s in a conscious effort by a group of dedicated acupuncturists. They called their system *Keiraku Chiryō* (School of Meridian Therapy). (For a more complete overview and history, see www.drjakefratkin.com/keiraku-chiryō/). I followed this approach for 25 years, and studied with several of its leading modern-day proponents from Japan. There is a take-away from this approach that I now incorporate into the 3-Level Balance with the Acugraph. Whether we focus on the Divergent treatment (P.I.E. score below 70), or Primary Channel balance only (P.I.E. score above 70), I always look for the *Keiraku Chiryō* organization to determine the Primary Pattern (*sho*), the pattern underlying all the other imbalances.

In traditional *Keiraku Chiryō* (KC), the Primary Pattern is determined by pulse diagnosis. It starts by determining which channels are deficient, and which are excess. On the AcuGraph screen, of course, we can visually see this for every channel. (We should just consider the blue and red bars, by the way, and not the split-purple bars, or greens.) KC determines a *primary pattern*, which basically is the origin behind all of the other channel imbalances. (The Worsley Five Element method is based on the KC system, and they call the Primary Pattern the Causative Factor.) KC feels that if we can identify and fix this prime imbalance, it will fix all of the channel imbalances.

In classical *Keiraku Chiryō*, four patterns are possible, all restricted to the *yin* channels: Spleen, Lung, Kidney and Liver. (Heart and Pericardium were excluded.) Unlike the Worsley system, which considers Primary patterns (Causative Factor) to underlie a patient's constitution throughout much of their lives, and subsequently, through most of their treatments, the reading on an AcuGraph patient reveals that the primary imbalance probably changes every two-hours. Our AcuGraph reading is a snapshot of a moment in time, telling us what is out of balance now. If we address the present imbalance, even if it is only a two-hour window, this will allow a reset to occur during the following 24-hour period. When we restore the flow of *qi*, unobstructed, the body heals itself.

We cannot say that today's pattern reveals a deep constitutional statement, unless the pattern constantly repeats itself. We only know this by comparing our reading to previous

readings. (Use the “Compare” icon on the bottom white bar.) Patients often ask to do another reading immediately following the treatment to see if there is improvement. I tell them it takes 24 hours for the repair to show itself, for the meridians to go through their 24-hour cycle.

In practice, I feel it is always important to make sure that a treatment for the KC Primary imbalance is included. If we are doing the 3-Level Balance (the Divergent treatment), it may be that the Primary Pattern is already included in our point recommendations, in which case we don’t have to add anything. If it is not included, we should add in points to address it. If we are only focusing on a Primary Channel treatment, and not doing the complete 3-Level balance, then we definitely want to make sure that the Primary pattern is addressed.

How do we determine the Primary pattern? In a nut shell, we are looking for a specific pattern of deficient channels (blue) that belong to the *yin* channels, namely, HT, PC, SP, LU, KI, and LR. [For the moment, we ignore the *yang* channels (SI, TE, ST, LI, BL, GB)]. We are not looking for the most deficient *yin* blue bar, but rather, where the blue bars are in relationship to each other.

We have to imagine the blue bars represented in a five-element sequence. There is a clockwise sequencing of elements, and if we place our blues in that sequence, we are looking for the most distally-clockwise deficient channel, most often preceded by another blue deficient channel. That is to say that typically, there will be two blue bars together. For example, a graph may show LR and KI being blue (deficient) and SP being blue or red. LR and KI are next to each other in the 5 Element sequence, with KI being the mother of LR. In this case, LR is the primary pattern. The last deficient channel (blue) on the clockwise cycle is the primary! This is easiest when two blues are together. Choose the last one most clockwise. If three blue bars are adjacent, still, choose the most clockwise bar as the Primary Pattern. If no two blues are together, you can treat all of the blue bars, or concentrate on the most deficient.

Another example. The graph shows blue bars for PC, SP, LR. (Here, it might be easier to choose the “By Element” menu on the AcuGraph screen.) Ignore the reds, ignore the *yang* channels. At least here, you will see the proper sequencing of the channels, because By Element will list the channels in the clockwise direction. In our example, PC and SP are in sequence, PC being the mother of SP. LR is off on its own. If this was drawn out on a circle, SP would be the most deficient channel.

Our goal is to tonify the Primary channel, and we can do that in numerous ways. The easiest is to use the tonification point of that channel, but we can also use the *yuan*-source point, or the horary point (the element point of the channel), eg, the fire point of the Pericardium channel, or the water point of the Kidney channel. Strict followers of KC also tonify the mother channel of the affected channel, but I have found (through my own finger muscle-testing) that treating the primary alone is usually enough. When a Primary channel (according to KC) is not addressed in our more complete Divergent treatment, I would also add tonification of the Primary channel to your treatment. If we are doing a Primary Channel balance only, I would start by making sure the KC channel is included.

Kodo Fukushima, one of the early masters of *Keiraku Chiryō*, advised “Don’t chase every meridian imbalance. If you focus on the primary, this will take care of all channels out of balance.” This leads us to how to do effective meridian balance without treating every channel that is excess or deficient. Although I don’t simplify as much as Fukushima recommends, I avoid treating every imbalance, and instead concentrate on the most egregious. I will tonify the deficient primary channel according to KC; but I also tonify any other deeply deficient blue *yin* channel, and sedate the most egregious red excesses. This is in contra-distinction to Fukushima’s advice, but it is what I do.

Also, through clinical practice and using my O-ring muscle testing, I have found that if a meridian is excess or deficient on both sides, that treating only one side actually treats both sides. That it is unnecessary to treat both sides.

Let me repeat and summarize. If the P.I.E. score is above 70 (or even 65), I will choose to balance the Primary Channels only (without 8-Extra/Divergent). I look at the red and blue bars on one of the left-side menus, and I usually default to Yin/Yang menu, which divides *yin* channels on the left side and *yang* channels on the right. This allows me to concentrate on the *yin* channels, so that I can find the KC primary pattern (which is always a *yin* channel, never a *yang* channel). I have to mentally put these into a 5-element sequence, in order to determine the most clockwise *yin* deficiency. Most primary patterns will show two adjacent *yin* channels being deficient (blue), and I chose the most distal clockwise channel. If SP, PC and LR show blue, the primary pattern in SP (not LR!) This is because PC comes right before SP on the 5-phase diagram, and LR comes before PC.

So, I tonify the primary *yin* channel, usually with the tonification point. (I can also use the *yuan*-source point or the horary point.) However, in most cases, there are significant blues and reds on their chart. I will often identify other blues and scattered excess reds. I will choose the worst of the blues and reds, and try to balance with ion-pumping cords, if possible.

THE TAIJI BALANCING METHOD

When there are lots of channels out of balance, we really don't want to be chasing every one, following Fukushima's dictate. So, what to do? I will do something clever. I will use ion-pumping cords to connect the more extreme deficiencies with the more extreme excesses. And here, we have guidance, in the guise of a chart called the Taiji Balancing Method. This chart lists classical relationships that can be used for this purpose. The chart was first organized by Dr. Richard Tan, from Taiwan and later California, and delineates five classical relationships. To this, we added a sixth, proposed by Yoshio Manaka. To read the chart, the left column lists the channel you wish to balance, with six channels in columns to the right, based on different classical relationships. These relationships are used to balance a deficient channel with an excess channel. Your channel in the most left column can be either excess or deficient, as long as the channel chosen from the right side columns are the opposite, eg, excess or deficient. We use ion-pumping cords to lead the excess channel (black lead) towards the deficient channel (red lead). You will have to decide which actual point to use, but common pairings are tonification to sedation or *luo*-connecting to *yuan*-source.

TAI JI BALANCING METHOD

Based on Richard Tan and Yoshio Manaka

<i>Arm</i>	#1	#2	#3	#4	#5	#6
LU	SP	BL	LI	BL	LR	ST
PC	LR	ST	TE	ST	KI	GB
HT	KI	GB	SI	GB	SP	BL
LI	ST	LR	LU	KI	ST	SP
TE	GB	KI	PC	SP	GB	LR
SI	BL	SP	HT	LR	BL	KI
<i>Foot</i>						
SP	LU	SI	ST	TE	HT	LI
LR	PC	LI	GB	SI	LU	TE
KI	HT	TE	BL	LI	PC	SI
ST	LI	PC	SP	PC	LI	LU
GB	TE	HT	LR	HT	TE	PC
BL	SI	LU	KI	LU	SI	HT
	Opposite	Either	Opposite	Either	Opposite	Either

#1	6 Division Hand-Foot	#4	Chinese Clock – Opposite
#2	6 Division Yin-Yang Pair	#5	Chinese Clock – Neighbor
#3	Wu Xing Partner (Ext-Int)	#6	Manaka 3 Groupings

Prioritize #1, 3, 4 and 6

(Above, chart. Can we make this available as a stand-alone PDF with a link? Thanks.)

The six relationships:

#1. Six Division Hand-Foot. These channels are placed geographically: medial, middle, lateral. Here, a hand channel is paired with a leg channel by the six division organization: *Taiyin* (LU-SP), *Jueyin* (PC-LR), *Shaoyin* (HT-KI), *Yangming* (LI-ST), *Shaoyang* (TE-GB) and *Taiyang* (SI-BL). This relationship is commonly chosen.

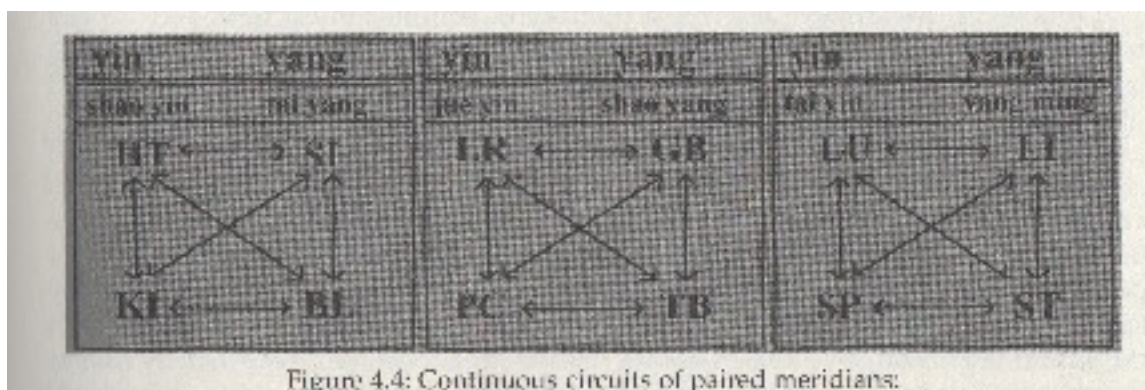
#2. Six Division Yin-Yang Pair. This is a more obscure relationship, based on the couplings of the six divisions according to *yin* and *yang*. The sequence can be visualized on the Yin/Yang menu, left side of the AcuGraph page. LU-BL (*Taiyin-Taiyang*), SI-SP (*Taiyang-Taiyin*), HT-GB (*Shaoyin-Shaoyang*), TE-KI (*Shaoyang-Shaoyin*), PC-ST (*Jueyin-Yangming*), LI-LR (*Yangming-Jueyin*). Incidentally, this is the meridian coupling preferred in Master T'ung's acupuncture system, as detailed by Dr. Wei-Chieh Young in "Lectures in Tung's Acupuncture". They applied contralateral needling.

#3. Wu Xing (Five Element) Partner, external-internal. This couples the *yin* and *yang* partners of each element. LU-LI (Metal), PC-TE (Ministerial Fire), HT-SI (Fire), SP-ST (Earth), LR-GB (Wood), KI-BL (Water). These pairings can be visualized using the Five Element menu on the AcuGraph page.

#4. Chinese Clock – opposite. For reference, use the Horary menu of the AcuGraph page. This balances two channels by crossing over to the relevant channel on the other side of the day. LU-BL, PC-ST, HT-GB, LI-KI, TE-SP, SI-LR. These can be directed in either direction. My teacher Dr. Ineon Moon liked using this combination, if he knew that both partners were in obvious excess-deficiency.

#5. Chinese Clock – Neighbor. These channels are adjacent to each other in the bioclock sequence, and work well in blockages. LU-LR, KI-PC, SP-HT, LI-ST, TE-GB, SI-BL.

#6. Manaka 3 Groupings. Yoshio Manaka saw three fundamental pairings of *yin* and *yang* channels, which he felt represented continuous circuits of paired meridians. Each group has four channels, two pairs. Two of the points connect as the Wu Xing/Five Element pair (#3). The other pair is determined by a cross-over link, represented in this graph and listed as #6:



From *Chasing the Dragon's Tail*, Yoshio Manaka, Paradigm Publications, 1995, 2014, p. 59

(**Above, please see if you can rewrite this chart so it shows better.)

The idea here, in sum, is to use one of the six groupings on the Taiji Balancing Method chart (below) to pair a more extreme channel excess with a more extreme channel deficiency, using ion-pumping cords. In practice, #1, 3 and 6 are used most often, although I like and use any of the pairings. I think they all work! The pairings should connect an obvious excess channel with an obvious deficient channel (black lead on the excess, red lead on the deficient). But the partner chosen should be included on the Taiji Balancing Method chart. By using ion-pumping cords, the balance is made most efficiently.

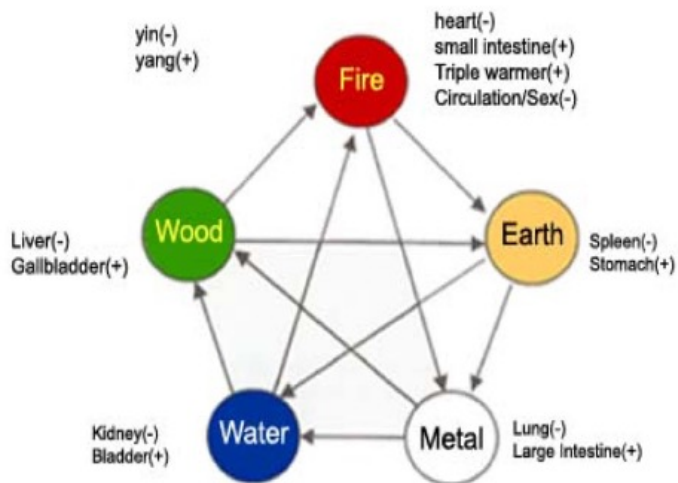
This means looking at all the possibilities. For example, if KI is weak/deficient, look at the chart to see if any of the six possibilities are particularly excess, and use that one. You don't want to connect to a green (normal), and you don't want to connect an excess to an excess, or a deficient to a deficient.

Example 1.



(Please remove the patient's name, as well as this sentence. This is Screen Shot #1)

This screen is in the Yin/Yang menu, allowing us to determine the Primary Pattern of the six *yin* channels, on left side. We see that SP, PC, and LR are in the blue, meaning deficient. Which blue represents the primary? Imagine the 5-Element sequence, going clockwise.



The order would be LR, PC, SP. (In this chart, PC is called Circulation/Sex). We look for any two that will be adjacent to each other (mother and child). LR and PC are adjacent, but so is PC and SP. SP is the most clockwise blue on the *yin* channels, and its mother (PC) is also blue, so SP is the primary. Had SP not shown, but instead LU did, then PC would be the primary. (Classical *Keiraku Chiryō* does not recognize HT or PC as primary patterns, but I do, based on clinical practice.) Now that we know SP is the primary pattern, we want to make sure it is tonified in our treatment.



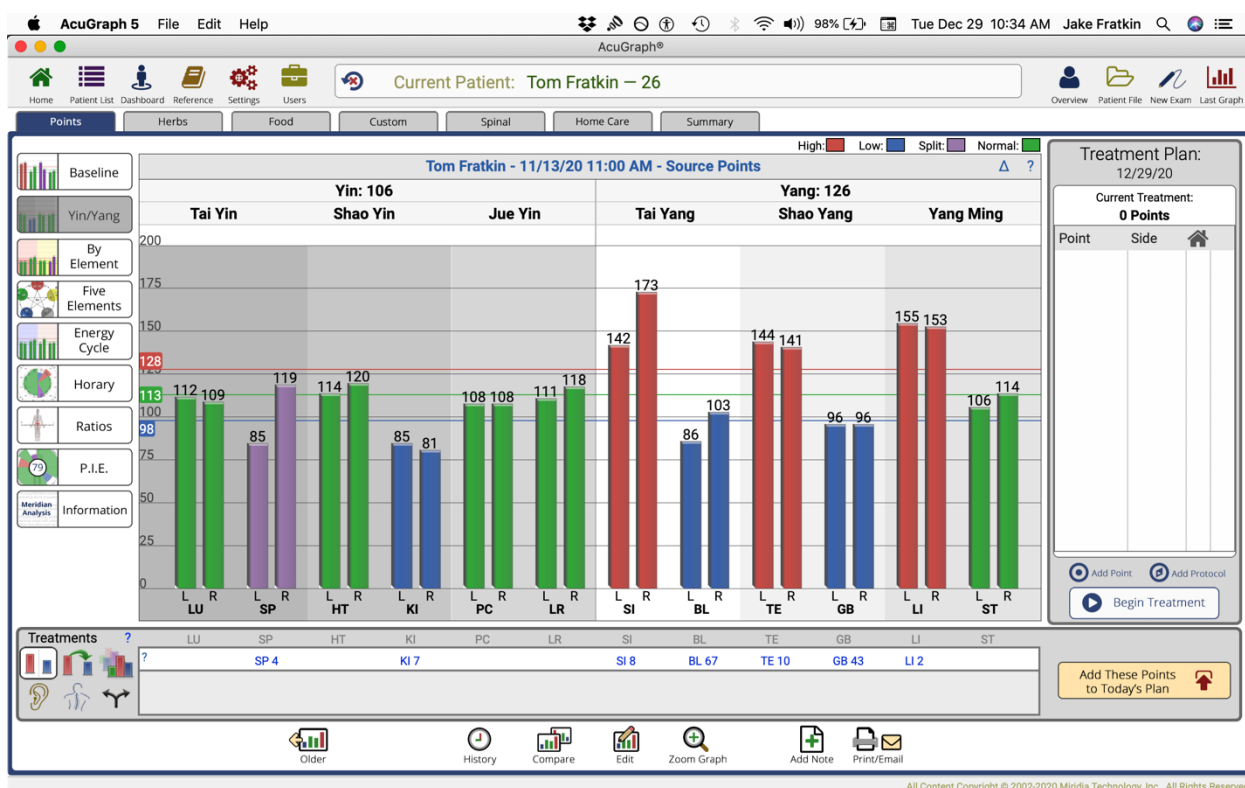
(Screen shot #1)

If I choose to simplify and use ion-pumping cords, I would make sure to treat the KC primary, SP. Looking at our Tai Ji Balancing Method Chart (below), I would go to the SP column, on the left, and then see if any of the point recommendations in the 6 columns to the right are particularly excess. To this end we see that 3 of our groups offer a red excess: SI (#2), ST (#3), and LI (#6). Which one to choose? For one thing, degree of excess is important, and in that regard right side ST or LI shows. LI fulfills Manaka's priority. So, either one would work, and

would be the channel that is sedated (black clip) while SP receives the tonification cord (red clip).

In addition, I would tonify LR on the left side, because it is significantly low. I would ignore PC and SI because they are only slightly out of normal range. And in this case, I look at my Taiji Balancing Method chart, trying to find what could balance out left side LR. Either the excess on SI (#4) or the excess on LI (#2) will work. To balance, I can mix left and right sides, if necessary, with my ion-pumping cord. But in this case the red excess of LI and SI are not particularly excessive. It would just as well work to go with tonifying LR on the left side with the AcuGraph menu recommendation, LR 8, and not bother with another cord.

Case #2.



(Screen shot #2. Please remove name, and this sentence).

Here is a simple case. The P.I.E. score was 60. If we look in the Yin/Yang menu, we have one meridian, KI, in blue. SP is also showing deficient on the left side. So, we can say that KI is the primary. It can be treated in isolation with its tonification point, or we use ion-pumping cords to feed in one of the excess *yang* channels. There, our

choices in red are SI, TE, and LI. Looking then at the Taiji Balancing Method chart, to KI in the furthestmost left column, we find as available partners: SI (#6), TE (#2), and LI (#4). We could use any of these to tonify KI. My preference would be for Manaka's 3-Group recommendation, SI, and a second choice would be Chinese clock opposite, LI.

Having included that, I also would like to tonify SP on the left side. We can do this in isolation, with a SP tonification point, or we could attach by ion-pumping cord to SI (#2), TE (#4), or LI (#6). Since we have chosen SI to balance KI, then we can choose TE or LI. The tonification would happen on the left side.

In general, I like to cross the body when moving an excess into a deficiency.

In conclusion, proper Meridian Balancing should prioritize which deficient and which excess channels to treat. Concentrate on the primary according to *Keiraku Chiryō*, but also seek to return to normal the most extreme excess(s) and the most extreme deficient(s). When the *qi* is of good quality, and can run unobstructed through the channels in their natural sequence, health and well-being are restored.

TAI JI BALANCING METHOD
Based on Richard Tan and Yoshio Manaka

Arm	#1	#2	#3	#4	#5	#6
LU	SP	BL	LI	BL	LR	ST
PC	LR	ST	TE	ST	KI	GB
HT	KI	GB	SI	GB	SP	BL
LI	ST	LR	LU	KI	ST	SP
TE	GB	KI	PC	SP	GB	LR
SI	BL	SP	HT	LR	BL	KI
Foot						
SP	LU	SI	ST	TE	HT	LI
LR	PC	LI	GB	SI	LU	TE
KI	HT	TE	BL	LI	PC	SI
ST	LI	PC	SP	PC	LI	LU
GB	TE	HT	LR	HT	TE	PC
BL	SI	LU	KI	LU	SI	HT
	Opposite	Either	Opposite	Either	Opposite	Either

#1	6 Division Hand-Foot	#4	Chinese Clock – Opposite
#2	6 Division Yin-Yang Pair	#5	Chinese Clock – Neighbor
#3	Wu Xing Partner (Ext-Int)	#6	Manaka 3 Groupings

Prioritize #1, 3, 4 and 6