

Meridians

Threads In Japanese Acupuncture



I first trained full-time from 1984 to 1987 at the International College of Oriental Medicine in the UK, which gave a broad education in various styles of acupuncture. Since then various teachers and schools of thought have informed the way I work. My original training in Traditional Chinese Medicine (TCM) was reinforced by two study trips to China. Although I love the theory of TCM, I found myself disappointed by the practice. Doctors seemed to treat people very mechanically with repetitive set prescriptions of acupuncture points. TCM needling is also quite deep, and can be painful. I was sure there was a gentler treatment approach, and my search bore fruit in 1997, when I met teachers trained in Japanese styles. One thread running through many diverse styles of Japanese acupuncture can be summed up by the phrase “minimum intervention for maximum benefit”, or simply, “less is more”. Treatment is very, very light, but at any stage during a session there is a large and adaptable repertoire of techniques on which to draw. My clinical effectiveness and confidence grew tremendously as a result of these new directions. I now use two main approaches to treatment, both developed by Japanese acupuncturists of the twentieth century:

Dr. Manaka's Yin Yang balancing protocol
Toyohari

Root and Branch East Asian Medicine uses many analogies from nature. An acupuncturist should be like a gardener. When we tend a tree we don't just prune its branches, we water the roots. Pruning the branches makes no sense unless the tree has enough water. In acupuncture we do the same. We treat the symptoms (the branches), but we must also tend the person's core or root energy. Both the Toyohari and Manaka systems accomplish the treatment of "root and branch" in a very structured way. They consist of a treatment sequence which first treats the root, and then addresses the symptoms.

Dr Manaka's Approach Dr Manaka was a Japanese MD who started to practise acupuncture in the 1930's. After only a few years he was quite renowned for his original thinking and innovative approach to medicine. He spent the Second World War as an army doctor, and developed a new treatment for burns using silver foil and the human body's own electrical properties. By the 1950's he had devised a flexible 4-step protocol for treating patients with acupuncture, using the principles he had developed in the war.

Step 1 consists of finding and releasing tight or tender areas on the abdomen, usually with the use of positive and negative agents such as ion pumping cords, north and south magnets, or gold and silver needles. Step 2 consists of finding and releasing tight tender points on the back, usually with the application of heat from a lamp or moxibustion on a needle. These two steps together constitute the root treatment.

Step 3 assesses and releases structural imbalances, usually with passive stretching movements and more moxibustion.

Step 4, symptom control, can be anything from tiny intradermal needles which are taped in place for pain relief, to cupping, tapping the acupuncture points at specific frequencies, or even bleeding a few drops of blood from appropriate acupuncture points.

Meridian Therapy and Toyohari Meridian therapy is another Japanese style of acupuncture. It was developed in the early part of the 20th century by practitioners who felt that acupuncture in Japan had lost its way and was becoming too Westernised and symptomatic. It is a very classical kind of acupuncture, with a few modern innovations. Toyohari, the acupuncture style I practise, is a further refinement of meridian therapy, developed largely by blind practitioners. As you can imagine, touch and palpation play a very important part. Once again, treatment is divided into steps: The root treatment consists of a series of very delicate needle techniques on the front and back to balance the findings on the pulse and abdomen. Remarkably, the needle is usually not inserted. Instead it is held over the acupuncture point and advanced until it contacts the person's energy flow. This is a bit like advancing a stick towards the surface of a stream. As the stick contacts the water it jumps a little, then begins to split the current and form white water. The needle does the same, penetrating the energy stream and influencing the flow. This kind of sensitivity on the part of the acupuncturist takes some time to develop, and Toyohari practitioners are obliged to go to regular practice sessions in order to stay in the register. The senior instructors in the Toyohari association have been treating and going to study groups for at least thirty years. In their hands the effects of this style of needling are profound and of course very comfortable.

The next step involves working on the neck or hips. These areas are thought to be very important in Toyohari and some unique treatment methods have been developed to treat them. This can have wide ranging effects throughout the body.

Finally, symptom control may involve any of the same kind of approaches as used in Dr. Manaka's step 4. At this stage positive and negative agents such as zinc and copper may also be applied to the points for better symptom control.

Feedback Mechanisms Another common theme in Japanese acupuncture is the importance given to the body's feedback mechanisms. In Toyohari this is primarily done from the pulse, picking up slight variations in hardness, strength and depth, as well as speed. In Manaka's system this is from the abdomen, releasing tight or painful areas. In both systems, symptom relief and relaxation of pressure pain may take place instantaneously after a stimulus is applied to a point.

Conclusions Both these approaches are very focused and powerful styles of acupuncture. Either of them can be given to anyone, but it's probably true to say that Toyohari is so painless that I will often give it to more

sensitive patients or to nervous people during their first session. Sometimes I will move from one approach to the other, particularly if symptoms don't improve. At other times I will "mix and match" to try and suit a particular presentation. Both systems conform to the principle of "minimum intervention for maximum benefit".

Oran Kivity BAc. MBAC (overseas)