

Kiiko Matsumoto's Clinical Strategies

IN THE SPIRIT OF MASTER NAGANO

VOL. 1

by

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Blood Pressure and Cardiac Problems

Many patients who come for acupuncture have a medical history of blood pressure problems or cardiac disease. Often these patients seek acupuncture treatments for other, seemingly non-related, problems and complaints such as muscular pain, GYN problems, digestive disorders, etc. In order to achieve good clinical results, it is very important to address the blood pressure and cardiac problems in the root treatment. Usually, blood pressure and cardiac problems are treated after eliminating pressure pain at the Oketsu, immune and adrenal gland reflection zones and restoring movement to the pulse with the Stomach Qi treatment as described in the previous chapters. In some cases, especially if the blood pressure and/or cardiac presentation is dramatic, the treatments for these disorders should be performed in the first step.

In this chapter, the treatment strategy for cardiac problems is presented from a constitutional point of view. Emphasis is placed on the general approach to a cardiac patient as well as reducing pressure pain related to cardiac problems. In *Volume Two*, the differentiation of various treatments for specific cardiac problems will be explained. It is important to diagnose and treat the patient with a predisposition to cardiac problems and prevent its manifestation.

Blood Pressure Imbalance

More and more patients seeking acupuncture treatments are taking medication to regulate their blood pressure, and most of them suffer from high blood pressure. Using medication to control an elevated blood pressure will not solve the underlying problem. If no other treatment is given, the patient's blood pressure is most likely to rise again after the medication is stopped. The most common type of high blood pressure is from an unknown cause, often termed as "primary hypertension", "idiopathic hypertension" or "essential hypertension". Unlike patients with low blood pressure, most of the patients who have high blood pressure or a tendency towards elevated blood pressure are aware of their condition and are able to report it. Many patients with low blood pressure are not aware of their condition and rarely report it. Thus measuring the patient's blood pressure during the first session as part of the intake procedure and a few times after that is recommended.

Regulating the blood pressure is important because the prognosis and treatment outcome depend on its stability. When a blood pressure problem accompanies other complaints it is necessary to apply the blood pressure treatment first so that by improving the patients circulation the acupuncture treatment will reach and better resolve the patients complaints. The most common indications for the blood pressure regulation treatment are listed below.

- High blood pressure
- Low blood pressure
- Pulse pressure is too narrow, which usually means a pressure that is less than 20 mm Hg between the systolic and diastolic measurements.
- Pulse pressure is too wide, which usually means a pressure that is over 80 mm Hg between the systolic and diastolic measurements.
- Patient's report of a pressure feeling anywhere in the body. This feeling can be a pressure in the head, sinus, chest and anywhere else in the body. This subjective feeling of pressure may be the effect of a local blood pressure problem.

- Depression and/or dizziness especially when associated with stagnation of Blood in the head²⁶² are considered good candidates for the blood pressure regulating treatment.

The last two indications are from clinical experience, the addition of the blood pressure treatment has changed the prognosis so dramatically that it is worth mentioning it in this context.

Since it is very difficult to determine what is high or low for the individual patient, especially in borderline cases, the parameters to consider for treatment depend on the patient's clinical presentation and reaction to the treatment. Patients with relatively high or low blood pressure usually present with characteristic signs and symptoms, as described below.

The constitutional treatment for the regulation of blood pressure is also indicated for the following clinical presentations.

Diagnosis

Symptomatic presentation

In cases of high or low blood pressure, the neck and shoulder areas may be stiff, tender or appear thicker than normal.

In both high and low blood pressure cases, the patient may complain of dizziness, headaches and fatigue in addition to the neck and shoulder complaints.

Additional complaints characteristic to low blood pressure include dizziness, orthostatic hypotension²⁶³, declined eyesight, difficulty waking up in the morning, spacey feeling in the head, cold hands and feet, a colder than usual feeling in the winter. Some patients with a low blood pressure may also present with cardiac problems (or pressure pain on cardiac reflexes as described on page 131).

Additional complaints characteristic of high blood pressure include: dizziness, irritability, palpitations, shortness of breath, stroke, arteriosclerosis, heart disease, red face and cheeks. The patient looks as if he or she is hot, even while feeling normal. The patient might present with the appearance of upper body excess (often accompanied with lower body deficiency).

Observation

According to Master Nasako²⁶⁴, people with body types illustrated below (Illustration 104), have a tendency to develop blood pressure disorders. These body types must be considered for the differential diagnosis and the potential complications they may have in addition to blood pressure problems. Although these body types are illustrated as a caricature, most patients who present with some resemblance to these pictures present with the relevant symptomatic presentation and respond well to the blood pressure regulation treatment.

²⁶² Stagnation of Blood in the head is a term described on page 48. In general, the diagnostic features are palpation pain, softness and a gummy feeling at the area of GV20, accompanied by dizziness, spacey feeling, forgetfulness and fatigue.

²⁶³ An excessive drop in blood pressure (typically >20/10 mm Hg) on assuming the upright posture. The Merck Manual, Seventeenth Edition, page 1645.

²⁶⁴ Master Yukio Nasako, born in 1932, is a prominent Shiatsu practitioner and teacher from Osaka, Japan. He has influenced the author's perception of the human body especially in matters of structure and lymphatic flow. His book *Ketsueki ga Byōki O Nasu* (Blood moves therefore disease will be cured) is published by Chuo Bunka publication, Osaka, Japan 1988. This book explains the importance of moving stagnation of blood in order to heal disease.

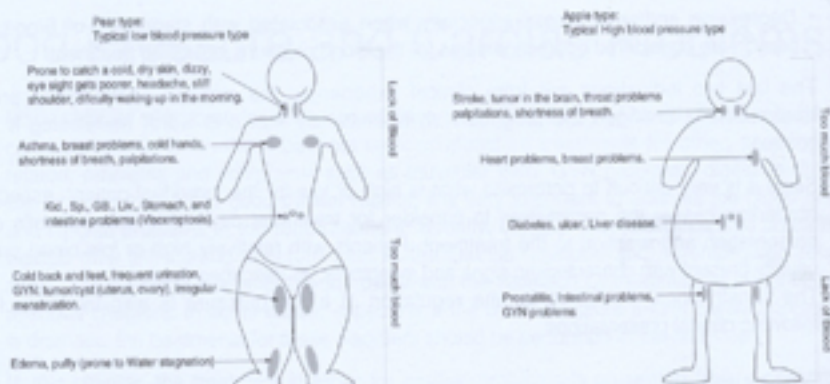


Illustration 104

Before the blood pressure is measured, it is recommended that patients rest on the treatment table for at least five minutes (a little longer in the initial visit), thus ensuring a more accurate measurement. Patients with blood pressure problems should measure their blood pressure on a regular basis, three times a day with the same machine. This will ensure an accurate measurement over a period of time, and give the practitioner a better view of the general trend of the patient's blood pressure and not just a "snapshot" of a momentary measurement in the clinic.

Measuring the blood pressure is not the most important diagnostic feature for the acupuncture treatment. The most important diagnosis for the acupuncture treatment are the palpable findings and the patient's response to the stimulation of the acupuncture points.

Palpation



Illustration 105

Upon palpation of the neck, two main signs may be found in cases of blood pressure imbalance. The first is between BL10 on the right and BL10 on the left (illustration 106). This area might feel puffy, thick, painful or hot upon palpation. The second finding is at the superior attachments of the trapezius muscle to the mastoid bone (illustration 105). This area might feel tight like a rope, painful and/or swollen. Both areas might indicate other problems such as autonomic nerve imbalance, cervical artery insufficiency as well as problems with the cervical spine. If these areas at the back of the neck are tight and painful upon palpation due to blood pressure problems, they should respond to the treatment suggested below.



Illustration 106

Patients who suffer from chronic blood pressure problems may present with abdominal reflexes that do not respond to the specific treatments (such as Oketsu, immune, adrenal, etc.). In such cases Sp6 and Sp9 may change these abdominal findings.

Stagnation of blood in the head is often reflected as an area of loose skin on top of the head, pressure pain and heat. It usually feels like gel between the skull and the skin on the area of GV20, and is common in patients with a tendency toward low blood pressure.

In cases of high or low blood pressure, a thickening and tightness is found at the lateral aspect of the scapula, under the spine of scapula (illustration 107). This is called Kori. Kori is tightness, hardness or swelling of muscle or connective tissue, and can be found by palpation under the skin. This coagulation of connective tissue or spasm of muscle fiber is benign and is not diagnosed as a tumor or cyst of any type. The Kori is often painful upon palpation and is noticeable especially in chronic cases. It is often found in patients with a genetic predisposition to develop blood pressure problems (family medical history).



Illustration 107

Treatment

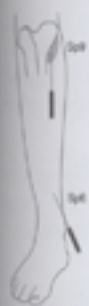


Illustration 108

Step 1: Treatment of Sp6 and Sp9. Sp9 should be needled at a 10° angle upwards, with the flow of the meridian (illustration 108). Very often gelosis is found attached to the bone at this point. The needle is inserted into this gelosis and stimulated with gentle in and out thrusts. In many cases, the most accurate way to find the exact location and angle of needle insertion is by the amount of pressure pain release at the area of GB21²⁶⁶.

Sp6 should be needled at a 45° angle upwards, with the flow of the meridian. Very often a slight depression can be found when sliding with a finger from the medial malleolus upwards, with the flow of the Spleen meridian. This depression can be found when the pressure upon palpation is very light. In some cases, a slight pitting edema can be noticed upon palpating the area of Sp6. In this case, eight direct, thread-sized moxa stimulations should be added at the point of needle insertion. Direct, thread-sized moxa should also be applied after the needles are taken out and a pitting edema is noticed²⁶⁶.

Characteristically, this step of the treatment can further reduce resilient pressure pain on the abdomen if the patient has or is predisposed to develop blood pressure problems. The most common reflex areas that are affected by this treatment are Oketsu, adrenal and pressure pain at Kid13 (uterus or prostate gland reflex).

According to the Nan-Ching, pensiveness, brooding and over thinking correspond to the Spleen. However, in the Su-Wen²⁶⁷, the character used for the emotion that corresponds to the Spleen (脾), describes either the word "weird" or "pressure". The emotion of pressure can be related to the actual feeling of pressure anywhere in the body, such as in the chest, sinuses or head, or blood pressure. This idea, that the Spleen is related to any kind of pressure, led Master Nagano to find the points on the Spleen meridian (Sp6 and Sp9) that actually reduce this feeling on a local and systemic level.

Step 2: Treatment of the Pericardium channel. For the diagnosis and treatment of the Pericardium meridian, a pressure of three Kilograms is exerted on Pc8. If there is pressure pain on this point, the Metal (Pc5) and Water (Pc3) points should be needled²⁶⁸. The exact locations and angles of Pc3 and Pc5 are determined by the amount of pressure pain reduction on Pc8. If

²⁶⁶ GB21, at the top of the trapezius muscle, very often becomes sore upon palpation in cases of autonomic nerve imbalance, blood pressure problems and stress. Sp9 is generally a good point for reducing spontaneous and pressure pain at this region.

²⁶⁷ Leaking of plasma can sometimes be noticed after the needle is withdrawn. This is more common in patients who suffer from edema, because of cardiac problems or kidney problems. If a drop of plasma leaks from this point, direct, thread-sized moxa is indicated. Sometimes retention of fluids and edema is better treated with Sp3, Sp7 and Sp11.

²⁶⁸ Su-Wen chapter twenty three.

²⁶⁹ More information regarding the concept of the Metal and Water point treatment and the use of the Fire point as a diagnosis can be found on page 440. It is important for practitioners who use this method of diagnosis to train their pressure on a scale so that all Fire points will be pressed in the same and correct manner (pressure of 3kg).

Pc8 feels either numb or very comfortable when pressing on it (as in a massage), it should be needled directly. A Japanese #1 needle can be inserted perpendicularly into this point and manipulated very gently with minute in and out thrusts. Some patients cannot tolerate a needle in Pc8. In this case, Japanese Pc4²⁹⁰ can be used instead. Pc6 should be needled if pressure on Pc8 is neither painful nor particularly comfortable. The needle is normally inserted at a 45° angle with the flow of the meridian.

If the patient presented with pressure pain at CV17, this step of the treatment should significantly reduce it. Often, patients become very calm after treating the Spleen and Pericardium points²⁹¹.



Illustration 109

Step 3: Treatment of Master Nagano's blood pressure point behind the third toe (illustration 109). A 15mm or 30mm Japanese #1 needle is inserted into a sensitive or reactive point on the plantar aspect of the foot, at the crease between the third metatarsal and phalanx. The needle should be inserted very shallowly (just tapped in with an insertion tube) in the exact angle and location that released pressure pain at the contralateral upper trapezius muscle. Seven or eight direct, thread-sized moxa stimulations are added at the point of needle insertion if the foot is cold.

The point behind the third toe is a very important treatment point for any patient presenting with a rapid pulse, sleep disorders associated with rapid pulse, or blood pressure problems. In some cases, this point can also be used to treat throat problems especially if these are associated with a disturbance of the autonomic nervous system.

According to Master Nagano, the point behind the third toe regulates the autonomic nervous system. Many blood pressure problems, especially those diagnosed as "essential hypertension", stem from an autonomic nervous system imbalance. In these cases, the treatment of the autonomic nervous system should be added as described on pages 108-113.

Step 4: Treatment of Kori. When Kori is found at the lower border of the spine of scapula, a needle should be inserted perpendicularly and Kyutoshin moxa burned on top of the needle (illustration 110²⁹¹). A 0.25 X 40mm or 50mm needle is commonly used for this procedure. Several needles may be inserted surrounding the Kori from all sides. This procedure is repeated in each treatment until the Kori disappears.



Illustration 110

In cases of low blood pressure, when the shoulder and neck pain do not subside with steps 1 through 4, GV20 and the insomnia point (on the heel) can be needled. This treatment should not be done if the patient has a rapid pulse (which should be addressed as described on page 108). If GV20 is painful upon palpation, a needle should not be retained in this point because it might worsen the condition. In this case, eight direct, thread-sized moxa stimulations is the preferred method of treatment. A needle can be inserted and stimulated shortly, then taken out.



Illustration 111

The insomnia point on the middle of the heel (illustration 111) can be treated with eight to fifteen direct, thread-sized moxa stimulations especially if the foot is cold.

²⁹⁰ Japanese Pc4 is located in a slight depression approximately four fingers distal to Pc3.

²⁹¹ If the Pericardium treatment did not reduce pressure pain at the CV17 area, the Shao Yang treatment should be applied. TW5 (in the case of rapid pulse) or TW9 together with GB41 or GB40 are needed to reduce the pressure pain at CV17.

²⁹² Illustration 110 depicts a needle with Kyutoshin moxa held in place by a clip and surgical tape.

Kiiko Matsumoto, Lic. Ap. is internationally known for her scholarly work on acupuncture her research and interpretation of Chinese classic texts. She has published three fundamental texts on acupuncture in English (*Hara Diagnosis: Reflections on the Sea, Five Elements and Ten Stems, Eight Extraordinary Vessels*) and many articles as well as video productions in Japanese for Ido-No-Nippon Sha. Ms. Matsumoto is known for her ability to integrate the work of very important Japanese Masters such as Master Nagano, Master Kawai and Dr. Manaka with the knowledge from the classic Chinese texts and her own findings into a coherent clinically effective style. Her vast clinical experience and powerful teaching style are her trademark. Ms. Matsumoto holds two very busy practices in Newton and Natick, Massachusetts as well as teaching nationally and internationally. She is also the co-director of the Acupuncture Course for physicians at the Harvard Medical School, Department of Continuing Education and the department of PM&R Spaulding in Medford.



David Euler, Master Kiyoshi Nagano, Kiiko Matsumoto in Master Nagano's office, Oita, Japan, 1999

David Euler, Lic. Ap. is practicing Kiiko Matsumoto's style of acupuncture and specializes in its integration with Traditional Chinese Styles and Western Medicine. David has worked in close collaboration with Kiiko Matsumoto for over a decade and is teaching her style of acupuncture in many places around the world. David is experienced in the training of physicians in acupuncture and emphasizes the "hands-on clinical results" aspect of Kiiko Matsumoto's style of acupuncture. Currently, David holds a very busy practice at the Newton Acupuncture Clinic in Newton, MA as well as co-directing the Acupuncture Course for physicians at the Harvard Medical School, Department of Continuing Education and the department of PM&R Spaulding in Medford.