

Kiiko Matsumoto's Clinical Strategies

IN THE SPIRIT OF MASTER NAGANO

VOL. 2

By

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Chapter Index

Conception and Governing vessels	1
Ren Mai introduction	1
CV2	4
CV3	4
CV4	5
CV6	6
CV8	7
CV9	8
CV10, 12, and 13 overview	8
CV12	9
CV14	19
CV15	19
CV16	20
CV17	20
CV21	21
CV22	21
CV23	22
Du Mai introduction	23
GV2	23
GV3	25
GV4	25
GV5	26
GV6	28
GV8	28
GV9	28
GV11	31
GV12	31
GV13	32
GV14	32
GV15	33
GV16	33
GV17	33
GV20	34
GV22	35
GV26	35

Disorders of the ear	36
General approach, diagnosis, and treatment strategies	36
Otitis	38
Tinnitus	40
Disorders of the eye	44
Special points for the treatment of eye problems	44
Pressure at the eyeball	48
Red, itchy eyes and conjunctivitis	49
Cataract	52
Sty (Hordeolum)	56
Hormone-related eye pain	56
Upper respiratory system	58
Zong Qi and the upper respiratory system	58
Nasopharyngitis	70
Asthma	73
Common cold and the flu	81
Cough	85
Sinusitis	87
COPD	88
Neurological disorders	91
The concept of "Marrow" and the CNS	91
Headache	100
Symptoms of Parkinson's disease and tremor	124
Bell's Palsy	126
Reflex Sympathetic Dystrophy (RSD)	127
Peripheral neuropathy	129
Rehabilitation of post-stroke patients	138
Restless leg syndrome	144
Orthopedic disorders	150
The Spine in general	150
Neck and shoulder pain	153
Upper and mid back pain	164
Lower back pain	165

Knee problems	170
Foot problems	178
Digestive disorders	188
Inflammation of the gums, tongue, stomatitis, mouth sores, and cheilitis	189
Toothache	192
Digestive system points	193
Disorders of the stomach	195
Intestinal disorders	200
The liver as a digestive organ	212
Cardiovascular system	214
A perspective of the cardiovascular system from the classics	214
General treatment approach for cardiac patients	218
Irregular pulse patterns	220
Ischemic heart disease (including chronic angina pectoris)	224
Valvular disease	228
Blood vessel disorders	235
Vascular disorders of the lower limbs	237
Vascular disorders of the upper limbs and neck	241
Psychological disorders	248
"Heartology": an introduction through the classics	248
Depression and anxiety	256
Depression	259
Gynecology and Infertility	266
"Bao": an introduction through the classics	266
Stagnation of Blood	267
Spleen deficiency and Gallbladder excess	270
Blood deficiency in the pelvis	270
Discharge	272
Menstrual irregularities	273
Ovarian and fallopian disorders	277
Ovarian cysts and ovarian fibroma (fibroid tumors)	278
Gynecological problems due to thyroid imbalance	281
Bladder problems associated with tubal ligation	282

Menopause symptoms	284
Female infertility	287
Preparation for labor (how to avoid difficult labor)	291

Common Cold and the Flu

All patients presenting with common cold or flu symptoms will be treated with Master Nagano's seven tonsillar points⁴⁴⁵, emphasizing the reduction of pressure pain and swelling of the lymph glands behind the SCM muscles and at the abdomen (pressure pain at the right St26 area). Then, after examination and treatment of the constitutional disorders as needed, special points should be integrated into the treatment plan (usually into the second and third step). These special points and approaches are described below and refer to the early stages of a cold, cough, ear problems, cold and flu related muscle ache and sinus involvement.

Early Stage of Cold – Tai-Yang Stage

In the Tai-Yang stage of a cold, the pulse may be floating at all positions so the result of the treatment can be measured by the return of the pulse to a normal position.

The patient may complain of chills at the upper back area, headaches, a feeling of a heavy head, sore throat and/or dry sinuses.

The most important treatment strategy should include the I-Hi-Kon treatment to reduce pressure pain that may be found at the region between Bl10 and GB20 bilaterally as well as at GV14, including the Huato points of GV14. After reducing pressure pain at these areas, they should be treated directly. Needles should be inserted shallowly at the tightest (sometimes puffy) areas. At the area between Bl10 and GB20, the needles should be inserted towards the skull. At the Huato Jiaji of GV14, the needles should be inserted at a 45° angle toward the spine. GV14 should be needled at a 10° to 15° angle upwards with the flow of the channel. The needles should not be retained longer than fifteen minutes. Direct moxa should be applied at the insertion point of the needles. Especially important is to apply fifteen direct, thread-sized moxa stimulations at GV14 (if pressure pain exists at this point). This stimulation might cause the patient to be slightly dizzy. Therefore, it is advised to have the patient stay in the clinic for additional fifteen minutes and drink a warm beverage. If the dizziness does not disappear (very rare), moxa should be applied at Kid1.

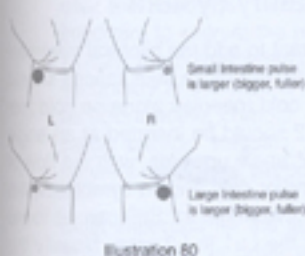


Illustration 60

According to Master Hukaya, the early stages of a cold or flu can be treated with the application of direct, thread-sized moxa stimulations on one or two triangles at the upper back (Illustration 79). The first triangle is between GV14 and Bl12, on both sides. The second triangle is between GV12 and Bl13 on both sides of the vertebra. The most sensitive points should be marked and treated with the application of up to fifteen direct, thread-sized moxa stimulations.

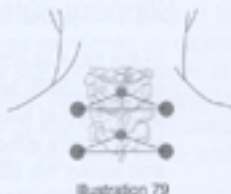


Illustration 79

It is important for the treatment strategy to compare the left and right pulses. According to Master Nagano, if the Small Intestine pulse (left most distal position) is larger than the Large

⁴⁴⁵ Master Nagano's LI11 area, Kid6, TW16, and GV14, as described on pages 59-62 in volume 1 of this book.

Intestine pulse (right most distal position, Illustration 80), LI5 or LI4 and St41 should be needled. The needles should be inserted bilaterally into the exact location and angle that equalizes the left and right pulse (usually perpendicularly). If the Large Intestine pulse is larger, SI5 and BI60 should be needled instead. The needle at BI60 should be inserted upwards, against the flow of the meridian and gently stimulated with tiny in and out thrusts. The needle at SI5 can be inserted perpendicularly and stimulated as well.

After needling BI60, the rest of the I-Hi-Kon treatment can be added. BI58 and Master Nagano's BI40²⁴⁶ are usually needled at a 10° to 15° angle with the flow of the meridian. The depth of insertion is very shallow (5-7mm). These points should reduce spontaneous, as well as pressure pain at the lower, middle and upper back. Usually BI58 should reduce pressure pain at the ipsilateral T7 area, Master Nagano's BI40 should reduce pressure pain at the ipsilateral GV4 area, and BI60 reduces pressure pain at BI10 and foramen magnum area.

Muscular pain due to the flu and common cold

Often, at the beginning of a common cold and almost always with the flu, the patient experiences generalized muscle pain or ache. Backache along a horizontal line at the level of BI25, at the iliac crest (Illustration 81), is almost always related to a weak immune system and is best treated with Master Nagano's tonsillar treatment points. This may be a residual pain from a febrile disease associated with generalized muscular and joint ache. Some patients present this symptom as their major complaint. The quadratus lumborum muscle and the fascia behind this muscle can become tight, especially after a febrile disease. Pressure pain commonly shows at BI23, BI52, and the area of GB25.



Illustration 81

Besides nasopharyngeal rinsing, Master Nagano's tonsillar points²⁴⁷ (Kid6, immune points at LI10 to LI11 area, TW16 and GV14), and Sp3.2 (general point for muscle pain), SI3 and Japanese Pc4 should be added to the treatment. If the rhomboid muscles are tight and painful, points on the Lung channel should be chosen (Lu5 and Lu8 for example).

Slippery pulse and mucus at the upper respiratory system

In the case of acute bronchitis with mucus secretion, it is important to add the bilateral treatment of Sp3.2, Sp9, and Lu5 to the treatment protocol. Direct, thread-sized moxa stimulations should be applied at Master Nagano's Sp3.2, especially if the feet are cold (needles alone on cold feet are not very effective²⁴⁸). The needle at Master Nagano's Sp3.2 should be inserted at an angle that eases the inhalation. Sp9 should be needled at a 15° to 45° angle upwards, with the flow of the meridian into a gummy spot. In many cases of bronchitis and/or cold and flu symptoms, the patient presents with pressure pain at GB21²⁴⁹. The exact, effective angle for Sp9 can be found by the reduction of GB21. Lu5 should reduce pressure pain at the Lu1 to L2 area. Usually the

²⁴⁶ This point is located slightly lateral to the traditional Chinese point location, between the lateral tendon and the middle of the popliteal fossa.

²⁴⁷ Master Nagano's seven tonsillar points are described on pages 59-62 in volume 1 of this book.

²⁴⁸ Heating lamp and Mylar™ sheet can be used to keep the feet warm during the treatment (see warning on footnote 151, page 8 in volume 1 of this book). It is important for the success of the treatment that the needle is inserted into a warm point.

²⁴⁹ Patients without cold or flu symptoms also present with pressure pain at GB21. This will be discussed on pages 162 and 270.

needle is directed at a 10° to 15° angle downwards, with the flow of the meridian. Seven or eight direct, thread-sized moxa stimulations can be added at the point of needle insertion.

In any case of bronchitis, it is very important to reduce the pressure pain at the sides of the sternum - bronchial reflection zone as well as the area of Lu1 and Lu2 (Illustration 82).



Illustration 82

In the case of chronic bronchitis with mucus secretion, it is important to add the bilateral treatment of Sp4²⁵⁰, Lu5, GB26, and Liv13. Sp4 should be needled at the exact angle and location that eases the inhalation. Usually the needle is inserted between 90° and 45° (with the flow of the meridian) and eight direct, thread-sized moxa stimulations are added at the point of needle insertion. The needle at GB26 (Dai-Mai) should be inserted at the tightest point and Kyutoshin moxa should be applied if the area is cool or if the muscles are very tight at the belt area. If the area of GB26 is very painful and/or sensitive upon palpation, Kid7 should be needled first to reduce the pressure pain. Usually Kid7 and Kid27 will be used in the constitutional step (step one) and then in the direct treatment of the Dai-Mai in the second, more specific, step of the treatment. Liv13 should be needled perpendicularly relative to the tip of the rib. The tightest point is chosen and eight direct moxa stimulations should be added at the point of needle insertion, especially if the area is cold or painful.

Middle-ear infections as the cause of repeated common colds

Often, especially in children, ear infections and upper respiratory infections are related and might trigger each other (through the Eustachian tube). A more comprehensive treatment protocol for general ear problems (including tinnitus) can be found on pages 36-38. In this chapter, the treatment strategy for middle ear infection is mentioned in context with the common cold and the flu attacking the upper respiratory tract or creating an upper respiratory tract infection.

According to research by Sinsak Horiguchi, M.D., Ph.D., chronic and acute middle ear infections and deafness (as a result of it) as well as repeated throat problems are often caused by nasopharyngitis. The suggested mechanism is that the Eustachian tube opens to the pharynx, near the adenoids. This tube provides a route for infection to reach the middle ear. Thus, it is important to instruct the patient to perform daily nasopharyngeal rinses (as mentioned on pages 71-72). Adenoidal lymphoid hyperplasia mainly occurs in children and may be physiologic or secondary to infection or allergy. Consequent obstruction of the eustachian tubes may result in recurrent acute, chronic, or secretory (serous) otitis media; obstruction of the choanae²⁵¹ may cause chronic sinusitis, mouth breathing, obstructive sleep apnea, a hyponasal voice and purulent rhinorrhea. Chronic adenoiditis is common²⁵².

Most important for the success of this treatment is to treat Master Nagano's "Seven Tonsillar Points"²⁵³ first in order to reduce the swelling as well as the pressure pain at the lymphatic

²⁵⁰ Sp6, inserted at a 15° to 45° angle upwards into the most gummy location, can be a supporting point to Sp4.

²⁵¹ Choana: (Plural: choanae) The passageway from the back of one side of the nose to the throat.

²⁵² The Merck Manual, Sixteenth edition, 1992; page 2165.

²⁵³ This is described on pages 59-62 in volume 1 of this book. In general, gummy points at LI11 area should be needled to reduce pressure pain and swelling at TW16. Kid6 (anti-inflammatory) should also be needled, as should TW16 be needled directly with

glands behind the SCM muscle (at the area of TW16). In some cases, instead of Kid6, the needling of Kid2 or Kid5 will reduce the pressure pain at TW16 as well as at the umbilicus area (reflection zone of the adrenal gland) better than Kid6.

Reducing pressure pain at the area of TW17 (reflection site for ear infections) as well as the reflection site for adenoids, around the mastoid bone (Illustration 83), is essential in the treatment of various ear problems that might infect the throat and vice versa.



Illustration 83

When the ear infection reflex at TW17 becomes painful upon palpation, Master Nagano's "Seven Tonsillar Points", Sp7, and a point found at or above TW9²⁵⁴ should be needled. It is very important when applying this treatment to make sure that Sp7 and TW9 decrease the pressure pain at TW17. Both points are needled perpendicularly and stimulated very gently with in and out thrusts. The exact location is verified by the reduction of pressure pain at TW17. After needles have been inserted, direct, thread-sized moxa stimulation should be added at the point of needle insertion at Sp7. TW9 is stimulated manually every five minutes, moxa is generally not applied on this point.

In some cases, especially when the pressure pain at TW17 is difficult to decrease, all Fire points should be palpated and, where they are found to be painful, the Metal and Water points of the meridian should be needled.



Illustration 84

Liv13 is the essential treatment point to reduce swelling at the adenoids. This point should be needled ipsilateral to the painful adenoid reflection zone depicted in Illustration 83. Using the index finger, Liv13 should be pressed from anterior to posterior following the eleventh rib, in order to find a tender spot. While the tender spot at Liv13 is held, the mastoid area should be re-examined. Liv13 is the needled at a 10° to 15° angle, in the same direction that reduced the pressure pain at the adenoid reflection zone (usually dorso-laterally, with the flow of the eleventh rib, as described in Illustration 84).

In some cases, Liv13 is very tender upon palpation and cannot be needled directly. In this case, the area of GB26 (Dai Mai) should be needled to reduce pressure pain at Liv13. If the area of GB26 is cold or found to be very tight, Kyutoshin moxa should be applied on top of the needles. Only after reduction of pressure pain at Liv13, can this point be needled directly.

Master Hukaya's otitis (and ear pain) point at the big toe (Illustration 85) can be added to the treatment. This point should be treated with fifteen direct, thread-sized moxa stimulations at the exact point that reduced the pressure pain at the ear (usually at the ventral aspect of the tragus, at the mastoid bone, and/or where pain was caused by pulling the ear-lobe downwards²⁵⁵).



Illustration 85

After reducing pressure pain, TW17 can be considered for direct needling (or Tiger Warmer).

shallow insertion and direct, thread-sized moxa stimulation (daily Tiger Warmer massage at home), and GV14 (needled 10° upwards and treated with eight direct, thread-sized moxa stimulations at the point of needle insertion).

²⁵⁴ With light pressure, a finger is slid upwards from the area of TW9 until a very slight depression of the musculature is felt. This is usually the point to be needled.

²⁵⁵ Pain at the middle ear as a result of slightly pulling the earlobe downwards is a sign of middle ear infection. See also diagnosis of ear problems on page 39.



Illustration 86

For otitis associated with a blocked eustachian tube²⁵⁶, a 15mm or 30mm Japanese #1 needle should be inserted at a 10° angle, upwards, into the eustachian tube point (Illustration 86). The needle should slide under the ligament behind the ear and not go further than three millimeters. The best way to locate and needle this point is by folding the external ear ventrally, against the facial skin.

According to master Akabane, one drop of blood should be drawn from Kid2 in case of ear infections in children. This should reduce the inflammation as well as the fever.

General points to consider for the treatment of inflammation include Liv5 (as described on page 416 in volume 1 of this book) and Kid6.

At the dorsal aspect of the body (third step of the treatment), it is important to examine and treat the Huato Jiaji of L2 and L3 (Kidney Shu area, Illustration 87). These points should be needled into a gummy spot at a 45° angle toward the spine. If this area is very painful upon palpation or sensitive to the touch, it is important to reduce the sensitivity before needling it directly. The left SI11, I-Hi-Kon (especially the point outside BI40) as well as the sacroiliac treatments are the most effective strategies to consider for the reduction of pressure pain and sensitivity at the Huato Jiaji of L2 and L3.

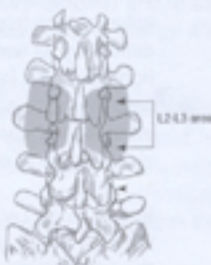


Illustration 87

Cough

There is an abundance of etiologies that might lead to cough; in this chapter the treatment is mainly directed at cough resulting from a common head and chest cold, upper respiratory infection, the flu, etc.²⁵⁷

The most important point to treat the cough is SI1. This point should be needled bilaterally with a 15mm to 30mm Japanese #1 needle. The needle should be retained for ten to fifteen minutes and withdrawn. After withdrawing the needle, a blood drop should be obtained and wiped off. Then, seven direct, thread-sized moxa stimulations should be added at the exact point of needle insertion. After the treatment a small Korean hand acupuncture magnet can be placed (North pole facing the skin) at SI1 for the patient to stimulate as needed.

For cough associated with throat pain and headache, Kid3, BI62, SI3, Lu11 and LI1 should be treated in the second step after the constitutional treatments. Kid3 is usually needled at a 15° to 45° angle towards the calcaneus tendon; BI62 should be needled at a 10° to 15° angle, with the flow of the meridian (towards the small toe); SI3 should be needled under the metacarpal bone (as described on page 319-320 in volume 1 of this book); and Lu11 as well as LI1 are needled perpendicularly with a 15mm Japanese #1 needle. After retaining the needles for fifteen minutes, LI1 should be bled.

²⁵⁶ This point can be used for any problem related to the eustachian tube including the inability to equalize pressure after diving or flying (often related to nasopharyngitis, otitis media, etc.).

²⁵⁷ As opposed to a cough resulting from damage to the parenchyma of the lung due to tumor, tuberculosis, congestive heart failure, etc.

Patients complaining of cough and lack of energy should be treated with Kid7, Lu7, LI2 B62 and SI3. Kid7 should be needled at a 15° to 45° angle upwards, with the flow of the meridian into the tightest spot between the calcaneus tendon and the tibia²⁰⁸. The needle at this point should be stimulated with gentle in and out thrusts for a few seconds until the tightness loosens.

According to Master Kawai, a green gold-plated magnet diode ring can be placed at CV22 and left for the duration of the treatment. The exact location is chosen by palpation: the point to place the green diode is where the patient begins to cough when pressing on it. The diode ring can be taped with paper or surgical tape, or with aluminum tape.

Liv1 (especially on the right) can serve as an important point for the treatment of cough; in volume 1 of this book, Liv1 was presented as an important point for the treatment of Liver deficiency as well as pressure pain at the right Huato Jiaji of C3²⁰⁹. The connection between the right Liv1, the liver, and the right Huato Jiaji of C3 is through the phrenic nerve. If the patient presents with a swollen liver (or any irritation at the liver area), the phrenic nerve might be irritated and can cause the cough. In turn, the coughing may irritate the liver and create a vicious cycle of phrenic nerve irritation, resulting in the patient not being able to stop coughing.

In this case, Liv1 is an important treatment point to stop the vicious cycle between the Liver, Phrenic nerve and the area of Huato Jiaji of C4. Liv1 should be treated with fifteen direct, thread-sized moxa stimulations. Although direct thread-sized moxa stimulation should always be applied at Liv1, a needle may be inserted in some cases to reduce the diagnostic findings even further. It is very important to find the correct location of Liv1 in order to reduce the pressure pain at the diagnostic reflection zones (i.e. right Huato Jiaji point at C3, pressure pain at B42, dull pain or edema at the right Liv14). The treatment is mostly on the right side although, in some cases, bilateral treatments yield better results.

On the back, the specific treatment for cough is at the area that moves most while the patient is coughing. While in a prone position, the practitioner should place his or her hand on the patient's back and let the patient cough. At the area where most movement is detected, one or several painful points can be identified. These points should be treated with needles and moxibustion. The points that are located on the Bladder line can be needled with a 40mm to 50mm Japanese #5 needle and heated with Kyutoshin moxa. Points at the Huato Jiaji area should be needled at a 45° angle toward the spine and five to seven direct, thread-sized moxa stimulations should be added at the points of needle insertion. Points at the Governing Vessel line should be needled at a 10° to 15° angle upwards, with the flow of the meridian and stimulated with direct, thread-sized moxa (five to seven times).

²⁰⁸ Finding and needling Kid7 is described at length on pages 341-342 in volume 1 of this book.

²⁰⁹ Page 406 as well as pages 406-410 in volume 1 of this book.

Sinusitis

For the treatment and prevention of the sinuses and sinusitis (of all etiologies), it is very important to encourage the patient to perform nasopharyngeal rinses twice a day (as described on pages 71-72). The treatment for sinus headaches is described in the Neurological chapter under nasopharyngeal headaches (pages 107-108). In general, there are many reasons that patients develop acute and/or chronic sinusitis including allergies, head colds, deviated septum, exposure to chemicals and pollutants (including cocaine), etc. In this chapter, the general treatment for sinusitis will be described with references to the specific etiologies.

The diagnostic features to be considered are at the area of St2 (maxillary sinuses) and at the area of Bl2 and Yuyao (frontal sinuses) as well as around the umbilicus (general allergy and sinus reflection).

According to Master Hukaya, for the treatment of sinusitis, GB40 should be treated with fifteen direct, thread-sized moxa stimulations. No needle is required. In this case, GB40 should be located at a puffy area at the posterior and medial edge of the lateral malleolus. To determine the exact location of GB40 to reduce pressure pain at the sinuses (usually maxillary sinuses associated with a stuffy nose), the pressure should be applied from distal upwards, against the bone.

For inflammation of the sinuses, the Metal and Water points of the Gall Bladder, Urinary Bladder, and Stomach should be examined against pressure pain at the sinus reflection areas. The Metal and Water points should be needled with 15mm or 30mm Japanese #1 needles and five to seven direct, thread-sized moxa stimulations should be applied if the feet are cold.

Direct, thread-sized moxa stimulations can also be applied at GV23 or lateral to GV23, depending on pressure pain (in some cases a soft, slightly edematous spot can be felt²⁰⁰). Because the skin of this area is still considered facial skin, it is important to use enough Shiunko or to thread the moxa cones small enough so that no blisters will occur.

If the patient presents with (or is complaining of) dripping fluids from the sinuses (usually during the initial and end phase of a common head cold), Kid6, Kid27, Lu5, Sp9, Sp10 and GV23 are to be treated on the front and, GV12, Bl2, and Bl13 at the back.

If after the treatment protocol described above, the pressure pain at the area of St2 is not eliminated, gold-plated magnetic diode rings could be applied. The diode rings should be placed on the cheeks as described on page 295 in volume 1 of this book or at the area of Bl2 and Yuyao, as described in Illustration 88. In very stubborn cases, the rings may be connected to the triple cord and stimulated with the Pachi-Pachi as described on pages 457-458 in volume 1 of this book.



Illustration 88

In very stubborn cases, Master Kawai's method for the treatment of sinusitis can be applied. In this case, 40mm to 50mm Japanese metal-handled #5 needles should be inserted at Bl2, Master Kawai's nose point (Illustration 89) or Bitong (depending on palpation), and Tai-Yang. A

²⁰⁰ In general, if the points on the skull feel soft and/or edematous, direct, thread-sized moxa stimulation is most effective, and important for the treatment outcome.

triple bypass cord should be connected to the following points (Illustration 90): the black clip to the needle at the more painful BI2 area, the green clip to the needle at Tai-Yang, and the red clip to the opposite Tai-Yang point. Kyutoshin

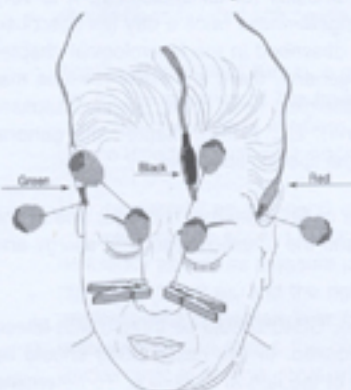


Illustration 90

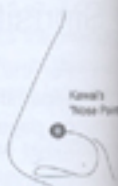


Illustration 91

moxa should be applied on all needles but, before they are ignited, the black clip should be connected to the back of a Pachi-Pachi stimulator and the needles at the BI2 area should be stimulated (for one second only²⁶¹). After the stimulation, the Moxa balls are ignited and the needles retained until the moxa is burned-out. After the Kyutoshin moxa is removed from the needles, but before removing the needles, BI2 can be stimulated once more. The whole process should not take longer than ten minutes. It is important to keep in mind that this process will produce quite a significant amount of smoke and heat and therefore, it is important to cover the patient's eyes with a moist gauze. Also, to keep the needles stable, clips and paper tape should be used to hold the needles as described on page 450 in volume 1 of this book.

COPD

In cases of emphysema and chronic bronchitis that may lead to chronic obstructive pulmonary disease²⁶², the goal of the acupuncture treatment is to reduce inflammation in the upper respiratory tract and ease breathing.

Two major factors should be taken into consideration: musculoskeletal and physiologic. Due to the difficulty of breathing, accessory muscles such as the SCM, scalenus, pectoralis, serratus iliocostalis, and the oblique muscles may become tight and painful. The tighter these muscles become, the more difficult it would be to breathe and the more discomfort the patient will feel. Physiologically, the accumulation of CO₂ and the adaptation to higher levels of CO₂ will create a significant Oketsu. The prolonged condition of hypercapnia and Oketsu as a result, might disturb the immune system as well as exhaust the adrenal gland. Often, due to chronically reduced oxygen levels in the body, the thyroid gland will also show an imbalance by presenting with pressure pain on it.

Diagnosis

The musculoskeletal aspect of the disorder can be diagnosed by palpating the accessory muscles for tightness and pressure pain. Tightness and pressure pain at muscles such as the

²⁶¹ The patient feels the stimulation mainly at the Tai-Yang points

²⁶² COPD is defined as a disease state characterized by the presence of airflow obstruction due to chronic bronchitis or emphysema. The airflow obstruction generally is progressive, may be accompanied by airway hyperactivity, and may be partially reversible. Chronic bronchitis is defined clinically as the presence of a chronic productive cough for 3 months during each of 2 consecutive years (other causes of cough being excluded). Emphysema is defined as an abnormal, permanent enlargement of the air spaces distal to the terminal bronchioles, accompanied by destruction of their walls and without obvious fibrosis. Chronic bronchitis is defined in clinical terms and emphysema in terms of anatomic pathology.

SCM or the scalenus may also have additional meanings as described in volume 1 of this book²⁶³.

Bilateral pressure pain at the lateral aspect of the sternum, and at the area of Lu1 and Lu2 are the most prevalent diagnostic features by palpation for emphysema and chronic bronchitis at the ventral aspect of the body.

In many cases of chronic, upper respiratory problems, the areas of BI41, BI42 and BI43 is tight and feels like a rope or 'Kori'²⁶⁴ (Illustration 91).

The most common respiratory problems that present with a tight BI42 area include chronic upper respiratory disorders such as asthma, emphysema, chronic obstructive pulmonary disease (COPD), pulmonary fibrosis and chronic congestive heart disease with respiratory difficulties. BI42 is also nicknamed the oxygen point in the back because it is a supportive point that helps the relaxation of the scapula and eases the breathing process. If the area of BI42 becomes very tight, it might cause chronic cough.



Illustration 91

The name of the point, Door of Po (the corporeal soul) is particularly interesting because of the many psychological disorders that present through the Lungs and affect breathing. Many of these problems are also associated with very tight shoulder blades, especially at area of BI42.

Treatment

Constitutionally, pressure pain at the reflection sites of Oketsu, Immune, and Adrenal should be resolved with distal points. The treatment of Oketsu may be especially involved (hard to reduce) due to the likely change in blood chemistry of patients suffering from COPD. Liv4 and Lu5 are often not enough to reduce pressure pain and tightness at the Oketsu area; needles at the left inner thigh as well as at the left ASIS should be considered. Often patients presenting with COPD also present with an Oketsu Kai. In this case, needles should be inserted into the tightest points at the Oketsu sign (Kyutoshin should be considered if the abdomen is cold)²⁶⁵.

GB10 is an important point for the treatment of all breathing disorders including asthma, COPD, emphysema and cough. GB10 is normally used ipsilateral to the tight SCM. It is often used together with the contralateral TW5 or TW9, and GB41 or GB40. A needle should be inserted into the depression at GB10. The best results are obtained when there is a gummy spot or a nodule at that depression. The needle should be inserted into this gummy area. The direction of needle insertion is with the flow of the meridian, towards GB11. The needle should be stimulated with minute in and out thrusts for ten seconds every five minutes. When using GB10, it is important to verify that it reduces the tension at the SCM muscle or the lymphatic congestion at the neck, axillary area or groin.

²⁶³ Tightness at the SCM is often also associated with an imbalance of the autonomic nervous system (page 107 and 112 in volume 1 of this book), and tightness or pressure pain at the scalenus muscle is often associated with neurovascular compression of the neck (pages 227-229 in volume 1 of this book).

²⁶⁴ The term 'Kori' in Japanese describes hard tissue and tightness upon palpation.

²⁶⁵ As described on pages 43-45 in volume 1 of this book.

Reduction of pressure pain at the area of Lu1 and Lu2 can be achieved with ipsilateral treatment of Lu5 and Lu8, and/or direct moxibustion at Lu10. In some cases, adding direct thread-sized moxa at Lu4, bilaterally, can further reduce pressure pain at the area of Lu1 and Lu2 as well as at the side of the sternum.

Specifically for patients complaining of symptoms related to emphysema, direct thread-sized moxa stimulations should be applied at painful spots at the area of Lu1 and Lu2. The number of Okyu stimulations is determined by the reduction of pressure pain at this area and/or if the skin becomes pink.

Reduction of pressure pain at the Kidney channel line on both sides of the sternum can be achieved with Kid7 and Kid10 as well as direct application of thread-sized moxa at the most painful points (after needling the Kidney Metal and Water points).

In the second step of the acupuncture treatment, it is important to consider the reduction of tightness and pressure pain at the accessory muscles. Master Nagano's Sp3 (Sp3.2) is the most important "muscular relaxant" point, but Strategies such as the scalenus muscle treatment, Shao Yang as well as Sp9 (reduction of pressure pain at the area of GB21), should also be considered.

Bilateral treatment of Bl42, on the dorsal aspect of the body, is the most important strategy for COPD patients. As a local point, Bl42 can be needled to increase the functions of the lungs (oxygen supply). This area is treated locally only after releasing some pressure pain with distal points. The needles should be inserted very shallowly at a 15° angle towards the scapula. The patient is requested to inhale deeply. After a deep inhalation and exhalation, the needles are withdrawn. No retention of needles is required.

Direct, thread-sized moxa stimulations should be applied on these points until the skin becomes pink.



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