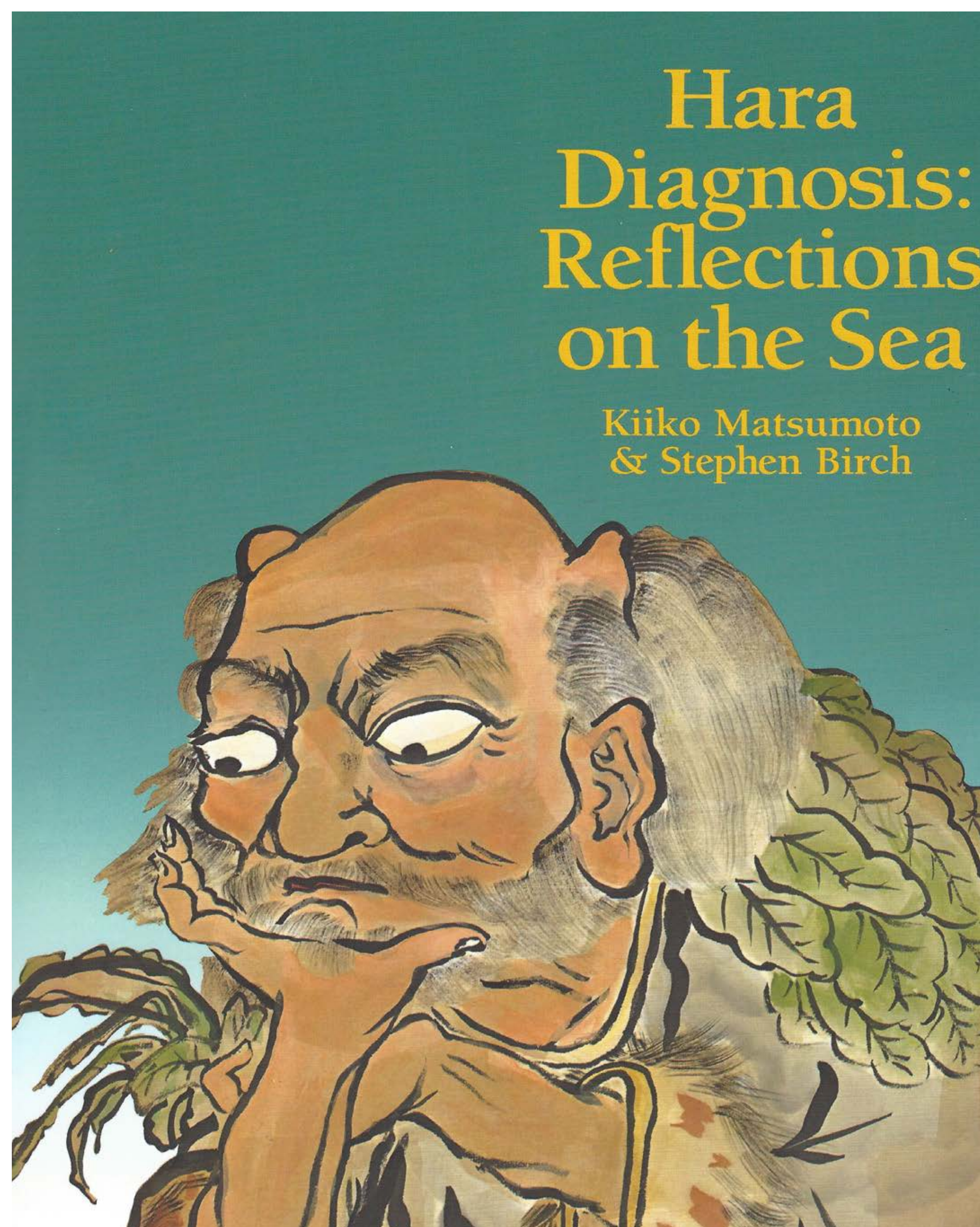




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Hara Diagnosis: Reflections on the Sea



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Hara Diagnosis: Reflections on the Sea

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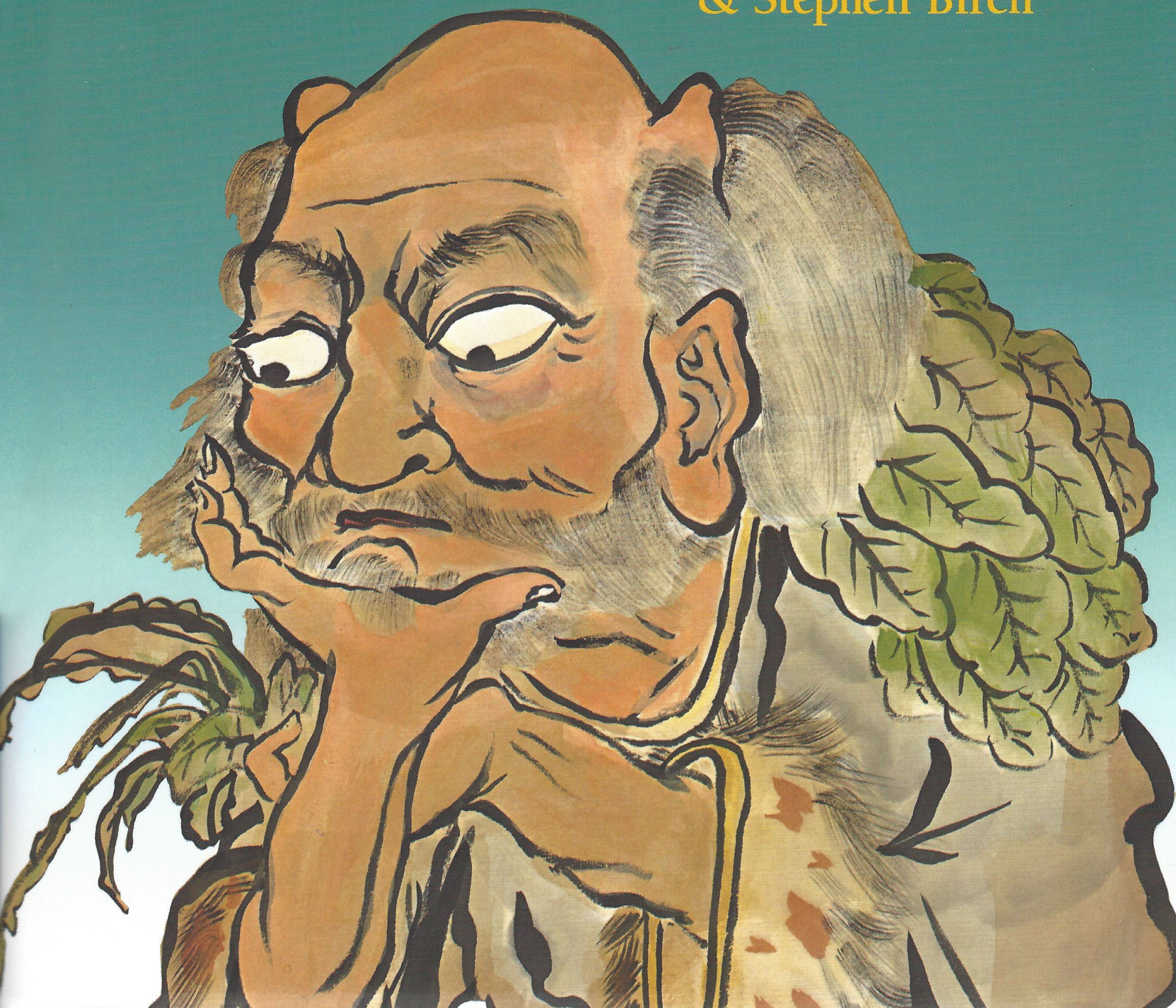


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Source Theory

Source theory, as we have seen, plays a particularly important role in the theory of Chinese medicine. For Chinese medical theorists beginnings were important. The origin characterized the form and function of everything. The energetics of the human body have a compound beginning: cosmologically in the heaven—person—earth continuum; individually in the embryological development of the fetus and the relationship of the fetus to the mother. The energetics of the hara are intimately related to the source. We find the physiological and energetic function of the hara repeatedly mentioned in the context of origins.

As usual, it is the *Ling Shu* theory that has been the basis of later thought and speculation. These comments may be traced to earlier concepts and theories of embryology from the *Huai Nan Zi*. Ideas expressed in the *Ling Shu* are the foundation of *Nan Jing* source theory and later commentary. Among the authors who have commented upon the idea of source, Sosen Hirooka of Japan, who wrote in approximately 1750, and Xie Lin of China, from the late Qing dynasty, make some of the clearest statements. *Nan Jing* source theory revolves around the functions of the triple warmer and the master of the heart. As expected, it is a more developed theory. It traces energetic connections from before birth and details the function of postpartum nourishment. Comparatively, the *Ling Shu* source theory more directly concerns the energetics of prepartum development and nourishment. It also considers anatomical structures that are not frequently the concern of either Western or Eastern medical thinkers. Among these are peritoneal membranes, the systems of fascia, and the connective tissues. However, much of source theory is not obvious. Many of the ideas must be unearthed from careful consideration of the texts, the etymology of the terms, and the conclusions drawn by the classical authors. The connections between the *Ling Shu* and *Nan Jing* source theories are not often clearly stated; however, there are conclusions that may be derived and implications that are clear only in context. These are often fascinating, particularly since modern anatomical and physiological data tends to elucidate, rather than deny, the relationships of classical energetics.

Ling Shu Source Theory

The *Ling Shu* theory of the triple warmer is the groundwork for part of the *Nan Jing* source theory. Although it is different from the *Nan Jing* theory of the triple warmer and is the theory most often cited as the triple warmer theory, the differences are interpretive. The *Ling Shu* triple warmer theory involves food and water metabolism, ying qi and wei qi:

Hara Diagnosis in Practice

Our focus throughout this text is on palpation. It is the single thread that runs throughout the various systems and theories that we present.

The procedures of diagnosis by palpation can be complex. Because the different systems of diagnosis and the specific sets of treatments that accompany each are based on the concept of confirmation, rather than a system of “one sign - one problem,” it is necessary to keep a variety of signs in mind. Failing to do so leads to the most common problem beginners find when learning abdominal diagnosis. The attempt to associate a particular abdominal finding with a single symptom or state, forgetting the overall context, results in the sense that one sign has contradictory indications. Since all the systems overlap to some degree, it is important to develop a good sense of patterns. A good general procedure is of considerable value and will enable a practitioner to obtain almost all the diagnostic information needed for both simple and differentiated diagnoses.

Naoichi Kuzome's diagnostic procedure is an excellent start. He is a shiatsu therapist in Japan, with over sixty years of experience. His diagnoses and treatments are conducted almost exclusively using abdominal confirmation. His emphasis on shiatsu has developed the concentrated sensitivity and experience that create the best teaching materials. The techniques he has proven and developed are perfect for teaching patients to treat themselves.

Differentiation of Abdominal Findings

There are essentially two parts to the diagnostic procedure. The first, palpating the abdomen, is followed by the palpation of other points, checking the pulse and other significant diagnostic symptoms to confirm the abdominal diagnosis. A complete diagnosis and a treatment plan will follow from this procedure, regardless of the treatment system used. Practitioners with vast experience, such as Manaka or Kuzome, need to question the patient only briefly, making sure the patient has had the opportunity to express any concerns.

In the simplest case, differentiation of abdominal findings may be reduced to a series of easy steps. If for example one finds tenderness or tightness on the area around the umbilicus, particularly around KI-16, look for other significant indications:

Step One: Palpate KI-3, the kidney meridian, and GB-25 to confirm or eliminate a diagnosis of kidney meridian imbalance or kidney dysfunction.

Step Two: Palpate ST-11, SP-4, and PC-6, to confirm or eliminate the chong mai as a treatment target.

Step Three: Palpate ST-12, ST-9, KI-8, KI-6, and LU-7 to confirm or eliminate the yin qiao mai as a treatment target.

Step Four: Palpate GB-41, TW-5, and the gallbladder meridian to confirm or eliminate the dai mai as a treatment target.

Step Five: Palpate SP-3, SP-21, LV-13, and the spleen meridian to confirm or eliminate the spleen meridian or spleen function as sources of the problem.

Remember that a complete procedure could include all reactive areas or points on the abdomen. For each confirmation there are usually specific treatments with specific methods for evaluation of the treatment in process. When these treatments involve points on other areas of the body, such as the back shu points, check these points for reactivity as well.

In evaluating a patient's condition, it is also valuable to keep in mind that a complete medical intake and monitoring is not without significance. The body is an intricate entity. All available sources of further information need be considered. While it is often easy to obtain a clear diagnosis, it is as often difficult to select the best acupoints and techniques to treat the condition.

Significant Reactions

Observation of point reactivity is important in treatment as well as in diagnosis. By monitoring any changes in palpatory response during treatment, a practitioner may immediately assess the effectiveness of the treatment. If the reactivity improves during the treatment, the body's healing has been activated. An improvement of reactivity is a trustworthy positive sign, and holds greater significance than patient report of improvement during treatment.

Instances of contradictory signs also occur. As a start, it is advisable to assume that what you sense with your hands is significant. In some systems of diagnosis, such as kanpo yaku, the very contradiction of the practitioner's observation and the patient's report may suggest a pattern. Usually fashioning the various reactions into a suitable harmonic for your diagnostic system presents the most difficulty. Not only do you need to gain a sense of the range of reactions between "reactive" and "very reactive," but you also need to distinguish between "no reaction" and "lack of reaction."

Both Manaka and Shudo say that reactions fit two categories. The first category is oversensitivity; on palpation the patient will report sensations. This tends more to indicate a condition with accompanying repletion. The second category is lack of reaction, undersensitivity. This is an advanced vacancy condition, where the patient is unable to report anything, as distinguished from a normal, healthy response.

Significant Findings

While some treatment systems pay greater attention to one set of findings, and less to others, the most significant abdominal reactions are consistent across all systems. Kuzome has said that if a patient is motivated to come for treatment, regardless of what the reported problem, one will always find something significant on the hara. If initially you can't find anything, go back and check again. These are not empty words. He has palpated and treated over two hundred eighty thousand patients! At the very least a second look will increase your sensitivity.

Temperature variations

With the hand parallel to and just above the surface of the abdominal skin, check for any significant heat differences. A sensation of qi might be felt at a certain point, perhaps as the sensation of an updraught striking the hand or fingers, like a wind or a gentle breath. This updraught may be cool, cold, warm, or hot. A sensation almost like electricity might be noticed, or a pressured sensation as the hand passes over an area on the surface of the patient's abdomen. All these sensations have significance, depending on the points or areas affected.

When feeling the patient's skin surface with the hand, one should check the five areas of the abdomen that correspond to the *Nan Jing* five-phase areas, the three areas of the torso that correspond to the three heaters, the chest, the area above the umbilicus, and area below the umbilicus. One should also feel the four quadrants of the abdomen. Temperature variations in these areas are significant. As one begins to palpate the abdomen, superficial temperature differences and temperature variations at different depths can be noticed. For instance, one may find:

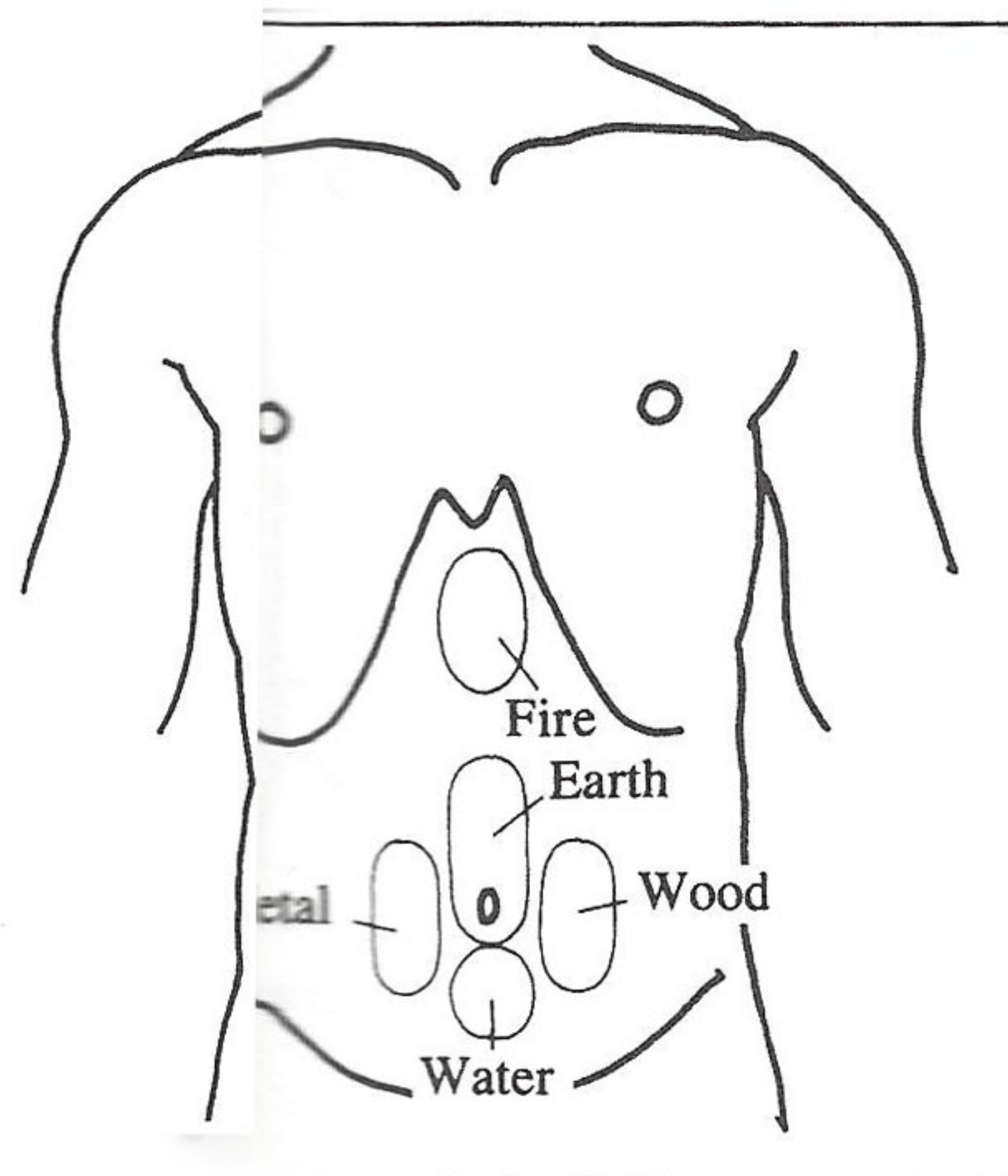
- Warm on the surface, warm below.
- Warm on the surface, cool below.
- Cool on the surface, warm below.
- Cool on the surface, cool below.

The significance of these findings can be seen within the eight-principle diagnostic construct, as hot, cold, internal, and external. Generally, heat tends more to reflect repletion and cold to reflect vacancy.

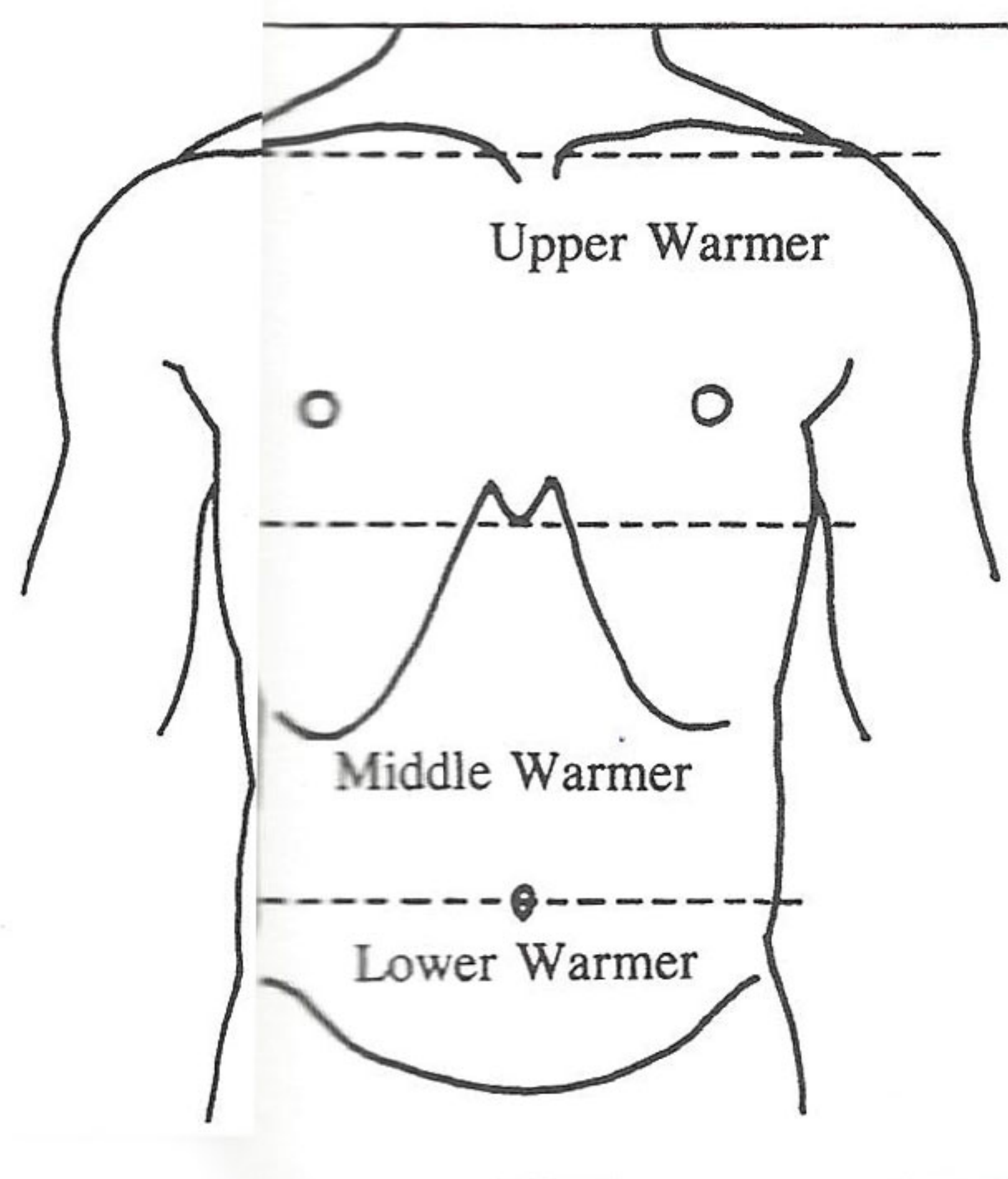
The skin surface on many patients will be observed as warmer above the umbilicus and cooler below. This is a general indication of counterflow qi, or vacancy below and repletion above.

Tension

Tension or lack of tension of the muscles on the abdomen should be closely observed, particularly in the area below the rib cage and along the rectus abdominus muscles. Although tension may be perceived as a replete condition, it usually stems from an underlying vacancy, and thus more accurately reflects this vacancy. Some practitioners, among them Sorei Yanagiya, simply think of it as a vacancy sign.



1 Traditional five-phase



2 The three warmers.

diagnosing obviously reactive points and those points where the patient is undersensitive. Pinching is the most useful method for differentiating non-reaction from lack of sensitivity. Some practitioners, such as Denmei Shudo, use pinching with great dexterity and skill, being able to diagnose the entire hara and the lengths of the meridians in just a few minutes.

Remember to note the textures of the skin:

If the skin is dry, it can be a sign of vacancy.

If the skin is too moist, it is generally not a good sign.

If the skin has some moisture, but not too much, this is normal.

The roughness or smoothness of the skin can also be significant, as can the color tones, paleness, or redness. The areas affected generally indicate the significance of the findings.

Swellings and indentations

If there are areas on the abdomen that are swollen or indented, and these differ from what one might expect in a healthy hara, these can be accorded significance. Swellings or indentations are usually palpable. Swelling tends to be a sign of repletion, indentation a sign of vacancy. It should be noted that when we speak of repletion on the abdomen (tension, tightness, swelling, etc.), it is generally associated with a vacancy. This is termed false repletion. Any signs, whether palpable or visible, that deviate from a healthy hara, are diagnostically significant.

Diagnostic Procedure

Just before initiating the diagnostic routine, it is advisable to increase one's level of sensitivity. Tsugio Nagatomo, a Japanese practitioner who attained the distinguished age of more than ninety years before his recent demise, often recommended the following procedure for developing finger sensitivity:

When palpating, the most important thing is to develop finger sensitivity. To cultivate this sensitivity, try the following: Sitting with legs crossed and hands placed together, palm to palm, fingers to fingers, empty the mind and do only slow deep breathing. After 10 to 30 minutes (depending upon the individual), one can feel sensations in the ends of one's middle fingers, and one can see a white, translucent, thin thread between the fingers. When the thread is seen clearly, the sensitivity should be sufficiently developed. When palpating the body, one should not miss anything. This practice needs to be repeated.³

Nagatomo recommends a further method to facilitate this development. If one places small magnets between the fingers before this meditation, the thread may be seen and felt more readily. With sufficient practice, more specialized procedures may be adapted to suit an individual practitioner's ease or need.

Most practitioners feel that it is important for the patient to lie supine, with legs outstretched and arms by the sides, during the diagnostic procedure. If this position is too uncomfortable for the patient, bend the legs, even up to a ninety degree angle, until they are comfortable. In these cases, the practitioner must be much more sensitive and attentive, as it is easier to miss diagnostic signs on the abdomen, for the muscles of the abdomen will be looser and less obviously reactive.

The patient should relieve any urgency of bowel or bladder before palpation. It is important to keep the patient relaxed and comfortable. In particular, the rectus abdominus muscles should be relaxed. Some patients seem to have initial reservations about having their abdomen palpated. To this end Kuzome advises that as one begins diagnosis, only the gentlest pressure need be applied over the abdomen — that is, just depressing the skin gently to touch the underlying muscles. This serves two purposes, to reassure and relax the patient, and to gain an indication of what may be found and where. Gentle pressure should be applied with finger tips, vertically or perpendicularly. This gentle pressure diagnosis should be applied as follows:

Step One: First, palpate along the ren mai line from the sternum to just above the pubic symphysis. One should avoid pushing the umbilicus itself.

Step Two: Palpate down the left kidney meridian line, from just below the sternum to just above the pubic symphysis.

Step Three: Palpate down the left stomach meridian line, from just below the ribs to just above the pubic symphysis.

Step Four: Palpate down the left spleen meridian line, from just below the ribs, to just above the pubic symphysis.

Step Five: Palpate up the right kidney meridian line, from just above the pubic symphysis, to just below the sternum.

Step Six: Palpate up the right stomach meridian line, from just above the pubic symphysis, to just below the ribs.

Step Seven: Palpate up the right spleen meridian line, from just above the pubic symphysis to just below the ribs.

Step Eight: Palpate under the ribs from the sternum out to the left side.

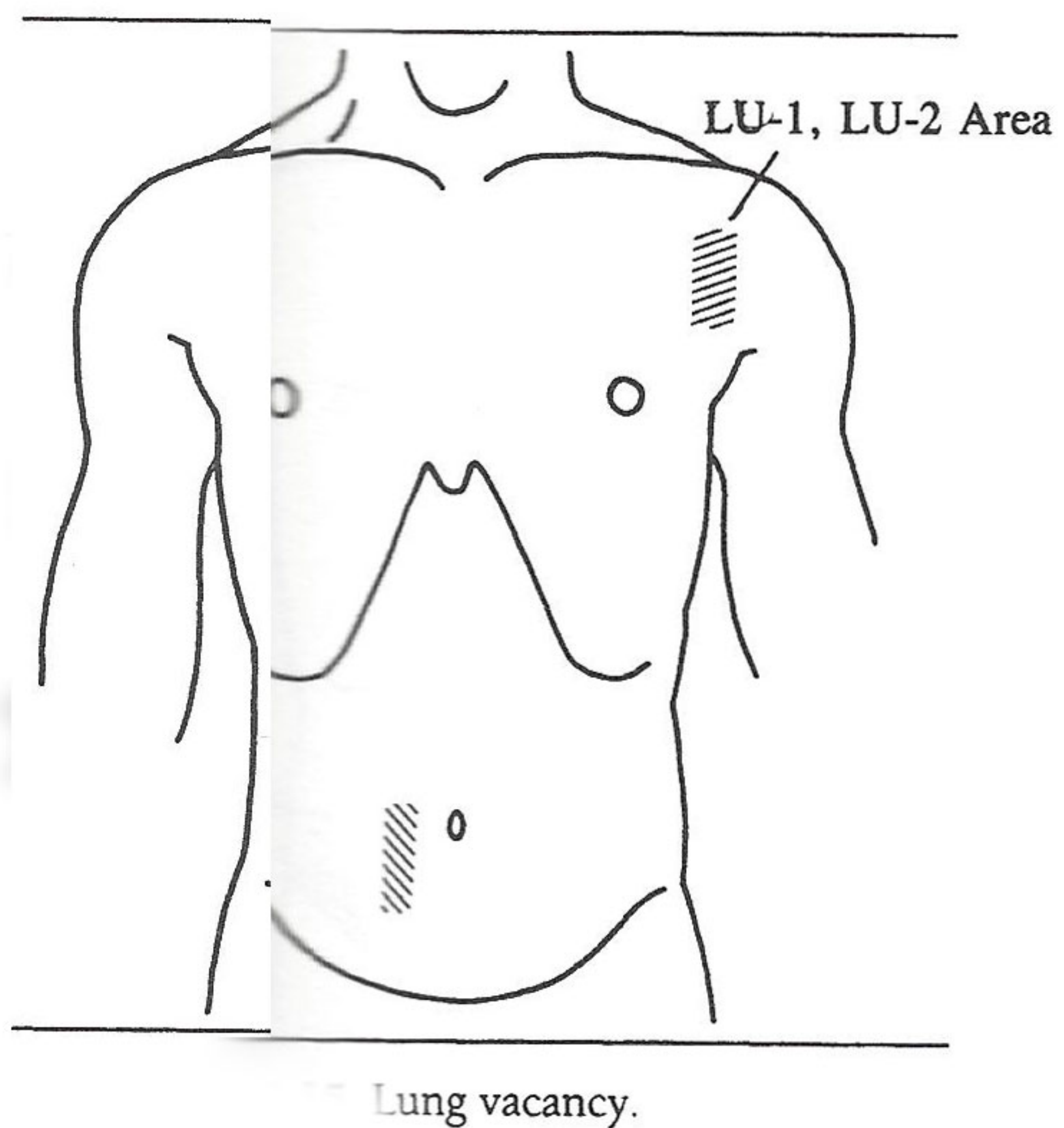
Step Nine: Palpate under the ribs from the sternum out to the right side.

Step Ten: Palpate from the anterior edge of the left iliac spine, down to the right, along the top of the pubic symphysis, and up to the right iliac spine. Finish at the same spot on the right as one started from on the left.

Step Eleven: Palpate the area just above and around the anterior and superior edges of the left iliac spine.

Step Twelve: Palpate the area just above and around the anterior and superior edges of the right iliac spine.

□



Lung vacancy.

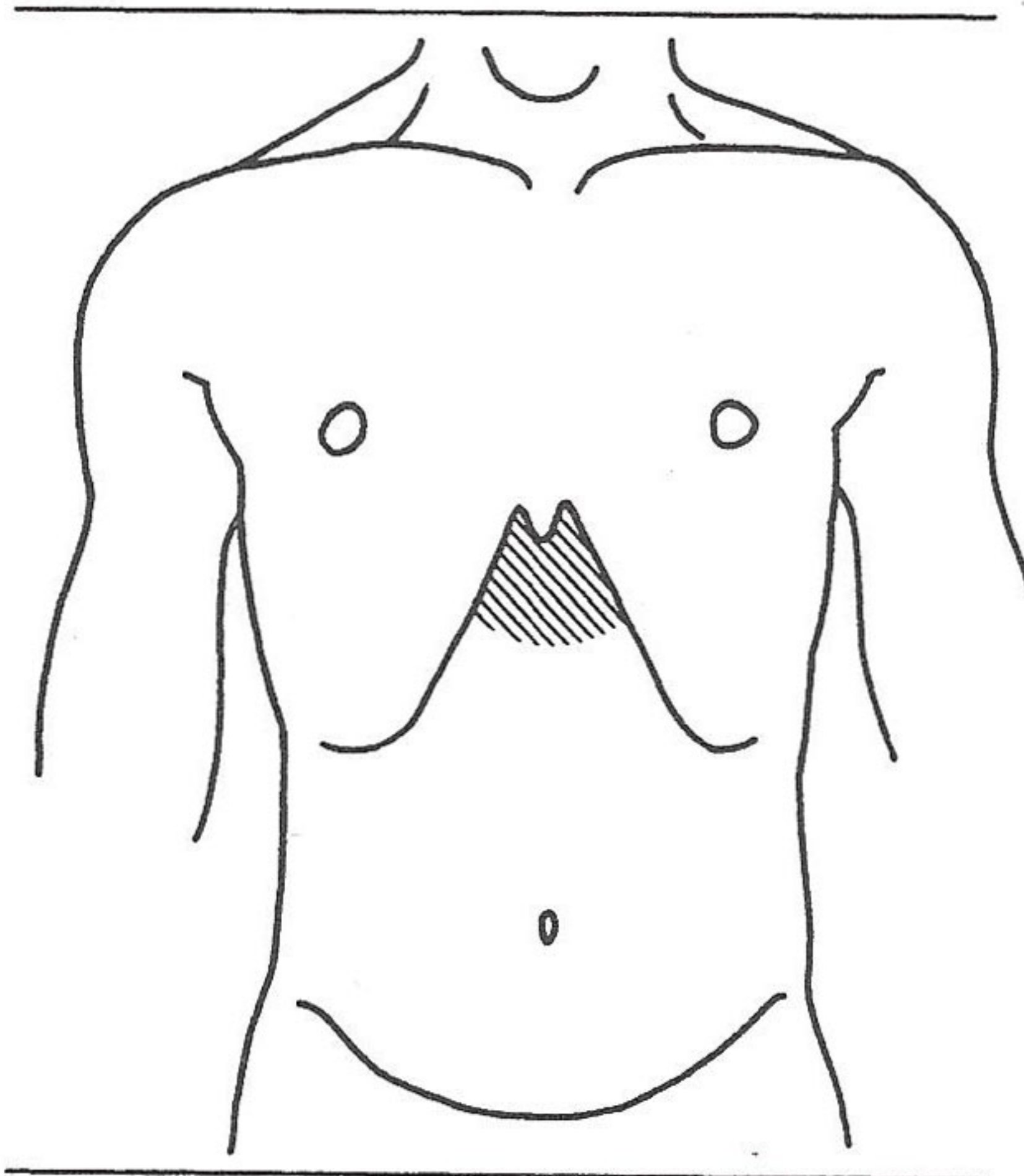
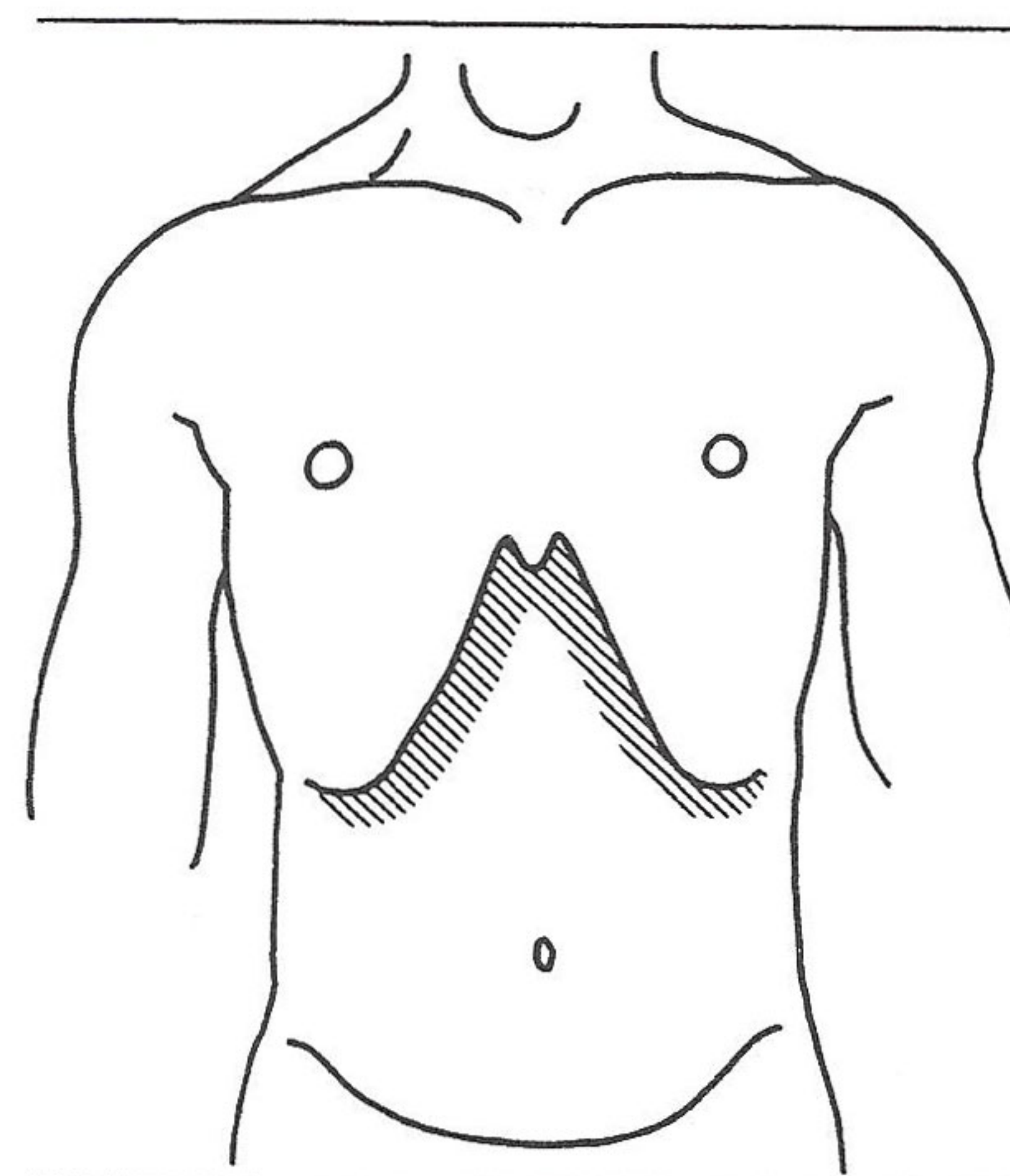
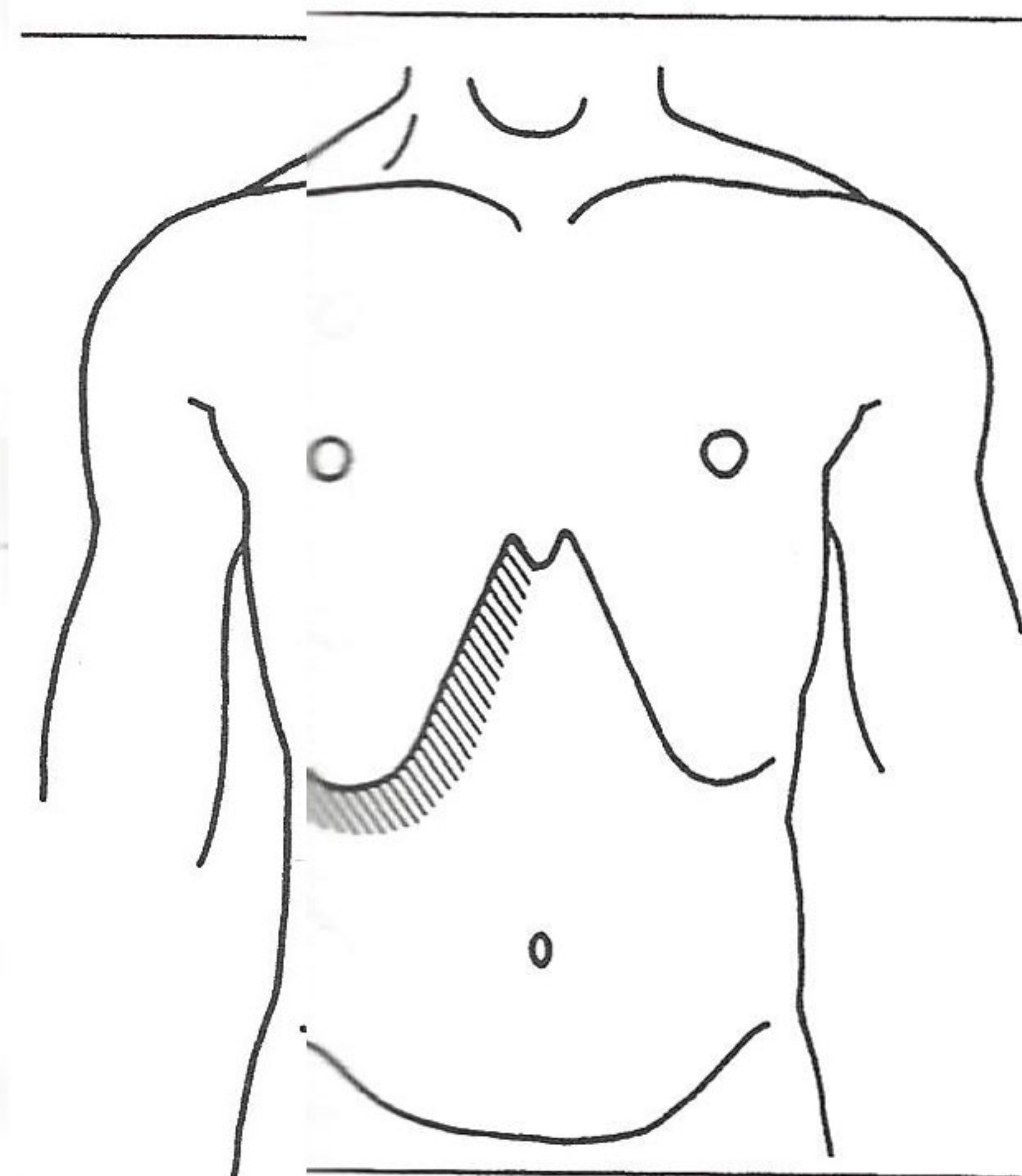


Figure 11.16 Heart problem.

Figure 11.17 Yin Wei-Chong Mai
(Possibly liver and spleen related).

Yin Wei-Chong Mai.

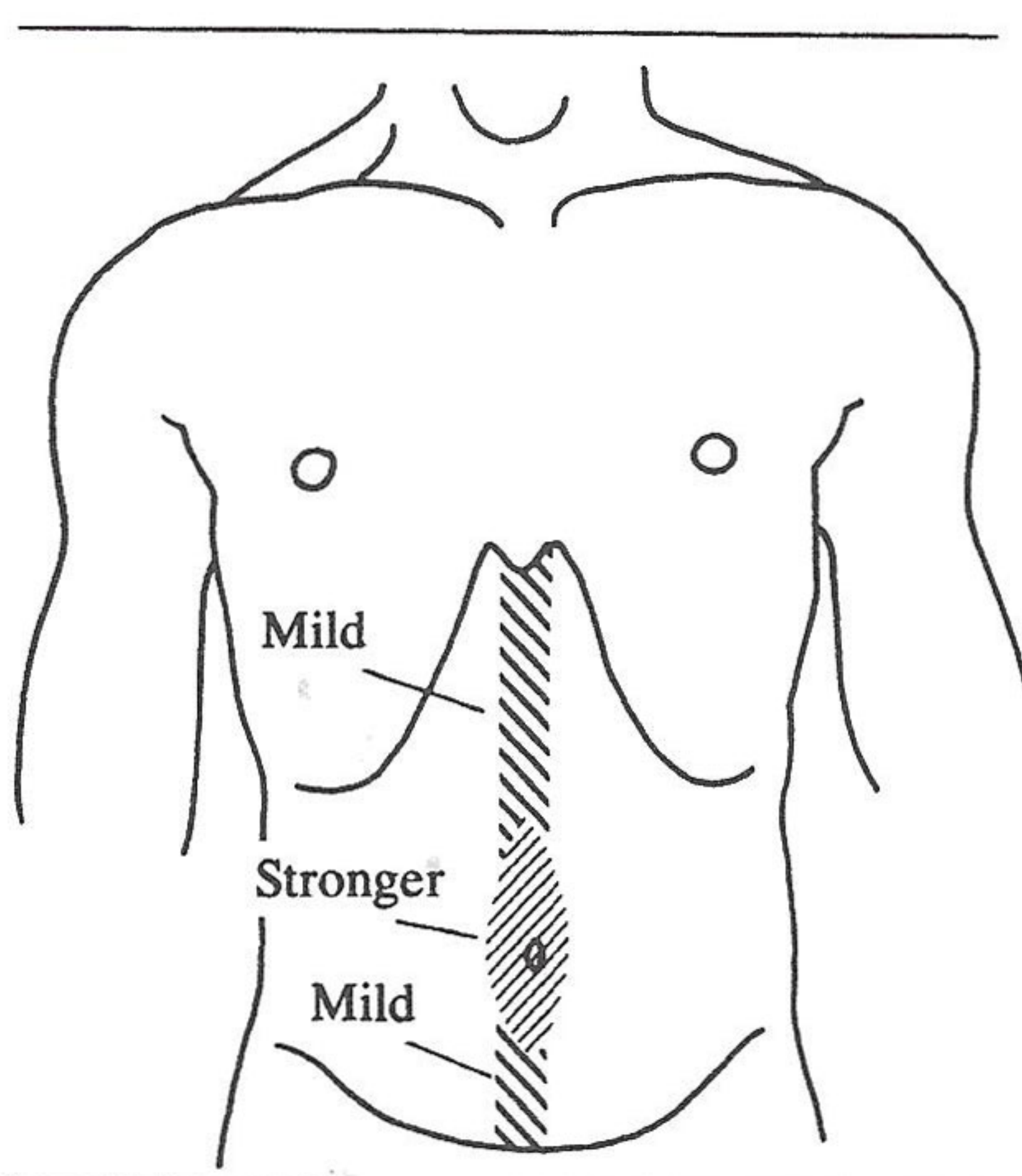


Figure 11.19 Yin Qiao-Ren Mai.

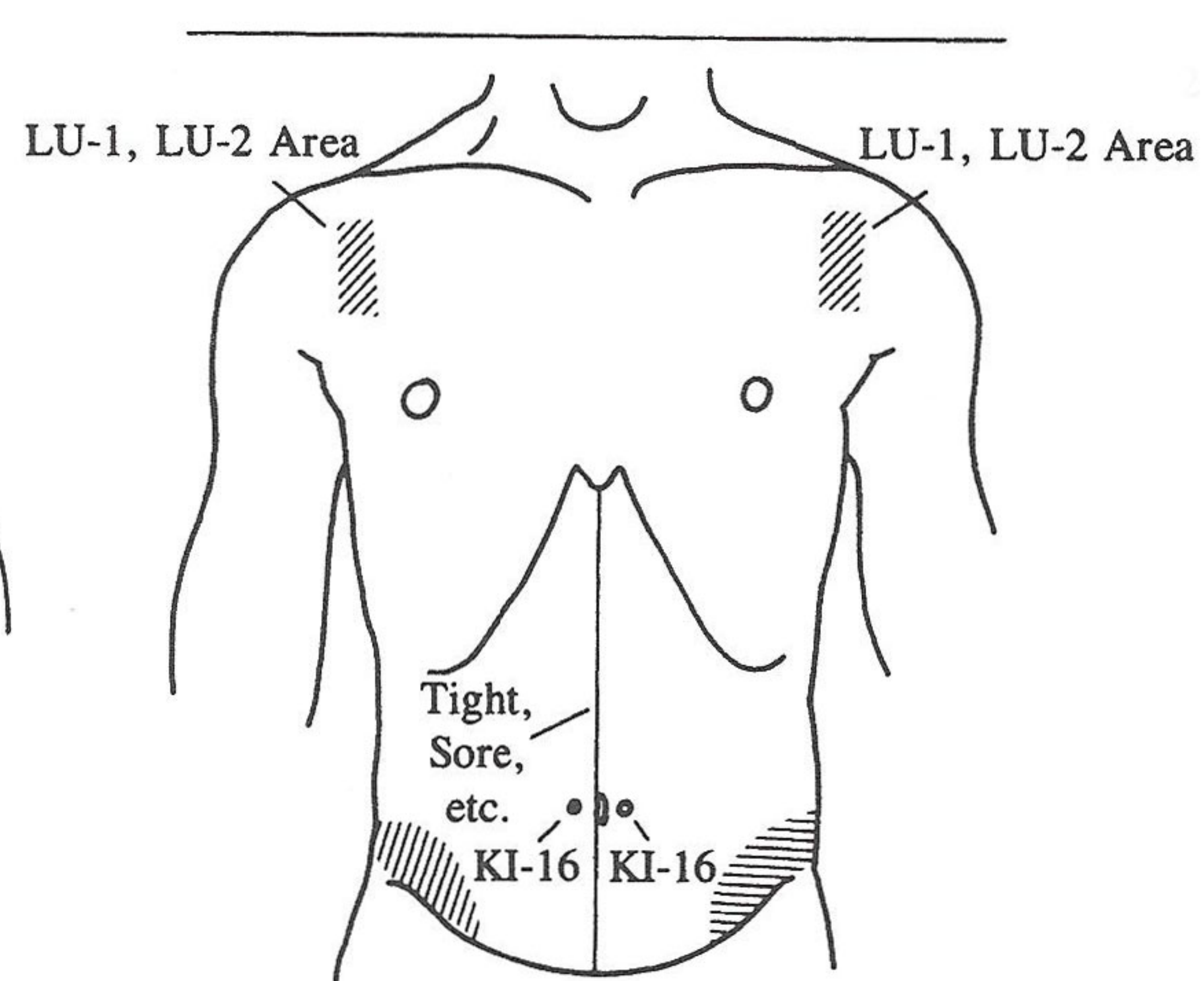
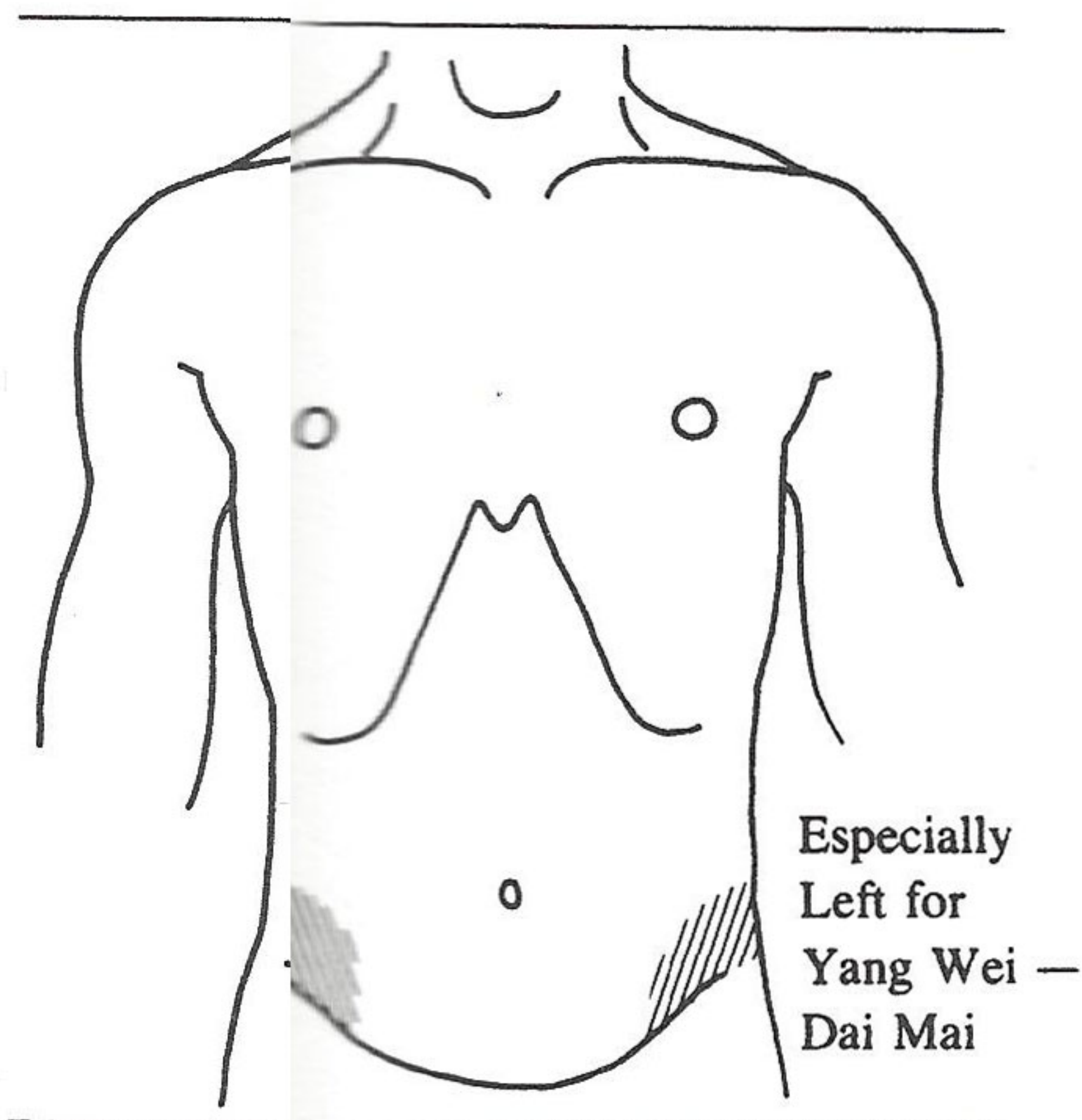


Figure 11.20 Yin Qiao-Ren Mai.



Yang Wei-Dai Mai.

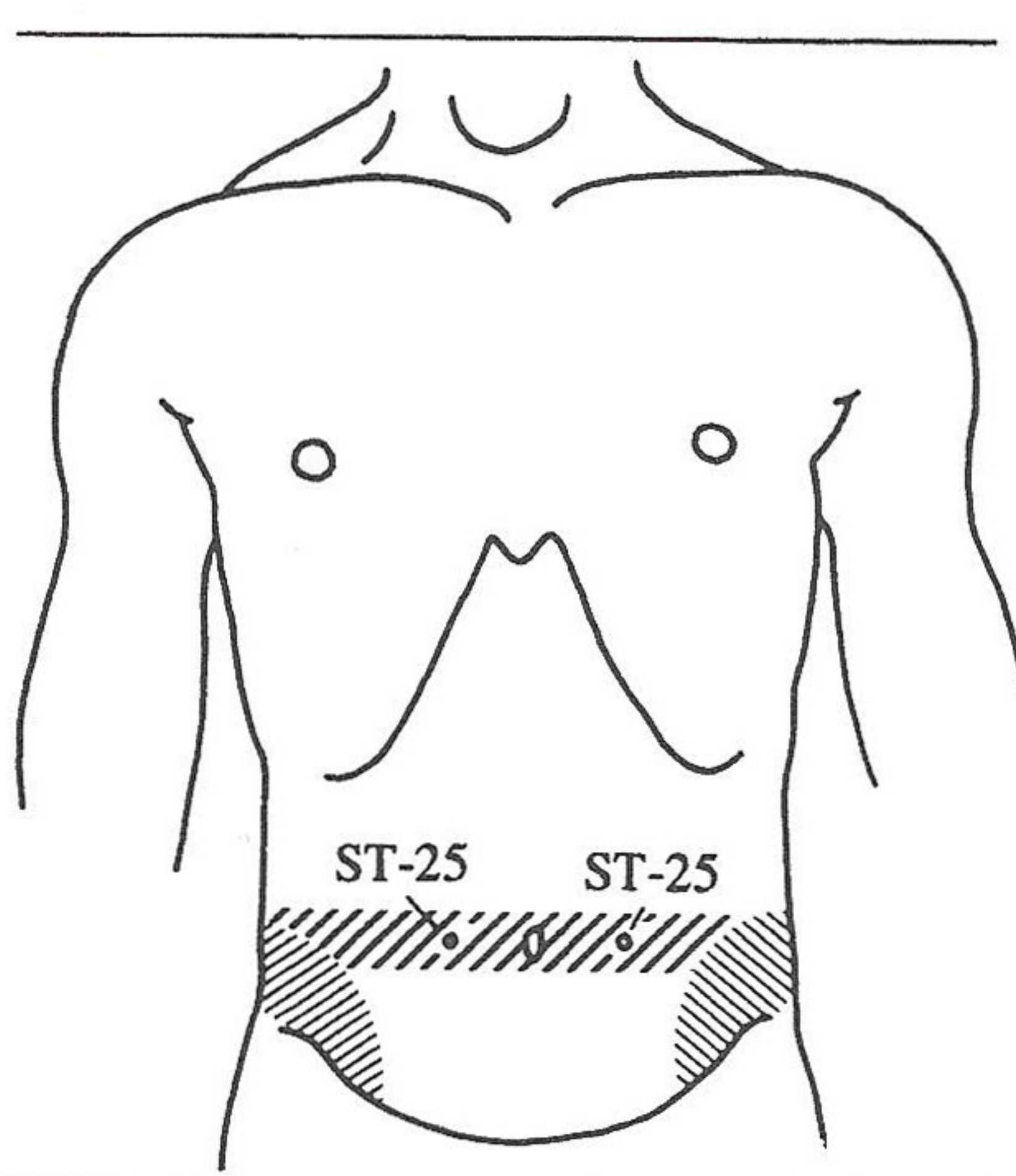
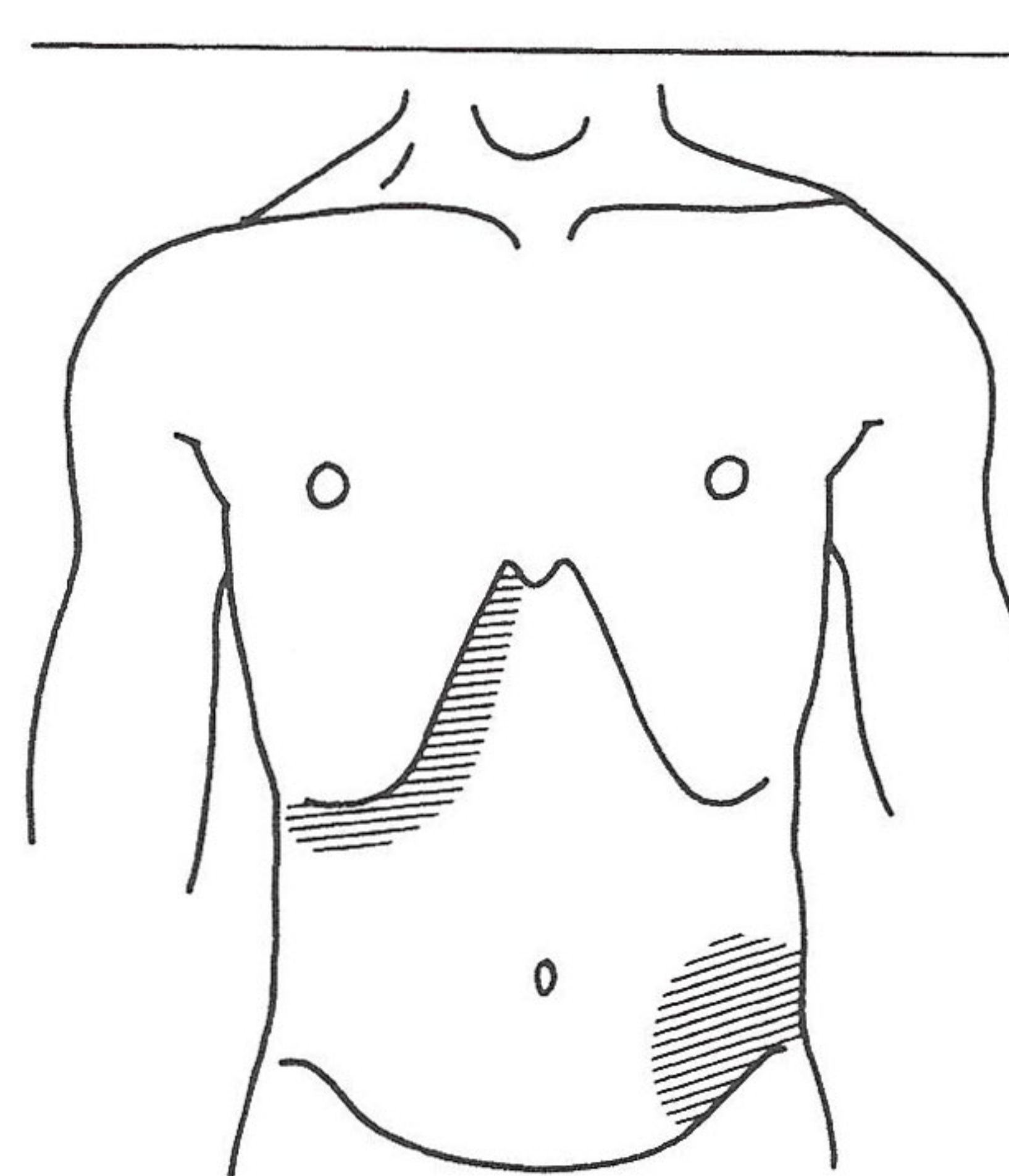


Figure 11.22 Yang Wei-Dai Mai.

Figure 11.23 "The Cross Syndrome":
Right Yin Wei-Chong Mai.
Left Yang Wei-Dai Mai.

Manaka's Uses of the Extraordinary Vessels

Dr. Yoshio Manaka, whose ideas we have described throughout this text, is among the most renowned and skillful practitioner-researchers in the field. We have had the good fortune to have studied with him and to have been exposed to many of his treatment ideas and systems in which abdominal diagnosis features as a major component. Some of the many treatment procedures, techniques, and tools that he has investigated and devised are described in the following section. Interested readers may look to a forthcoming study of his work, *Chasing the Dragon's Tail*, for more detail and development of his ideas.

Manaka's theories of diagnosis and treatment of the eight extraordinary vessels are the most coherent available in the medical literature, and his use of the ion-pumping cords has created a body of clinical results that offer substantial practical justification of his theories. While emphasizing refinement and systematization of diagnosis and treatment to achieve maximum results with minimal stimulation, he takes a slightly different view of his role as a teacher. He feels that autocratic presentation of materials will retard a student's development. It should therefore be noted that while his information is presented procedurally, the exceptions and cautions germane to his ideas are also presented. While rapid mastery of a few techniques is a very comfortable way to learn, a more thorough clinical repertoire is usually the result of comprehending the scope of a theory, i.e., its limitations as well as its possibilities.

Manaka's general premise is that prior to any local or symptomatic treatment, a general or root treatment, *benzhi fa*, should be administered. This general treatment is aimed at clearing abdominal findings, pulse, and general muscular tension, just as was described in the classical literature. Manaka will often use methods or systems such as the extraordinary vessel points, the five-phase points, the daily, ten-day and sixty-day biorhythmic open points, or Tae Woo Yoo's palm points, to achieve these ends. He feels that it is important to have a systematic and demonstrable approach to treatment, and has developed clear palpatory diagnostic patterns that key into specific treatments.

When devising a general or root treatment, Manaka takes many strategies and summarizes them in three diagnostic and therapeutic steps. Observing to the phenomena of yin and yang, we can treat:

1. According to abdominal diagnosis, what Manaka calls the mu areas.
2. According to back diagnosis, which involves the use of moxa, heated needles etc on back shu points related to one's diagnosis.
3. According to the muscular imbalances, with for instance Sotai exercises, often combined with heated needles.



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