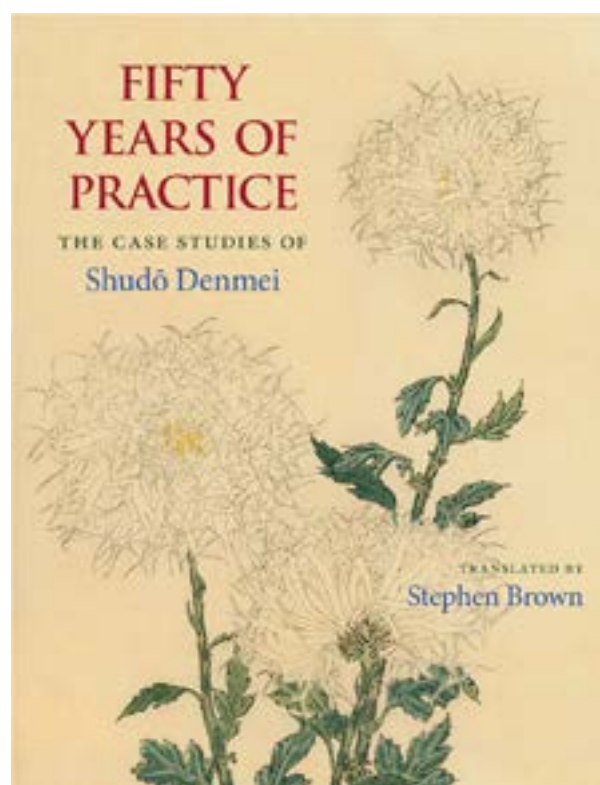




S. Brown | Shudo Denmei

Fifty Years of Practice

The Case Studies of Shudo Denmei



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ment is difficult, I see them once every other week or once a month, but patients must make an extra effort, such as doing moxibustion at home. When I know about how long it takes to recover from a condition, I inform the patient. For example, most cases of vertigo resolve in three to five treatments. Benign positional vertigo takes longer, from one to three months. Myofascial back pain usually resolves with several treatments. If there is disk herniation, it takes three months. I don't tell patients when to come for treatment. When they ask me when they should come, I suggest dates and times of open appointments. In either case, I don't compel patients to come on my schedule. There are many patients who want treatment but can't come for various reasons. Not everyone has the means. I had one senior colleague who used to say, "Make them come every day for three months. In three months most patients get better. We don't have to worry about the financial status of patients." But I wonder...

Summary

Treat once a day for acute conditions, once a week for chronic conditions. Don't push your treatment regimen on your patients.

ABOUT SUPER-ROTATION TECHNIQUE (SRT)

Here I would like to explain about by needling technique, super-rotation technique or SRT. It was briefly described in Chapter 3 of my previous text, *Finding Effective Acupuncture Points*, under the name "super-superficial insertion." I changed the name to describe its most distinctive feature: minute and rapid rotations of the needle. Also, since the needle is never inserted more than half a millimeter, "technique" is a more appropriate term.

Many needling techniques have been developed in the long history of acupuncture. It may be due to my lack of knowledge, but I have never heard of another technique resembling SRT. It is defined by very superficial needling with high-speed rotations. This is the primary technique I use in my practice today. SRT is starting to become known in the United States but is still not that well known in Japan. This technique did not come from any theoretical consideration. It emerged naturally from my practice from my desire to improve results.

Let me list the effects of SRT.

- 1 When you receive SRT, your mood lifts. Your spirit becomes bright. So your expression becomes cheerful, you look younger, and women look more beautiful.
- 2 SRT is effective for pain. The painful places can be treated directly without any danger of aggravation.
- 3 Fatigue diminishes right away. The conclusion of the Labor and Welfare Department of Japan is that there is no effective treatment for fatigue, but SRT brings immediate relief from fatigue.

- ④ SRT on hard points sometimes softens it. Since there is little needle sensation, patients who dislike it, like children, prefer SRT.
- ⑤ Elderly patients usually have many symptoms, but treating many points with SRT does not cause fatigue from over-treatment.
- ⑥ The practitioner giving SRT does not get tired. I am over 80 years old, but I believe one of the reasons I can still maintain a full-time practice is because of self-administering brief SRT treatments a few times daily.

So, I recommend that you try SRT instead of inserting needles and see how it works for yourself.

How to perform SRT

When you are using a needle with a tube, place the needle and tube on the point. The needle tip should just come in contact with the skin. You may touch the head of the needle protruding from the tube, but you must not hit it. Even if you tap it lightly, it can go in a few millimeters, so do not apply any force.

After the needle tip has firmly (and painlessly) contacted the skin, remove the tube as you hold the needle securely in place with the thumb and index finger of your left (or non-dominant) hand. Hold the needle handle between the thumb and index finger of your right (or dominant) hand. Keep the index finger fixed as you move the thumb back and forth across it to make small rotations. (Please see the YouTube video: <https://www.youtube.com/watch?v=LLEU4eqde6g>.)

These “rotations” are very minute, even 90 degrees is too much. It doesn’t feel good. Aim for a rotation of about 20 degrees. The speed of the back-and-forth movement should be as quick as possible. In the beginning, aim for about five times a second. With some practice, you will be able to increase it to about eight times a second. When the rotations are very minute, it looks like the thumb is not moving—just vibrating.

As you continue to rotate the needle, it becomes a little heavy, or harder to rotate. This is the arrival of qi, but it’s not the same as that felt when the needle is inserted as mentioned earlier. It is very subtle. For beginners, it is difficult to feel. Once the arrival of qi is felt, the needle can be removed. For tonification, the point is closed or pressed after removing the needle. For dispersion, the point is not closed or touched after removal. I continue applying SRT on the point for 20 seconds on the most important root treatment point, and also on one most important local point. For all other points, 2-3 seconds is enough for me; each practitioner can decide this for themselves.

SRT is easiest to apply with the needle vertical to the skin, but, when you are treating tonification points, it is even better to angle the needle 45 to 30 degrees with the flow of the meridian. Often if you let go of the needle after applying SRT, it has been inserted very slightly without trying. If you want to retain the needle that way, take the handle of the needle and gently lay it against the skin.

Needles to use for SRT

Any needle that you like should work, but I find the longer needles over 40mm hard to use. It is difficult to rotate the needle rapidly. I find 30mm needles the easiest to use. The needle thickness is between Japanese 02 and 1 gauge (0.12-0.16mm). I use stainless steel needles in my practice, but silver may have a softer feel.

When to use SRT

In general, I perform the root treatment with SRT. Nowadays I also use SRT most of the time for branch or symptomatic treatments. I insert the needle in 3-5 local points with indurations. Balance in treatment, or proper emphasis of insertion (light to heavy), can be obtained in this way. This applies to life in general. Strong emphasis on everything does not work very well. Superficial needling relaxes the body. Adding a few inserted points into the mix puts appropriate tension into the system for balance.

Summary

Super-rotation technique (SRT) is defined by superficial needling with high-speed rotation. SRT is effective for fatigue and pain. Use inserted needles here and there for balance.

SECRETS TO SUCCESS

An acupuncturist must be healthy to be effective. If our health is delicate, we must take steps to improve it. We must be sure not to accumulate worries or stress. We must cultivate a harmonious relationship with our partner and good relationships in our practice. Even placing just one needle, if there is something that worries us, we can't insert the needle to good effect. We need to be cheery and even a bit hyper. Of course, we don't want to be manic, but being depressed is no good either. We must use acupuncture to keep our five organs and spirits in balance. This is why I recommend self-treatment every morning.

My secrets to success are as follows:

- Love your work.
- Love your partner.
- Love the place you live.

This is known as the "principle of the three loves." It dispels unhappiness.

So, I cultivate optimal health, and my attitude in my work is to "forget oneself and serve others." This principle of putting others first resolves all problems.

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4. Mental illness

I have arrived at the discussion of mental problems or psychological issues, which was one of my aims in writing this text. Up until this time, it seems like the acupuncture profession in Japan has been preoccupied with the treatment of musculoskeletal conditions like back pain, neck and shoulder stiffness (*katakori*), and knee pain. I say “it seems,” but this tendency is evident if you survey the papers submitted to acupuncture associations, especially the Japan Society of Acupuncture and Moxibustion. This tendency exists even in the Japan Traditional Acupuncture Society, which espouses the classical approach to treatment. Of course, acupuncture is indicated for the above conditions, and certainly good results can be obtained. Yet I think it’s an insult to our medicine to focus only on these and not take on other diseases. My experience is that acu-moxa is effective for a wide variety of conditions.

It can be said in general that those diseases that are hard to treat in Western medicine are usually difficult to treat with acu-moxa. Sometimes, however, we can get unexpected results. There may have been a belief in Japan that acu-moxa is not effective for internal or psychological conditions. I think we must take on all kinds of diseases to see if we can help. It’s not good if the condition gets worse, but it’s worth trying even if there is no effect. Even if there is no effect with one acupuncturist, there could be an effect with another acupuncturist. There are few other professions where the results vary so much according to the practitioner. It just means that there is that much difference in technical expertise.

This is something I am always saying, but acupuncture is more of an art than a science. One improves with daily practice. As Yanagiya Sorei (1906-1959, the founder of the Meridian Therapy movement) stated, “If one needle—a piece of wire—can be used to resolve all manner of disease, then it is only natural that one’s technique needs to be perfected.”

This also relates to the statement, “The practice of medicine is an art based on science,”⁴ so let’s all work to improve our technique until we die. The improvement of our technique ultimately becomes an issue of our mind. There is a story in the third chapter of *Zhuangzi* in which a butcher displays his skill to the king of the state of Liang. The king is greatly impressed at his skill and compliments him. The butcher replies that his aim is the Way, beyond skill. This means that when we take technique to its limit, we go beyond skill to the Way. The Way is the realm of the heart/mind.

So let’s consider the heart/mind. In East Asia, the character for heart (心) generally includes mental, emotional, and spiritual aspects of our psyche. When this character for mind is used, it usually refers to our mental functions, but it has broader implications. There are many sayings in Japan about the elusive yet essential nature of the heart/mind. To mention just a few: “The mind is vital.” “The mind confuses the mind.” “The

4. Hinohara Shige-aki and William Osler, “Art of Medicine East and West,” *Journal of the Japan Meridian-Flow Society*, Vol. 23, No. 1.

mind has its own mind.” “Keep the mind tethered.”

Dealing with our mind is a really difficult issue whether in religion, philosophy, psychology, or medicine. Can one who cannot even control his own mind hope to stabilize the mind of others? Can we be so arrogant as to claim to help others with their minds?

My method of balancing the mind is not something that I devised from learning or theory. It is an actual experience I discovered through my own practice. I read the classics of East Asian medicine and got some vague idea about the mind, and over the years this idea gradually coalesced into an understanding from clinical experience. So my approach is very pragmatic and clinical.

4.1 The discovery of SRT

What it took for me to be able to balance the mind was the discovery of the super-rotation technique (SRT). About ten years ago, I officially named my method the super-rotation technique, as I had originally called it super-superficial insertion. I created this term SRT because it's a technique that never existed before. It is defined by very superficial insertion and high-speed rotations.

I found by using SRT that it treated not only physical problems, but psychological problems as well. That is, with SRT the spirit brightens and one begins to feel optimistic. I am not sure why this is so. In terms of Western medicine, I believe it would be said that the right neurochemicals are secreted in the right amounts, but this is just conjecture and there is no evidence. In terms of classical acupuncture, it can be explained as the balancing of the five yin organs bringing harmony to the spirits. The *Systematic Classic of Acupuncture and Moxibustion* (針灸甲乙經 *Zhēn jiǔ jiǎ yǐ jīng*) is a classic that concisely explains the earlier classics. The first chapter of the first volume of this text is titled “Discussion of the Essence and Spirits of the Five Yin Organs.” It explains how the heart/mind is housed in the five yin organs. A spirit called the etheric soul (魂 *hún*) resides in the Liver; spirit (神 *shén*) resides in the Heart; intention (意 *yì*) resides in the Spleen, corporeal soul (魄 *pò*) resides in the Lung, and purpose (志 *zhì*) resides in the Kidneys. These aspects of the heart/mind are collectively called the five spirits (五神 *wǔ shén*) or sometimes the five essences (五精 *wǔ jīng*).

These five spirits are held to govern all the activities of the heart/mind. Even though the spirits housed in each of the five yin organs have different names, they can all be called “motivation” or “will to do” when viewed from a clinical perspective. It is true, however, that the nature of these spirits are slightly different from each other. The term etheric and corporeal souls (魂魄 *hún pò*) are used together to mean courage and vitality in Japan, but they are each different. Nevertheless, they are both aspects of motivation: the willingness or ability to perform a function.

When the five spirits in the five yin organs are all functioning evenly, our state of heart/mind is ideal. When there is irregularity in their functions, or more or less of one aspect, there is instability in the heart/mind and this causes mental or psychological issues. How then can we detect those imbalances that cause instability in the heart/mind?

The answer is differential diagnosis of the yin and yang organs. But this seems cumbersome. I have also chosen to use the contraction acu-moxa in the text because the term acupuncture and moxibustion, though accurate, is just too clumsy and repetitive. My understanding is that the yin and yang organs and meridians are an interconnected whole, so it also involves a diagnosis of the meridians. In other words, all we have to do is find out which meridians are deficient and which are excessive. I rely on the identification of the pattern (証 *shō/zhèng*) used in Meridian Therapy. Based on the four examinations, I determine which meridians are deficient and excessive. Thus I know which yin and yang organs are deficient and excessive. The heart/mind is not balanced because the five yin organs are not in harmony. If a person has mental or psychological problems, does harmonizing the five yin organs actually bring balance to the mind? Yes, it really does. It is a very simple principle. Why then do most acupuncturists never realize this? The answer seems to be in the type of acupuncture treatment used to tonify or disperse the deficiencies and excesses.

4.2 Harmonizing the five yin organs

I will explain my method of balancing the five yin organs. For example, when the *hún* of the Liver declines, this is labeled Liver deficiency in Meridian Therapy. The standard treatment for Liver deficiency is tonification of LR-8 and KI-10. Sometimes LR-8 and KI-10 are tonified and the low back pain improves, but irritability remains. Why is this? Is there a problem with the needling technique? The tonification method I learned in Meridian Therapy was to insert the needle 1 to 3mm and withdraw or retain for a while.

These days I use SRT. I rapidly rotate the needle with its tip resting on the skin for 10 to 20 seconds, and I begin to feel the needle become heavy. This is the arrival of qi. I remove the needle. I take the pulses again and confirm that the pulses have become balanced. I look for improvements not only in the weak positions, but also in the overall quality of the pulse. The pulse becomes soft and smooth, what is called good Stomach qi in the pulse. After the root treatment, I continue using mostly SRT for the branch or symptomatic treatment as well, and this lifts the mood of the patient. This means the five yin organs have become balanced. The patient gains energy and motivation. SRT is the needling technique I have devised from many years of clinical experience, and I believe this is precisely what was being talked about in the first chapter of the *Systematic Classic of Acupuncture and Moxibustion*, entitled “Discussion of the Essence and Spirits of the Five Yin Organs.”

4.3 Scope of mental illness

The general term mental illness refers to a broad category of symptoms and diseases including schizophrenia, depression, panic disorder, hyperventilation syndrome, and psychosomatic conditions that used to be called “autonomic dysregulation” in Japan. If we include depressive symptoms that are not full-blown clinical depression, it may be said that we are literally surrounded by mental illness. When I reflect on my own mental

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4.5 Case studies of depressive syndrome

Case Study 8

PATIENT: Female, 56 years old

FOC: May 7, 2005

MAIN SYMPTOMS: Many symptoms including headaches, anxiety (medicated), neck and shoulder stiffness, palpitations, low back pain, and easily fatigued. She has been suffering for two years. The medical diagnosis is “chronic pain.” Injections for depression helped temporarily. She does have an appetite.

PREVIOUS DIAGNOSIS: Uterine fibroids, chronic pain, autonomic dysregulation

PULSE DIAGNOSIS: Sunken, slow, and deficient. The left positions are especially sunken. Lung deficiency.

ASSESSMENT: Tenderness at SP-6, BL-52, GV-9, GV-11, and GV-22

TREATMENT: SRT on LU-9, SP-9, CV-12, BL-2, LI-11, GV-9, GV-10, GV-11, BL-13, BL-20, BL-58, BL-52, GB-20, GB-21. Direct moxibustion on GV-22, SP-6, GV-9, GV-10, GV-11, BL-52.

(2ND) May 14 – Liver deficiency. This pattern continued in subsequent treatments.

(5TH) Can sleep without medication.

(7TH) Worries about marriage of her child causes insomnia again.

(13TH) Aug 12 – She is doing better. Reduce treatments to every other week.

(14TH) Pulse becomes more floating for the first time.

COMMENTS: I could tell this patient was depressed with just one look. Her neighbor became worried and brought her in, almost against her wishes. As we repeated treatments, she began to show her smile and her face became rounder. She began to gain weight and even started to worry about her appearance. Chronic pain is a relatively new concept in Japan, but treating such patients for mental illness makes the pain go away as well.

Case Study 9

PATIENT: Female, 47 years old (business owner)

FOC: June 16, c. 2000

MAIN SYMPTOMS: Loss of motivation

This patient has been coming to me for treatment several times a year. Her main complaint was that she was running out of energy and wanted a recharge. Her physical symptoms included occasional bladder discomfort, urticaria (hives), and heaviness in her head. She always feels better after a couple of treatments. Recently she has come in more frequently, probably because she got a divorce and took over as the president of a company.

PULSE DIAGNOSIS: Liver deficiency

TREATMENT: SRT on CV-12, CV-6, CV-3, SP-6, LR-8, LI-11, BL-2, BL-52, BL-23, BL-18, BL-43, BL-58, GB-20, GB-21. Intradermal needle retained in right ST-19. This patient dislikes moxibustion, so recently I have been retaining the needles in the abdomen and the back for 5 minutes each side. She improved after first treatment and still comes in for occasional treatments. After each treatment she does well for quite a while. Since the main complaint is simply a loss of motivation, the effect of SRT is quick.

Case Study 10

PATIENT: Female, 18 years old

FOC: November 29, 2004

MAIN SYMPTOMS: She is facing college entrance examinations and is feeling anxious and a little depressed. Her physical symptoms include neck and shoulder stiffness, headaches, heaviness in head, anxiety, numbness in her arms and legs, constipation, chapped lips, flushing, upper back pain, swelling, and menstrual pain.

PULSE DIAGNOSIS: Lung deficiency

TREATMENT: SRT on LU-9, SP-3, ST-36, LI-11, CV-12, CV-6, BL-2, GB-20, GB-21, BL-13, BL-20, BL-52, GV-10. Direct moxibustion on GV-10, BL-52, SP-6 (tender).

PROGRESS: She received 15 weekly treatments until March 23 of the following year. She was in an auto accident during this time and had neck pain, but she was accepted into college without a problem and became vivacious.

COMMENTS: Acupuncture and moxibustion gave her a boost when she was feeling down, and she passed her college entrance examinations. This was probably the first experience she had of depression, but she will probably remember acupuncture when she faces any challenges in the future.

Case Study 11

PATIENT: Female, 61 years old

FOC: May 8, c. 2002

SITUATION: Three months ago she had a temperature of 37.2°C (her normal is 35°C), along with diarrhea and loss of appetite. She lost 5kg and was admitted to a public hospital for examination. She was told the cause of the low grade fever was unknown and 37°C was in the normal range.

CURRENT CONDITION: She is in low spirits, wakes in the middle of the night, and gets about four hours of sleep every night. She has little appetite, and soft stools. Her temperature is 36.3°C.

PULSE DIAGNOSIS: Sunken and slow; Spleen deficiency

TONGUE: Thick white coating

ASSESSMENT: Sensitivity to pinching at left ST-21. The paraspinal musculature was

softer from left BL-17 down to BL-21, and pleasurable tenderness with pressure. I believe it began with a viral infection from the symptoms of the onset, but this is contradicted by the examination at the hospital. Sensitivity to pinching at left ST-21 and the slight tightness and tenderness indicate an abnormality in the pancreas or the stomach. The lack of appetite and soft stools make me suspect a chronic pancreatic disease. The primary indicators of treatment outcome for this patient are appetite and temperature (reducing slight fever).

TREATMENT: SRT on SP-3, PC-7, ST-36, CV-12, left ST-21, CV-6, BL-20, BL-15, GB-20, GB-21, and Onodera's point and on the left side only BL-17, BL-18, and BL-19. Direct moxibustion on both ST-36 and BL-17, 18, 19 and 20 on the left side. Intradermal needle retained in left ST-21.

PROGRESS: She only came in for three treatments in the first year. Starting March 31, 2003, however, she began to come in regularly. She went to a university hospital for an exam and got the diagnosis of a possible pancreatic cyst and pancreatitis, as well as depression. She was prescribed antidepressants and tranquilizers. Later on, pancreatic disease was ruled out. Then she came for 36 treatments in 2004. During this period she received diagnoses such as multiple gastric polyps and gastric reflux, but her lack of appetite continued. Her pulse usually indicated Spleen deficiency, but sometimes it was Lung or Kidney deficiency. In 2005, she received seven treatments up until March 12.

On March 22 she experienced spontaneous pain in her sciatic nerve, that is, she experienced pain at rest. Her pulse pattern was Liver deficiency. Her appetite increased and by June 7 she had gained 2kg. By June 15 she had gained 3kg, and by June 29 she had gained a total of 4kg. She received a total of 36 treatments in 2005. During this period her appetite went up and down and she also developed a mild case of anal prolapse. In 2006 she received 16 treatments up until August 1. During this time her appetite and sleep improved and her tongue coating became normal. Her lower abdomen became firm, her waist and hips increased in size, and she had ample physical strength. On May 30 she complained of diarrhea and abdominal pain. Her amylase values increased for a short period at this time. Her primary physician admitted then that her earlier symptoms may have been related to her pancreas after all.

COMMENTS: When there is even a little improvement, patients tend to continue treatments, but when there has been no improvement, patients will drop out after a while. This patient hung in there for a whole year without much improvement. She was friends with two other patients, one from outside our prefecture and another who lived in our prefecture but far away. They were all about the same age and seemed to enjoy each other's company. They were always on the phone exchanging information. The woman from outside our prefecture was the first to improve—her rheumatic joint pain began to go away. Along with the alleviation of pain she started to gain weight and her mood became brighter. Having watched this process, the above patient must have kept her hope that this was also possible for her. Also, later on, her first grandchild was born, and this had a good effect on her. Even though she sometimes complained

Summary

- Suspect mental issues in cases with a sunken pulse and Lung deficiency.
- Observe patient's expression and inquire about sleep and appetite.
- Use only SRT in treatment.

Case Study 14

PATIENT: Female, 60 years old

FOC: May 17, 2006

SITUATION: The patient lives alone. She was a kindergarten teacher until she retired. Once she didn't have work to do, she became anxious and started to have insomnia and loss of appetite. She received the diagnosis of depression and was prescribed medications. She feels really uncomfortable from time to time.

ASSESSMENT: She points to the pit of her stomach as the focus of her discomfort. She has glaucoma in her left eye. She has daily bowel movements.

PULSE DIAGNOSIS: Sunken; Lung deficiency

ROOT TREATMENT: SRT on LU-9, SP-3, LI-11, ST-36, BL-13, BL-20 and CV-12

BRANCH TREATMENT: SRT on CV-6, PC-7, GB-20, Yanagiya's GB-20, GB-21, BL-11, BL-17, BL-52. Direct moxibustion on CV-12, LI-11, ST-36, BL-13, BL-17, BL-20, BL-52, and M-LE-5 (*shitsumin/shī mián*) (Fig. 1-8).

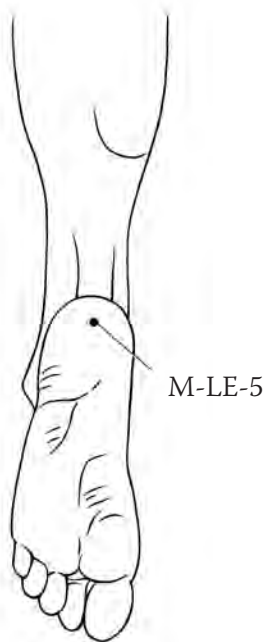


Fig. 1-8 M-LE-5 (*shitsumin/shī mián*)

COMMENT ON POINT SELECTION: Reflecting on my point selection back then, I was using many points unrelated to the pattern. PC-7 in the above case, for example. I was aiming to improve appetite, but LU-9 and SP-3 are sufficient for that purpose. BL-11 was also unnecessary. BL-17 was for poor appetite and especially a stuck feeling in the stomach. BL-52 was for the back pain. M-LE-5 (*shitsumin/shī mián*) is effective for insomnia. GB-20 and Yanagiya's GB-20 was for the glaucoma, but Yanagiya's GB-20 by itself is sufficient. Points on the occiput, however, I use on everyone, not just those with mental issues. They are indispensable acupuncture points for modern people.

PROGRESS: This patient received 51 treatments from May to December. During October, especially, she came 15 times, sometimes coming in every day.

(7TH) Lung deficiency. She begins to talk.

(8TH) Liver deficiency. She starts to alternate between Lung and Liver deficiency from about this time.

(12TH) Sept. 11 – Lung deficiency. Discomfort in the center of her chest. Added SRT and moxibustion on CV-17.

The following year she received 82 treatments. When she wasn't feeling good she came in every day. When she felt better she came in twice a week. Eventually she started to come in once a week, but she didn't feel comfortable going without treatment longer. She continued to take her medications.

(52ND) Lung deficiency. Appetite and sleep are good.

(65TH) Tests at a hospital reveal abnormalities in liver function.

(78TH) She gets deep sleep for three hours and then drifts in and out of sleep.

(97TH) Appetite is great. She has gained weight and is worried about her appearance.

The second year after she started treatments, she came in once a week without fail. She continues to alternate between Lung and Liver deficiency.

COMMENTS: The key to treating this case was the use of SRT and Lung deficiency. Nevertheless, it has been a very long process. I would like her to get by with one treatment a month, but she still needs weekly treatments. I leave the frequency of treatment up to the patient, so if she is suffering, the frequency increases. I ask her if she wants to back off to every ten days, but she doesn't reply. The desire of her body for acu-moxa is the reason she has kept coming so long. People don't keep coming just because I tell them to. She is doing well when her appetite and sleep are good. I always question her before every treatment, and I know she's doing well when she is talkative, her makeup is on right, and her facial expression is soft and relatively relaxed. She is not doing well when she complains that her head is heavy or painful and there is discomfort from her chest (around CV-17) down to her stomach.

Her physical symptoms are relatively few including headaches, low back pain, and fatigue in her legs. Her weight has increased compared to the time she started getting treatments. It is a problem to gain too much weight, but it's also not good to have poor appetite and lose weight. It is difficult to strike a balance. This patient continues taking the medications prescribed at the hospital and survives on one acupuncture treatment

a week. I'm sure she will come around when she finds more purpose in her life. She usually doesn't say much, but now and then she asks me: "Doctor, will I get better?" I reply, "You will be fine. Certainly you'll get better."

When I am taking her pulse she sometimes asks, "How is my condition today?" When she has Liver deficiency I say, "Your pulse is very good." When she has Lung deficiency I say, "Your condition is a little low. Are you having trouble sleeping? I will give you some get up and go energy." Both the treatment and dealing with such patients is difficult. Our words carry a lot of weight. We must choose our words carefully.

■ CLINICAL STORY: Young Person in Bad Mood

I have a patient in middle school who likes to do comedy routines, who comes in for treatment from time to time. This time his main complaint was, "I don't feel good." When I am treating someone primarily for mental issues, I don't concern myself with individual symptoms. He had Liver deficiency. I just did the standard treatment using only SRT. I found indurations at GB-21 and Yanagiya's GB-20 and treated these. There was silence all through the treatment.

He came in three days later for another treatment. It seems he has decided to try a different path from being a comedian. "How are you feeling?" I asked. "He's doing great. When he came in last time he had nausea and diarrhea," his grandmother who accompanied him explained. Then he spoke up: "Dr. Shudo's acupuncture really works! He knows what's inside your mind." What can you say to that?

4.6 Concluding remarks on managing mental illness

Assessment: One eventually learns to tell depressive patients just by their demeanor. There are cases of depression known as smiley depression in Japan, however, so you can't be sure. Depressed patients have a characteristic way of talking. Instead of being laconic, they sometimes leave out even important things. So we have to use the other examinations of the Four Exams of East Asian medicine to figure out what is going on.

Treatment: As I have stated already, it's better not to insert needles. There is some tolerance of superficial needling like SRT, but even this can cause fatigue if too many points are treated. The less needle stimulation, the shallower the depth, and the shorter time the needles are retained, the better in the beginning. If you get the sense that it's a complicated or difficult case, refer them to a psychologist. The finding of specialists are useful for us acupuncturists. There are very effective drugs like SSRI, which has been called a miracle drug. It saves a lot of people. It has been pointed out, however, that long-term use of antidepressants changes one's personality. It would be ideal if the use of drugs could be reduced or eliminated with acu-moxa.

Having said that, it is not wise for acupuncturists to direct patients concerning drugs. It can lead to big mistakes. Also, don't speak encouraging words. All you have to do is express understanding. They say that when one speaks to depressed patients, one should merely repeat their words. When a patient is really depressed, it is very

Q&A

QUESTION AND ANSWER NO. 3

(From a Gensai Jyuku study group in 2007)

What does it mean to put your spirit into it?

Q. I have heard you say that you “put your spirit into” points that are important. What is the difference in your awareness when you are doing SRT when you “put your spirit into” a point and when you don’t? Are you clearly envisioning how the qi is working in the patient’s meridian? Or are we only to pay attention to the speed of rotation and the fine details of our technique?

A. Even when the same person inserts needles in the same point at different times, there is difference in the outcome when one does it in a distracted way or pays close attention and puts his spirit into it. It is a mysterious thing, but this is where we are different from machines. Putting your spirit into it refers to mental states like doing the needling technique seriously, not allowing distracting thoughts to interfere, not letting your attention wander, staying focused, paying attention to your lower abdomen, and keeping silent. It is a state in which even if someone speaks to you, you cannot answer. No matter what comes up, you can respond instantly. I think we can call this the ultimate state of consciousness. It is difficult to describe, but the main thing is to pay attention. Acupuncture is serious business. You aren’t going to get good results in your ordinary state of mind. As you get more clinical experience you will come to understand what I’m saying. Keep it stored in your head somewhere until you do.

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CHAPTER 16

Special Considerations in Practice

1. Treating elderly patients

The percentage of elderly persons in Japan has now reached 24%, and it is certain that this rate will only increase in the future. The trend toward fewer children reduces the number of young people. There is not going to be enough younger adults to look after the elderly. This is why the elderly must become more independent and able to help themselves. Acu-moxa must assist this process. I would like to discuss this important topic in this section.

1.1 The characteristics of elderly patients

It is rare for elderly patients to have just one problem or disease. Often they have multiple diseases and diagnoses. Many not only have physical problems but psychological issues as well. In extreme cases there are cognitive deficits. How do we deal with multiple diseases in treating the elderly? It requires that we keep in mind the various diseases from the beginning of the treatment to the end. If we are not careful, it is easy to over-treat or over-stimulate elderly patients.

1.2 Elderly patients and acu-moxa treatments

Acu-moxa, shiatsu (acupressure), and massage are very popular forms for treatment among senior citizens. When done skillfully, these are ideal forms of treatment for elderly patients.

1.3 The psychological state of elderly patients

Elderly patients tend to get depressed. It is natural because there is a decrease in the necessary neurotransmitters. Some people withdraw and don't get out much, while

others get out for activities seeking social contact. Light exercise like golf, croquet, and Taiji (Tai Chi) is highly beneficial.

The way to treat depression with acupuncture is to use SRT, contact needling, and teishin. Deep insertion is risky. It makes sense from the perspective of the spirits in the five yin organs that balancing the meridians and thus the organs will improve the psychological state.

1.4 Considerations about the bodies of elderly patients

I recommend giving the root treatment as the foundation. When the pattern is unclear, just treat them for Kidney deficiency. The decline of the Kidneys is common to all elderly patients. Is it possible to give symptomatic treatment for all their complaints? Of course, the patient wants all of them treated and we want to comply. But there is no point if we over-treat them and they can't move. I reduce the treatment points in the affected local areas. This makes the accurate location of reactive points all the more important. This is where your experience and professionalism come into play.

1.5 Treatment position for elderly patients

Is the patient able to lie on his/her back? What about face down? Some patients are bent forward with excess kyphosis, and they can only be treated in the side-lying position. It is important that they are treated in positions that are comfortable. We must decide quickly based on the looking assessment, and direct the patient to assume a suitable position. Even in the side-lying position, some patients need extra pillows or a bolster pillow between their knees.

1.6 Conditions common to elderly patients

KNEE JOINT PROBLEMS: We need to judge whether it can be cured with acu-moxa or will require surgery and advise accordingly. Treat for Spleen deficiency when there is heat and swelling. Treat for Liver deficiency when there is no inflammation, just deformity. Outcome depends on whether the patient can do direct moxibustion at home. Three to five moxibustion points is sustainable for home treatments.

LOW BACK PAIN: Elderly patients must avoid electric massage devices and strong traction. Be very careful with elderly thin female patients with spinal deformities who cannot lie on their back or their stomach. There is a possibility of osteoporosis. It can be difficult to locate the places that are the source of the pain. Do not press to palpate the points. Even light pressure can exacerbate the pain. Palpate with stroking motions. The pain resolves unexpectedly soon when you give light treatments with the idea of not making them worse. Think in terms of three months. Elderly female patients especially tend to have fractures, so refer them to an orthopedic specialist when they don't get any better.

You are sure to make a mistake if you try to cure them in one or two treatments. If the patient has been coming to you for decades, sometimes they say that you used to cure them with just one treatment, but don't get suckered by that. Emphasize



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