

CLINICAL APPLICATIONS OF ACUGRAPH MERIDIAN DIAGNOSTICS

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Saturday Morning

8:30-9:00	Registration
9:00- 9:30	Relationship of Meridian Therapy to TCM point formula
9:30-10:30	Demonstration of diagnosis and treatment (1)
10:30-10:45	[break]
10:45-11:15	History of Japanese Meridian Balancing Integrating root and branch
11:15-11:30	Meridian sequence <i>qi gong</i>
11:30-12:00	Discussion: why needles? Japanese needle choices
12:00-12:30	Classical application of points Point functions (1)
12:30-2:00	[Lunch]

Saturday Afternoon

2:00-2:15	Choosing points: Basic vs. Advanced for point choices
2:15-2:30	Point functions (2)
2:30-2:45	Case review
2:45-3:00	Meridian Therapy Patterns
3:00-3:45	Demonstration of diagnosis and treatment (2)
3:45-4:00	[Break]
4:00-4:30	O-ring muscle testing for point selection
4:30-5:15	Using o-ring muscle testing for point location O-ring testing: rotated uterus, hiatal hernia, ileocecal valve
5:15-5:30	Case review
5:30-6:00	<i>Dantian Qi Gong</i> training Questions and Review

Sunday

8:00-8:30	<i>Qi Gong</i>
8:30-9:00	Case review
9:00-9:15	Branch treatments: Ear, TCM, Tung
9:15-9:45	Demonstration of diagnosis and treatment (3)
9:45-10:00	[Break]
10:10-10:30	Alternative meridian balance systems: Richard Tan, Mukaino
10:45-11:15	Dr. Fratkin's point summation
11:15-11:30	[Break]
11:30-12:00	Special cases: Belt block, 5 element, bio-clock
12:00-12:45	Fratkin's back treatment
12:45-1:00	Course evaluation

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RECOMMENDED TEXTS

1. Texts about *Keriaku Chiryō*, Japanese Meridian Therapy

JAPANESE CLASSICAL ACUPUNCTURE: INTRODUCTION TO MERIDIAN THERAPY,
Shudo Denmei & Stephen Brown, Eastland Press, 1990

THE PRACTICE OF JAPANESE ACUPUNCTURE AND MOXIBUSTION: CLASSICAL
PRINCIPLES IN ACTION, Ikeda Masakazu, Edward Obaidey, Eastland Press, 2005

TRADITIONAL JAPANESE ACUPUNCTURE: FUNDAMENTALS OF MERIDIAN THERAPY,
Society of Traditional Japanese Medicine, Koei Kuwahara, editor; Complimentary
Medicine Press, 2003

2. Texts about Japanese techniques of acupuncture

ACUPUNCTURE CORE THERAPY, Kobayashi Shoji, translated by Dan Kenner,
Paradigm Publications, 2008

JAPANESE ACUPUNCTURE: A CLINICAL GUIDE,
Stephen Birch & Junko Ida, Paradigm Press, 1999

SPORTS ACUPUNCTURE: THE MERIDIAN TEST AND ITS APPLICATIONS, Mukaino
Yoshito, MD, Eastland Press, 2008

NORTH AMERICAN JOURNAL OF ORIENTAL MEDICINE, Vancouver, BC; Three issues
per year 408 West 38th Ave, Vancouver, BC, V5Y 2N6

2. Texts about point function and location

ANATOMICAL ILLUSTRATION OF ACUPUNCTURE POINTS, Guo Chang-qing et al,
People's Medical Publishing House, Beijing, 2008

FINDING EFFECTIVE ACUPUNCTURE POINTS, Shudo Denmei, translated Stephen
Brown, Eastland Press, 2002

O-RING MUSCLE TESTING, See:

<http://drjakefratkin.com/articles/using-muscle-testing-in-meridian-therapy>

ACUGRAPH

www.miridiatech.com

208-846-8448

GENERAL DISCUSSION

Discussion of *qi* and blood

Discussion of meridian network (meridian vs. organ)

Bio-clocks: 24 hour, 12 months, season, 12 year, 60 year

Schools of acupuncture:

Chinese TCM, Korean, Japanese, European

English schools: Mann, Worsley

French schools: Van Nghi, Requena, Mossad, Nogier

Discussion of needle and effect:

Why do needles work?

Comparison of Meridian Therapy to TCM point formulas

Comparison of Japanese to Chinese styles of acupuncture:

Needle technique, point location.

MERIDIAN SEQUENCE QI GONG

Inhale

Exhale

(Dantian to axilla)

Large intestine channel

Spleen channel

Small Intestine channel

Kidney channel

Triple Burner channel

Liver channel

Lung channel

Stomach channel

Heart channel

Urinary Bladder channel

Pericardium channel

Gallbladder channel

(Lung channel)

COMPARISON OF CHINESE AND JAPANESE NEEDLE TECHNIQUES

	Chinese	Japanese
Insertion of needle	<i>Deep:</i> 10-75 mm	<i>Superficial:</i> .5-20 mm
Needle Thickness	<i>Thick:</i> 0.20 mm (#36) - 0.35 mm (#28)	<i>Thin:</i> 0.12 mm (#44) - 0.18 mm (#38)
Point Placement	Follows the body's anatomy	Touches the skin to sense active point
<i>De Qi</i>	The patient feels the arrival of <i>qi</i>	The practitioner feels the arrival of <i>qi</i> through the needle
Moxibustion	Indirect treatment : Influences a large area	Direct treatment : Uses small cones burned on the surface

COMPARISON OF NEEDLE SIZES

Japanese #	Color	Chinese gauge #	Thickness (mm)
00 (02)	Dk green	44	.12
0 (01)	Lt green	42	.14
1	Red	40	.16
2	Ivory	38	.18
3	Blue	36	.20
4	Pink	34	.22
5	Purple	32	.25

HISTORY AND DEVELOPMENT OF *KEIRAKU CHIRYO* JAPANESE MERIDIAN THERAPY

1868–1936 Overview of Acupuncture in Japan

1930-1970s: **Komai Kazuo**

Editor of *Oriental Medicine Journal*

1936: “The most important guide for the development of medicine lies in the study of the meridians.”

Yanagiya Sorei

April, 1938: “Return to the classics!”

Huang Di Nei Jing: origins between 3rd and 1st century BCE; revised by Wang Bi in 762 CE; composed of:

Su Wen, Basic Questions

Ling Shu, Divine Pivot

Nan Jing, Classic of Difficulties; Qin Yue-ren, 1st-2nd c.

Started *Society for the Study of Practical Acupuncture* and established *Keiraku Chiryō*, School of Meridian Therapy; met monthly

Okabe Sodo

Member and teacher of Yanagiya’s study group

Inoue Keiri

Member and teacher of Yanagiya’s study group

Fukushima Kodo *

author, *Meridian Therapy*, Toya Hari Medical Assoc., 1991

1980s-present:

Okada Akizo

Shudo Denmai *

Author, *Introduction to Meridian Therapy*, Eastland Press,
1990

Kuwahara Kuei *

Editor, *Traditional Japanese Acupuncture, Fundamentals of
Meridian Therapy*, Complimentary Medicine Press, 2003

Ikeda Masakazu *

Author, *The Practice of Japanese Acupuncture and
Moxibustion*, Eastland Press, 2005

1994, first issue of *North American Journal of Oriental Medicine*

* = works are available in English.

PRINCIPLES OF MERIDIAN THERAPY

From: TRADITIONAL JAPANESE ACUPUNCTURE: FUNDAMENTALS OF MERIDIAN THERAPY, Society of Traditional Japanese Medicine, Koei Kuwahara, editor; Complimentary Medicine Press, 2003

1. Affirmation of the existence of meridians
2. The view that all diseases will manifest as a change in the meridians
3. Changes in the meridians, whether deficient or excess, are grasped by focusing on the comparison of pulse positions
4. Focusing on patterns (*sho*) of imbalance based on deficiency of the *yin-zang* organs-meridians
 - a. Liver, Spleen, Lung and Kidney
5. The splitting of treatment between root treatment and local (branch) treatment
 - a. These are performed simultaneously and have equal value
 - b. Root treatments have standardized protocols
 1. Root treatment focuses on one of the *yin-zang* organ-meridians (*sho*)
 2. Recent effort to encourage wider point selection than just classical recommendations
6. Treatment theory: tonify deficiency and disperse excess
7. Focus on tonification
 - a. Use shallow insertion with retained needles
 - b. Or no insertion at all (contact needling)

CLASSICAL PULSE POSITIONS

From, Pulse Classic, Wang Shu-he, 280 CE

	LEFT		<i>Distal</i>	RIGHT		
	<i>Superficial</i>	<i>Deep</i>		<i>Superficial</i>	<i>Deep</i>	
<i>Fire</i>	Sm. Intestine	Heart	<i>cun</i>	Lg Intestine	Lung	<i>Metal</i>
<i>Wood</i>	Gallbladder	Liver	<i>guan</i>	Stomach	Spleen	<i>Earth</i>
<i>Water</i>	Bladder	Kidney	<i>chi</i>	Triple Burner	Pericard.	<i>Fire</i>
			<i>Proximal</i>			

MERIDIAN THERAPY PATTERNS

	(1) Primary	(2) Mother	(3) Father		
1.	Lung	Spleen	Ht/PC	or	Liver
2.	Spleen	Heart/PC	Liver	or	Kidney
3.	Liver	Kidney	Lung	or	Spleen
4.	Kidney	Lung	Spleen	or	HT/PC
(5.	PC/Heart	Liver	Kidney	or	Lung)

FIVE PHASE POINTS (*wu xing*)

<i>yin</i>	WOOD Jing-well	FIRE Ying-spring	EARTH Shu-stream	METAL Jing-river	WATER He-sea
LU	11	10	9	8	5
PC	9	8	7	5	3
HT	9	8	7	4	3
SP	1	2	3	5	9
LIV	1	2	3	4	8
KI	1	2	3	7	10
<i>yang</i>	METAL Jing-well	WATER Ying-spring	WOOD Shu-stream	FIRE Jing-river	EARTH He-sea
LI	1	2	3	5	11
TB	1	2	3	6	10
SI	1	2	3	5	8
ST	45	44	43	41	36
GB	44	43	41	38	34
UB	67	66	65	60	40

YUAN, LUO AND XI POINTS

<i>yin</i>	Yuan-Source	Luo-Connecting	Xi-Cleft
LU	9	7	6
PC	7	6	4
HT	7	5	6
SP	3	4	8
LIV	3	5	6
KI	3	4	5
<i>yang</i>			
LI	4	6	7
TB	4	5	7
SI	4	7	6
ST	42	40	34
GB	40	37	36
UB	64	58	63

CLASSICAL FIVE-PHASE TREATMENT FOR TONIFICATION AND DRAINAGE

Classical approach, based on 69th Chapter of *Nan Jing* (180 AD):

“In a case of deficiency, fill the respective meridian’s mother. In a case of excess, drain the respective meridian’s child. One must first fill, and drain afterwards.”

Tonification: (*bu*: tonify, reinforce, supplement)

To tonify a channel: Tonify the mother, drain the father.

- 1) **Tonify** mother point of channel and/or tonify horary point of mother channel.
- 2) **Drain** father point of channel, and/or drain horary point of father channel.

Sedation: (*xie*: drain, sedate, reduce)

To drain a channel: Drain the child, tonify the father.

- 1) **Drain** child point of channel and/or drain horary point of child channel.
- 2) **Tonify** father point of channel, and/or tonify horary point of father channel.

(Horary point = phase point for that channel, e.g. Earth point of Earth channel).

POINT CHOICES FOR MERIDIAN THERAPY

Classical:

To **tonify** a channel: tonify the mother (+ drain father)

To **drain** a channel: drain the child (+ tonify father)

Modern:

To **tonify**, choose mother, horary, *yuan* or *luo* point

To **drain**, choose son, horary, *yuan*, *luo* or *xi* point

Avoid painful pts, including *jing*-well, palm and sole, etc.

Support treatment with CV 12, 5/4

TONIFICATION AND DRAINAGE POINTS: QUICK SUMMARY

Legend:

↑ = tonification point (mother); ↓ = draining point (son); h = horary point;
l = luo-connecting point; y = yuan-source point; x = xi-cleft point; e = experiential point

1) YIN CHANNELS

LUNG

Tonify: ↑Lu 9(↑, y), 8(h), 7(l); ↑Sp 3(h); Lu 1(mu), Bl 13(shu),
GV 12
Drain: ↓Lu 5(↓), 6(x), 7(l), 8(h) or 9(y); ↓Ki 10(h)

PERICARDIUM

Tonify: ↑PC 7(y) or 6(l); ↑Liv 1(h); CV 17(mu), Bl 14(shu)
Drain: ↓PC 7(↓, y), 6(l), 4(x) or 3(water); ↓Sp 3 (h)

HEART

Tonify: ↑Ht 7(y), 5(l); ↑Liv 1(h); CV 14(mu), Bl 15(shu), GV 11
Drain: ↓Ht 7(↓,y), 6(x) or 5(l); ↓Sp 3(h)

SPLEEN

Tonify: ↑Sp 2(↑), 3(y, h) or 4(l); ↑Ht 8(h) or PC 8(h); Liv 13(mu),
Bl 20(shu), GV 6
Drain: ↓Sp 8(x), 5(↓), 4(l), 3(y); ↓Lu 8(h)

LIVER

Tonify: ↑Liv 8(↑), 5(l), 3(y); ↑Ki 10(h); Liv 14(mu), Bl 18(shu),
GV 6
Drain: ↓Liv 2(↓), 3(y), 5(l), 6(x); ↓Ht 8(h) or PC 8(h)

KIDNEY

Tonify: ↑Ki 3(y), 4(l), 7(↑), 10(h); ↑Lu 8(h); GB 25(mu),
Bl 23(shu), GV 4
Drain: ↓Ki 10(h), 5(x), 4(l) or 3(y); ↓Liv 1(h)

TONIFICATION AND DRAINAGE POINTS: QUICK SUMMARY

Legend:

↑ = tonification point (mother); ↓ = draining point (son); h = horary point;
l = luo-connecting point; y = yuan-source point; x = xi-cleft point; e = experiential point

2) YANG CHANNELS

LARGE INTESTINE

Tonify: ↑LI 11(↑), 6(l) or 4(y); ↑St 36(h); St 25(mu), BI 25(shu)

Drain: ↓LI 2(↓), 4(y), 6(l); ↓BI 66(h)

TRIPLE BURNER

Tonify: ↑TB 3(↑), 4(y) or 5(l), 6(h); ↑GB 41(h); CV 5(mu), BI 22 (shu)

Drain: ↓TB 10(↓), 7(x), 6(h), 5(l), or 4(y); ↓St 36(h)

SMALL INTESTINE

Tonify: ↑SI 3(↑), 4(y) or 5(h); ↑GB 41(h); CV 4(mu), BI 27(shu)

Drain: ↓SI 8(↓), 7(l) 6(x) or 5(h); ↓St 36(h)

STOMACH

Tonify: ↑St 42(y), 41(↑), 40(l), 36(h); ↑SI 5(h) or TB 6(h); CV 12(mu),
BI 21(shu)

Drain: ↓St 45(↓), 44(e), 42(y), 40(l), 34(x); ↓LI 1(h)

GALLBLADDER

Tonify: ↑GB 43(↑), 41(h), 40(y), 37(l); ↑BI 66(h); GB 24(mu), BI 19(shu)

Drain: ↓GB 40(y), 38(↓), 37(l), 36(x); ↓SI 5(h) or TB 6(h)

URINARY BLADDER

Tonify: ↑BI 67(↑), 66(h), 64(y) 58(l); ↑LI 1(h); CV 3(mu), BI 28(shu)

Drain: ↓BI 66(h), 65(↓), 64(y), 63(x), 58(l); ↓GB 41(h)

TREATMENT OF THE FRONT SIDE (YIN): BALANCE *QI* IN THE MERIDIANS

A) SAWADA POINTS

- 1) Du 20, Ren 12, Ren 5/4; St 25 or 27

B) MERIDIAN BALANCE

TREATMENT OF THE BACK SIDE (YANG): SUPPORT THE STRUCTURE

1) EIGHT EXTRAORDINARY CHANNELS

<i>yang</i>	Master	Coupled	Xi-Cleft
<i>Ren</i>	Lu 7	Ki 6	
<i>Du</i>	SI 3	Bl 62	
<i>Chong</i>	Sp 4	PC 6	
<i>Dai</i>	GB 41	TB 5	
<i>Yin Qiao</i>	Ki 6	Lu 7	Ki 8
<i>Yang Qiao</i>	Bl 62	SI 3	Bl 59
<i>Yin Wei</i>	PC 6	Sp 4	Ki 9
<i>Yang Wei</i>	TB 5	GB 41	GB 35

Classical pairing:

Yin Pairs: PC 6 – Sp 4
Lu 7 – Ki 6

Yang Pairs: TW 5 – GB 41
SI 3 (or 6) – BL 62

Yin-Yang Treatment:

Yang Arm – Opposite Yang Leg:

SJ 5 - SI 3 (SI 4)

GB 41 - BL 62

Yin Arm – Opposite Yin Leg:

Lu 7 - PC 6

Ki 6 - Sp 4

2) STRUCTURAL RELEASING POINTS

GB 20 – (GB 30) – GB 34 – DU 16

SI 11 - SI 14

BI 23/52

(BI 40 or 58)

Onodera Point

3) TREATMENT OF THE SPINE

a. Ishizaka needle technique

b. 3-5 Points of the Du Mai: needle or moxa

NEEDLE RECOMMENDATIONS FOR THE BACK TREATMENT

	Japanese #	Chinese #	Thickness (mm)	Length (mm)
8 Extra Channels	00 (Vert)	44	.12	30
GB 20	1 (Rouge)	40	.16	30
DU 16 (optionnel)	1 (Rouge)	40	.16	30
GB 34	1 (Rouge)	40	.16	40
SI 14	1 (Rouge)	40	.16	30
SI 11	1 (Rouge)	40	.16	30
BL 23/52	4 (Rose)	34	.22	50
GB 30 (optionnel)	4 (Rose)	34	.22	75
Onodera Point	4 (Rose)	34	.22	50
<i>Kori</i>	1 (Rouge)	40	.16	30

TAI JI BALANCING METHOD
Based on Dr. Richard Tan

<i>ARM</i>	#1	#2	#3	#4	#5
LU	SP	UB	LI	UB	LIV
PC	LIV	ST	TB	ST	KI
HT	KI	GB	SI	GB	SP
LI	ST	LIV	LU	KI	ST
TB	GB	KI	PC	SP	GB
SI	UB	SP	HT	LIV	UB
<i>FOOT</i>					
SP	LU	SI	ST	TB	HT
LIV	PC	LI	GB	SI	LU
KI	HT	TB	UB	LI	PC
ST	LI	PC	SP	PC	LI
GB	TB	HT	LIV	HT	TB
UB	SI	LU	KI	LU	SI
	Opposite	Either	Opposite	Either	Opposite

#1	6 Division Hand-Foot	#4	Chinese Clock - Opposite
#2	6 Division Yin-Yang Pair	#5	Chinese Clock - Neighbor
#3	Wu Xing Partner (Ext-Int)		

MUKAINO CHART

