



TRANSLATOR'S INTRODUCTION

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BACKGROUND ISSUES

Why an Introduction?

THIS IS THE first book to provide a Western audience access to the work of Ikeda Masakazu. Ikeda Sensei has a deep and abiding interest in the classics of Chinese medicine and a firm grounding in clinical practice, including that of his teachers. As a consequence, his approach to medicine, especially with regard to his ideas and terminology, is somewhat different from that of other practitioners. In many ways, the importance of this book is that it *is* different and presents in the guise of a clinical manual a very useful approach to the thought and methodology of classical Chinese medicine. However, the very differences that make the work worthwhile present some difficulties. For this reason, I have prepared an introduction to aid the reader in understanding this material, which I have had the privilege not only of transmitting to a Western audience, but of learning myself, as it is the basis of my own clinical practice.

I will attempt in this introduction to be as clear and straightforward as possible, although this in some ways violates the spirit of the East Asian approach to teaching and learning. As in most traditional paintings, the teacher sketches the outlines of the scenes and presents it with feeling and understanding, and it is up to the student to fill in the blanks. Confucius, perhaps the first known teacher in Chinese history, stated that his goal was to

pick up the corner of understanding; the student was supposed to look for himself to see what was underneath. Ikeda Sensei believes that it is important not to give too detailed an explanation, as this will inhibit the function of the discerning mind. Given that, we will address some of the basic approaches in this introduction, if for no other reason than English-speaking readers do not have access to the more than twenty other books that Ikeda Sensei has written in Japanese. Because it is assumed that all readers have a basic grounding in the concepts of East Asian medicine, and because of the constraints of space, this introduction will be brief; it is designed to simply provide the reader with the conceptual tools to understand and use the main text.¹

Basic Premises

Ikeda Sensei bases his approach on his deep study of the classics of Chinese medicine, not only those usually cited by acupuncturists—the two parts of the *Inner Classic* (*Basic Questions* and *Divine Pivot*) along with the *Classic of Difficulties*—but also the late Han classics of herbal medicine by Zhang Zhong-Jing (whose given name was Zhang Ji), the *Discussion of Cold Damage* and *Essentials from the Golden Cabinet*. He has also done work in the *Divine Husbandman's Classic of the Materia Medica*. His studies of the past and his own clinical practice have made it clear to him that these are not different traditions that should be kept separate, but rather merely different aspects of an integral whole that inform each other. To utilize any of these in one's own clinical practice requires a good understanding of all of them. This synthesis is one of the hallmarks of Ikeda Sensei's approach.

Definitions

JAPANESE ACUPUNCTURE

In the West there has been an attempt to define a so-called Japanese style of acupuncture. To Ikeda Sensei, there is no such thing because there are a plethora of styles and approaches to acupuncture practiced in Japan; it is presumptuous to call any subset of these 'Japanese acupuncture.' However, despite this diversity, there does appear to be one feature that is common to all Japanese styles: the emphasis on touch. And yet there are styles of acupuncture in other parts of the world that also consider touch to be important, so it is incorrect to define all forms of acupuncture that emphasize palpation as being Japanese. Nevertheless, because Ikeda Sensei is Japanese, there are certain aspects of Japanese culture and traditions of acupuncture that inform and influence his work.

¹Note that this introduction includes some material from the handout "From Syndrome to Treatment" by Masakazu Ikeda, translated by Edward Obaidey, for a workshop presented by the Institute of Classical Oriental Medicine and the Japanese Acupuncture and Moxibustion Skills Foundation in Brisbane, Australia, in 2000.

MERIDIAN THERAPY

To Ikeda Sensei, meridian therapy is simply the use of the meridians to diagnose and treat disease, nothing more and nothing less. Some people think that meridian therapy automatically implies shallow needling; it does not. If the treatment requires deep needling, it should be performed. If moxibustion is necessary, it should also be performed. The same can be said of massage, herbs, exercise, and dietary measures. The tools are many and varied, but the emphasis is always on the use of the meridians. If this is kept in mind, the diagnosis and treatment regimens discussed in this book will be more understandable.

In meridian therapy, a disease is interpreted as a pattern of disharmony as viewed through the prism of the meridians, and the same meridians are used to treat the disease with acupuncture and moxibustion. The pattern represents the pathological state of the body, and is understood in terms of the condition of the qi, blood, and fluids of the organ and meridian system; it is assessed in terms of deficiency, excess, heat, and cold. Treatment is carried out by tonifying and shunting (also known as dispersing or draining; see “Meaning and Varieties of Tonification and Shunting” below) the channels. A summary of the parameters, methods of diagnosis, and treatment methods for the various patterns that are used in this book are discussed below.

Organ-Meridian System

The organs and meridians should be viewed as systems of interrelated but frequently complementary functions. To understand physiology and pathology, these interconnected functions and the dynamics that drive them must be clearly understood. The common perception that both the organs and their related meridians have identical functions is not supported by the classics. The organs and meridians comprise a system, not a single entity, which is why Ikeda Sensei refers to them as the organ-meridian system. For example:

- The Liver organ stores the blood, as noted in Chapter 8 of the *Divine Pivot*, and has a spreading, centrifugal function, as noted in Chapter 22 of *Basic Questions*. This spreading function is a consequence of the power of the stored blood. By contrast, the main direction of flow in the Liver meridian is centripetal, as it leads the blood toward the Liver where it is stored. Accordingly, it is the astringent, sour flavor that corresponds to the Liver meridian (*Basic Questions*, Chapter 10). When this centripetal-like action is diminished, there is insufficient blood stored in the Liver. This state is called Liver deficiency, which is another way of saying blood deficiency.
- The Heart organ is always moving and excited; it is therefore yang in nature, and if the Heart stops, the person will die. By contrast, the cooling Heart meridian is full of yin qi. As a result, the lesser yin Heart meridian has the complementary, yet synergistic, effect of preventing the Heart from overworking, tempering its action and keeping it under

control. The Heart meridian is a lesser yin meridian, which is the same type or layer as the lesser yin Kidney meridian and therefore similar in its cooling, tempering aspects. This cooling aspect of the Heart meridian can be surmised if one recalls that the Heart meridian is associated with the bitter flavor (*Basic Questions*, Chapter 10).

- The Lung organ is active in the autumn and relates to harvesting and collecting functions (*Basic Questions*, Chapter 22), as well as clarifying and descending functions. The Lung meridian has the offsetting, yet complementary, function of disseminating and spreading the qi throughout the body. This is clear from the connection of the acrid taste to this meridian (*Basic Questions*, Chapter 10), rather than to the organ.
- The Kidney organ is associated with contraction (*Basic Questions*, Chapter 22) while the Kidney meridian acts to ensure that the fluids in the Kidney organ are not overly abundant. Accordingly, the Kidney meridian is associated with the salty flavor (*Basic Questions*, Chapter 10), which has the capacity to move fluids. The overall effect of this storage and contraction of the fluids by the organ and movement of the fluids by the meridian is to ensure that the body stays appropriately firm and hard. This physiological hardness is a consequence of the fluids filling in the structure; it is not the dry and flaky hardness that comes from fluid insufficiency. Both the organ and meridian are mainly associated with cold; they are more active during the winter, and the representative pulse is sunken. This means that the Kidney works silently, and if it becomes too cold, problems with defecation and sexuality ensue. A balance is needed, but in this case it comes from the gate of vitality (命門 *meimon/mìng mén*).
- On the one hand, the Spleen is the peak of yin, and yet it is also placed in the middle—both in the body and in the diagrams of the five phases. The Spleen organ does not do anything that is too yang or too mobilizing. Both the Spleen meridian and Lung meridian are greater yin meridians; as such, both have radiating, discharging, and dispersing actions. This connection in function is reflected in their flavors, as noted in Chapter 5 of *Basic Questions*: “The acrid and sweet qi and flavors discharge and disperse and so are considered yang.” However, unlike the Lung meridian, the Spleen meridian cannot perform this function by itself. Rather, it directs the Stomach meridian to do the work, as clearly indicated in Chapter 29 of *Basic Questions*. Therefore, the overall process of obtaining and using food qi requires two steps: the Spleen organ is involved in the production of food qi, while the Spleen meridian is involved in its radiation or dispersal, which is sometimes described as its transporative function.

Deficiency and Excess

The first thing to understand about deficiency and excess is that they are not of equal status; nor should they be considered equal partners in the development of disease. While many believe that if there is deficiency there must also be excess, this is not strictly true.

The presence of true excess as an important aspect of a disease is relatively rare. Therefore, the focus of both diagnosis and treatment should definitely emphasize the deficient aspect of disease, rather than the excessive aspect. With this understanding, it follows that the root of all disease is said to originate from a deficiency of essential qi (精氣 *sei ki/jīng qì*) in one of the five yin organs, as noted in Chapter 62 of *Basic Questions*. The most important underlying aspect of the deficient state is that it represents an insufficiency of the upright or normal qi (正氣 *shō ki/zhēng qì*).

By contrast, excess is understood as a buildup or excess of pathogenic qi. For our purposes, this is conceptualized as the buildup of heat or blood. This excess manifests primarily in the yang meridians and the yang organs. The one exception is yin excess. Since a yin excess refers to the stagnation and pooling of heat or blood in a yin part of the body, this condition can only occur in the Liver. This can be understood by briefly considering the other yin organs. Only fluids can collect in the Kidneys; this does not result in heat and therefore cannot really be called an excess. The Spleen is where qi, blood, and fluids are produced. If the Spleen were to receive heat, their production would cease, leading rather quickly to death; there is accordingly no state of Spleen excess. Finally, while heat can collect in the Lungs and Heart, they are located in the yang area of the body (above the diaphragm), so any excess that they develop will not be referred to as yin excess.

Similarly, based on this definition of excess, a buildup of cold is not considered to be a condition of excess. When there is a large amount of cold accumulating in yin areas, except for the Liver, it is referred to as an overabundance of yin (陰盛 *insei/yīn shèng*) and not yin excess.

The second thing to understand is that the description of conditions of deficiency is modified by the presence of other factors (described below) to produce various pathological states. In addition, when palpated, the tissues themselves are often classified as deficient or excessive in nature. In this case, deficient tissue refers to tissue which produces a pleasant sensation when pressed, and excessive tissue to that which produces sharp pain when pressed.

Finally, the pulse can also be described in terms of deficiency and excess. A weak, soft, languid pulse is often, but not always, classified as deficient. One counter example is from the *Pulse Classic*, where a deficient pulse is defined as one that is big and soft but disappears on deeper pressure. By contrast, an excessive pulse is often (but not always) seen as being big and forceful. In these cases, the use of the terms deficiency and excess is not directly related to the original pathology, but rather to the secondary stages of the disease, that is, those that are of importance in the branch treatments.

Heat and Cold

Heat is produced when there is a deficiency mainly of the fluids and yin qi, and cold is

produced when there is a deficiency of the blood, fluids, and yang qi. Heat can be treated by cooling the body through tonifying the fluids and yin qi. Where it is warranted, shunting can also be carried out. Similarly, cold is treated by warming the body through tonifying the blood, fluids, and yang qi.

BASIC PATTERNS: DEFICIENCY AND EXCESS, HEAT AND COLD

Four Basic Patterns

As noted above, all disease begins with a deficiency of essential qi, which is the basis for the functioning of each organ. Because the most important organs are the yin organs, the four basic types of essential qi deficiency are Liver deficiency, Spleen deficiency, Lung deficiency, and Kidney deficiency. Practitioners are often curious why there is no Heart deficiency pattern in meridian therapy. The answer is quite simple and has to do with the fundamental character of the Heart. This organ stores the spirit and is constantly in motion; consequently, the Heart requires a large amount of yang qi. If either the yang or the qi of the Heart becomes deficient, the person is beyond help. (This is explained in Chapter 71 of *Divine Pivot*.) This means that a deficiency in the essence of the Heart cannot be at the root of a disease; it does not mean that the Heart is never affected by disease. The Heart can be affected by influences, good and bad, from other organs, as is often indicated in the symptoms and the pulse.

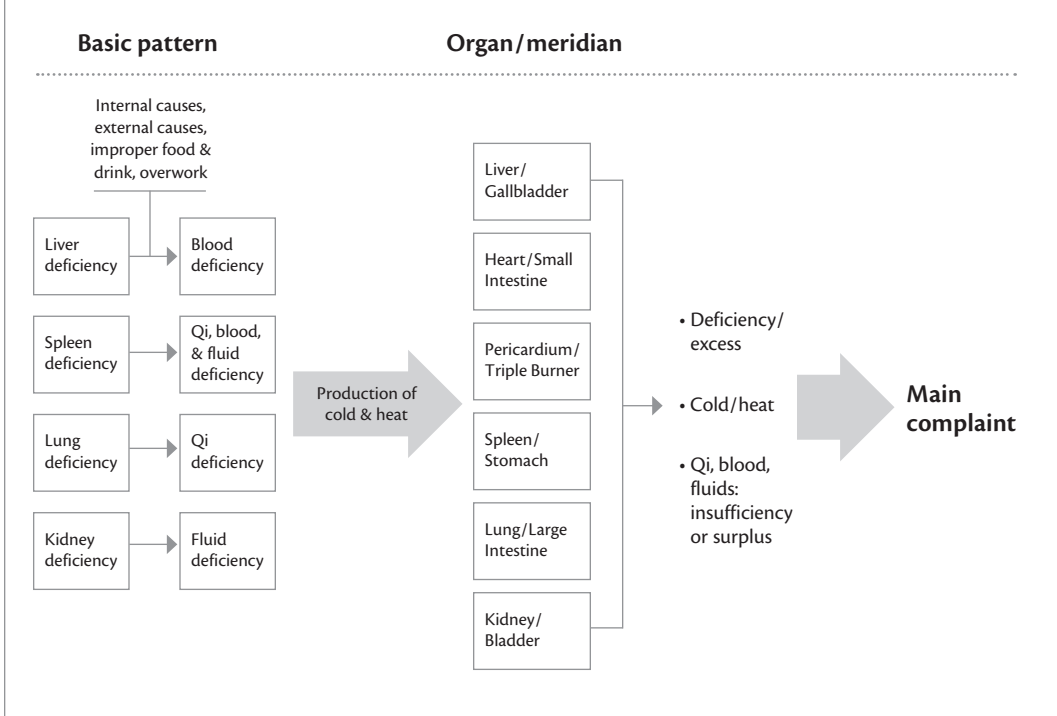
To reiterate, in meridian therapy these four types of deficiency are the basic patterns. However, while deficiency of the essential qi is *necessary* for the development of disease, it is not a *sufficient* cause. If there is only a deficiency of the essential qi, the person may only complain of fatigue. Before any other symptoms or type of disease appears, a pathological factor of some kind must be present (Fig. I-1). These are the three classes of factors well known to all students of East Asian medicine: internal factors, based on an imbalance of the emotions; external factors, contracted from external pathogens; and other factors, which are categorized as neither internal nor external and include overwork, drug use, or overindulgence in food and/or drink. The combination of one or more of these factors plus a deficiency of essential qi will result in changes in the qi, blood, and fluids stored in the organs, which can manifest in disease.

Buildup of Heat and Cold

Whether the pattern involves the Liver, Spleen, Lungs, or Kidneys, when there is a deficiency of qi, blood, or fluids, some type of pathological heat or cold will be produced. This leads to one of eight patterns:

Figure I-1

Relationships Among Basic Patterns, Deficiency/Excess, Cold/Heat and Symptoms



1. Liver deficiency/heat
2. Liver deficiency/cold
3. Spleen deficiency/heat
4. Spleen deficiency/cold
5. Lung deficiency/heat
6. Lung deficiency/cold
7. Kidney deficiency/heat
8. Kidney deficiency/cold

These basic patterns arise because of the interactions between the pathological factors and the deficiency of essential qi in the organs. The resulting patterns can spread in different ways throughout the organ-meridian system, giving rise to the various combinations of deficiency, excess, cold, and heat that form the basis of sundry diseases.

As noted in Fig. I-1, each yin organ is intimately associated with a set of substances or functions: the Liver with blood, the Lungs with qi, the Kidneys with fluids, and the Spleen with all three. These relationships influence not only how the different organ-meridian systems become diseased, but how those diseases develop and change.

Heat and Cold Patterns

Patterns of heat and cold can be divided into several major groups, each with its own dynamics. Understanding the differences between these groups can be crucial to making a proper diagnosis and treatment.

HEAT PATTERNS RELATED TO DEPLETION OF BLOOD AND FLUIDS

The heat patterns due to deficiency of the yin aspects of the body include Liver deficiency/heat, Spleen deficiency/heat, and Kidney deficiency/heat. In these cases, the heat is produced because of a lack in a structural part or in the fluids; accordingly, this type of heat is also known as yin deficiency heat or simply deficiency heat. In the clinic, we have to be careful about the subtle details of these conditions because when they become chronic, the heat can die down and practitioners can easily misdiagnose them as cold patterns.

HEAT PATTERNS RELATED TO DISRUPTION OF RADIATION OF HEAT

Yang qi is continuously radiated from the surface of the body. When there is a disruption in the production or circulation of the yang qi, or in the outward dispersion of heat by the yang qi, heat symptoms may result. This is true even in cases of yang deficiency, when the deficiency of yang leads to a weakening in the yang function of dispersing. This in turn leads to the entrapment of the remaining yang qi and the production of heat. Patterns where this occurs are Spleen deficiency/heat and Lung deficiency/heat.

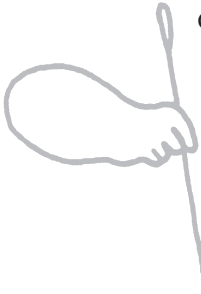
Depending on the nature of the factors that precipitate the disease, this buildup of heat from yang deficiency in the outer aspects of the body can be regarded as resulting from either yang excess heat or yang deficiency heat. In addition, over time the heat can move inward and affect the blood. When it does, the result is Liver excess, which is also known as yin excess (see “Deficiency and Excess” above).

COLD PATTERNS RELATED TO BLOOD DEFICIENCY

In this case, the blood insufficiency is such that cold is produced, resulting in a pattern of Liver yang deficiency/cold. However, since the patient is still alive, some yang must still be present. This small amount of heat collects in the chest where it can continue to accumulate. However, this buildup of heat is qualitatively different from the heat seen in yin deficiency patterns, which must be kept in mind when treating these patients.

COLD PATTERNS RELATED TO FLUID DEFICIENCY

Kidney deficiency/cold is characterized by an extreme insufficiency of fluids plus a lack of yang qi coming from the gate of vitality. On the one hand, the fluids are part of the structure of the body; when the structure has diminished it can be construed as yin



CHAPTER 6

SPLEEN DEFICIENCY / YANG DEFICIENCY / COLD PATTERN

脾虛陽虛寒証

hi kyo yō kyo kan shō/pí xū yáng xū hán zhèng

BACKGROUND

THE SPLEEN RECEIVES fire from the Pericardium and fluids from the Kidneys. It then directs the Stomach and Intestines to produce blood, qi, and fluids. The fire from the Pericardium is essential for normal Spleen function, and so when the Spleen is deficient, it is the Pericardium meridian that should be tonified first. Another way of looking at this is that by tonifying the Pericardium meridian, the fire at the gate of vitality is strengthened, which in turn warms the Stomach.

A deficient Spleen will produce either cold or stagnant heat or fluids in the Stomach itself, thereby impairing the function of the Stomach and Intestines. This state of cold, or of both cold and stagnation of fluids, is characteristic of a pattern of Spleen deficiency/yang deficiency/cold.

When the Stomach becomes cold, the hands and feet also become cold and there is a tendency toward diarrhea, which can lead to exhaustion. In addition, the epigastrium becomes full and distended. There is no real appetite, and so if food is taken, it is only eaten in small amounts. Fortunately, its flavor can be appreciated because the sense of taste is not affected. In addition, the amount of saliva increases, urination is excessive, the patient feels nauseous, and there is rheumatic pain in the joints. In the *Discussion of Cold Damage* these symptoms are known as greater yin organ cold (太陰臟寒 *tai in zō kan/tài yīn zàng hán*).

The causes can be mistaken treatment of a fever-based disease, the inappropriate consumption of cold food, or chilling of the body. These are known as internal cold or cold-attack (中寒 *chū kan/zhòng hán*) in the *Discussion of Cold Damage*; this is an example of an approach that focuses on the pathogen rather than any underlying deficiency. Other possible causes are chronic overconsumption of food and excessive worry over a long

period of time. Finally, there is, of course, the constitutional tendency toward Spleen deficiency/yang deficiency, which will predispose the person to the above symptoms.

If an appropriate treatment is not carried out, the production of blood and fluids will diminish and the fire at the gate of vitality will dim; thus, the yang qi of the Stomach becomes even more deficient. There is the possibility that, as a result, both the Kidneys and the Spleen will become deficient, which would lead to the pattern of Spleen deficiency/Kidney deficiency/cold discussed in the previous chapter.

Comparison of the Four Cold Patterns

All told, we have discussed four cold patterns so far: Lung deficiency/yang deficiency, Kidney Deficiency/yang deficiency, Spleen deficiency/Kidney deficiency, and Spleen deficiency/yang deficiency. From this we can see that the cold produced by these yang deficiency patterns affects more than the areas directly influenced by the organs in question. There is also a tendency for the cold to spread throughout the body, which would mean death if it was complete and if there was no yang qi, no matter how little, remaining.

Clinically speaking, the patient's main complaints often correspond to the areas that are cold. On the other hand, there is also the possibility of the yang qi being pursued by the cold into one small area where it stagnates and gives rise to the various symptoms comprising the main complaints. The organ-meridian system needs to be examined to determine the location of the heat or cold, and treatment must focus on tonifying the yang qi.

So, for instance, even if the patient has a pattern of Spleen deficiency/yang deficiency/cold that causes cold in the Stomach itself, the Stomach meridian can still harbor heat, giving rise, for example, to headaches. This is because the Stomach has become cold to the point where there is no exchange between the qi in the Stomach meridian and the Stomach itself. When the heat in the Stomach meridian increases, it can cause fever, vomiting, and diarrhea, all of which indicate a great deal of heat.

Another scenario would be a patient who presents with a mix of cold and hot symptoms as well as a sensation of stagnant heat in the chest area upon abdominal examination. Accordingly, the symptoms may include a lack of thirst and marked fatigue after diarrhea (which indicate that the Stomach has become cold), as well as fullness and pain under the rib cage, vomiting, belching, distention and pain in the abdomen, borborygmus, and the urge to evacuate immediately after a meal (which are all indicative of heat). This patient may therefore have a mix of cold in the Stomach, Spleen deficiency, and stagnant heat in the chest area from heat in the Heart and Small Intestines. Since heat always has the tendency to spread upward and outward, the heat in the Small Intestines is, in this case, responsible for the fullness and pain under the rib cage, vomiting, belching, distention and pain in the abdomen, borborygmus, and urge to evacuate immediately after a meal. The

heat in the chest may also affect the patient's sleep, causing the patient to wake often in the middle of the night.



If the Stomach is chilled, food cannot be eaten

EXAMINATION

Visual

One thing to pay attention to is the lips. If the Stomach is cold, even if there is a fever, the complexion and lips will usually be pale. However, if there is heat in the Stomach *meridian*, the lips will be red, which is easily confused with Stomach heat. Also, if there is heat in the chest, the complexion may become red, which can also be misconstrued as Stomach heat. As a check, if there is heat in the chest as a result of Stomach heat, the tip of the tongue will be red and the tongue will lack a coating. Finally, if the Stomach is cold, the tongue is moist.

Pulse

If the yang deficiency is light, the pulse will be sunken and wiry. If there is a more marked deficiency, the pulse will either be fine and weak, or sunken, thin, and deficient. If there is a fever, the pulse will be slightly floating and rapid. However, the usual pulse for this pattern is a combination of sunken, thin, weak, deficient, wiry, and slow. The left distal pulse and the right medial pulse are deficient when firmly pressed. When there is heat in the Stomach meridian, the right medial pulse can be felt upon light pressure, but it will

not be an excessive pulse. Likewise, when there is heat in the Small Intestine, the left distal pulse is also easily felt with light pressure, but, again, it will not be an excessive pulse.

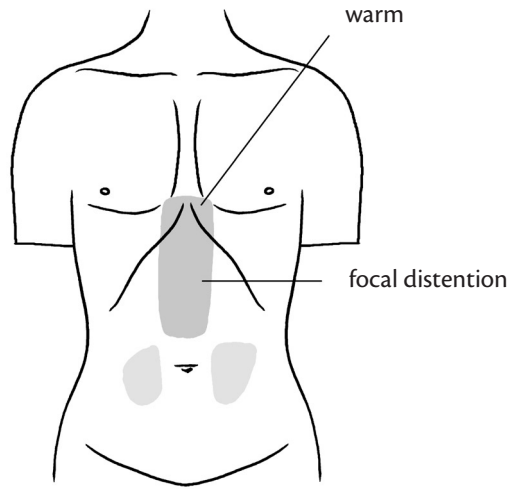


Fig. 6 Abdominal signs for Spleen deficiency/yang deficiency/cold pattern

Abdomen

With Spleen deficiency, there will be a feeling of fullness in the center of the abdomen below the apex of the ribs and around the Heart alarm point (CV-14) area. This is sometimes known as epigastric focal distention (心下痞 *shin ka hi/xīn xià pǐ*). The degree of fullness and the resistance to pressure in this area of focal distention will vary depending on the amount of fluids and on the extent of stagnation of heat or cold.

Resistance to pressure near CV-14, and sometimes as far down as CV-12, may indicate stagnation of fluids in the Stomach. The resistance to pressure can also be indicative of internal heat trying to make its way out to the surface; subjectively, the internal heat feels like fullness or distention. Normally, if the Stomach is quite cold, the whole abdomen will display an absence of any feeling of fullness or resistance to pressure. If, however, there is a small amount of heat, it will manifest as fullness in the center of the abdomen and below the ribs. For example, heat in the Small Intestine presents not only with fullness below the ribs but also resistance to pressure as well as heat from the bottom of the sternum to CV-17. This heat is sometimes subjectively felt by the patient, but in any case, it is readily felt by the practitioner with light palpation.

TREATMENT

The basic approach is to tonify the yang qi of PC-7 and SP-3 (TABLE 7, see page 40). If there is fluid stagnation in the area below the ribs, ST-42 should be added. If there is heat

in the Stomach meridian, ST-36 is tonified and ST-44 is shunted. For Small Intestine heat, SI-4 is tonified.

ST-36 is used to clear heat by tonifying the nutritive qi, thereby tonifying the fluids: An abundance of fluids can cool the Stomach meridian. Another way of looking at it is that ST-36 tonifies the yin qi of the Stomach meridian, which then results in a reduction of heat. This means that the type of needling used to tonify the nutritive qi in this case needs to be slightly deeper to achieve a type of 'indirect shunting,' that is, to realize a net (indirect) cooling of the heat in the Stomach meridian by tonification of the cooling element and not by direct shunting of the excess heat. If this still does not result in cooling of the Stomach meridian, ST-44 is shunted at the protective qi level, that is, very superficially, as this level most influences the yang and here we want to tonify the yang.

Overall, treatment is aimed at tonifying the yang deficiency; accordingly, the needling is extremely shallow. It is alright to leave the needles in place on the abdomen and on the back, especially when there is fullness below the rib cage. If there is a large amount of heat in the chest, heat perception moxibustion can be applied to the hottest areas. Small scarring moxibustion can also be performed on the back to the Spleen back-associated point (BL-20) or the Stomach back-associated point (BL-21). Small scarring moxibustion that leaves only a 1mm scar, and is not painful when properly done, is tonifying in its effect.

Herbal Treatment

When the yang qi of the Stomach and Intestines is diminished, marked by increased production of saliva, cold hands and feet, diarrhea, and a reduced appetite, a typical formula would be Ginseng Decoction (人參湯 *nin jin tō/rén shēn tāng*), which is the decocted form of Regulate the Middle Pill (理中丸 *ri chū gan/lǐ zhōng wán*). When the yang qi of the Stomach and Intestines is diminished and there is fluid stagnation and phlegm, Six-Gentleman Decoction (六君子湯 *riku kun shi tō/liù jūn zǐ tāng*) would be an appropriate formula.

When the Stomach and Intestines are cold and there is heat in the yang brightness meridians marked by nausea, vomiting, headaches, and fever, Evodia Decoction (吳茱萸湯 *go shu yu tō/wú zhū yú tāng*) can be used. When the Stomach is cold and there is heat in the Small Intestine marked by epigastric focal distention, borborygmus, heartburn, either diarrhea or constipation, and large swings in appetite, a typical formula is Pinellia Decoction to Drain the Epigastrium (半夏瀉心湯 *han ge sha shin tō/bàn xià xiè xīn tāng*).

ABDOMEN: Overall, the abdomen was rather distended and difficult to judge. However, it was clear that the area below the navel was lacking in normal resilience.

PALPATION: There were no areas of significant tenderness.

CONSIDERATIONS: From the pulse, the main pattern was that of Kidney yin deficiency, with a little Liver yin deficiency as well. The yin deficiency heat rose to the Heart, causing the high blood pressure, to the Spleen, causing the diabetes, and to the Small Intestine meridian, causing the frozen shoulder. When this heat attacked the yang brightness meridian, it caused the facial paralysis.

TREATMENT: KI-10 and LR-8 were tonified, and two rounds of moxa head needling were applied at ST-36 and SP-8. Five rice-grain sized moxa cones were applied bilaterally at the Spleen back-associated point, BL-20, as well as GV-6. Also five moxa cones were burned on the left LI-11. For the frozen shoulder on the right, two rounds of moxa head needling were applied on the right SI-9 and SI-11. For the face, needles were retained at right BL-2, ST-1, ST-2, ST-4, ST-7, GB-4, and GB-14. After this, the needles were removed and contact needling was applied to the skin.

This treatment was repeated two or three times a week for a period of a year, after which the paralysis completely disappeared. Not only this, but the eye problem and the frozen shoulder had also completely disappeared. Furthermore, her blood sugar level had dropped to normal and her blood pressure had also stabilized. Presently, the patient enjoys good health and is seen occasionally for treatment of relatively mild symptoms such as colds or overworking.

14.6 SHOULDER PAIN AND FROZEN SHOULDER

Diagnosis

Most shoulder pain cases seen in the acupuncture clinic are caused by a frozen shoulder. From a traditional standpoint, it usually belongs to one of the following three traditional Oriental disease categories: wind attack (中風 *chū fū/zhòng fēng*), painful wind (痛風 *tsū fū/tòng fēng*), or painful obstruction (痺 *hi/bì*).

1. Wind attack occurs when the Liver is deficient and wind pathogen invades the body. The contractile structures of the body that are controlled by the Liver, that is, the muscles, become numb and/or painful and begin to experience cramps. The wind pathogen has the effect of drying the fluids, which induces heat, and so this condition leads to Liver deficiency/yin deficiency.

2. In a frozen shoulder caused by wind attack, the muscles between the shoulder blades atrophy and frequently cramp up as well. Most of the pain occurs upon movement, with little spontaneous pain. In these cases, it is impossible to raise the arm because of the deficiency heat that spreads into the meridians of the hands, adversely affecting the circulation of qi and blood in these areas and thereby causing the local problems. It is important to find these so-called blocked meridians and treat them; otherwise, recovery will not be possible.
3. In painful wind disease, the Liver deficiency/yin deficiency results in extremely strong pain. In the *Pulse Method Handbook*, the pain is described as “extreme, like that of being bitten by a tiger. For this reason, it is called white tiger painful wind. At night, the symptoms always worsen because the blood enters the yin areas.” In my own experience, there are patients with this type of frozen shoulder pain: no pain during the day, but severe pain at night.
4. Painful obstruction disease occurs when there is a combination of three external factors—wind, cold, and dampness—leading to the condition. The resulting diseases vary because of variability in the nature of the dominant factor. In a frozen shoulder caused by painful obstruction, the most common dominant factor is either cold or dampness. When cold is the dominant factor, the pain is fixed, and because the condition is brought about by an attack of cold, the pain is often worst in the morning when it is impossible to raise the arm. The most common pattern that is seen in patients with this type of shoulder problem is Liver deficiency/yang deficiency.

When dampness is the dominant factor, the shoulder pain usually gets worse just before it rains. The arm, though painful, can be raised a bit. This helps to differentiate this condition from cold painful obstruction. Damp painful obstruction occurs when there is excess fluid collecting in the tissues controlled by the Spleen. This type of frozen shoulder is best treated as a Spleen deficiency/yin deficiency pattern. Interestingly, it is very common in people who have had surgical treatment of gastrointestinal ulcers.

When patients arrive for treatment, is it best to ask them to raise their arms in every direction. When this is done, the direction in which pain is experienced is examined. For instance, when the arm is raised to the front, the patient should be asked whether pain is experienced at the back of the shoulder, front, or side. The affected yang meridians can be deduced from the location of the pain, and the tight meridians and their paired yin meridians should be treated.

Occasionally, there will be cases of shoulder pain caused by traffic accidents or by overuse, such as that seen in laborers and caregivers of invalids. The pain in these cases often

becomes worse after the individuals take a break, such as at Christmas or New Year. In these cases, cold is the real source of the problem.

Often, the pulse is found to be sunken and hard, which indicates that the fluids have dried out. This pulse, however, should not be mistaken for yang deficiency. In addition, the left middle and proximal pulses are deficient when firmly pressed. The pulse can also be used to determine the meridians that have been attacked by deficiency heat: the associated positions will have a stronger pulse. For instance, two different pulse patterns can be seen if the deficiency heat has spread to both the Lung and Large Intestine meridians. If the deficiency heat has spread only rather recently, the Large Intestine pulse will be floating and strong. But if the deficiency heat has been around for a long time, the Lung pulse will be sunken and strong.

Treatment

As far as the branch treatment is concerned, it is vital that the hard areas around the upper back, shoulders, and shoulder joints be relaxed. In order to achieve this, acupuncture, moxibustion, Do In massage, and other methods should be considered. Half of the problem is fixed by simply getting this area to relax. It is, however, important to understand that if there is spontaneous pain, the needling for the local treatment should be light.

Regardless of the type of shoulder pain, distal points on the hand should be treated as well (TABLE 14-5). For example, if the deficiency heat has entered the Lung meridian, tonify LU-10, shunt LU-6, and perform Do In massage between the heads of the biceps. If the deficiency heat has entered the Heart meridian, tonify KI-2, shunt HT-2, and perform Do In massage at HT-1. If deficiency heat has entered the Pericardium meridian, tonify PC-3 and treat the hard areas between PC-1 and PC-3 with acupuncture and Do In massage. If deficiency heat has entered the Large Intestine meridian, perform scarring moxibustion or needle head moxibustion at LI-15 and LI-14. LI-4, LI-10, and LI-11 can also be used. If deficiency heat has entered the Small Intestine meridian, perform scarring or needle head moxibustion at GB-21, SI-10, and SI-11. Shunting of SI-4, SI-6, or SI-8 is also effective. Finally, if deficiency heat has entered the Triple Burner meridian, perform needle head moxibustion at TB-13 and TB-14, and shunting at TB-2, TB-5, or TB-10. Scarring moxibustion can also be applied at TB-12.

Case History

PATIENT: 50-year-old rural woman

CHIEF COMPLAINT: Pain in the left shoulder that started two months previously. It had gradually become worse to the point where there was spontaneous pain that prevented her from getting a restful sleep.

Table 14-5	
Branch Treatment Points for Shoulder Pain	
Location	Points
ARMS AND LEGS	Lung meridian heat: LU-6, LU-10 Large Intestine meridian heat: LI-4, LI-10, LI-11, LI-14, LI-15 Heart meridian heat: HT-2 , KI-2 Small Intestine meridian heat: SI-4, SI-6, SI-8, SI-10, SI-11 Pericardium meridian heat: hard areas between PC-1 and PC-3 Triple Burner meridian heat: TB-2, TB-5, TB-10, TB-12, TB-13, TB-14
CHEST	LU-1, LU-2, PC-1
ABDOMEN	ST-25, CV-4, CV-12
BACK	SI-14, SI-15, BL-10, BL-13 to BL-17, BL-42, BL-43 , GB-20, GB-21

VISUAL: Her face looked a bit fat, with a large number of freckles. The skin had a reasonable luster.

SYMPTOMS: There were no abnormalities in the stool or urine, but her appetite was diminished because of the persistent shoulder pain. She was unable to raise the shoulder at all. It was almost as if the shoulder joint and shoulder blade were totally fixed to the trunk.

PULSE: The overall pulse was sunken and tight, with a deficient left middle and proximal pulse.

CONSIDERATIONS: As noted above, the patient's severe, nocturnal, spontaneous pain is compared in the classical literature to being bitten by a tiger. The pulse was sunken and tight because of deficiency in the fluids of the Liver and Kidneys. The lack of fluids created the hard, tight pulse as well as the deficiency heat that spread to the meridians supplying the left shoulder, leading to the pain. Her lustrous complexion was probably due to the deficiency heat. The spontaneous pain coupled with the scarcity of internal symptoms meant that this case was, as far as the symptoms were concerned, focused in the yang meridians.

TREATMENT: The patient was treated for Liver deficiency/yin deficiency with tonification of KI-10, LR-8, LI-11, and ST-36. She was then asked to lie on her right side, and needles were retained at left LI-14, LI-15, TB-13, SI-9, and SI-14. After the treatment, the patient still had pain in the shoulder but was able to sleep that night. The following day, the same treatment was performed and the patient reported sweating afterward, with a feeling that

unwanted heat had been discharged. On the third day, the pulse had changed; it now showed a Spleen deficiency pattern. However, the treatment regime was not changed; it was still directed at Liver deficiency because if the results are good, then the same root treatment should be performed even if the pulse has changed. By this point, the patient was able to do light housework and was able to raise her arm by 90 degrees. Raising the arm beyond this, however, still caused pain.

Similar treatments were carried out daily, and by the seventh day, the shoulder pain had completely disappeared, with the patient being able to resume her farm work. As there was no longer any spontaneous pain, Do In massage was performed on the hard areas around LI-15. After this, the patient felt as if something had been removed from her shoulder, leaving it freer to move. After two months, she was completely cured with no pain and a completely normal range of motion.

14.7

STROKE

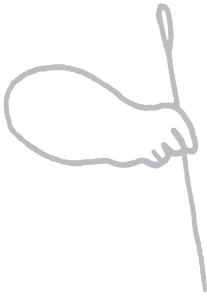
Diagnosis

A person who has had a stroke is normally taken to the hospital for acute care. Patients suffering from the sequelae of stroke, such as hemiplegia or hemiparesis, usually go to see an acupuncturist after the acute condition has resolved. We will therefore deal mainly with rehabilitative treatment of hemiplegia from stroke.

While the focus of this discussion is on the sequelae of cerebrovascular accidents, the material presented here is also applicable to Parkinson's disease, brain infarction, or the after effects of brain surgery. Basically, we take a similar approach when treating any central nervous system disease or disorder where the hands and feet cannot move freely.

In the premodern texts, problems like cerebrovascular accidents were known as wind-stroke (see Section 14.5). Patients with this problem can be roughly divided into two patterns: Liver deficiency/yin deficiency/heat and Spleen deficiency/yang deficiency/cold.

1. The Liver deficiency/yin deficiency/heat pattern is the more common of the two. In this pattern, the deficiency heat from Liver yin deficiency spreads to various organs and meridians. The symptoms consist mainly of muscular cramps and paralysis. The face can be red and lustrous. However, if the face has no luster and the patient has speech difficulties and dementia, the prognosis is poor. If the facial complexion is overly lustrous or shiny, then there is a large amount of deficiency heat, which means that a cure is easier to obtain. It is also good to check the state of the hands and feet of post-stroke hemiplegic patients. Normally, the hands and feet are cool, but those patients that have hot, uncomfortable hands and feet have a large amount of deficiency heat.



CHAPTER 16

CIRCULATORY DISEASES

CIRCULATORY DISEASES INCLUDE such problems as angina pectoris, arteriosclerosis, congenital and valvular heart disease, heart failure, high and low blood pressure, infectious endocarditis, myocarditis, myocardial infarction, pericarditis, phlebitis, Raynaud's disease, Takayasu's arteritis (also known as pulseless disease), and venous thrombosis. Congenital heart disease and valvular heart disease usually require surgery. Endocarditis, myocarditis, and pericarditis are often infectious in origin; therefore, they typically have a relatively acute onset and can be marked by fever, shortness of breath, chest pain, and palpitations. If these symptoms are present, the patient should be sent for a medical evaluation as soon as possible. While some of these problems do respond to acupuncture, it is prudent for the patients to have a medical workup first.

Other diseases listed above may also require the services of a medical physician, but diseases such as arteriosclerosis, high and low blood pressure, phlebitis, and Takayasu's arteritis may respond well to acupuncture and moxibustion. Symptoms such as arrhythmia, palpitations, and chest pain are also often effectively treated by acupuncture and moxibustion, especially when they are not caused by any specific disease. Most of the time, however, patients with these symptoms are not treated with only acupuncture and moxibustion. Rather, they are also receiving medication prescribed by a medical physician. Patients with these symptoms who are not under the supervision of such a physician should be referred to one at once. Many of these diseases can be life threatening, especially in the acute stages. Acupuncture and moxibustion are most effective when treating non-serious cardiac conditions, even if they have a large emotional component.

16.1 HIGH BLOOD PRESSURE

Diagnosis

The major types of high blood pressure are essential (or idiopathic) hypertension and secondary (primarily renovascular) hypertension. Regardless of the cause, the basic principle is to improve the flow of qi and blood, which will result in a stabilization of the blood pressure. Acupuncture is most useful in the treatment of essential hypertension. Renal hypertension is briefly touched on in the chapter on urogenital diseases, simply to say that often, once the Kidneys are working better, the blood pressure will take care of itself. From a traditional medical perspective, patients with high blood pressure can be classified into one of three patterns, discussed below.

KIDNEY DEFICIENCY/YIN DEFICIENCY PATTERN

Patients with this pattern normally have at least one parent who suffers from high blood pressure, and as a consequence, they have a body constitution that is susceptible to high blood pressure. Things would be all right if they followed a controlled diet, but they normally gravitate toward overindulgence in food, alcohol, and rich foods.

During their younger years, these individuals often have a pattern of Spleen deficiency/yang excess/heat. Because of the large amount of heat in the Stomach, they have a strong sexual appetite and are very active generally. Playing mahjong all night long is nothing for them. However, over time, the exhaustion, the overindulgence, and the drying out of the Kidney fluids by the Stomach heat causes these patients to develop a pattern of Kidney deficiency. Also, because they overeat, they become obese, which also contributes to the Kidney deficiency. At a certain age, heat derived from the Kidney deficiency spreads to the Lungs and Heart, resulting in fatigue, palpitations, an irregular heartbeat, shortness of breath, dizziness, high blood pressure, and a stiff neck. Additional symptoms can include nosebleeds, headaches, thirst, an uncomfortable feeling of heat in the legs, an inability to sleep properly, a decline in sexual performance, and a general feeling of unease. In addition, even slim individuals will start to become obese and develop a tendency toward, or actually have, high blood pressure.

The overall pulse for this Kidney deficient pattern is strong and hard (due to a lack of fluids); sunken, slippery, and floating; or big and slippery (due to the presence of a large amount of heat). Occasionally, a patient may have a sunken, thin, and hard pulse; if this evolves into a thin, tight, and rapid pulse, the patient may develop a problem such as stroke.

When those with high blood pressure have any of the overall pulse presentations, the left proximal pulse is deficient. However, sometimes the overall pulse is very strong, making

it easy to miss this deficiency unless it is looked for carefully. Regardless of the associated pattern, the left and right distal pulses are strong. A stronger left distal pulse is indicative of heat in the Heart; the blood pressure in these individuals is difficult to control. By contrast, when the right distal pulse is stronger than the left, the high blood pressure is caused by overexcitement, which can be controlled rather easily.

In cases of Kidney deficiency, the area below the navel becomes weak and the chest starts to feel warm; both of these symptoms can greatly aid in the diagnosis of this pattern. In many cases, it is easier to detect the heat in the Heart or Lungs by palpating the chest than by feeling the pulse. Finally, heat in the chest in someone with Kidney deficiency can also be a prognostic indicator of developing high blood pressure.

LIVER DEFICIENCY/YIN DEFICIENCY/HEAT PATTERN

In these cases, the high blood pressure is a result of Liver deficiency heat spreading to the Heart and Lungs. In general, the heat generated in cases of Kidney deficiency/yin deficiency is more likely to travel to the Heart, while the heat generated in cases of Liver deficiency/yin deficiency is more likely to travel to the Lungs.

People with Liver deficiency are often easily irritated and tense, which leads to an increase in blood pressure. Once these individuals calm down again, their blood pressure will drop back to normal. Even if they get angry for no particular reason, their blood rushes, and even when they realize what is going on and try to calm themselves, they find it very difficult to do so. Once this pattern has become established, these people are often diagnosed by their physicians as having essential hypertension.

When they are young, patients with this pattern tend to be very thorough and systematic in everything they do. However, as they get older, they become Kidney deficient and begin to lose their vigor; they then find that they are unable to carry out their plans. Finally, since their Liver blood is affected, they become irritable as a result. When their irritability becomes ingrained, these patients are troubled by anything that others may do. When they were younger, they were able to handle this frustration, but after the age of fifty, Kidney deficiency begins to kick in and causes problems. In such cases, the deficiency heat from the Kidneys and Liver rises upward, causing the lower burner to become cold and the upper burner to become hot. When the heat moves into the Lungs and Heart, symptoms such as high blood pressure and palpitations become evident.

In young people, even if the blood rushes to the head, it is soon dispersed before the blood pressure is adversely affected. With the advancing years, however, while there may be enough deficiency heat to rise to the head, there is not enough yang qi to radiate the heat externally. The heat gets trapped in the head, resulting in a feeling of blood rushing to the head and a measurable increase in blood pressure. Worse yet, the Liver deficient patients will then become obsessed with trying to maintain a constant blood pressure

level despite the fact that in healthy individuals the blood pressure varies according to the circumstances. While Liver deficient patients can understand this intellectually, they still worry about their change in blood pressure. To make matters worse, those with Liver deficient constitutions are very emotional, and thus their blood pressure tends to rise and fall more than the average person, leading to a sort of ‘blood pressure neurosis.’ When they come to the clinic, these patients always ask that their blood pressure be measured and expect to be told that it is a little high but stable. Therefore, it is good practice to tell them that it is a little lower than it actually is. This helps them to relax, and in a little while, their blood pressure will actually begin to fall.

The overall pulse is similar to that of Kidney deficiency in that it will be sunken and hard; sunken and slippery; or perhaps floating, big, and slippery. The left medial and proximal pulses are deficient, and the left and right distal pulses are strong. As noted above, if the left distal pulse is stronger, the condition is relatively serious, while if the right distal pulse is stronger, the high blood pressure is a result of a nervous condition. Regardless, the chest will be hot to the touch as a result of the rising deficiency heat. In addition, for a Liver deficiency pattern, the area of the abdomen below the navel will be lacking in resilience since both the Liver and the Kidney are deficient. At the same time, there will be resistance to pressure on the left side of the abdomen, and a pulsation can be felt to the left of the navel.

LUNG DEFICIENCY/LIVER EXCESS/BLOOD STASIS PATTERN

The symptoms are similar to those described above for both Kidney and Liver deficiency, but a characteristic of this pattern is depression. The pulse and abdominal findings have already been described in Chapter 10. This pattern occurs when both the circulation of Lung qi becomes poor, causing the Kidney fluids to become deficient, and heat and blood stasis increase in the Liver, causing heat to spread as far as the Heart. It is difficult to control the blood pressure in patients with this pattern.

In Ehima prefecture in the south of Japan where I have my clinic, there has always been a tradition of direct scarring moxibustion among the common folk (i.e., the nonprofessionals) that has generally been positive for a variety of complaints. This practice is slowly dying out, but those that still do it begin when they are children. People will generally apply direct moxibustion, using 100 to 200 cones, to the shoulders and upper back to points such as GV-12, BL-13, and SI-14. When some older people do this for their stiff shoulders, they find that they develop symptoms such as palpitations, headaches, and high blood pressure. This was described classically as fire pathogen; care should be taken not to apply a great deal of moxibustion to the upper body of older people. Those who develop high blood pressure from too much moxibustion can have any of the three patterns described here.

Arteriosclerosis occurs when plaque builds up on the inner walls of the blood vessels, leading to a reduction in their distensibility. Major risk factors include obesity, high blood pressure, diabetes, and smoking. Arteriosclerosis in turn can result in a higher risk of angina and myocardial infarction. From a traditional medical perspective, the problems of arteriosclerosis and high blood pressure are not really differentiated. The most common pattern seen in patients with arteriosclerosis is Kidney deficiency/yin deficiency/heat followed by Lung deficiency/Liver excess/blood stasis. The pulse will be hard and strong for both of them.



Anger raises the blood pressure

Treatment

It is good common sense to give some advice about diet to people with high blood pressure and arteriosclerosis. However, since it takes about five years for changes to appear, a little bit of perseverance is necessary. In my opinion, the first thing is to reduce the amount of salt, as too much of it makes the blood more viscous and raises the blood pressure. Traditionally, the salty flavor is said to have an effect on the Kidneys. It should be remembered that this effect is not in the form of tonifying the fluids and clearing the deficiency. The salty flavor actually prevents the excessive buildup of fluids in the Kidneys, thus preventing the body from becoming cold. However, too much of the salty flavor can injure the Kidneys; therefore, do not think that because high blood pressure is related to the Kidneys that salt is good for these patients.

It is not just salt that should be reduced, but also food items with a strong or rich flavor.

This can be quite difficult in practice because the people that make and consume the food in a household make the decisions concerning the level of salt and flavor in the food. While those in the household may think they have reduced their intake of salty, richly-flavored food, this is often not the case. It is important to really make an all-out effort to cut back on these prohibited foods because otherwise, there will be no change in the blood pressure.

Normally, alcohol is also thought to be bad for high blood pressure and heart disease. In actual fact, it is the flavor of the snacks consumed with the alcohol that is worse than the alcohol itself. Also, sweet things are not good. If a patient with high blood pressure or arteriosclerosis is not drinking alcohol, then it is often sweet foods that are the culprit. Of course, it goes without saying that smoking is also not recommended.

As far as treatment is concerned, we can start with retained needling in the abdomen, legs, and arms (TABLE 16-1). Just these steps are enough to stabilize some people's blood pressure. The next step is to perform a root treatment followed by retained needling in the back, neck, and legs. Finally, the shoulders are treated for stiffness. Many people with high blood pressure initially come for treatment of their stiff shoulders, but it is not good to treat the shoulders first because doing so may cause the qi to rise, making the blood pressure rise even higher.

Table 16-1	Branch Treatment Points for High Blood Pressure
Location	Points
ARMS AND LEGS	LI-11, ST-35, ST-36, ST-42, SI-10, KI-1, KI-2, GB-31, GB-39, M-LE-16
CHEST AND ABDOMEN	LU-1, ST-18, ST-19, ST-25, KI-25, LR-14, CV-4, CV-12, CV-14, CV-15
HEAD, SHOULDERS, AND BACK	BL-10, BL-17, BL-18, BL-22, BL-23, BL-43, BL-45, BL-52, TB-15, GB-20, GB-21, GV-12, GV-20

Case History

PATIENT: 64-year-old woman

CHIEF COMPLAINT: This patient suffered from high blood pressure and arteriosclerosis, for which she was taking medication. She wished to stop taking the medication.

VISUAL: She had a typical middle age spread, liver spots under her eyes, and a reasonable complexion. Her tongue was moist and unremarkable.

SYMPTOMS: Her highest systolic blood pressure was about 180mmHg. With the use of

medication she had a systolic pressure of around 140mmHg. In addition, she had stiff shoulders, headaches, and constipation, although her appetite was normal. She felt cold easily, especially in her legs. She would wake during the night even though she did not need to go to the toilet. She was thirsty and sweated easily from the top half of her body.

PULSE: The left distal and medial pulses were wiry and forceful. The left proximal pulse was wiry and deficient. The right distal pulse was sunken, thin, and strong. The right medial pulse was sunken and thin. The right proximal pulse was sunken, thin, and deficient.

ABDOMEN: Overall, there was no resilience found in the lower abdomen, but there was resistance to pressure at areas around the navel and below the right ribs. The right ST-19 was tender, which is indicative of overeating. The chest was hot to the touch.

CONSIDERATIONS: Even though she had some signs of being cold, she nonetheless had a good appetite, suffered from constipation, and felt thirsty, signifying that although she had heat inside, the yang qi was unable to circulate to the periphery to warm her body. This state is characteristic of blood stasis (yin excess), and the diagnosis was confirmed by the resistance found around the navel and below the right ribs and by the excessive left medial pulse (the Liver).

The headaches, wakefulness at night, and upper body sweating were caused by heat in the chest. This symptom plus the forceful pulses at both distal positions are indicative of a great deal of heat collecting in the upper burner. This heat, which was a result of an underlying Kidney deficiency, was causing the high blood pressure.

TREATMENT: A treatment for Lung deficiency/Liver excess/blood stasis pattern was chosen. KI-2, KI-10, and LU-10 were tonified, and LR-8 and ST-36 were shunted. KI-2 is a fire (Heart/bitter) point which helps to generate the yin fluids of the Kidneys and clear heat from the Heart. KI-10 is a water (Kidney/salty) point and helps to restore the fluids and bring them to the Liver as a means of resolving blood stasis. LU-10 is a fire (Heart/bitter) point; tonifying it clears Lung heat. LR-8 is the water point of the Liver meridian and helps to restore fluids and resolve blood stasis. ST-36, an earth (Spleen/sweet) point, is used here to help move fluids from the Spleen to the Kidneys.

Needle head moxibustion was performed on the hard areas of the abdomen and at BL-23, and tonifying scatter needling was performed on areas with deficient nutritive qi. As a result of this treatment, her headaches, stiff shoulders, and constipation cleared, and the right distal pulse became weaker. The treatments were performed five to seven times per month, and after a year, her blood pressure stabilized, allowing her to be taken off her medication.