

Report from WFAS Tokyo/Tsukuba 2016

Overview over the "Toyo Hari Medical Association" (1)
Toyo Hari Medical Association

The Toyo Hari Medical Association was founded in 1959 by the five people Kodo Fukushima, Katsuyuki Kosato, Toyoya Satomi, Senryuu Takahashi and Syuukou Takahashi in its previous form under the name "Classical Acupuncture Medical Society". Later, the name was changed to Toyo Hari Medical Association based on the ideology: "pass on the skills of meridian therapy on from hand to hand to the farthest corners of the world!" and the association continues to hold regular monthly meetings based on this concept. Shortly it will reach its 60th anniversary.



Hari-Kyu Technical Sessions 4



Demonstration

Skill teaching using literally a hands-on approach means that because all of the above mentioned five persons are visually impaired, they had to devise and propose significantly modified procedures for running the society. Naturally there has been no precedent for this approach in Japan, but also not globally, where the mentor actually takes the aspiring practitioner by the hand, explaining the actual needling techniques like "you form your pressing and needling hand like this" during the guidance. This facilitated the chances of people with visual impairment to contribute to society. That is why also many people with normal vision applied for admittance to the society and while the number of members with normal vision has now increased, the basic teaching concept has not changed. The training style of the Toyo Hari Medical Association favoring practical training over classroom studies has not much changed over the 60-year period from its establishment until today. In the future too it will persistently continue to pursue a form of meridian therapy suiting the bodies of all people.

Characteristics of the techniques of this association
The practice of the Toyo Hari Medical Association has the following characteristics.

1. Restraining adjustment

When the pulses in both positions within a restraining correlation manifests a deficient state the treatment administered distributed between left and right is called a restraining adjustment. In this context the modality administered first is called root treatment, while the later administered treatment is called auxiliary treatment.

For example, in case of a restraining correlation between lung deficiency and liver deficiency the lung deficiency would be named the root and the liver deficiency the auxiliary pattern. Or simply put together as lung-liver restraining correlation.

Again, the selection of the five phase and the five command points follows the rules set out in the difficult issue No. 69 or 75 in the Nan Jing.

2. Needling one side

Single-sided needling refers to a technique where a certain point located both on the left and right side is needled only on one side, although these points used to be needled on both sides. Clinically needling only side restored the balance of the pulse, while needling both sides on the contrary led to a disordered pulse.

The side on which the root treatment is performed, is called the adjustment side, whereas the auxiliary treatment is performed on the opposite side. In men the left side and in women the right side are the adjustment sides, but if there is disparity of the symptoms and symptoms are predominate on the left side in men, then the right side will become the adjustment side.

Using the above mentioned restraining adjustment in case of a lung-liver deficiency and the absence of any uneven distribution of the symptoms in men, left-sided points are used for the lung deficiency pattern and right-sided points for the liver deficiency pattern.

3. Yin governing yang following principle and preferential reinforcement

Treatment principles stipulate that yin channels are treated before yang channels and reinforcement precedes any reduction. For that reason reinforcement of yin channels is performed first.

Also, based on the treatment principle described in difficult issue No. 69, in case of a lung deficiency, first the lung channel and next the spleen channel is reinforced. The same applies to other patterns too.

Articles by this association

Let's introduce two articles published by this association.

1) Special lecture abroad about "skin diseases"; President Mitsuyoshi Tanaka

As meridian therapist we understand all diseases in terms of deficiency or excess of meridians and use mainly acupuncture and moxibustion as a

traditional medical system to perform reinforcement or reduction as required to bring about healing.

This is called pattern based treatment. Accordingly, in actual clinical practice patients with skin diseases visiting our clinics we follow the traditional theory of the "four diagnostic procedures" to identify the pathology and then determine the "pattern", which is considered to inevitably bring about the healing. However, in today's clinical practice there is a demand for speed. For this reason an adjunct therapy developed by our association has been added as a local and symptomatic treatment in order to augment the effects of the root treatment. Nobody believes the assertion that acupuncture and moxibustion is effective for skin diseases, but it actually is very effective. Acupuncturists not familiar with meridian therapy probably cannot understand this.

Below I will describe a few cases from actual clinical practice.

* Herpes zoster

The condition manifests on the surface of the skin and therefore often represents a lung deficiency pattern, associated with reactions of the large intestine channel, but in case of acute herpes zoster it is important to use the small intestine channel. In case of a spleen deficiency yang excess a proper reduction of the pathogenic evil in the small intestine and supplementing the center is effective. Occasionally pricking the network vessel at the well point of the small intestine may be performed. Also, application of a single, filiform moxa cone on top of the herpetic lesions has an immediate effect and can promote complete healing of the herpetic lesions without scarring.

* Urticaria

Recently a correlation between liver diseases and allergic disorders has been pointed out. Urtication appears in particular after eating and as a result of the influence of the liver channel. Upon moxibustion applied to the point "ura naitei" (reverse ST44),

located opposite to neiting (ST44) on the sole of the foot, is felt immediately as hot on the left side, whereas on the right side the patient has difficulty of feeling the heat, so that the moxibustion is repeated until the heat is felt. If the heat is not felt on the right side, this can be interpreted as evil having invaded the liver, warranting treatment for a spleen deficiency liver excess pattern. If the heat is not immediately perceived on the left side, a yang channel is treated in case of spleen deficiency, or else the treatment is for spleen excess in case of liver deficiency.

Also, when in doubt about the pattern in cases of hepatitis, application of moxibustion to reverse ST44 and comparison of both sides, the side with less pain can be considered the governing side.

This reverse ST44 is not only useful for the treatment of liver diseases, but also for diagnosis. On the abdomen reactions are often observed at the right-sided ST19, ST21 and ST24.

* Atopic dermatitis

Pathogenic mechanism

In meridian therapy dry atopic dermatitis is considered to be a problem to be approached as "treatment for deficiency heat". Based on the characteristics of deficiency heat it has rising and divergent properties. Accordingly, the arising from "the locations of the yin organs and positions of the various yang organs" the deficiency heat rises towards more superficial organs. And it then stagnates in the most superficial layer of skin and hair. When the interstices of the skin and hair can function sufficiently and open up to allow the stagnant deficiency heat to dissipate, this deficiency heat can be treated normally. However, if the interstices do not function properly, the deficiency heat continues to stagnate below skin and hair and steams it from below. This causes then the development of inflammation of skin and hair, resulting in dermatitis. Based on meridian therapy concepts this is pathogenic mechanism of dry atopic dermatitis.

Treatment is characterized by the following two essential points.

"Prevent the development of deficiency heat"

Normally, deficiency heat develops often from the liver and spleen of the middle energizer. Thus, we focus on the middle energizer as the source of the deficiency heat and attempt to clear that heat. In meridian therapy we use the command points of the yin channels and adjust their anomalies. In case of heat clearing therapy usually we use acupuncture to administer reinforcement of the water points.

"Normalize the function of the interstices"

Next, a treatment to normalize the function of the interstices is performed. The interstices are an organ under the control of the lung. Further, deficiency heat caused by anomalies of the liver lead to some loss of function of the interstices, so that the water point of the lung channel is reinforced using acupuncture. For the symptomatic treatment by bring the side of a spoon needle in contact with the skin to perform a light scraping massage.

Pathogenic mechanism of exudative atopy

In meridian therapy exudative atopic dermatitis is understood as a problem of "skin and hair as well as the interstices". Skin and hair have lost vigor and are deficient in defensive qi, so that the defensive barrier of the interstices is not working sufficiently, allowing skin and hair to be damaged by external stimuli, leading to the development inflammations in the affected areas. For example, sweat contains many stimulatory components strongly irritating the skin. Areas likely to sweat easily include the armpits, the pit of the elbows, the neck etc. That is also why the condition worsens in the summer.

To improve the qi deficiency of the lung and reinvigorate strength the earth point of the lung channel is reinforced. This represents a root treatment. For the symptomatic treatment the side of spoon needles are brought into contact with the skin to perform a light scraping massage in such a

way, that the normal skin surrounding the affected areas is stroked towards to affected area in order to gather defensive qi there.

Treatment is characterized by the following two essential points.

"Improve strength of the lung" "reinforce skin, hair and the interstices"

Pulse patterns are often lung-liver restraining, spleen-liver restraining, lung deficiency liver excess, spleen deficiency liver excess.

* Alopecia

Root treatment aims at harmonizing the body as a whole, while the symptomatic treatment uses light tapping with filiform needles of the affected areas. That is then followed by heat-sensing moxibustion using filiform moxa cones.

Often the pulse condition shows a kidney deficiency root pattern.

At the end I would like to add, that from a meridian therapy point of view the description of cases like those above is important in showing that the therapeutic effects of the root treatment, representing the true nature of meridian therapy, lead to an obvious improvement of the symptoms.