

Report from WFAS Tokyo/Tsukuba 2016

"Acupuncture and Moxibustion in Palliative Medicine"

Masaki Tsuda

Tohokai Oriental Medicine Acupuncture & Moxibustion
Clinical Study Group

Introduction

Within palliative cancer therapy the acupuncture and moxibustion treatment style of the Tohokai Oriental Medicine Acupuncture & Moxibustion Clinical Study Group (below: "Tohokai style acupuncture and moxibustion") has taken the initiative in 1985, when Dr. Nobuko Yokokawa introduced it in the department of anesthesiology of the National Cancer Center (currently the Central Hospital of the National Cancer Research Center) for the treatment of various symptoms of cancer patients. Relying on acupuncture and moxibustion treatment good results were obtained for clinical symptoms like weariness, numbness, pain etc. and since 1989 two acupuncturists from the Tohokai Group were dispatched to offer Tohokai style acupuncture and moxibustion treatment and this arrangement still continues today.

Acupuncture and moxibustion treatment applied in palliative cancer treatment does not focus exclusively on the treatment of symptoms, but comprehension of the correlation between the whole body and the site of the symptoms, based on oriental thought and using oriental medical specific examination techniques is very important.

Many cancer patients in need of palliative medical care suffer from exhaustion caused by the nature of the disease, surgeries or else the side effects of chemotherapeutics often progress into a state of deficiency. That is why the stimulus dose of the acupuncture and moxibustion treatment has to be carefully adjusted to prevent overstimulation. Essentially cancer patients and patients with other diseases are identical in the sense, that both present with symptoms, and the pathology of these symptoms can be understood by using the four

examination methods from the oriental medical perspective of "Qi and Blood".

About the Tohokai Group

The Tohokai style acupuncture and moxibustion treatment has been developed in Japan based on interpretations of the classics and belongs to the group of styles called channel therapy. This channel therapy has been proposed by Sorei Yanagiya, Sodo Okabe, Keiri Inoue, Shinichiro Takeyama and others in the 1930s. Channel therapy is characterized by its concept of disease based on deficiency and excess patterns of organs and viscera, allowing treatment of diseases by way of adjustment of deficient and excessive conditions. This treatment form has been systematized based on the identification of patterns using the four examination methods. Treatment can be divided into treating the root in order to adjust fundamental deficiency and excess patterns of organs and viscera on the one hand and local and symptomatic treatment on the other hand. Point selection for root treatment relies mainly on interpretations of the 69th difficult issue and selected points are then either tonified or reduced. The results, again, are then evaluated using mainly pulse diagnosis among the four examination methods. Local and symptomatic treatment is performed for the purpose of alleviating symptoms and to that end take both local and general conditions into account. In this case the treatment is performed with the purpose of changing the local, subjective symptoms of the patient.

Here I would like to present an organized classification of the needling methods used for Tohokai Group style acupuncture and moxibustion treatment. Needling can be classified mainly into the following five types.

1. Contact needle therapy (CNT) (Contact needling)
2. Insertion needle therapy (Stabbing needle therapy)
3. Special needle therapy (Special needling techniques)

4. Rounded contact needle therapy (Spoon needle contact needling)

5. Qi-retained needle therapy (Qi retention needling)

For contact needle therapy (contact needling) the needle tip is brought only into contact with the skin but not inserted, allowing to control Qi using techniques like tonification or reduction. It is used for diseases involving Qi (psychosomatic illnesses).

In case of insertion needling therapy the needle tip is inserted into the body to control Blood using techniques like tonification or reduction. It is used for diseases involving Blood (physical illnesses).

Special needle therapy (Special needling techniques) include techniques like big needle method, long needle method, moxibustion with warming needles, micropuncture technique, intradermal needling etc. These techniques are used, when achieving effects with contact needling or needle insertion is difficult. Rounded contact needle therapy (Spoon needle contact needling) refers to stroking or pressing against the body with the tip of a comparatively thick metal rod with a rounded head called spoon needle (chi zhen). It is used for infants or patients who are particularly nervous, so that the use of ordinary filiform needles may be difficult.

Qi-retained needle therapy (Qi retention needling) refers basically to the same technique as the so-called needle retention.

Contact needling in palliative medical care

In general medical practice these techniques are used selectively for tonification and reduction of the channels, but in palliative care contact needle therapy (contact needling) constitutes the fundamental technique.

Treatment is performed according to the following procedure. First, the four examination methods inspection, listening and smelling, asking and palpation are performed and the general pattern is identified. Within this flow of examination abdominal and pulse diagnosis are particularly

important for determining the pattern. Once the pattern has been determined, points for the treatment of the root are selected based on interpretations of the difficult issue No. 68 and 69 and then used to tonify or reduce the channels. After that a pulse diagnosis is performed and mainly based on changes in pulse patterns, but facial complexion, changes in expression, skin complexion, the tone of the voice, changes in symptoms and other information gathered using the four examination methods are also taken into consideration for a general evaluation of the treatment. If the effects are considered to be sufficient, the treatment is completed. If the effects are insufficient, further corrections will be made as far as possible, but the stimulus dose must be matched to the physical fitness and condition of the patient.

This is how the treatment is administered. Here I would like to explain contact needle therapy (the method of contact needling) used so frequently for patients in palliative care.

Contact needle therapy (contact needling) refers to a treatment form where the needles are inserted not even 1 mm deep, but only brought into contact with the target area. The movement of Qi in the channels as well as the fluctuations of Yin and Yang are modified via the body surface Qi. Concrete descriptions of methods and techniques follow below. The needles used are so-called long-handle needles, which are ordinary filiform needles that have, however, a longer handle, with a thickness varying between 0.18 and 0.16 mm and a length of 30-40 mm for which we recommend gold or silver as material. The Tohokai Oriental Medicine Acupuncture & Moxibustion Clinical Study Group does not use needle tubes, not restricted to the contact needling technique, but uses needle twirling without tube also for insertion of needles.

Indications for the techniques of contact needle therapy (contact needling)

The contact needle therapy (contact needling techniques) are divided into 9 types (Figure) and for each of these purpose and indication are clearly specified.

Transmeridian Qi tonifying therapy (Channel Qi replenishing needling)

Transmeridian Qi tonifying therapy (Channel Qi replenishing needling) is a method to replenish the Qi within the channels. As a tonification technique of the root treatment the channel Qi is replenished. The tip of the needle is laid at an angle of 30 degrees into the direction of the channel course and fixed there with the pressing hand. The needling hand applies some gentle up and down pressure on the needle tip and when the coming and going of the Qi is detected, the needle tip is held still. With the nail of the thumb of the needling hand the needle handle is flicked rhythmically. Once the arrival of Qi is felt, the flicking is stopped and the needle moved away from the skin surface. Simultaneously with removing the needle the needle hole is closed with the index finger or thumb of the pressing hand and a gentle massage is applied to the point location.

There is a first and a second way of selecting points for this method to be used as root treatment, but the first method is used more frequently. In this case LR8 is used for liver deficiency, KI7 for kidney deficiency, SP3 for spleen deficiency. LU9 for lung deficiency and PC7 for pericard deficiency.

Yin-yang balancing needling therapy (Yin-yang balancing needling)

The yin-yang balancing needling therapy (yin-yang balancing needling techniques) utilizes the transport and accumulation points to harmonize organs and viscera, so that it is frequently used to treat diseases of organs and viscera. They are used in particular for organic diseases and where needling methods are required that affect deeper lying disease of longer

duration. The selection of transport and accumulation points depends on the disease pattern. Perform palpatory massage along the channel course, a light massage as pretreatment and then determine the point with the pressing hand. The pressing hand then brings the needle body into close contact with the skin and holds it still, maintaining an angle of 90 degrees to the skin. After holding needle body and tip with the thumb and index finger of the pressing hand in close contact to the skin, the needling hand then stabilizes the needle tip. At this point it is important to pay sufficient attention to keep the needle tip in light contact with the skin and do not allow it to float free. Once the needle tip has been stabilized, apply a comfortable up and down pressure synchronized with your breathing to the needle tip and continue this manipulation until the Qi arrives. Normally the coming and going of the Qi usually should require about 5-6 respiratory cycles. When Qi has been obtained, the needle is removed. At this point be careful not to allow leakage of Qi and apply simultaneously with removing the needle some light massage to the acupoint as posttreatment.

Healthy Qi tonifying therapy (Healthy Qi replenishing needling)

Healthy Qi tonifying therapy (Healthy Qi replenishing needling) refers to a needling method to replenish healthy Qi and is used as local and symptomatic treatment for areas of marked deficiency, emaciation or weakness of the flesh. The used acupoints do not rely on patterns, but can be selected as required according to the findings of inspection of palpation.

Application of healthy Qi tonifying therapy (healthy Qi replenishing needling) means applying palpatory massage along the channel course and thus harmonizing Qi. When the point to be treated has been determined, the pressing hand fixes the needle at an angle of 90 degrees to the surface of the skin. After holding needle body and tip with the thumb and index finger of the pressing hand in close contact

to the skin, the needling hand then stabilizes the needle tip. The pressing hand is held in close contact with the skin, while at the same time the needling hand lightly applies some pressure on the needle tip. The needle is held still with the pressure applied and one awaits the arrival of Qi, which usually requires about 3-4 respiratory cycles. When Qi has been obtained, the needle is removed. At this point be careful not to allow leakage of Qi and apply simultaneously with removing the needle some light massage to the point as posttreatment.

Yang Qi tonifying therapy (Yang Qi supplementing needling)

Yang Qi tonifying therapy (Yang Qi supplementing needling) is a needling method to replenish the yang Qi within yang (protective Qi) and is used as local and symptomatic treatment for surface areas showing deficiency, conditions of numbness or opening of the interstices. Most of the used points are not actual acupoints but rather sites of changes on the skin surface. This needling method serves the purpose of supplementing the yang Qi of the body surface and close the interstices.

In the areas treated with this yang Qi tonifying therapy (yang Qi supplementing needling technique) palpatory massage is applied along the channel course to harmonize Qi. When the point to be treated has been determined, the pressing hand fixes the needle at an angle of 90 degrees to the surface of the skin. After holding needle body and tip with the thumb and index finger of the pressing hand in close contact to the skin, the needling hand then stabilizes the needle tip. The needling hand holds the needle body and swiftly performs alternating half-turns to the left and right. Here it is important to avoid using force with the pressing hand and not apply too much pressure. One to 2 turns are the norm, but if the yang deficiency very marked, perform 4 or 5 half-turns. As soon as the Qi flow swells, remove the needle. At this point be careful not to allow leakage of Qi and apply

simultaneously with removing the needle some light massage to the point as posttreatment.

Yin Qi tonifying therapy (Yin Qi supplementing needling)

Yin Qi tonifying therapy (Yin Qi supplementing needling) is a needling method to replenish the yin Qi within yin (nutritive Qi) and is used as local and symptomatic treatment for conditions of closed interstices, moist skin, feeling of coldness, weakness of the flesh, muscle tension or flaccidity. The used acupoints do not rely on patterns, but are selected as required according to the findings of inspection of palpation.

In the areas treated with this yin Qi tonifying therapy (yin Qi supplementing needling technique) palpatory massage is applied along the channel course to harmonize Qi. When the point to be treated has been determined, the pressing hand fixes the needle at an angle of 45 degrees to the surface of the skin. After holding needle body and tip with the thumb and index finger of the pressing hand in close contact to the skin, the needling hand then stabilizes the needle tip. The needling hand holds the needle body and gently applies some pressure and holds the needle for 2-3 respiratory cycles until Qi passes through the yin portion within the yang. As soon as the Qi flow swells, remove the needle. At this point be careful not to allow leakage of Qi and apply simultaneously with removing the needle some light massage to the point as posttreatment.

Qi dispersing needling

Qi dispersing needling is a needling method for the dispersion of Qi depressions and is a somewhat reducing, continuously performed needling technique for local and symptomatic treatment. Targets are skin areas that appear upon inspection darker than the surrounding skin, or upon palpation feel rougher. These are findings frequently observed on the back and in the lumbar region. Since a major characteristic of body surface Qi is its particularly

marked tendency towards stagnation, the use of Qi dispersing needling is frequently used in clinical practice.

During inspection the pressing hand is used for palpation and determines the scope in which the Qi dispersing needling is to be applied, when Qi depression has been found. The pressing hand is not held fixed on the body and the needle body is not brought into close contact. The contact is more like light touch to protect the needle, the hands keep moving while needling and at the same time constantly check, whether the Qi is dispersed or not. Hold the junction of needle handle and body gently with the finger pulps of thumb and index finger of the needling hand. Beware not to exert any force via the joints of the fingers and arms and learn how to apply light pressing and withdrawing movements through snapping motions of the needling hand. The needle is brought into contact with the areas of Qi stagnation and at once quickly withdrawn. The needle should have an angle towards the skin of about 60 degrees. Be careful not to drag the needle tip during the manipulation. Once the first needling is completed, slide to the next treatment point and repeat the procedure. Perform this technique consecutively for a third, fourth and fifth time without any intervals in between. After the needling palpate the skin and stop the treatment when the roughness of the skin has decreased, or the moisture of the areas of Qi stagnation seems to have increased. Care is required, since with this technique the stimulus dose may easily increase. The needle is brought into contact with the skin with a frequency of about 3-4 times per second.

Smoothing Qi needling

Smoothing Qi needling is a needling technique used, when in conditions other than Qi stagnation (Qi dispersing needling), yang Qi deficiency (yang Qi supplementing needling), or closure of the interstices a disharmony of smoothness and moistness of the skin surface is present. It does not rely on

conventional acupoints, but rather applies continuous needling to smooth the body surface and is performed as a finishing or harmonizing method. With a slightly supplementing effect it is combined with the slightly reducing effect of Qi dispersing needling.

The body surface is palpated with the pressing hand and the scope of the area to be treated determined. The pressing hand is not held fixed on the body and the needle body is not brought into close contact. The contact is more like light touch to protect the needle and the hands keep moving while needling, at the same time constantly observing whether the body surface is moistening. Hold the junction of needle handle and body gently with the finger pulps of thumb and index finger of the needling hand. Beware not to exert any force via the joints of the fingers and arms and learn how to apply light pressing and withdrawing movements through snapping motions of the needling hand. The needle tip is swiftly withdrawn almost simultaneously with bringing it into contact with the skin. The needle should have an angle towards the skin of about 30 degrees. Be careful not to drag the needle tip during the manipulation. Once the first needling is completed, slide to the next treatment point and repeat the procedure. Perform this technique consecutively for a third, fourth and fifth time. The needle is brought into contact with the skin with a frequency of about 3-4 times per second. After the needling palpate the skin and stop the treatment when the skin has become smoother and moister.

Qi drawing needling

Qi drawing needling is a technique that through remotely guiding healthy Qi disperses the evil Qi in the affected area. It is a supplementing needling technique and used for local and symptomatic treatment on all parts of the body, employing acupoints. The point selection depends on the nature of the disease and usually traditionally well-known acupoints are selected.

Qi drawing needling is performed, holding the concept of "drawing Qi" in mind. The channels are palpated along the channel course and a light massage is applied to the point locations. Bring the thumb of the pressing hand into close contact with the needle body and thereby fix it. At this time the needle should have an angle towards the skin of 45 degrees. After grasping needle body and needle tip firmly with thumb and index finger of the pressing hand, the needling hand stabilizes the needle. Bring the needle tip lightly into contact with the point location and hold it there for about 4-5 respiratory cycles. Immediately after the Qi arrives, remove the needle from the point location. Simultaneously with removing the needle the point location is closed by lightly pressing it.

Clear excess therapy (Pathogen draining needling)
 Clear excess therapy (Pathogen draining needling) is a needling technique to drain pathogen (in particular yang pathogens) and applied as local and symptomatic treatment. As systemic and general treatment the command points on arms and legs are used to drain the pathogenic Qi accumulated in the channels. As local and symptomatic treatment it is employed to treat heat associated with wind evil, bruises or else in the presence of pain due to swelling and distension at sites of pathogen accumulation. Applied as systemic and general treatment the connecting and cleft points of the channel presenting with excess are used. The proper use of these cleft and connecting points depends on whether the condition is due to external pathogens or not. In case of external pathogens the cleft points, or based on the exterior and interior correlation and in case of excess of flourishing Qi the connecting points are used.

First, locate the points to be needled. Hold the junction between needle handle and body gently with the finger pulps of thumb and index finger of the needling hand. Form the shape of the pressing hand, bring the needle tip lightly into contact with

the point location and hold it at an angle towards the skin of about 60 degrees. The direction is chosen based on the principle of the directional reducing-reinforcing method. The needling hand gently applies some pressure on the needle tip and performs 2-3 times an up-and-down movement. After this up-and-down movement is finished, the needle is quickly removed from the point location and the pressing hand leaves the needle hole without closing it.

When employed as local and symptomatic treatment palpate the region feeling warm (the site of pathogen excess) with the pressing hand to determine the scope of the local needling. Hold the needle gently at the junction between the long needle handle and body gently with the finger pulps of thumb and index finger of the needling hand. Swiftly bring the needle tip into contact with the area of warmth and immediately remove it. At this time the needle should be at an angle of about 90 degrees towards the skin. After completion of the first pathogen draining needling move slightly sideways to the next needling site and repeat the procedure. Perform this technique consecutively for a third, fourth and fifth time without any intervals in between. The movement should be performed at a speed of 5-6 times per second. The pressing hand is not held fixed on the body surface and moves together with the needle, constantly checking whether the feeling of warmth is fading or not as well as assessing the state of sweating. When the pressing hand senses sweating in the area of warmth and fading of the heat sensation, it is time to discontinue the treatment.

The above described contact needle therapy (contact needling techniques) are used to treat cancer patients in palliative care.

Conclusions

Cancer patients in palliative medical care present with pulse patterns showing exhaustion and suffer from the characteristics of their disease as well as

the side-effects of various treatments, so that the pulse is often very thin and weak. Contact needle therapy (contact needling techniques) are optimal for these patients. During the treatment it is important to carefully observe the pulse, skin condition and changes in indurations.

Contact needle therapy (contact needling techniques) have the advantage that they are safe, painless and not associated with the risk of infection. Also, for patients afraid of needles contact needle therapy (contact needling) is easier to accept than the typical treatment using needle insertion.

I believe wide application of contact needle therapy (contact needling techniques) can be an effective treatment for many patients in palliative medical care.