

Introduction of Japanese Acupuncture

Considering the Therapist's Hand (5)

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IV. How are the hands trained?

Factors influencing the hands of therapists can be grossly divided into two groups. In other words, the kind of hands therapists develop is based on "differences in therapeutic concepts" and "differences in therapeutic modalities".

1. Differences in the palpating hands based on differences in therapeutic concepts

Based on differences in therapeutic concepts the sites (tissues) from which the gathering of information is attempted differs, and therefore the requirements of the hands performing the palpation differs as well. For example, depending on whether the therapist bases his/her practice on classical or modern medical theory, the purpose of the palpation will be different.

In case of classical theory the theoretical foundation will be vitalism and humoral pathology, requiring comprehension of concepts like stagnation and flow of Qi and Blood. For this reason the hands have to be trained to be able to perform pulse and abdominal diagnosis, palpate the meridians, check the conditions of the acupoints and the like. The skin, subcutaneous tissues, muscles etc. will be palpated from the point of view of classical theory.

Yet, on the other hand, if modern medicine serves as theoretical basis, solid pathology becomes the foundation and it will be necessary to comprehend the condition of tissues (sometimes organs) and perform palpatory examinations on the basis of a knowledge of physiology and anatomy. Palpation will be performed using concepts like dermatomes, trigger points or Head's zones etc. This allows us to gain insights into the position of bones or the course of muscles in addition to which an understanding of neurological examinations is also required.

Specifically, for example, when considering

palpation of the abdomen, (abdominal palpation) palpation of organs (organ examination) based on modern medical theory may indicate hypertrophy or sclerosis of the liver, or swelling of the kidneys. However, when adhering to the classical theory, it is not the organs that are palpated, but oriental medical comprehension aims rather at understanding the condition of the abdominal skin, connective tissue or muscles. This can easily be understood when considering the designation of liver, heart, spleen, lung and kidneys with regard to the abdominal diagnosis according to the Gosei-ha. Or in cases when disease names are associated with the names of organs and viscera, that do not really indicate those organs itself. For example, kidney yin deficiency may not be diagnosed as the western "anatomical" kidney. On the contrary, for the palpation of liver cirrhosis, the liver will be palpated through the skin, connective tissue and muscles. The purpose of the palpation is to feel the liver parenchyme.

2. Differences in palpating hands based on differences in therapeutic modalities

In cases of differences in therapeutic modalities, there are specific aspects palpation is used to ascertain, so that the required palpatory skills differ. In this case, the target tissues vary depending on the therapy applied during treatment. Table 5 shows a number of therapies, but here I would like to describe the kind of palpation required for those therapies (Table 5).

Table 5 How is the hand trained?

Therapy	Goal of palpation
Acupoint therapy	... determine location and reactivity of acupoints
Ashi point therapy	... identify tender or indurated regions
Treatment of muscles	... comprehension of muscles, tendons and ligament (trigger point therapy, pulse therapy etc.)
Treatment based on pulse diagnosis	... identification of the condition of the pulse (strength and condition of the pulse)
Use of tools	... identify stimulation sites

(1) Acupoint therapy

For therapies with the aim of stimulating acupoints, it would suffice to be able to acquire those acupoints according to the descriptions given in the textbooks. In other words, this requires learning the position of the 361 acupoints and practice to be able to locate those positions precisely. Accordingly, it should be sufficient to understand and be able to apply the bone-standard measurement and body inch method.

However, an understanding of the location of the acupoints is a minimal requirement, the location of the acupoints is not simply a question as to how many inches a certain point is separated from a particular bone. Clinical practice therapy will require searching for acupoints mainly in the vicinity of the locations given in the text books. Accordingly, acupoint therapy too, even if performed strictly, requires looking for detailed local and distal reactions. For this reason it is necessary to train the hand in order to make them capable of detecting subtle vital reactions on the body surface.

(2) Ashi point therapy

Ashi point therapy treats the sites indicated by the patient, so that it has been considered a therapy without theoretical foundation. Since needles are inserted into painful areas, a certain degree of therapeutic effects can be observed and the patient is satisfied. Therefore, the therapeutic goal can be said to have been achieved to a certain degree.

However, if ashi point therapy real effects are to be obtained, the therapeutic sites within the areas the patient is complaining about must be firmly established. In other words, determination of the final needling sites requires, not surprisingly, examination of the relevant reactions, so that it is necessary to perform a detailed palpation in order to comprehend those reactions.

(3) Treatment of muscles

Although there are probably no therapists who consider the lesion to be located exclusively in muscles, there may be a substantial number of therapists, who eventually are able to establish a treatment targeting

the muscles. This may be due to a trend towards deeper needle insertion or using stimuli strong enough to have the patients realize that the needles are inserted to a certain depth. Palpation related to this kind of needle insertion should provide insights into the condition of muscles and ligaments. Here information pertaining to the skin or connective tissue is rather unimportant. Accordingly, modern anatomy and physiology can be applied without any modifications. However, during actual needling, the question where a particular muscle of a given size should be needled emerges. Therefore, the condition of the muscles must be observed in detail during the palpation, and the palpation must help identify appropriate points for needling.

(4) Treatment based on pulse diagnosis

Pulse diagnosis: Since the pulse condition should be understood for the treatment, detecting minute variations in the pulse is required. Yet, if only the pulse was observed among the multitude of reactions the body shows, and none of those other reactions were considered significant, it would be necessary to first establish a system of correlations between those other reactions and the pulse through comparative studies. Moreover, if an acupoint has been chosen in response to the pulse diagnosis (for example one of the commonly used five element points) and its position has been determined using the bone-standard measuring, in actual practice an even more exact determination of its location would depend on the palpatory skills of the practitioner.

(5) Use of tools to determine treatment sites

In case a dermometer or equipment for Ryodoraku therapy is used, a detailed palpatory examination is not necessary, since the results of the measurements determine point locations. Then the locations of the acupoints can be deducted using the bone-standard measuring. Yet, because this is also a special form of acupoint therapy, practitioners have to face in the end the same problems already described above in the section on "Acupoint therapy".