

Introduction of Japanese Acupuncture

Considering the Therapist's Hand (7)

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V. Basic training of the hands

2. Palpation posture

Next I will describe the way the hands should be placed and the posture (Table 7).

Detailed findings of the body surface are felt with the fingertips, but trying to perform the palpation solely with the fingertips renders the patient most uncomfortable. It would be advisable to place the entire palm in close contact with the region to be palpated, or else form the hands into a shape similar to that of the examined body region from a little distance and then bring the fingertips into contact with the body. Also, conscious efforts should be made not to use the fingertips per se for this task, but rather perform the palpation from the wrist, using the entire palm.

Shoulders and elbows should not be spread out and both wrists and fingertips kept parallel to the target area during the palpation. When sitting on a chair, the upper half of the body should rest on the hips, the back positioned directly above the pelvis, arms extending effortless from their base at the shoulder and palms positioned at the end of them. In other words, hips, back, shoulders, elbows, wrists, fingertips are linked systematically together. It is important to realize this. Naturally, once this posture becomes comfortable, it will no longer be necessary to concentrate this flow of movements and the practitioner can concentrate completely on the area being palpated. Also, when standing, both legs form the foundation of the posture, the hips are placed on top of the legs and the remaining upper half of the body again assumes the same posture above the hips as when sitting. In short, although palpation is performed

with the hands, it is definitely not done solely with the fingers or the wrists alone. The entire body should concentrate on the palpation and that its complete involvement is crucial to effective palpation.

Table 7 Basic training of the hands II - Placement of the hand -
1) Place first the wrists and then the fingertips
2) Form an arch with the palms and fit them to the body form
2) Don't spread shoulders or elbows
3) Keep wrists and fingertips parallel to the bed surface (or the surface to be palpated)

3. Acquaintanceship / Familiarity / Putting the patient at ease

During palpation the things listed in Table 8 should be taken to heart. It is important to avoid making the patient uncomfortable by trying to obtain the necessary information quickly and abruptly. These two items may appear to be contradictory, but both are necessary to obtain palpatory information. Therefore, although under particular circumstances there may be a certain degree of inconsiderations pertaining to pain, discomfort or shame of the patient (occasionally even disregard), if at all possible, attempts should be made to perform the palpation from the point of view of patient. Moreover, attempt to acquire the skills to aptly obtain the necessary information.

Also, it is important to take care not to expose the patient's skin more than necessary. The skillful use of bath towels to cover the patient and arrange things for this purpose assures that only the area to be palpated is exposed. Prepare two bath towels to cover the patient, covering the upper and lower halves of the body separately. Skillful use of these two towels allows elegant exposure of only the necessary areas.

4. Evaluation of the palpation and therapeutic effects

This is related to the following section on practice methods, but the question as to whether the information obtained through palpation is really appropriate or not, requires that the practitioner constantly and repeatedly question him/herself. Until intuition upon touch produces the correct results, repeated self-questioning is very important.

During palpation confirmation of the sensation obtained from the fingertips through touch is a recollection of the past. It is a comparison with memories of what one has felt through touch in the past to verify the current sensation. However, many people have little experience of touching other people and the available memories from the past are not very clear either. It is therefore necessary to establish one's own set of sensory memories. This process requires some time and will be associated with a strong feeling of fatigue. Yet, once this stage has been passed, it becomes possible to comprehend reactions without much conscious effort based on the thus established memories.

Table 8 Basic training of the hands III - Help the patient relax -
1) Warm your hands
2) Don't use unnecessary pressure
3) Don't let the patient feel any pain
4) Always scrutinize your own sensation

5. Practice methods

Now I would like to describe some practical methods for improving palpation skills (Table 9).

During practice it would be good to blindfold yourself or use other means to block vision, so that you can concentrate on touch without being distracted by visual information. As I have described in this paper on the training of the hands under (- Object -), it is important to clearly distinguish during practice between the tissues to

be examined. First, muscle tension and stiffness should be understood distinct from tension, swelling and tone of the skin and connective tissues. This is a skill that is comparatively easy to acquire, because the practical training during regular schooling usually focuses on the acquisition of information pertaining to tension, stiffness and similar 'excess' information. By graduation, the skills of palpation for excess conditions and reactions are often fairly well developed. Actually tension and similar signs of excess are rather easy to comprehend.

Once you have learned to assess excess, you should try and practice to obtain information about "deficiency". One example of a practice method would be to practice and palpate the round shape of subcutaneous veins or foveations in the skin without applying too much pressure. This form of palpation should be done by gently sliding your hands over the skin without applying too much pressure.

Always confirm with your teacher (master), whether your sensation is correct or not. Also, it is advisable to practice in a way that inspires the patients to ultimately tell you, that your "hands are warm, soft, pleasant and comforting".

Table 9 Palpation targets
* Skin (surface) -> The feel of the skin, degree of tension, irregularities, temperature, degree of moisture, alterations etc.
* Skin (deep) -> Tone of connective tissues, hardness, arteries and veins, indurations, edema etc.
* Muscles -> Tone of muscles and tendons, tension, swelling, lack of power, indurations etc.
* Organs -> In acupuncture and moxibustion therapy organs are not the subject of palpation, but you must be aware of their respective positions
* Bones -> Bones are important as anatomical landmarks and for acupoint location.