

Introduction of Japanese Acupuncture

Considering the Therapist's Hand (8)

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VII. Correlation between palpation target and treatment

The reactions found during palpation represent some form of vital response. Yet, regarding the classification of pathologic conditions these individual responses represent, proposals include: there is still no unified theory. Some of the meridian and acupoint theory within the science of acupuncture and moxibustion, the theory of alarm and back transport points, abdominal diagnosis according to the Gosei-ha (a school of Kampo medicine in Japan influenced by the medicine of Li Dong yuan) or Koho-ha (a school of Kampo medicine antagonistic to the Gosei-ha school, advocating a return to the practical type of medicine of the Shang Han Lun), tender points, trigger points etc. Each of these has their relevant theories, but a theory summarizing palpation in general has not yet been proposed.

Naturally, the meridian and acupoint theory represents a theoretical systematic correlation between the internal organs and the skin, but the actual existence of meridians and acupoints has not yet been thoroughly substantiated anatomically and physiologically. Clinically, the effective use of meridians and acupoints is very important, but from the standpoint of a "reaction theory" empirical evidence is desirable.

For this reason it has been considered necessary to systematically organize the correlations between pathological conditions and repeatable physical findings on the one hand and using those findings with effective therapies on the other hand.

The so far described reactions appearing on the body surface are each related to some form of anomaly within the body and as such have been organized as (1) organs/viscera-meridian system, (2) Head's zones, (3) tender points, (4) viscerosomatic reflexes and (5) propagated sensation along channels or similar phenomena.

I will try to provide some brief explanations about these below.

(1) Organs/viscera-meridian system

Meridians are the pathways along which Qi energy, environmental influences enter the body from the outside as well as the path between problems arising from organs that are then propagated to and expressed on the body surface. Accordingly, not only the channels and collaterals of the body surface, but also the vessels extending from the body surface to the organs are included in the relevant examinations. These are associated with organs and viscera, or else connected to these organs and viscera. Therefore, the concept that "the connection between acupoints, meridians, organs and viscera is organized into a system allowing comprehension of the pathological condition(s) and their correlation with the therapy" represents the fundamentals of the organs/viscera-meridian system. This concept has been described in the section about environmental qi of the "Su wen" (plain questions) and can be called a fundamental assumption not only for acupuncture and moxibustion, but for oriental medicine in general.

The designation of organs/viscera-meridian system implies that the meridians connect the organs and viscera with the body surface, i.e., forms a coordinated connection between the interior and exterior of the body. Katsusuke Serizawa liked to use the above expression in particular because it can be said to express the point of view of western

medicine and attempts to define scientific acupuncture and moxibustion very well. It also bears some resemblance with the viscerosomatic reflexes concept described below.

(2) Head's zones

The Head's zones have been described by the British physician Henry Head and refer to hyperalgesic zones apparently associated with diseases of internal organs. The underlying nature of this phenomenon is defined as referred pain. The theory holds, that the input of afferent fibers from internal organs produces hyperaesthesia, in particular hyperalgesia in zonal distributions corresponding to the innervation of the posterior spinal roots, so that not only hyperalgesia, but also reddening and swelling may appear. These zones are the dermatomes. For this reason it may be said, as detailed below, the Head has viscerosomatic reflexes.

(3) Tender points

This is a concept that was pointed out in the 1920s and refers to locations on the body surface that are painful when pressed. The underlying nature of this phenomenon is mainly a correlation with internal organs in which anomalies may have arisen. Most of these points are named after the person who discovered them, for example Boas point or Onodera's gluteal point.

It is unclear how the concept of these tender points has evolved, but they resemble the acupoints observed in oriental medicine. However, acupoints form groups of points that are related to each other via channels, whereas for all tender points the relationship is completed between the point and the internal organ. In this regard tender points may be said to resemble the transport and alarm points defined within the hypothesis of meridians and

acupoints.

(4) Twelve Hirata style body surface zones

These zones have been suggested by Kurakichi Hirata, who was a student at the Kyoto University medical facility, and are belt-like zones on the body surface. The head, neck, arms, trunk and legs are divided into 12 zones and zones of similar names in each region are considered to be interconnected. Using his "Hirata psychotherapy – hot needling technique" to develop therapies not relying on moxibustion, he also proposed the "doctor in each family movement" aiming at universal health coverage under which the entire population would be able to become healthier.

(5) Viscerosomatic reflexes

Viscerosomatic reflexes are reflexes mediated via autonomic nerves and theoretically express the status of internal organs on the body surface (skin, muscles etc.). The pain appearing on the ulnar side of the left arm in case of heart disease is a representative example. These autonomic nervous reflexes appear within the dermatomes, and so they are theoretically easy to comprehend.

Again, there are also autonomic nerve reflex mediated somatovisceral reflexes, so that the theory about viscerosomatic and somatovisceral reflexes may be considered, from a western medical position, very important for explaining acupuncture and moxibustion effects.

Research into somatovisceral reflexes started in Japan with research into heart rate and later reports dealing with digestive organs (stomach and intestines), gallbladder, kidneys, uterus and the like have been published.

(6) Propagated sensation along channels

Reports on the propagated sensation along

channels have been published in China [雄渾社]. The quality of the provided images is extremely poor and there may be often signs of modifications made after pictures were taken, so that their contents cannot be considered acceptable but with some of these pictures the idea still comes through to a certain degree.

Masao Maruyama et al. performed "research into Hibiki (needling sensation)" in Japan prior to research into the propagated sensation along channels phenomenon performed in China. In Japan Shoji Yoshimoto followed these lines and presented later his book illustrated with photographs, but subsequent research has not been affected by it.

There is no doubt that lines are appearing on the body surface very closely resembling the course of the meridians, but further investigations in the future are necessary to determine what pathological conditions they relate to and what clinical significance they have. In other words, etiologic factors and their reflection on the body surface (reactions), as well as the correlations between these reactions and the treatments performed in response to their need to be systemized. Since this line of reasoning represents the fundamental theoretical system for the training of the hands of therapists, it needs to be established as soon as possible.

VIII. Conclusion to this series

The reactions identified during palpation represent some form of vital physical response. Yet, unless it is clear to what pathological conditions the body is reacting, this cannot be applied therapeutically. And, in the past many different systems of reactions have been proposed, but there is still no unified theory.

Naturally, the theory of meridians and acupoints represents within the system of acupuncture and moxibustion a systematic theory of the correlation between internal organs and body surface, but the actual existence of meridians and acupoints has not yet been substantiated anatomically and physiologically. Unless there is at least some empirical evidence, this theory cannot be even lightheartedly expounded based on the prevailing assumptions.

For this reason the relationship between pathologic condition and reaction on the one hand and reaction and therapy on the other hand should be systematically organized and a suitable theory established. Once this has been accomplished, the clinical development of acupuncture and moxibustion will most probably advance to the next stage. Future studies dealing with these questions are desirable.

This being said, at the present moment the concepts pertaining to meridians and acupoints offer us an enormous wealth of possibilities. Although we should not accept the practical concepts without question, they definitely serve as a valuable reference and may well be used to achieve reproducible clinical results.