

Introduction of Japanese Acupuncture

Considering the Therapist's Hand (6)

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V. Basic training of the hands

1. Object of the palpation

Below I will describe the basic training of the hands. (Table 6)

1) Palpation is performed using the “pressing hand”

The palpating hand, in other words, the “pressing hand,” is for right-handed persons the left hand. The necessity of using the “pressing hand,” for the palpation arises because it must determine the location of the acupoints that are subsequently needed. In current clinical training (practice) this use of the hands is not taught, so invariably the dominant hand tends to be used for the palpation, which in turn results in a certain degree of failure to acquire the relevant palpation skills for the pressing hand, i.e., the non-dominant hand. Most people do have a dominant hand, so that this hand is used to perform the needling, while the other hand becomes as the “pressing” hand. Thus, since the dominant hand in many cases is used to perform various detailed tasks throughout daily life, it usually has developed a very subtle sensitivity and the relevant detection skills. For this reason sensitivity of the pressing hand, mostly serving as support, is relatively dull and many people find it difficult to concentrate on it.

Accordingly, most people who start studying the skills following their initial encounter with acupuncture will have to acquire for the first time in their life, the sensitivity required for palpation. Naturally, since the skills of palpating the human body have not been practiced for the needling hand, either, the conditions pertaining to the acquisition of palpation skills are essentially for both hands.

Normally, people believe, they could acquire a

certain degree of proficiency regarding the sensitivity of the pressing hand after about 2 years of practice, but to gain confidence usually requires more than 3 years. Of course, this is generally based on the assumption, that this achievement is the result of highly concentrated efforts made during that period. With less serious efforts and practice the acquisition of these skills will probably require more than 3 years.

2) Examination of skin, connective tissue, muscles, bones (internal organs) through palpation

Palpation has to be performed while being conscious of the four layers skin, connective tissue, muscles or bones (internal organs) being examined. As already stated, instructions in current school education often emphasize the muscles as the object of the examination, so that students tend to think only about muscles. Yet, performing detailed palpation in actual practice requires also the checking for tension and elasticity of the skin, various reactions of the connective tissues as well as recognition of the physical signs originating from sources other than the information obtained from muscles. Those are essential for both examination and treatment and represent the basic body of information obtained through palpation.

On this occasion it should not be forgotten, that except for the skin, none of the mentioned tissues can be palpated directly. In other words, even though a palpation of the anterior tibial muscle is performed, the anterior tibial muscle itself is not directly palpated, but rather through the intervening layers of skin and connective tissue. Thus, palpation of only the anterior tibial muscle, regardless of the condition of skin and connective tissues, is not possible. Keeping this in mind, it should be realized, that the condition of the skin is palpated using the connective tissues as foundation, connective tissues are palpated through the skin using muscles as foundation and the condition of the muscles is palpated through both skin and

connective tissues using the bones (or internal organs) as foundation. Realizing these correlations the condition of the individual layers can be comprehended more precisely.

As a matter of course, however, man has the wonderful capability of depicting only the muscles in his mind, eliminating the information pertaining to skin and connective tissues. And by mustering anatomical knowledge here, the combination of palpation and knowledge will coalesce from a precise map.

3) Finding reactions

Differences in tissues produce different reactions and, based on the differences in these reactions, the treatment will also differ, so that it is necessary to clearly distinguish during palpation between the depth and kind of reactions. Moreover, reactions should be ascertained for each tissue (in other words location and depth) and treated correspondingly.

Again, as a matter of course, skin, connective tissues, muscles, bones all do feel different during the palpation. The different structure of the various tissues gives rise to the difference in feeling upon palpation and a basic sensitivity for these sensations should be acquired.

And above that, it is also possible to detect the presence of pathological reactions.

Table 6 Basic training of the hands
- Object -

<p>1. Palpation with the pressing hand -> Ultimately improve the ability to determine the location of acupoints (pressing hand)</p> <p>2. Requirement of skills to differentiate between skins, connective tissue, muscles, bones (internal organs) during palpation</p> <p>3. Ascertain reactions -> imagine 3-dimensional structure and be aware of depth and the kind of the reactions</p>

4) Excess and deficiency at the body surface

Judgment of overall excess or deficiency combines the results obtained by all four examination methods: inspection, listening/smelling, questioning and palpation. It should be noted that there are distinctions pertaining to excess and deficiency among the findings gathered through each of the examination methods.

And in case of palpating the condition of the above mentioned four different tissue layers, it is also necessary to assess the state of excess or deficiency through palpation.

(1) Dermal layer

First, the surface of the skin is examined for swellings, indurations, fever, bulging, dryness and other signs of excess. And conversely, also for signs of deficiency like depressions, lack of strength, coldness, lack of elasticity, lack of moisture etc.

(2) Connective tissue layer

Next, is case of excess of the connective tissue layer tension, swelling, warmth, hardness and similar characteristics can be felt and should be comprehended. In case of deficiency a lack of strength, noticeable thinness, coldness and dryness etc. can be felt.

(3) Muscle layer

Muscle excess is associated with tension, sinewy properties, indurations, swellings and tenderness. Cases of deficiency present with lack of strength, muscular grooves, depressions and lack of elasticity can be observed.

(4) Bone layer

Excess of the bones is associated with swelling, deformation, tenderness etc., while deficiency gives a feeling of coarseness as in osteoporosis or hardness lacking moisture and movement.