

HARI HANDBOOK
OF
TRADITIONAL JAPANESE
ACUPUNCTURE

Extraordinary Vessel
Treatment

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Introduction

Extraordinary vessels circulate peripheral aspects of the twelve regular meridians, and in a way, they function as a kind of bypass. The extraordinary vessel treatment method introduced here is simple to learn, produces instant results, and can be used successfully by anyone.

It was twenty five years ago when I first encountered extraordinary vessel treatment. Back then however, it was rather difficult to use extraordinary vessel treatment effectively. With the benefit of hind sight, I can see now that the difficulty was due to the fact that diagnoses for extraordinary vessel treatment then was in large degree a mere guesswork and done in a random and haphazard manner. Even twenty five years ago, there were many of my precursors who used extraordinary vessel treatment, and authored books on the subject, but only a few of them could actually use it in clinical situation effectively.

I too was at first discouraged by the complexity of the diagnostic methods associated with extraordinary vessel treatment, and almost abandon it many times, but since I started using the magnetic tester, I have been able to realize effective and accurate extraordinary vessel treatment. Over the years, based on my own clinical experiences, I have developed my original abdominal diagnostic system for extraordinary vessels, which contributed further to make the extraordinary vessel treatment useful and applicable in everyday clinical situation.

For this seminar, I intend to instruct my American friends in such manner so that they can start using extraordinary vessel treatment right away in their practice.

Lastly, this text is a result of selective excerpts from my book *Extraordinary Vessel Treatment Made Easy*, and I would like to thank Mr. T. Koei Kuwahara and others who made this seminar possible by arranging and preparing the seminar and translating this text into English.

December 1996 Kazuto Miyawaki

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Ch 1. Extraordinary Vessel Treatment

Extraordinary vessel treatment is a treatment method in which treatment is done by the use of eight extraordinary vessels, its basic treatment method has been presented by the late Dr. Yoshio Manaka and Mr. Jiro Nagatomo of Hamamatsu.

Since then, many senior practitioners have conducted further examinations and experimentations of the efficacy of extraordinary vessel treatment, and presented their results. However, the people whom I have regular contact tell me either they do not understand extraordinary vessel treatment, or extraordinary treatment does not achieve much of a desired result. Extraordinary treatment is done by combining its eight treatment points. For instance, if the treatment is done by using Yang Wei Mai, it is used in combination with Dai Mai.

The extraordinary vessels are coupled in the following manner.

Du Mai - Yang Qiao Mai

Yang Wei Mai - Dai Mai

Ren Mai - Yin Qiao Mai

Yin Wei Mai - Chong Mai

Moreover, the main treatment points of extraordinary vessels are represented by the eight points (Chart 1).

In actual practice, if for instance the *SHO* pattern has been determined as Yang Wei Mai, its treatment point is TW5, so needle TW5 with a technique that makes it positive in terms of polarity (and retain it), and then needle its coupled point GB41 with a technique that makes it negative, and retain the needle. At this point, determine the retention time of the needles, and remove them as a successful treatment result is confirmed. A more detailed explanation is presented in part 11 of Chapter 8, so please review that section.

Chart 1 Main treatment points of extraordinary vessels

<u>EV</u>	<u>Main treatment Pts</u>	<u>Meridian</u>
Du Mai	SI3	Small Intestine meridian
Yang Qiao Mai	BL62	Bladder meridian
Yang Wei Mai	TW5	Triple Warmer meridian
Dai Mai	GB41	Gallbladder meridian
Ren Mai	LU7	Lung meridian
Yin Qiao Mai	KD6	Kidney meridian
Yin Wei Mai	PC6	Pericardium meridian
Chong Mai	SP4	Spleen meridian

Ch 2. The differences between the twelve regular meridian treatment and extraordinary vessels treatment

Everyone seems to think that extraordinary vessel treatment is remarkable, for mostly it is done by simply connecting two meridians. Even so, extraordinary vessels differ from regular meridians in how they

influence the living body. Let us point out the differences between extraordinary vessel treatment and regular meridian treatment (meridian therapy).

As stated in the chart 2, the diagnostic and treatment methods of meridian therapy are complicated, but in the case of extraordinary vessel treatment, they are quite simple. Moreover, what is notable is that extraordinary vessel treatment can be immediately put to use by anyone with little effort.

On the other hand, extraordinary vessel treatment shows its efficacy instantly, yet its shortcomings is that the positive treatment result obtained by extraordinary vessel treatment also diminishes very rapidly with passage of time.

Meridian therapy is a totalistic treatment, and its purpose is a reinforcement of the fundamental vitality. For that reason, for meridian therapy, even if the specific Western biomedical name of disease of the patient is unknown to the practitioner, he or she can safely and effectively provide a treatment to the patient. For extraordinary vessel treatment, its purpose is limited to local treatment or addressing the need to eliminate symptoms, therefore in order to heal the diseased living body, it needs to be combined with some kind of totalistic treatment such as Tai Ji therapy or applying needles or moxa on basic body points. On the following chart, meridian therapy and extraordinary vessel treatment are compared in a simple manner, but these comparisons can be made only after actually using the two in clinical situations.

Chart 2 The differences between meridian therapy and extraordinary treatment

	Meridian Therapy	EV. TX.
Purpose	Strengthening the basic vitality	Elimination of symptoms
Subject meridians	12 regular meridians	2 to 4 channels
Immediate result?	May take a while to show its result	Shows immediate result
Lasting result?	Yes	No
Techniques and methods	Requires tonification and dispersion technique--and four DX method (looking, hearing, asking, and palpation)--Pulse diagnosis is central to DX	The retaining needling technique, Magnet or Moxa is sufficient.--DX--look for pressure pain points and the directions of the flows of meridians--DX use only tester and confirmation of pathology
TX method	Need the use 5-element points, various needling techniques, and pulse taking ability	Use magnet, moxa, positive and negative needles, need only retaining needle technique

Ch 3. Dual meridian Treatment

Zhen fin Yin describes extraordinary vessel pathology, and it also states that extraordinary vessels are effective for most pathologies. However, in daily clinic situation, there are cases in which the use of eight extraordinary meridians is not sufficiently effective. For those cases, the following two combinations of two meridians have been found quite effective, and after a period of experiment and trial, I have formulated them as dual meridian treatments.

(1) LR3 - HT5

Once I had a difficulty treating pain on the medial aspect of a knee around LR8. Then, I heard that Mr. Kodo Fukushima treated the same problem successfully by connecting LR3 of Liver meridian and Ht5 of Heart meridian, and as I tried this treatment, I found it to be very effective. As I conducted further research, thinking that LR3/Ht5 connection may be effective for other symptoms and disorders, I began to find that this combination is effective and applicable for many other conditions just as I suspected. Of course, the emphasis of one of the two points can be changed - Ht5/LR3 as well (see Ch4).

* (LR3/Ht5 is named Foot JueYin Mai, and Ht5/LR3 is named Hand ShaoYin Mai).

(2) LI4 - ST43

Extraordinary vessel treatment is done by using its eight activation points, but these points all belong to the twelve regular meridians, and those other meridians used in my extraordinary vessel treatment that do not belong to extraordinary vessels are liver meridian, stomach meridian, large intestine meridian, and heart meridian. Therefore, in addition to the aforementioned foot Jue yin mai (LR3 - Ht5), we use stomach and large intestine meridians which belong to hand and foot yang ming mai, and they have been used in many forms.

My idea to use different metals to obtain therapeutic result derived from using extraordinary vessel treatment. The late Kodo Fukushima Sensei stated that he had very good results using hand and foot yang ming mai for treating mastitis, and I too confirmed its efficacy for similar conditions.

Moreover, if this treatment is used as ST43 → LI4 (instead of LI4 → ST43), its range of applicability is greatly increased and I find it extremely useful.

* I call LI4 → ST43 hand yang ming mai treatment, and ST43 → LI4 foot yang ming mai treatment.

Ch 4. How to locate the points for extraordinary vessel treatments

There are no particular treatment points in the eight extraordinary vessels, and for treatment, extraordinary treatment borrows mainly Luo points from regular meridians. In extraordinary treatment, magnet, moxa, needle retaining is one of its treatment methods, so locating the points has at most importance.

1. How to locate the eight extraordinary vessel points

(1) SI3 for Du mai

Location: the point is on the ulnar side proximal to the fifth metacarpophalangeal joint at the junction of the red and white skin.

How to locate: When a loose fist is made, the point is on the ulnar side, proximal to the fifth metacarpophalangeal joint, at the end of the transverse crease and the junction of the red and white skin.

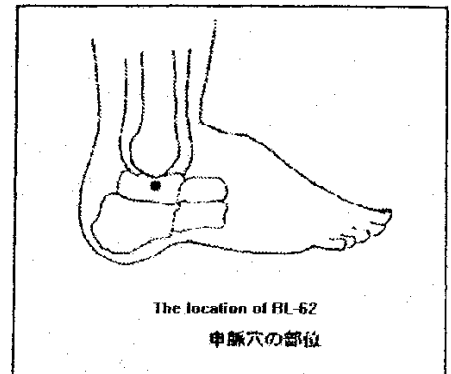
*When locating this point, make a fist, and make the ulnar side of the fist facing upward.



(2) BL62 for Yang Qiao Mai

Location: 0.5 cun below the lateral malleolus.

How to locate: Feel the area directly below the lateral malleolus, and then trace your finger slightly posterior to the lower border of the lateral malleolus. There, you can feel the tendon of peroneus longus. Press this area as if you push this tendon slightly forward towards anterior, and then you will find a point that causes pressure pain, and that is BL62.

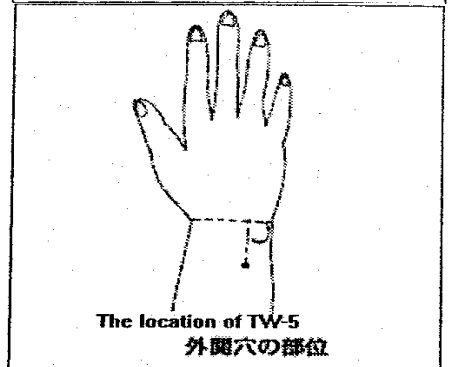


(3) TW5 for Yang Wei Mai

Location: 2 cun directly above TW4.

How to locate: This point is coupled with PC6 and together, they form an exterior and interior pair. On the dorsal aspect of the forearm, the point is found on the spot where you feel pressure pain along the ulnar border of the tendon of extensor carpi ulnaris.

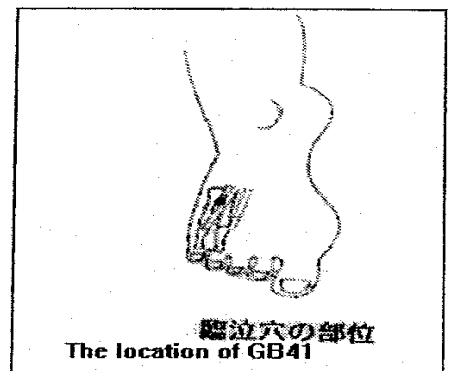
*Together with PC6, be careful about the position of the hand when locating this point.



(4) GB41 for Dai Mai

Location: 3 cun behind GB43, in depression between the fourth and the fifth metatarsals.

How to locate: Trace the depression between the fourth and the fifth metatarsals upward with your finger until you reach the area where your finger naturally stops. The point is found in this area where you also find

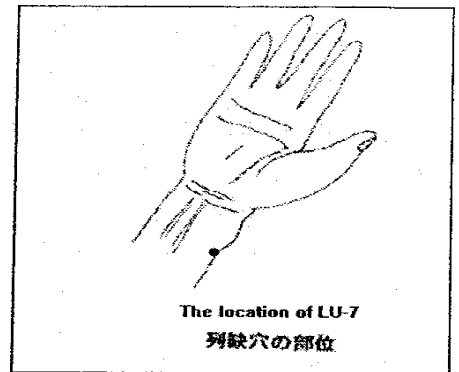


pressure pain. *This point easily moves forward and backward, and sometimes you take this point on a bone

5) LU7 for Ren Mai

Location: On the radial artery, 0.6 cun above LU8.

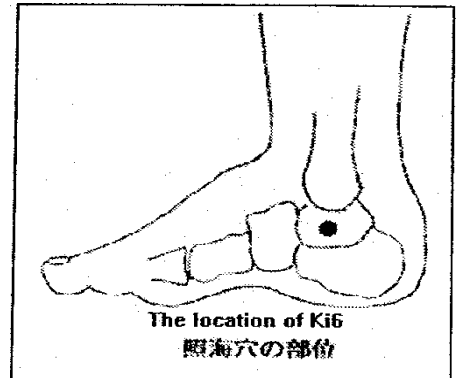
How to locate: Trace your finger downward along the lung meridian, and you will find the point on a spot slightly above the styloid process, where you clearly feel pressure pain.



(6) KI6 for Yin Qiao Mai

Location: 1 cun below the lower border of medial malleolus.

How to locate: As you palpate slightly posterior to the area 1 cun below the lower border of medial malleolus, you will feel the tendon of tibialis posterior. Press this tendon forward towards anterior and you will find a clear pressure pain point in the area. This is K16

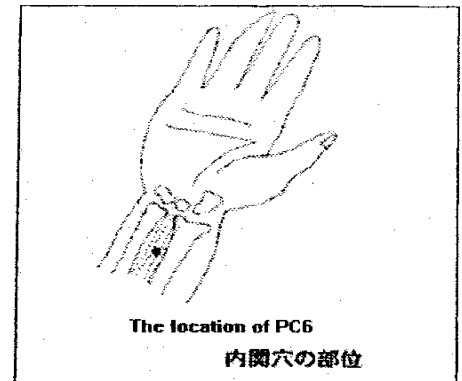


(7) PC6 for Yin Wei Mai

Location: 2 cun above PC7.

How to locate: On the planter aspect of the forearm, the point is found on the pressure pain spot in the depression between the tendons of palmaris longus and flexor carpi radialis.

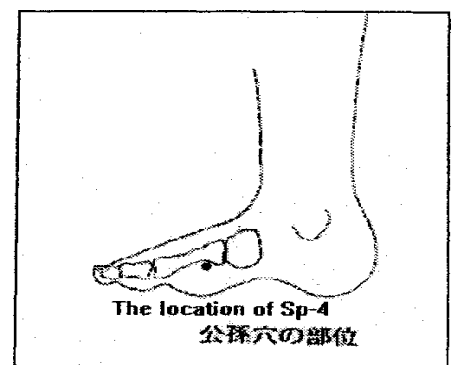
*When locating this point, it is easy to make an error if one is careless about the position of the hand.



(8) Sp4 for Chong Mai

Location: 1 cun posterior to Sp3, in between the red and white skin.

How to locate: Palpate around the area 1 cun posterior to Sp3, and find a pressure pain spot on the muscle of flexor hallucis brevis.

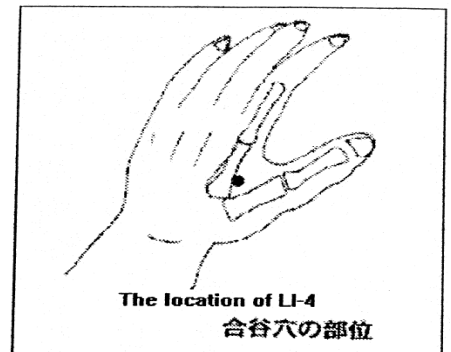


2. The points used for the dual meridian treatments

(1) LI4 for hand Yang Ming Mai

Location: On the dorsum of the hand, distal to radial side of the base of second metacarpal, at lower edge of flexor pollicis brevis.

How to locate: As you trace the radial side of the second metacarpal from its tip with your finger, you will feel m. flexor pollicis brevis. The point is located at the lower edge of m. flexor pollicis brevis at its lower edge, in the spot where the artery can be detected.



(2) ST43 for foot Yang Ming Mai

Location: On the dorsum of the foot, on the lateral side of the midpoint of the *second* metatarsal, 2 cun posterior to ST44.

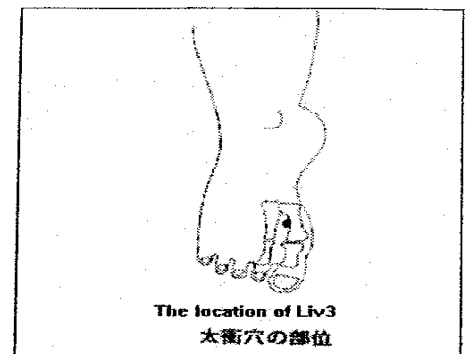
How to locate: As you push up the area between the second and the third metatarsals, you will find a depressed spot that causes pain with pressure. ST43 is located there.



(3) Liv3 for foot Au Yin Mai

Location: On the dorsum of the foot, in the depression distal to the junction of the first and second metatarsals, at the spot where the artery is felt.

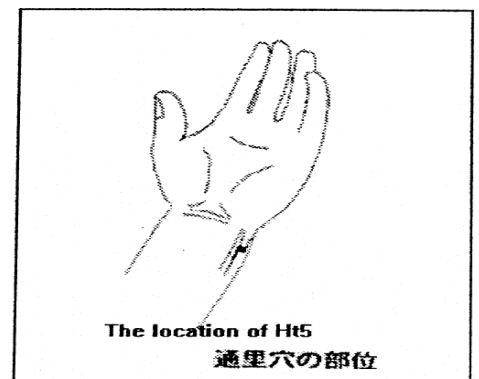
Flow to locale: Look for the pulsation around the area distal to the junction of the first and second metatarsals, and take the point on the lateral side of the first metatarsal.



(4) HT5 for hand Jue Yin Mai

Location: I cun above H'17.

How to locate: On the superior edge of the styloid process of the ulna, the point is located on the spot where pressure pain can be felt on the ulnar side of the tendon of m. flexor carpi ulnaris.



3. The points that can move easily at clinical setting

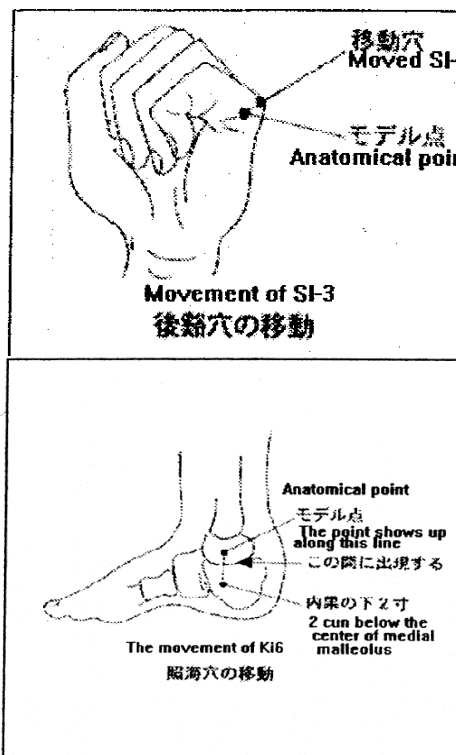
I have described the locations and how to locate the points used for treating extraordinary vessels, but these points are fixed, anatomically defined, textbook points. However, there are points that can deviate further from their anatomical locations. Especially SI-3, the treatment point of Du Mai, and KI-6, the treatment point of Yin Qiao Mai are such points.

(1) SI-3

Its anatomical location is defined as "between the red and white skin, on the ulnar side of the metacarpophalangeal joint," but in clinical settings, the point shows up slightly more dorsal aspect of the hand. Therefore, check the area between red and white skin and the area more dorsal to the hand along the joint with a magnetic tester.

(2) KI-6

The anatomical definition states that it is located 1 can below the lower border of the medial malleolus, but in actuality, KI-6 is located down to 2 *can* below from the lower border of the medial malleolus. The variability of the location of this point might be due to the disease or condition of the patient, or the seasonal changes. This point is difficult to correctly locate, but when you successfully locate this point, the patient will have a remarkable reduction in his/her symptoms and pain. Therefore, it is important for us to horn the sensitivity of our fingers



Ch 5. Types of diagnostic methods

The diagnostic methods of extraordinary vessel treatment can be categorized in the following manner below. These diagnostic methods are not conducted independently of each other, but are proceeded simultaneously in order to come up with a correct extraordinary vessel treatment pattern.

- (1) Diagnosis by the flow of channels
- (2) Diagnosis by symptomology and pathology
- (3) Diagnosis by palpation with pressure
- (4) Diagnosis by extraordinary vessel abdominal DX
- (5) Diagnosis by pulse taking
- (6) Diagnosis by the use of the tester magnet
- (7) Comprehensive diagnosis

Ch 6. Extraordinary Vessel Abdominal Diagnosis

The purpose of abdominal diagnosis in Meridian Therapy is to detect the change in Ki in order to assess which organ and/or meridian is deficient.

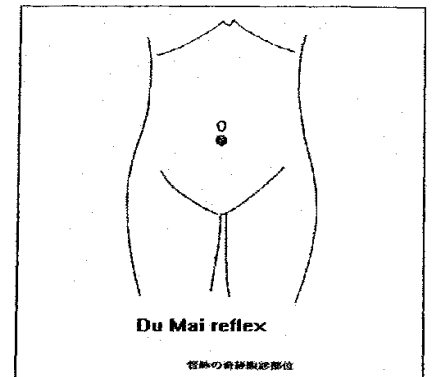
On the other hand, extraordinary vessel abdominal diagnosis is a result of a coincidental discovery after trying to find reflex areas for all extraordinary vessels for the sake of convenience, and therefore it is essentially different from the abdominal diagnosis of Meridian Therapy.

The technical difference between the two is that for Meridian Therapy abdominal DX, its purpose is to detect the change of Ki, so palpation is very light touch and the surface of the abdomen is barely touched if at all. For extraordinary vessel abdominal DX, palpation is done with deep pressing, and for this methodical difference, it is perhaps closer to organ diagnosis.

One needs some knack in order to correctly perform abdominal diagnosis, and the techniques are explained in detail after abdominal reflex charts in this chapter.

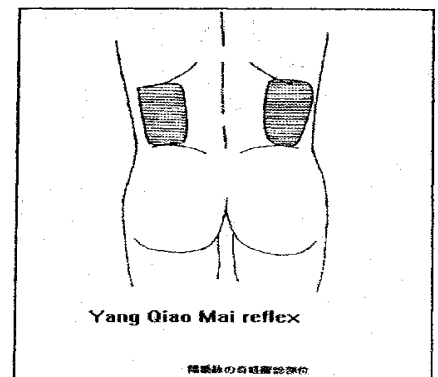
(1) Du Mai

On the center line of the abdomen, pressure pain and hardened knots show up around CV7 and CV6. This reflex can be easily mistaken for the Ren Mai reflex. The difference is that for Ren Mai, the reflex shows up in the area around CV5 and CV4, and together with consideration of the patient's symptoms, one can differentiate the Du Mai and Ren Mai reflex.



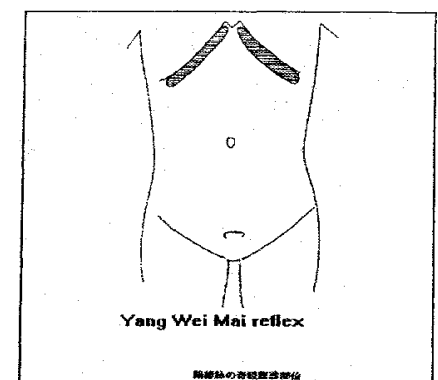
(2) Yang Qiao Mai

Draw horizontal lines from the tips of the 12th rib, and connect them to horizontal lines drawn from the PSIS with vertical lines drawn from BL52. This is the Yang Qiao Mai reflex area. This area is palpated while the patient is lying in supine position with the practitioner's index, middle, ring, and little fingers inserted from the flanks, and raised towards the abdomen. Together with Du Mai reflex, always take the symptom of the patient into account when considering Yang Qiao Mai.



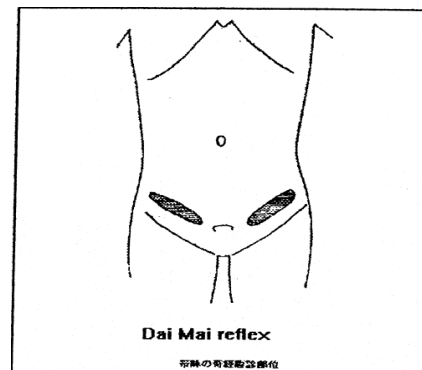
(3) Yang Wei Mai

Yang Wei Mai reflex shows up in the subcostal area bilaterally. When palpating this area, compare with the reflex area of Dai Mai. Palpate with the fleshy pad of the little finger.

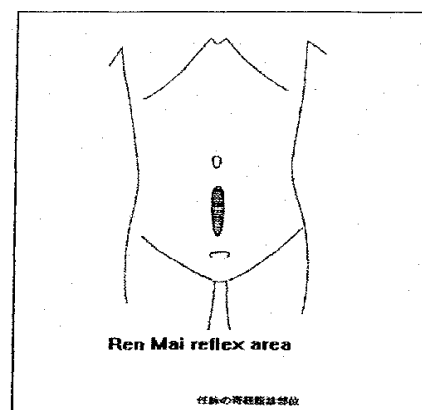


(4) Dai Mai

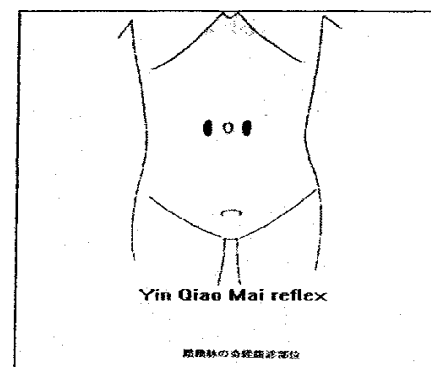
The reflex area of Dai Mai is located on the both sides of lower abdomen, slightly above inguinal grooves. Compare the Yang Wei Mai reflex when palpating this area. This reflex area is soft area of the abdomen, and therefore it is important to palpate in a soft and delicate manner, using the fleshy pad of the little finger.

**(5) Ren Mai**

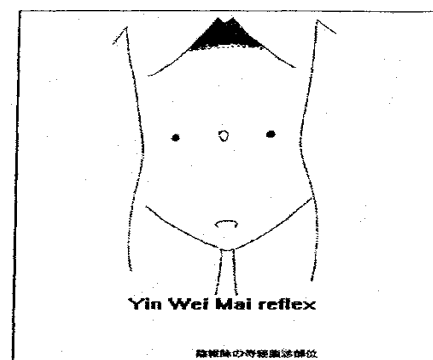
Based on the flow of Ren Mai, naturally, the reflex area should be on the center line of the abdomen, but after some experimentation, the Ren Mai reflex shows up most clearly around CV4 and CV5 area.

**(6) Yin Qiao Mai**

Yin Qiao Mai is diagnosed through palpation of ST25 bilaterally (2 can lateral to the navel). However, this point is also the reflex points of hand Yang Ming Mai (114-->ST43) and Yang Qiao Mai, so one needs clear and careful differentiation.

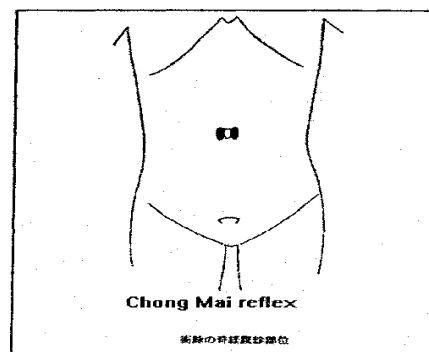
**(7) Yin Wei Mai**

The reflex for Yin Wei Mai is SP15 bilaterally and substernum area.

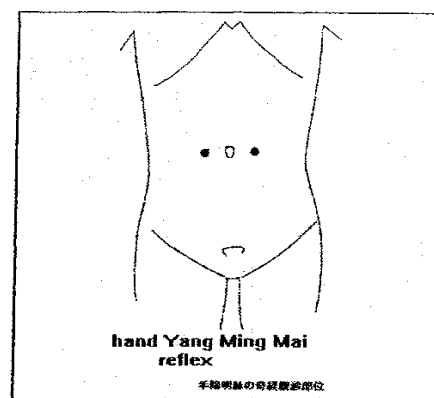


(8) Chong Mai

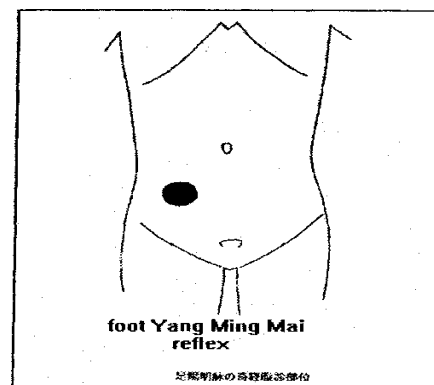
The reflex for Chong Mai shows on Kid16, which is 0.5 can lateral to the navel. Palpate with tip of the middle finger towards lower and lateral direction (4 & 8 o'clock).

**(9) Hand Yang Ming Mai (L14→ST43)**

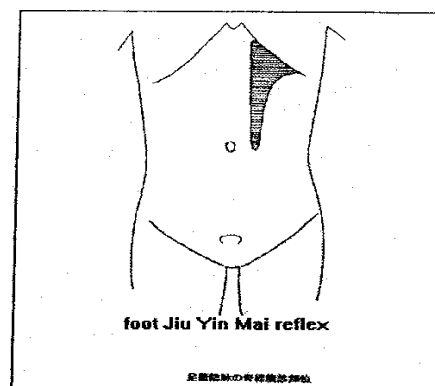
The reflex for hand Yang Ming Mai shows on ST25. As mentioned before, this point is also the reflex area of Yin Qiao Mai. The difference between the two is that the reflex for hand Yang Ming Mai shows up in shallow aspect of ST25, and for Yin Qiao Mai, hardened knots and pressure pain would be felt in much deeper aspect.

**(10) Foot Yang Ming Mai**

The reflex area is located in the right lower quadrant of the abdomen where the reaction of appendicitis would show. It is near the McBurney point and the anatomical location of appendicis.

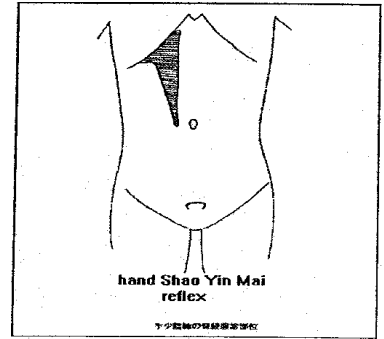
**(11) Foot JueYin Mai (Liv3→HT5)**

The reflex area shows up as a large triangle which covers the left subcostal area down to the left ST25.



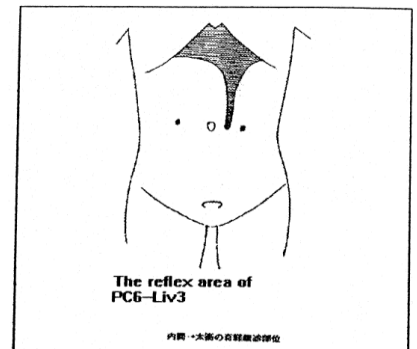
(12) Hand Shao Yin Mai (HT5→LR3)

The reflex area forms a triangle connecting the right subcostal area, ST19, ST20, SP16, and the right ST25.



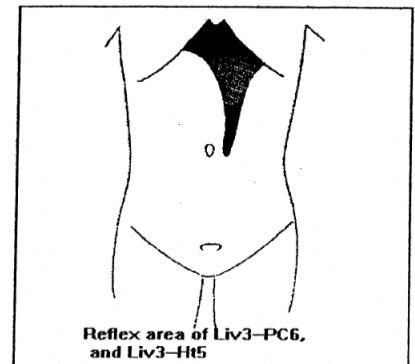
(13) PC6→LR3

The reflex area covers the substernum area and left ST25, in addition to both sides of SP15.



(14) Liv3→PC6, LR3→HT7

The reflex area covers the substernum area, left subcostal area, and left ST25.



2. What to look for when palpating abdomen for Extraordinary Vessels

1) Du Mai

On the center line of the abdomen below the navel, the area around CV7 to CV5 is the reflex area for both Ren Mai and Stomach zone. Therefore, if Du Mai can be considered because of the patient's symptoms, place the tester (magnets) on the point. If the Du Mai is actually appropriate, the reaction in this reflex area will disappear.

2) Yang Qiao Mai

Palpate from lateral aspect of abdomen through pelvis area, and use index, middle, ring, and little fingers as if to raise the whole back upward toward the frontal aspect, of the abdomen (area of palpation—from the middle of the PSIS through the first and second bladder shu lines up to L5). If there is reaction in Yang Qiao Mai, its reflex area present hard surface, and the fingers would not move upward toward the front aspect of abdomen easily. Sometimes, the four fingers cannot even get into the reflex area. If your fingers can push towards the front aspect of the abdomen easily and smoothly, that means Yang Qiao Mai is not indicated.

3) Yang Wei Mai and Dai Mai

As I stated in the first paragraph of Chapter six, you look for the reflex for Yang Wei Mai in the subcostal area, and for Dai Mai in the lower abdominal area (area above inguinal groove on both sides), and place the whole hand with emphasis on the fleshy part of the ulna on the reflex area and apply pressure gradually to check for reaction. Sometimes, gentle and small amount of pushing cannot detect hardened area or pressure pain area, so you need to push deeper, but when doing so, the patient's abdominal wall may push away your hands because of the reflex action of the abdominal wall. Naturally, when palpating lower abdomen for Dai Mai, press lighter than when you palpate subcostal area for Yang Wei Mai.

4) Ren Mai

If Ren Mai is indicated, you will find hardness and/or pressure pain around CV4 to CV5 area. When differentiating Yin Qiao Mai and Ren Mai, press ST25, but when doing so, ST25 should be pressed lightly, and CV4 and CV5 should be pressed deeply.

5) Yin Qiao Mai

As I stated above for Ren Mai, ST25 should be palpated lightly and shallow, but this is the point in which Hand Yang Ming Mai and Yang Qiao Mai reflex also appear. For this reason, making a judgement based on ST25 reaction is most difficult among all abdominal reactions in Extraordinary Vessel diagnosis, but it is useful to remind oneself when palpating that if Yin Qiao Mai is indicated for treatment Ren Mai reaction too is usually prominent.

6) Yin Wei Mai

When palpating SP15, use middle finger and press deeply inside. I think sensitivity in the substernum area should be considered as "fullness of the chest and stomach." If there is reaction in this area, the patient feel uncomfortable even a gentle light probing with the tip of four fingers. If the patient has reaction in both substernum area and SP15s, it is Yin Wei Mai Sho.

7) Chong Mai

The reflex area is located in a hard to locate place which is about 0.5 cun lateral to the navel. If it is the case of a large navel, the area that is 0.5 cun lateral to the navel is still within the outer edge or wall of the navel itself, so you can generally think of the Chong Mai reflex area as the lateral aspects of the wall of the navel. As you press this area with the tip of middle finger as if you are hooking the wall of navel, it will soft if there is no Chong Mai indication, and you will feel hardened knots if there is Chong Mai indication.

8) Hand Yang Ming Mai (LI4→ST43)

Its reflex area is considered to be in ST25 area, but as I stated in the Yang Qiao Mai section, it is very difficult to differentiate from other extraordinary vessel indications. Therefore, you need to carefully consider and compare the symptoms of the patient, and then check the reaction.

9) Foot Yang Ming Mai (ST43→LI4)

This area coincides with the palpatory reflex area of appendicitis which is located in the right lower quadron of the abdomen. If Foot Yang Ming Mai is indicated, there is always pressure pain and hardened knots without exception.

10) Foot Jue Yin Mai (Liv3→Ht5)

The area is spread from left subcostal area down to the left ST25, so palpate this area as if you are trying to find a triangular board in the area using both the palm of the hands and the tip of middle finger in order to palpate both area and point.

11) Hand Shao Yin Mai (Ht5→Liv3)

The reflex for Hand Shao Yin Mai is found in the area from right subcostal to right ST25, but this is not a large area as in the case of Foot Jue Yin Mai. Rather, the reflex is found in the relatively narrow area from ST19 and SP16 of the right subcostal area down to right ST25 as if they are all connected by narrow sticks. Compared to the reaction on the right side of the abdomen, hardness or knots tend to be found in the left side of the abdomen in the deeper aspect.

The author determines most extraordinary vessels *SHO* by considering abdominal reactions and symptoms, but this seems rather difficult for the beginner. However, compared to the complex diagnostic process of pathology and symptomatology for root treatment, with little training, extraordinary vessel diagnosis is much easier.

Ch 7. How to use magnetic tester

The magnet used for extraordinary vessel treatment is 800 gauss in strength. At the beginning, we have tried the 3,000 gauss magnet stick and 1,500 gauss magnet, but the 800 gauss model seems to be most versatile. It has sexangle shape, and is about 2 mm in thickness. The one side of the magnet has a small protrusion, and the other side has flat surface. The protruded side is positive, and the flat side is negative in polarity.

After determining which extraordinary vessel treatment pattern (*SHO*) you would be using, place the positive side on the master point, and the negative side on the coupled point. Then, check the corresponding abdominal reflex area, the pulse, the main symptom, and the tension of the neck and shoulder improve. If these criteria do not improve, or deteriorate, that means the particular diagnostic/treatment pattern you decided to use was a wrong choice.

In that case, you need to start the diagnostic process from the beginning, and place the magnets on the master and coupled points according to your new *SHO*, and observe whether the symptoms, the pulse, and the corresponding reflex area of the patient improves or not.

The extraordinary vessel treatment pattern you made is correct if all the aforementioned criteria are improved in the largest possible degree for the patient.

When you find the best sho, mark the points and proceed with the treatment.

*Instead of the 800 gauss magnet, copper (equivalent of positive in magnet) and zinc or aluminum (negative) pellets can be also used for the same purpose.

Ch 8. How to use gold and silver or PM pressballs

Even though these pressballs are very small, they can be enormously effective if they are used correctly. Assuming that you have come to the correct sho and points, these pressballs are especially effective for small children or sensitive patients. Moreover, they are also useful as a preventive medicine that can be practiced at home. However, please be careful for the following criteria.

- (1) If gold and silver pressballs are used for long period of time, the patient sometimes show reaction which resembles the kind of reaction caused by wrong treatments. These reactions are dyspnea, general feeling of malaise, lassitude, deterioration of the main complaint, and general and unspecified discomfort.
- (2) The normal dosage of the gold and silver pressballs is 3 hours for a normal adult, and 1 to 2 hours for sensitive patients.
- (3) The extraordinary vessel treatments are effective only if the eight extraordinary vessel points are located correctly. A few days after the treatment, the points have moved already, so you need to let the patient revisit your clinic, and locate the points again.

(4) Explain well to the patient how not to swap the gold and silver pressballs points. If this happens, the reaction I mentioned in (1) above will occur, so be careful.

Ch 9. How to treat extraordinary vessels with moxa

There are other extraordinary vessel treatment methods such as those which utilize ion pumping cords, or electroacupuncture, but in my experience, moxa is most effective.

First and foremost, with moxa, the effect of the treatment seems to last the longest.

The problem with moxa is that it feels painfully hot and may leave scars. However, if the treatment is effective, most patients would let you use moxa.

Also, it is useful if the patients themselves can use moxa at their homes. For those patients who have moxa scars, you can instruct them by phone which points to do moxa on, and in this manner, you can deal with acute or emergency situations quickly with your patients.

The following criteria should be checked when giving moxa treatment.

- (1) Moxa is only done on the accurately taken points and the smaller the moxa, the better the result the optimum size of the moxa should be that of a sesame seed.
- (2) The dosage of moxa is 5 rounds on the master point, and 3 rounds on the coupled point, or 3 rounds on the master point, and 2 rounds on the coupled point. Then, repeat this process for 5 times for each point. If the main symptom of the patient is pain, repeat these processes until the pain disappear.
- (3) If you are letting the patient to do self-treatment with moxa, you need to make the patient at least once a week in order to correct and change extraordinary vessel treatment pattern and for movements of the points.
- (4) For children and female patients, who are difficult to give moxa treatment, use a sheet of paper between the moxa and skin. By doing this, the intensity of heat becomes much milder, and no mark will be left on the point.

Ch 10. Corresponding symptoms and diseases and extraordinary vessel treatment patterns

- (1) Disorder of the head
1. Frontal HA Yang Wei Mai, foot Yang Ming Mai Du
 2. Occipital HA Mai, Yang Qiao Mai
 3. Temporal HA Yang Wei Mai, Yin Qiao Mai, Dai Mai Du
- (2) Disorder of the face area
1. Eye disease Yang Qiao Mai, Yang Wei Mai, Yin Qiao Mai
 2. Ear and nose Yang Wei Mai, Yin Qiao Mai, Ren Mai, hand Yang Ming Mai
 3. Oral cavity hand Yang Ming Mai, foot Yang Ming Mai, hand Shao Yin Mai
- (3) Disorder of CNS Du Mai, Yin Qiao Mai
- (4) Disorder of upper back, shoulders, and neck
1. Neck and shoulders Du Mai, Yang Qiao Mai, Yang Wei Mai, coupled with either Yin Qiao Mai or foot Jue Yin Mai
 2. Area between the scapulas
Left side--Yin Qiao Mai, Yang Wei Mai or foot Jue Yin Mai
Right side--Yin Qiao Mai & Yang Wei Mai or foot Shao Yin Mai or foot Jue Yin Mai
 3. Upper back The same as scapula area above.
- (5) Disorder of Lower back
1. Pain with flexion (bending forward) Yang Wei Mai (and Yin Qiao Mai)
 2. Pain with extension (bending backward) Yin Qiao Mai (and Yang Qiao Mai)
 3. Pain with bending sideways Yang Wei Mai, Dai Mai
- (6) Disorder of the Chest
1. Heart Disease Chong Mai, Yin Wei Mai, foot Jue Yin Mai, Hand Shao Yin Mai
 2. Respiratory illness Chong Mai, Yin Wei Mai, Ren Mai
 3. Liver, Gallbladder, Pancreas disorders Yang Wei Mai & Yin Qiao Mai, Yin Wei Mai, foot Jue Yin Mai, hand Shao Yin Mai
 4. Disorder of stomach Yin Qiao Mai, foot Jue Yin Mai
 5. Disorder of intestines Chong Mai, Yin Qiao Mai
 6. Constipation foot Jue Yin Mai, foot Yang Ming Mai

- | | |
|-------------------------------|--|
| 7. Gynecological problems | Yin Qiao Mai, Ren Mai, Chong Mai, foot Jue Yin Mai |
| 8. Male sexual organ problems | foot Jue Yin Mai, Yin Qiao Mai, Ren Mai |

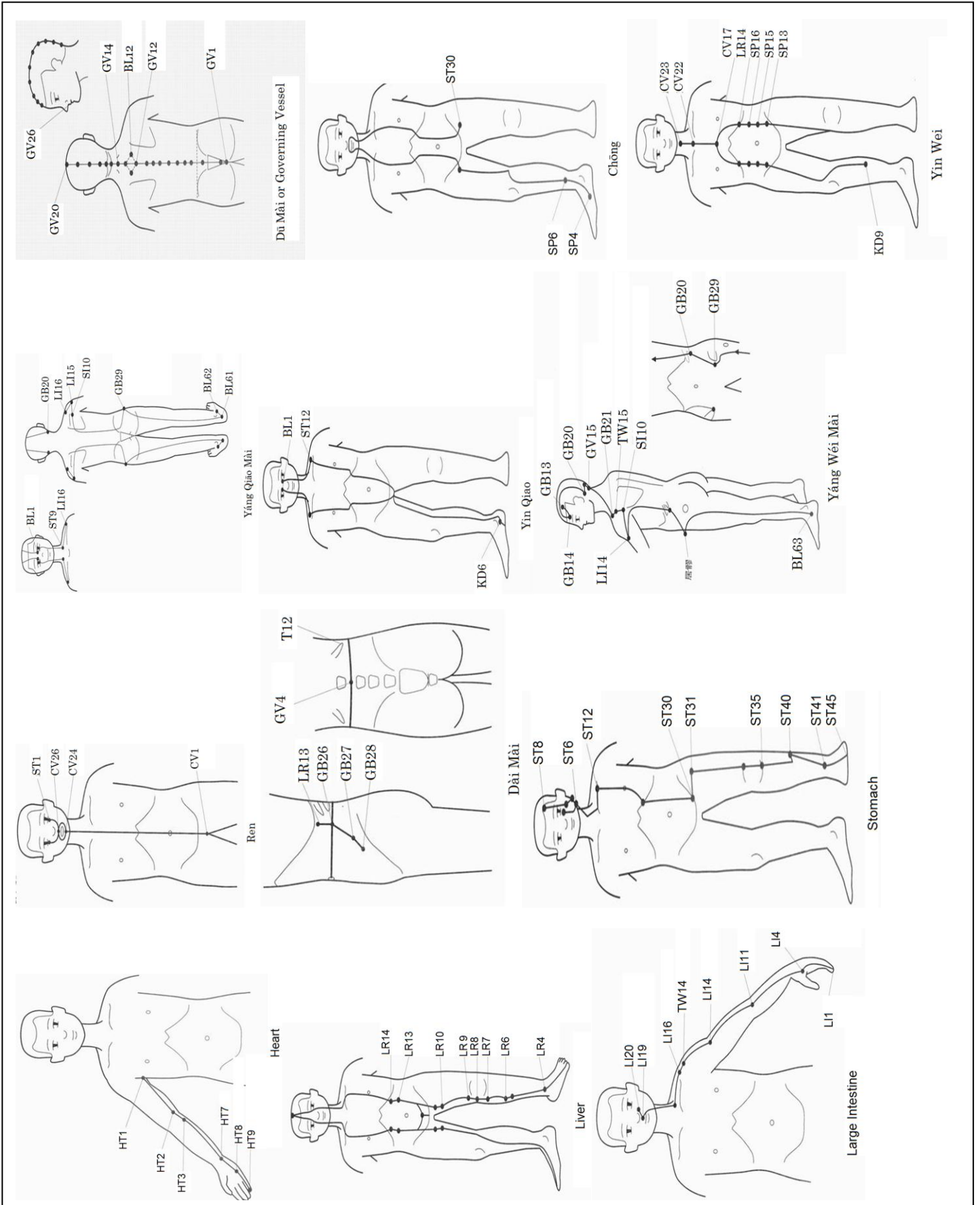
(7) Disorders of upper and lower limbs

- | | |
|-----------------------------------|--|
| 1. Elbow | Yang Wei Mai, hand Yang Ming Mai, Hand Shao Yin Mai |
| 2. Knee | Pain associated with climbing down the stairway and standing up from sitting position—foot Jue Yin Mai |
| | Pain associated with climbing up the stairway and squatting down or sitting down |
| | --Chong Mai |
| 3. Problems with muscle or tendon | foot Jue Yin Mai |

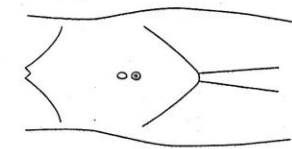
(8) Disorder of the immune system or hormonal secretion imbalance

Du Mai, Yang Qiao Mai, coupled with foot Jue Yin Mai or Yin Qiao Mai

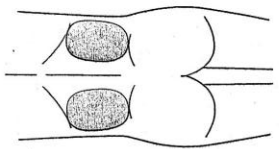
The corresponding patterns above are never meant to be absolute. These patterns only indicate most often observed pairings. It is good idea to be always reminded of the fact that the human body is extremely complex.



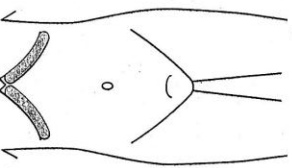
Miyawaki Style **EV-HARA Diagnosis** Diagram of



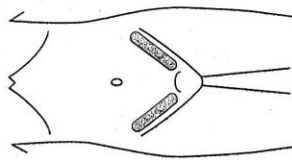
Du



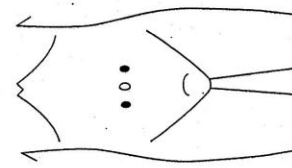
YangQiao



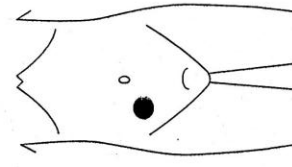
YangWei



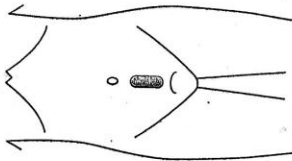
Dai



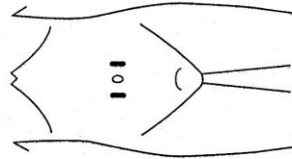
H. YangMing
(LI4-ST43)



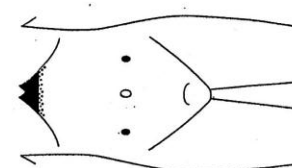
F. YangMing
(ST43-LI4)



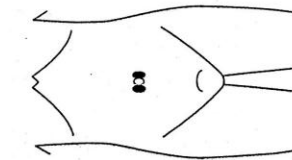
Ren



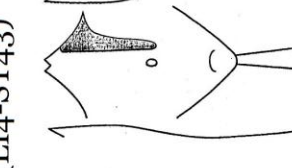
YinQiao



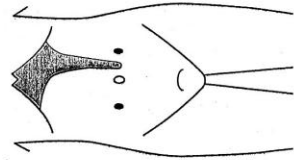
YinWei



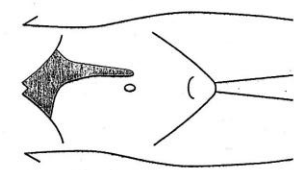
Chong



F. JueYin (LR3-HT5) H. Shao (HT5-LR3)



(PC6-LR3)



(LR3-PC6)

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