

KETSUBON and KIGAI

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(1) KETSUBON / NASO

INTRODUCTION

Naso was first investigated and then used clinically by Kodo Fukushima. It is now one of the Hari school's major local treatment approaches. The term *NASO* is the Japanese Braille term for the *Kei-ken-wan-shokogun* syndrome, or the “neck-arm syndrome”. The term ***Ketsubon*** and ***Naso*** refers to the area superior to the clavicle around ST 12 and the entire neck region.

The neck region is an important region of the body – especially in the areas of ST 11 and ST 12. This is because all meridians gather in this region. The Du Mai & Bladder meridians do not directly go through this area but the acupuncture classics state that the Bladder meridian's energy is said to go through this area. In particular, ST meridian runs through this area and governs the majority of the Yang Ki in the whole body. It is therefore the only Yang of Stomach (meridian) that runs through a Yin aspect of the body.

Both *Ketsubon* and *Kigai* (inguinal area) are the merging areas between the head and the trunk, the exits and entrances between the trunk and four limbs (Yin and Yang). Therefore any change in the body is clearly shown in these areas. By treating a few points in these areas, one can improve many conditions. Essentially, the *Ketsubon* region is the region of the supraclavicular fossa. *Ketsubon* treatment can be used for any problems of the body, particularly in the upper half.

THE MAPS THAT FOLLOW ARE AN APPROXIMATION OF REFLEX AREAS WITHIN THE KETUBON REGION BASED ON CURRENT RESEARCH IN THE HARI SOCIETY.

As such they are to be taken only as working road maps.

METHOD OF DIAGNOSIS

Generally, when you palpate the *Ketsubon* region, you already know the patient's symptoms, as such, you already have an idea which meridians might be involved and can then palpate the corresponding area. The better the diagnostic ability of the individual, the more likely one is to find reactions in the *Ketsubon* areas. This is because many of the reactions are quite subtle and therefore hard for beginners to define. When you touch the *Ketsubon* region, stand to the left of the patient with both hands touching to compare the left and right *Ketsubon* region. Often reactions are found on only one side, but can be found bilaterally, especially in chronic conditions. When you touch, first check the luster at the very surface of the skin. Then check the softness/hardness of the dermas. Then check the softness/hardness of the muscles. Then check the area below the muscles and above the bones. These four levels of checking correspond roughly to the three kinds of reactions found by palpating in the *Ketsubon* region.

These three reactions are: (See map).

- I. *Kyoro*
- II. *Gomu-Nendo* Raw rubber, clay rubber
- III. *Kare-Bone* Withered bone

When you palpate the *Ketsubon* region, you are doing a kind of three-dimensional diagnosis of the depletion and repletion of the patient's Ki and the presence of evil Ki. As you become more experienced and sensitive to the reactions found in this region, you can begin to integrate what you find into your general diagnosis. Basically, reactions found only at the surface indicate that the body's zheng Ki is still strong and able to fight off the evil Ki. But reactions found at other levels indicate the presence of chronic evil Ki and depletion of the zheng Ki. Correspondingly the treatment techniques for the three levels are different.

Reactions that are found at these three depths give a sense of the acuteness and chronic nature of the patient's problem and can further indicate the nature of the problem. For example, going from the skin surface down to the area below the muscles indicates duration of the problem. The reaction found could be located in just one or two of the reflex areas in the *Ketsubon* region, in which case it indicates the chronic nature of the problem in that corresponding meridian. However, if the reaction is found at one of these depths over a large part or the entire *Ketsubon* region, it further indicates the meridian involved:

The skin surface = Lung M.

The dermas/flesh = Spleen M.

The tendon /muscles = Liver M.

The muscle-bone = Kidney M.

THREE STAGES OF CHANGE

The three kinds of reactions (*Kyoro* etc.) are most often found at the sites of the origins and insertions of muscles in the corresponding areas in the *Ketsubon* region.

I / *Kyoro* are most often found on, in or under the skin. It indicate light symptoms, Ki condition

When one touches it, one often feels something like a small knot moving or a soft button. It feels like a little caterpillar inside. It seems to move around under your finger

When palpating a lymph node it moves around under your finger. This is also *Kyoro*, but needle insertion is not used for a lymph node. If there is inflammation in any part of the body, *Kyoro* sensations will be found in the *Ketsubon* area.

II / *Gomu Nendo* – Rubber Clay - Reactions feel like an old tire. It is found a little deeper at the muscle level. Healthy muscle should feel like raw rubber. A sensation of hardness added to the normal sensation indicates this condition. Blood stage conditions, symptoms are deeper and more chronic.

III / *Kare Bone* -Withered bone reactions feel hard like bone. It is found somewhere between the muscles and bones or in joint areas and are quite common in the elderly. When palpating the deep aspect where a bone should not be found but a bone sensation is present indicates a *Kare Bone* (withered bone) condition. When palpating vertebrae, if a hardness is felt around a vertebrae. This is also a *Kare Bone* condition. These terms are now used for conditions on the entire body, but were originally used for only the *Ketsubon* area.

VOLCANO/TORNADO

Because of the progress of an evil Ki/ Ja-Ki invasion, we find the most developed points in the shape of a Volcano and Tornado.

If you can find such an area, these points are very effective to improve patient's symptoms. They can dramatically reduce the number of points you need to use for treatment. It will generally feel like a small dried hill that protrudes on the surface of the skin with a hardened area inside. The point feels like it reaches much deeper inside the skin and has a deeper root. A normal *Kyoro* does not have a root extending below but can evolve into Volcano stage.

When needling a Volcano point it is not necessary to insert deeply. A shallow insertion or non-insertive technique (*Ho chu- no Sha / Ken or WaHo*) is good to use in these instances. To determine which direction of needle rotation is required test the pulse to see which direction is best and then twist clockwise (tonification) or counter clockwise. Twisting the needle in the appropriate direction will make tightness go away very quickly.

Volcano /Tornado points are generally found in certain, specific, areas of the body. Commonly these areas include:

- Top horizontal *Ketsubon* line
- SCM attachment & GB channels attachment area
- Front of trapezius
- Back - around scapular wing
- T3-7 area
- Sacrum
- GB 34 area, GB 37 area
- Between LI 10/11 area, LI 6 area
- ST area - below ST 37 along meridian line

NEEDLING

Level 1: To treat at I/*Kyoro* levels

At the surface a little bit of roughness or a feeling of the skin pores being open (less springy or a little moist) may be felt. Non-insertive tonification techniques can be used.

Place the tip of the needle on skin, then bring the needle into the *Oshide* and tightly close the *Oshide*, wrap the *Oshide* around the needle and send Ki (slightly push needle with *Sashide* - but do not advance the needle)

When bounciness or springiness returns below the fingers, remove the needle and close the point. The skin will become healthier, the pores will close, and the skin will become firmer in a healthy way (more resilient) this stops Ki from leaking (when the pores are open, Ki can leak out). After needling a subtle difference should be felt. The bounciness of the skin should increase. When you are needling, a sensation that the tip of needle is surrounded by cotton balls might be felt. When the needle feels more solidly supported by the Ki of patient or when sensation comes through the needle, remove the needle. If the tonification technique continues for too long the cotton ball sensation around the tip of the needle will disappear. This means that the technique has changed to dispersion. It will then be difficult to gather Ki in same place again. Great care must be taken in order to ensure that this does not happen.

Excess – skin sensations: thick, tight, raised, rough, coarse.

- advance the needle a bit more until you feel a hard area on the skin – use Ken or Ko technique
- once you reach desired the depth - start to apply small pecking or lifting & thrusting technique until the resistance on the skin is reduced or disappears
- but not until the resistance completely disappears
- if the resistance completely disappears the skin becomes too loose & will leak Ki
- it is not good to overdo it
- but a small amount of Ki leaking is acceptable with dispersion
- it is easier to loosen up hardened areas than to consolidate places where the skin was loose to begin with hardened areas can be loosened by putting the needle into the hardened area

Level 2

At the level of the dermis-muscles, if the evil Ki reaches to this depth, the muscles will be hard with a lack of springiness. In the area directly posterior to the SCM one often finds softness and depletion in the skin level with hardness at the underlying muscle level.

To treat at the II/rubber level, insert the needle to touch the hardness, then insert a few mm more until you feel resistance. Then apply the following techniques until the resistance disappears. Gently rotate the needle with a very slight back and forth motion (almost a vibration). Once you feel the resistance melt away, remove the needle. If the surface is deficient with hardness below, one can first insert the needle to the level of the hardness, apply the above techniques, then withdraw the needle back up to the surface and apply a tonification technique.

- technique on the Volcano— deeper levels reactions can be affected by non-insertive techniques
- needles may also be inserted into the deeper areas to achieve the desired effect
- always massage the area before needling
- once you find the rubber clay, swiftly advance the needle to the affected depth
- without pre-massage the Ki on the surface moves too much and the patient may feel sick. massaging the surface conditions the area, and the patient is less likely to have an adverse reaction to the technique
- once you touch the affected area - advance the needle into the area
- apply dispersion technique - lifting & thrusting or rotating needle
- you will feel a hardened sensation - once this hardened area starts changing - remove the needle
- if you overdo the dispersion technique the hardened area will disappear. But if it completely

disappears the area can become very hard again later and the area will get fever, heat. This is overdose.

- as you are removing the needle - just before completely removing - raise the needle until it is just below skin and remove the needle as in tonification (close point)
- for the neck - minimize dosage of treatment - find the clearest areas - do 1 or 2 needling maximum

Level 3

To treat at the III/withered bone level, insert the needle to touch the hardness, but do not insert into the hard area, apply tonifying and vibrating techniques until one feels a melting of the hardness, then remove the needle. It is important that when treating the deeper hardness that one treats in a way that peels off one layer at a time with each treatment. This is especially important for withered bone conditions.

- massage the surface area very carefully before needling
- technique on the Volcano— deeper levels reactions can be affected by non-insertive techniques
- advance the needle to the affected area but do not advance any further - stop at the surface of the affected area and apply tonification technique
- hardened walls will begin to crumble - wall / tightness will begin to loosen
- as hardened area loosen - lift the needle to just under skin and then remove as in tonification
- if you penetrate into hardened area & use lifting & thrusting – the patient will have a strong reaction – this is not good, be careful – it can make patient's condition deteriorate
- if Deficient at skin level - slightly tonify before removal

RETAINING Needles

This technique can be used in chronic cases of neck, shoulder, and arm pain or if the patient is elderly.

The method is especially effect for 3rd level (Kare/ bone) conditions.

To utilize this technique:

- advance needle until tip reaches affected area - retain 7-15 min
- use stainless # 1, 01 or 00 gauge needles instead of silver needles (silver needles are too soft and there is a danger of breaking or bending the needle).
 - For non-insertive technique, silver is better than stainless. Stainless needles have lesser resistance to the skin and poke the skin more, causing pain. Silver needles have greater surface resistance but it is possible to control Ki more.

SANSHIN

Sanshin is very useful in the *Ketsubon* region. If the skin is soft or loose, use tonification technique; if the skin is tense, apply dispersion techniques. The dispersion technique is used mostly on the tai yang or shao yang areas. In general, a tonification technique is more often used on the *Ketsubon* area.

CHINETSU KYU

Chinetsukyu is a very helpful adjunct treatment for the *Ketsubon* region. After applying a large amount of needling in this region, Chinetsukyu can help summon the yang Ki back to the region. It is not uncommon for patients to have a reaction to *Ketsubon* treatment; the use of Chinetsukyu can help prevent this. Leaking Ki from the surface can cause the upper body to become fatigued. If you needle too deeply, the arms and chest can become heavy.

One sign of over treatment is that the pores open up, in such a case; the surface might feel moister. If you overdose at the level of the II /rubber reactions, you can cause the hardness in that area to become harder. *Ketsubon* treatment can change the pulse quality, therefore it is important to also monitor the pulse; it can indicate to you the correct or incorrect dosage of treatment.

When treating in the region of ST 11 & ST-12, one needs to be very careful because the apex of the lungs is only about 10mm below the skin. Needle insertion should be towards the cervical vertebrae and not downwards towards the lungs.

When treating in the *Ketsubon* region, it is very easy to obtain "hibiki" or stimulus reaction, strong electrical like sensations. In the Hari style of treatment this is not desirable. If the patient feels any hibiki sensation it should be very soft, light, vague and almost indefinable. If this kind of sensation transmits to the patient's problem area, this is acceptable, but, if one elicits the stronger electrical hibiki, this indicates that one has not judged the correct depth of insertion and has needled too deeply.

The following are examples of how the *Ketsubon* treatment is used. In a patient with toothache, one should automatically suspect the stomach meridian. When palpating the stomach meridian reflex area, one will often find I/Kyoro level reactions. In an elderly patient who is beginning to show signs of senility, one will often find withered bone reactions throughout the *Ketsubon* region, in such a case, focus your treatment on the kidney reflex area. As a general principle, this is a good rule of thumb, for the more general reactions; focus the treatment on the meridian reflex area of the meridian most involved. In a patient that has caught a cold, and who is otherwise not too depleted, one will often find tight skin in the tai yang (bladder-small intestine) reflex area.

Currently, as a result of further study, these charts are merging together.

Chart - ST meridian - Head to toes - The top of the ST reflex area corresponds to the start of ST meridian around eyes.

If the patient presents with ST symptoms – headache, toothache, skin problems, acne - use the upper portion of ST line for *Ketsubon* treatment

If a patient presents with ST meridian symptoms on the lower limbs use the lower portion of ST line for *Ketsubon* treatment.

Upper horizontal line - drawn connecting all meridians the along top portion

By needling points along the top line, one can affect the whole meridian, even problems associated with the lower portion of the meridian or limbs

For better treatment results, treat the lower portion of the *Ketsubon* area.

Middle horizontal line - above the line represents the Yang aspect of body. Below the line represents the Yin aspect of body.

Lower horizontal line

When using the vertical ST line; needling the area below the bottom horizontal line effects the SP. This follows for all other yang meridians as well (LI/LU).

NOTE

Points anywhere on the yang meridian reflex area line also affect the meridian opposite to it on the Chinese clock (for example, LI/KD).

Points along the clavicle relate to the paired yin organ of the yang reflex area line connecting to that point (for example, ST/SP). Points along the line that runs horizontally through the Adam's apple to the anterior border of S.C.M. have a direct effect on the corresponding yin organ.

Picture of little man

Hand - fingers correspond to bottom of line

Elbow - middle of line

Head - top of line

Jing Well - where Yang connects to Yin - same as the bottom horizontal line

What, to look for

In the Hari system all imbalances of the body show up on the surface of skin.

First treat the root with non-insertive needle techniques, then use branch treatments and finish with non-insertive techniques.

In palpating the neck area, find the area that is depressed, sunken and moist. This indicates deficiency. If the skin is tight, raised and thick, this indicates excess.

If the condition is more chronic, the treatment is more complicated.

“Gummies”, a semi solid or semi-liquid gel substance under the skin. It appears as a hardened area under skin that feels like a small hill.

As you put pressure on a healthy muscle, it feels springy. But if it is not healthy, it will feel tighter and it will not bounce back as easily. This is usually found directly underneath skin.

If the “gummy” is left untreated, it develops into a fine abnormality in much deeper area.

Then palpate deeper into the muscle area. If a healthy muscle loses its springiness & bounciness the gummy will be felt on the surface of the muscle or just below the surface of the muscle.

If this further progression of the gummy is left untreated, it will develop into a find abnormal area on bone, or at an insertion or insertion of a muscle. These are often found along joint area.

YIN REFLEX Area

- Adam's apple #1-6
- behind anterior edge of SCM - Yang meridian reflex area
- in front of anterior edge of SCM - Yin aspect of reflex area
- use the most obvious crease from the Adam's apple as the landmark for Yin the aspect
- Centre of throat is Ren line (# 0) – the anterior border of the SCM is #6

- # 1-KD, 2-LR, 3-HT, 4-PC, 5-LU, 6-SP
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- the most prominent reflex area seems to be on this crease – although any point can be used on each respective line
- level 2, Gomu-Nendo, level 3, Kare-Bone reactions are not found in this area – only level 1 /Kyoro is found in this area
- palpate the area very lightly to find a deficient reaction - this area is good for finding deficiency patterns; Excess reactions are difficult to find in this area.
- Deficiency in this area usually corresponds to the primary Sho

CAUTION

- Great care must be taken when needling this area.
- With over-dispersion, use Chinetsukyu to bring back the Yang-Ki in order to prevent an adverse reaction.
- It is easy to create a haematoma in this area. Don't force the needle to penetrate into a spongy area
- tightness is tendons spongy is vein -
- If a haematoma is created use Chinetsukyu to prevent further bruising.
- Direct Okyu doesn't work on the neck. Only Chinetsukyu is used here.

Neck Mapping

Upper Horizontal line

- find top of ST line - find corner of jaw (ST 6) - then go up 1 cun along edge of jaw - palpate from outside going towards face – mark this line
- find top of BL line - in C2-C3 area on BL line - feel for tight, gummy area – mark and draw the connecting line
- palpate the SCM along the upper line - mark the edges & center
- LI – along the side of SCM closest to ST
- TW - middle of SCM
- SI – lateral edge of SCM
- then mark GB - center point of SI-BI

Lower Horizontal line

- find bottom of ST line - in middle of more lateral portion (2nd insertion) of SCM
- find bottom of BL line - on BL line parallel to GV 14
- draw line connecting them following crease along shoulder

- find edge of trapezius - mark GB
- midway between ST & GB is LI
- divide GB-BL into thirds: GB - TW - SI - BL
- draw Vertical lines
- then use crossing points of GB line for HT problems
- draw Yin-Yang line - through soft area

Yin reflex lines

- level with Adam's apple
 - CV line - in middle of Adam's apple - # 0
 - SCM line (most central) - #6
- divide into 1/2, then each section into thirds
- # 1-KD, 2-LR, 3-HT, 4-PC, 5-LU, 6-SP

HOMEWORK

- tornado point - when touch & pain disappears immediately
- can leave a press ball in this point
- best to use non touching pressballs or non-insertion needles
 - put pillow on point
 - place pressball on tape - doesn't touch skin
 - then blanket the pressball
- stimulates Ki energy more than direct touched pressballs
- can use tiger warmer (takes time) – or teach clients to use it themselves

(2) KIGAI /MUNO

Kigai area is found at hip joint where trunk meets body - area is called *Kigai* "City of Ki" in classics- Ki= energy; gai = town; city. Refers to the ST30-31 area, which is especially suited for treating chills in the lower warmer and fatigue, also gynecological and nutritional problems.

We can help various diseases - any symptoms that manifests below umbilicus can be treated successfully (we should learn to palpate & treat this area - a very important area)

many case reports about this area in Hari - esp. re gyno, infertility problems

these tx. pts can move Ki in whole channel

Palpate and treat this area with the same idea as palpating and treating in the *Ketsubon* region.

System developed by Fukushima and Kunugi (what we are learning here is built on his work)

his system is exactly the same as *Ketsubon*, there are some idiosyncrasies however

hip bone protrudes - structural difference affect the way you palpate

Three levels as *Ketsubon*

- Level 1 - Ki condition
- Level 2 - older symptoms - Blood stage - in muscle level
- Level 3 - more chronic, deeper, seen in elderly, cancer, asthma, hepatitis, diabetes, brain problems; can be found in all area s- joints, not just in neck area

Start palpating in same manner as *Ketsubon* but because of structural differences, there are differences in placatory techniques. When you start to palpate, if it feels like omelette covering vegetables, this is accumulation of Ki. First and Second stage found more often on *Kigai* than *Ketsubon* areas.

Third stage not found too often in *Kigai* area. If there is third stage, it will be in bottom area of *Kigai* line.

When you push this area deeper, sometimes you find something right on the bone. Needle there but it's dangerous to needle here. If you needle ST 12 too deeply, you will puncture - there are many nerve trunks and blood vessels crossing. However, in this area, circulatory system is very concentrated - therefore can be critical from a stagnation perspective to treat this area.

because it is such a concentrated area, one can get stagnation of Ki here - that's why it is such an important area. In the Classics, this area is sometimes mentioned as a no needle area.

Mr. K has had many successes here treating gyn and motor impairment problems.

You can treat them quite successfully here, however it is still a dangerous area - we need to needle this area without danger, we need to know appropriate angles & depths of needles; also, this is a very sensitive area, very close to genitals, tricky to palpate here.

Kigai goes from ST 30 to ST 29 with Liver point in the middle.

But for *Kigai* treatment, also treat up to GB 29.

- area in center - palpate into edge of pubic bone - like a little hook

Patients who get easily tired or whole body feel sluggish. You find abnormality in center of body. For genital problems, you will find palpatory findings right next to center - right next to CV line. Good area to treat for

hormonal imbalance problems.

- in men you will see genital problems - impotence, male infertility
- in women - infertility, sex organ problems

Area around ST 29 - particularly effective for lower back pain, hip joint problems, problems that manifest below knees (can get very good result for knee problems by treating this area)

Be very careful treating this area.

If you can needle this area successfully, patient will feel resonance and warmth down the meridian

During needle and they feel warmth propagating down the leg - don't go any deeper.

SP 12 used often for leg pain, abdominal pain, and period pain

- needle according to palpatory findings

Example of *Kigai* Treatment

Diagnosis

1. Symptoms
2. Hara and Pulse Diagnosis
3. Palpate *Kigai* area
 - palpate surface for deficiency - can palpate a bit above line as well
 - then push a bit deeper for Level 2
 - the deeper for Level 3
 - palpate around to GB 30
 - major findings will be in center, KD 11, ST 29, LR, ST 30, SP 12 areas
 - can treat ST points as wider, as an area

Treatment

4. Needling
 - thinner needles best - stainless # 00, 0, 1
 - careful needling if you feel stagnation - like a hard balloon - this is an artery, being nerve - don't penetrate it
 - if you go deeper and the patient feels warmth going down the leg - that's a normal response
 - if patient has a hernia - insert needle just above the hole into the stagnation above the hole - to help strengthen the area (surgery works best here if larger hole)
 - use a heavier oshide to reduce pain when you are using an insertion technique
 - Level 1 Deficiency - can use Sanshin or insert needle into area & remove
 - Level 2 - insert - touch the area of tightness, give a bit of stimulation and remove
 - Level 3 - insert (as in *Ketsubon*)

Misc - front teeth reflect Ki - if you lose your teeth here - reflects a loss of sexual ability

Kunugi Style of *Kigai* treatment

One of the Hari members - Mr. Kunugi - developed *Kigai* system to a higher level.

He developed the most complex Muno system approach.

Mr. Fukushima's version of *Kigai* is very simple and very analogous to *Ketsubon* in terms of findings.

Kunugi Sensei used finger-breadth measurements to determine reflex areas, Drew a line from top ASIS on one side to top ASIS on other side, following curve of belly. Placed patient's finger to edge of ASIS /hipbone on one side - pointing up - three finger's adjacent to each other going medially from hipbone. Each finger edge delineates Liver, Spleen and Kidney points going medially.

These points connect to whole meridian - can affect whole system from here

- we don't palpate for these pts - no decisions are made by touching; these are treatment pts, not diagnostic pts
- this treatment is used especially if there are SP, LR, KD meridian symptoms; works more directly than *Ketsubon* Treatment
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Diagnosis and pathway

When treating the inguinal reflex areas, the Ki sensation will move down the leg on the same side of the body.

However, when treating to affect the upper body, remember that the Ki sensation will cross over to and effect the opposite side of the body.

- can use point if person has pain along channel - can also help other side paired meridian symptoms
- eg. use LR point if person has pain along LR line - this can also help other side GB meridian symptoms (pain on outside of leg along GB channel)
- above navel - affects channel symptoms on other side - eg LR - headache, eye pain, neck pain
- same for KD & Sp
- Yang channels don't cross, only Yin channels

Upper Diagnostic points

Pressure pain at ST 11 relates to Kidney; at ST12 relates to Spleen; and a bit inside of LI 16 relates to Liver imbalance. If you find pressure pain at these areas, look to the corresponding reflex area in the *Kigai* region to find treatment points.

if KD problem or stagnation - will find stuff in ST 11

Foot Diagnostic Points

He also used foot points as diagnostic system

It can help to differentiate a headache for example - is it spleen, kidney, liver

press big toe behind - kidney headache

press inside toe - lower LR 3 area - Liver headache

press inside big toe - Spleen headache

After using this collarbone and foot diagnosis - use the Kunugi ASIS treatment points to treat headache based on this differential diagnosis.

You can also use these foot points for home therapy.

Patient can massage points on foot for therapy.

Treatment

Insert needles into these - no need to palpate - just measure by finger method and needle 1 cm perpendicularly - tonify (technique just as with regular root treatment), don't disperse - affect the meridians throughout the body. When you insert needles on these points - affect meridians all over body.

stainless # 1 needle 1 cm perpendicular, stop at any stagnation and tonify - don't disperse; don't go any deeper than 1/2 "

better to treat one side - the side where there is clearest pressure/pain in diagnostic areas

may have strong reaction if severe injury

sometimes ASIS point is not enough to alleviate symptoms

can use insertion technique on diagnosis pts

can give client foot pts to press as homework

can tell if symptoms very old or chronic, or acute from foot point

if very bad condition, acute - symptoms will show up - will feel a bit of pressure/pain, puffy

if underlying chronic condition, you will feel tightness, knotted sensation

if upper part of body problem - use *Ketsubon* (can also help low back pain or knee pain)

if problem in lower part of body - use *Kigai* treatment (focus on Leg Yin channels)

may use a treatment as prevention if you can see signs in pulse, symptoms may come later

Need to train your fingers to find the pts - in the beginning, this is hard to find the pts that need to be treated; you need some time to master it

Usually depth of insertion is about one cm, though it takes a while for pressure pain to reduce at the above-mentioned reflex areas. Check the pressure pain points around the neck region during needle technique and when the sensation diminishes, withdraw the needle.

Example of Kunugi Treatment

Diagnosis:

1. Symptoms
2. Hara and Pulse Diagnosis
3. Palpate upper area - *Ketsubon* - ST 11 (between 2 heads of SCM), ST 12 (on outside of SCM), LI 16 area (1 " back from LI 16 - back along scapular bone - press down)
 - press down hooking under clavicle
 - check both sides
4. Palpate the respective foot meridian points based on you findings in the upper area
Treatment:
5. Draw line between ASIS pts - just lightly touch this line - line follows curve of belly

Needling

thinner needles best - stainless # 1

insert 3-5 minutes until you feel the energy smooth out

NOTE: Yin channels seem to cross at Solar plexus.

Yang channels don't cross - only Yin channels cross.

To treat UB line on left side, treat Kunugi Kidney point on right side.

To treat GB on right side, treat Kunugi Liver point on left side.

7. Re-palpate sensitive area to see if sensitivity has lessened