

pattern, always tonify SP-1.

2) For diarrhea with Spleen deficient Stomach excess heat pattern, always add the dispersion of ST-36, 37, and 38 and LI-4 in the root treatment.

3) For diarrhea with Spleen deficient Stomach deficient heat pattern, also treat SP-6.

4) For diarrhea with Spleen deficient cold pattern, tonify SP-5 and ST-41.

5) Treat the standard tonification points for diarrhea with Lung deficient pattern.

6) For diarrhea with Kidney deficient heat pattern, treat KI-7 and 8.

7) For diarrhea with Kidney deficient cold pattern, tonify KI-3.

(2) Supplemental points for treatment of constipation (abdomen)

1) Treat reactive points among CV-12, KI-16, CV-5, KI-18, SP-13 & 14,

(back)

1) Treat reactive points among BL-21 BL-29, 30, and 33.

(3) Supplemental points for treatment of diarrhea (abdomen)

1) Apply warming moxibustion (salt moxa etc.) over the navel.

2) Treat reactive points among ST-25, SP-14, ST-21 and 22.

(back)

1) Apply direct (penetrating) moxibustion on GB-25 and LR-13 for chronic diarrhea.

2) Treat reactive points among BL-28, BL-35, BL-27, 28 and 29.

Translated by Stephen Brown

Okada Akizo has practiced Meridian Therapy for 34 years. He is the president of the Japan Meridian Therapy Association and a member of the academic department of the All-Japan Acupuncture Academy. He graduated from the Toyo Acupuncture and Moxibustion College and obtained his Japanese acupuncture and moxibustion license in 1971. He was part of the first Youth Mission to China in 1972 and observed Chinese acupuncture including acupuncture anesthesia. He worked with his father, Okada Meiyu (a renowned Meridian Therapist) at the Jingu Mae Clinic. In 1977 he opened his own practice, the Meiji In Clinic. Later he returned to his father's clinic to assist in his practice in his old age. He took over the Jingu Mae Clinic when his father passed away. In 1984 he established a study group to research the classics of Oriental medicine. This group included renown teachers: Shimada Takashi, Inoue Masafumi, Shinohara Takashi, Ishihara Katsumi to mention a few.

The Rhythm of Moxibustion

by Takamatsu Bunzo

I mean to brag, but just a little bit. It is not about one of my remarkable treatments. It is about moxibustion. To be more specific, it is about how to stick the first moxa on the acupoint. Therefore, it may not interest you unless you do moxibustion. My treatments depend much on moxibustion. I do acupuncture, of course. But after practicing nearly 25 years, I am still not so sure if I really got the knack of it. In other words, I am aware that I'm still missing something. I think it is because I don't fully understand what Ki (Qi) is. I am suspicious if I will ever get it. I am counting on my next lifetime. Moxibustion, on the other hand, is more approachable to me. At least it seems easier to understand. Before I get into moxibustion, let me talk about the rhythm of my work. I work from nine in the morning to three in the afternoon without a break. I finish early but keeping my focus for six hours is not a picnic. I usually see about twenty people. If I see less than twenty people, I feel almost sluggish as if I didn't work enough. If I see more than twenty-five people, I feel exhausted. I feel the best when I see a little over twenty people. The pace is just agreeable with my biorhythm, I suppose.

For an individual work, there also exists perfect rhythm. When I work at the right rhythm, I don't feel tired. This kind of right tempo is very important when I do moxibustion. I do direct moxibustion. When performing moxibustion, how to stick the first moxa on the acupoint is critical, because this sets the pace of the rest of the moxibustion work. Since I use anywhere from fifteen to twenty acupoints, if this first process doesn't go well, the work doesn't go smoothly. Traditional method (Saliva method) is the easiest but does not look good, and some people really mind it. I know that in some very well known acupuncture clinic in Japan a small syringe with the extract of loquat leaves is used instead of saliva. I tried this myself, but I had to give up soon because the adjustment of right amount of liquid was so difficult. Nowadays, Shiunko seems to be the people's choice. They use it with a small toothpick like device. I did this for a while, but it was so tedious and time consuming that this practice didn't last long either. After some more trials and errors, I came up with my current method. Thanks to this method, I can enjoy the moxibustion with my comfortable pace. When I enjoy my work, the patient also seems to be comfortable and generally it is a good (effective) treatment as well. I wonder if some other people may be doing the same thing. It is much easier to do

than it sounds. Anyhow, let me describe the method. First, using the dorsal side of the second joint of the right thumb, get Shiunko at the size of half to a whole rice grain size. Second, transport that Shiunko to the LI-4 point on the left hand. When it comes to the actual moxibustion, use the same point (the dorsal side of the second joint of the right thumb) and scoop just a tiny bit of the Shiunko and stick it to the acupoint. (If you are left handed, reverse the sides) One should be able to do five to seven or so of moxibustion on ten to fifteen acupoints. It would take only three minutes to cover those points.

After all, it wasn't much of bragging. I always wonder why moxibustion is not so popular while it is just as effective as acupuncture, if not more. I think it is because the procedure seems so complicated. I myself hate anything complicated. If I can enjoy moxibustion, anyone can. Try it.

Takamatsu Bunzo, DOM, LAc, graduated from the Kototama Institute, Santa Fe, NM in 1982. He has been practicing in Dallas since 1988. His practice consists of acupuncture and moxibustion with some Sotai therapy and macrobiotic counseling.

