

# Regulatory effect by the thermal stimulation on the excitation and/or suppression point in Ryodoraku that show(s) deviation from the normal range on Ryodoraku (Meridian) Chart

—Effect of electronic thermal stimulation device (electronic moxa) especially on excitable point—

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## Aim of research

1. In order for a person to obtain a healthy body and maintain it, he / she needs to take an active approach.
2. It would be very helpful if you could adjust Ryodoraku “Meridians” at home.
3. As a stimulus for self-adjusting Ryodoraku, warm moxibustion is preferred.
4. Is it possible to adjust the Ryodoraku by stimulating warm moxibustion?

## Methods

Subject: 56.6 ± 11.0 years old (M7, F7) healthy volunteers

Measurement: All Ryodoraku measurements (Skin conduction current measurement)

Stimulation: Thermal stimulation by electronic warm moxibustion device

Stimulation site: Ryodoraku excitement point showing the lowest current value

Procedure: Measurement → Stimulus → Interval 30 minutes → Remeasurement

Statistics: Excel (descriptive statistics, hypothesis tests, etc.), StatFlex 4.2 (principal component analysis)

## Results ①

Point to check

Does electronic moxa change the current of Ryodoraku by thermal stimulation?

How much current fluctuates?

What is the relationship between current fluctuations and the physiological range on the Ryodoraku chart?

In which direction does the current before and after the stimulus fluctuate with respect to the physiological range?

## Results ②

When viewed from the measured current value

→ The amount of current increased slightly.

When viewed from the current value on the Ryodoraku chart

→ In particular, the F system Ryodoraku current increased.

When viewed from fluctuation of current value

→ There was no significant fluctuation in the current value.

When viewed from Ryodoraku average value

→ There was no significant mean deviation.

When viewed from the physiological range of Ryodoraku Chart, and When viewed from the fluctuation of the Ryodoraku Chart

→ Compared to before stimulation, the number of Ryodoraku deviating from the physiological range was slightly decreased after stimulation.

When viewed from principal component analysis

→ The current before stimulation fluctuated in a direction away from the physiological range, but

fluctuated in a direction approaching the physiological range after stimulation.

## Discussion

1. We consider that the autonomic nervous system is systemically activated because the current of all Ryodoraku increased by thermal stimulation with electronic moxa.

2. The fluctuations in the current value and the average deviation are not remarkable because the stimulus was only once, and the influence of each Ryodoraku and individual differences.

3. We believe that greater fluctuations can be expected if the stimulation is repeated several times on a regular basis. As a result, individual differences are considered to decrease.

4. If there is a large fluctuation, the impact on the all Ryodoraku adjustment (approaching the physiological range) will also be significant.

5. For these verifications, it is considered necessary to examine not only the excitable point but also the stimulus at the suppression point and the current after frequent stimulation.

## Conclusion

1. Thermal stimulation with electronic moxa increases the all Ryodoraku current.

2. It was suggested that there was no significant fluctuation in the current value, but it was also influenced by each Ryodoraku and individual differences.

3. Ryodoraku deviating from the physiological range slightly decreased.

4. Before stimulation, it fluctuated in a direction away from the physiological range, and after stimulation, it fluctuated in a direction approaching the physiological range.

5. From the above, it is suggested that the thermal stimulation by the electronic moxa to the excitable point can adjust the Ryodoraku “meridian” .

Further, in order to establish a detailed adjustment method, an additional test is required. In particular, a follow-up test with different stimulation sites such as suppression points, a follow-up test with increased stimulation several times, and clinical research are also desired.

## Acknowledgment

We would like to express our gratitude for the cooperation with CHUO Co., Ltd and Kurashiki University of Science and The Arts. In the results of this study, it should be clearly stated that there are no conflicts of interest between the performer and the above industry.