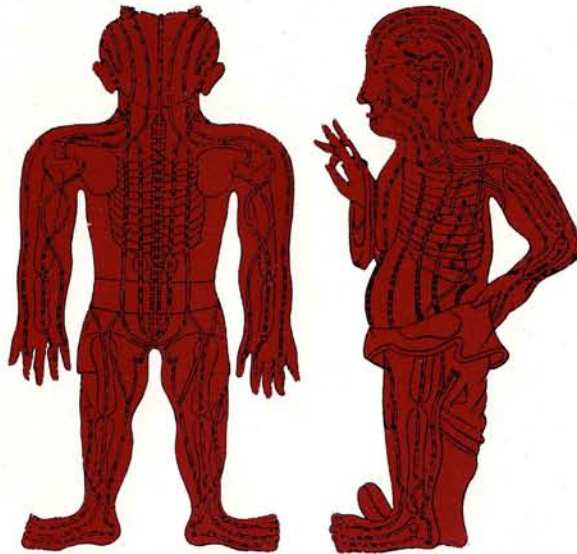


# 良導絡

## RYODORAKU ACUPUNCTURE

*A Guide for the Application of Ryodoraku Therapy*  
Electrical Acupuncture, a New Autonomic Nerve Regulating Therapy

Yoshio NAKATANI, M.D. Ph.D.  
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RYODORAKU RESEARCH INSTITUTE

RYODORAKU  
ACUPUNCTURE

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# Preface

Thirty years have passed since I first discovered the Ryodoten and Ryodoraku. I feel that Ryodoraku therapy is not yet completely explained and many doctors and acupuncturists still have questions about the similarity and the relationship between classic acupuncture and Ryodoraku therapy. However, I can say that Ryodoraku, its theory and therapy, is the first successful attempt to modify the classic acupuncture into a modernized and subjective acupuncture. From the clinical standpoint, doctors who are not familiar with the traditional and classical acupuncture therapies which are based mainly on the Five-element Theory and the Ying-Yan phenomenon, will find Ryodoraku therapy much easier to administer.

This book is translated by Dr. K. Yamashita, a close friend and colleague. "The Ryodoraku Treatment", published by Professor Masayoshi Hyōdō (Osaka Medical College, Anaesthesiology Department), was the first book to introduce the outlines of the Ryodoraku theory. This book is the second and it includes more information concerning its clinical aspects. Both books provide helpful guidelines for Ryodoraku clinical therapy.

If the Ryodoraku theory and therapy become better understood and more widely used in medical circles throughout the world then the purpose of this publication will have been accomplished.

January 1977

YOSHIO NAKATANI



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## CHAPTER ONE

# Introduction

### 1. A BRIEF HISTORY OF ACUPUNCTURE IN JAPAN

It is generally believed that acupuncture was brought to Japan from China by Chi So. However, some Japanese historians believe this was done by Jo Fuku in 265 A. D. In 608 two Japanese monks, Enichi and Fukuin, studied acupuncture in China. In 984 the noted physician, Tanba Yasuyori, published *Ishinpo*, the oldest medical textbook in Japan, in which the practice of acupuncture is described. The Edo period (1603-1867) was the zenith for acupuncture in Japan, however, and most of the present acupuncture technique was developed during this period. After the Meiji Restoration in 1868 the Japanese government adopted Western medicine and the traditional Chinese medicine which is called *Kampo*, including acupuncture, was omitted from orthodox medical education. Nevertheless, acupuncture, moxibustion, Oriental massage and other techniques are still practiced as folk medicine by many paramedical technicians and with the support of many patients.

It is interesting, however, that some of the medical doctors educated in Western medicine maintained a deep interest in *Kampo*. Among them was Yoshio Nakatani who studied acupuncture electrophysically and discovered that most of the meridian points of the traditional acupuncture theory corresponded to points which have lower electrical resistance than the normal body surface. These meridian points are called "tsubo" in Japanese. Nakatani named these points "Ryodoten" which means hyper-electroconductive points and the systematic range of Ryodoten he called "Ryodoraku". It is the consensus of many medical researchers today that the Ryodoraku corresponds to the meridian lines of the traditional acupuncture therapy.

## 2. WHAT THE RYODORAKU AUTONOMIC NERVE REGULATING THEORY IS

Ryodoraku therapy is an electro-stimulating therapy based on Ryodoraku basic concepts. The theory covers a wide field of research in autonomic nerve regulatory therapy and may well be the basis of physical therapy. As the source of stimulation an electric needle (EAP) is used. Besides the electric needle, asthoremedin, ion granules (kernels), or even thermal stimulation, if appropriate, may be used.

EAP: electric acupuncture

## 3. THE SIGNIFICANCE OF REGULATING THE AUTONOMIC NERVES

When a stimulus is applied to the human body or its surface, a reaction invariably occurs somewhere in the body. In other words, when stimulation is applied, this excitation passes along the centripetal fibers (sensory nerves) and reaches the center of the sensory nerves; then it passes along the efferent nerves; namely, the motor nerves and the autonomic nerves (sympathetic nervous system and parasympathetic nervous system) and a reflex (simple or complex) occurs on the periphery. While the reflexes of the motor nerves do not have great clinical value, the reflexes of the autonomic nerves are of considerable clinical value.

If the functions of the autonomic nervous system as listed below are considered, the reason why the autonomic nervous system is so important clinically becomes clear.

- ( 1 ) Control of all internal organs.
- ( 2 ) Control of the secretion of digestive juices, assimilation, and elimination.
- ( 3 ) Control of the circulatory system. (When the sympathetic nerves are excited the blood vessels contract and when the parasympathetic nerves are excited the vessels dilate. The reverse is seen in the coronary artery.)
- ( 4 ) Control of the metabolism. (It is also related to the resistance of the tissues.)
- ( 5 ) Influence on the white corpuscles, red corpuscles and platelets contained in the blood. (When the sympathetic nerves are stimulated an increase in white corpuscles is seen, while stimulation of the parasympathetic nerves results in an increase

of red corpuscles.)

- (6) Influence on muscle tone.
- (7) Direct and indirect control of the endocrine glands. (It is well known that a) the autonomic nervous system controls the secretion of the medulla of the suprarenal gland and the Langerhanses island of the pancreas; b) the autonomic nerve center (hypothalamus) has a direct bearing on the portal circulation, nerves and secretion; c) the hypophysis secretes hormones which control important peripheral endocrine glands; and d) direct distribution of the autonomic nerves is seen in the peripheral endocrine glands and it is surmised that these nerves have a direct influence on the secretion. For example, in the case of Basedow's disease, it has been shown that several applications of EAP stimulation to the thyroid gland area reduces the swelling.)
- (8) Control of various reflexes necessary to maintain the balance of the functions of the human body
- (9) Control of the defense mechanism of the tissues against microorganisms and internal and external obstruction.
- (10) In fact, almost all functions required for the well-being of living things are controlled by the autonomic nervous system.

Thus, the autonomic nervous system is sometimes referred to as the "life nerves". It may be said that in the majority of cases the foremost internal cause of disease is abnormality of the function of the autonomic nerves, and therefore with regulatory treatment of the autonomic nerves diseases have a better chance of being cured. While the importance of the autonomic nervous system is well known, the fact that therapeutic methods related to the regulatory treatment of the autonomic nerves is lacking, may be a blind spot in modern medicine.

#### 4. INTERNAL ORGANS-BODY SURFACE REFLEXES

When abnormalities in internal organs are present or the functions of internal organs show changes, these are reflected on the body surface as follows:

- (1) Internal Organs-Body surface sensory nerve reflex,
- (2) Internal Organs-Body surface motor nerve reflex,
- (3) Internal Organs-Body surface sympathetic nerve reflex, and
- (4) Internal Organs-Body surface parasympathetic nerve reflexes.

While some of the above may not actually be reflexes, the following comments may be made about each:



(1) The sensory nerves in the head area are highly sensitive and often the pain felt in the head is caused by an abnormality elsewhere in the body.

(2) In the case of gastritis, the rectus abdominis muscle in front of the stomach stiffens and the muscles at the back of the stomach show a strong contraction. This is considered a motor nerve reflex. It is also thought that the sympathetic nerves are involved.

(3) Sympathetic nerve reflexes are closely related to skin conductivity resistance. By the stimulation arising from abnormalities of internal organs organ-skin sympathetic nerve reflexes appear on the body surface (skin). They appear as high electro-conductivity sites.

(4) It is believed that sympathetic nerve reflexes may be detected by the temperature of the skin. Since it is impossible to know the detailed condition of the autonomic nerve system of the entire body, as a temporary measure a study was made to find a method for detecting the excitation of the sympathetic nerves.

## 5. SKIN ELECTRO-CONDUCTIVITY RESISTANCE

When the electrical resistance of the epidermis is studied, sweat glands, hair follicles and the stratum corneum must be taken into consideration. However, the sympathetic nerves located around the sweat glands and hair follicles are not related to the Ryodoraku Phenomena. The portion most closely related to the Ryodoraku Phenomena is the stratum corneum. It is believed that the heightening of excitation of the sympathetic nerves of the cells of the corneum causes depolarization and as a result the conductivity of the site increases.

However, since conductivity increases in the presence of sweating, it becomes necessary to measure electrical resistance which is not affected by sweating, so a moist electrode, which shows little difference in values before or after sweating, is utilized for such measurements.

## 6. RYODOTEN (*ELECTRO-PERMEABLE POINTS*)

When an electrode 1 cm in diameter (wet or dry) using 21 volts is used to measure the electrical resistance of the entire body surface of a healthy patient, numerous good conductivity points are found. These are called electro-permeable points. (1950)

## 7. REACTIVE ELECTRO-PERMEABLE POINTS

When a wet electrode using 12 volts is applied, comparatively few electro-permeable points are revealed. These are called reactive electro-permeable points (REPP). The reactive electro-permeable points, depending on the disease, are the loci where excitation of the sympathetic nerves on the body surface is heightened by reflexes. When appropriate stimuli are administered to such REPP, in almost all cases, the electric current permeability is lowered and the complaints of the patient decrease or disappear completely. This is understood as follows: The localized excitation of the sympathetic nerves between the body surface and the organ (or between two points on the body surface) is adjusted and the condition becomes normal, or more nearly so. Thus the REPP are considered points of treatment, and, hence, this is referred to as REPP therapy, or localized sympathetic nerve regulatory therapy.

In all people, the healthy and the unhealthy, electric currents tend to pass most readily when electrodes are applied to the facial area and other parts of the head and pass less readily as the electrode is applied to points descending from the upper to the lower parts of the body. One difficulty that is encountered here is the fact that electric currents also pass readily through the hands and feet and when at 12 volts high conductivity points are found these may be mistaken as REPP related to diseases. This is not so. This does not present too great a problem in actual treatment, however, because from experience it is learned that according to the disease or symptom complex there are certain predetermined points of treatment.

## 8. RYODORAKU

When a high and low voltage are passed through the skin, a continuous pattern appears by connecting points where the high electric current passes. These are called electro-permeable points.

Ryodoraku related to internal organ diseases of the so-called Gozo Roppu (the five viscera and six entrails) shows definite patterns of reactive electro-permeable points (REPP). There are 24 types of patterns appearing on the right and the left sides of the body. There are also two types not closely related to the organs.

Changes in excitation of the sympathetic nerves are shown as a continuing pattern in Ryodoraku. In most cases it is thought that it is an internal organ-body surface sympathetic nerve reflex which indicates the

condition of the organ. However, since it is an internal organ-body surface reflex, this is not always true. On the other hand, when the body surface is bruised, the Ryodoraku receiving the bruise shows abnormalities (excitation, inhibition) and at the same time bad effects are seen in the organs closely related to the Ryodoraku.

It is believed that the Ryodoraku appears because of the sympathetic nerves (centrifugal). When appropriate stimulation is given on the Ryodoraku, in many cases, diseased organ tissues related to that particular Ryodoraku and others closely related show improvement. Hence, it would seem that the centrifugal sympathetic nerves and the centripetal nerves run in parallel lines. If the centripetal nerves are all sensory nerves, that would mean that the sensory nerves run together. However, little is known of the peripheral sympathetic nerves. Based on this a hypothesis is offered here that an end organ in the periphery of the autonomic nerve system is a synapse where a localized transmitter is secreted and in a feedback manner the nerve may switch to a centripetal nerve and begin its return. This has not been verified but there are numerous facts that can only be explained by such a mechanism.

## 9. RYODORAKU FIGURE

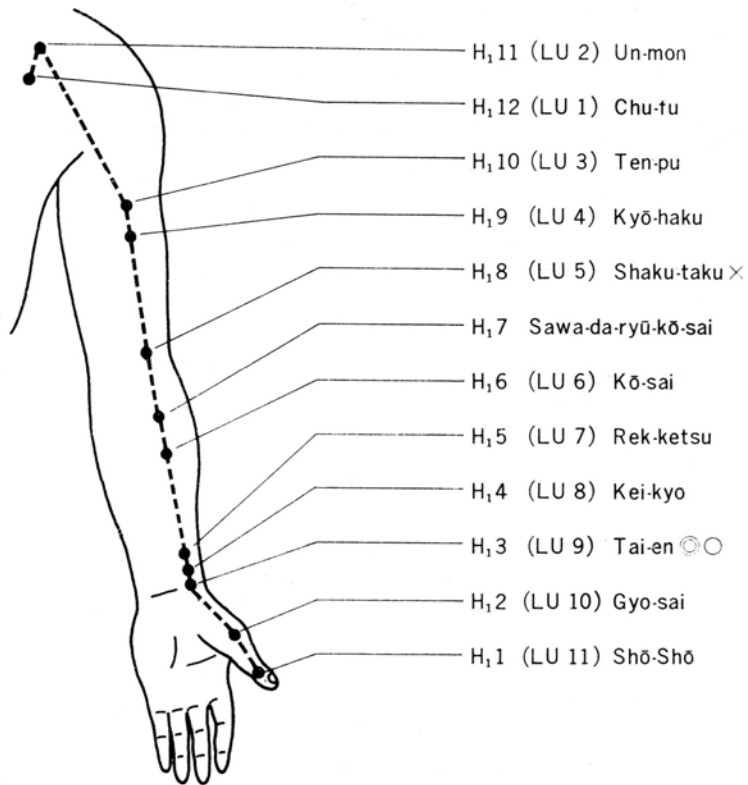
When an abnormality is present on a ryodo line; for instance, when conjunctivitis causes pain in the eye, a canine toothache, or a disease of the uterus is present, since these organs are on the  $F_2$  (liver) Ryodoraku, if stimulation is applied anywhere on  $F_2$  favorable therapeutic effects can be obtained. Also, if there are reactive electro-permeable points on the  $F_2$  Ryodoraku which show exceptionally good conductivity, since these are related to the diseased site, stimulation at these points will have greater curative effects.

CHAPTER TWO

# Ryodoraku Meridians

## H<sub>1</sub> RYODORAKU

### 1. The Lung Meridian (LU)



- ⊙ Representative Measuring Point
- × Inhibition Point
- Excitation Point

Fig. 1

## **H<sub>1</sub>—the Lung Meridian (LU)**

Pulmonary patients often reveal abnormalities in H<sub>1</sub>, H<sub>2</sub> (Pericardium meridian line) and in H<sub>5</sub> (Lymph vessel meridian line). H<sub>1</sub> and H<sub>2</sub> intertwine with each other in the shape of an island. When one needle is kept in H<sub>13</sub>, which is the source point, the stimulation spreads to the surrounding reactive points, and H<sub>1</sub> is revealed more clearly. The stronger the stimulation, the thicker the lung meridian line appears.

After stimulation of H<sub>15</sub>, H<sub>1</sub> sends a branch meridian line from near H<sub>110</sub> to the back of the neck. After stimulating H<sub>16</sub> it sends a branch from H<sub>111</sub> to the front of the neck and is effective in the treatment of sore throat and tonsillitis. These new branches are called "Ryodo-shiraku" or Ryodo subsidiary branches. H<sub>112</sub> is closely related to the lungs and its stimulation is effective for the treatment of children's asthma.

### Useful Treatment Points

H<sub>13</sub> — representative measuring point and excitation point

H<sub>16</sub> — for 1) sore throat, 2) tonsillitis, 3) asthma, 4) aphonia, 5) hemorrhoidal pain, 6) difficulty in stretching and bending the hand joints, 7) febrile without sweating. Especially effective for 1) and 5).

H<sub>18</sub> — Inhibition point

H<sub>112</sub>—for 1) asthma, 2) bronchitis, 3) chest pain, 4) shoulder-back pain, 5) children's asthma

**Related areas:** Nose, lungs, skin

## H<sub>2</sub> RYODORAKU

### 2. The Heart Constrictor Meridian (HC)

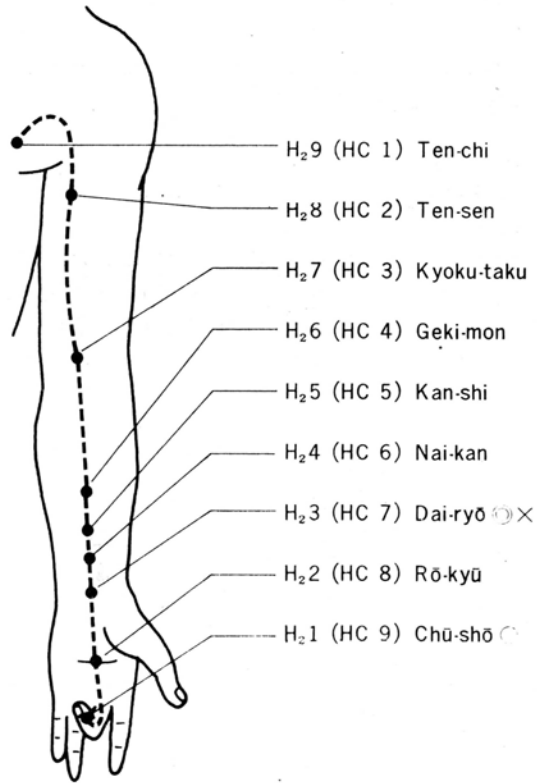


Fig. 2

## **H<sub>2</sub>—the Heart Constrictor (Pericardium) Meridian (HC)**

This begins from the third finger on the palm of the hand, ascends straight up the anterior line of the forearm and ends at the chest.

It is uncertain whether or not H<sub>2</sub> really represents the pericardium.

Excitation and the presence of pain at H<sub>2</sub>2 usually indicates mental exhaustion.

Perspiration on the palms usually indicates mental excitation. The electric resistance on the palm can be measured by the so-called GSR (galvanic skin reflex).

Because of the danger of causing electric shock, needles should not be inserted too deeply along H<sub>2</sub>.

### **Useful Treatment Points**

H<sub>2</sub>1 — excitation point of H<sub>2</sub> and is used to depress H<sub>2</sub>

H<sub>2</sub>2 — for treatment of mental exhaustion

H<sub>2</sub>3 — representative point and inhibition point of H<sub>2</sub> and is used to excite H<sub>2</sub>.

H<sub>2</sub>6 — for treatment of 1) cardiac pain, 2) gastric bleeding, 3) nasal bleeding, 4) intercostal neuralgia, 5) acute diseases of cardio-vascular organs. Particularly effective for 4) especially when it occurs below the mammaries (mammilia).

**Related areas and organs:** heart and shoulders

## H<sub>3</sub> RYODORAKU

### 3. The Heart Meridian (HT)

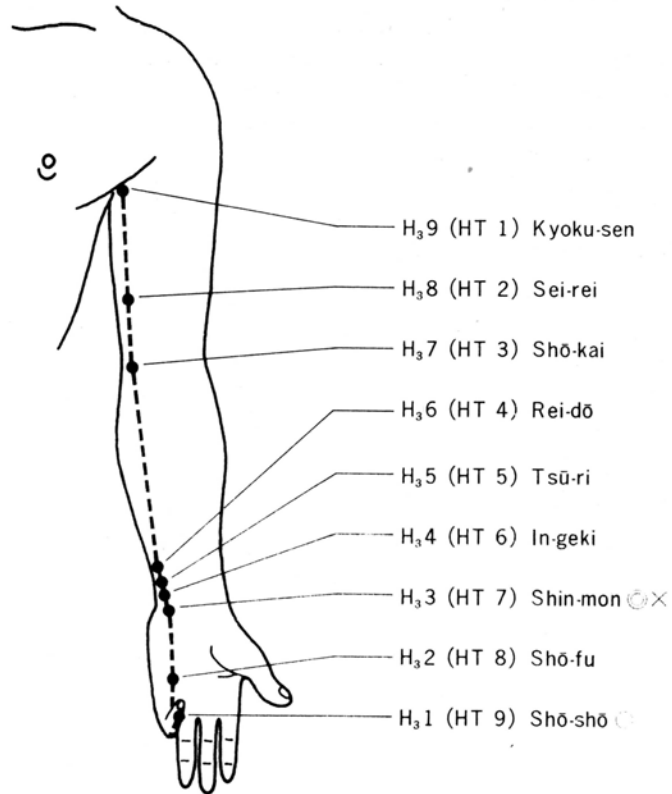


Fig. 3



### **H<sub>3</sub>—the Heart Meridian (HT)**

This line begins from the radial side of the fifth finger, proceeds up the ulna and from the armpit to the chest.

Some heart patients complain of numbness of the little finger, which suggests that the heart meridian is related to the little finger.

#### **Useful Treatment Points**

H<sub>3</sub>1 — Excitation point of H<sub>3</sub>. Effective for 1) cardiac pain, 2) intercostal neuralgia, 3) fainting. Microbleeding induced at this point is effective for some heart diseases, especially angina pectoris, and for fainting. A few drops of blood are drawn, using 1/4 -size needles.)

H<sub>3</sub>3 — Inhibition point of H<sub>3</sub> and effective for 1) constipation, 2) cardiac diseases, 3) nasal congestion.

**Related internal organs:** Heart, stomach

# H<sub>4</sub> RYODORAKU

## 4. The Small Intestine Meridian (SI)

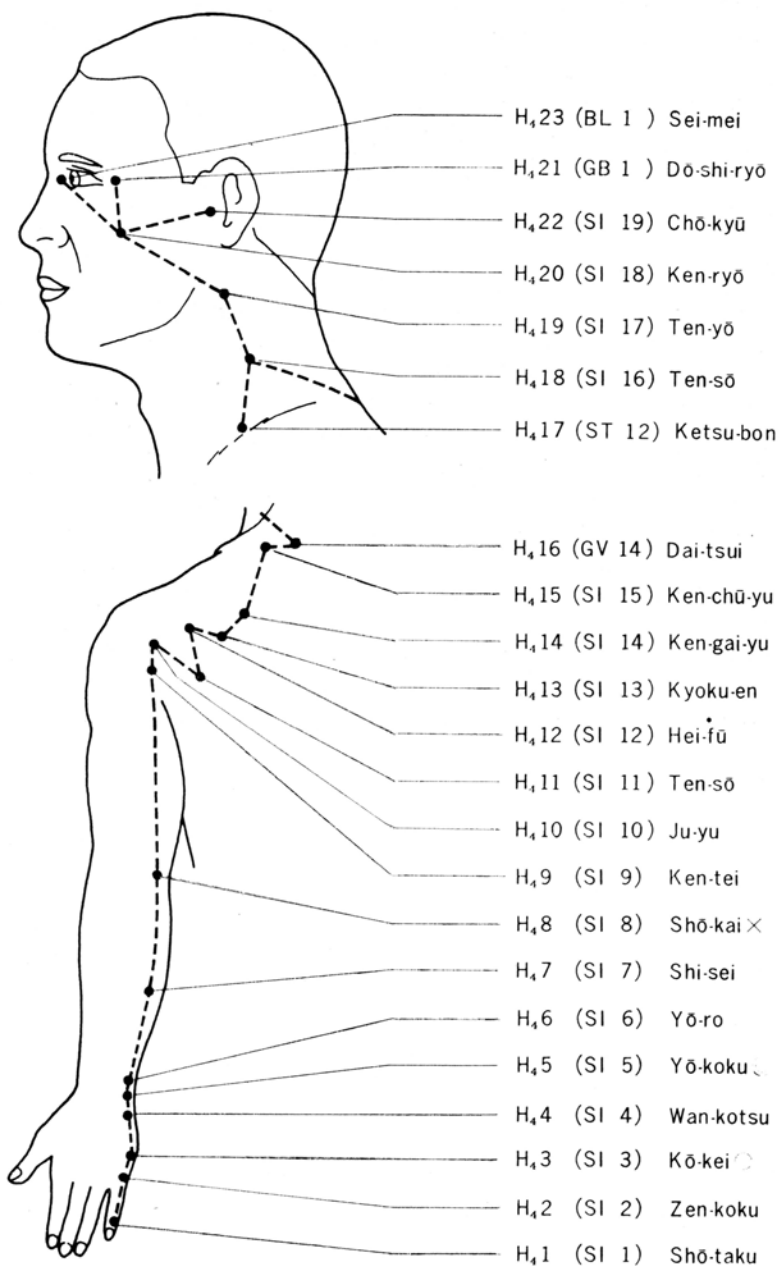


Fig. 4

## **H<sub>4</sub>—the Small Intestine Meridian (SI)**

This line starts from the ulnar side of the fifth finger on the back of the hand, climbs the side of the ulna to the shoulder and after joining the meridian line, passes through the supraclavicular fossa with one pathway reaching the medial ocular angle and the other passing through the lateral ocular angle to the tragus.

Constipation or a bloated feeling of the lower abdomen occurs when there is abnormal stimulation of this line. Headaches are closely related to this meridian. When an arm cannot be lifted due to frozen shoulders H<sub>4</sub>11 is used as a stimulation point.

### **Useful Treatment Points**

H<sub>4</sub>3 — located on the ulnar side of the metacarpo-phalangeal joint of the 5th finger.

Excitation point for H<sub>4</sub> and effective for 1) headaches, especially migraine, 2) bloodshot eyes, 3) nasal bleeding, 4) tinnitus

H<sub>4</sub>8 — Sulcus ulnalis. Inhibition point for H<sub>4</sub>.

H<sub>4</sub>10—located just below the external end of spina scapulae and effective for frozen shoulders and brachial neuralgia.

H<sub>4</sub>11—located level with the spinous process of the 4th thoracic vertebra in the infra-spinatus fossa. Hypersensitive to pressure. Effective for frozen shoulders and brachial neuralgia.

H<sub>4</sub>20—located directly below the external canthus on the lower border of the zygomatic bone. Effective for facial pain.

H<sub>4</sub>21—located between the middle of the tragus and the mandibular joint where a depression is formed when the mouth is opened. Effective for all ear diseases.

H<sub>4</sub>22—the depression point lateral to the external canthus. Effective for all eye diseases.

**Related organs:** small intestine, ears, eyes, salivary gland

# H<sub>5</sub> RYODORAKU

## 5. The Triple Heater Meridian (TH)

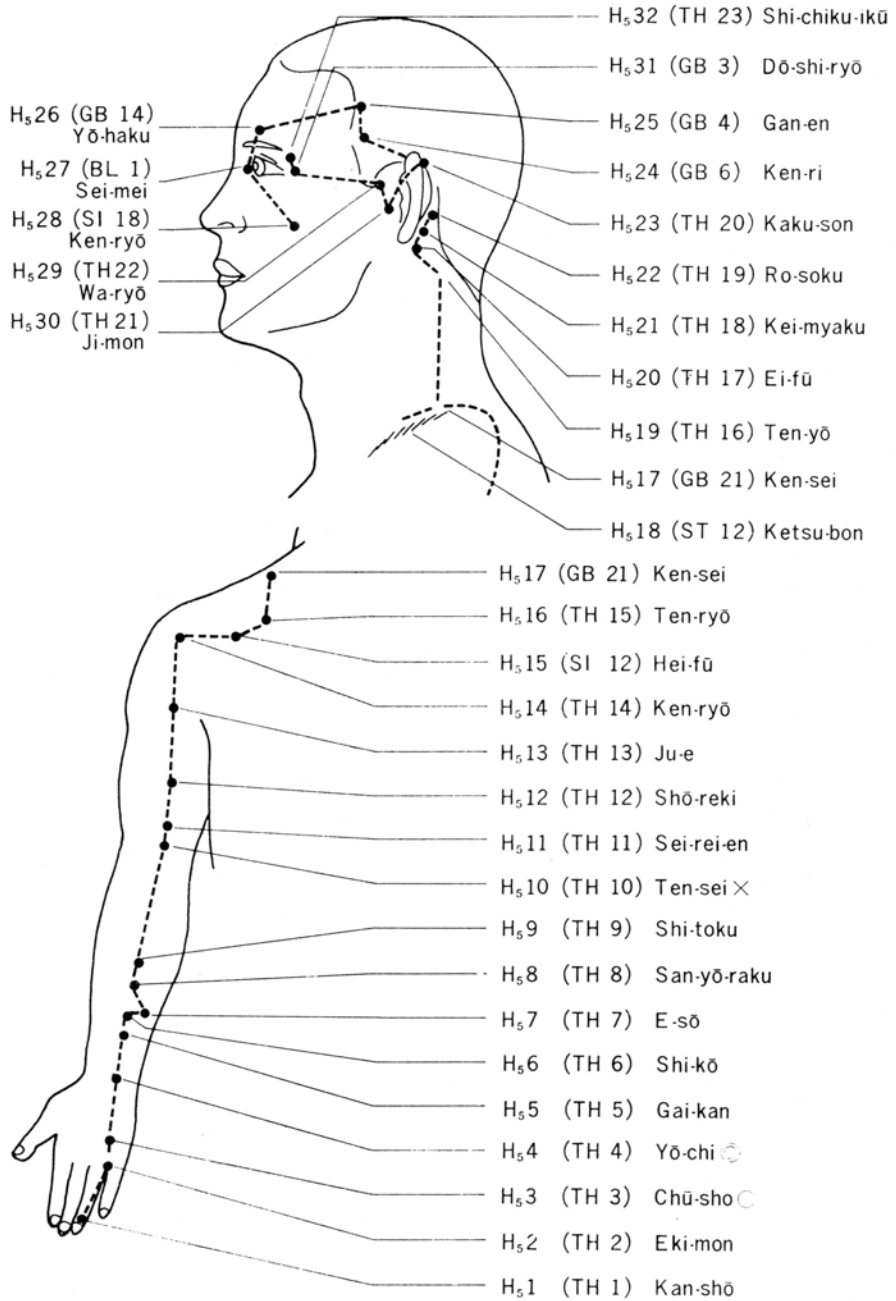


Fig. 5

## **H<sub>5</sub>—the Triple Heater Meridian (TH)**

This meridian starts from the ulnar side of the fourth finger on the back of the hand, ascends through the center of the back of the arm to the shoulder, through the back of the neck and then to the back of the upper ear and from there one line leads to the medial ocular angle while the other reaches the lateral ocular angle.

“Sho” means to burn and fever. Fever is indicated by the abnormality of this line. The Triple Heater meridian is the pathway of grain (cereals). (The Upper Heater is related to the respiratory and cardiac organs; the Middle Heater to the digestive organs; and the Lower Heater to the genital and urological organs.) Vaporized triple heater becomes urine and refers to nourishment. This line was thought to be a lymph-duct, according to an ancient textbook, *The Study of the Lymph-duct*, in the Tokugawa era, about 300 years ago. This book introduced the lymph-duct, thoracic duct and the chili-duct.

### **Useful Treatment Points**

- H<sub>5</sub>2 — Located in the web between the ring finger and the little finger. For headache and sudden dizziness resulting from too much stimulation in the upper part of the body.
- H<sub>5</sub>3 — Excitation point of H<sub>5</sub> located between the fourth and fifth metacarpal bones about 3 cm from TH3.
- H<sub>5</sub>4 — Located in the middle of the skin crease on the back of the wrist. It is said that lymph flow becomes better by stimulation at this point. For lower abdominal diseases, e. g., retro-flexio uteri.
- H<sub>5</sub>10—located in the depression behind the upper part of the olecranon between the ulnar and radial bone. Inhibition point of H<sub>5</sub> and effective for too frequent urination.
- H<sub>5</sub>13—located 3 tsun (defined as humaninch or approximately 1.5 cm) below the external edge of the olecranon, just below the deltoid muscle. For brachial neuralgia
- H<sub>5</sub>17—located on the front edge of the trapezius muscle on the mammillar line. Deep insertion is prohibited.
- H<sub>5</sub>20—located behind the lobule of the auricle in the depression between the mastoid process and the mandible. For 1) neck stiffness and 2) ear diseases (otalgia due to otitis media)
- H<sub>5</sub>29—located at the front of the tuberculum supratragicum near the margin of the bone where a depression is formed when the mouth is opened. For ear diseases.
- H<sub>5</sub>30—located at a level with the upper edge of the root of the auricle along the superficial temporal artery just behind the hair line. For eye diseases.

**Related organs:** lymphatic vessel, mammary duct, ears, eyes and shoulders

## H<sub>6</sub> RYODORAKU

### 6. The Large Intestine Meridian (LI)

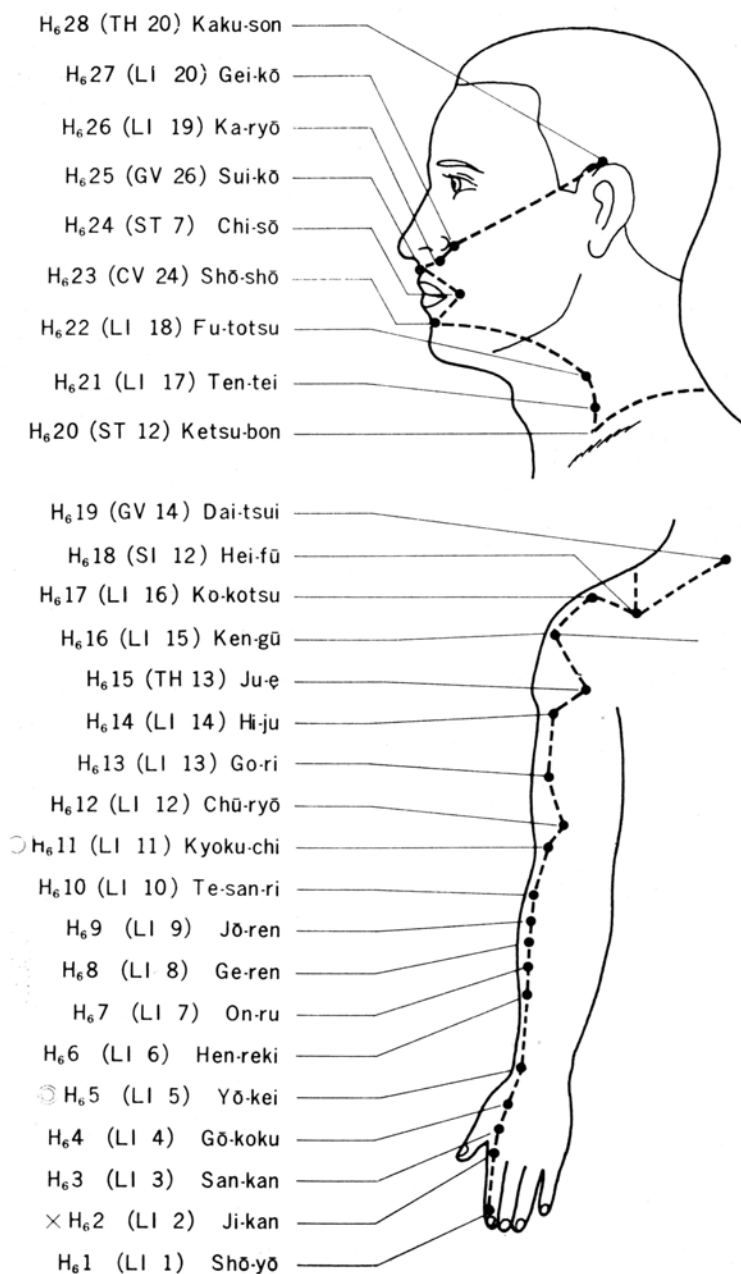


Fig. 6

## **H<sub>6</sub>—the Large Intestine Meridian (LI)**

This meridian starts from the radial side of the second finger on the back of the hand, climbs the radial side of the forearm, enters the shoulder and after reaching the interior meridian line enters the supraclavicular fossa and then from the chin, one line leads to the teeth of the lower jaw and the other ascends to the central portion of the upper lip, then to the immediate outer edge of the nostrils and finally to the upper part of the auricle.

Abnormalities of this line mainly cause shoulder stiffness and occasionally toothache.

### **Useful Treatment Points**

H<sub>6</sub>4 — located over the dorsum of the hand between the first and second metacarpal bones. For 1) headaches in the frontal and parietal region, 2) diseases of the face, 3) diseases of the inside of the mouth except stomatitis, tonsillitis and toothache, and 4) general skin inflammation, comedones, furuncles and carbuncles. Acupuncture analgesia can be induced by strong stimulation at this point.

H<sub>6</sub>11—located at the external end of the elbow crease when the elbow is flexed. For brachial neuralgia and shoulder stiffness.

H<sub>6</sub>16—located at the anterior-interior part of the acromion where a depression is formed when the arm is raised. For skin diseases (urticaria and eczema)

H<sub>6</sub>23—for diabetes melitus

H<sub>6</sub>27—located by the side of the alar nasi in the nasolabial sulcus. For olfactory diseases and all other nose diseases, for which treatment the needle should be inserted from the top downwards and left in 20 minutes, and for empyema.

**Related areas and organs:** shoulders, mouth (teeth), skin and nose

# F<sub>1</sub> RYODORAKU

## 7. The Spleen Meridian (SP)

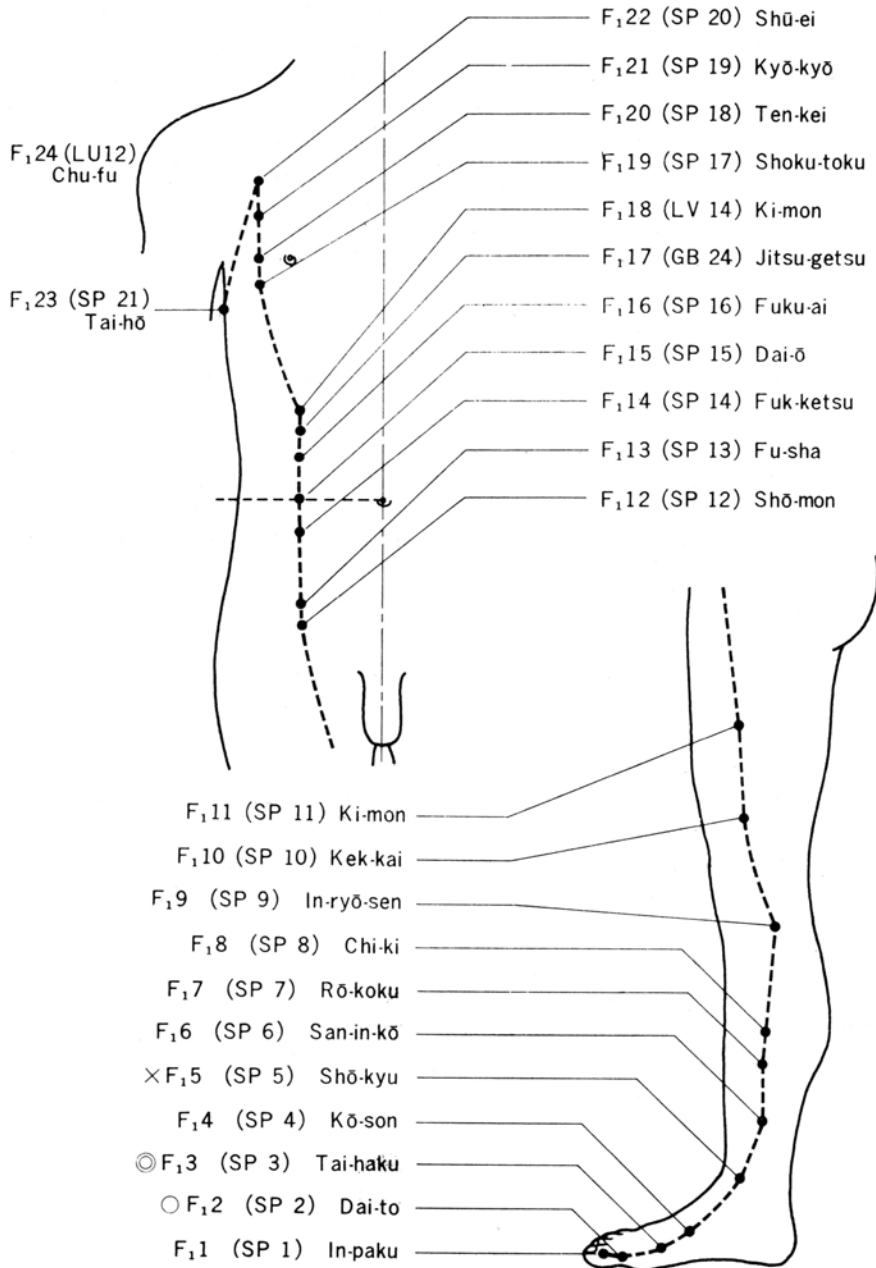


Fig. 7



## **F<sub>1</sub>—the Spleen Meridian (SP)**

This meridian starts from the inner side of the first toe, ascends the inner side of the foot, passes through the knee joint along the inner thigh to the abdomen, leads through the lower rib part of the spleen, up to the outer side of the nipple and to the throat.

This meridian is closely related to digestion. For example, when a person works or moves immediately after a meal, sometimes side abdominal pain occurs. This shows that as the spleen sends blood to all the body muscles throughout the whole body it must be related to the blood supply to the digestive organs also.

Abnormalities of F<sub>1</sub> often indicate stomach trouble, and show symptoms of gonitis.

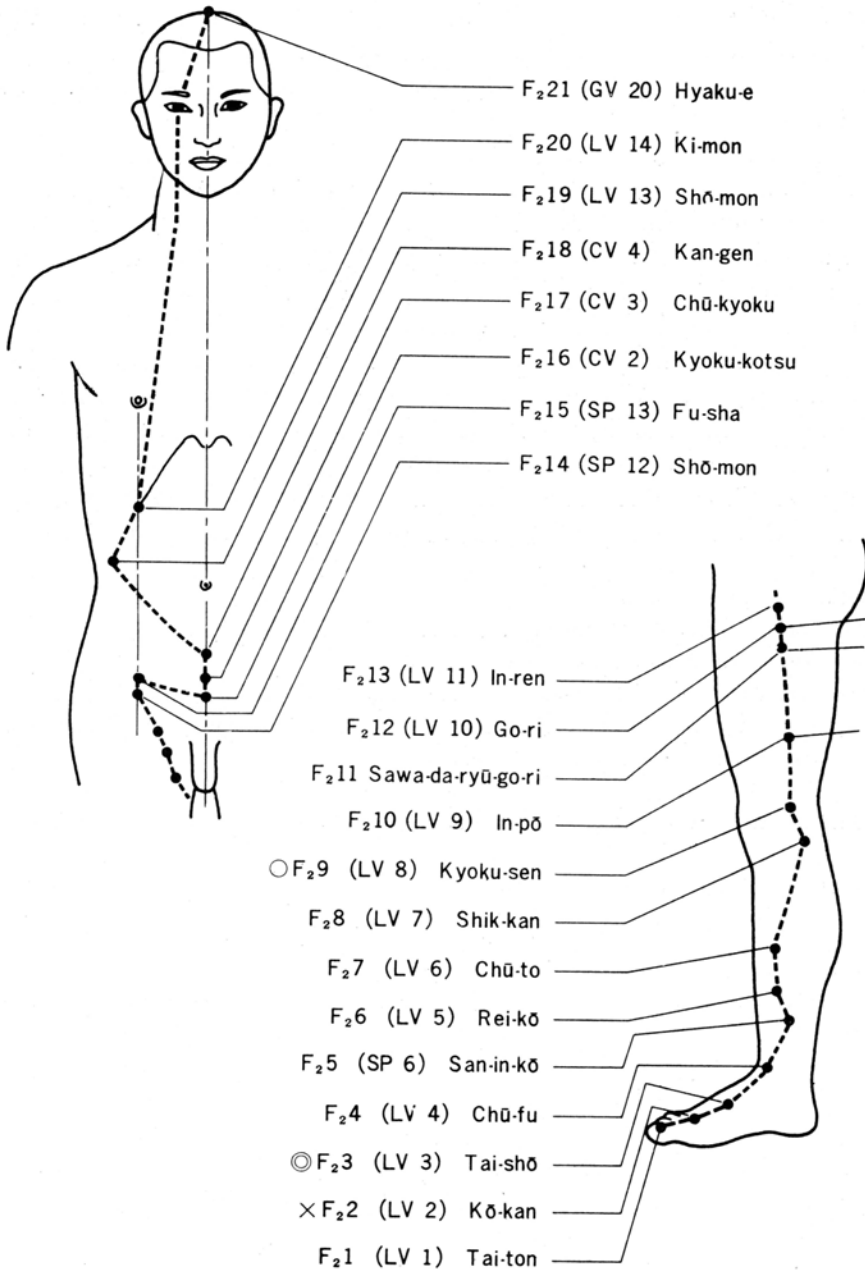
### **Useful Treatment Points**

- F<sub>1</sub>2 — located on the medial side of the proximal phalange of the big toe. Excitation point of F<sub>1</sub>.
- F<sub>1</sub>5 — located in the depression at the anterior part below the medial malleolus. Inhibition point of F<sub>1</sub>. Effective for bloated feeling of the stomach and intestinal area.
- F<sub>1</sub>6 — located 3 tsun above the apex of the medial malleolus, behind the tibia. This is the intersection of F<sub>1</sub>, F<sub>2</sub>, and F<sub>3</sub>. F<sub>2</sub> and F<sub>3</sub> are both related to sex and this point is used for the control of menstruation and contraindicated for consumptive women. Good sleep, good appetite and comfortable defecation are the three main conditions for good health. Abnormalities of the liver meridian cause insomnia, abnormalities of the spleen meridian cause loss of appetite, and of the kidney meridian constipation. Therefore the regulation of these three meridians is of utmost importance.
- F<sub>1</sub>8 — located 3 tsun below the medial condyle of the tibia. This point is used to regulate the F<sub>1</sub> meridian. "Chi" means earth, earth means spleen and "ki" means to control all conditions, so "chi-ki" is understood to mean to control the spleen.
- F<sub>1</sub>14 — located 1.3 tsun below and 3.5 or 4 tsun beside the umbilicus. Effective for constipation.

**Related areas and organs:** pancreas, stomach, intercostal space, throat and larynx

## F<sub>2</sub> RYODORAKU

### 8. The Liver Meridian (LV)



**Fig. 8**

## **F<sub>2</sub>—the Liver Meridian (LI)**

This meridian begins at the lateral side of the first toe, climbs the outside of F<sub>1</sub> and reaches F<sub>16</sub> where the pathway crosses and departs from F<sub>1</sub> and F<sub>3</sub>, passes along the inner thigh (on the inner side of F<sub>1</sub>) and from the hiatus after circling the genital organs leads to the liver; climbs close to the premedian line, passes through the eye and reaches HM 26 (GV 20).

The top of the head, eyes, liver and sexual organs are connected by this meridian. Among Chilean doctors it is said that color blind patients are more often found to have liver cirrhosis and that liver patients have uterine diseases more often than other patients. According to this theory it is thought that these organs are related to each other.

In cases of excitation of F<sub>2</sub> insomnia occurs and so F<sub>2</sub> is related in some way to the sleep center. Excitation of sympathetic nerves causes insomnia. Excitation of F<sub>2</sub> also causes quick temper and it is therefore said that a branch of F<sub>2</sub> enters the canine teeth. Inhibition of F<sub>2</sub> often results in dizziness and therefore means that F<sub>2</sub> influences cerebral circulation. The liver meridian is also related to the muscles and is closely connected with the genital organs, uterus, vagina, ovarium, testis, etc.

### **Useful Treatment Points**

F<sub>2</sub>2 — located in the web of the big and second toe. Inhibition point of F<sub>2</sub>. Effective for insomnia and urine retention.

F<sub>2</sub>9 — located at the medial end of the knee crease. Excitation point of F<sub>2</sub>

F<sub>2</sub>20— located in the 6th intercostal space, 2 ribs below the nipple. Effective for all diseases of the liver and gall bladder.

**Related areas and organs:** liver, sexual organs, intercostal space, muscles and eyes

# F<sub>3</sub> RYODORAKU

## 9. The Kidney Meridian (KI)

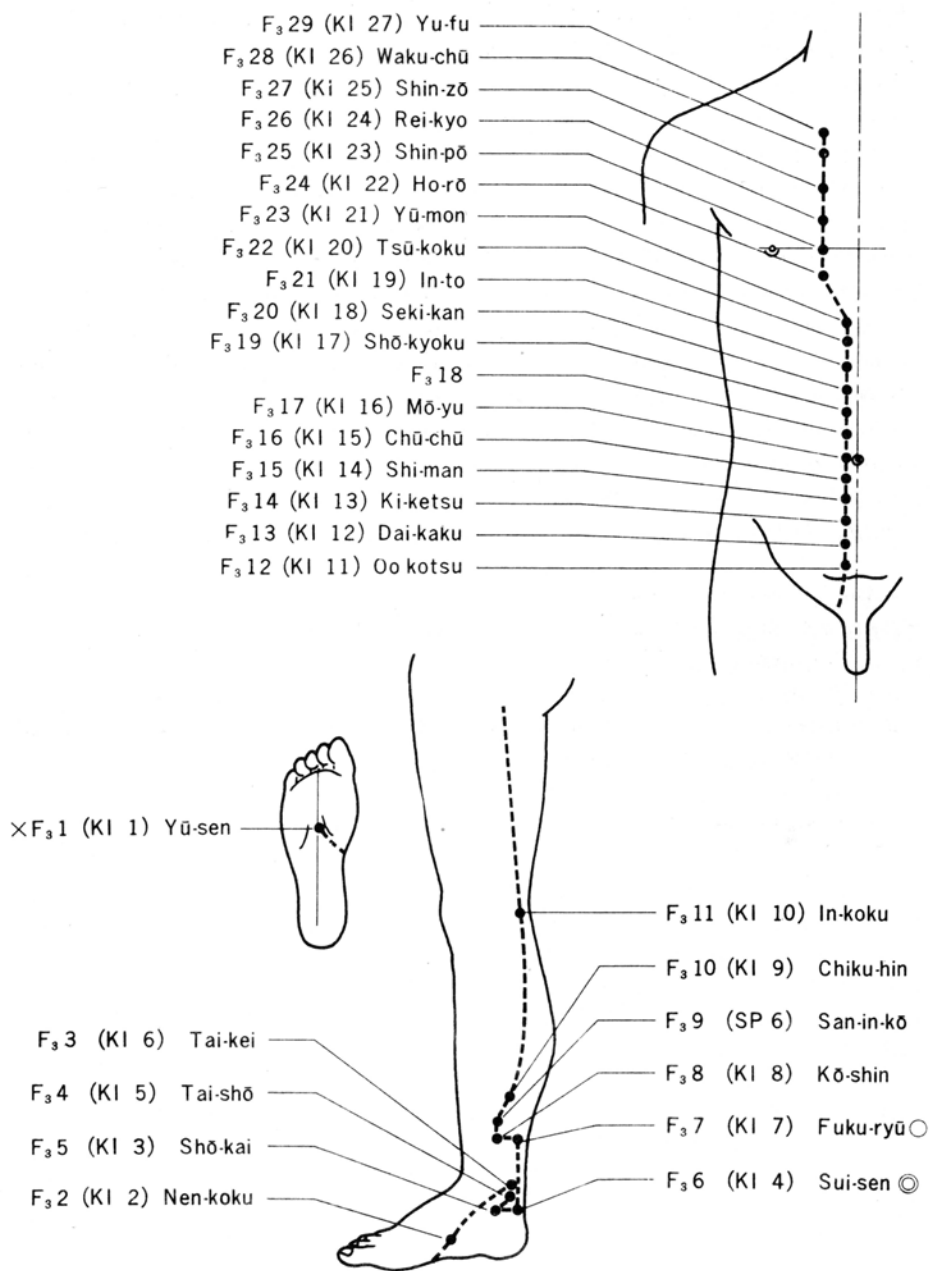


Fig. 9

### **F<sub>3</sub>—the Kidney Meridian (KI)**

This meridian starts from the center of the sole of the foot and after merging with F<sub>1</sub> and F<sub>2</sub> at F<sub>16</sub> climbs along the thigh in back of F<sub>1</sub> and F<sub>2</sub>, then runs along the premedian line, and reaches the throat through the posterior side of the auricle. (As for Ryodoraku concerns, Nakatani was the first to discover this portion of the meridian.) After reaching the throat F<sub>3</sub> is not clear. Clinically speaking, it may be said to reach the ear through the throat and tonsils. This line controls adrenal glands like the kidney. Stimulation of the sole of the foot has therapeutic effect on kidney diseases. In ancient times it was believed that the application of red pepper or the mash of the equinoctial flower was effective for the treatment of edema caused by kidney disease. In England they have a similar therapy using diluted carbonic acid. Inhibition of F<sub>3</sub> results in a decrease in sexual desire (energy), so it is thought that the male hormone from the adrenal gland has a stronger effect than that of the testis. Among women cold sensations in the legs and lower back and sensations of dullness are treated by stimulation of this meridian. For this F<sub>37</sub> is the most useful point. The needle is inserted centripetally and pecked 33 times, or for chronic and severe cases, the two REPP near this point are used for moxibustion.

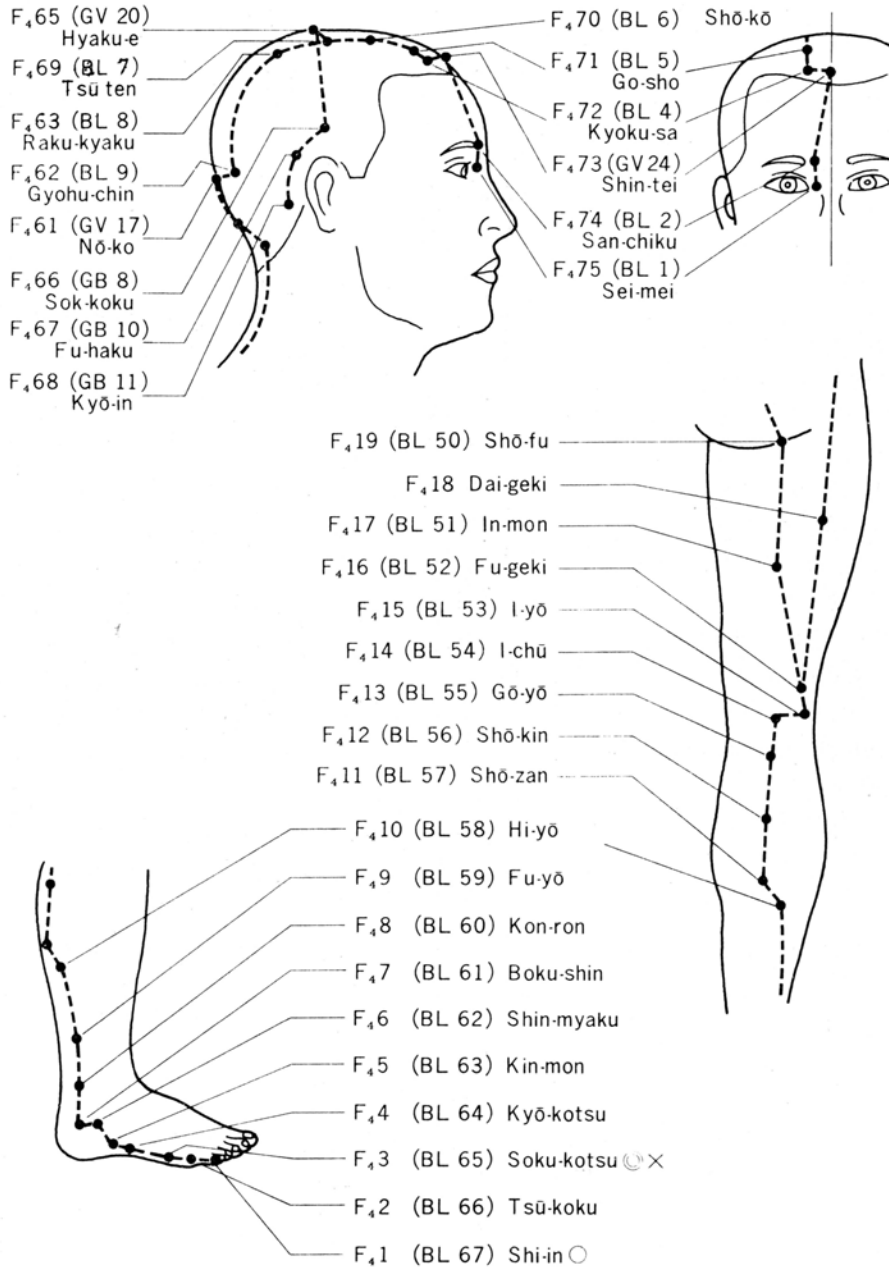
#### **Useful Treatment Points**

- F<sub>31</sub> — located one-third the distance from the center to the front of the plantain at the depression which is seen when the foot is raised. Inhibition point of F<sub>3</sub>. Effective for 1) restlessness, 2) neurosis, 3) abnormal blood pressure, 4) diseases of the reproductive organs, 5) dry throat, 6) dry tongue, 7) heat sensations in the legs, 8) abnormal sex desire.
- F<sub>37</sub> — located 2 tsun above the posterior side of the medial malleolus along the front edge of the Achilles' tendon. Excitation point for F<sub>3</sub>. Effective for 1) decrease of sex desire, 2) lack of patience and vitality, 3) cold legs and lower back, 4) forgetfulness, 5) ringing in the ears, 6) problems in evacuation, 7) disorders of the throat.
- F<sub>39</sub> — located 5 tsun below the umbilicus and 5 fen from Kyokukotsu. Increase of testosterone. Sensation in the penis occurs when this point is stimulated.
- F<sub>313</sub> — located 4 tsun below the umbilicus and 5 fen from Chukyoku. Effective for impotence.
- F<sub>314</sub> — located 3 tsun below the umbilicus and 5 fen from Kangen. Effective for diseases of the female sexual organs, especially to increase the secretion of female hormones.
- F<sub>328</sub> — located 2 tsun from Ka-gai in the second intercostal space. Effective for asthma.

**Related areas and organs:** Sexual organs, kidneys, suprarenal gland, throat and larynx, brain, eyes, bones, nasal cavity

# F<sub>4</sub> RYODORAKU

## 10. The Bladder Meridian (BL) (1)



**Fig. 10**

# F<sub>4</sub> RYODORAKU

## 10. The Bladder Meridian (BL) (2)

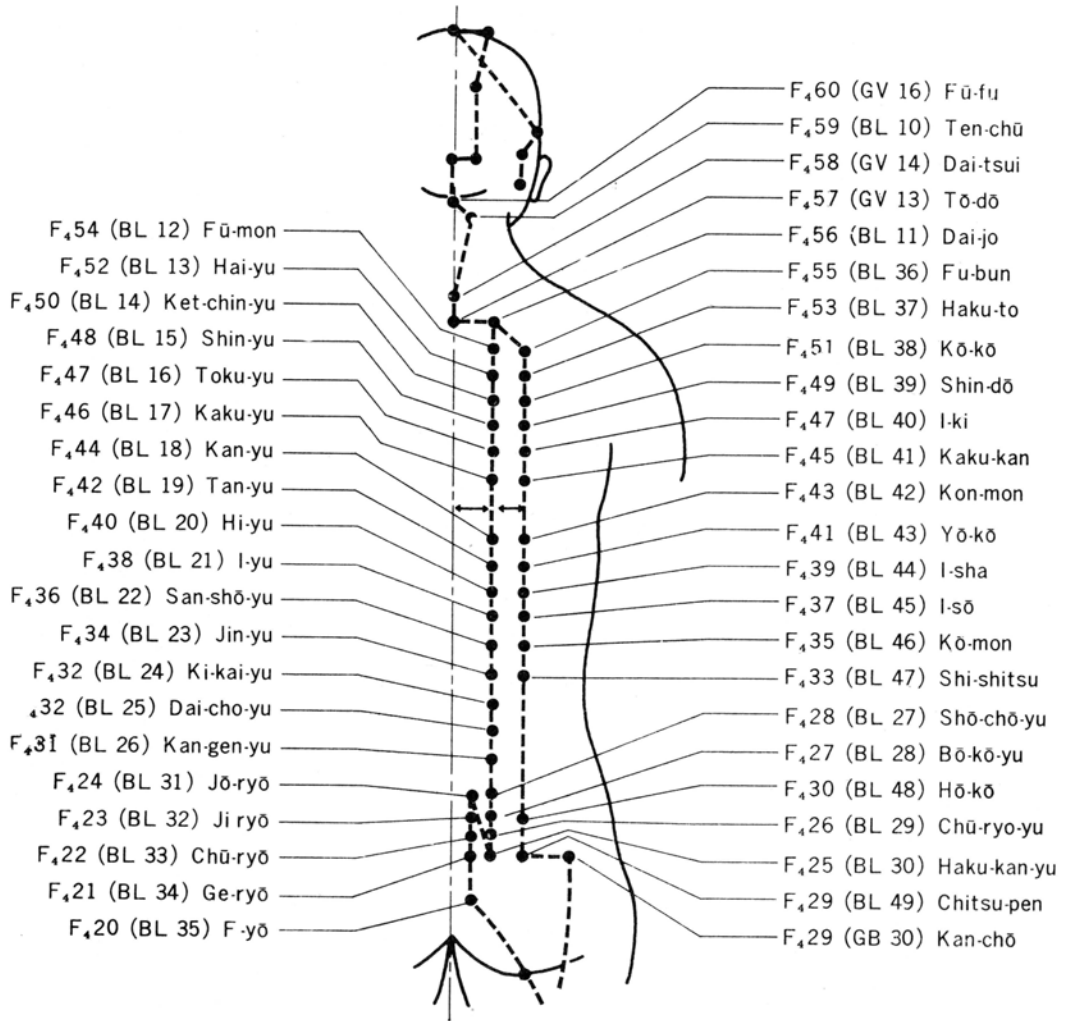


Fig. 11

## **F<sub>4</sub>—the Bladder Meridian (BL)**

This meridian starts from the outer tip of the fifth toe, passes through the outer ankle bone, enters the popliteal space, and from there branches into twin pathways which climb in parallel lines to the post-median line of the buttocks, join again at the back of the neck and reach the back of the head and the medial ocular angle. F<sub>4</sub> is the only meridian which passes through the back of the body and is related to most internal organs. There are associated points closely related to the viscera. In Japanese “yu” does not mean to be cured but “to be poured” by stimulation.

After man began to walk in an upright position the muscles of the back became more taxed than any others in the body so this meridian may be treated to good effect even when it shows normal findings on the Ryodoraku chart. Stiffness in the back of the neck is also often found even when the Ryodoraku chart shows no abnormalities. This meridian is related to the tear ducts and deep pain of the eyes.

### **Useful Treatment Points**

- F<sub>4</sub>1 — located about 1 fen behind the lateral corner of the vallum unguis of the little toe. Excitation point of F<sub>4</sub>. Effective for 1) difficulty in childbirth (to correct the position of the fetus), 2) weak labor, 3) to stimulate the pituitary gland.
- F<sub>4</sub>3 — located on the posterior lateral part of the head of the 5th metatarsal bone. Inhibition point of F<sub>4</sub>.
- F<sub>4</sub>5 — located in the depression on the lateral side of the cuboid bone.
- F<sub>4</sub>13— located 2 tsun below Ichu.
- F<sub>4</sub>14— located in the center of the popliteal fossa.
- F<sub>4</sub>15— located on the lateral side of the popliteal fossa along the inner margin of the biceps femoris muscle.
- F<sub>4</sub>17— located in the center of the back of the thigh.
- F<sub>4</sub>19— located in the middle of the gluteal sulcus.
- F<sub>4</sub>23— located on the second posterior sacral foramen and midway between the lower part of the posterior superior iliac and the median line. Effective for many diseases of the pelvic cavity as 1) endometritis, 2) underdeveloped uterus, 3) ompholitis, 4) rectitis, 5) piles, 6) cystitis, and others. Insert the needle obliquely deep into the 2nd and 3rd sacral hiatus.
- F<sub>4</sub>27— located beside the second sacral vertebra, just over the sacro-iliac joint. Effective for all bladder diseases.
- F<sub>4</sub>28— located beside the first sacral vertebra just over the sacro-iliac joint. Effective for 1) all small intestinal diseases, 2) joint rheumatism, 3) defecation anomaly, 4) lumbago.
- F<sub>4</sub>30— located on the postero-superior side of the greater trochanter, 1/3 the distance, posteriorly, from the greater trochanter to the sacral hiatus.



- F<sub>4</sub>5 — F<sub>4</sub>30 are effective points for the treatment of sciatic neuralgia.
- F<sub>4</sub>32— located 2.5 tsun beside the lower end of the spinous process of the 4th lumbar vertebra. Effective for 1) large intestinal diseases, 2) piles, 3) skin diseases, 4) lumbago, 5) abnormal defecation, 6) shoulder stiffness.
- F<sub>4</sub>33— located 3 tsun beside the lower end of the spinous process of the second lumbar vertebra. Effective for 1) adrenal hormone secretion, 2) kidney diseases, 3) gynecological diseases, 4) hypertension.
- F<sub>4</sub>34— located 1.5 tsun beside the lower end of the spinous process of the second lumbar vertebra. Effective for all kidney diseases.
- F<sub>4</sub>36— located 1.5 tsun beside the lower end of the spinous process of the first lumbar vertebra. Effective for 1) improvement of lymph stream, 2) pulmonary tuberculosis, 3) nephritis (protein urine), 4) diabetes melitis, 5) diarrhea, 6) lumbago, 7) gynecological diseases.
- F<sub>4</sub>38— located 1.5 tsun beside the lower end of the spinous process of the 12th thoracic vertebra. Effective for all stomach diseases.
- F<sub>4</sub>40— located 1.5 tsun beside the lower end of the spinous process of the 11th thoracic vertebra. Effective for 1) all stomach diseases, 2) pancreas diseases, 3) loss of appetite, 4) amnesia, 5) empyema Highmori, 6) diabetes melitis.
- F<sub>4</sub>42— located 1.5 tsun beside the lower end of the spinous process of the 10th thoracic vertebra. Effective for 1) gall bladder diseases, 2) cholelithiasis, 3) icterus, 4) duodenal ulcer, 5) dizziness, 6) eye diseases.
- F<sub>4</sub>44— located 1.5 tsun beside the lower end of the spinous process of the 9th thoracic vertebra. Effective for 1) liver diseases, 2) cholelithiasis, 3) intercostal neuralgia, 4) insomnia, 5) eye diseases, 6) dizziness, 7) muscle diseases (gastoptosis, myasthenia).
- F<sub>4</sub>48— located 1.5 tsun beside the lower end of the spinous process of the 5th thoracic vertebra. Effective for 1) cardiac diseases, 2) tongue, 3) eye diseases.
- F<sub>4</sub>50— located 1.5 tsun beside the lower end of the spinous process of the 4th thoracic vertebra. Effective for 1) upper toothache, 2) naso-lacrimal duct obstruction, 3) cardiac diseases.
- F<sub>4</sub>52— located 1.5 tsun beside the lower end of the spinous process of the 3rd thoracic vertebra and on a level with the spine of the scapula.
- F<sub>4</sub>54— located 1.5 tsun beside the lower end of the spinous process of the 2nd thoracic vertebra. Effective for the prevention and treatment of colds.
- F<sub>4</sub>59— located right on the natural hair line at the back of the head on the lateral part of the margin of the trapezius muscle. Effective for 1) stiffness in the back of the head, 2) all sicknesses of the head—eyes, nose, ears, mouth, etc., including headache.

**Related areas and organs:** Urinary bladder, ears, nose, eyes, pituitary gland

# F<sub>5</sub> RYODORAKU

## 11. The Gall Bladder Meridian (GB) (1)

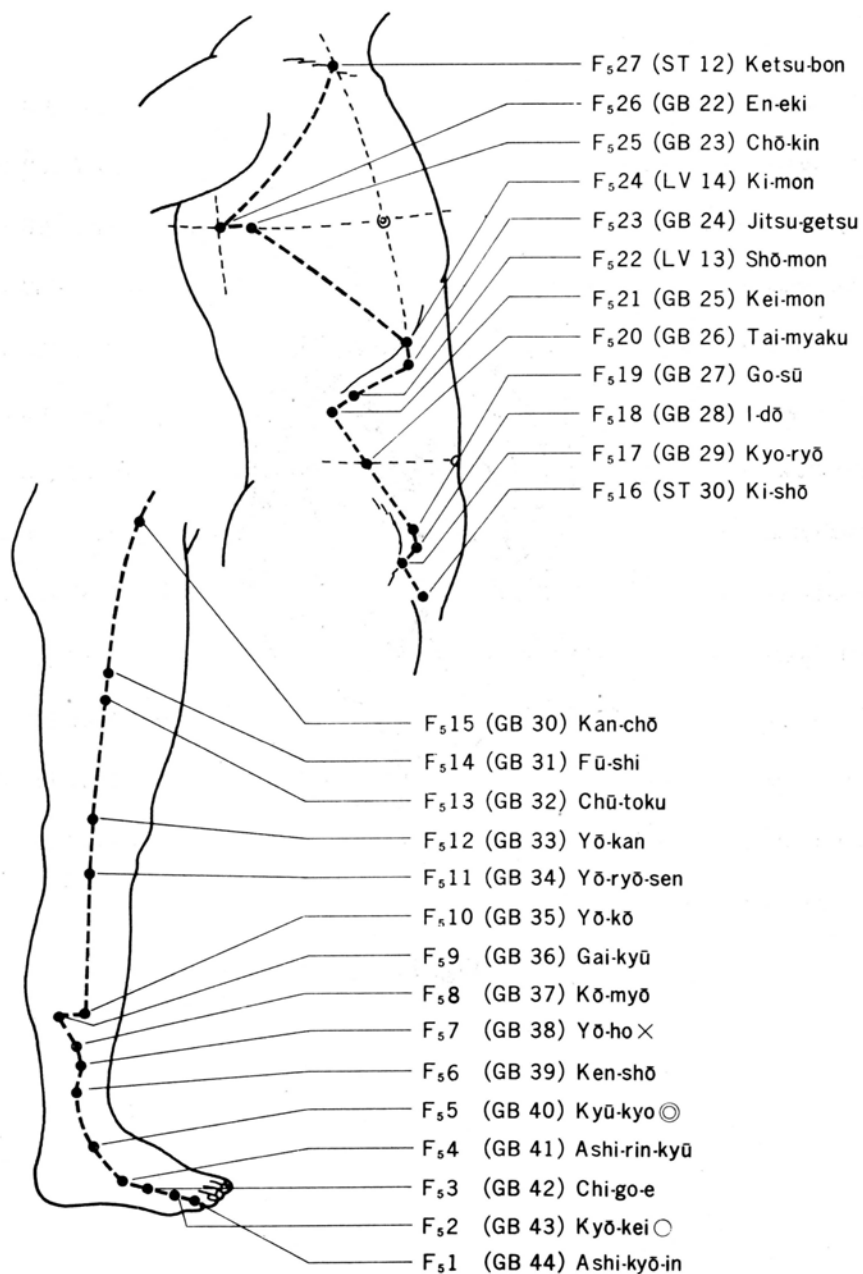


Fig. 12

# F<sub>5</sub> RYODORAKU

## 11. The Gall Bladder Meridian (GB) (2)

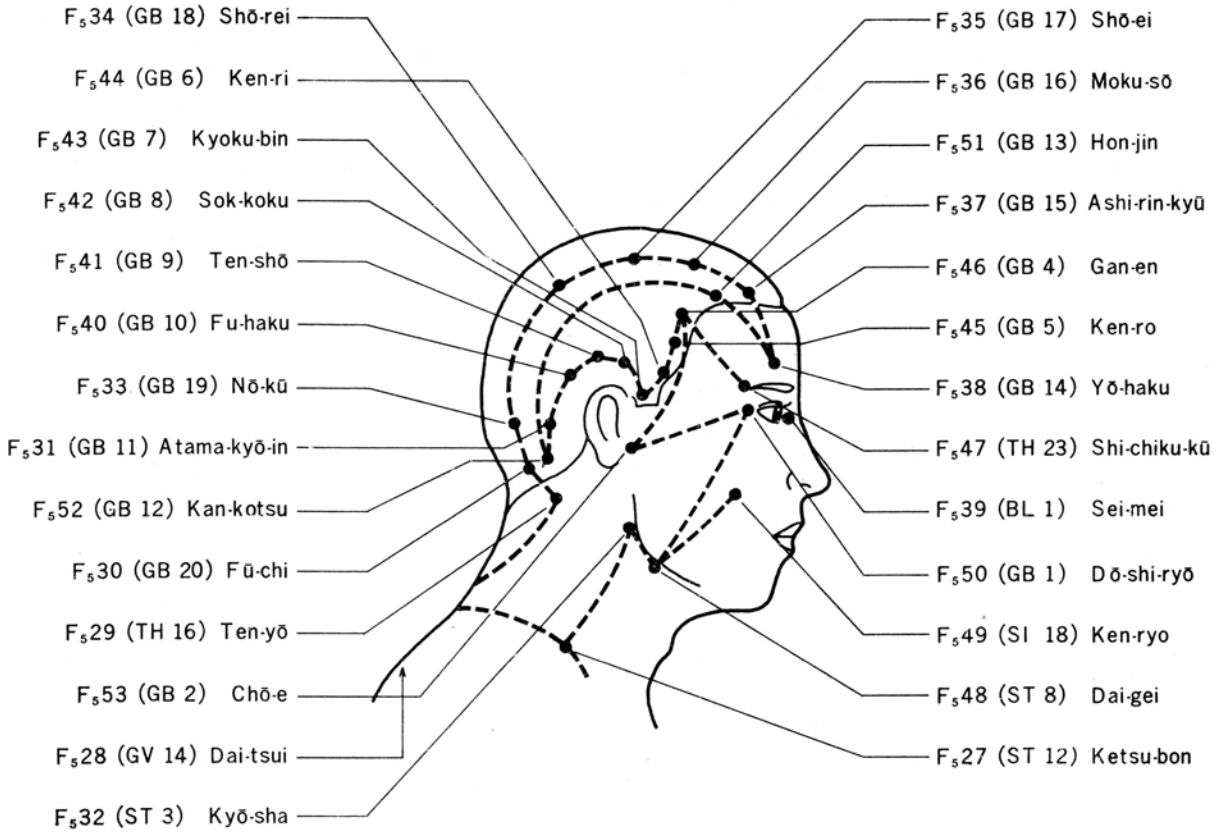


Fig. 13

## **F<sub>5</sub>—the Gall Bladder Meridian (GB)**

This meridian starts from the outer tip of the fourth toe, climbs to the outside of the lower limb, courses back and forth over the sides of the abdomen, passes through the liver-gall bladder area, and from the supraclavicular fossa passes through the shoulder to the side of the head, and from the lateral ocular angle the pathway encircles the outside of the auricle while the pathway from the infraclavicular fossa passes through the shoulder and the back of the head and reaches the medial-ocular angle. This is very similar to F<sub>2</sub>; however, this is more closely related to the gall bladder than to the liver.

This meridian passes through the head in a complex way. The symptoms of abnormality are mild, such as glazed eyes, dizziness, (related to the labyrinth), heavy arms and legs.

The inhibition of F<sub>5</sub> is seen in many cases in Ryodoraku charts and therefore indicates that almost all complaints start from the inhibition of F<sub>5</sub>.

### **Useful Treatment Points**

F<sub>5</sub>2 — located in the web between the 4th and the little toe. Excitation point of F<sub>5</sub>.

In many cases F<sub>5</sub> shows inhibition so this is not a point of major importance.

F<sub>5</sub>7 — The inhibition point of F<sub>5</sub>. Effective for 1) heavy head, 2) lack of appetite, 3) chills, 4) pyrexia.

F<sub>5</sub>8 — located 5 tsun above the lateral malleolus in front of the fibula. Effective for 1) color blindness, 2) myopia, 3) glaucoma, 4) cataracts.

F<sub>5</sub>11 — located on the antero-interior part of the capitulum of the fibula, 2 tsun below the knee. Effective for all muscle diseases.

F<sub>5</sub>14 — located on the lateral part of the thigh 7 tsun above the patella. When the hand with fingers extended hangs down on the media of the thigh, the tip of the middle finger touches this point. Effective for hypertension.

F<sub>5</sub>20 — located on the same level as the umbilicus on the midmaxillary line.

F<sub>5</sub>30 — located below the occipital bone in the depression on the outer part of the trapezius muscle. Effective for 1) stiffness in the back of the head and neck, 2) eye diseases, 3) diseases of the head, 4) insomnia.

F<sub>5</sub>44 — located on the posterior margin of the condyloid process of the mandible in front of the incisura intertragica where a depression is formed when the mouth is opened. Effective for all ear diseases.

**Related areas and organs:** Gall bladder, eyes, muscles, head area

# F<sub>6</sub> RYODORAKU

## 12. The Stomach Meridian (ST) (1)

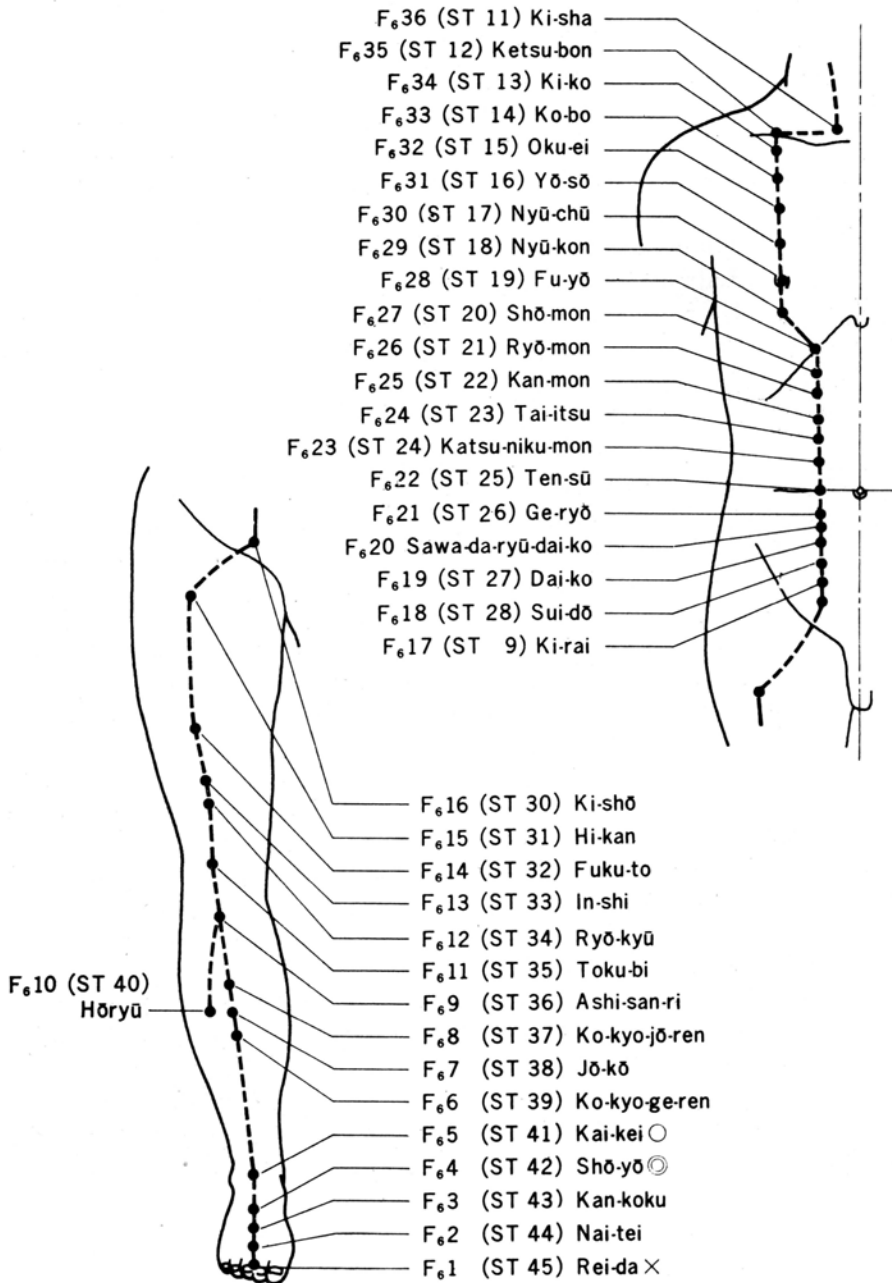


Fig. 14

# F<sub>6</sub> RYODORAKU

## 12. The Stomach Meridian (ST) (2)

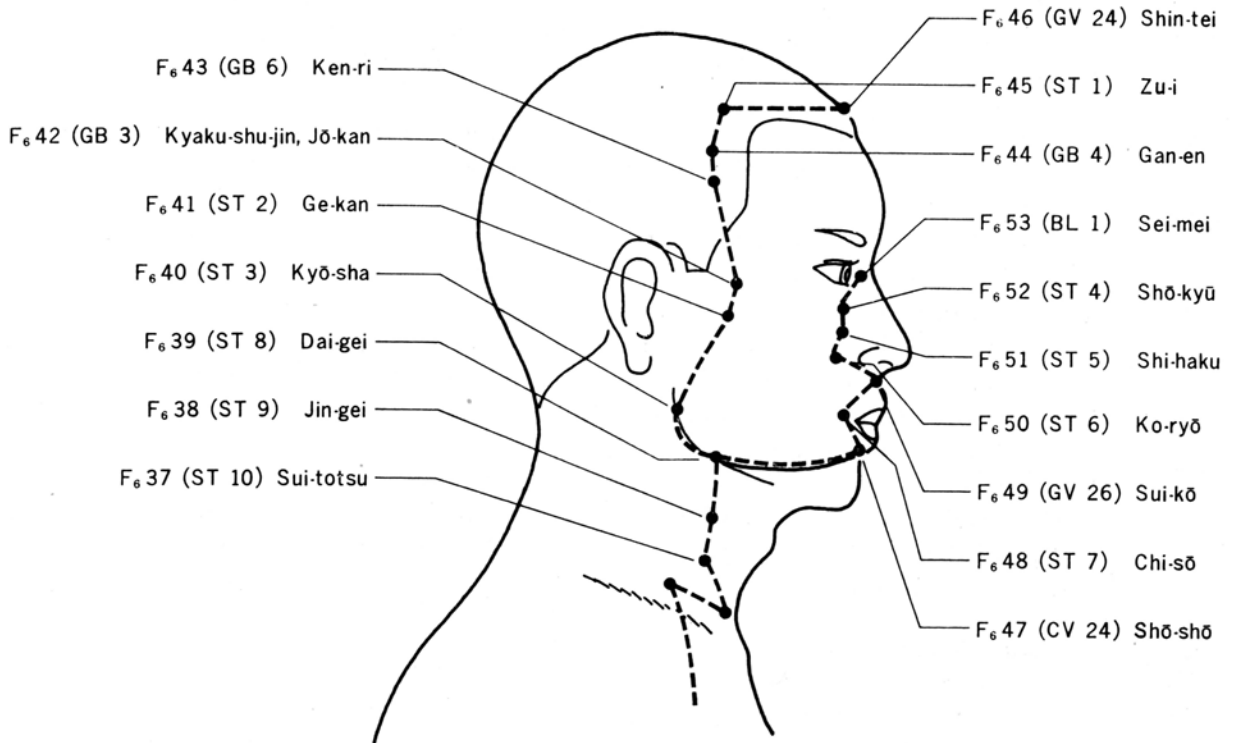


Fig. 15

## **F<sub>6</sub>—the Stomach Meridian (ST)**

This meridian starts from the outer side of the second toe, climbs the lower thigh and somewhat to the outer side of the anterior surface of the thigh, passes through the inguinal region and the lower ribs to the nipple, enters the supraclavicular fossa and from the front of the neck at the angle of the mandible splits off into two branches. One line encircles the mouth after which the right and left lines join and ascend to the nostrils reaching the front of the head via the medial ocular angle while the other line starting from the front of the tragus and via the side of the head reaches the front of the head.

Because F<sub>6</sub> passes through the temple it is understandable that temple pain occurs after drinking cold water. Chewing causes salivation and secretion of pancreatic juice.

When the foot is held firmly in the hand and pressure is applied to the second toe by the other four toes, stimulation of F<sub>6</sub> 1 and F<sub>6</sub> 2 will bring relief from nose stuffiness. Rhinitis empyema will be improved by the regulation of F<sub>6</sub>. As F<sub>6</sub> meridian surrounds the mouth fissures at the corner of the mouth are said to be caused by stomach diseases. (H<sub>6</sub> is more closely connected to intraoral cavity diseases than to F<sub>6</sub>. This is also true of toothache.)

F<sub>6</sub>30 reveals the following two facts: 1) that mothers who breast-feed their babies can eat much without hurting their stomachs and 2) that after childbirth the uterus returns to normal size by the stimulation of hormones connected with lactation.

### **Useful Treatment Points**

- F<sub>6</sub>1 — Inhibition point of F<sub>6</sub>. Effective for 1) weak stomach, 2) swelling and aching of the joints, 3) mastitis, 4) dry lips, 5) abnormally big appetite, 6) fever without sweating.
- F<sub>6</sub>2 — Located about one fen from the lateral side of the corner of the vallum unguis of the second toe. Effective for palpitation of the stomach region.
- F<sub>6</sub>5 — located in the web between the 2nd and 3rd toes over the dorsum of the foot, right in the center of the cruciate crural ligament, between the tendons of the extensor hallucis longus and the extensor digitorum longus. Excitation point of F<sub>6</sub>. Effective for 1) depression, 2) weak stomach, 3) yawning, 4) swollen face, 5) abdominal pain.
- F<sub>6</sub>9 — located 3 tsun below the tuberosity of the tibia on the lateral side of the tibialis anterior muscle. Effective for 1) maintaining good health, 2) to strengthen the feet, 3) secretion of gastric juices, 4) stomach diseases, 5) beriberi, 6) headaches.
- F<sub>6</sub>12 — located 2 tsun above the patella along its lateral margin. Effective for 1) acute stomachache, 2) abdominal pain, 3) diarrhea.
- F<sub>6</sub>13 — located 3 tsun above the patella along its lateral margin. Effective for cold

feeling in the legs.

F<sub>8</sub>22— located 2 tsun beside the umbilicus in the rectus abdominal muscle. Effective for 1) large intestinal diseases, 2) urticaria, 3) shoulder stiffness.

F<sub>8</sub>26— located 4 tsun above the umbilicus and 2 tsun to the side of CV 12. Effective for 1) appetite loss 2) stomach diseases.

F<sub>8</sub>28— located 6 tsun above the umbilicus and 2 tsun to the side of CV 14. Effective for 1) appetite loss 2) stomach diseases.

F<sub>8</sub>41— located in the depression between the interior border of the Zygomatic arch and the mandibular notch. Effective for 1) toothache of the mandibular region, 2) trigeminal neuralgia.

F<sub>8</sub>42— Effective for 1) eye diseases, 2) trigeminal neuralgia.

F<sub>8</sub>53— located on the margin of the eye orbit and about one fen below the inner canthus. Effective for 1) eye diseases, 2) stenosis lacrimal gland, 3) nose diseases.

**Related areas and organs:** stomach, mouth, teeth, nose, mammary gland, eyelids, mind



# VM RYODORAKU

## 13. The Conception Vessel Meridian (CV)

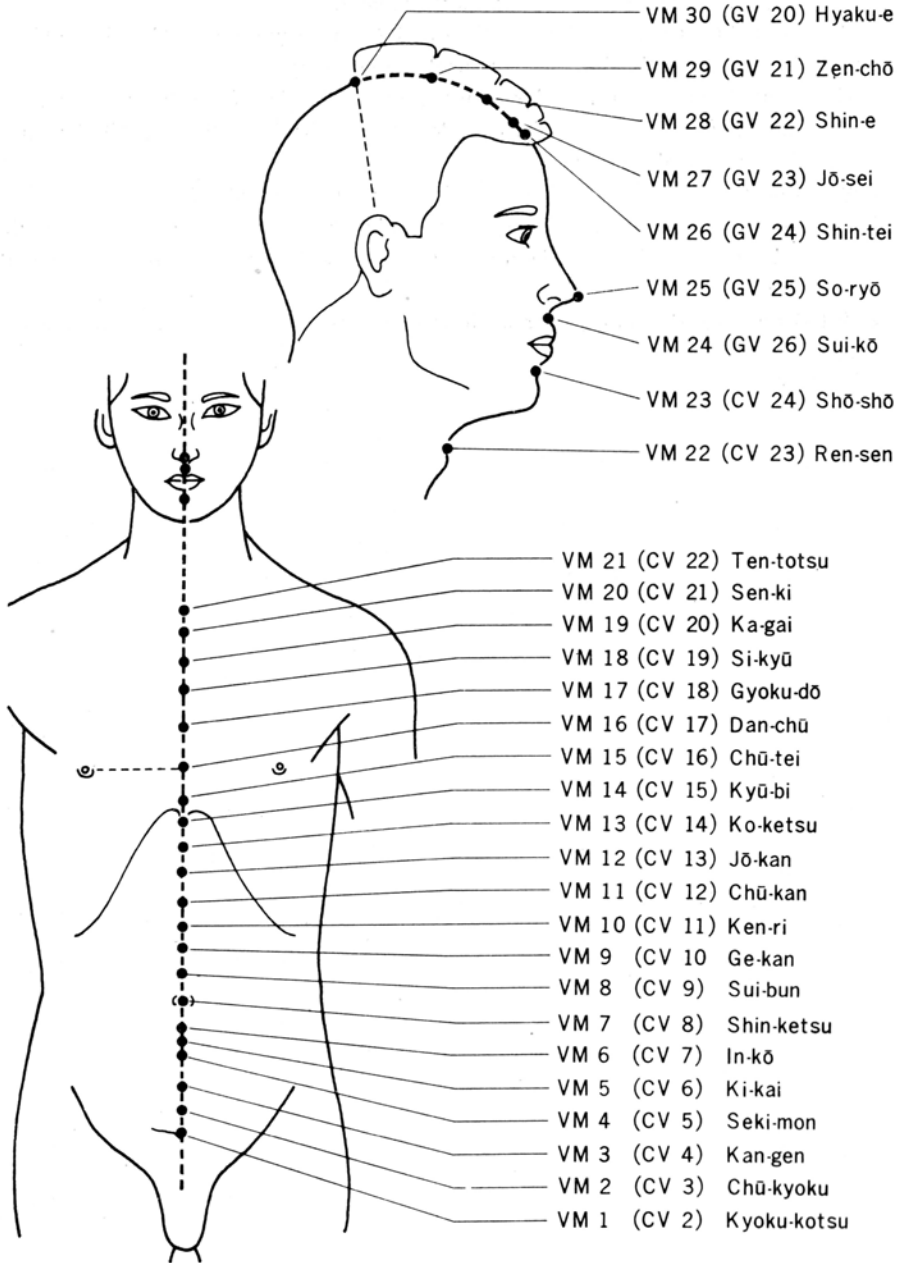


Fig. 16

## **VM (Vordere Median)** **—the Conventional Vessel Meridian (CV)**

This meridian shows no reflex from specific internal organs as does the lung meridian and liver meridian. However, this meridian is revealed in most cases.

When patients have abnormalities of the VM meridian, it often indicates some diseases of the head (headache), nose, heart, pancreas, intestines, reproductive organs and/or anus.

It is very well known that hemorrhoidal pain will be relieved by the treatment of this meridian. The attacks may be improved by the stimulation of VM 30 (Hyaku-e, GV 20).

This meridian has many useful points for many treatment methods, and has been looked upon as an important meridian for the Ryodoraku therapy.

### **Useful Treatment Points**

- VM 1 (CV 2) Kyok-kotsu; This point is a short distance above the symphysis and gives sensation to the genital organs even with shallow insertion of the needle. Deep insertion of the needles gives sensation to the prostata and decreases its swelling.
- VM 2 (CV 3) Chū-kyoku; Important alarm point of the bladder meridian (BL<sub>4</sub>). Effective for bladder diseases (cystitis, enuresis nocturna, epilepsy and ishiatic neuralgia, etc).
- VM 3 (CV 4) Kan-gen; Important alarm point of the small intestine meridian (SI<sub>4</sub>). It quickens the absorption from the small intestine and regulates its peristalsis. It is the point used to invigorate the general condition of the body and is sometimes used at first for the treatment of weak patients.
- VM 5 (CV 6) Ki-kai; Promotes the absorption of fatty substances from the intestines. Relates to all the lymph vessels in the body.
- VM 8 (CV 9) Sui-bun; Used for the treatment of ascitis, diarrhoea and oedema and to reduce excess fluid in the body.
- VM 9 (CV 10) Ge-kan; Used for the treatment of the urological and reproductive organs and is thought to have influence on the lymph vessels of these organs.
- VM 11 (CV 12) Chū-kan; It is thought that this point has some effect on the lymph-vessels in the area from the diaphragm to the large intestine and is used for the treatment of almost all diseases of the stomach, pancreas (including diabetes mellitus), liver, gall bladder, spleen, and small and large intestines.

- VM 12 (CV 13) Jō-kan; Relates to the function of the lymph vessels of the upper body over the diaphragm. It is thought to have relation to respiratory and cardiac organs and to the brain.
- VM 16 (CV 17) Dan-chū; Effective for heart diseases, congestion of the conjunctiva and mammilar pain.
- VM 21 (CV 22) Ten-totsu; Used for throat diseases, bronchial asthma and bronchitis. Care must be taken not to penetrate the trachea which would cause a severe cough.
- VM 22 (CV 23) Ren-sen; Normalizes the secretion of the thyroid gland. Effective for Basedow's disease and goiter. The size of the swelling of the thyroid gland usually decreases to half after 10 treatments.

# HM RYODORAKU

## 14. The Governor Vessel Meridian (GV)

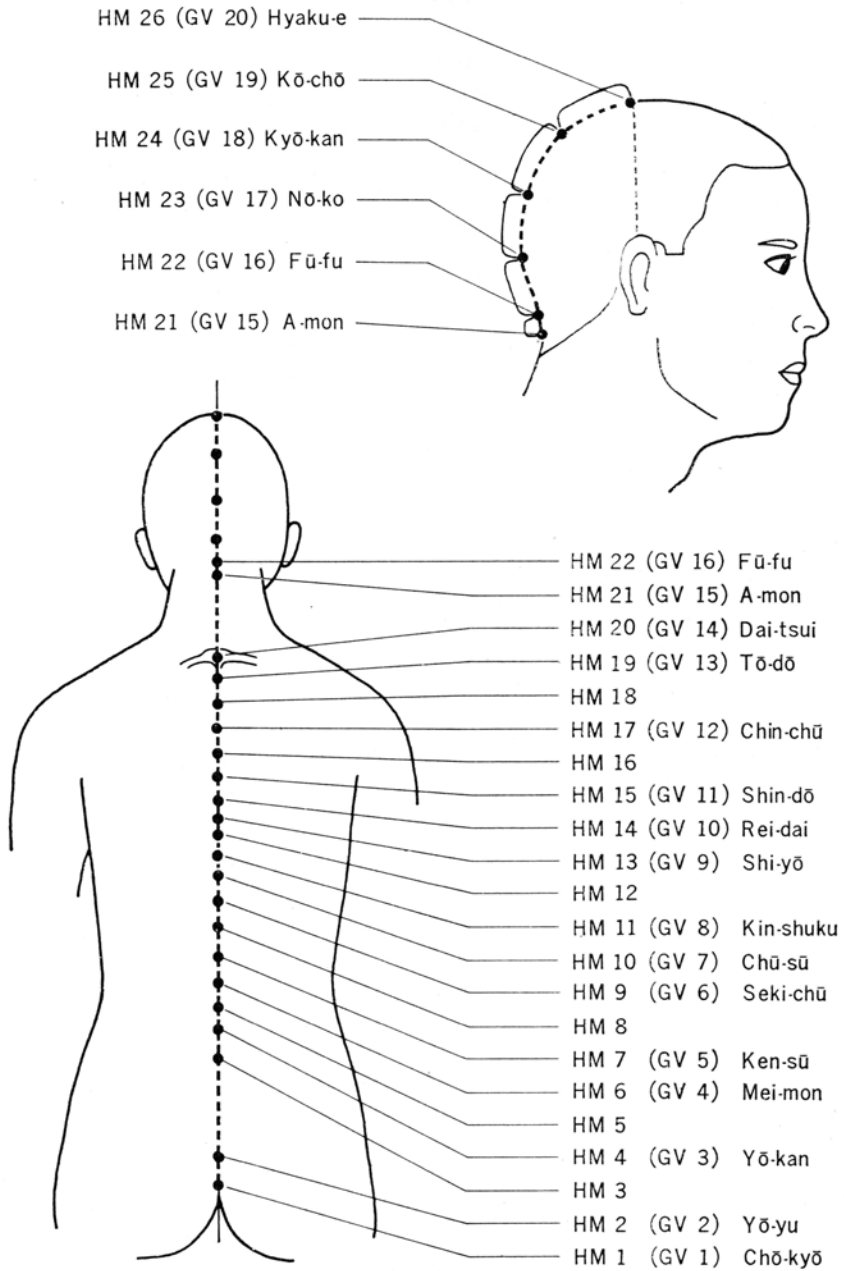


Fig. 17

## HM (Hintere Median) —the Governor Vessel Meridian (GV)

This meridian, like VM Ryodoraku, also has no direct relation to a certain organ. However, it has many treatment points for internal organ diseases, segmentally like the bladder meridian.

The insertion of the needles on this meridian is somewhat difficult because it lies along the vertebral midline, but the needles may be safely inserted almost to the epidural membrane and the effect will be good.

It is not yet clearly known what kind of diseases indicate abnormal values on this meridian, but REPP along this meridian are revealed for many patients.

The important vital organs, such as cerebrum, cerebellum, autonomic nervous center, hypophysis, nose, tongue, throat, heart, liver, stomach, uterus, bladder and spinal cord; also the nerves branching from the spinal cord, and the blood vessels which are related to many internal organs seem to have very important relations with this meridian.

### Useful Treatment Points

- HM 1 (GV 1) Chō-kyō; Effective for chronic diarrhoea, piles and impotency.
- HM 6 (GV 4) Mei-mon; This point is situated between the left and the right of BL 23. BL is closely related to the kidneys and especially to the adrenal glands. Stimulation at this point will regulate adrenal gland function and is used for the diseases which are caused by a deficiency of the steroid hormones. Generally BL 47 (F<sub>4</sub>33; Shi-shitsu) is used for this purpose. However, this point is used when it is necessary to strengthen BL 47 or to decrease the number of treatment points. For example, the two points, GV 12 and GV 4, are enough for general treatment of children under 5 years, for children's neurosis, weak stomach, constipation, general weakness, dyspepsia, susceptibility to colds and insomnia.
- HM 11 (GV 8) Kin-shuku; This point is found between the left and the right of BL 18 (F<sub>4</sub>44; Kan-yu). It is the associate point of LV and is connected to the muscle functions and secretion of glycogen which is the source of muscle movement and is also related to the function of the sympathetic nerves. Stimulation of LV gives relaxation to the muscles in general, so this point is used for hypertonic muscles and atonia, gastropptosis, visceroptosis, prolapsus uteri and prolapsus ani, etc.

- HM 15 (GV 11) Shin-dō; Used for cardiac diseases. Care must be taken not to insert the needle too deeply thereby causing shock to weak patients and pneumothorax to thinner patients.
- HM 17 (GV 12) Shin-chū; Most effective for children's neurosis. Stimulation only at this point can cover the many complaints of children under 3 years.
- HM 20 (GV 14) Tai-tsui; Used for the treatment of asthma, 60 peckings for children and 100 peckings for adults. This is very effective for children's asthma; also for the stiffness of the neck and shoulders.
- HM 21 (GV 15) A-mon; Effective for the treatment of aphasia and usually the needle will be inserted until the tip of the needle touches the epidural membrane.
- HM 22 (GV 16) Fū-fu; It is thought to affect the function of the hypophysis and to regulate its secretion.
- HM 23 (GV 17) Nō-ko; It is said that this point is closely related to the hypothalamus (the center of the autonomic nervous system) and the cerebellum.
- HM 26 (GV 20) Hyaku-e; Effective for headache, neurosis, insomnia and other diseases of the head. Stimulation at this point will improve the intracranial circulation. Effective for diseases of the lower body (fissure hemorrhoids, blind piles, prolapsus ani and prolapsus uteri).

## CHAPTER THREE

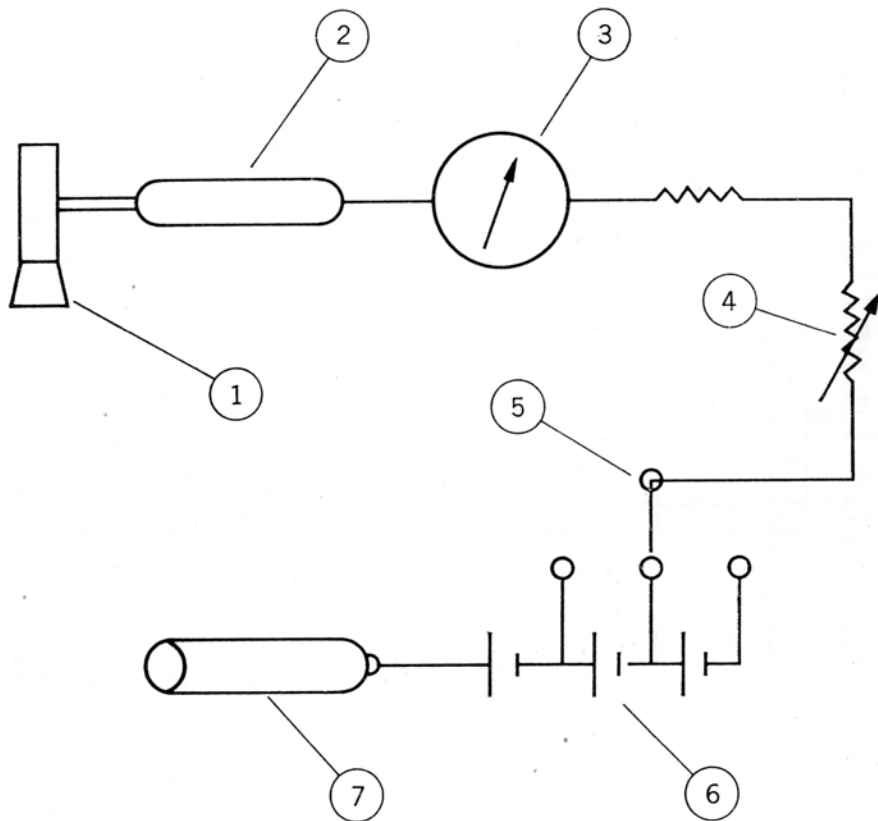
# Total Ryodoraku Measurement

### 1. TOTAL RYODORAKU MEASUREMENT

In order to determine the extent of abnormalities of the Ryodoraku a specially designed Ryodoraku chart is used. The electric flow volume is measured at representative measuring points of each Ryodoraku, and the value of each is indicated on the chart by a short horizontal line using a red pencil. In this chart when the measured values are approximately on a single line across the chart, the patient may be considered to be in good health. However, when a discrepancy appears showing high and low values of a divergence of more than 1.4 cm, this would indicate abnormalities. If this 1.4 cm band across the chart is taken as the patient's normal physiological range, when one of the Ryodoraku shows values higher (excitation) or lower (inhibition) than the physiological range, in each case Ryodoraku characteristic symptoms are present. If this knowledge is utilized the operator can pin-point the symptoms without asking for the complaints of the patient. This is called "Fumonshin" (No-question diagnosis) of Ryodoraku. When the operator memorizes the symptoms referred to as the Ryodoraku syndromes, it becomes possible for the operator to know from such symptoms which Ryodoraku have abnormalities and by stimulating these points favorable results can be obtained.

The instrument used in Ryodoraku measurement is the measuring electrode ebonite. Surgical cotton immersed in 30% isopropyl alcohol is carefully tamped into it until it is full but no cotton should extend outside the ebonite ring. Then this moist electrode is fixed in position so that a 200 mA current will flow through it at 12 volts. During the measuring process the electrode is held so as to touch the body surface at a right angle at the representative measuring points. Measurement should be done lightly but with a uniform pressure and the values should be read at approximately 2 seconds or to the count of 3, as they are indicated by the needle of the neurometer. These values are marked on the specially designed Ryodoraku chart mentioned above. If a mistake is made a remeasurement can be done, not immediately, but after some time has elapsed.

The patient is instructed to lie on his back with hands turned palm upward and with legs extended and slightly apart.



1. Ebonite cup
2. Searching Electrode (negative)
3. Indicator ( $200 \mu\text{A}$ )
4. Variable resistor
5. Voltage Selector (6V, 12V and 21V)
6. Batteries
7. Grip Electrode (positive)

**Fig. 18** The Block Diagram of the Equipment using Ryodoraku Therapy

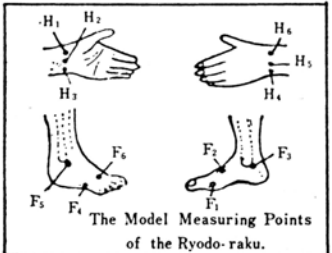


# THE RYODORAKU CHART

Name:	Date of birth: Age:	Occupation:
Disease(s):	Address:	
Phone:		

Average value	H <sub>1</sub>		H <sub>2</sub>		H <sub>3</sub>		H <sub>4</sub>		H <sub>5</sub>		H <sub>6</sub>		F <sub>1</sub>		F <sub>2</sub>		F <sub>3</sub>		F <sub>4</sub>		F <sub>5</sub>		F <sub>6</sub>		Average value
	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	
160	190		170				170		200		200		160		130		160		150		130		140		160
150	180		160		140		160		190		190		150		120		150		140		120		130		150
140	170		150		130		150		180		180		140		110		140		130		110		120		140
130	160		140		120		140		170		170		130		100		130		120		100		110		130
120	150		130		110		130		160		160		120		90		120		110		90		100		120
110	140		120		100		120		150		150		110		80		110		100		80		90		110
100	130		110		90		110		140		140		100		70		100		90		70		80		100
90	120		100		80		100		130		130		90		60		90		80		60		70		90
80	110		90		70		90		120		120		80		50		80		70		50		60		80
70	100		80		60		80		110		110		70		40		70		60		40		50		70
60	90		70		50		70		100		100		60		30		60		50		30		40		60
50	80		60		40		60		90		90		50		20		50		40		20		30		50
40	70		50		30		50		80		80		40		10		40		30		10		20		40
30	60		40		20		40		70		70		30		5		30		20		5		10		30
20	50		30		10		30		60		60		20				20		10				5		20
15	40		20		5		20		50		50		10				10		5						15
10	30		10				10		40		40		5				5								10
5	20		5				5		30		30														5

Date & time of Measurement:	Room temperature:	Body temperature:	Date disease(s) began
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Table 1 Ryodoraku Syndromes

Ryodoraku	Excitation, where the electric flow is excessive	Inhibition, where the electric flow is minimal
H <sub>1</sub>	stiff and painful shoulder muscles, rush of blood to the head, asthma, hot flashes, piles	cold feet or numbness, shortness of breath, coughing spells
H <sub>2</sub>	stiff and painful shoulder muscles, brachial neuralgia middle-age wrenched shoulders,	palpitation, hot sensation of the palms
H <sub>3</sub>	puffed sensation of the stomach, constipation	palpitation
H <sub>4</sub>	headaches, abnormalities of the lower abdomen, joint pain	headaches, abnormalities of the lower abdomen
H <sub>5</sub>	ringing in the ears, difficulty in hearing	tiredness or tendency to tire, the healthy glow disappears, increase of body hair
H <sub>6</sub>	stiff and painful shoulder muscles, toothache	stiff and painful shoulder muscles
F <sub>1</sub>	general weakness of the stomach, knee joint pain	general weakness of the stomach, abnormalities of the knee joint, insomnia, glycosuria
F <sub>2</sub>	insomnia, easily provoked (touchy), abnormalities in menstruation, lumbar pain	faintness or dizziness when standing up abruptly (orthostatic circulatory disorder)
F <sub>3</sub>	fretful and irritable anxious	loss of willingness to concentrate, general tiredness, coldness in hips and legs
F <sub>4</sub>	stiff neck muscles, headaches, sciatic neuritis, lumbar pain	stiffness and painful neck muscles, lumbar pain, dullness of the feet
F <sub>5</sub>	headaches	abnormalities of the eyes, dizziness (Ménière's disease)
F <sub>6</sub>	anomalies of the joints, middle-age wrenched shoulders, elbow neuralgia	stiff and painful shoulder muscles, distention of the stomach, bloating of face, yawning

### A. Measurements of the Hands (H)

The narrowest point of the wrists, namely, the area surrounding the radius and the interior of the styloid process of the ulna, is measured first. As shown in Fig. 20. the operator holds the patient's left hand, palm upward, with the thumb and index finger of his left hand in line with the patient's wrist. Then the operator holds the measuring electrode parallel to his index finger and brings it in contact with the patient's wrist first measuring  $H_1$  (Lung Ryodoraku). The  $H_1$  of the right hand is measured next in the same way and this continues alternating from the left hand to the right for the measurement of  $H_2$  and  $H_3$ . Then the hand is turned palm downward and the same procedure is followed for the measurement of  $H_4$ ,  $H_5$ , and  $H_6$ . Special care should be taken here when measuring  $H_5$  (Lymph Ryodoraku) because the measuring point is not the center of the hand but along the patient's fourth (or ring) finger slightly off center toward the little finger as shown in the Fig. 20

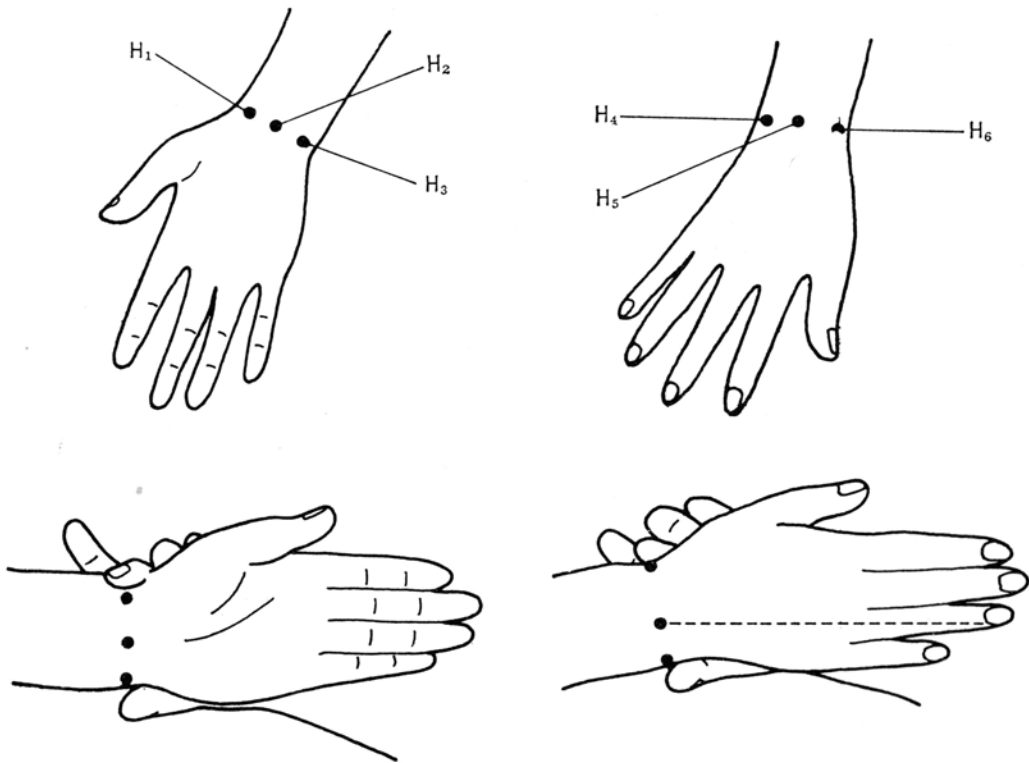


Fig. 20 Ryodoraku Representative Measuring Points on the Hands

## B. Measurement of the Feet (F)

As shown in Fig. 21, the  $F_1$  measuring point is the indentation of the back and inner side of the head of the first metatarsal bone. The measuring electrode is then moved to the highest point of the instep between the bones of the first and second toe. From this high point one finger width on the inner slope is an indentation which is the  $F_2$  measuring point.  $F_3$  is located on a line between the inner ankle bone and the point of the heel just below the inner ankle bone mound.  $F_4$  is measured at the indentation at the back and outer side of the head of the fifth metatarsal bone.  $F_5$  is measured on a line between the outer ankle bone and the fourth toe just below the outer ankle bone mound.  $F_6$  is a pulsing

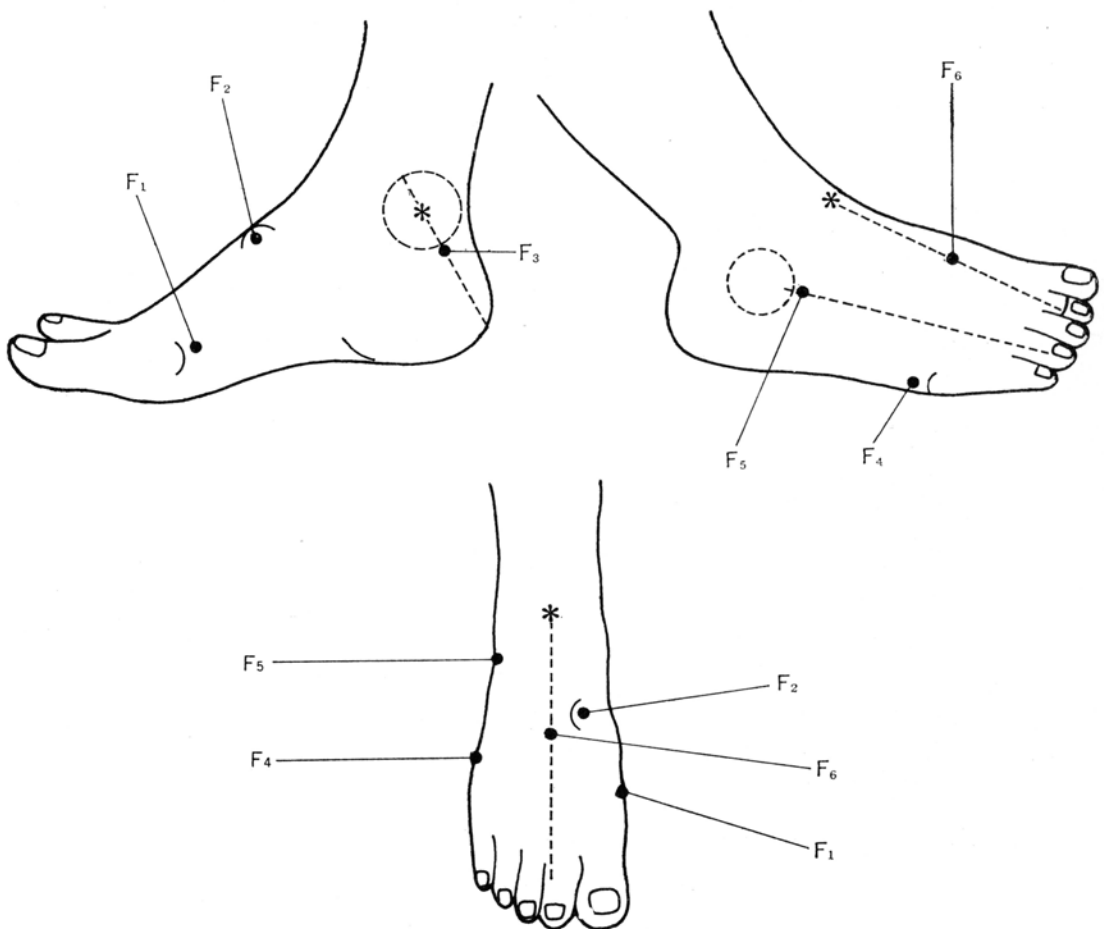


Fig. 21 Ryodoraku Representative Measuring Points on the Feet

point and can be located by drawing a line from the center point of the second and third toe to the indentation on the super extensor band between the long digital extensor muscle and the anterior tibial muscle. The half-way mark of this line is a pulsing point and  $F_6$  is measured here.

### C. The Method of Total Ryodoraku Measurement

- A. Plug in the searching electrode into one of the black sockets (negative), and the grip electrode into one of the red sockets (positive) of the neurometer.
- B. Tamp a piece of cotton moistened with 30% isopropyl alcohol or physiological saline solution into the hollow part (ebonite cup) of the searching electrode, sometimes called the moist electrode, as seen in Fig. 22. (70% ethanol alcohol is not recommended because of its low electro-conductivity.)

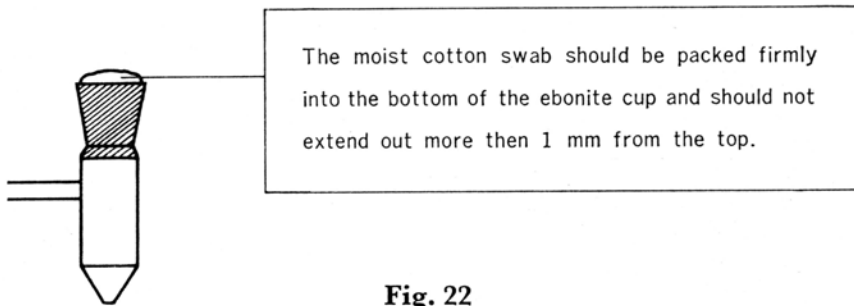


Fig. 22

- C. Make a firm contact between this moist electrode and the grip electrode. Turn on the switch (On—Off switch and electric current regulator) and turn this knob clockwise until a 200 microampere current of 12 volts registers on the neurometer.
- D. During the measuring process the searching electrode is held so as to touch the body surface at a right angle at the representative measuring points. Measurement should be done lightly but with a uniform pressure and the values should be read at approximately 2 seconds or to the count of 3, as they are indicated by the needle of the neurometer. These values are marked on the specially designed Ryodoraku chart shown in Fig. 18.

If a mistake is made a remeasurement can be done, not immediately, but after some time has elapsed.

The patient is instructed to lie on his back with hands turned palm upward and with legs extended and slightly apart.

**Table 2 Ryodoraku Representative Measuring Points**

<i>Representative Measuring Points on the Hands</i>	<i>Representative Measuring Points on the Feet</i>
H <sub>1</sub> —Lung H <sub>1</sub> 3 (Tai-en) LU 9 (T'ai Yuan) Radial side on the wrist line	F <sub>1</sub> — Spleen-Pancreas F <sub>1</sub> 3 (Tai-haku) SP 3 (T' ai Po) Front-median of the 1st metatarsal bone
H <sub>2</sub> — Heart Constrictor H <sub>2</sub> 3 (Dai-ryô) HC 7 (Ta Ling) Center of the inner wrist line	F <sub>2</sub> — Liver F <sub>2</sub> 3 (Tai-shô) LV 3 (T'ai Ch'üing) The middle of proximal border of the 1-2 metatarsal bones
H <sub>3</sub> — Heart H <sub>3</sub> 3 (Shin-mon) HT 7 (Shen Men) Proximal edge of piriform bone where pulse is felt	F <sub>3</sub> — Kidney F <sub>3</sub> 6 (Sui-sen) KI 4 (Ta Chüing) Between the lower posterior point of the lateral malleolus and the Achilles' tendon
H <sub>4</sub> —Small Intestine H <sub>4</sub> 5 (Yo-koku) SI 5 (Yang Ku) Ulnar side of metacarpal joint	F <sub>4</sub> — Bladder F <sub>4</sub> 3 (Sok-kotsu) BL 65 (Shu ku) Posterior concave point of the tubercle of phalanx-metatarsus joint
H <sub>5</sub> — Triple Heater (Lymph) H <sub>5</sub> 4 (Yô-chi) TH 4 (Tang Ch' in) Midpoint of arm joint	F <sub>5</sub> — Gall Bladder F <sub>5</sub> 5 (Kyû-kyo) GB 40 (Ch'ui Hsu) Lower front border of the lateral malleolus
H <sub>6</sub> — Large Intestine H <sub>6</sub> 5 (Yô-kei) LI 5 (Yang Ch' i) Concave part of extended thumb	F <sub>6</sub> — Stomach F <sub>6</sub> 4 (Shô-yo) ST 42 (Ch'üing Yang) Joining point of the 3-4 metatarsal bones

We can notice some differences between Ryodoraku representative measuring points and classical source points as follows:

**Table 3 Difference between Ryodoraku Representative Measuring Points and Source Points**

Meridians	Measuring Points	Source Points
Small Intestine	Yo-koku	Wan-kotsu
H 4 (SI)	H <sub>4</sub> 5 (SI 5)	H <sub>4</sub> 4 (SI 4)
Large Intestine	Yo-kei	Go-koku
H 6 (LI)	H <sub>6</sub> 5 (LI 5)	H <sub>6</sub> 4 (LI 4)
Kidney	Sui-sen	Tai-kei
F 3 (KI)	F <sub>3</sub> 6 (KI 4)	F <sub>3</sub> 3 (KI 6)
Bladder	Sok-kotsu	Kei-kotsu
F 4 (BL)	F <sub>4</sub> 3 (BL 65)	F <sub>4</sub> 4 (BL 64)

CHAPTER FOUR

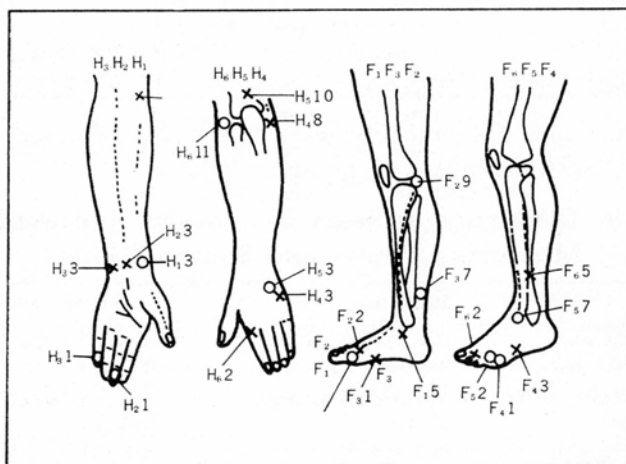
# Ryodoraku Treatment

## 1. TWO METHODS OF TREATMENT IN RYODORAKU THERAPY

### A. General Regulatory Treatment of the Total Ryodoraku (GRT)

This is a general regulatory treatment of the sympathetic nerves of the entire body surface. Since regulatory treatment of the entire body surface is closely related to regulatory action of the internal organs and central nerves, this may be considered general regulatory treatment of the autonomic nerve system.

While REPP treatment gives sufficient help for acute diseases, in the case of chronic diseases it becomes necessary to regulate or reactivate the entire body, thus GRT treatment should be introduced. First Ryodoraku measurements are made and 3 or 4 excessive excitation points



○ Excitation Points  
× Inhibition Points

Fig. 23 Excitation and Inhibition points

and inhibition points are located. Treatment for the excessive excitation points is made at the corresponding inhibition points and for excessive inhibition points ion granules are applied, or EAP stimulation is given at the corresponding excitation points. While ion granules give only mild stimulation their cumulative effect is considerable when it is remembered that stimulation is continued for an entire day. For general REPP ion granules and EAP are used. Generally hands and feet are treated with ion granules and EAP is used for the treatment of the head and body trunk. However, when special complaints are made about the hands or feet EAP may also be used.

### Regulating Points for GRT

Table 4 Hands and Arms

	Excitation Points	Inhibition Points
H <sub>1</sub> —Lung	H <sub>1</sub> 3 (Tai-en) LU 9 Radial side on the wrist line	H <sub>1</sub> 8 (Shaku-taku) LU 5 Outside rim of biceps humeri
H <sub>2</sub> —Heart Constrictor	H <sub>2</sub> 1 (Chū-sho) HC 9 3 mm proximal of radial side of base of middle finger nail	H <sub>2</sub> 3 (Dai-ryō) HC 7 Center of the inner wrist line
H <sub>3</sub> —Heart	H <sub>3</sub> 1 (Shō-shō) HT 9 3 mm proximal of radial side of small finger nail	H <sub>3</sub> 3 (Shin-mon) HT 7 Proximal edge of piriform bone where pulse is felt
H <sub>4</sub> —Small Intestine	H <sub>4</sub> 3 (Kō-kei) SI 3 Ulnar side of proximal edge of metacarpal bone	H <sub>4</sub> 8 (Shō-kai) SI 8 Sulcus of the ulnar nerve
H <sub>5</sub> —Triple Heater (Lymph)	H <sub>5</sub> 3 (Chū-sho) TH 3 Sulcus of 4—5 metacarpal bone	H <sub>5</sub> 10 (Ten-sei) TH 10 One finger width distal of apex of elecranon
H <sub>6</sub> —Large Intestine	H <sub>6</sub> 11 (Kyoku-chi) LI 11 External edge of cross line when elbow is flexed	H <sub>6</sub> 2 (Ji-kan) LI 2 Distal end of 2nd middle phalange of index finger



Table 5 Feet

	Excitation Points	Inhibition Points
F <sub>1</sub> —Spleen-Pancreas	F <sub>12</sub> (Tai-to) SP 2 Distal end of 1st metatarsal bone	F <sub>15</sub> (Shō-kyū) SP 5 (Shang Ch'ü) Lower front of inner (medial) malleolus
F <sub>2</sub> —Liver	F <sub>29</sub> (Kyoku-sen) LV 8 The tip of the horizontal line of the patellar fossa when the knee is bent	F <sub>22</sub> (Kō-kan) LV 2 Distal border of the middle of the 1—2 metatarsal bones
F <sub>3</sub> —Kidney	F <sub>37</sub> (Fuku-ryū) KI 7 Medial border of Achilles' tendon and 2 fingers width above end of median malleolus	F <sub>31</sub> (Yū-sen) KI 1 Most concave point between the 2—3 metatarsal bones (plantar side)
F <sub>4</sub> —Bladder	F <sub>41</sub> (Shi-in) BL 67 3 mm distal of the lateral base of the nail	F <sub>43</sub> (Sok-kotsu) BL 65 Posterior concave point of the tubercle of phalanx-metatarsus joint
F <sub>5</sub> —Gall Bladder	F <sub>52</sub> (Kyō-kei) GB 43 Between the 4—5 proximal phalanx	F <sub>57</sub> (Yō-ho) GB 38 4 fingers width above the lateral malleolus
F <sub>6</sub> —Stomach	F <sub>65</sub> (Kai-kei) ST 41 Middle point of the the front foot joint	F <sub>61</sub> (Rei-da) ST 45 3 mm proximal point of the lateral side of nail (tibial side of the 3rd finger)

## **B. Reactive Electro-permeable Point Treatment (REPP)**

This method is called localized autonomic nerve regulatory treatment. However, since good effects are seen in the entire body basic improvement may be one of the results of this treatment. For example, in the case of stiff shoulder muscles, when REPP are sought out considerable individual differences are found because the causes leading to stiff shoulders vary a great deal. It is known that it may be caused by disturbances in the stomach, liver, lungs or uterus, or may even be caused by constipation. When REPP are accurately pinpointed in the shoulder area and treatment is made, since it is connected with the sympathetic nerves, it has a favorable effect on the disease which is the basic cause. Naturally, the stiff shoulder muscles are relieved and at the same time, as the effect is not limited to the regulatory action of the localized autonomic nerves, radical improvement may be expected.

In most cases REPP are located in the area indicated by the patient's complaints. For example, if a patient complains of pain in the hands, such as numbness, cold sensations, spasms or cramps, REPP should be sought out in and around the hands. Or, if a patient complains of stomach or liver trouble, REPP should be found for treatment within the area of these two organs including the front, side, and back of the body. When a complaint is made about a given organ and the most clearly indicated REPP on the corresponding Ryodoraku are located, treatment given at these points will produce still better results.

Based on medical research and experience, a list of effective treatment points for a given disease has been worked out. For instance, for pain arising from piles, since it is clinically difficult to locate REPP in the area surrounding the anus, this list indicates that REPP should be sought out near the coccyx or the sacrum. Needles should be inserted from the right and from the left of the coccyx in the direction of the anus and electric stimulation given. In addition, there is a point in the parietal area of the head, the HM26, which though located on the opposite end of the body, is known as an effective site for the treatment of piles.

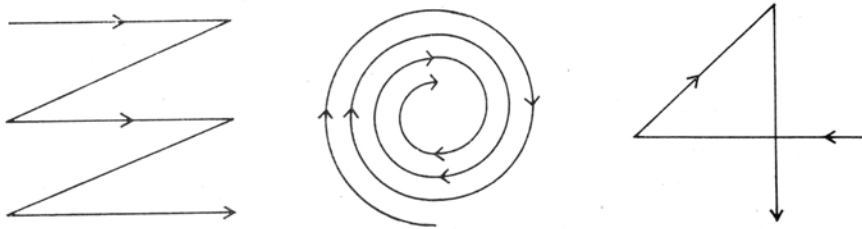
## **2. HOW TO LOCATE REPP (*REACTIVE ELECTRO-PERMEABLE POINTS*)**

It is permissible to use metal electrodes to locate REPP when still unfamiliar with the technique. When a metal electrode is used almost no electric current flows in places other than REPP, but when an REPP is touched a sudden flow of current is registered on the neurometer. In this way an REPP, or point of treatment can be readily found, but the pa-

tient feels a mild electric shock. When a little skill is acquired, use of the moist electrode is recommended. With a moist electrode the electric flow difference between an REPP and other areas is small, amounting to only about 20–50 mA. Thus to clearly pinpoint a probable REPP the operator holds the moist electrode at right angles to the patient's body and while keeping the voltage at 12 volts, the switch for changeable resistance on the neurometer is turned on so that an electric current of approximately 150 mA flows through. When the electrode touches an REPP approximately 200 mA flows through clearly ascertaining the location of the REPP. Raising the voltage from 12 to 21 volts also helps to make the search easier.

It must be remembered that if the same area is passed over too many times by an electrode the electric flow becomes a stimulation and the electricity flows more readily in the area. This could be confusing, so movements with the electrode should be made smoothly and uniformly. This requires considerable practice and skill.

There are three ways to search for REPP as shown in Fig. 24.



**Fig. 24**

Sometimes it is mistakenly thought that high electric current is revealed at REPP in any area of the body.

However, on the upper parts of the body; for example, on the head and face, REPP show rather high electric current and on the lower parts, it is lower.

REPP show 150 microamperes on the head but 60 microamperes are of no significance in that area; however, 60 microamperes are sometimes shown at REPP of the lower extremities.

### 3. THE TECHNIQUE OF INSERTING THE NEEDLE

The patient is asked to hold the grip electrode. The operator holds the Ryodoraku needle cartridge (showa shin-kan) in his left hand and the measuring electrode in the right, and taps the head of the regulating needle tube with the tip of his right index finger. On the first tap the needle penetrates the skin, after which with a certain amount of pressure a 5 mm penetration is made in one motion. This is followed by slight tapping until the desired depth is reached. Then if an electric current is caused to flow by bringing the metal part of the electrode together with the regulating needle tube, by using the right thumb to hold the regulating needle tube in place the needle can be inserted still further without causing pain. Pain is not a necessary condition for effective treatment, so this technique should be developed so it can be done quickly, and gently, and with care.

Another highly effective stimulation technique is the Jakutaku technique. There are other techniques, of course, but for practical purposes, this, when acquired, will suffice. The Jakutaku technique (piston stimulation) is a simulation of a sparrow pecking at its feed. After the needle is inserted to a certain depth, a light pushing in and pulling out in piston motion within 0.5 mm is repeated. The insertion should be made in a fluid motion and the pulling out should be done with sufficient rapidity so that the muscle clutches at the needle. This is called the Jakutaku technique. Though the technique is somewhat difficult it has produced good results. In much the same manner as when a violin is skillfully played the bow touches the strings and produces exquisite tones, when the needle touches the nerves, the way in which the needle touches the nerves may produce a pleasant sensation, or an unpleasant one, or simply pain. However, if the Jakutaku technique is skillfully used, even when accompanied by pain the sensation should still be pleasant to the patient.

This technique is especially effective in treating knotted muscles or pressure pain spots. Tensed muscles gradually become relaxed and even when stimulation is applied they will not contract. The correct amount of stimulation is indicated when these tensed muscles become relaxed and free of tension. In the case of sciatica when EAP is done in the buttocks, at times there is no resistance to the needle as it is inserted. In such a case if pressure is applied with the left hand to the buttocks the Jakutaku technique will prove more effective. (Generally in soft tissue areas where no resistance is met, no great improvement can be expected.)

#### 4. DIRECTION AND DEPTH OF NEEDLE INSERTIONS

Generally needles are inserted at right angles to the skin surface; however, there are cases in which the needles are inserted obliquely or horizontally.

For needle insertion into the scalp, the needle is slid along the bone horizontally to a depth of 1 cm, and at F<sub>4</sub>62 at the back of the head, the needle is inserted deeply to 2–4 cm in the direction of the eye ball on each side.

For the treatment of the eyes, according to Nakatani, the temporal muscle of the temporal fossa at the back of the zygomatic arch is deeply penetrated.

For nose ailments the needle is inserted slightly under the medial ocular angle in the direction of the nostrils, sliding the needle along the bone to a depth of 1–1.5 cm.

For toothache the skin is penetrated to reach the root of the tooth. For trismus or toothache of the lower jaw, if the needle is inserted deeply between the bones at F<sub>6</sub>41 good results are obtained.

For Basedow's disease the needle is inserted 0.5–1 cm at the front of the neck.

For stiff shoulder muscles, the needle is inserted at right angles to a depth of 2–3 cm in the shoulder area.

For treatment of the back or hip, even if the needle is inserted to a depth of 5 cm on both sides of the spinal column, there is no danger of penetrating the lungs. If the dorsal branch of the spinal column nerves are stimulated, the internal organs within the sphere of the influence of those nerves will show improvement.

For the treatment of the stomach and bladder, it is permissible to penetrate to a depth of 3–4 cm. For abdominal treatments, it is advisable to pierce the peritoneum to obtain better results.

Since there are no danger sites in the upper or lower limbs where the muscle layers are thick, deep insertions are more effective. Good results are obtained in the case of knee joint arthritis by insertion into the knee capsule.

Deep insertions make it easier to depress the excitation of the sympathetic nerves and visa versa. When the needle insertion is shallow and made horizontal to the body surface the sympathetic nerves tend to become excited. Because homeostasis of the sympathetic nerves is stronger, rarely does the treatment end in failure.

## 5. INTENSITY OF STIMULATION

The adjustable resistance knob (of the neurometer) is set so that approximately 200 mA flows at 12 volts. It is found that the most satisfactory regulation of the Ryodoraku can be obtained when a 200 mA current is released from the cathode for a duration of 7-10 seconds. Where there is excitation, the excitation is depressed, and where there is depression the excitation increases. In other words, in either case the stimulation produces a regulatory effect. This is believed to be the effect of homeostasis of the sympathetic nerves. However, stimulation of as short a time as 1-3 seconds produces regulatory effects, and in extreme cases where stimulation is prolonged to 30 seconds or even up to 5 minutes almost no detrimental effect is seen. Therefore it is not necessary to be too concerned about the time factor when determining the intensity of stimulation at one site. Also, the electric current, when as low as 100 mA, or even 50 mA, is effective to some extent.

All stimulations have either an excitation effect or depressing effect and strong stimulations tend to depress while weak stimulations tend to excite. This inherent nature of stimulation is utilized. However, since generally the homeostasis of the Ryodoraku has a stronger effect than that produced by strong or weak stimulations, even when an error in stimulation is made a certain amount of benefit may be expected in most cases. This homeostasis is the basis of the body's effort to recover from a disease, and it is the regulatory mechanism which works to maintain the necessary conditions for the well-being of the person. Therefore it may be said that appropriate stimulation enhances the effect of homeostasis to the full, thereby increasing the strength of the body for natural recovery.

The sensitivity of the patient must be kept in mind when regulating the intensity of stimulations.

The temperature is also a factor to be considered when determining the intensity of stimulation. In summer the stimulation should be weaker than in winter. The patient's body temperature should also be considered. Generally no treatment should be given if his temperature is more than 37.5°C. At that temperature stimulation treatment may be done safely if it does not exceed 2 minutes. However when the purpose of stimulation is to lower the temperature of the patient the prescribed treatment may be given.

## 6. THE AMOUNT OF STIMULATION

As to the question of how many sites over the entire body may be

stimulated, according to experience and research, in adults stimulation may be given at up to 40 points. However, in patients with chronic diseases, since many of the Ryodoraku have abnormalities, the number of points will increase beyond 40 and may even reach 100 points.

For patients not used to stimulations, stimulation should begin with 10 points, at the second session 20 points, and gradually increased until the full amount of needed stimulation is reached.

One side effect resulting from over-stimulation which should be mentioned here, is dullness or fever. Bedrest for 1 or 2 days will bring recovery. For such patients weak stimulations (1/2-1/3 the usual amount) seem to be more effective than those in normo-sensitive patients.

The amount of stimulation for patients who require drastic treatment is determined by weight and age. The standard number of stimulation points for those who weigh 60 kg is less than 40 points, for people weighing 30 kg, less than 20 points, for patients weighing 15 kg, less than 10 points, and for children weighing 6 kg, less than 4 points. In the case of infants and children, not only the number of stimulation points but also the volume of electric current should be carefully regulated.

## 7. CONTRAINDICATIONS AND PRECAUTIONS

a) Where not to puncture. In acupuncture and moxa treatment there are sites where needles are prohibited and where moxa treatment is forbidden. These sites are learned by trial and error. Facial areas or areas near bones or blood vessels when pus formation is present should not be treated by moxibustion nor electric needle stimulation, as there is danger of perostitis or inflammation of the blood vessels occurring.

In the case of electric needle stimulation the most dangerous of all is the possibility of piercing the lung. Since there is danger of causing pneumothorax, especially when the patient is thin and the shoulders or back are being treated, utmost caution must be taken.

Piercing of the heart is also highly dangerous. Such cases are not on record but if this should happen it could cause grave consequences to the patient and to the operator. It is advised not to forcibly or deeply penetrate the back area of the heart especially if the patient has a heart condition.

If penetration between the ribs is too deep intercostal neuralgia may occur. Should this happen the only remedy is an injection of a local anesthetic. Acupuncture treatment at the Ryodoraku related to the pain may also be used though the pain is not relieved immediately but rather in a day or so.

Generally it is not necessary nor advisable to penetrate the organs, the eyeballs, or mucous membranes.

If the needle comes in direct contact with a nerve or ganglion, an electric shock-like response may occur and may even cause shock, hence extreme caution should be taken. However, this, too, may be used as a therapeutic measure, but until the operator gains considerable experience, he should not attempt such treatment. Generally in stimulation of the nerves, side effects that may lead to trouble do not occur. However, there are cases in which the patient loses strength and is unable to stand temporarily. This is not usually serious and if stimulation is repeated at the same site strength is regained and the numbness disappears.

Including the REPP the following points anywhere on the body can be used as treatment points: hypersensitive areas, tender spots, stiffened or knotted muscles, paralyzed points, bruised areas, blood vessels, ganglions which are the so-called *Keiketsu*.

b) The needles are sterilized in alcohol. A needle that has been bent and straightened repeatedly may break though this rarely happens. However, even in case it does, the broken needle is left as it is because it is not dangerous but rather as a foreign body generates a weak, continuous stimulation which may enhance health.

c) When a patient complains of pain and sedation is necessary he should be asked to bend over the painful area and straighten out again. The points of most pain in such positions are noted and electric needle stimulation is given there. This is the "trick" in this method.

d) Two hours before or after treatment baths should not be taken.

e) It is generally advised that during the treatment period, the patient should refrain from sexual activities.

f) Treatment should not be given when the patient has had alcoholic beverages nor should the patient drink for at least 3-4 hours afterward.

g) In hot weather it is not advisable to give treatment to out-patients immediately upon their arrival at the clinic as there is danger of their becoming nauseated. Twenty or thirty minutes of rest should be allowed before treatment is begun.

h) Generally treatment starts from the head area and proceeds down the body. However for patients who are prone to fainting spells the treatment should start from the feet and proceed upwards.

i) Generally the time schedule for treatments is as follows: every day, every other day, or once every third day. This is determined on the basis of how far the patient has to travel to get to the clinic, the number of sites to be treated, and whether the ailment is chronic or acute.



j) When necessary additional treatment with ion granules two or three times a week can be given with good results. In the case of small children, ion granules alone may suffice.

## CHAPTER FIVE

# Questions and Answers about Ryodoraku

**1. Q: What are the main differences between the Ryodoraku theory and the classic meridian theory? How do you find the Ryodoraku?**

**A:** The classic Oriental medical books explain the meridian phenomenon as follows: The meridian is thought to be the pathway of circulation [Ei (營) Ei (衛)]: Ei (營) means the blood which passes through the inside of the meridian and Ei (衛) means the energy which passes along the outside of the meridian. Ei-ki (衛氣) then means energy-flow. It circulates through the body 50 times a day, that is to say, 6 tsun (20 cm) per respiration. Ei (衛) has the function of protecting the body from an outside attack. If there is excess energy, it is called excitation (fullness) and if there is a lack of energy, it is called inhibition (emptiness).

This discrepancy or inconsistency among the meridians which indicates excess excitation and inhibition causes illness. "Ki" or energy was thought or hypothesized to explain mental conditions, nervous functions, atmosphere and all the phenomena of the body.

Generally speaking, the figure of the Ryodoraku and that of the classic meridian are very similar and the excitation and inhibition of the Ryodoraku almost always coincide with the fullness and emptiness of the classic meridian. So it can be said that both Ryodoraku and the classic meridian show the same phenomena but from different viewpoints.

The Ryodoraku observes the body from the sympathetic or autonomic nerve functions and the classic meridian from the empirical and clinical facts. The Ryodoraku is based on the resistance of the skin to electric stimulation and observes the body functions scientifically from the standpoint of the autonomic nerves.

**2. Q: Why do you have four points different from the so-called source points as representative points for the Ryodoraku chart?**

**A:** Before we discuss this problem, we must understand that the location of the classic meridian points on the human body are not certain, nor by whom nor how the locus of each meridian point was decided. The meridian points were obscure and difficult to differentiate by the old figures which were published about 40 years ago when Nakatani started his Ryodoraku study.

The representative points of the Ryodoraku chart were determined by the following procedure:

- 1) 12 REPP along a meridian (for example, the lung meridian) were determined and designated by round marks.
- 2) After a certain number of minutes (at least 30) lead plates with salt paste were fixed on these 12 REPP with strips of adhesive tape.
- 3) An electric current of 12 microamperes was connected to these plates.
- 4) Several acupuncture stimulations were given at random points and the electric current at each plate was recorded.
- 5) A graph of the average of these currents was made.
- 6) The graph which most nearly resembled the average graph was selected and the points of that selected graph were designated as the representative points of the Ryodoraku chart.

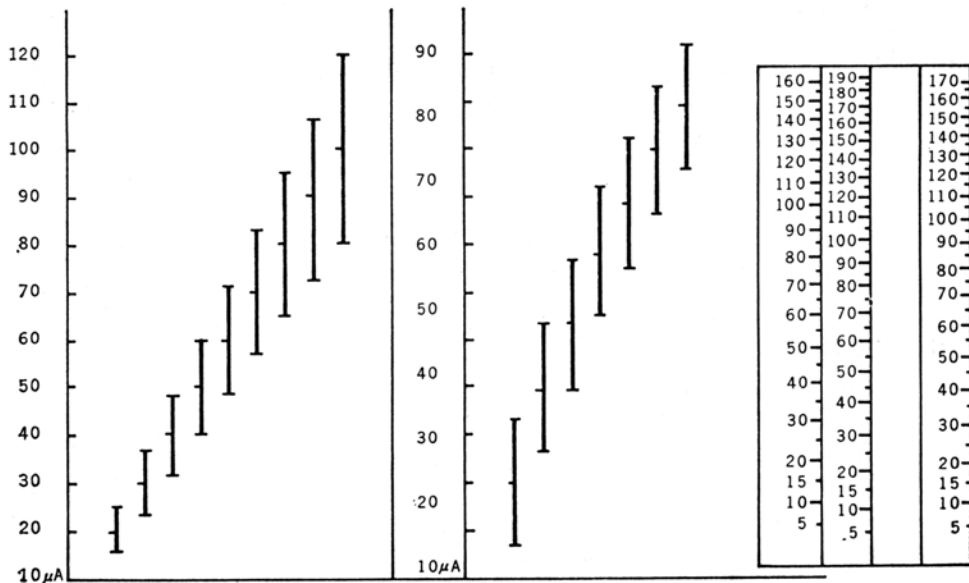
The old Chinese acupuncture book said, "Diseases will be indicated at the 12 source points." and many acupuncturists mistook the representative points for those source points.

According to the above procedure, it is natural that we should have several representative points which are different from the source points.

**3. Q: How did you arrive at 1.4 cm as the size of gradation of the physiological range in the Ryodoraku chart?**

**A:** To get the physiological range of the 24 meridians, the first step was to calculate the average value of the electric currents on the

representative measuring points of all the 24 meridians. Then a scale was made. However, it was found that the gradations were not uniform, but, the higher the current was the wider the physiological range, and as shown in the figure below, when the higher average value was 100 microamperes, the physiological range was 2 cm and when the average value was 20 microamperes, the physiological range was 0.6 cm. If the physiological range has to be changed according to the average value of every meridian, the making and the reading of the chart would be very complicated and inconvenient, so a norm was set for the size of the gradation of the physiological range and this was determined by taking the median of the physiological range when the average value of the electric current was 50 microamperes. Thus 1.4 cm became the standard size of the gradation, and in making the Ryodoraku chart according to these principles, the ranges of the lower part of the scale had to be lengthened and those of the upper part shortened. (See Fig. 19 for the standard Ryodoraku Chart.)



**4. Q: How does Ryodoraku change according to season, illness, Ying-Yan condition and time of day?**

**A:** According to the month of the year, Ryodoraku figures show some tendency toward excitation and inhibition. For example, excitation of  $H_1$  (LU) and inhibition of  $F_2$ (LV) show up in February in the outpatient clinic. We have no opinion about Ying-Yan.

The tension of the Ryodoraku increases from morning till noon and then decreases gradually until just before the patient sleeps when it shows a minimum. However this tendency is variable, but a low level is kept during his sleep.

Stimulation therapy such as the Ryodoraku has its greatest effectiveness in the morning for the following reasons:

- 1) The patient can feel its effect during the whole day,
- 2) The sympathetic nerves are more active in the morning, and
- 3) The effect is revealed to be greater when the sympathetic nerves are at a high tension.

**5. Q: When a rather marked difference in values is seen between the right side and the left side on the Ryodoraku chart, which is correct? Is it necessary to take the average value?**

**A:** When there are rather marked differences between the right and the left sides on the Ryodoraku chart, they may not be caused by visceral diseases but by such superficial autonomic nerve disturbances as neuralgia or numbness of the same side. We know of one case in which one leg had only 5 microamperes of electricity according to the Ryodoraku measurement after the sympathectomy of that side.

The illness of one part of an organ which has parts located on both the left and the right sides of the body seldom causes a one-side disturbance of the Ryodoraku. On the other hand, a small wound causes a higher value of that side, so a lower value often shows the illness of the body.

When noticeable differences are shown, the Ryodoraku which shows the greater abnormality or both sides may be treated according to their excitation or inhibition. There is no meaning in taking the average value of both sides of the Ryodoraku chart.

Superficial autonomic nerve disturbances usually indicate diseases

of the eyes, ears (including trochlea), shoulder stiffness, frozen shoulders, etc.

When one leg has been lost by amputation, the other leg may be used to take the Ryodoraku measurement.

**6. Q: What do you think when all Ryodoraku values are extremely high or extremely low, and how do you treat the patient?**

**A:** Even when you find extremely high value Ryodoraku in all meridians, they may have, to some extent, higher or lower values and you may use the excitation points for the inhibition meridians and vice versa. When there are high value Ryodoraku in all meridians, this may indicate sympathotonic disease, a rather acute case, but which responds readily to treatment and improves.

When you find an extremely low value in all meridians, you may consider it a case of hypofunction of the sympathetic nerves. The patient sometimes shows chronic and non-significant symptoms and may express a desire to stay in bed.

If all meridians are under 10 microamperes and they show no increase even when the measuring voltage is increased to 21 microamperes, this indicates a critical condition. It is reported that a patient who showed less than 5 microamperes in F<sub>6</sub> (stomach meridian) died within several days.

**7. Q: When you measure Ryodoraku and find an extremely low and high point on the same meridian, is it poor technique by the operator, or what does this signify?**

**A:** When you rub the skin, or if there are some wounds on the skin, Ryodoraku shows a somewhat higher value than usual. When there are extremely different values between the left and the right sides of the body, you may consider the lower value as indicating the more useful point for treatment.

If you find differences between the right and the left sides in many meridians, you may expect to find wounds or abnormalities, such as pain, numbness, or pathological fissures (folds) on the skin.

Usually extreme differences between the left and the right sides reveal abnormalities on the surface of the skin and seldom inside the body (viscera).

It is not necessary to take the average value of both sides. You

may treat only the one side which shows extremely abnormal values or both sides using the excitation and inhibition treatment points.

In the case of a leg amputation, you may measure the Ryodoraku of the other leg.

**8. Q: When all points on the H Ryodoraku are in inhibition and all F Ryodoraku are in excitation, how does one arrive at the physiological line?**

**A:** The figure of this type shows up in the cases of neurosis or other mental disturbances. We divide the results into groups H and F, and then determine the physiological line of each group respectively.

**9. Q: How do REPP change in the course of an illness?**

**A:** The figures of the Ryodoraku show the sympathetic nerve condition and give us the principles of treatment. However, they are of less value in helping us to know the diagnosis and prognosis of the disease.

As for the Ryodoraku figures of the same patient, we cannot say whether the patient is becoming better or worse by the changes of the figures. We can only surmise the tension of his sympathetic nerve condition and predict how soon he may get well or become worse.

A high imbalance of the Ryodoraku figures sometimes shows acute and extreme symptoms of a patient and yet we can expect that he will improve rather quickly by the treatment. On the contrary, a low imbalance reveals the chronic and mild symptoms of a patient and his illness very often shows resistance to all kinds of treatment.

The patient's Ryodoraku figure may be influenced by the season of the year when he is treated, by his familial history, and by the area where he lives.

**10. Q: The electro-permeability differs according to diseases. What % coincide with the original disease?**

**A:** How does the Ryodoraku which has the name of an organ change according to the diseases of that organ? and What % of the non-question diagnosis coincide with the real pathological findings? may be the points of the question.

The Ryodoraku has 12 meridians  $H_1—H_6$  and  $F_1—F_6$  and each has

the name of a body organ; e.g. H<sub>1</sub> is called the Lung meridian (Lung Ryodoraku), H<sub>3</sub>, the Heart Ryodoraku, and H<sub>4</sub> the Small Intestine Ryodoraku. These names of the Ryodoraku according to organs were chosen to help the doctors who are familiar with the names of the classic meridians because the Ryodoraku are very similar to the classic meridians.

However, we cannot say that the figure of a patient who has some liver disease will show abnormalities of the Liver Ryodoraku.

The excitation and inhibition of the named Ryodoraku do not always show the existence of the disease in that organ, and it may be better to call the various Ryodoraku by their number rather than by the name of an organ. However, it should be understood that the Ryodoraku is so named only because of its relation with the organ by which it is called.

**11. Q: I understand that normal values of Japanese people on the Ryodoraku diagnostic chart are somewhat different from those of Chinese people in Hongkong. We would surmise there would be more differences between Orientals and Occidentals. Does Dr. Nakatani think we should work one up here?**

**A:** When we take the Ryodoraku measurements, we find that there are many differences among patients according to prefecture, family, season, etc. The Ryodoraku chart shows the characteristics of the constitution of the patients and therefore it stands to reason that similar tendencies will be found among members of a family or among blood relatives. Also, there are some diseases which are common in certain seasons of the year and the Ryodoraku figures of patients tend to show similar tendencies during that season.

It is also thought that there may be special Ryodoraku figures among people of the same race and of the same climate

**12. Q: What happens if an inhibition point is stimulated instead of an excitation point?**

**A:** When an excitation point is stimulated, a greater excitation effect will be revealed than the other points and vice versa. This phenomenon is caused by the regulating effect of acupuncture and for this



reason acupuncture seldom fails to be effective. However, the regulating effect is as much as one-third less than when the correct points are used. For example, when the right points are used, the imbalance decreases from 120 to 60, but when other points are used, the imbalance decreases from 120 to 20.

Even when an inhibition point is stimulated instead of an excitation point, an excitation effect will be revealed.

**13. Q: Are there any special Ryodoraku figures to diagnose certain diseases; for example, diabetes mellitus or gastric cancer?**

**A:** It may be almost impossible to diagnose some diseases by the Ryodoraku chart. However, we can estimate the patient's complaints from certain combinations of abnormal Ryodoraku. For instance, gastrop-tosis is indicated in the case of excitation of both  $F_1$  (SP) and  $F_2$  (LV) and constipation may be shown in the case of the excitation of  $H_3$  (HT) and the inhibition of  $H_6$  (LI). By the combination of two meridian abnormalities, we can estimate more easily the symptoms or complaints of the patient than by the single meridian abnormality.

EPP and some changes of the electric flow on the representative points may be caused by reflexes from the organs and from the tissues where some abnormal conditions exist.

We cannot determine the names of the diseases by using the Ryodoraku chart. REPP's of the stomach are caused by gastritis, gastric ulcer, hyperacidity, gastrop-tosis and even gastric cancer. However, the regulation of these points will be effective to some extent and the condition of the patient will be improved.

It is very important for our clinical doctors to try the treatment for the patients even when we cannot give an accurate diagnosis.

**14. Q: How long are the effects revealed on the Ryodoraku chart after the Ryodoraku treatment is finished?**

**A:** The regulation effect of the Ryodoraku treatment will be revealed and stabilized within 30 minutes. (Up until that time many changes will often occur.) Then the results are discussed as to whether or not the stimulation was effective.

**15. Q: Are the ear lobe acupuncture points useful for Ryodoraku measuring points?**

**A:** The ear lobe acupuncture points are not suitable for representative points. REPP in the ear lobe may be used as treatment points.

**16. Q: Are results different if moxibustion is used instead of the Ryodoraku treatment?**

**A:** It is said in classic medical books that the doctors who use only acupuncture without moxibustion or who use only acupuncture and moxibustion without medication cannot be called good doctors.

People in olden days seemed to have known that there was a difference between the effects of acupuncture and moxibustion.

Whereas acupuncture and moxibustion influence each other both as antagonists and synergists, it is thought that acupuncture affects mostly the sympathetic nerve system and moxibustion the parasympathetic nerve system.

Heat stimulation like moxibustion and the stimulation caused by the reddened skin due to the injection of Astremesin are effective in treating the diseases of such parasympathetic tonic conditions as internal organ disturbances.

Electric acupuncture not only has its own acupuncture effect but seems to have some moxibustion-like effect as well.

Electric heat and light stimulation may be considered by doctors who hesitate to use moxibustion.

The introduction of devices for protein coagulation of subcutaneous cells without scars on the surface skin also is expected in the future.

**17. Q: What are the effects of the ion-corn treatment?**

**A:** The ion-corn is a small silver colored iron or stainless steel ball, 12–15 mm in diameter. It is plated with gold or silver. It is said that gold enhances the excitation effect and silver the inhibition effect, and iron has a magnetic effect. However, the most important thing about the ion-corn is its continuous compression effect. Whereas the stimulation itself is weak, the long-acting compression effect becomes greater and has an exciting effect on the nerves.

It is said that during a fixed time the stronger stimulation results in more excitation and the weaker stimulation results in less excitation during the same time. This is called the Edrian law. The ion-corn which is left on the skin all day long provides an aggregate stimulation during the day. The ion-corn effect may be a long accumulative effect plus the chemical reaction on the skin. This may be used as general treatment for both excitation and inhibition.

Wherever the ion-corn is placed on the skin, a concavity, the size of the ion-corn, will be made, so it is necessary to change the loci of the ion-corn 1-2 mm from the original point every day or every two days.

Patients who are easily poisoned by the plaster of the ion-corn, may use a special protective plaster. However, the poisoning itself, it is said, has some stimulative effect on the skin. Moxibustion is done on the ion-corn plasters themselves.

**18. Q: What causes pain to shift to another site after a treatment? The example given was constant pain in the tissues around bursitis in the knees (but not in the joints). It was treated by traditional Chinese acupuncture. The pain shifted to the femur.**

**A:** The reason why the pain shifts to other points is not clear. The degree of excitability is different along the points on the same meridians even among the same patients. The experiments often show the following facts:

- 1) After treatment on the lower parts of a meridian, the excitation is suppressed and the upper parts of the same meridian are excited.
- 2) These changes are shown between the left and the right sides and between the front and back of the body.
- 3) Acupuncture on the front of the chest for neuralgia causes the pain to shift to the back. Treatment at F<sub>9</sub> (Ashi-san-ri ST 36) which is a very important point along the stomach meridian improves this kind of pain.

**19. Q: Is there any change in pulse after acupuncture among cardiac patients?**

**A:** There are some reports which have shown changes in the ECG after stimulating the Heart meridian.

In the classic acupuncture books it is said, however, that the Heart Constrictor channel is very useful to estimate the change of the heart function, so changes in the ECG may be expected when stimulating the Heart Constrictor rather than the Heart meridian.

H<sub>2</sub>6 (Geki-mon HC 4) is said to be the most effective treatment point for heart diseases.

H<sub>3</sub>3 (Shin-mon HT 7) is also useful but it is sometimes even more useful for constipation and frozen shoulders.

In conclusion, it seems that some changes appear in the ECG when EAP is given to cardiac patients.

**20. Q: Is there any difference in the Ryodoraku treatment used for chronic diseases and for acute diseases?**

**A:** Generally speaking, we use fewer treatment points and stronger stimulation for acute cases. As for strong stimulation, 10–30 peckings with 150 microampere electricity may be used for the important treatment points and 5–10 peckings with the same amperage for general or adjoining points. Fifty–100 peckings (rarely over 100) may be given for the most important points and the area of most complaint.

For chronic illnesses, we first take measurements of the general Ryodoraku figure and detect the excitation points and regulate these. The basic treatment points (F<sub>4</sub>34, F<sub>4</sub>40 and F<sub>4</sub>44, BL 23, BL 20, BL 18) and other supplementary points are also used. Usually 10–15 peckings with rather strong stimulation for the important points, and 5–10 peckings with rather weak stimulation may be given for other points.

Instead of needle insertion, the ion-corns may be used on the excitation or inhibition points. The placement of these ion-corns should be changed slightly 1–3 times a week.

Fewer treatment points with stronger stimulation for acute diseases and more treatment points with weaker stimulation for chronic diseases is the rule.

**21. Q: Can we use electrodes instead of needles for the treatment of pain on the hands or legs?**

**A:** We may use the small tip of the electrode for light pain treatment but its effect does not last very long.

As for acupuncture, the electric current caused by wounds such as acupuncture may induce a long-lasting effect by giving continuous stimulation to the small nerves surrounding the acupunctured area until the wound is completely healed.

Weak stimulation like electric waves cannot give a long-lasting effect, and the effect disappears immediately after the stimulation stops.

**22. Q: How do you use the cluster needle (needles for children)?**

**A:** The cluster needle may be used for patients who are treated with rather weak stimulation like children. It may be used particularly for children who are affected by neurosis (children who cannot sleep restfully, who are hard to please, fastidious, cranky, chew their nails, and sometimes bite others).

Generally speaking, the stimulation is weak; that is, the cluster needles only touch the skin. Pecking of 50 times or so is also effective. These weak stimulations are especially suitable for thin and nervous children.

For robust children, a stronger and longer stimulation may be used. The points of the needles may be either sharp or blunt because it is not necessary for them to penetrate the skin.

HM 17 (Shin-chū GV 12) and HM 6 (Mei-mon GV 4) are the most useful treatment points, and cluster needles may be applied to the temple, the back of the neck, the back and the lumbar region together with treatment along the H<sub>6</sub> (LI) and F<sub>4</sub> (BL) meridians.

As Ryodoraku in children are not as clearly related, the effectiveness of acupuncture is more noticeable than in adults.

Cluster needles can be prepared as follows:

- 1) Bind about 10 needles together like a plum flower, or
- 2) Put some needles into a glass tube and press these needles onto the skin using only their gravity weight.

**23. Q: How may severe hip pain be treated in a 5-year old?**

**A:** Put ion-corns on several REPP (reactive electro-permeable points) in the painful region. For very severe pain, insert needles into the skin to a depth of about 1.0 cm and apply 50 microampere of electricity for 3-5 seconds.

**24. Q: How do you treat a patient who is hysterical and also has severe chest pain? Which is the appropriate method, general treatment or REPP?**

**A:** First, the general Ryodoraku measurements are taken and ion-corns are put on the excitation and inhibition points according to the results of the patient's Ryodoraku chart. Then the REPP in the area of chest pain may be treated with acupuncture, but the needles should not be inserted so deeply as to penetrate the pleura.

Insert the needles obliquely or horizontally into the skin and give peckings at the points of the main roots of the spinal nerves along the bladder line or at medial points near the bladder line.

There is always the danger of causing pneumothorax, so great care must be taken that needles are not inserted too deeply, especially for the thinner patients.

**25. Q: How effective is the Ryodoraku treatment for systemic diseases such as tumors, atrophy, abscesses, etc?**

**A:** We have no systematic study of these diseases. However, we can say Ryodoraku treatment improves patients suffering from myoma uteri, liver swelling, muscle atrophy, caries and myeloma.

**26. Q: Please discuss treatment points for paralysis and spastic facial nerve syndrome?**

**A:** The two illnesses have different excitation of the same facial nerve. The treatment points are almost the same, but stimulation grades are different.

REPP in the area of paralysis or spasm are the treatment points. At H<sub>5</sub>20 (Ei-fū, TH 17) two needles as deep as 3-5 cm may be inserted into the stilo-mastoideal hole from where the facial nerve emerges. We try to "hold" the facial nerve and give electrical treatment for 20 minutes, using positive and negative electrodes or both negative electrodes. After 20 minutes of treatment, the patient sometimes has stronger spasms than before, but spasms become weaker or disappear after 10 or 20 minutes of stimulation.

The simple method of leaving in the needle usually requires a 40-60-minute treatment, or for the continuous electro-stimulating

method, 40 minutes. (EAP therapy)

For paralytic patients, the weaker and longer stimulation is more effective, and 30 minutes of stimulation is usually necessary when using EAP therapy.

**27. Q: How do you treat the spastic or atonic paralysis of the extremities caused by brain diseases?**

**A:** REPP on the paralyzed extremities and REPP on the head which correspond to the motoric center of the paralyzed extremities, are used.

As for the treatment of motoric diseases, an intermittent electric current which causes a twitch in the affected muscle in light cases is effective.

The intermittent electric current is effective for motoric nerves; but pecking is even more effective in some cases.

It is very interesting to note that an electric current converted from the rhythm of famous classical music is sometimes effective for the treatment of paralyzed extremities.

**28. Q: How do you take the Ryodoraku measurement of patients who have an amputated leg or arm?**

**A:** As it is impossible to take measurements on the amputated side, we use the other side.

Phantom pain is caused by a projection phenomenon from the brain center which has a high excitation caused by the continuous stimulation from the pain of the amputated arm or leg, and the pain shows up when the surrounding conditions change (climate, temperature season etc.).

In this case, REPP on the contra-lateral side which correspond to the painful area or meridians of the amputated extremities, may be acupunctured for the treatment of that pain.

REPP on the head which are related to the painful amputated extremities are also stimulated by horizontally inserted needles.

The scalp and the brain center are separated by the skull; however, from the clinical viewpoint concerning nerve function, these two areas are closely related.

**29. Q: What treatment is given for menstruation cramping, or for pain of the endometrium at menstrual time?**

**A:** We cannot overlook the name of the disease. However, the Ryodoraku places great importance on the relation between painful points and treatment points, or diseased area and treatment area, and the regulation of the autonomic nerves which are related to these points or areas. Therefore the treatment points for both illnesses are about the same.

Menstruation cramping or pain is usually treated only at menstruation time. However, it may be treated beforehand, twice a week, to alleviate some of the pain of the next menstrual period.

The treatment points are as follows:

VM <sub>1</sub> (Kyok-kotsu, CV 2)	F <sub>3</sub> 14(Ki-ketsu, KI 13)
F <sub>4</sub> 23(Ji-ryō, BL 32)	F <sub>1</sub> 6(San-in-kō, SP 6)

For severe cases which are not sufficiently helped by Ryodoraku, we may use an injection of Nippon-Zoki which usually has a moxibustion-like effect.

**30. Q: How would you treat idiopathic degenerative retinitis (eye)?**

**A:** We cannot say how good the effects of the Ryodoraku are for this disease itself. However, for retina illnesses, as F<sub>2</sub> (Liver meridian) is closely related and F<sub>3</sub> (Kidney meridian) also has some relation to the interior of the eyeball, we use F<sub>2</sub> and F<sub>3</sub> Ryodoraku and F<sub>4</sub>44 (Kan-yu BL 18) and F<sub>4</sub>34 (Jin-yu BL 23) F<sub>4</sub>75 (Sei-mei BL 1), and the REPP surrounding the eyes.

**31. Q: What are REPP from the viewpoint of physiology and anatomy?**

**A:** An REPP is thought to be a spot revealed by patho-physiological phenomenon.

When some pathological phenomenon is revealed inside the body, some acceptors which are very sensitive to stimulation and easily permeable by electricity begin to regulate the abnormality in the body.

This phenomenon is caused by homeostasis and the autonomic nerve system. This can be described as a cycle: 'abnormality of the body or internal organs' → 'sending the impulse through



afferent nerves' → 'transformation in the spinal or cerebral area' → 'generating some substances or transmitters in the skin tissue from the ends of the efferent nerves' → 'appearing as electro-permeable points in that area (REPP)'.

It is said that electro-permeability suddenly increases at the basement membrane when a micro-electrode is inserted through the skin very slowly.

By using sample points in dogs, cats, rabbits, mice and rats, Dr. Kurabayashi showed that 100% of the REPP have some nerve endings microscopically, whereas 31.4% of non-electro-permeable points reveal nerve endings in the subcutaneous or muscle tissue. This fact proves that the acupuncture stimulation of REPP easily produces the so-called 'Tokki' sensation.

**32. Q: How do you use auricular acupuncture and cerebral acupuncture in Ryodoraku therapy?**

**A:** We think that auricular and cerebral acupuncture are both useful as adjuvant therapies. We frequently use auricular acupuncture in therapy for obesity and hypertension. As for cerebral acupuncture, we have been using pecking along Kaku-son, H<sub>5</sub>23 (TH 20) for the treatment of tinnitus, and it is interesting that this area corresponds with the vertigo auditory area in Chinese cerebral acupuncture. However, we still maintain that the general treatment is more important than these adjuvant therapies.

**33. Q: How do you evaluate Chinese acupuncture analgesia?**

**A:** We have known for some time that continuous Ryodoraku treatment along the same meridian for over 20 minutes causes numbness. However, using acupuncture as an analgesia for operations may be a unique idea of real value. I (Nakatani) remember my first experience of having acupuncture with electricity applied to my body. I was very anxious and felt that I was really risking my life. Now thirty years later, it is very impressive to me that electricity is used so popularly and without fear for acupuncture analgesia. In Japan acupuncture analgesia will be used in surgery together with Western anesthesia with the hope of reducing the total amount of analgesics needed, and of relieving post-operative pain and inflammation.

## CHAPTER SIX

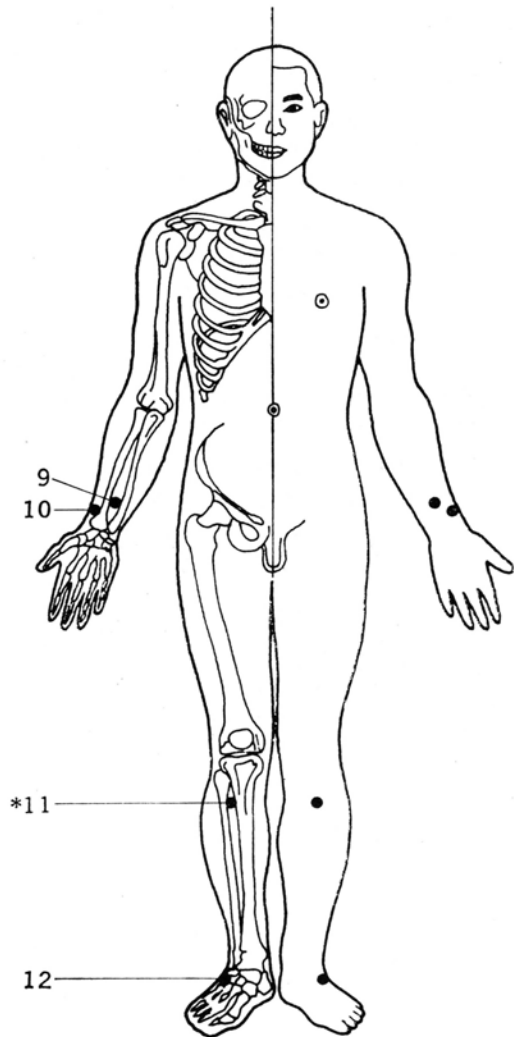
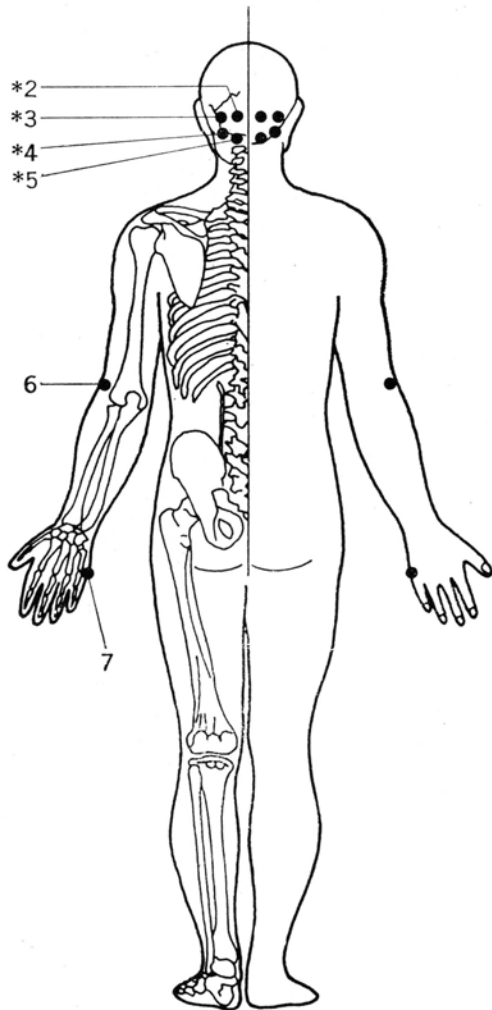
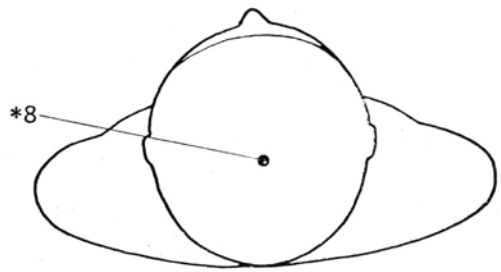
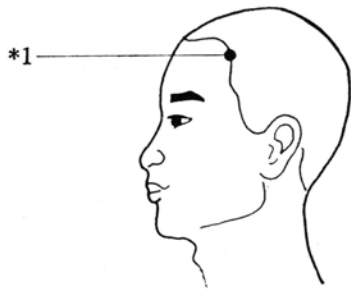
# Examples of Ryodoraku Treatment

1. Headaches
2. Trigeminal Neuralgia and Unspecific Facial Pain
3. Facial Nerve Paralysis
4. Facial Nerve Spasm
5. Ear Diseases
6. Ménière's Disease
7. Eye Diseases
8. Nose Diseases
9. Throat Diseases
10. Mouth Diseases
11. Shoylder Stiffness
12. Painful (Frozen) Shoulders
13. Intercostal Neuralgia
14. Lumbago
15. Sciatica (Left)
16. Polyarthritis
17. Joint Rheumatism
18. Gonitis (Right)
19. Cerebral Bleeding
20. Cardiac Diseases
21. Hypertension
22. Hypotension
23. Acute Asthma
24. Chronic Asthma
25. Children's Asthma
26. Chronic Hepatitis
27. Hyperacidity
28. Stomachache
29. Constipation
30. Diarrhoea
31. Diabetes Mellitus
32. Chronic Nephritis
33. Enuresis Nocturna
34. Skin Diseases
35. Alopecia Areata
36. Hiccup
37. Sea Sickness
38. Shock
39. Burns and Frost-bite
40. Toxicity (Food Poisoning)
41. Epistaxis, Hemoptysis and Hematemesis
42. Myasthenia Gravis
43. Behçet's Disease
44. Raynaud's Disease
45. Parkinson's Disease
46. Sjögren's Disease
47. Impotence
48. Insomnia
49. Neurosis
50. Children's Neurosis
51. Epilepsy
52. Aphasia
53. Obesity
54. Hyperthyroidism
55. Secretion of Hormones
56. Gynecological Diseases
57. Sterility
58. Frigidity
59. Cold Legs and Lower Back
60. Hemorrhoids (Prolapsus ani)

## 1. Headaches

- \*1. F<sub>5</sub>46 (GB 4) Gan-en  
F<sub>5</sub>45 (GB 5) Ken-ro  
For migraine especially, insert the needle at a right angle. If not effective, insert from front to back along the skull or from top downward behind the chin bone.
- \*2. New point (Point at N. occipitalis major)  
A point 2.5 cm beside the Processus occipitalis. Insert the needle aiming at F<sub>4</sub>59 (BL 10) Ten-chū, along the skull (both sides).
- \*3. New point (Point at N. occipitalis minor)  
A point 5.0 cm beside Proc. occipitalis. Insert the needle aiming at F<sub>5</sub>30 (GB 20) Fū-chi (both sides).
- \*4. F<sub>5</sub>30 (GB 20) Fū-chi  
Refer to No. 11.
- \*5. F<sub>4</sub>59 (BL 10) Ten-chū  
Refer to No. 11.  
Insert the needle below the skull aiming at the nasal apex.
6. H<sub>6</sub>11 (LI 11) Kyoku-chi
7. H<sub>4</sub>3 (SI 3) Kō-kei
- \*8. HM 26 (GV 20) Hyaku-e  
5 times pecking from front to back, horizontally on the bone. This point is useful for insomnia, hemorrhoidal pain, gastroptosis, prolapsus ani and neurosis. (Refer to No. 60.)
9. H<sub>2</sub>4 (HC 6) Nai-kan
10. H<sub>1</sub>5 (LU 7) Rek-ketsu
- \*11. F<sub>6</sub>9 (ST 36) Ashi-san-ri  
As ST enters the temple and too much stimulation to the head dilates brain vessels, ST 36 is used to counteract these effects.
12. F<sub>5</sub>4 (GB 41) Ashi-rin-kyū.

\*Indicate the most useful points and the other points may be used after noting the Ryodoraku chart.



## 2. Trigeminal Neuralgia and Unspecific Facial Pain

Trigeminal neuralgia:

As for trigeminal neuralgia in the early stages, the best treatment is the nerve block of the painful branch. When acupuncture is used for this disease, the technique of nerve block is effectively used to determine the place and direction and the depth of the needle.

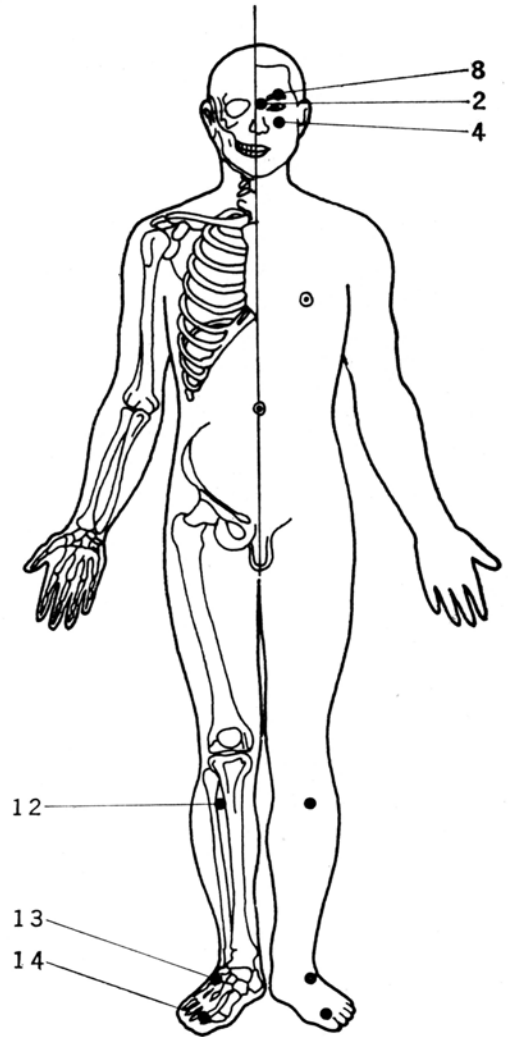
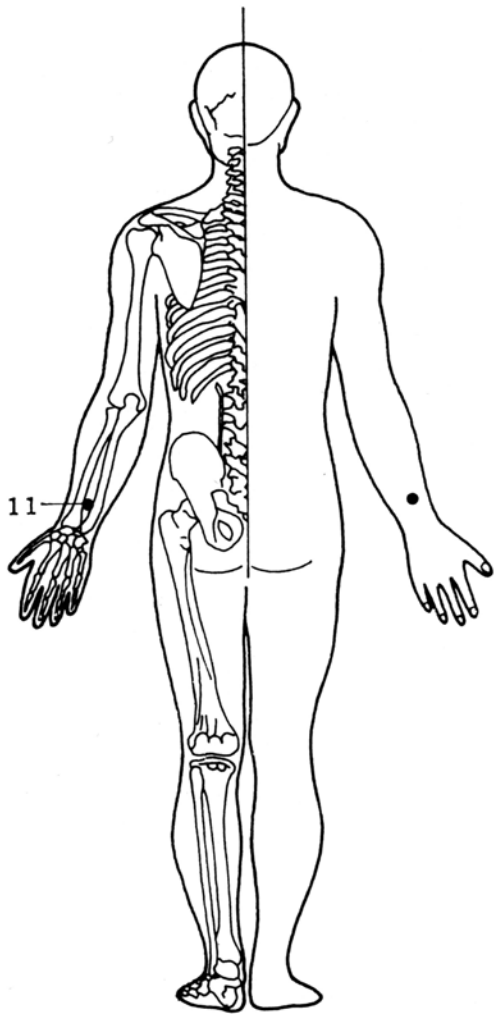
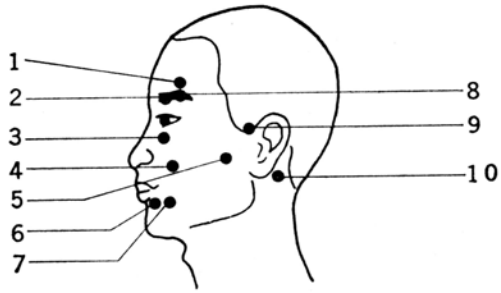
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| 1. F <sub>5</sub> 38 (GB 14) Yō-haku<br>1 finger width above the midpoint<br>of the eyebrow. | 5. F <sub>6</sub> 41 (ST 2) Ge-kan<br>Mandibular nerve    |
| 2. F <sub>4</sub> 74 (BL 2) San-chiku<br>Supratrochlear nerve                                | 6. New point (is called Waki-shō-shō)<br>Mental nerve     |
| 3. F <sub>6</sub> 51 (ST 5) Shi-haku<br>Infraorbital nerve                                   | 7. F <sub>6</sub> 39 (ST 8) Dai-gei<br>Supraorbital nerve |
| 4. H <sub>4</sub> 20 (SI 18) Ken-ryō<br>Maxillary nerve                                      | 8. New point (is called Gyo-yō)<br>Supraorbital nerve     |
|  | 9. H <sub>5</sub> 29 (TH 22) Wa-ryō                       |
|  | 10. H <sub>5</sub> 20 (TH 17) Ei-fū                       |

Atypical facial neuralgia: (Unspecific facial neuralgia)

As for atypical facial neuralgia, REPP on the painful area may be used, however the REPP below the elbow or the knee joints of the meridians which pass through the painful area are also useful.

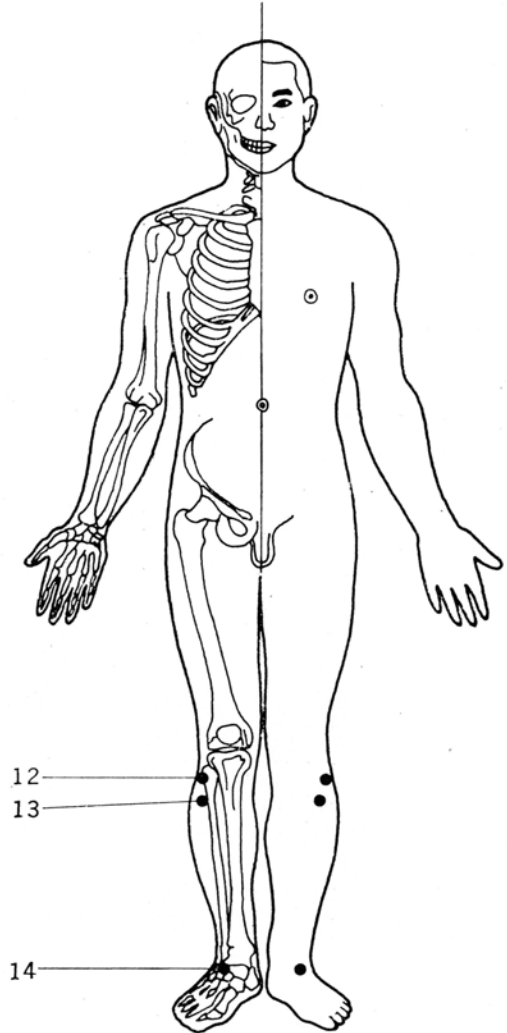
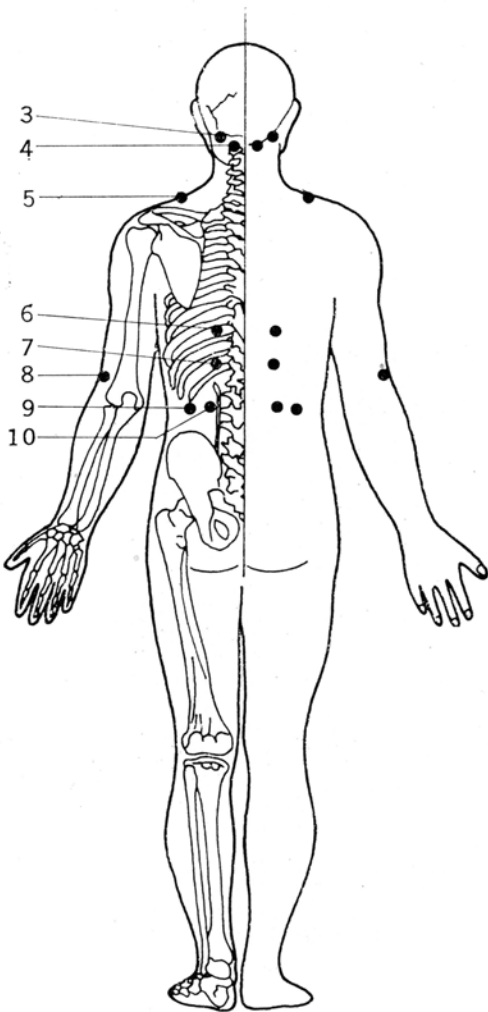
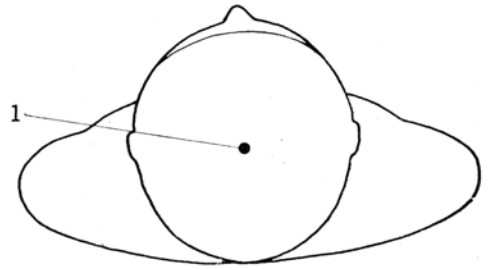
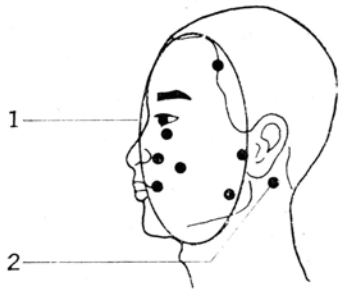
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| 11. H <sub>5</sub> 5 (TH 5) Gai-kan       | 1. F <sub>2</sub> (LV) |
| 12. F <sub>6</sub> 9 (ST 36) Ashi-san-ri  | 2. H <sub>5</sub> (TH) |
| 13. F <sub>5</sub> 4 (GB 41) Ashi-rin-kyū | 3. F <sub>5</sub> (GB) |
| 14. F <sub>2</sub> 2 (LV 2) Kō-kan        | 4. H <sub>6</sub> (LI) |





### 3. Facial Nerve Paralysis

1. F<sub>5</sub> 46 (GB 4) Gan-en  
F<sub>6</sub> 51 (ST 5) Shi-haku  
H<sub>4</sub> 20 (SI 18) Ken-ryō  
F<sub>5</sub> 53 (GB 2) Chō-e  
H<sub>6</sub> 27 (LI 20) Gei-kō  
F<sub>6</sub> 48 (ST 7) Chi-sō  
F<sub>6</sub> 40 (ST 3) Kyō-sha  
EAP is used for the area of paralysis.  
Stimulation at REPP should be stronger than usual.  
Sometimes low-frequency continuous stimulation therapy will be used.
2. New Point  
This point is the outlet of the facial nerve. Leaving the needle in or weak pecking should be done for a rather long time. Refer to Part 6 No. 4.
3. F<sub>5</sub> 30 (GB 20) Fū-chi
4. F<sub>4</sub> 59 (BL 10) Ten-chū
5. H<sub>5</sub> 17 (GB 21) Ken-sei
6. F<sub>4</sub> 44 (BL 18) Kan-yu
7. F<sub>4</sub> 40 (BL 20) Hi-yu
8. H<sub>6</sub> 11 (LI 11) Kyoku-chi  
Effective for skin and face diseases.
9. F<sub>4</sub> 33 (BL 47) Shi-shitsu
10. F<sub>4</sub> 34 (BL 23) Jin-yu
11. HM 26 (GV 20) Hyaku-e
12. F<sub>5</sub> 11 (GB 34) Yō-ryō-sen  
Related to the muscles.
13. F<sub>6</sub> 9 (ST 36) Ashi-san-ri  
F<sub>6</sub> (ST) is related to the face.
14. F<sub>6</sub> 5 (ST 41) Kai-kei  
F<sub>6</sub> (ST) is also related to superior palpebra. This point is effective for ptosis (blepharo ptosis).





## 4. Facial Nerve Spasm

1. F<sub>5</sub> 53 (GB 2) Chō-e
2. New point

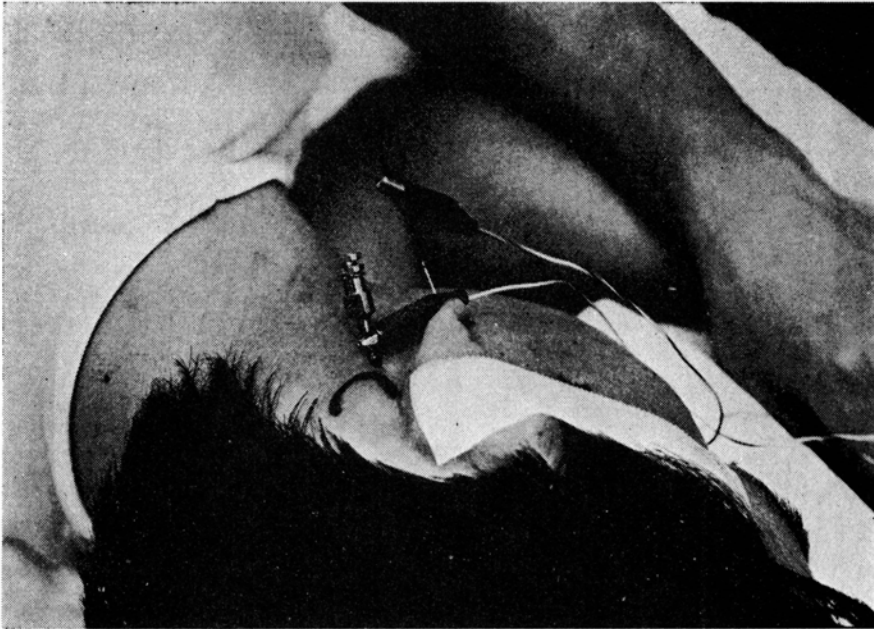
Concave point between the mastoid process and ear lobe. This point is the most important point for the treatment of facial nerve spasm.

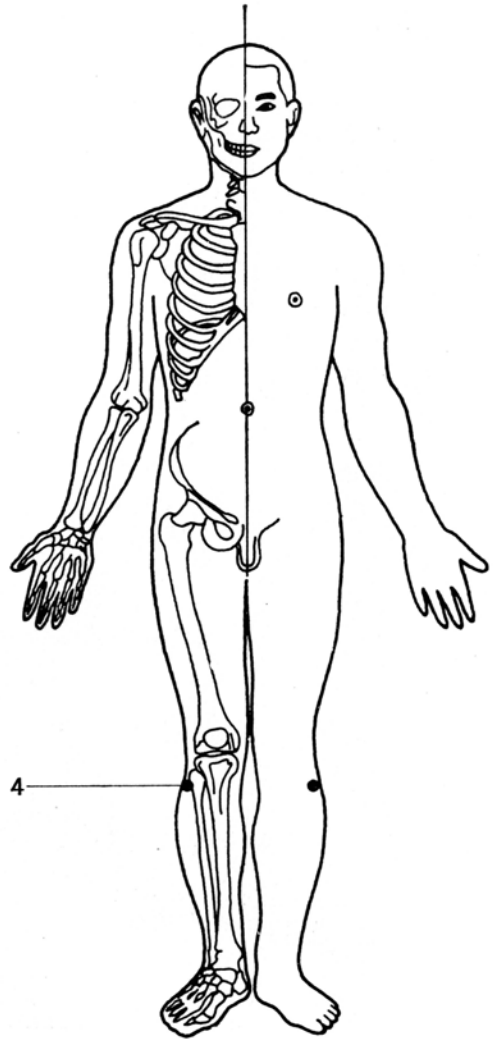
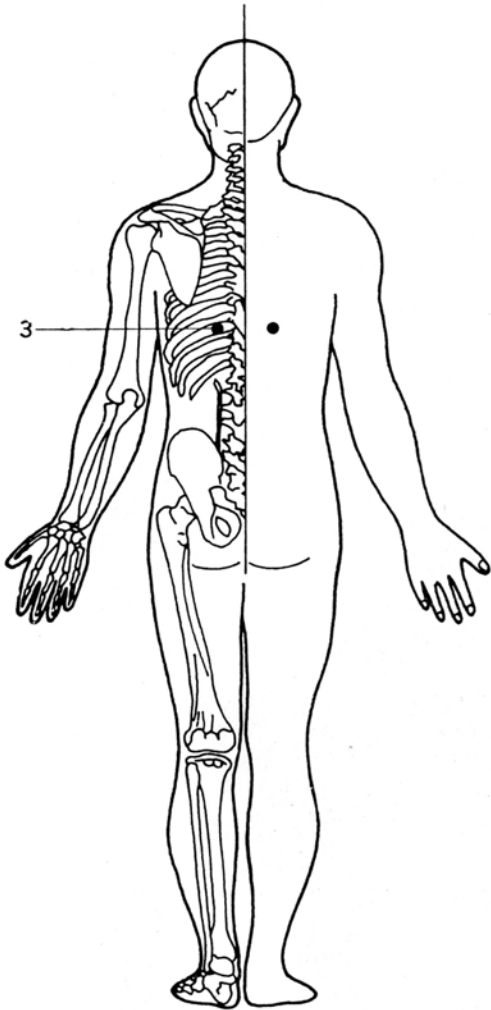
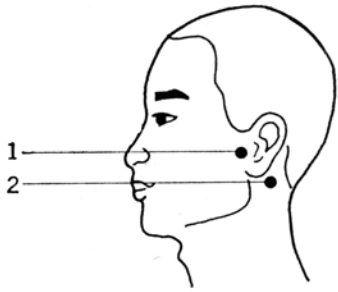
A larger needle is used. Often 2 needles are inserted into the foramen stylo mastoideus, and left for 1 hour. About 120 peckings will be given. When needles are left, the spasm decreases after 30 minutes. This

treatment is used 2-3 times a week, usually on the spasm side.

Sometimes low-frequency continuous stimulation is given by connecting F<sub>5</sub> 53 (GB 2) Chō-e and the new point.

3. F<sub>4</sub>44 (BL 18) Kan-yu  
Muscles are related to LV. This is the associate point of LV.
4. F<sub>5</sub> 11 (GB 34) Yō-ryō-sen  
Use for any muscle diseases.

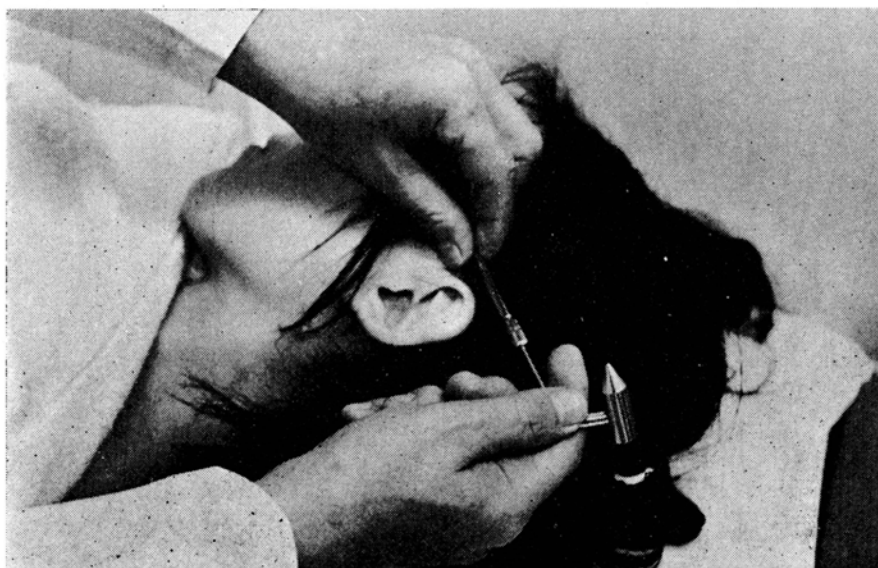


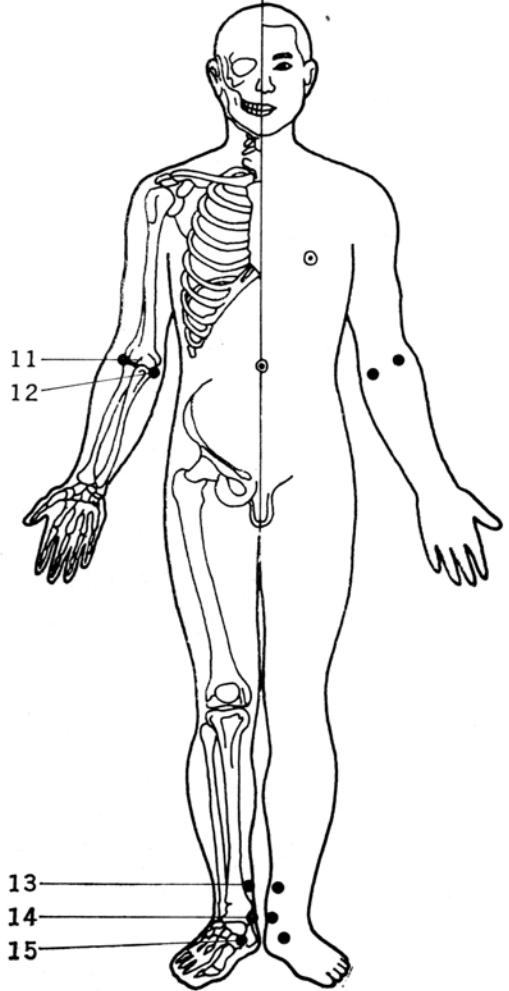
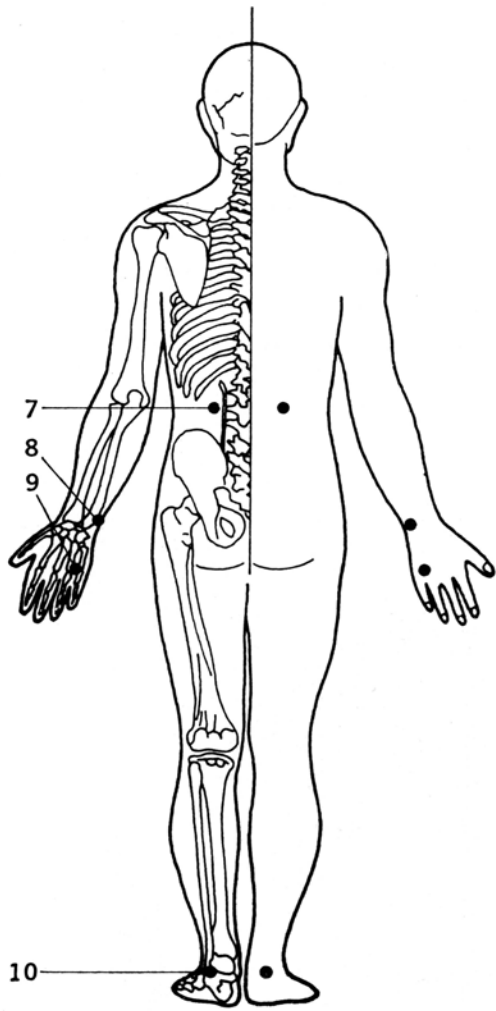
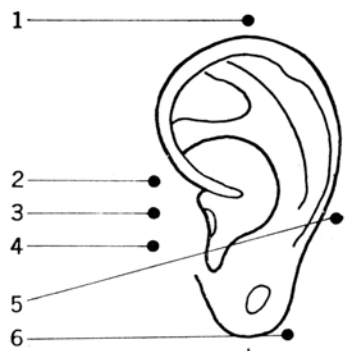


## 5. Ear Diseases

Detect REPP surrounding the ears. The pre-auricular region is related to ringing in the ears and hearing tones. The retro-auricular region is related to labyrinth and dizziness.

1. H<sub>5</sub>23 (TH 20) Kaku-son
2. H<sub>5</sub>30 (TH 21) Ji-mon  
Put the needle right into the artery and micro-bleeding from this point may bring good results for tinnitus and dizziness.
3. H<sub>4</sub>22 (SI 19) Chō-kyū
4. F<sub>5</sub>53 (GB 2) Chō-e
5. H<sub>5</sub>21 (TH 18) Kei-myaku
6. H<sub>5</sub>20 (TH 17) Ei-fū
7. F<sub>4</sub>34 (BL 23) Jin-yu
8. H<sub>4</sub>6 (SI 6) Yō-rō
9. H<sub>5</sub>3 (TH 3) Chū-sho
10. F<sub>4</sub>6 (BL 62) Shin-myaku  
For otorrhea
11. H<sub>1</sub>8 (LU 5) Shaku-taku  
For tinnitus
12. H<sub>3</sub>7 (HT 3) Shō-kai
13. F<sub>3</sub>7 (KI 7) Fuku-ryū
14. F<sub>3</sub>3 (KI 6) Tai-kei
15. F<sub>3</sub>2 (KI 2) Nen-koku  
KI (F<sub>3</sub>) is especially related to the ears. TH (H<sub>5</sub>) comes into the ears through TH 21 (2), SI (H<sub>4</sub>) through SI 19 (3), and GB (F<sub>5</sub>) through GB 2 (4).





## 6. Ménière's Disease

1. HM 26 (GV 20) Hyaku-e

2. F<sub>4</sub>64 (BL 7) Tsū-ten

3. F<sub>4</sub>63 (BL 8) Rak-kyaku

Ménière's disease patients sometimes have oedema on their head. Acupuncture from BL 7 and BL 8 in the direction of GV 20 respectively is very effective for the treatment of dizziness.

4. H<sub>5</sub>23 (TH 20) Kaku-son

After bending the ear lobe to the front, the tip of the ear lobe which touches the parietal area is the real Kaku-son point.

The needle may be inserted here to a depth of 2-3 cm horizontally while rubbing on the scalp. Pushing on

the needle and pecking at the point is an effective treatment for dizziness.

5. H<sub>5</sub>30 (TH 21) Ji-mon

6. H<sub>5</sub>20 (TH 17) Ei-fū

7. New point for dizziness

On the back of the ear lobe, the needle may be inserted downwards to a depth of 1-3 cm vertically. This method may be especially effective for the treatment of dizziness.

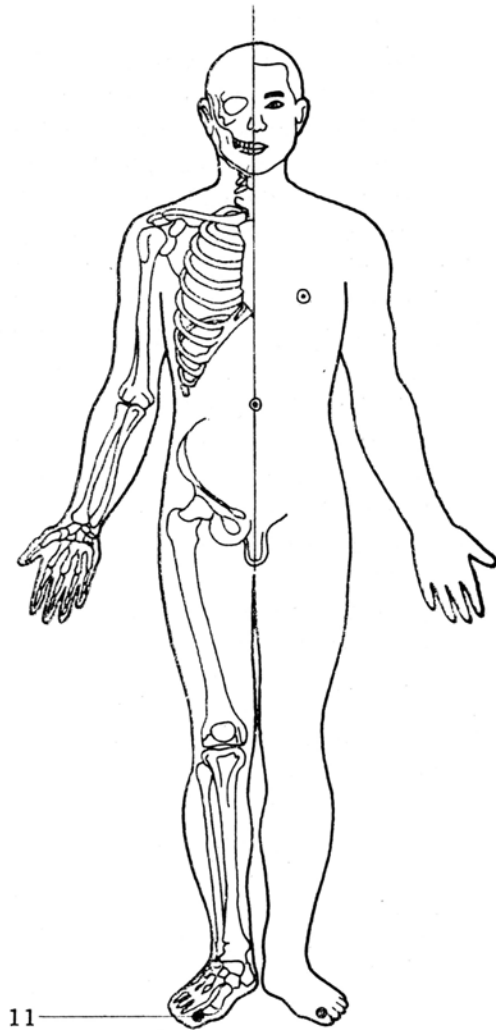
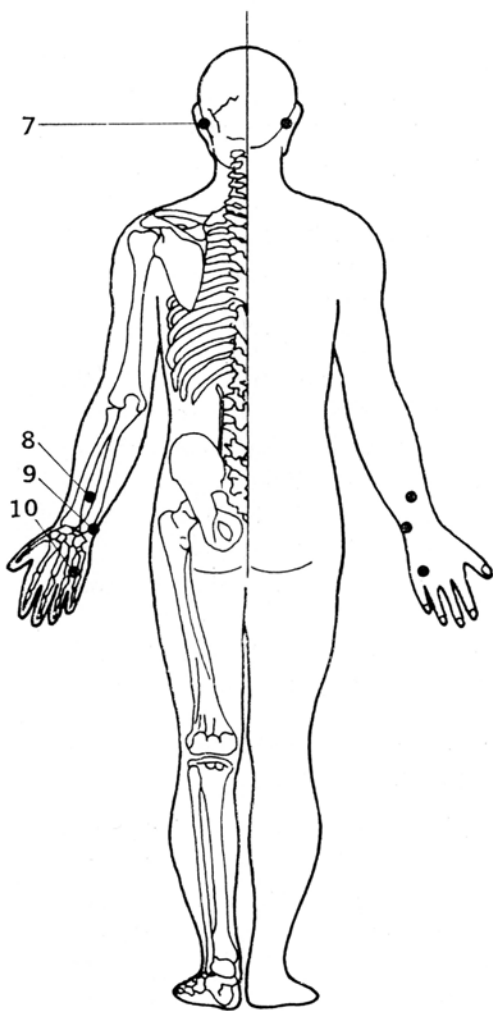
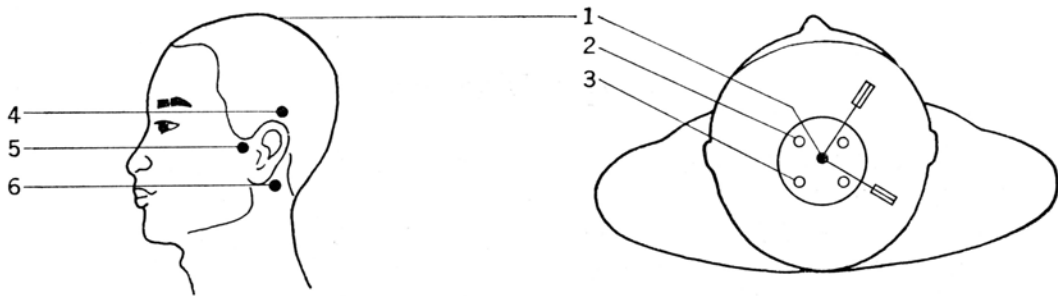
8. H<sub>5</sub>5 (TH 5) Gai-kan

9. H<sub>4</sub>6 (SI 6) Yō-rō

10. H<sub>5</sub>3 (TH 3) Chū-sho

11. New point (also called Dai-ni-Tai-ton)

Located 3 mm below the midpoint of the base of the 1st toenail.



## 7. Eye Diseases

1. F<sub>5</sub> 36 (GB 16) Moku-sō

\*2. Eye point A

Located on the line from the outer edge of the eyelid to the upper root of the ear lobe in front of the hair-line.

Eye point B

Located 0.5cm in front of point A.

Points A and B for eye treatment. Needles may be inserted behind the zygomatic bone through these two points. As the patients who receive treatment for color blindness, false myopia, etc. are mostly children, the needles are left in these points without pecking. The effectiveness will be 2 times greater if pecking of over 15 times is done following needle insertion. However, doctors must be careful not to give too much stimulation as this has caused faintness among patients at the rate of 1:15.

3. F<sub>5</sub>52 (GB 12) Kan-kotsu

4. H<sub>5</sub>20 (TH 17) Ei-fū

5. F<sub>4</sub>59 (BL 10) Ten-chū

6. F<sub>4</sub>56 (BL 12) Fū-mon

7. H<sub>4</sub>9 (SI 9) Ken-tei

8. F<sub>4</sub>44 (BL 18) Kan-yu.

Relates to the whole eye.

9. F<sub>4</sub>40 (BL 20) Hi-yu

10. HM 6 (GV 4) Mei-mon

11. H<sub>5</sub>6 (TH 6) Shi-kō

12. H<sub>6</sub>5 (LI 5) Yō-kei

13. H<sub>6</sub>4 (LI 4) Gō-koku

14. HM 26 (GV 20) Hyaku-e

15. VM 16 (CV 17) Dan-chū

16. H<sub>1</sub>6 (LU 6) Kō-sai

17. H<sub>3</sub>3 (HT 7) Shin-mon

\*18. F<sub>2</sub>9 (LV 8) Kyoku-sen

19. F<sub>1</sub>8 (SP 8) Chi-ki

\*20. F<sub>5</sub>8 (GB 37) Kō-mei

Located 5 finger-widths above the lateral malleolus. Treatment point for poor sight. Brightens vision.

21. F<sub>3</sub>7 (KI 7) Fuku-ryū

22. F<sub>6</sub>5 (ST 41) Kai-kei

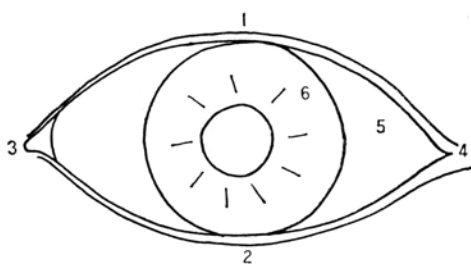
23. F<sub>5</sub>3 (GB 42) Chi-go-e.

Effective for poor sight and color blindness.

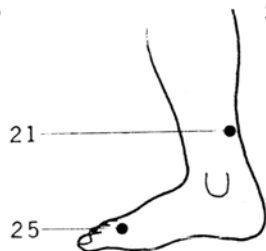
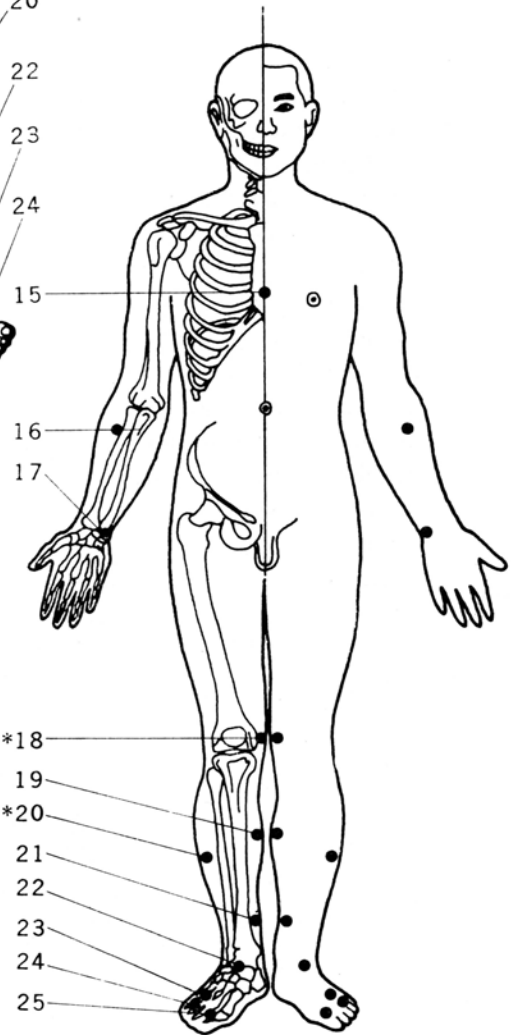
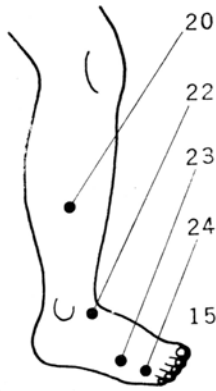
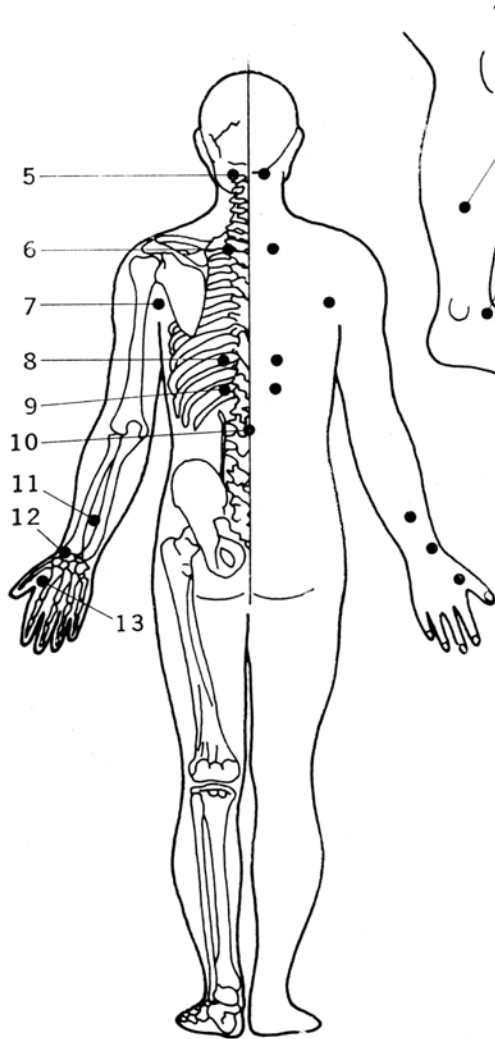
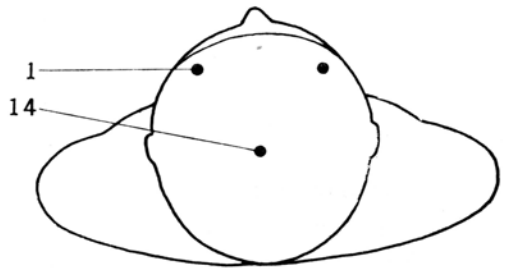
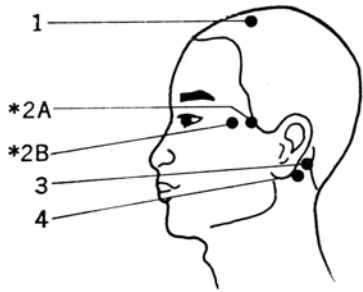
24. F<sub>5</sub>2 (GB 43) Kyō-kei

25. F<sub>2</sub>2 (LV 2) Kō-kan

\* Indicate the most useful points, but other points may be used after noting the Ryodoraku chart or the diseased parts illustrated in the figure below.



- |   |                       |  |
|---|-----------------------|--|
| 1 | upper eyelid          | .....F <sub>6</sub> (ST)                 |
| 2 | lower eyelid          | .....F <sub>1</sub> (SP)                 |
| 3 | inner edge.....       | H <sub>3</sub> (HT), F <sub>4</sub> (BL) |
| 4 | outer edge            | .....H <sub>4</sub> (SI)                 |
| 5 | conjunctiva           | .....H <sub>1</sub> (LU)                 |
| 6 | iris                  | .....F <sub>2</sub> (LV)                 |
|   | retina                | .....F <sub>3</sub> (KI)                 |
|   | depth of the eye..... | F <sub>4</sub> (BL)                      |





## 8. Nose Diseases

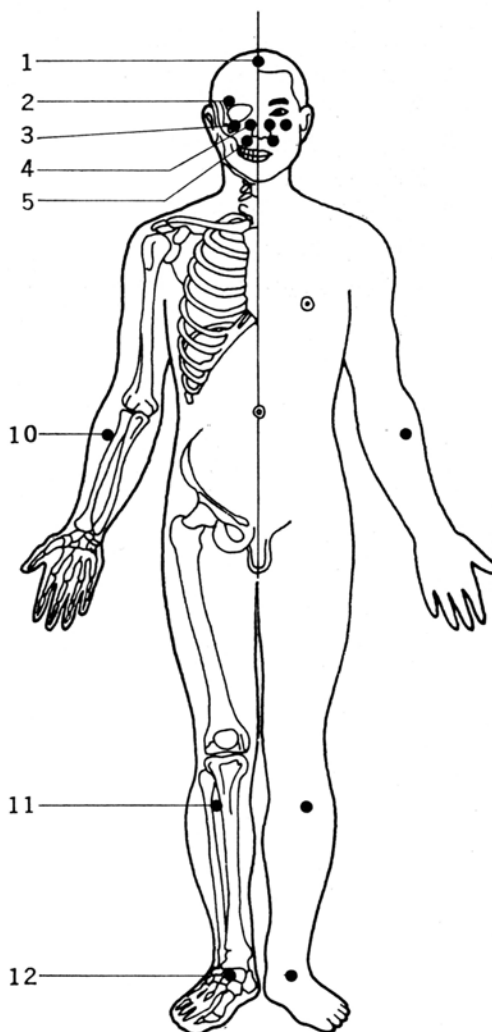
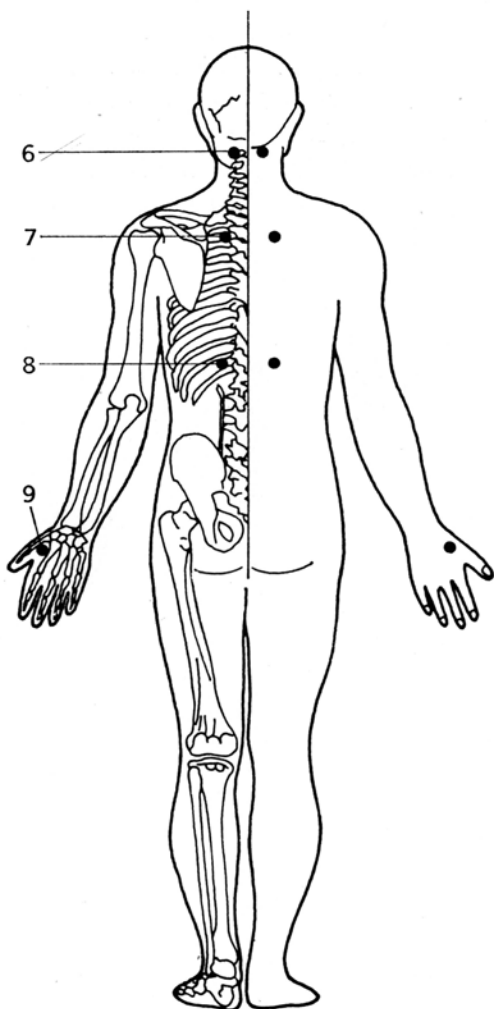
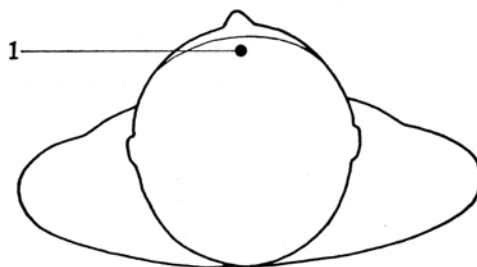
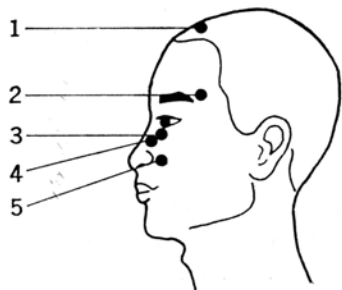
The nose is closely related to LU (H<sub>1</sub>) and any nose diseases show abnormalities of LI and ST which surround the nose.

1. VM 27 (GV 23) Jō-sei  
Specific point for Empyema Highmori.
2. H<sub>5</sub>32 (TH 23) Shi-chiku-kū.  
For empyema and congested nasal passages.
3. F<sub>6</sub>51 (ST 5) Shi-haku.  
Infraorbital nerve.
4. New point:  
Bi-sen (also called Jō-gei-kō) is located beside the nasal bone and 1cm below F<sub>4</sub>75 (BL 1) Sei-mei. For nasal stimulation the needle may be inserted downward along the line of the nose from the point just below the socket while rubbing the bone. 5 times of light pecking is sufficient. The treatment is indicated for aller-

gic rhinitis and rhinitis hypertrophica. In addition stimulation on REPP is necessary for Empyema Highmori.

5. H<sub>6</sub>27 (LI 20) Gei-kō  
For disturbed sense of smell. Gei-kō, LI 20 is a very useful meridian point for rhinorrhea and the loss of the sense of smell.
6. F<sub>4</sub>59 (BL 10) Ten-chū
7. F<sub>4</sub>52 (BL 13) Hai-yu
8. F<sub>4</sub>40 (BL 20) Hi-yu
9. H<sub>6</sub>4 (LI 4) Gō-koku  
Effective for any diseases of the face and throat.
10. H<sub>1</sub>6 (LU 6) Ko-sai  
For Empyema Highmori and congested nose.
11. F<sub>6</sub>9 (ST 36) Ashi-san-ri
12. F<sub>1</sub>5 (SP 5) Shō-kyū  
Empyema Highmori will show abnormalities of this line.

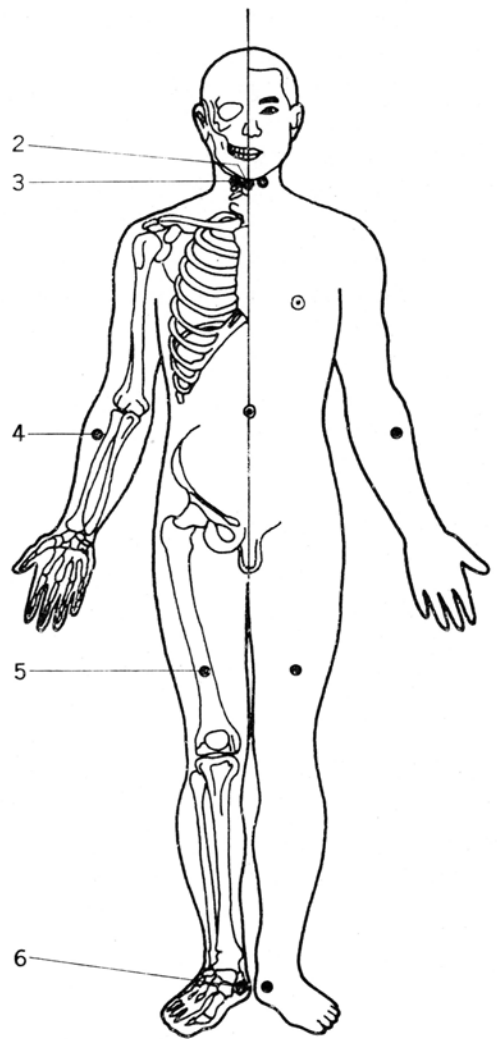
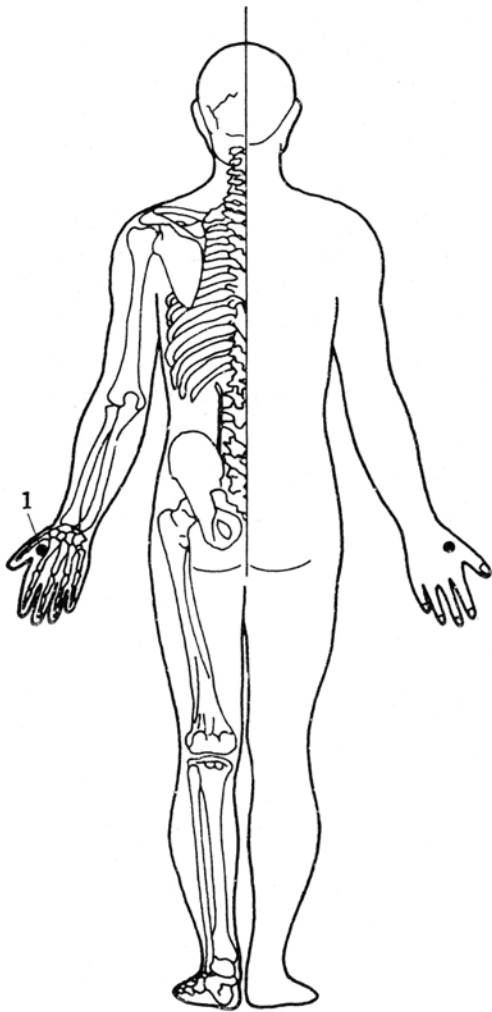




## 9. Throat Diseases

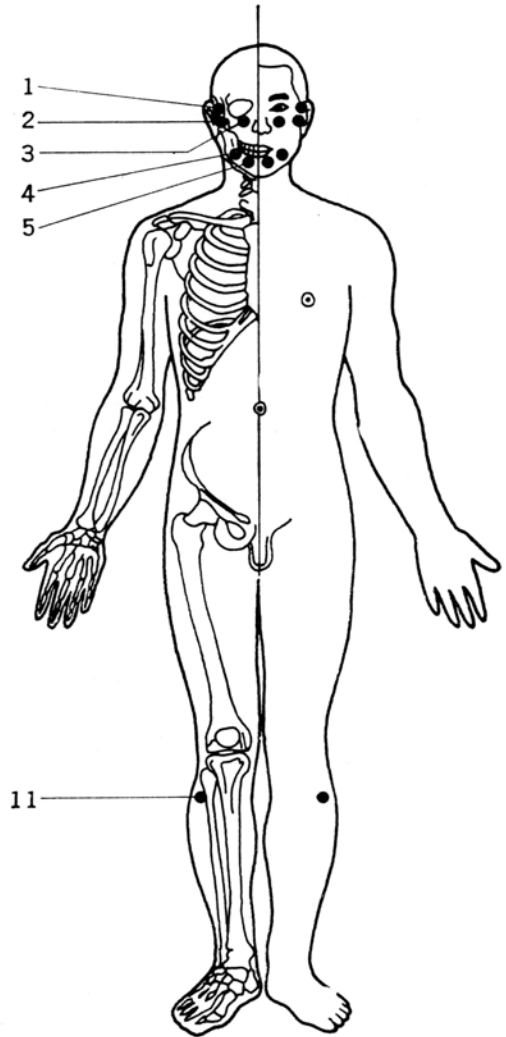
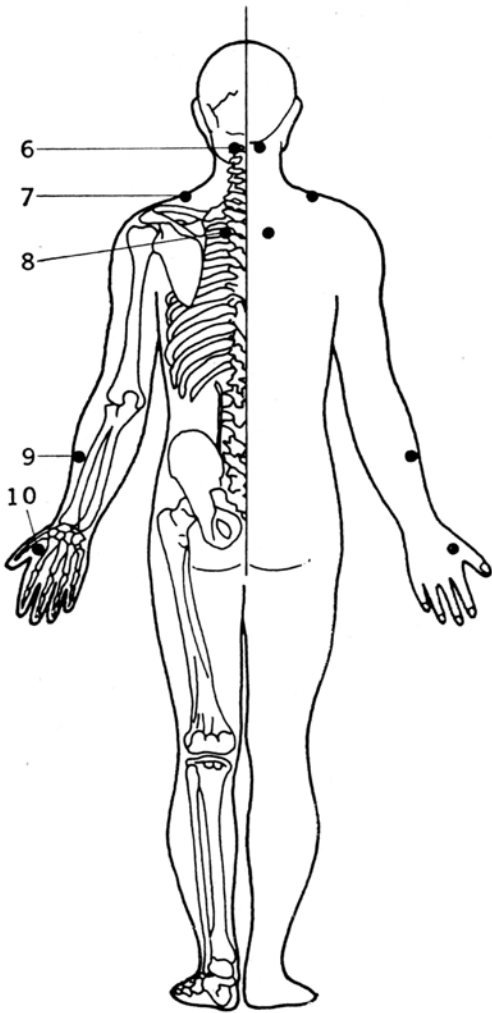
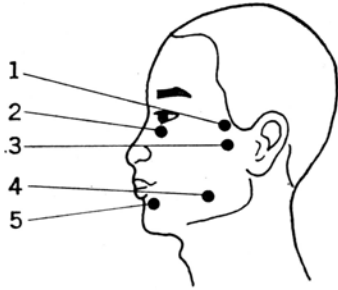
1. H<sub>6</sub>4 (LI 4) Gō-koku  
For the diseases of the face and throat
2. VM 22 (CV 23) Ren-sen
3. New point. Waki-ren-sen  
Located 2cm to the side of CV 23  
and is useful for sore throat, tonsillitis, difficulty or pain in swallowing.
4. H<sub>1</sub>6 (LU 6) Kō-sai  
For tonsillitis
5. F<sub>6</sub>14 (ST 32) Fuku-to  
For sore throat
6. F<sub>3</sub>6 (KI 4) Sui-sen  
For dry throat  
In general, the throat is related to KI

(F<sub>3</sub>) and ST (F<sub>6</sub>) meridians.  
Glosso-pharyngeal neuralgia; The needle may be inserted to the midpoint between the lower edge of proc. mastoidium and the angle of the mandibula like the Western-type nerve block. Sometimes, a continuous electric stimulation connecting this needle and a needle which is inserted upward to the tonsil from Waki-ren-sen (about 2 finger-width outside of Ren-sen, VM 22, CV 23) is used.



## 10. Mouth Diseases

1. F<sub>6</sub>42 (GB 3) Jō-kan  
Effective for upper toothache.
2. F<sub>6</sub>51 (ST 5) Shi-haku  
Effective for upper toothache.
3. F<sub>6</sub>41 (ST 2) Ge-kan  
Effective for lower toothache.
4. F<sub>6</sub>39 (ST 8) Dai-gei  
Effective for deep, lower toothache.
5. New point:  
Waki-shō-shō, Foramen mentalis.  
Effective for lower and front toothache.
6. F<sub>4</sub>59 (BL 10) Ten-chū  
Effective for toothache with cervical stiffness.
7. H<sub>5</sub>17 (GB 21) Ken-sei  
Effective for shoulder stiffness with toothache.
8. F<sub>4</sub>52 (BL 13) Hai-yu
9. H<sub>6</sub>7 (LI 7) On-ru  
Specific for toothache. The REPP varies according to the tooth.
10. H<sub>6</sub>4 (LI 4) Gō-koku  
Effective for any mouth diseases, such as aphthae, etc.  
The mouth (also the teeth) are related to H<sub>6</sub> (LI) and F<sub>6</sub> (ST). Regulation of these lines is effective for the treatment of mouth diseases and toothache. For ulcers in the mouth (aphthae), insert the needle into the aphthae directly and apply electricity for 3–6 seconds. Micro-bleeding from H<sub>6</sub> 1 (LI 1) (Shō-yō) and F<sub>6</sub>1 (ST 45) (Rei-da) is also useful.



## 11. Shoulder Stiffness

1. F<sub>5</sub>30 (GB 20) Fū-chi

These points are in the most deeply concaved area located bilaterally on the neck.

For neck stiffness, the needle may be inserted to a depth of 3cm pointing in the direction of the apex of the nose. For neck stiffness and eye diseases at the same time, the needle may be inserted 3-4cm aiming at the eyeball of the same side.

2. F<sub>4</sub>59 (BL 10) Ten-chū

For occipital pain, the needle may be inserted downward while rubbing

the surface of the skull. The depth of insertion may be 2-3cm and 10 times pecking is sufficient.

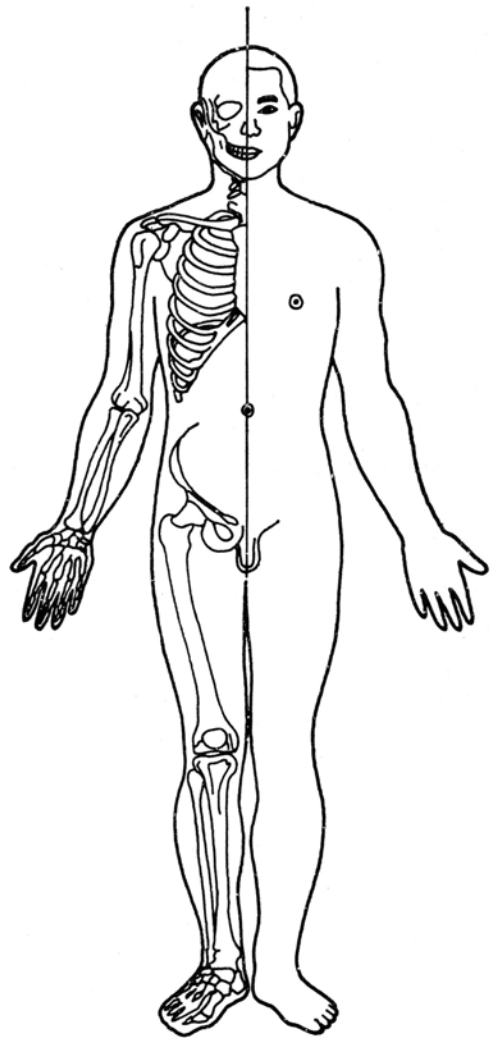
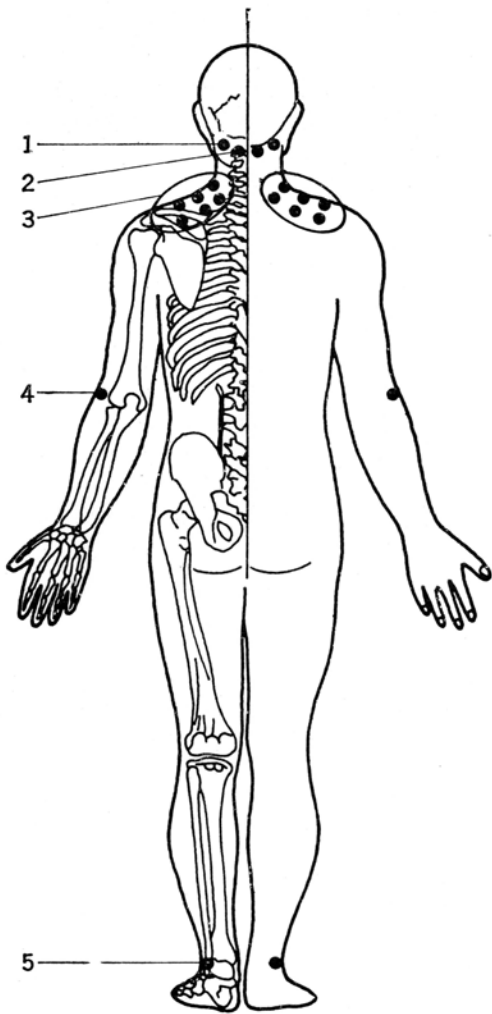
For occipital neck stiffness, the needle may be inserted into the stiff area from behind at right angles while rubbing the base of the skull, and aiming at the eyeball of the same side. The depth may be 2-3cm, and 10-20 times pecking is used.

3. REPP or painful points should be detected.

4. H<sub>6</sub>11 (LI 11) Kyoku-chi

5. F<sub>4</sub>8 (BL 60) Kon-ron

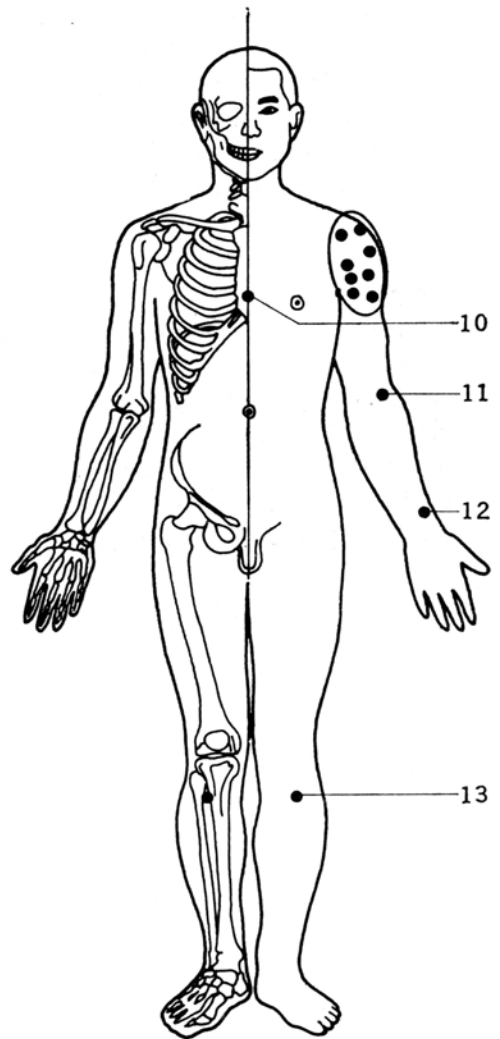
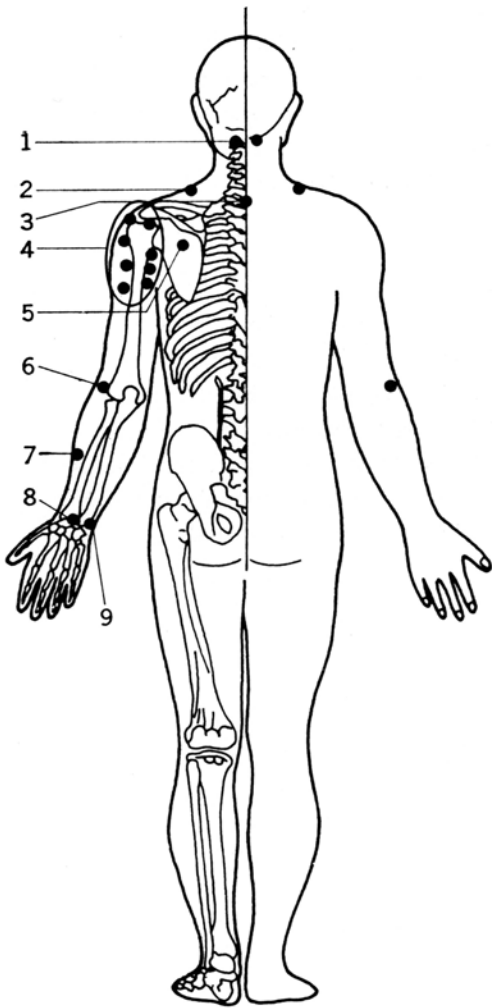
For patients who complain of severe stiffness, the needles may be inserted 2-3cm into REPP or the stiff area where they feel the severest muscle tension. While the neck is bent, 30-50 peckings are effective for severe stiffness, and 5-10 times is sufficient for slight stiffness.





## 12. Painful (Frozen) Shoulders

1. F<sub>4</sub>59 (BL 10) Ten-chū
2. H<sub>5</sub>17 (GB 21) Ken-sei
3. HM 20 (GV 14) Dai-tsui
4. REPP  
In a forced position of dropping or raising the arms, REPP are selected where the pain is most severe.
5. H<sub>4</sub>11 (SI 11) Ten-sō
6. H<sub>6</sub>11 (LI 11) Kyoku-chi
7. H<sub>6</sub>7 (LI 7) On-ru  
Effective for the relief of pain when the arms are raised laterally.
8. H<sub>5</sub>4 (TH 4) Yō-chi
9. H<sub>4</sub>6 (SI 6) Yō-rō  
Effective for the relief of pain when the arms are raised toward the back.
10. VM 16 (CV 17) Dan-chū
11. H<sub>1</sub>8 (LU 5) Shaku-taku
12. H<sub>1</sub>5 (LU 7) Rek-ketsu  
Effective for the relief of pain when raising the hands.
13. F<sub>6</sub>9 (ST 36) Ashi-san-ri



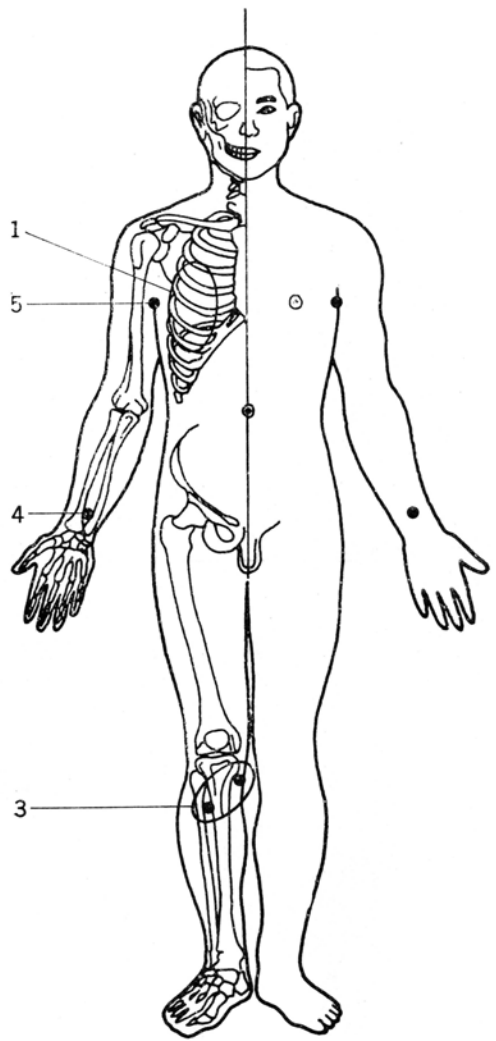
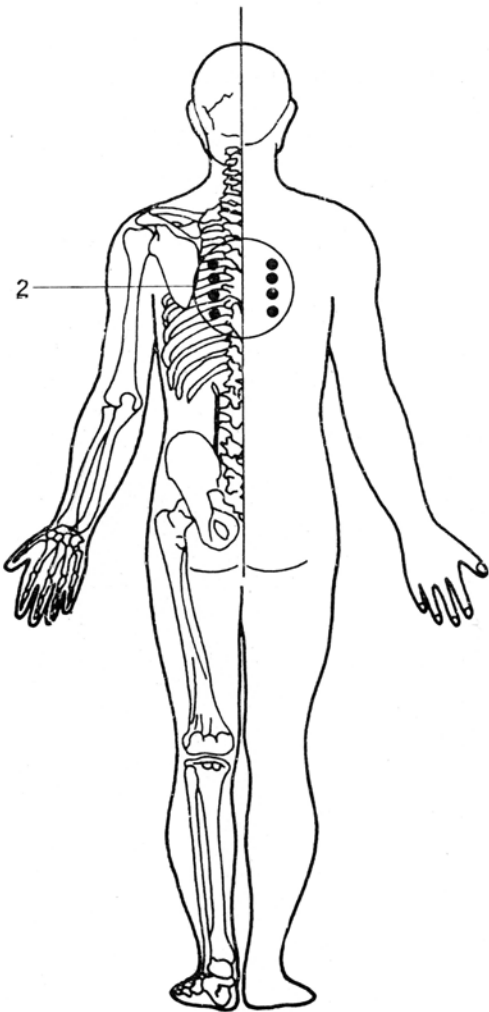
### 13. Intercostal Neuralgia

1. Scattered and shallow acupunctures on the painful area may be used first.
2. Paravertebral acupunctures of several thoracotomes which are equidistant from the painful area may be added.
3. Sometimes the pain will move and remain at the front and back of the treated area. The REPP below the elbow or the knee joints of the meridians which pass through the painful areas are also used and thus the moving of the pain will be avoided.
4. H<sub>2</sub>4 (HC 6) Nai-kan
5. New point (Eki-ka-ten)

The point where the middle axillary line and the horizontal line which connects both mammillas cross. It is the specific point for the treatment of intercostal neuralgia as well as H<sub>2</sub>4 (HC 6) Nai-kan.

Herpes zoster pain:

Herpes zoster pain is mainly shown as intercostal neuralgia. Treatment by the sympathetic block or continuous epidural analgesia is considered the best method. Acupuncture may be used as an adjuvant therapy for this case. When the patients are over 60 years, often the so-called postherpetic pain remains. It is advisable to treat these older patients of herpes zoster as acute cases and continuous epidural analgesia, (using our own designed continuous injector), may be effective. As for acupuncture, shallow and frequent REPP therapy is recommended.



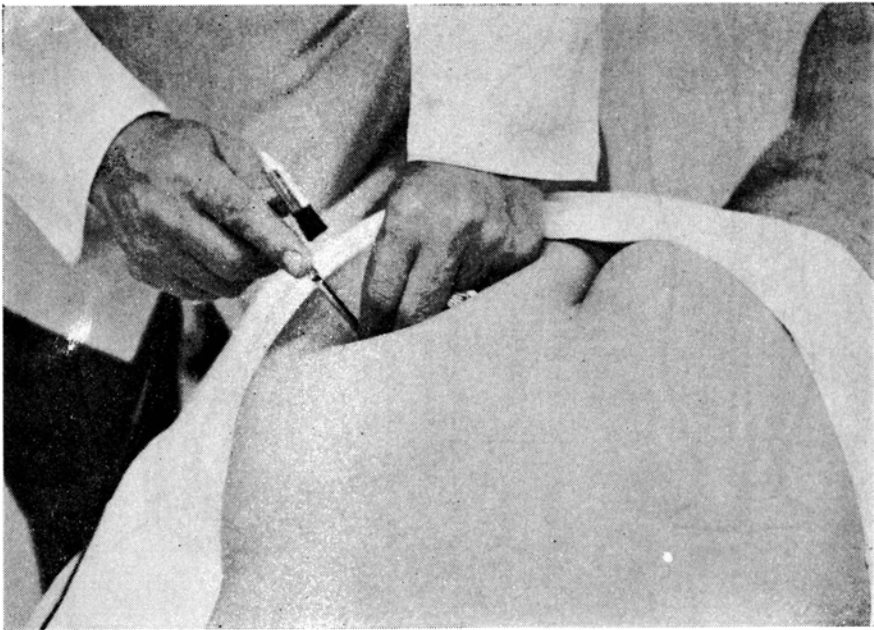
## 14. Lumbago

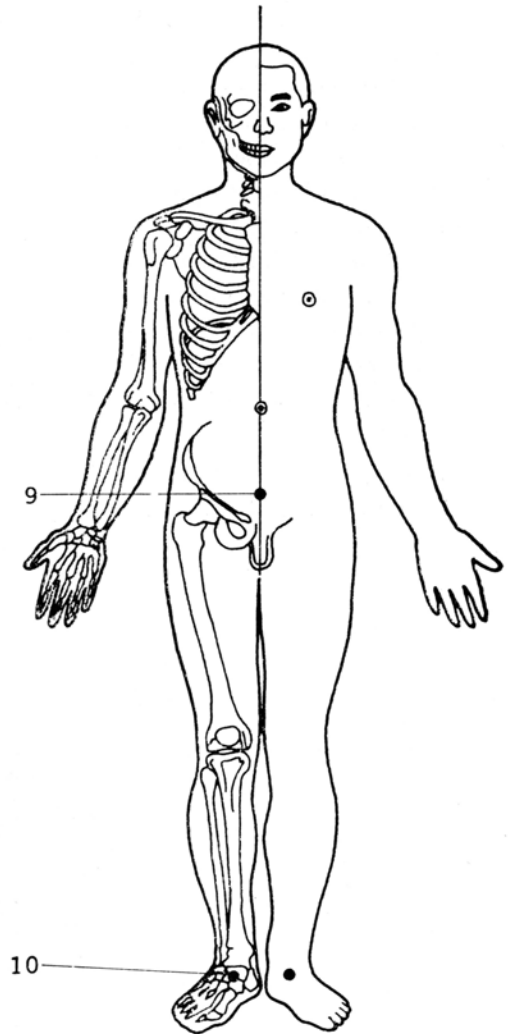
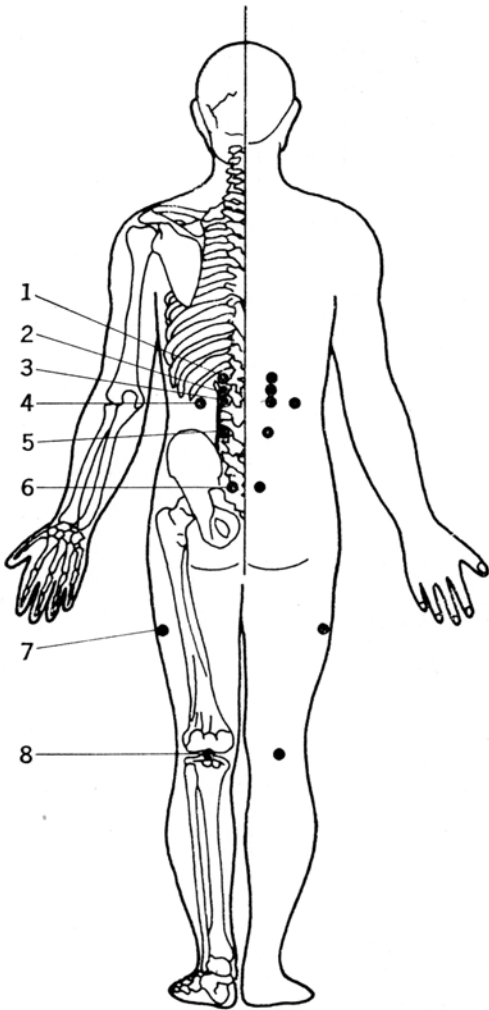
Detect the painful points or REPP in the lumbar and lower extremity. On the buttocks, especially in the case of women patients, press the needle strongly and stimulate with pecking.

1. F<sub>4</sub>38 (BL 21) I-yu
2. F<sub>4</sub>36 (BL 22) San-shō-yu
3. F<sub>4</sub>34 (BL 23) Jin-yu
4. F<sub>4</sub>33 (BL 47) Shi-shitsu
5. F<sub>4</sub>32 (BL 25) Dai-chō-yu
6. F<sub>4</sub>23 (BL 32) Ji-ryō
7. F<sub>5</sub>14 (GB 31) Fū-shi
8. F<sub>4</sub>14 (BL 54) I-chū  
Insert the needle deeply and detect the most painful points in the forced position.
9. VM 2 (CV 3) Chū-kyoku  
Alarm point of bladder meridian.
10. F<sub>2</sub>4 (LV 4) Chū-hō

### Explanation of Photograph

When the needle is inserted in the gluteal region, it is necessary to note that the muscle may be pushed strongly by the finger which is holding the needle and the muscle will become harder than usual. Pecking in the stiffened muscle is effective.





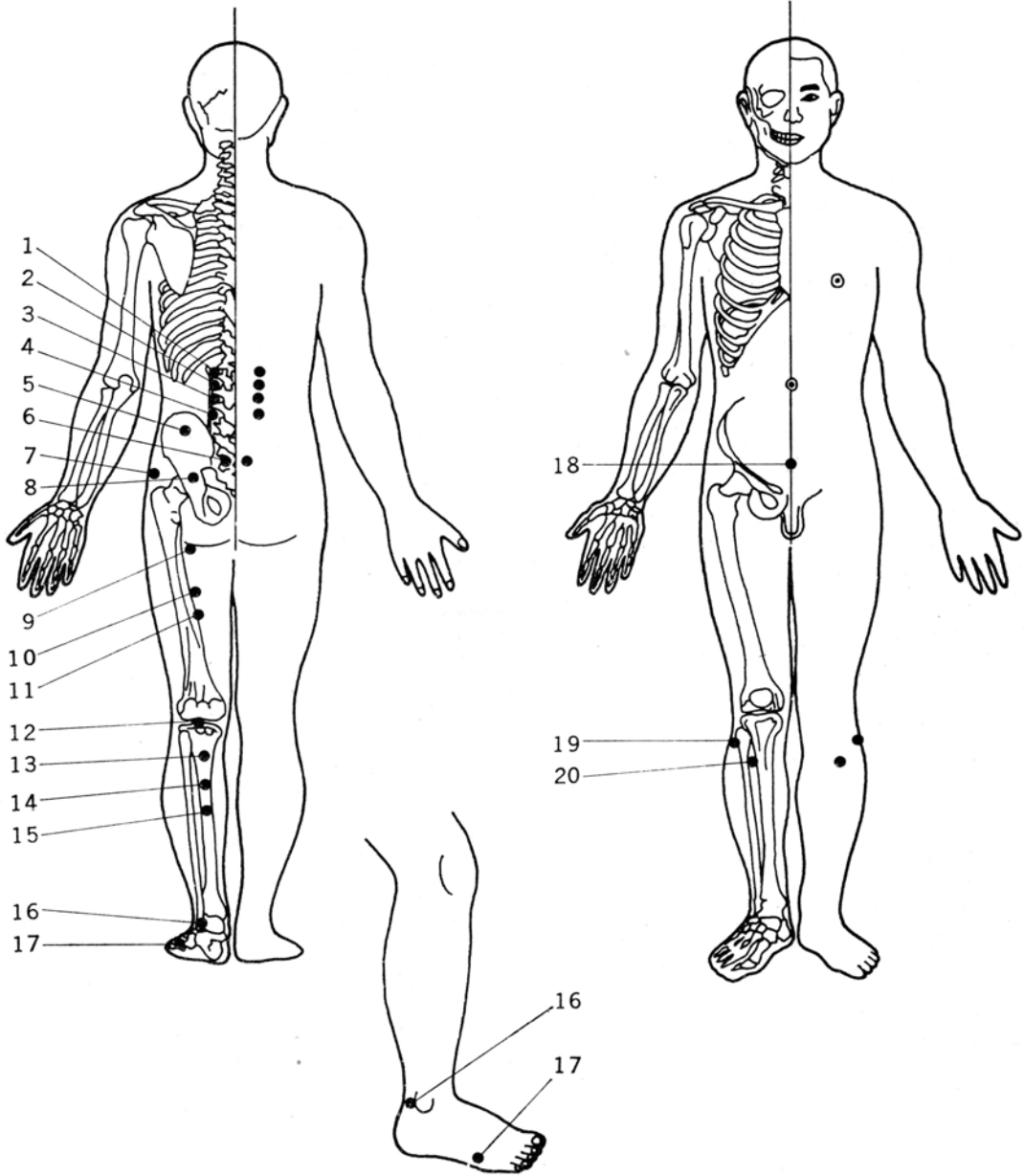
## 15. Sciatica (Left)

Detect the painful points or REPP in the lumbar and lower extremity. On the buttocks, especially in the case of women patients, press the stick strongly and stimulate with pecking.

- |  |   |
|--|---|
| 1. F <sub>4</sub> 36 (BL 22) San-shō-yu  | my-bag at the tip of the needle may be strongly stimulated. |
| 2. F <sub>4</sub> 34 (BL 23) Jin-yu  | 10. Detect REPP   |
| 3. F <sub>4</sub> 32 (BL 24) Ki-kai-yu   | 11. F <sub>4</sub> 17 (BL 51) In-mon                        |
| 4. F <sub>4</sub> 31 (BL 25) Dai-chō-yu  | 12. F <sub>4</sub> 14 (BL 54) I-chū                         |
| 5. New point Yō-gan<br>Just above the spina iliaca posterior superior. (superior iliac crest)  | 13. F <sub>4</sub> 13 (BL 55) Gō-yō                         |
| 6. F <sub>4</sub> 23 (BL 32) Ji-ryō  | 14. F <sub>4</sub> 12 (BL 56) Shō-kin                       |
| 7. F <sub>5</sub> 15 (GB 30) Kan-chō   | 15. F <sub>4</sub> 11 (BL 57) Shō-zan                       |
| 8. Radix of N. ishiadicus  | 16. F <sub>4</sub> 8 (BL 60) Kon-ron                        |
| 9. F <sub>4</sub> 19 (BL 50) Shō-fu<br>The needle may be inserted deeply in the direction of the navel. The resistant area which is felt like gum- | 17. F <sub>4</sub> 3 (BL 65) Sok-kotsu                      |
|  | 18. VM2 (CV 3) Chū-kyoku                                    |
|  | 19. F <sub>5</sub> 11 (GB 34) Yō-ryō-sen                    |
|  | 20. F <sub>6</sub> 9 (ST 36) Ashi-san-ri                    |

During local REPP therapy it is recommended that the patient remain in the forced position at which he feels the severest pain.



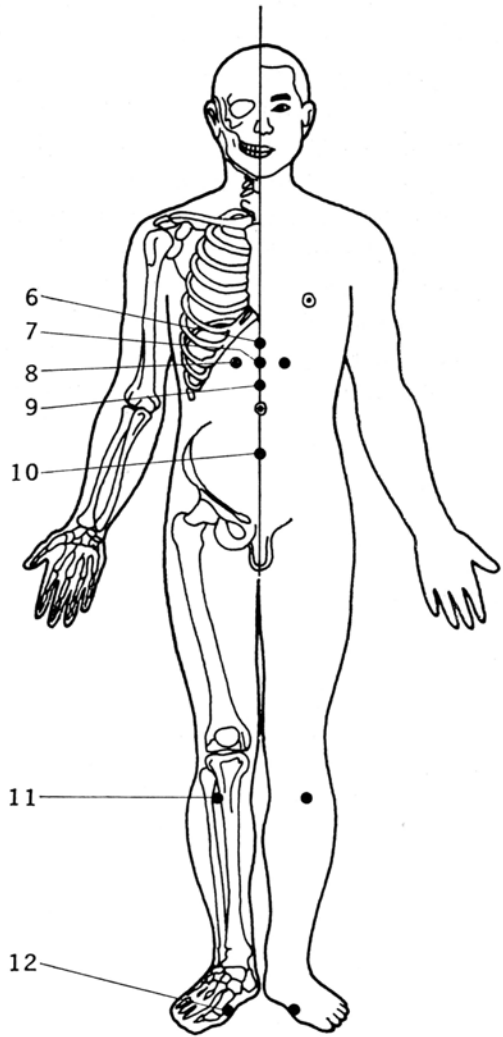
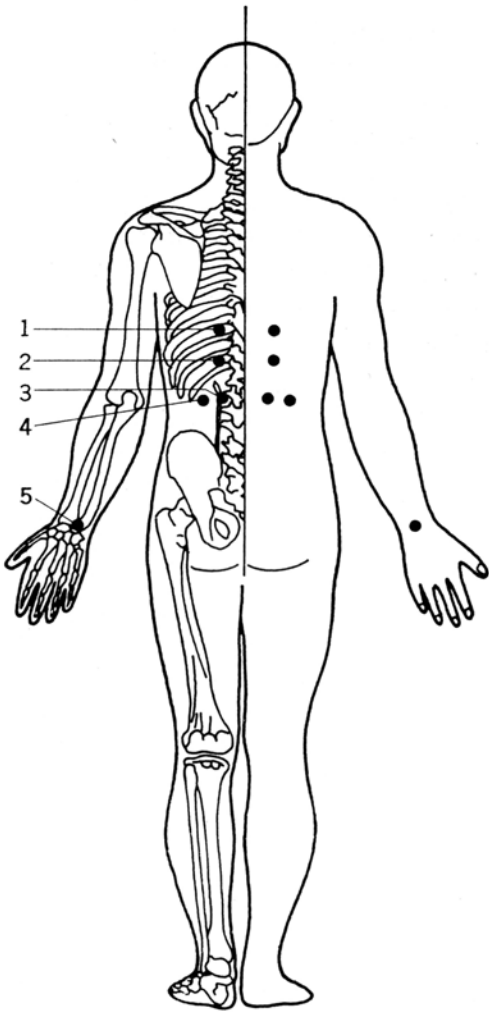




## 16. Polyarthritis

REPP are detected in the painful region and acupuncture, 1–3mm deep for 1–3 seconds, plus light stimulation with 50–100 microamperes is used.

1. F<sub>44</sub> (BL 18) Kan-yu
  2. F<sub>40</sub> (BL 20) Hi-yu
  3. F<sub>34</sub> (BL 23) Jin-yu
  4. F<sub>33</sub> (BL 47) Shi-shitsu
  5. H<sub>54</sub> (TH 4) Yō-chi
  6. VM 12 (CV 13) Jō-kan
  7. VM 11 (CV 12) Chū-kan
  8. F<sub>626</sub> (ST 21) Ryō-mon
  9. VM 9 (CV 10) Ge-kan
  10. VM 5 (CV 6) Ki-kai
  11. F<sub>69</sub> (ST 36) Ashi-san-ri
  12. F<sub>13</sub> (SP 3) Tai-haku
- Acupuncture at this point is important. By the stimulation of this point it is said that the steroid hormone is secreted and/or regulated. To stimulate the secretion of the steroid hormone the needle must be inserted to a depth of 3–4cm slightly medially and pecked slowly. 15–30 peckings will be sufficient to induce the secretion of the steroid hormones.

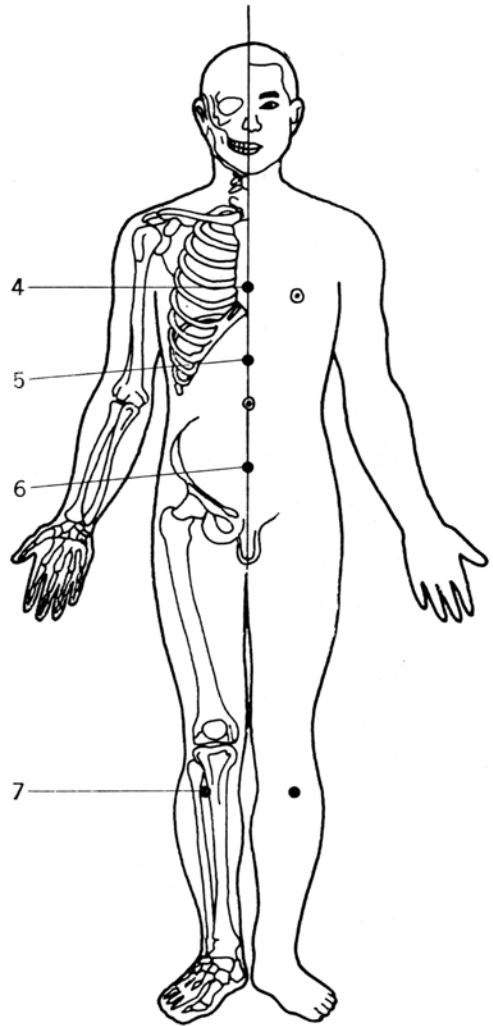
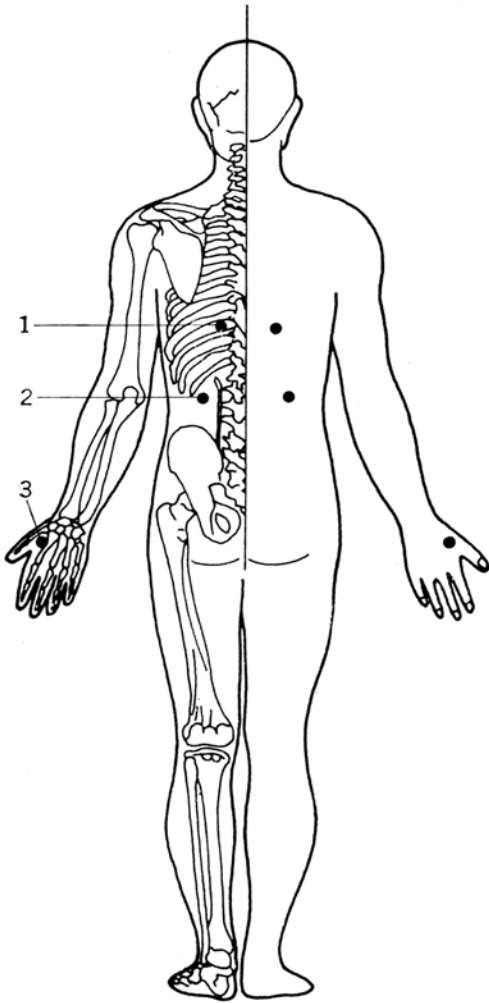


## 17. Joint Rheumatism

1. F<sub>4</sub>44 (BL 18) Kan-yu
2. F<sub>4</sub>33 (BL 47) Shi-shitsu
3. H<sub>6</sub>4 (LI 4) Gō-koku
4. VM 16 (CV 17) Dan-chū
5. VM 11 (CV 12) Chū-kan
6. VM 3 (CV 4) Kan-gen
7. F<sub>6</sub>9 (ST 36) Ashi-san-ri

F<sub>4</sub>33 (BL 47) Shi-shitsu and H<sub>6</sub>4 (LI 4) Gō-koku are pecked lightly 60 times. In the painful, red or swollen area, REPP, about 1cm apart, are treated by cluster needles. A 2–3mm deep insertion and 30–60 microamperes of stimulation are enough. Sometimes 100–200 REPP points are used.

When the blood sedimentation is high, a weaker stimulation is recommended. When the stimulation is too strong, temporary fever or pain occurs. However after these attacks, the disturbances usually subside. Joint rheumatism sometimes shows abnormalities of H<sub>4</sub> (SI). Stimulation at F<sub>4</sub>33 (BL 47) Shi-shitsu is thought to be important, because it induces steroid secretion. The needle must be inserted to a depth of 3–4cm slightly medially and pecked slowly. 15–30 peckings will be enough to induce the secretion of the steroid hormone. The hormone will be reduced in its secretion by too strong stimulation.



## 18. Gonitis (Right)

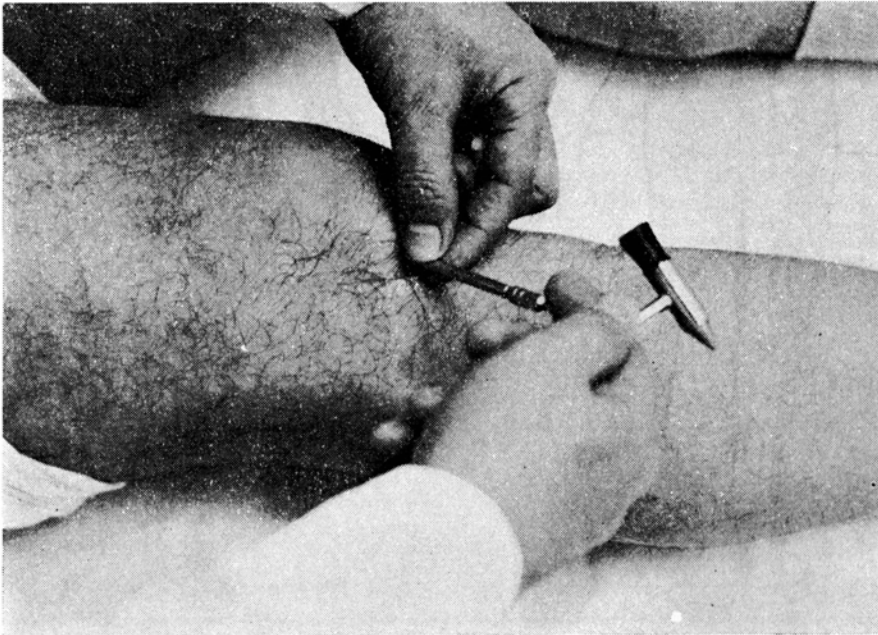
Surrounding the patella, two upper and two lower REPP are found. Sometimes one more REPP is found. From the base of the patella the needle should be inserted into the cavity behind the patella.

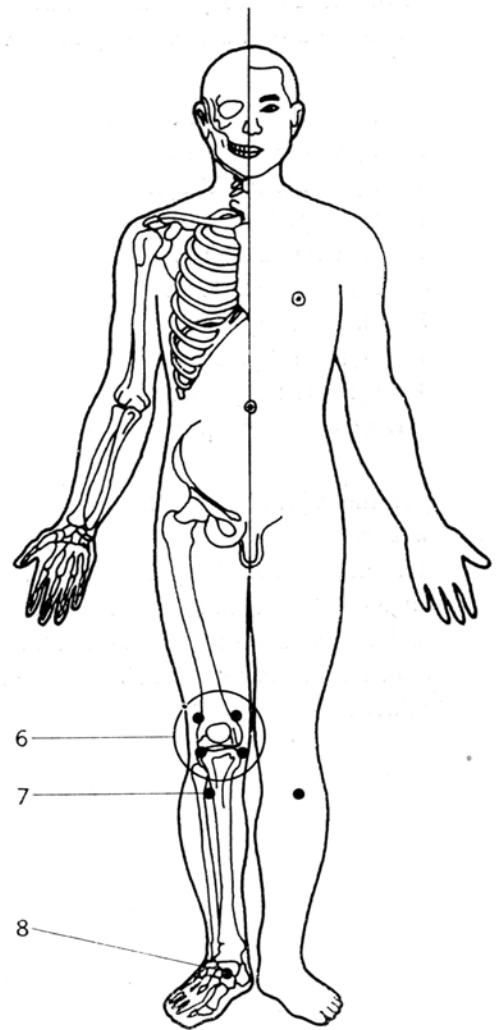
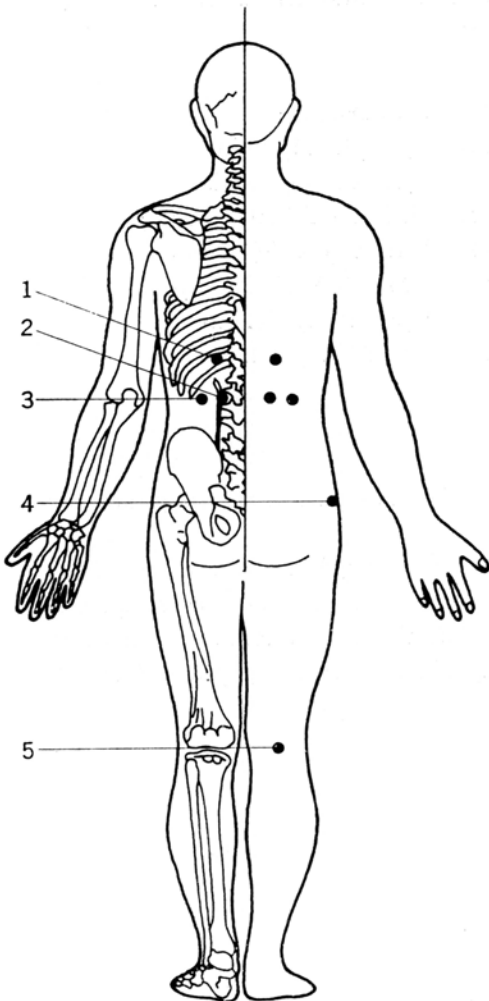
For cases of severe pain, two acupunctures may be added contralaterally along the patella. After the needle is inserted, the needle is pushed through the skin and pecked, except in the case of rheumatism.

1. F<sub>4</sub>40 (BL 20) Hi-yu
2. F<sub>4</sub>34 (BL 23) Jin-yu
3. F<sub>4</sub>33 (BL 47) Shi-shitsu
4. F<sub>5</sub>15 (GB 30) Kan-chō
5. F<sub>4</sub>14 (BL 54) I-chū
6. Usually four REPP surrounding the patella are used.
7. F<sub>6</sub>9 (ST 36) Ashi-san-ri
8. F<sub>1</sub>5 (SP 5) Shō-kyū

Often 4 REPP surrounding this point are also used.

In gonitis patients, excitation of F<sub>1</sub> (SP) is often seen, so F<sub>1</sub>5 (SP 5), the inhibition point of SP, is used.





## 19. Cerebral Bleeding

It is said that after cerebral bleeding, absolute rest is necessary. However, treatment should be started as soon as possible.

**Before** the blood coagulates, it must be absorbed by good circulation and relaxed vessels.

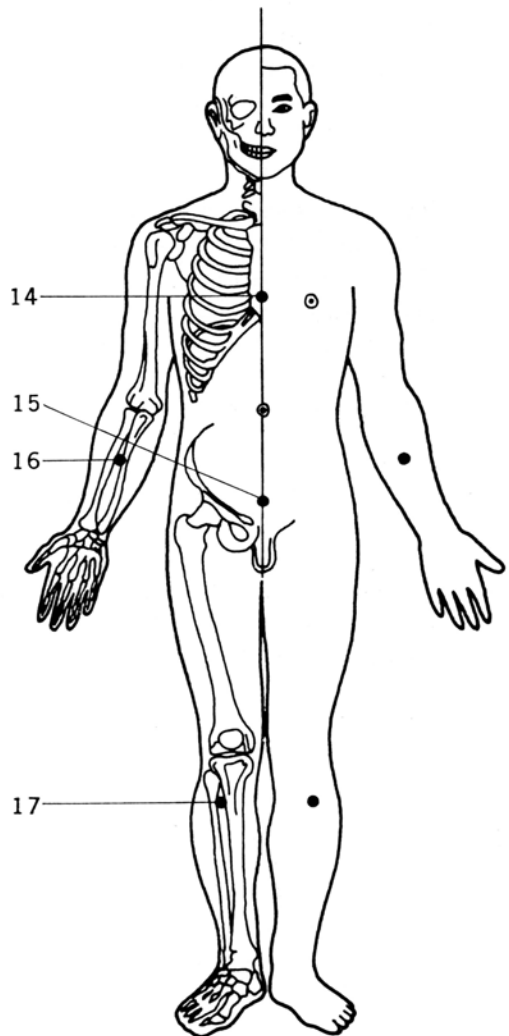
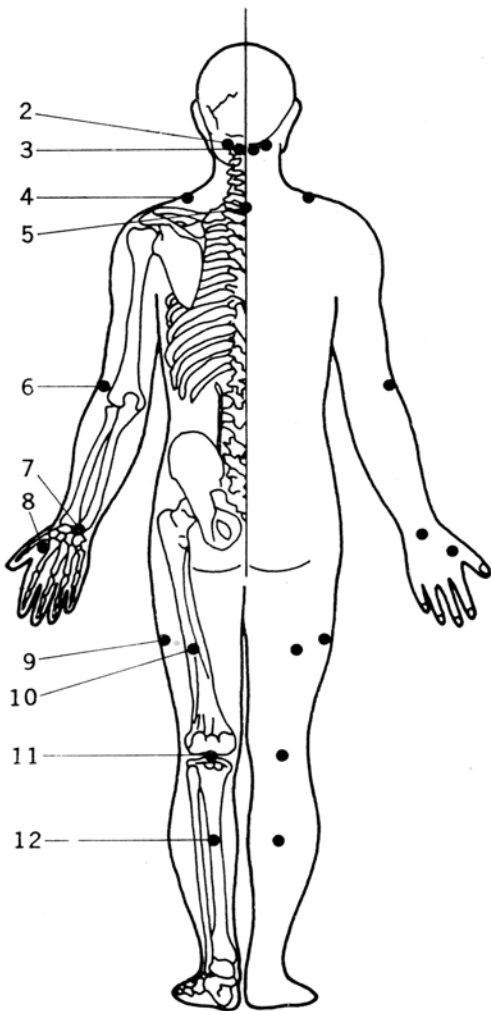
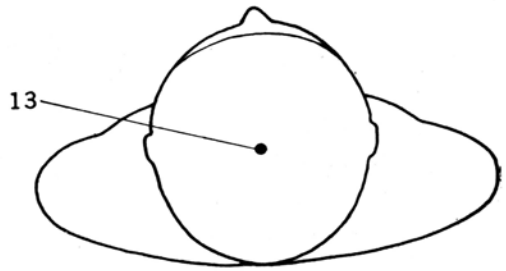
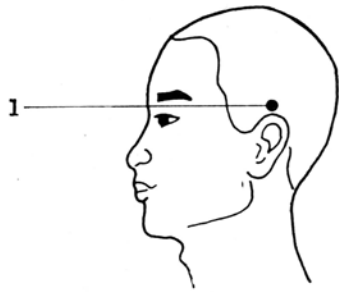
The points marked are the treatment points for muscle relaxation, and sensation of the needle and peripheral muscle contraction are conditions all of which bring about good results from acupuncture treatment.

- |  |  |
|--|--|
| 1. H <sub>5</sub> 23 (TH 20) Kaku-son  | 10. F <sub>4</sub> 18 Dai-geki           |
| 2. F <sub>5</sub> 30 (GB 20) Fū-chi    | 11. F <sub>4</sub> 14 (BL 54) I-chū      |
| 3. F <sub>4</sub> 59 (BL 10) Ten-chū   | 12. F <sub>4</sub> 12 (BL 56) Shō-kin    |
| 4. H <sub>5</sub> 17 (GB 21) Ken-sei   | 13. HM 26 (GV 20) Hyaku-e                |
| 5. HM 20 (GV 14) Dai-tsui              | 14. VM 16 (CV 17) Dan-chū                |
| 6. H <sub>6</sub> 11 (LI 11) Kyoku-chi | 15. VM 2 (CV 3) Chū-kyo ku               |
| 7. H <sub>5</sub> 4 (TH 4) Yō-chi      | 16. H <sub>2</sub> 6 (HC 4) Geki-mon     |
| 8. H <sub>6</sub> 4 (LI 4) Gō-koku     | 17. F <sub>6</sub> 9 (ST 36) Ashi-san-ri |
| 9. F <sub>5</sub> 14 (GB 31) Fū-shi    |  |

Decreases blood pressure.

For the rigidity and stiffness of the muscle in the back part of the thigh and for sciatica:

The needle must be put directly and deeply into the rigid and stiff area at right angles. The sensation of the needle which spreads to the tip of the toes is expected to have good results. This treatment is also effective for numbness and motoric paralysis of the feet. Light and weak pecking of ten times at a depth of 3–5cm is sufficient.





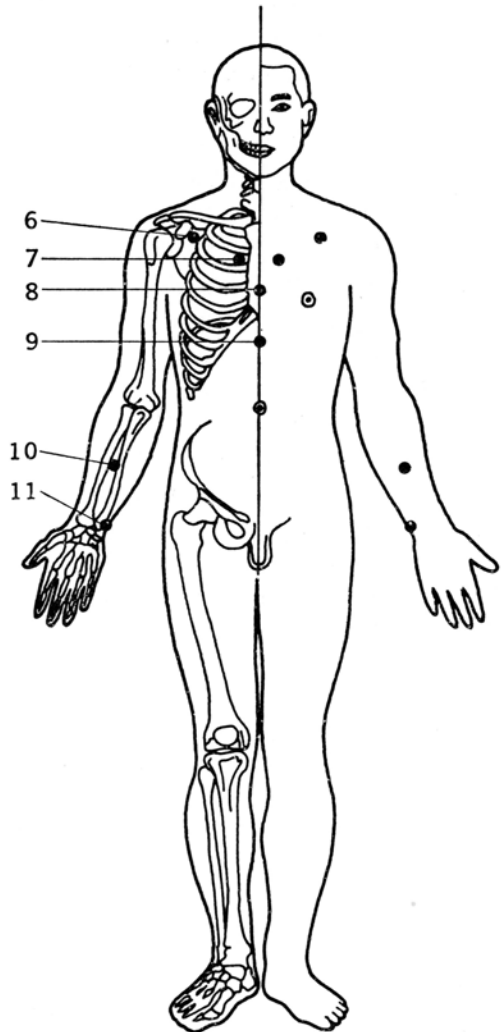
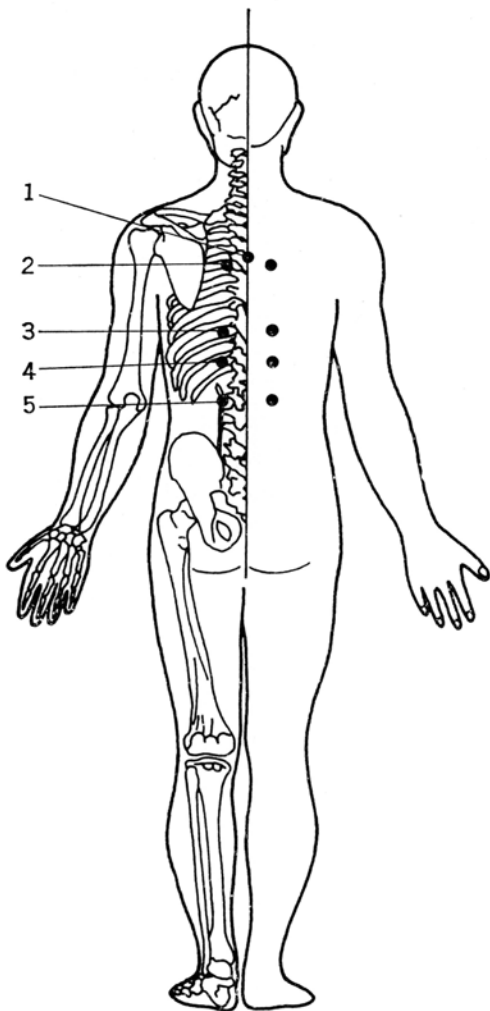
## 20. Cardiac Diseases

1. HM 15 (GV 11) Shin-dō  
Between Th 5 and Th 6.
2. F<sub>4</sub>48 (BL 15) Shin-yu
3. F<sub>4</sub>44 (BL 18) Kan-yu
4. F<sub>4</sub>40 (BL 20) Hi-yu
5. F<sub>4</sub>34 (BL 23) Jin-yu
6. H<sub>1</sub>12 (LU 1) Chū-fu  
For a choked feeling.
7. F<sub>3</sub>27 (KI 25) Shin-zō
8. VM 16 (CV 17) Dan-chū  
Stimulation at this point brings relief in the case of angina pectoris, intercostal neuralgia below the mammilla and congestion of the eyes. The needle should be slid on this point from above or below to a depth of 0.3cm to 0.5cm on the sternum.
9. VM 13 (CV 14) Ko-ketsu
10. H<sub>2</sub>6 (HC 4) Geki-mon
11. H<sub>3</sub>3 (HT 7) Shin-mon

Treatment points on the back;

Care must be taken not to pierce the lung especially in the case of thin patients.

The needles must not be inserted deeply but obliquely for cardiac diseases and rather weak stimulation is better. Strong stimulation very often causes cardiac diseases to worsen.

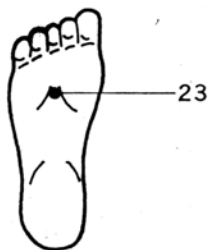
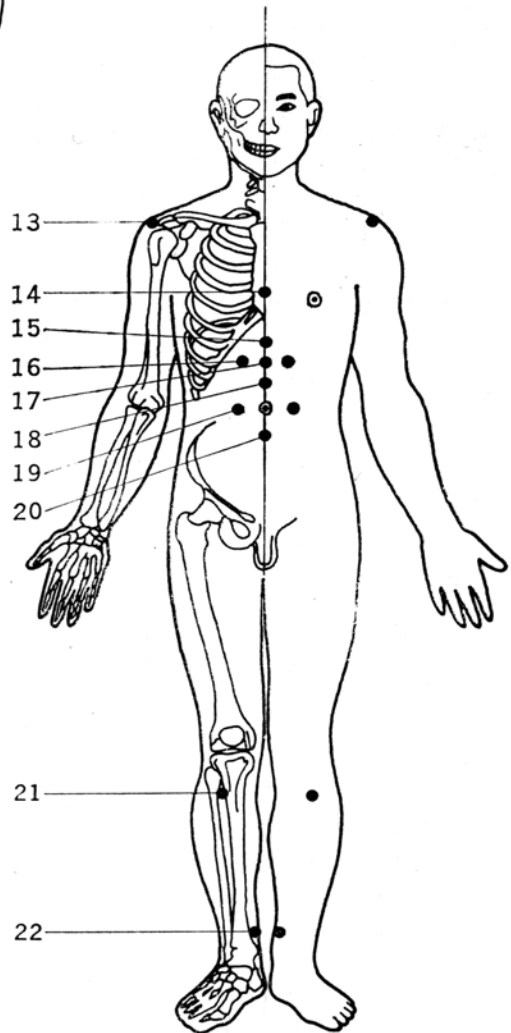
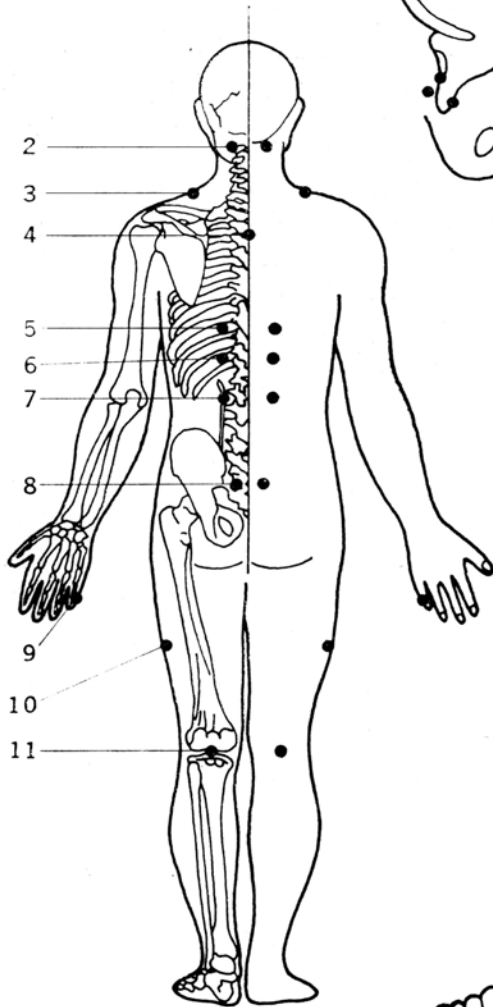
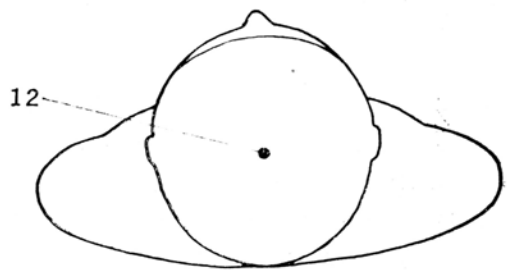
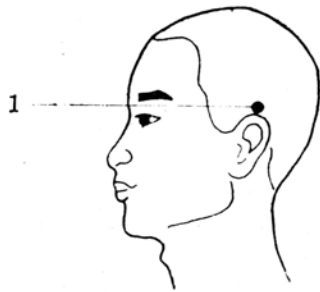


## 21. Hypertension

Idiopathic hypertension will be manifested in the excitation of the sympathetic nerves. To relieve that excitation, GRT should be used for the treatment of hypertension. In the lower region of the external auditory canal, the point for hypertension (M19) and adrenal gland points on the ear lobes should be stimulated. (REPP on one side will be enough.) By leaving the needles in these points for 20–30 min., the blood pressure often falls about 20–30 mmHg. Treatment should be given 2–3 times a week.

As for the Ryodoraku chart, F<sub>5</sub> (GB) excitation with F<sub>3</sub> (KI) excitation, indicates.

- |   |  |
|---|--|
| 1. H <sub>5</sub> 23 (TH 20) Kaku-son   | 11. F <sub>4</sub> 14 (BL 54) I-chū      |
| 2. F <sub>4</sub> 59 (BL 10) Ten-chū  | 12. HM 26 (GV 20) Hyaku-e                |
| 3. H <sub>5</sub> 17 (GB 21) Ken-sei  | 13. H <sub>6</sub> 16 (LI 15) Ken-gū     |
| 4. HM 17 (GV 12) Shin-chū   | 14. VM 16 (CV 17) Dan-chū                |
| 5. F <sub>4</sub> 44 (BL 18) Kan-yu   | 15. VM 12 (CV 13) Jō-kan                 |
| 6. F <sub>4</sub> 40 (BL 20) Hi-yu  | 16. F <sub>6</sub> 26 (ST 21) Ryō-mon    |
| 7. F <sub>4</sub> 34 (BL 23) Jin-yu   | 17. VM 11 (CV 12) Chū-kan                |
| 8. F <sub>4</sub> 23 (BL 32) Ji-ryō   | 18. VM 9 (CV 10) Ge-kan                  |
| 9. H <sub>3</sub> 1 (HT 9) Shō-shō  | 19. F <sub>6</sub> 22 (ST 25) Ten-sū     |
| Suitable for micro-bleeding.  | 20. VM 5 (CV 6) Ki-kai                   |
| 10. F <sub>5</sub> 14 (GB 31) Fū-shi  | 21. F <sub>6</sub> 9 (ST 36) Ashi-san-ri |
| Point where apex of middle finger touches the thigh when the arm is hanging down. | 22. F <sub>3</sub> 7 (KI 7) Fuku-ryū     |
|   | 23. F <sub>3</sub> 1 (KI 1) Yū-sen       |



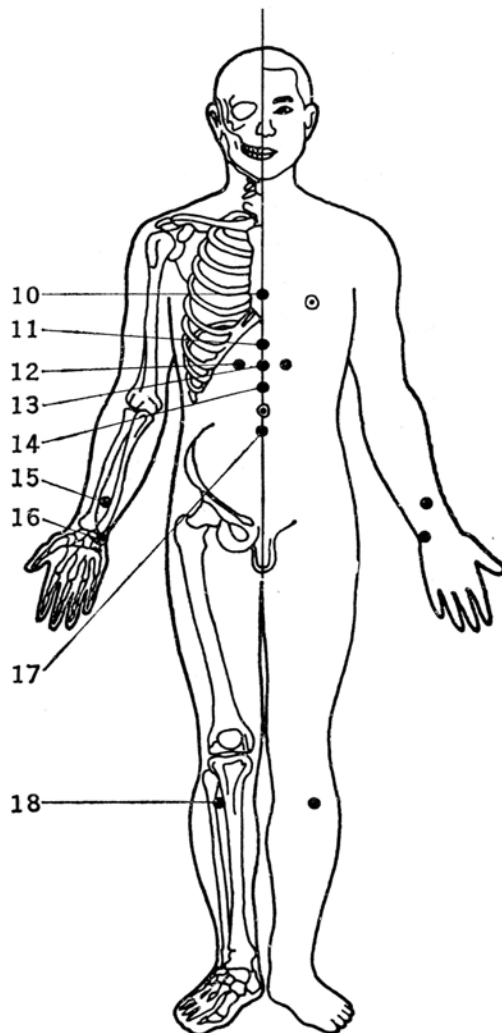
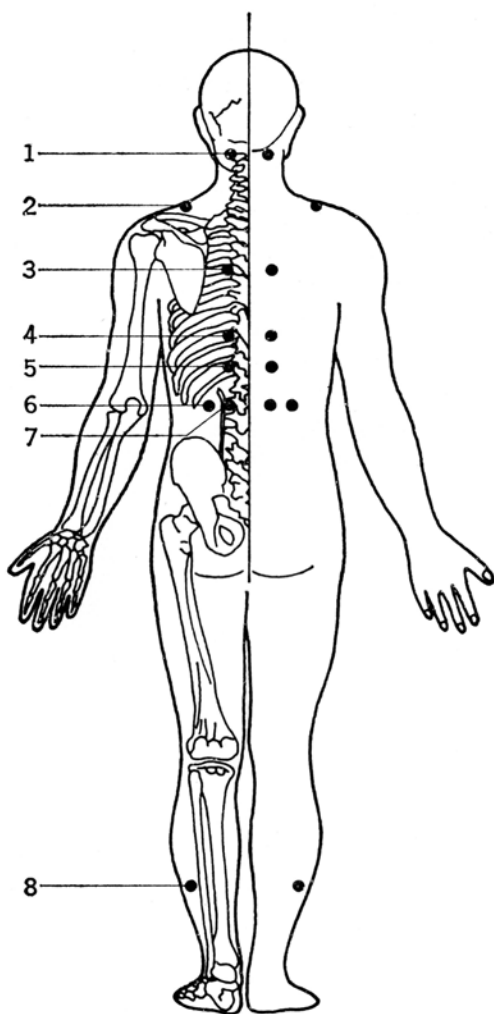
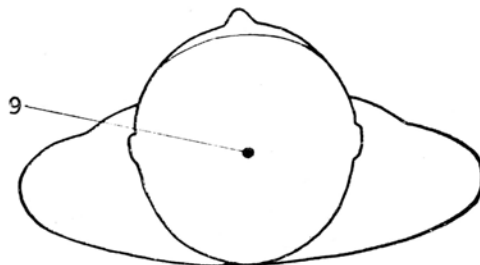
## 22. Hypotension

As for the Ryodoraku chart, hypotension is indicated in the case of inhibition of H<sub>2</sub> (HT) with inhibition of F<sub>5</sub> (GB), or inhibition of H<sub>3</sub> (HT) with inhibition of H<sub>5</sub> (TH).

There is no treatment method except to enhance the cardiac energy.

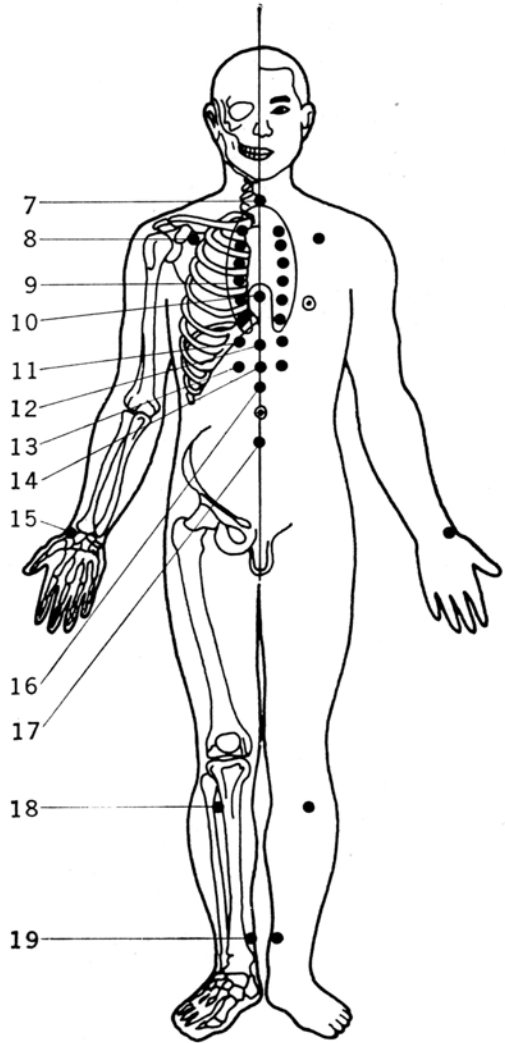
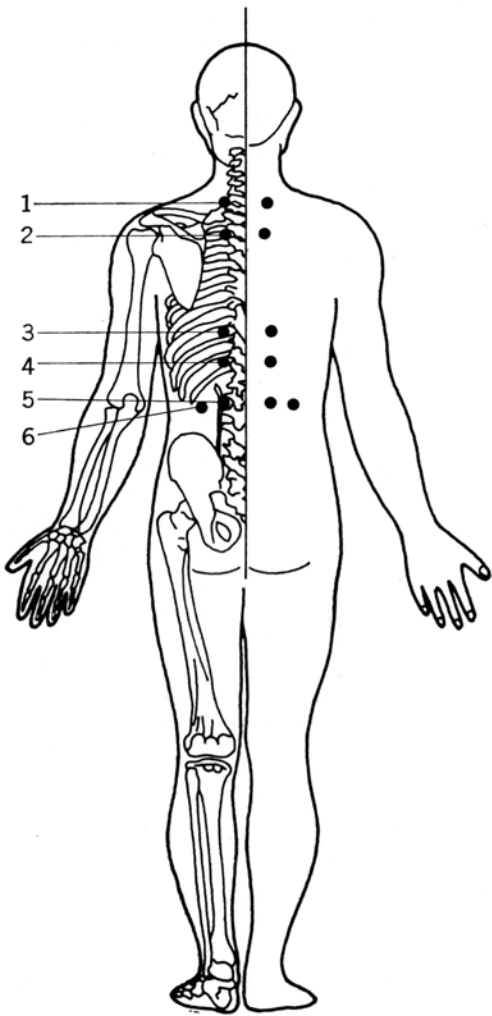
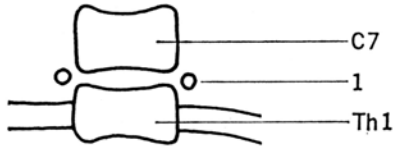
- |   |  |
|---|--|
| 1. F <sub>4</sub> 59 (BL 10) Ten-chū    | 10. VM 16 (CV 17) Dan-chū                |
| 2. H <sub>5</sub> 17 (GB 21) Ken-sei    | 11. VM 12 (CV 13) Jō-kan                 |
| 3. F <sub>4</sub> 48 (BL 15) Shin-yu    | 12. F <sub>6</sub> 26 (ST 21) Ryō-mon    |
| 4. F <sub>4</sub> 44 (BL 18) Kan-yu     | 13. VM 11 (CV 12) Chū-kan                |
| 5. F <sub>4</sub> 40 (BL 20) Hi-yu      | 14. VM 9 (CV 10) Ge-kan                  |
| 6. F <sub>4</sub> 33 (BL 47) Shi-shitsu | 15. H <sub>2</sub> 4 (HC 6) Nai-kan      |
| 7. F <sub>4</sub> 34 (BL 23) Jin-yu     | 16. H <sub>3</sub> 3 (HT 7) Shin-mon     |
| 8. F <sub>5</sub> 7 (GB 38) Yō-ho       | 17. VM 5 (CV 6) Ki-kai                   |
| 9. HM 26 (GV 20) Hyaku-e                | 18. F <sub>6</sub> 9 (ST 36) Ashi-san-ri |

Usually the treatment should be started from the peripheral area.



## 23. Acute Asthma

1. New points:  
Zen-soku-ten located bilaterally between C<sub>7</sub> and Th<sub>1</sub> on the lateral borders of the vertebral bodies.
2. F<sub>4</sub>52 (BL 13) Hai-yu
3. F<sub>4</sub>44 (BL 18) Kan-yu
4. F<sub>4</sub>40 (BL 20) Hi-yu
5. F<sub>4</sub>34 (BL 23) Jin-yu
6. F<sub>4</sub>33 (BL 47) Shi-shitsu  
Effective to enhance the function of the adrenal gland. (Refer to No. 55)
7. VM 21 (CV 22) Ten-totsu
8. H<sub>1</sub>12 (LU 1) Chū-fu  
Care must be taken not to pierce the lung. Stimulation of this line relieves difficulty in respiration, and regulates the autonomic nervous system. It also removes stiffness of the pectoral muscles. Acupuncture in the stiff area of the muscles of the pectoralis is also very effective for the relief of dyspnea.
9. Points which are in the intercostal spaces along the sternum.
10. VM 16 (CV 17) Dan-chū  
Effective to strengthen the heart.
11. F<sub>6</sub>28 (ST 19) Fu-yō
12. VM 12 (CV 13) Jō-kan
13. F<sub>6</sub>26 (ST 21) Ryō-mon
14. VM 11 (CV 12) Chū-kan
15. H<sub>1</sub>3 (LU 9) Tai-en
16. VM 9 (CV 10) Ge-kan
17. VM 3 (CV 4) Kan-gen
18. F<sub>6</sub>9 (ST 36) Ashi-san-ri
19. F<sub>3</sub>7 (KI 7) Fuku-ryū  
Effective to enhance the function of the adrenal gland.

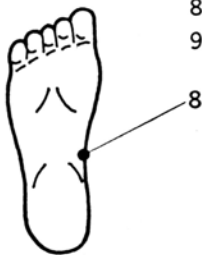
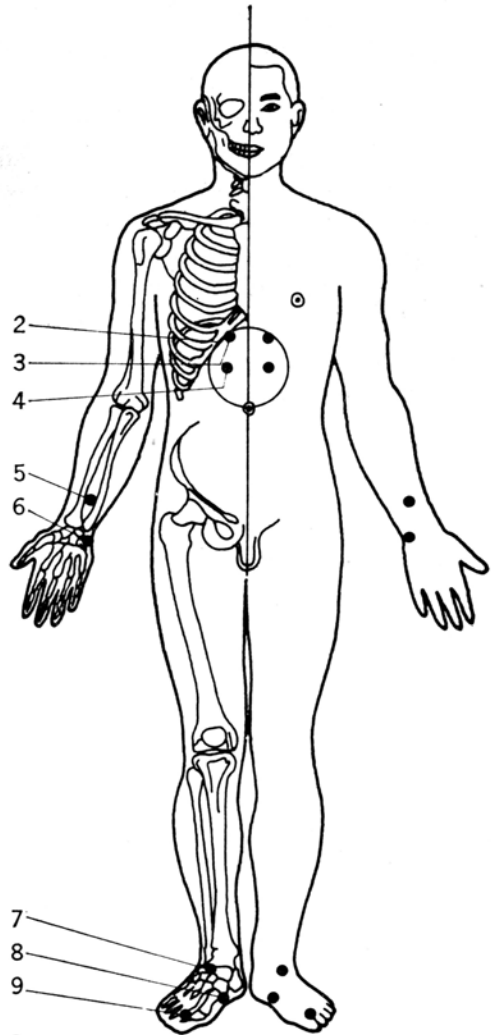
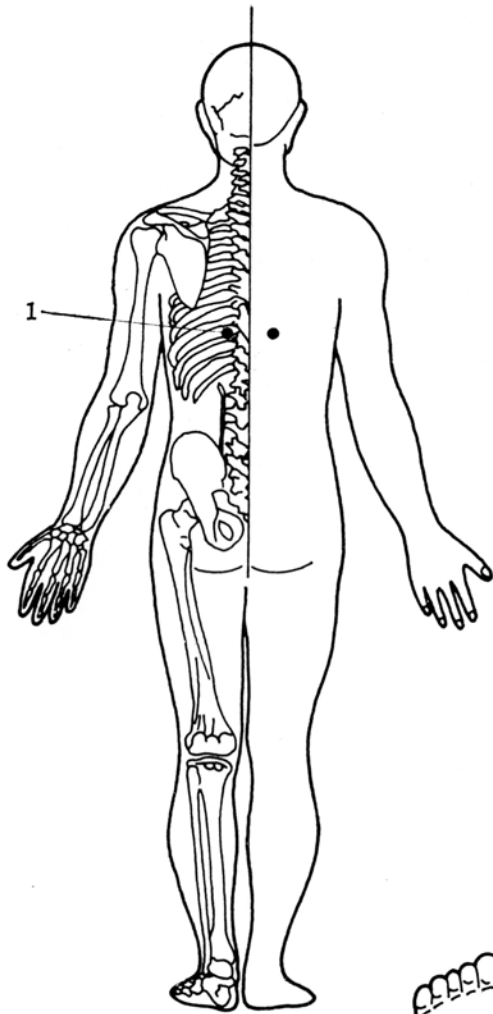




## 24. Chronic Asthma

1. F<sub>4</sub>6 (BL 17) Kaku-yu  
For whom the attack subsides after a meal.
2. Gastric region  
For whom the attack becomes worse after a meal. (Refer to No. 28)
3. F<sub>6</sub>28 (ST 19) Fu-yō
4. F<sub>6</sub>26 (ST 21) Ryō-mon
5. H<sub>2</sub>4 (HC 6) Nai-kan  
For the patient whose face becomes flushed during the attack.
6. H<sub>3</sub>3 (HT 7) Shin-mon  
For cardiac asthma.
7. F<sub>6</sub>5 (ST 41) Kai-kei  
For whom the attack occurs during the daytime
8. F<sub>3</sub>2 (KI 2) Nen-koku  
For whom the attack occurs in the evening or midnight
9. F<sub>2</sub>2 (LV 2) Kō-kan  
For whom the attack occurs in the morning or dawn.

As for the treatment of sudden attacks, the points for acute asthma are also used.  
(Refer to No. 23)



## 25. Children's Asthma

1. New points Zen-soku-ten
2. HM 17 (GV 12) Shin-chū
3. F<sub>4</sub>52 (BL 13) Hai-yu
4. HM 6 (GV 4) Mei-mon
5. F<sub>4</sub>33 (BL 47) Shi-shitsu
6. F<sub>3</sub>29 (KI 27) Yu-fu
7. H<sub>1</sub>12 (LU 1) Chū-fu
8. VM 16 (CV 17) Dan-chū

Children's asthma is more easily improved than adult cases. GV 12 and GV 4 which are most often used for the treatment of children's diseases in general are also useful for children's asthma.

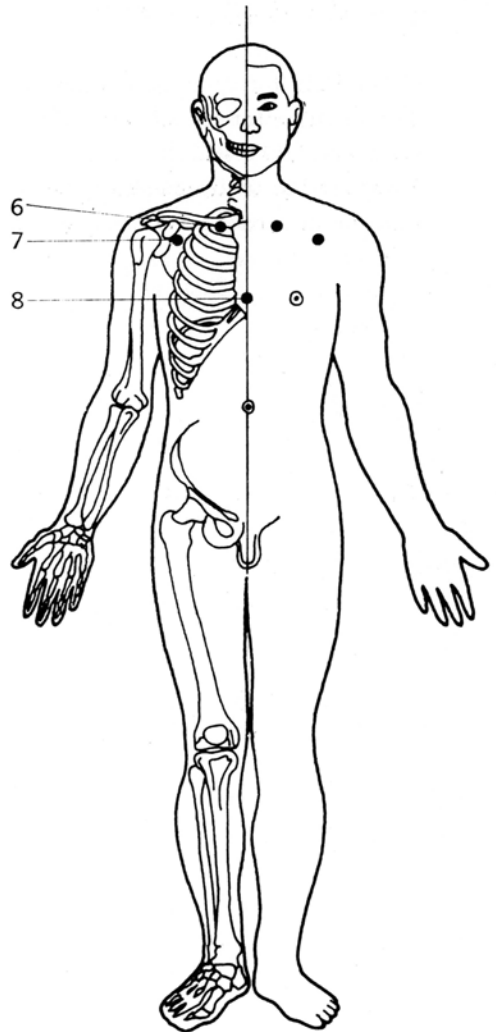
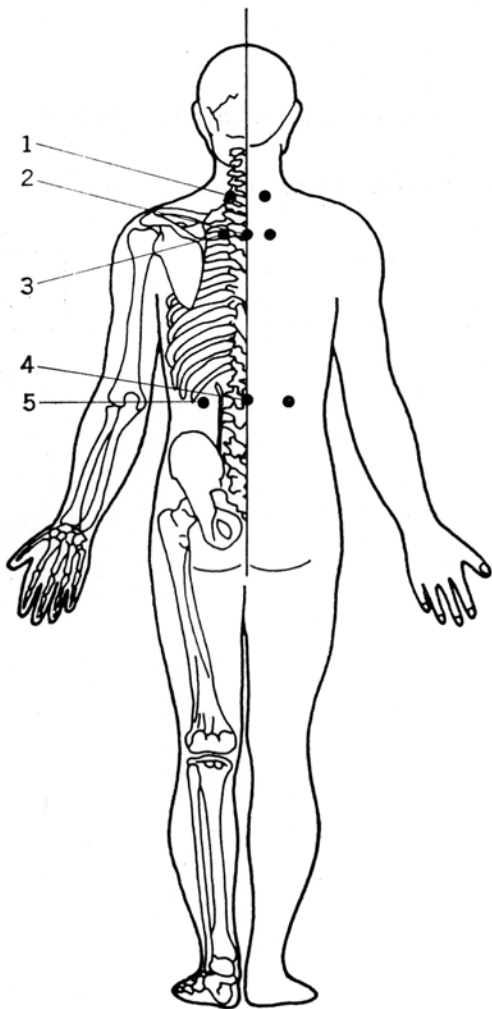
The new points which are situated bilaterally between C<sub>7</sub> and Th<sub>1</sub> on the lateral borders of the vertebral bodies are also used for the attack of children's asthma.

Application of ion-corns can be substituted for the needle treatment.

There are two sizes of ion 1-1 corns according to size, 1.2mm and 1.5mm in diameter. For children, the smaller ion-corns are recommended.

They may be left on even in the bath.

After 2-3 days, the loci may be changed about 1mm from the original points where little concaved depressions can be seen in the skin.



## 26. Chronic Hepatitis

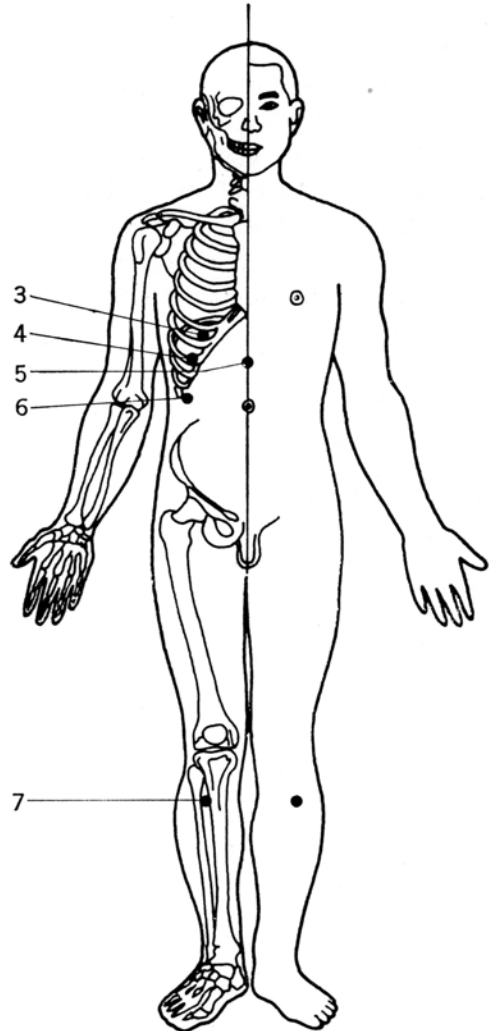
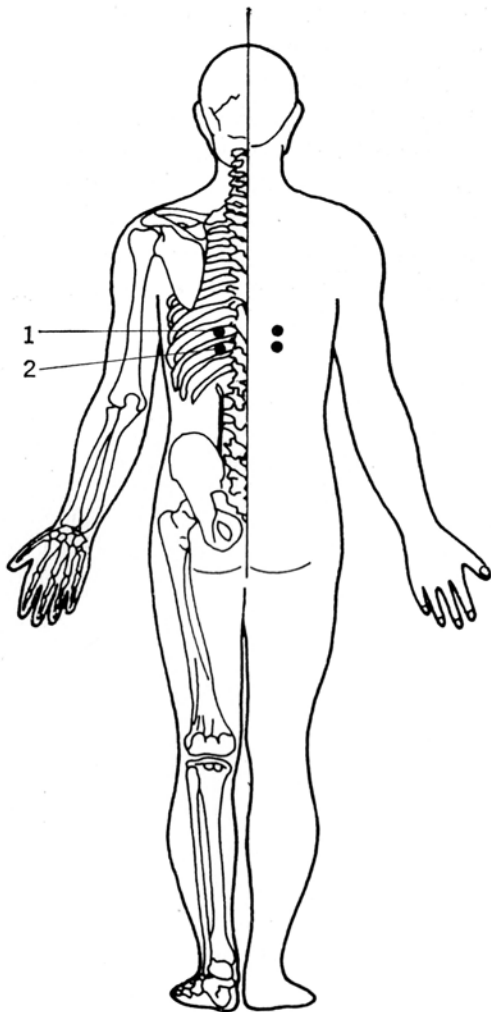
For the treatment of hepatitis, the following points are useful.

1. F<sub>4</sub>44 (BL 18) Kan-yu
2. F<sub>4</sub>42 (BL 19) Tan-yu
3. F<sub>2</sub>20 (LV 14) Ki-mon
4. F<sub>5</sub>23 (GB 24) Jitsu-getsu
5. VM 11 (CV 12) Chū-kan
6. F<sub>2</sub>19 (LV 13) Shō-mon
7. F<sub>6</sub>9 (ST 36) Ashi-san-ri

Other REPP may be used when they are very noticeable.

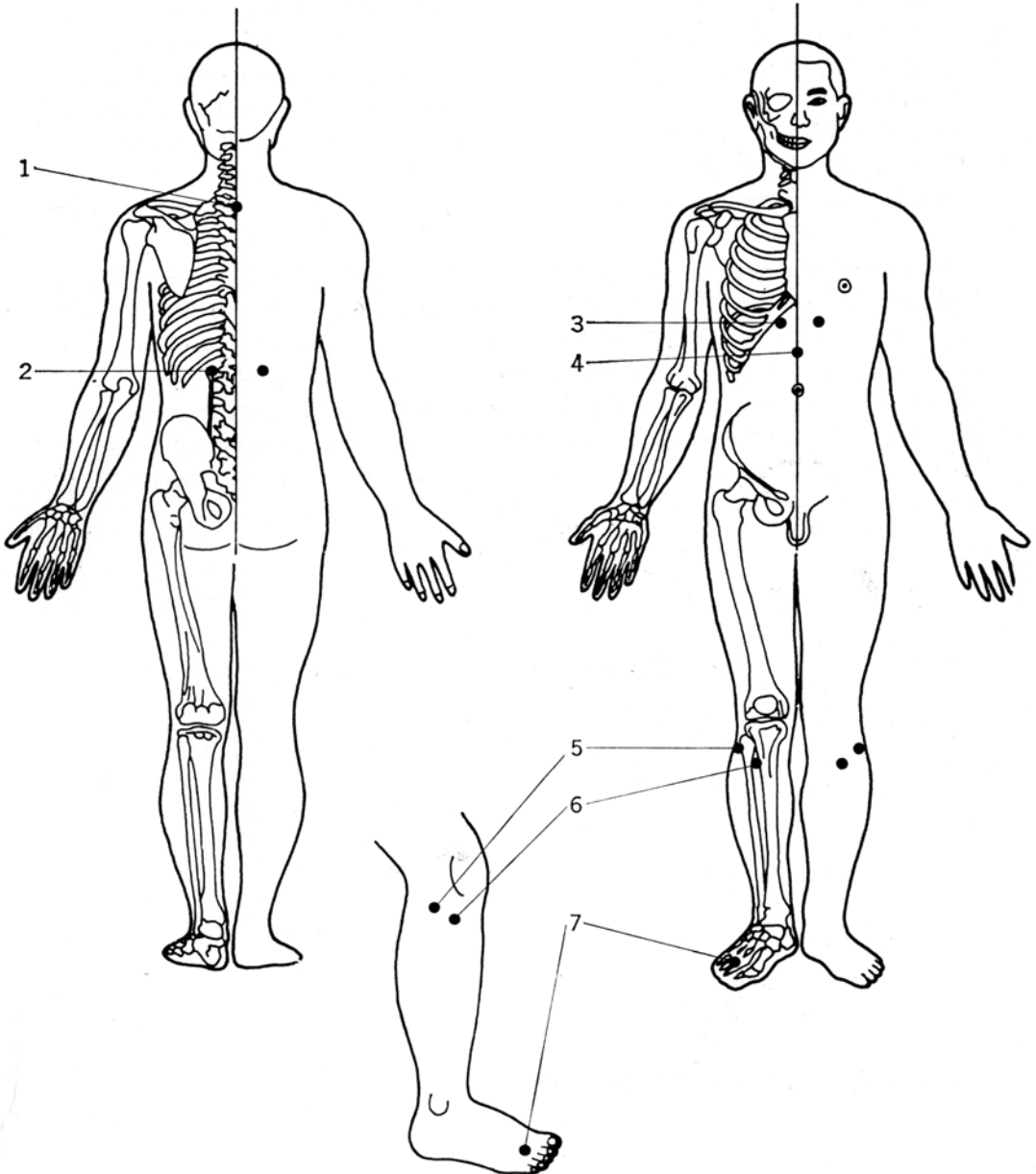
Ten or more treatments are sufficient to see some improvement, and the values of GPT and GOT will decrease.

However the treatment must be continued for a rather long time and the needles must be discarded after their use each time.

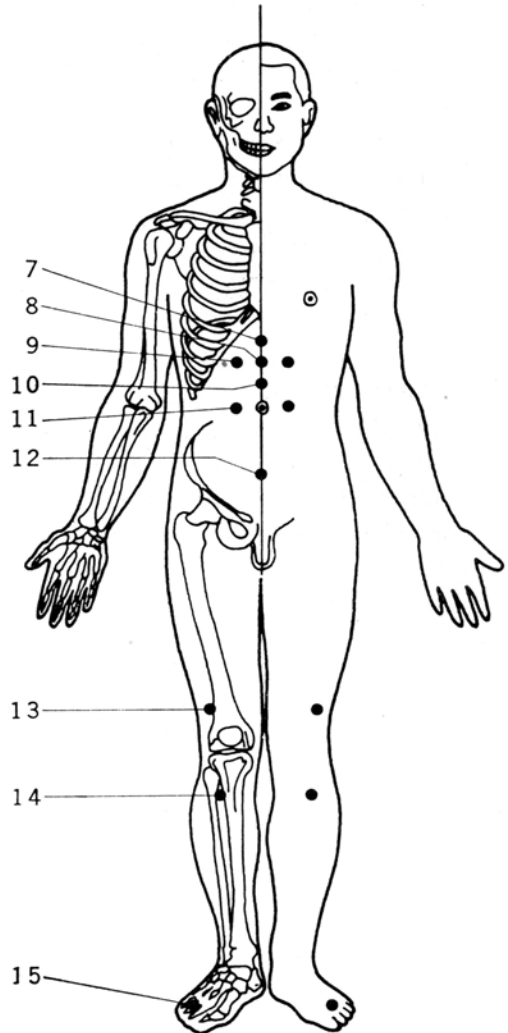
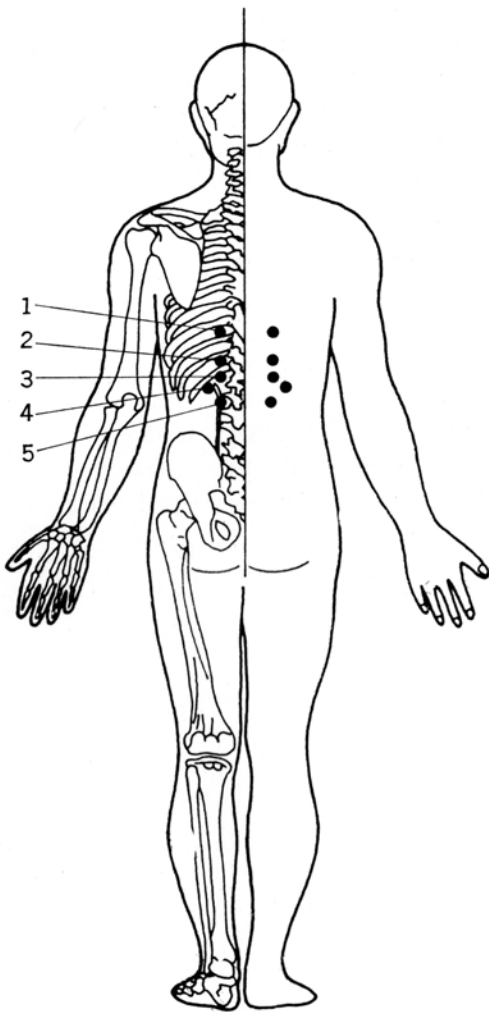
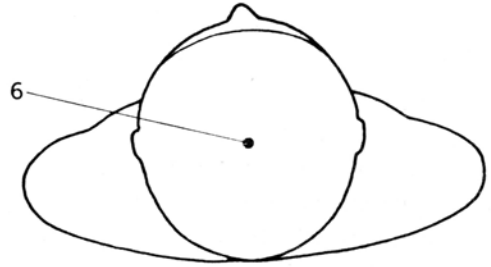


## 27. Hyperacidity

1. HM 19 (GV 13) Tō-dō  
Between Th<sub>1</sub> and Th<sub>2</sub>.
2. F<sub>4</sub>38 (BL 21) I-yu
3. F<sub>6</sub>28 (ST 19) Fu-yō  
Used to inhibit the gastric secretion.
4. VM 11 (CV 12) Chū-kan
5. F<sub>5</sub>11 (GB 34) Yō-ryō-sen  
Used to inhibit the gastric secretion.
6. F<sub>6</sub>9 (ST 36) Ashi-san-ri  
Weak stimulation is less effective.  
Light pecking of 10–20 times at a depth of 3–4cm is effective.  
For patients who have diseases of the abdominal organs and also have dullness of their feet, stimulation at this point causes an increase of secretion of gastric juice and enhances the function of the abdominal organs.  
This point should not be used for patients under 20 years who have hyperacidity, but may be used for adults over 30 years.
7. F<sub>6</sub>2 (ST 44) Nai-tei  
Hyperacidity is thought to be caused by excitation of the parasympathetic nerves which are distributed in the stomach glands.  
Sedation of parasympathetic nerves is the first step to treat hyperacidity.







## 28. Stomachache

1. F<sub>4</sub>44 (BL 18) Kan-yu
2. F<sub>4</sub>40 (BL 20) Hi-yu
3. F<sub>4</sub>38 (BL 21) I-yu
4. F<sub>4</sub>37 (BL 45) I-sō
5. F<sub>4</sub>34 (BL 23) Jin-yu
6. HM 26 (GV 20) Hyaku-e
7. VM 12 (CV 13) Jō-kan
8. VM 11 (CV 12) Chū-kan
9. F<sub>6</sub>26 (ST 21) Ryō-mon
10. VM 9 (CV 10) Ge-kan
11. F<sub>6</sub>22 (ST 25) Ten-sū  
For the large intestine function.
12. VM 3 (CV 4) Kan-gen  
For the small intestine function.
13. F<sub>6</sub>12 (ST 34) Ryō-kyū  
For gastric pain and diarrhoea. Usually over 30 peckings are necessary.
14. F<sub>6</sub>9 (ST 36) Ashi-san-ri  
It is thought that stimulation at this point causes the increase of gastric secretion, so this point should not be used for hyperacidity patients.

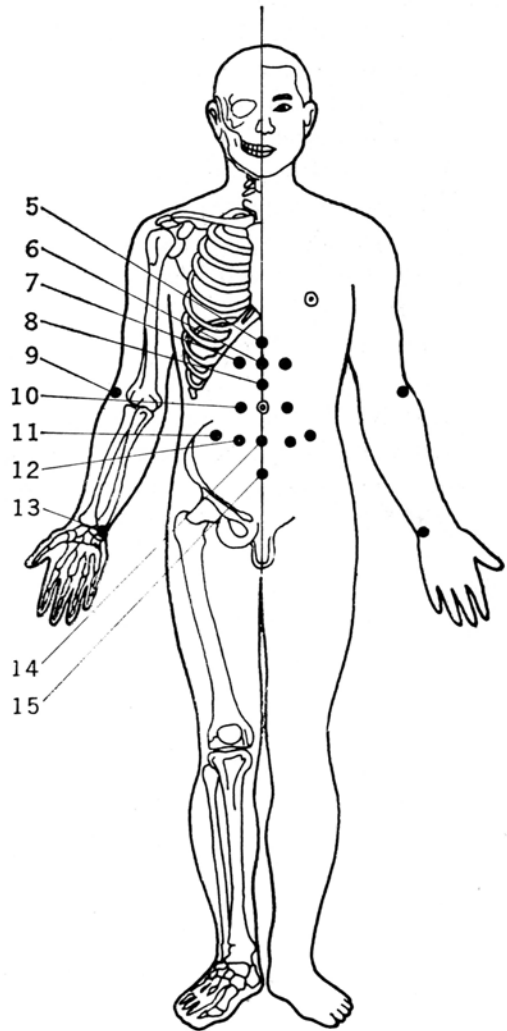
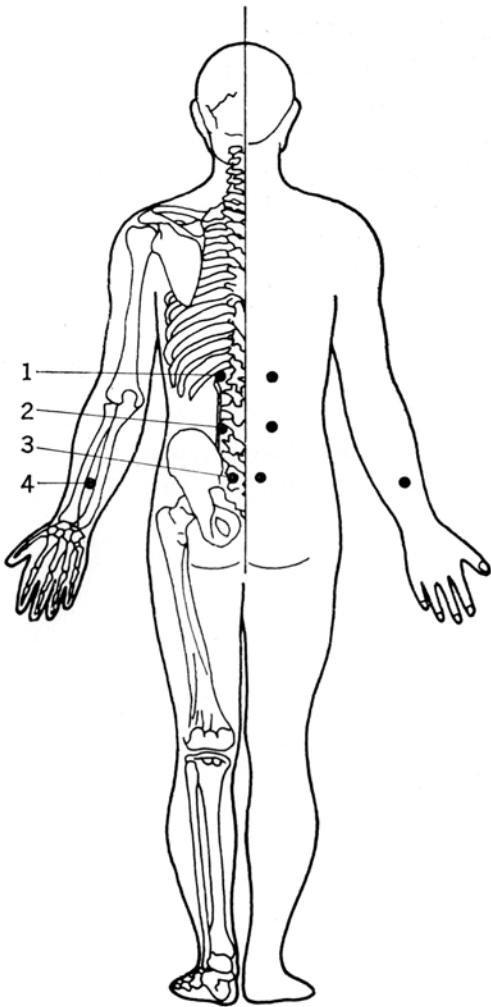
A group of treatment points for stomach diseases consist of the following points; VM 12 (CV 13) Jō-kan, VM 11 (CV 12) Chū-kan, VM 9 (CV 10) Ge-kan, and two F<sub>6</sub>26 (ST 21) Ryō-mon. — Good results can be expected from stimulation to the skin, muscles and peritoneum at the same time. The peritoneum has fine nets of nerves and may be stimulated intensively when the patients have stomach, pancreas and/or liver diseases. The stimulation will become stronger when the peritoneum is acupunctured at several points with one needle by changing the directions but keeping the needle inserted at the same point.

## 29. Constipation

Constipation is related to H<sub>2</sub> (HC), H<sub>3</sub> (HT), H<sub>6</sub> (LI), F<sub>1</sub> (SP) and F<sub>6</sub> (SM). Sympathetic nerve stimulation causes spastic constipation and the inhibition of parasympathetic nerves causes chronic constipation. REPP in the abdominal region are used.

1. F<sub>4</sub>38 (BL 21) I-yu
2. F<sub>4</sub>32 (BL 25) Dai-chō-yu
3. F<sub>4</sub>23 (BL 32) Ji-ryō
4. H<sub>5</sub>6 (TH 6) Shi-kō
5. VM 12 (CV 13) Jō-kan
6. VM 11 (CV 12) Chū-kan
7. F<sub>6</sub>26 (ST 21) Ryō-mon
8. VM 9 (CV 10) Ge-kan
9. H<sub>6</sub>11 (LI 11) Kyoku-chi
10. F<sub>6</sub>22 (ST 25) Ten-sū  
Alarm point of H<sub>6</sub> (LI).
11. F<sub>1</sub>14 (SP 14) Fuk-ketsu
12. F<sub>6</sub>19 (ST 27) Dai-ko
13. H<sub>3</sub>3 (HT 3) Shin-mon
14. VM 5 (CV 6) Ki-kai
15. VM 3 (CV 4) Kan-gen  
Alarm point of H<sub>4</sub> (SI).

The two points, No. 14 and No. 15, are very similar to VM 12 (CV 13) Jō-kan, VM 11 (CV 12) Chū-kan, and VM 9 (CV 10) Ge-kan. They must be stimulated until the hardness of the peritoneum is no longer felt. As H<sub>4</sub> (SI) meridian has the function to absorb nourishment and supply the energy of the body (Note that Kan-gen is the alarm point of H<sub>4</sub> (SI) weak and frequent stimulations of these points are effective with slow and gentle pecking of 10-30 times.

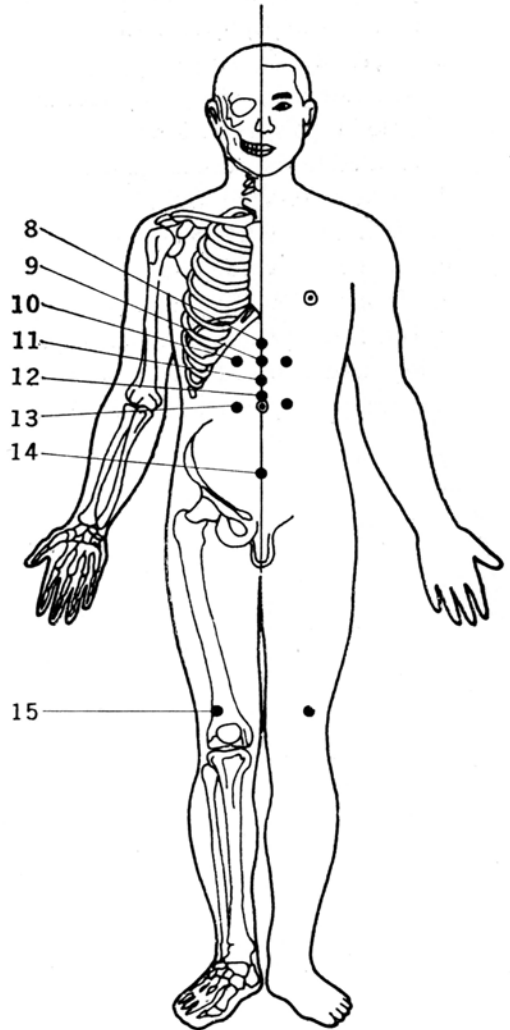
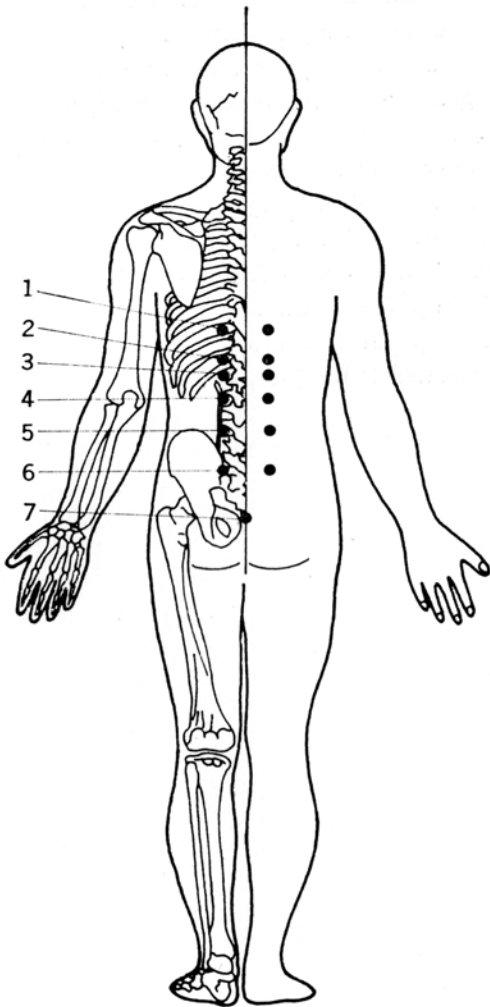


### 30. Diarrhoea

Diarrhoea is related to H<sub>2</sub> (HC), H<sub>3</sub> (HT), H<sub>4</sub> (SI), H<sub>6</sub> (LI), F<sub>1</sub> (SP), and F<sub>6</sub> (ST).

1. F<sub>4</sub>44 (BL 18) Kan-yu  
For blue diarrhoea.
2. F<sub>4</sub>40 (BL 20) Hi-yu  
For yellow diarrhoea.
3. F<sub>4</sub>38 (BL 21) I-yu  
For yellow diarrhoea.
4. F<sub>4</sub>34 (BL 23) Jin-yu  
For black diarrhoea.
5. F<sub>4</sub>32 (BL 25) Dai-chō-yu  
For white diarrhoea.
6. F<sub>4</sub>28 (BL 27) Shō-chō-yu  
For diarrhoea with bleeding.
7. HM 1 (GV 1) Chō-kyō  
For chronic diarrhoea.
8. VM 12 (CV 13) Jō-kan
9. VM 11 (CV 12) Chū-kan
10. F<sub>6</sub>26 (ST 21) Ryō-mon
11. VM 9 (CV 10) Ge-kan
12. VM 8 (CV 9) Sui-bun  
For the release of excess fluids from  
the body.
13. F<sub>6</sub>22 (ST 25) Ten-sū  
Alarm points of LI.
14. VM 3 (CV 4) Kan-gen  
Alarm point of SI.
15. F<sub>6</sub>12 (ST 34) Ryō-kyū  
For diarrhoea in general.

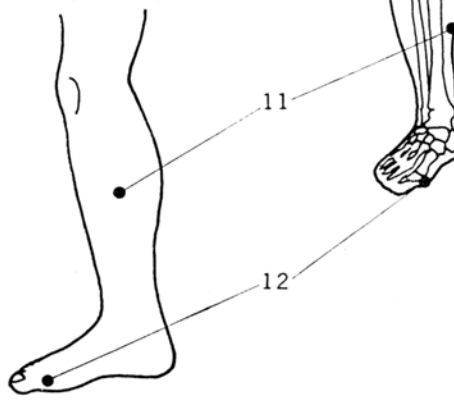
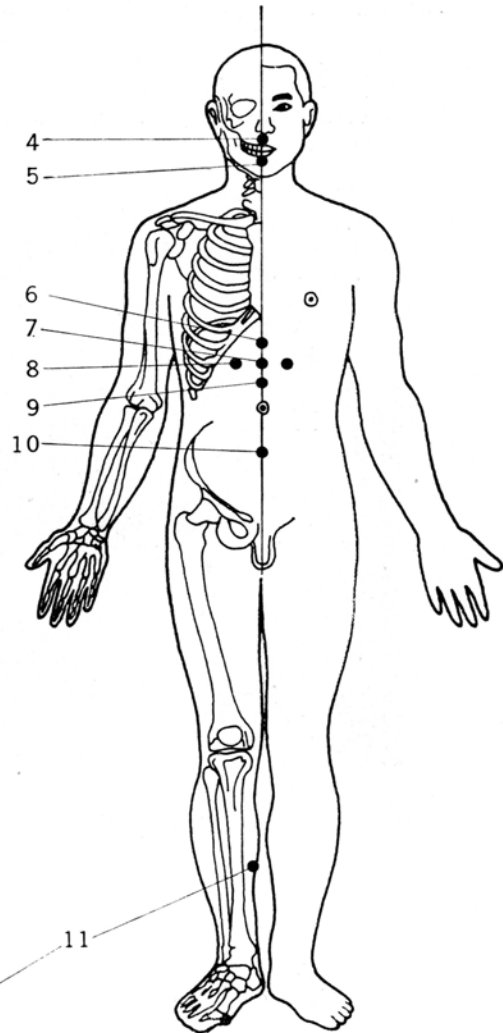
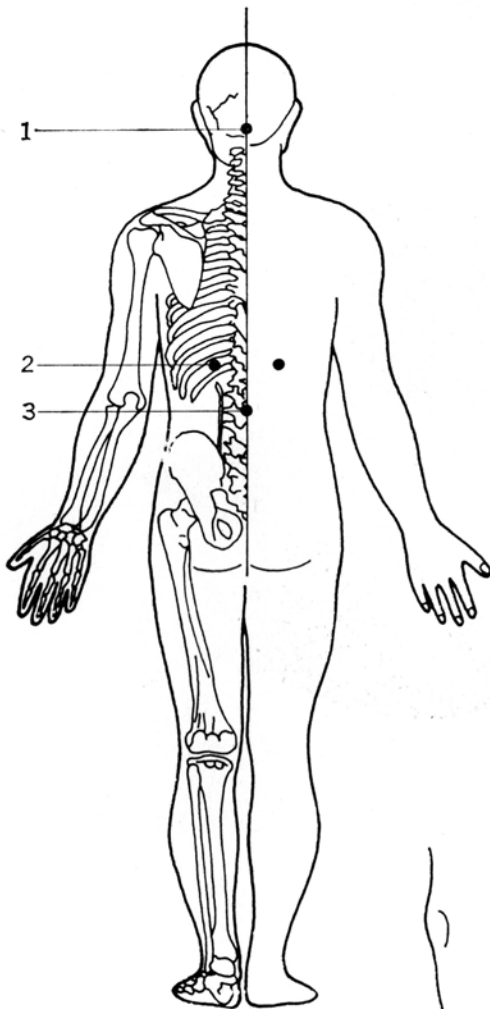
The five element theory shows that blue is related to the liver, red to the heart, yellow to the spleen, white to the lungs and black to the kidney. According to the color of the stool, treatment is given to that meridian which is related to the color.



### 31. Diabetes Mellitus

The pancreas is related to F<sub>1</sub> (SP). Diabetes mellitus is often caused by the inhibition of this line.

1. HM 22 (GV 16) Fū-fu  
Located just below the proc. occipitalis. Effective to induce the secretion of hypophysis hormone.
  2. F<sub>40</sub> (BL 20) Hi-yu  
Associate point of F<sub>1</sub> (SP) meridian.
  3. HM 6 (GV 4) Mei-mon  
Related to the adrenal gland.
  4. VM 24 (GV 26) Sui-kō
  5. VM 23 (CV 24) Shō-shō
  6. VM 12 (CV 13) Jō-kan
  7. VM 11 (CV 12) Chū-kan  
Touch the peritoneum with a pecking needle in order to produce the reflex of the pancreas. Good results
- can be expected from stimulation to the skin, muscles and peritoneum at the same time. The stimulation will become stronger when the peritoneum is acupunctured at several points with one needle by changing the directions but keeping the needle inserted at the same point.
8. F<sub>26</sub> (ST 21) Ryō-mon
  9. VM 9 (CV 10) Ge-kan
  10. VM 4 (CV 5) Seki-mon
  11. F<sub>18</sub> (SP 8) Chi-ki
  12. F<sub>12</sub> (SP 2) Dai-to  
Related to the pancreas.



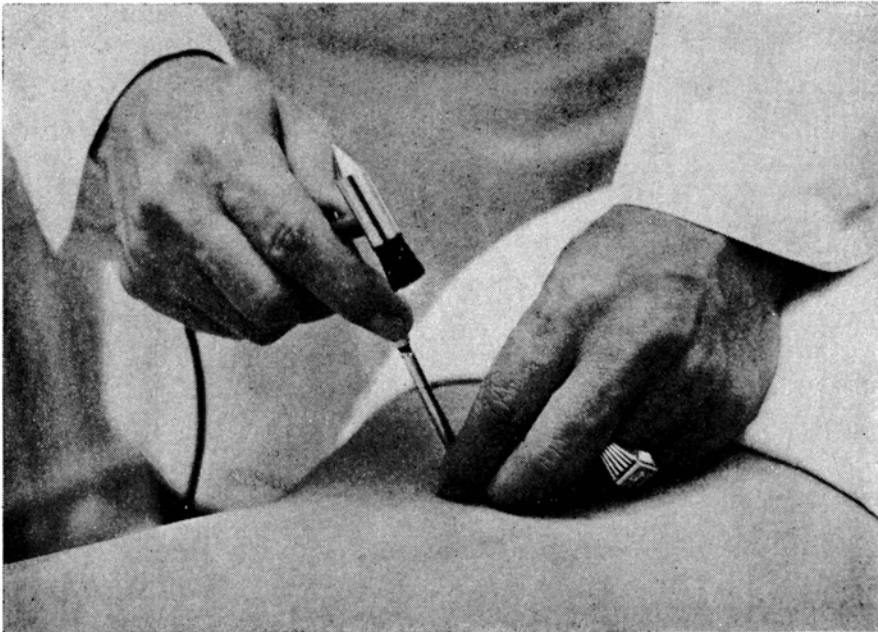


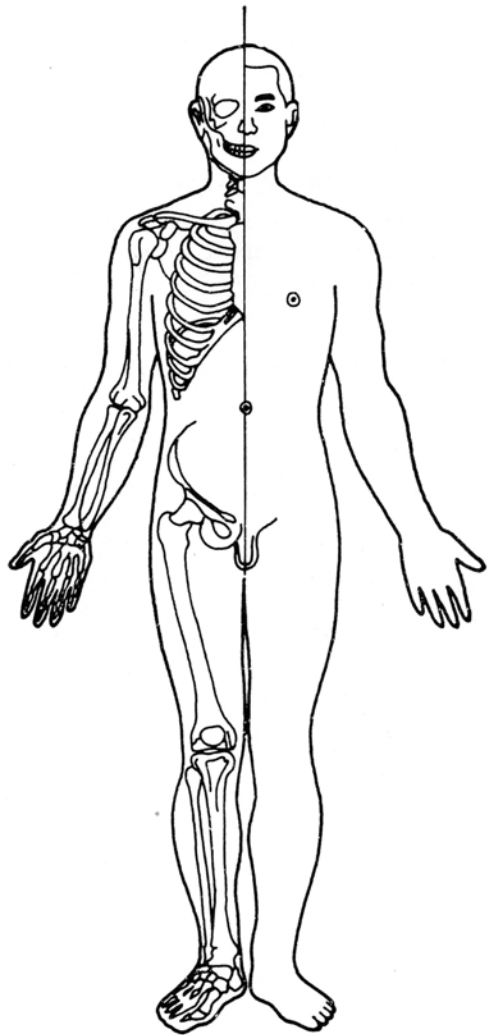
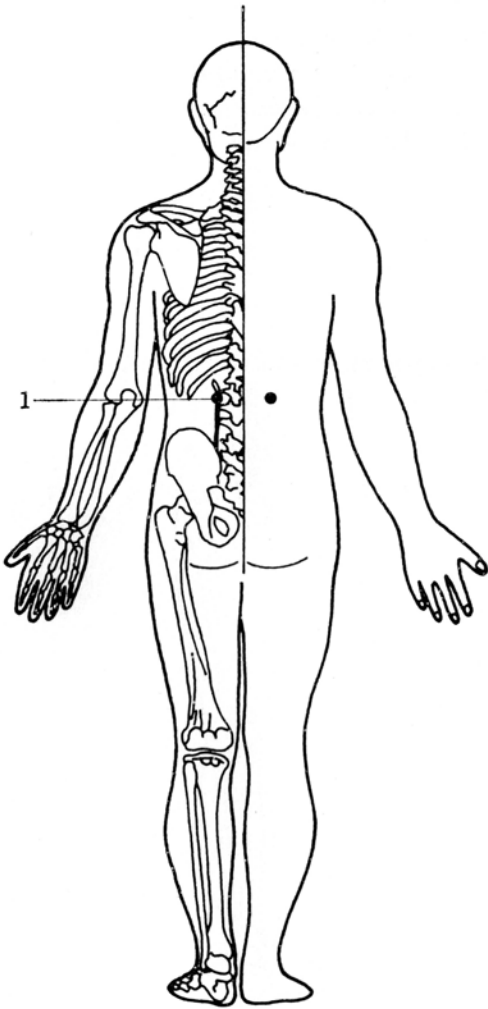
## 32. Chronic Nephritis

F<sub>4</sub>34 (BL 23), Jin-yu must be located accurately on the bladder meridian, EAP of 200 micro-amperes for 7 seconds will be given everyday (one pause/one week) on both sides.

For out-patients, 10 treatments of moxibustion with half-size corns may be recommended in their homes to guarantee maximum rest. After 3-6 months, the protein and red cells in the urine often will have disappeared.

1. F<sub>4</sub>34 (BL 23) Jin-yu  
Associate point of F<sub>3</sub> (KI) meridian.

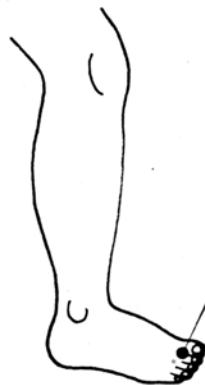
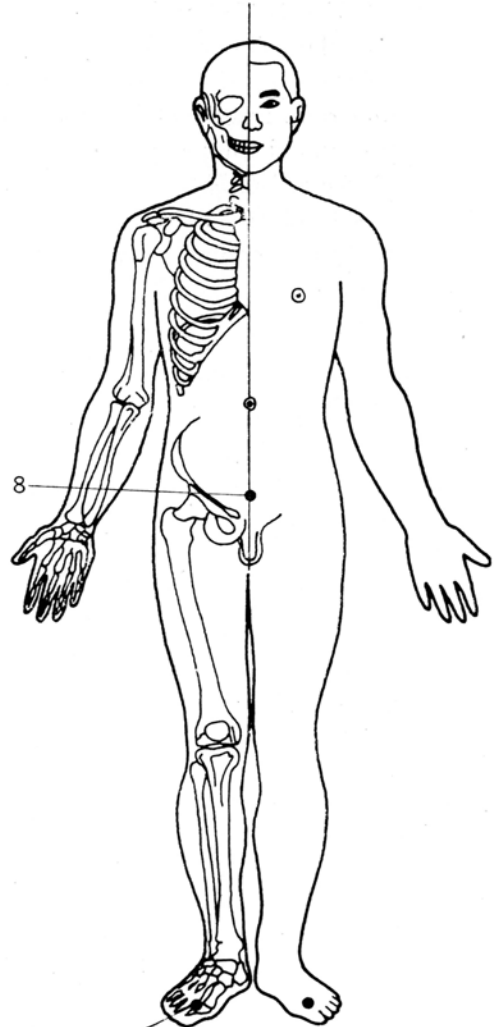
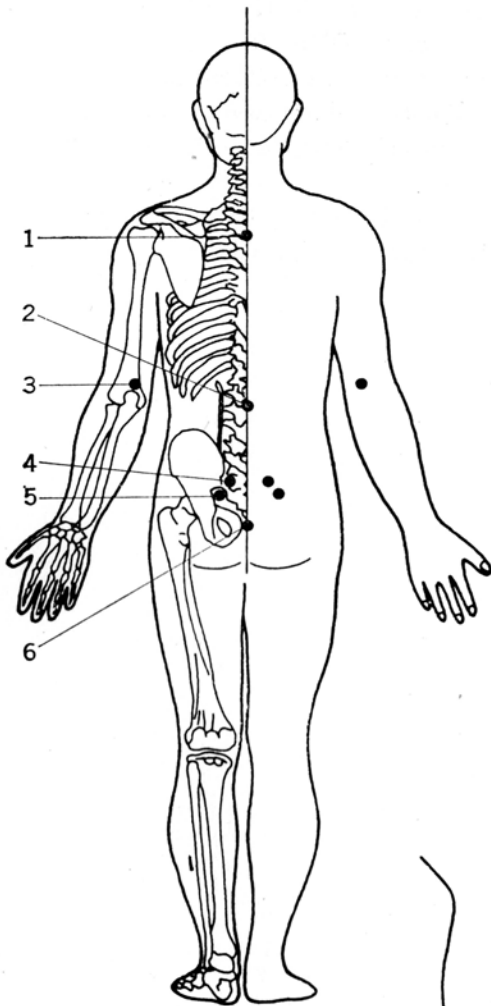
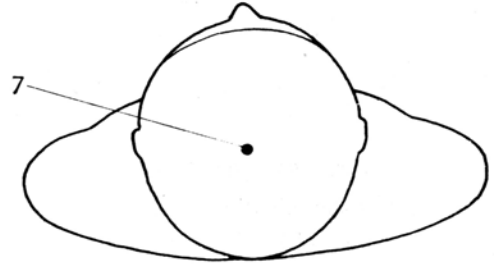




### 33. Enuresis Nocturna

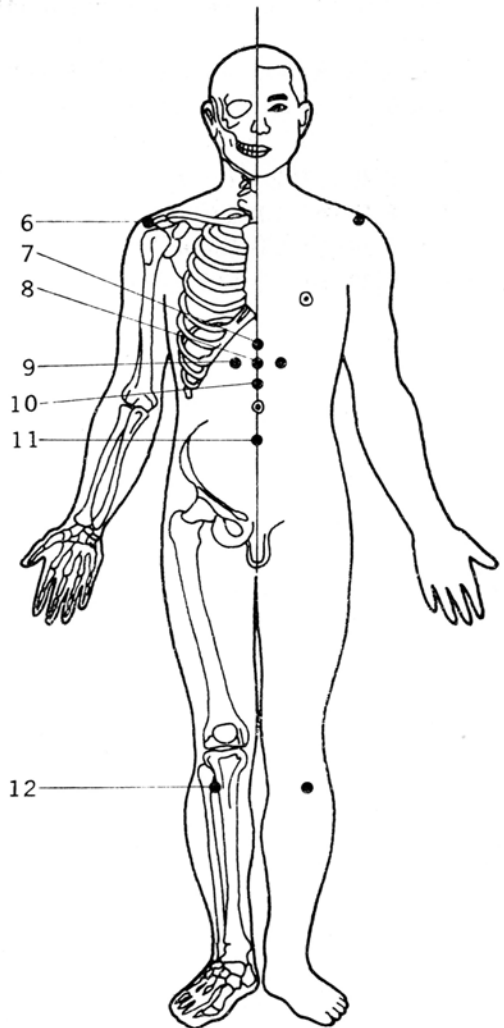
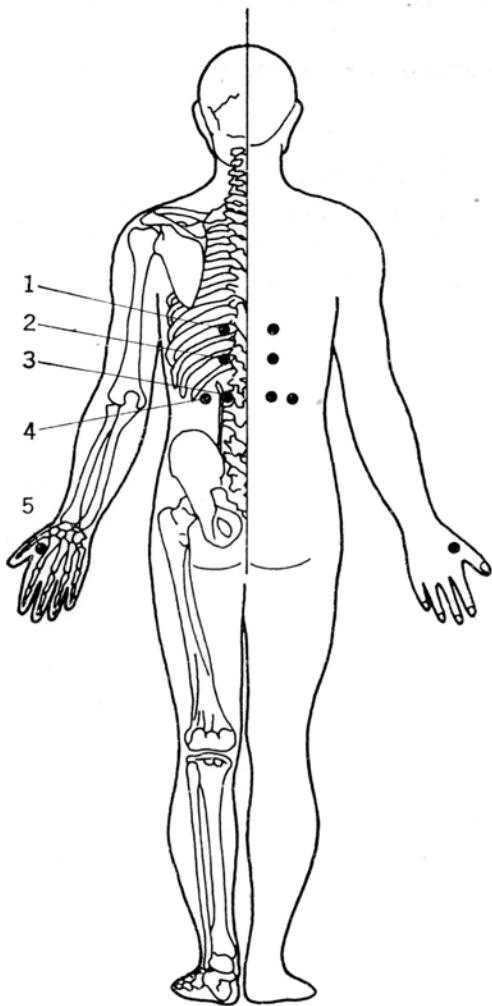
1. HM 17 (GV 12) Shin-chū  
For the nervous system.
2. HM 6 (GV 4) Mei-mon  
These two points are used for the treatment of children's diseases in general.  
Refer to No. 50.
3. H<sub>5</sub>10 (TH 10) Ten-sei  
The volume of urine becomes normal.
4. F<sub>4</sub>23 (BL 32) Ji-ryō  
This point is always used for the treatment of pelvic organs.  
Refer to No. 56.
5. F<sub>4</sub>27 (BL 28) Bō-kō-yu  
Associate point of F<sub>4</sub> (BL) meridian.
6. HM 1 (GV 1) Chō-kyō
7. HM 26 (GV 20) Hyaku-e  
Awakens the patient for nocturnal micturition.  
Refer to No. 60.
8. VM 2 (CV 3) Chū-kyoku  
For bladder function.
9. F<sub>2</sub>2 (LV 2) Kō-kan

Ion-corns are effective. Heat stimulation on the ion-corns is sometimes effective.



### 34. Skin Diseases

1. F<sub>4</sub>44 (BL 18) Kan-yu  
For detoxication.
2. F<sub>4</sub>40 (BL 20) Hi-yu
3. F<sub>4</sub>34 (BL 23) Jin-yu  
For discharge of toxin.
4. F<sub>4</sub>33 (BL 47) Shi-shitsu  
For skin diseases which have no infection, F<sub>4</sub> 33 (BL 47) is the most important point, and slow and gentle peckings at this point are often used. (Refer to No. 55).
5. H<sub>6</sub>4 (LI 4) Gō-koku  
H<sub>6</sub> (LI) meridian is related to the skin. 30–60 times pecking is effective for carbuncles.
6. H<sub>6</sub>16 (LI 15) Ken-gū  
Specific point for skin diseases.
7. VM 12 (CV 13) Jō-kan
8. VM 11 (CV 12) Chū-kan
9. F<sub>6</sub>26 (ST 21) Ryō-mon
10. VM 9 (CV 10) Ge-kan  
Points 7–10 are used to enhance the stomach function. (Refer to No. 28).
11. VM 5 (CV 6) Ki-kai
12. F<sub>6</sub>9 (ST 36) Ashi-san-ri



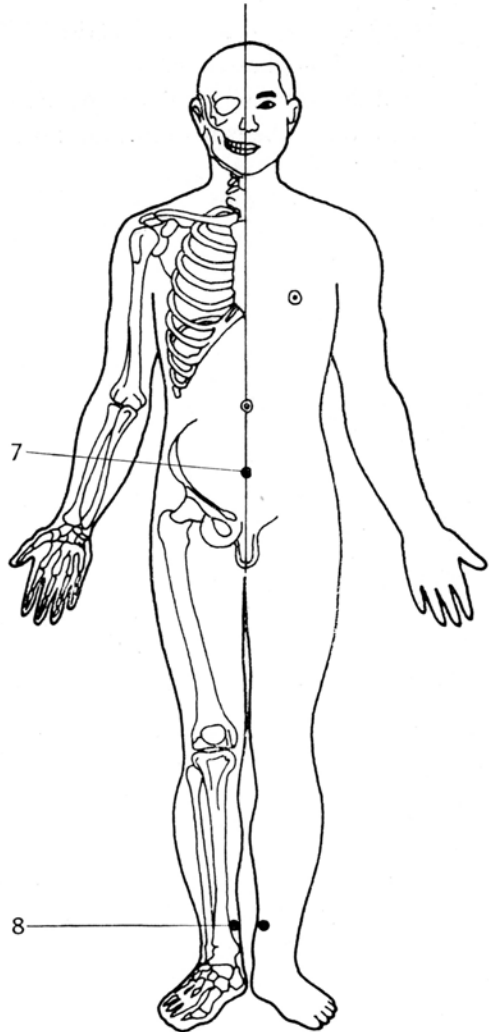
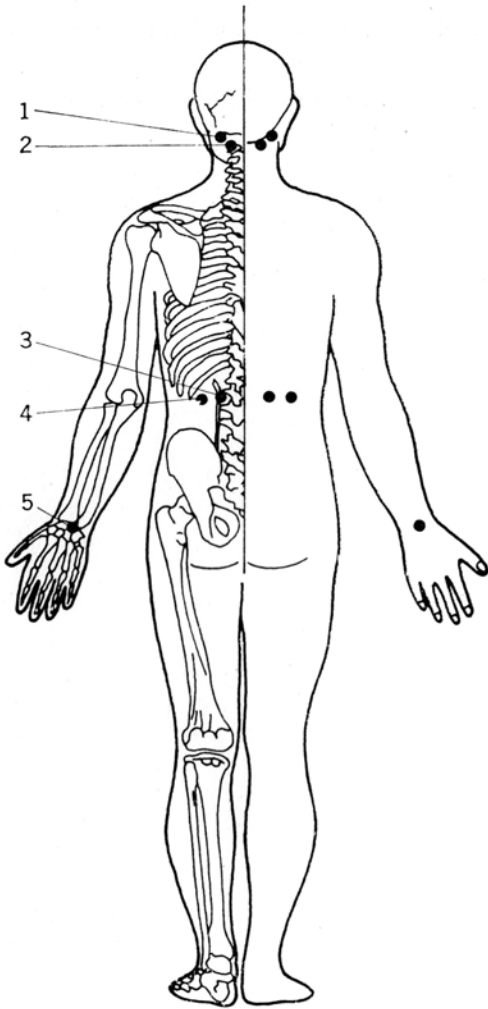
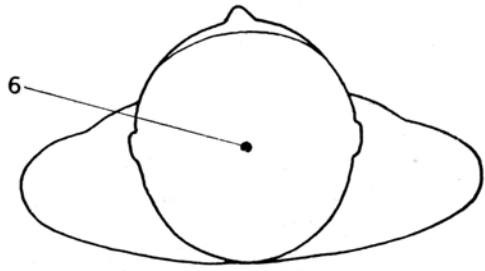
### 35. Alopecia Areata

Baldness may be improved by using scattered needle insertions in that area. The depth of the needles may be 3cm, about 1cm apart, and 50 micro amperes for 3-7 seconds.

For complete baldness of the head, HM 26 (GV 20) Hyaku-e becomes the most important point to be treated, adding F<sub>4</sub>33 (BL 47) Shi-shitsu with 60 peckings and F<sub>3</sub>7 (KI 7) Fuku-ryū with 30 peckings which enhances the adrenal gland function.

The effectiveness of the treatment will be seen after only a few treatments and hair will begin to grow.

- |   |                                     |
|---|-------------------------------------|
| 1. F <sub>5</sub> 30 (GB 20) Fū-chi     | 5. H <sub>5</sub> 4 (TH 4) Yō-chi   |
| 2. F <sub>4</sub> 59 (BL 10) Ten-chū    | 6. HM 26 (GV 20) Hyaku-e            |
| 3. F <sub>4</sub> 34 (BL 23) Jin-yu     | 7. VM 3 (CV 4) Kan-gen              |
| 4. F <sub>4</sub> 33 (BL 47) Shi-shitsu | 8. F <sub>3</sub> 7 (KI 7) Fuku-ryū |



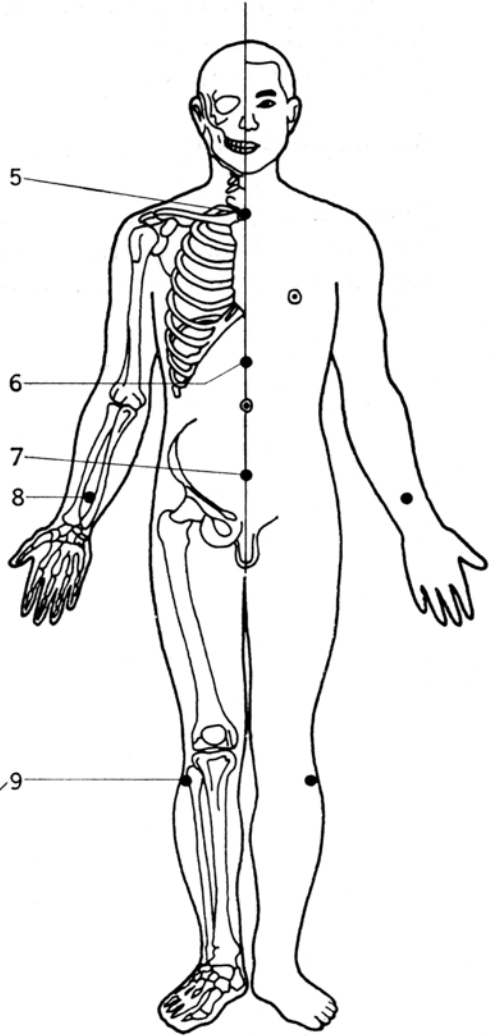
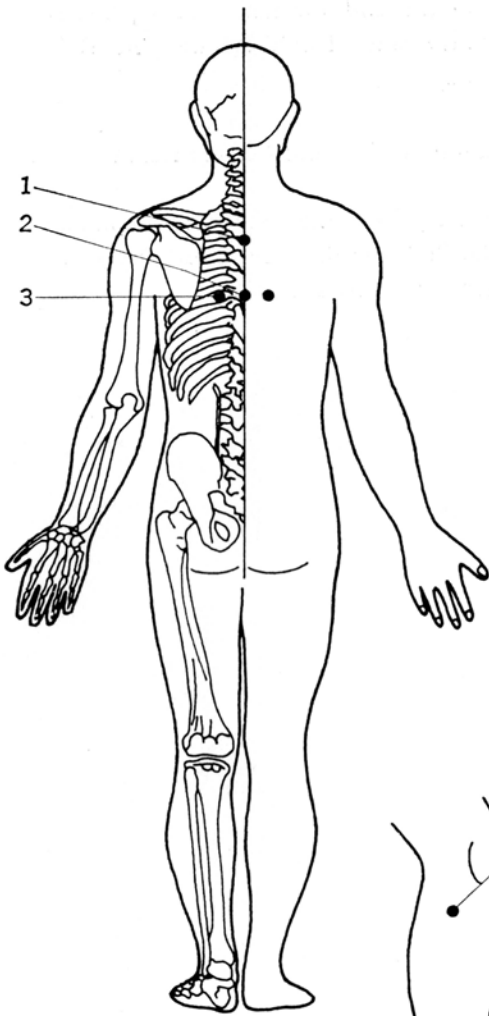
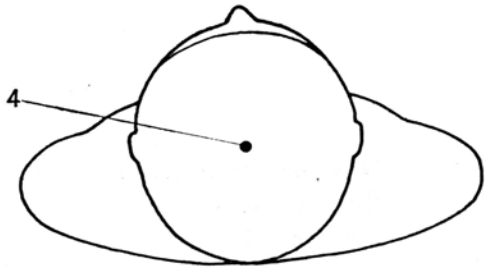


## 36. Hiccup

1. HM 17 (GV 12) Sin-chū
2. HM 13 (GV 9) Shi-yō
3. F<sub>4</sub>46 (BL 17) Kaku-yu
4. HM 26 (GV 20) Hyaku-e
5. VM 21 (CV 22) Ten-totsu
6. VM 11 (CV 12) Chū-kan
7. VM 3 (CV 4) Kan-gen
8. H<sub>2</sub>4 (HC 6) Nai-kan
9. F<sub>5</sub>11 (GB 34) Yō-ryō-sen

F<sub>4</sub>46 (BL 17) Kaku-yu and HM 13 (GV 9) Shi-yō are said to be related to the movement of the diaphragm.

HM 26 (GV 20) Hyaku-e and HM 17 (GV 12) Shin-chū are said to be useful for sedation in the case of mental disturbance.

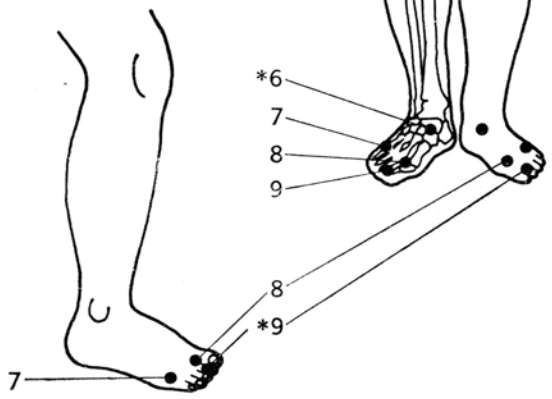
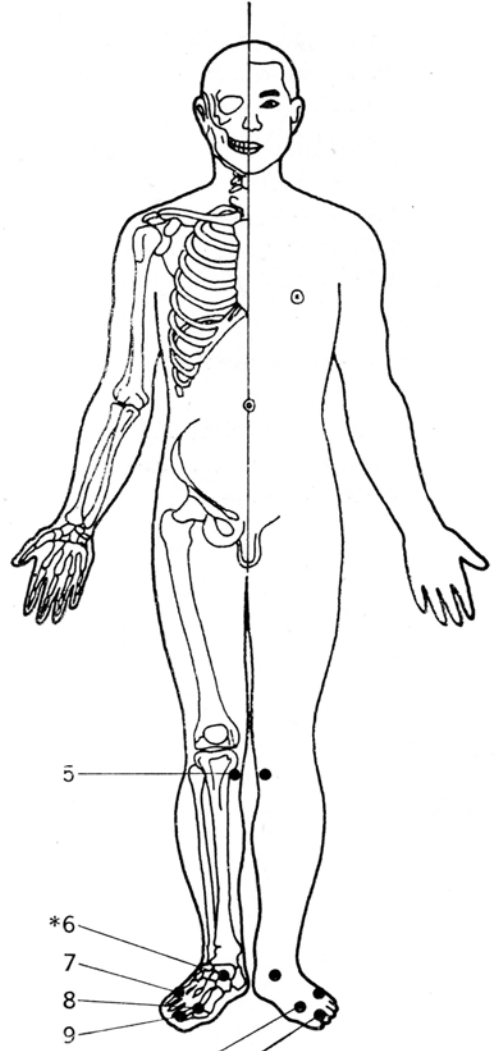
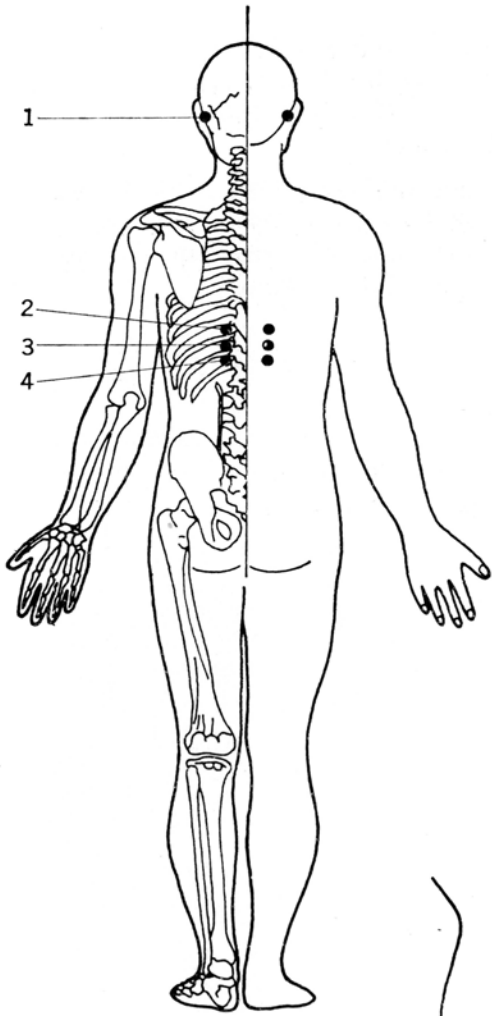


## 37. Sea Sickness

1. New point for dizziness  
Refer to No. 6.
2. F<sub>4</sub>44 (BL 18) Kan-yu  
Associate point of F<sub>4</sub> (BL) meridian
3. F<sub>4</sub>42 (BL 19) Tan-yu  
Associate point of F<sub>5</sub> (GB) meridian
4. F<sub>4</sub>40 (BL 20) Hi-yu
5. F<sub>1</sub>9 (SP 9) In-ryō-sen
- \*6. F<sub>1</sub>5 (SP 5) Shō-kyū
7. F<sub>5</sub>2 (GB 43) Kyō-kei
8. F<sub>2</sub>2 (LV 2) Kō-kan
- \*9. New point  
3mm below the midpoint of the base of the 2nd toe nail. This point is also called Dai-ni-Rei-da (2nd Rei-da).

Sea sickness is usually caused by the abnormalities of LV and GB meridians.

\*Indicates the points which may be used effectively for nausea which accompanies sea sickness. In an emergency, warming the 2nd Rei-da (new point) by a lit cigarette 3-8 times is also useful to treat nausea caused by sea sickness.

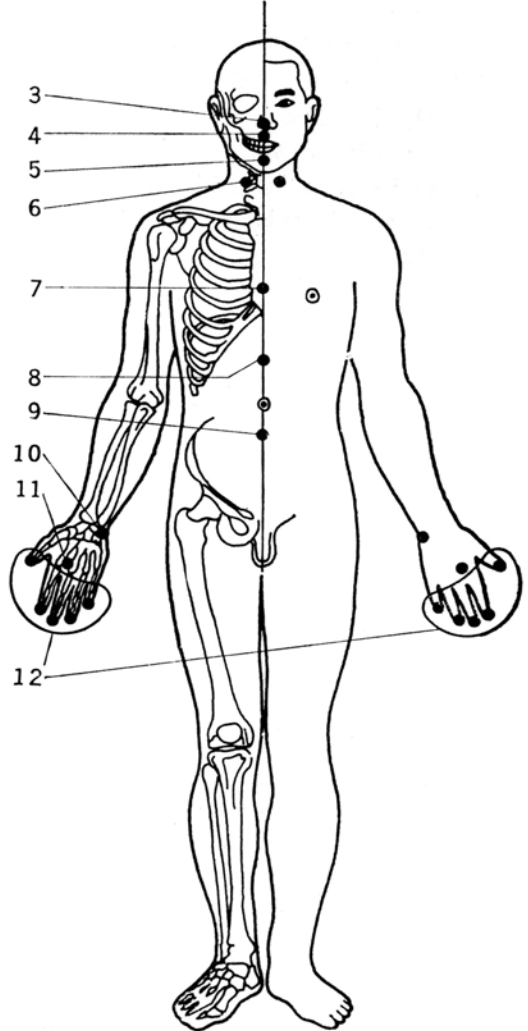
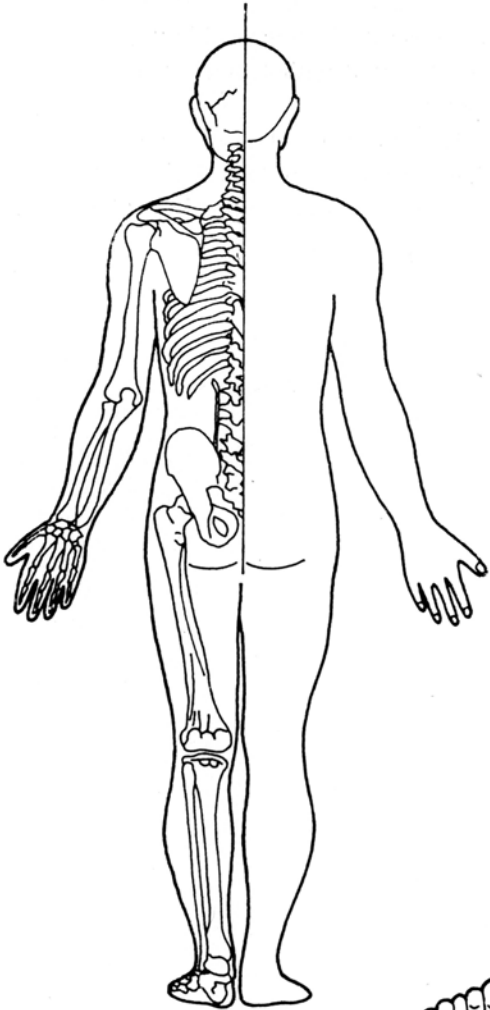


## 38. Shock

1. M 100 (Heart) Shin
2. M 34 (Subcortex) Hi-shitsu-ka
3. VM 25 (GV 25) So-ryō
4. VM 24 (GV 26) Sui-kō
5. VM 23 (CV 24) Shō-shō
6. F<sub>6</sub>38 (ST 9) Jin-gei
7. VM 16 (CV 17) Dan-chū
8. VM 11 (CV 12) Chū-kan
9. VM 5 (CV 6) Ki-kai
10. H<sub>3</sub>3 (HT 7) Shin-mon
11. H<sub>2</sub>2 (HC 8) Rō-kyū
12. Jis-sen:  
Tips of the ten fingers. Micro-bleeding from these points is sometimes used instead of electric-acupuncture.
13. F<sub>3</sub>1 (KI 1) Yū-sen



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## 39. Burns and Frostbite

1. F<sub>4</sub>34 (BL 23) Jin-yu

2. F<sub>4</sub>33 (BL 47) Shi-shitsu

Stimulation at F<sub>4</sub> 33 (BL 47) Shi-shitsu may induce the secretion of steroid hormone and reduce the inflammation. (Refer to No. 55).

3. H<sub>6</sub>4 (LI 4) Gō-koku

4. H<sub>1</sub>3 (LU 9) Tai-en

H<sub>1</sub> (LU) and H<sub>6</sub> (LI) are related to skin diseases and H<sub>1</sub>3 (LU 9) Tai-en and H<sub>6</sub>4 (LI 4) Gō-koku are usually used for regulating these two meridians.

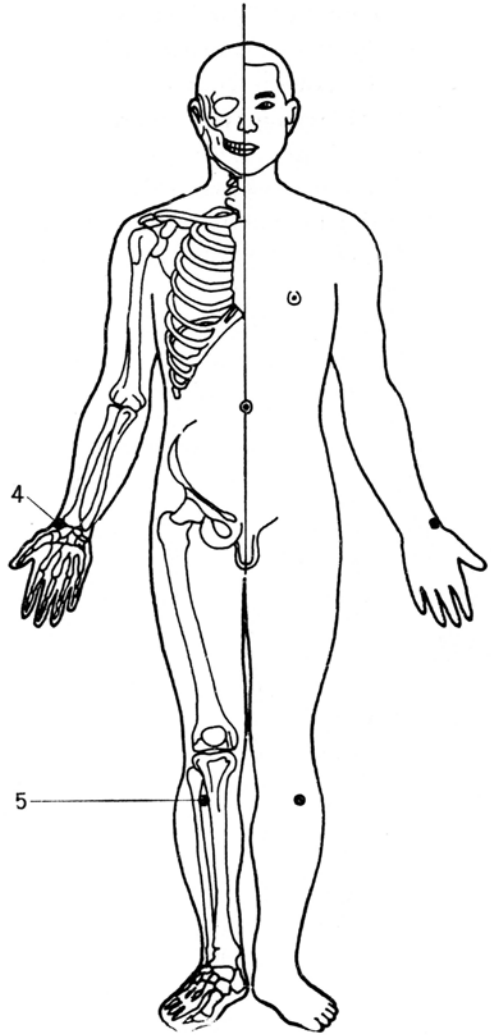
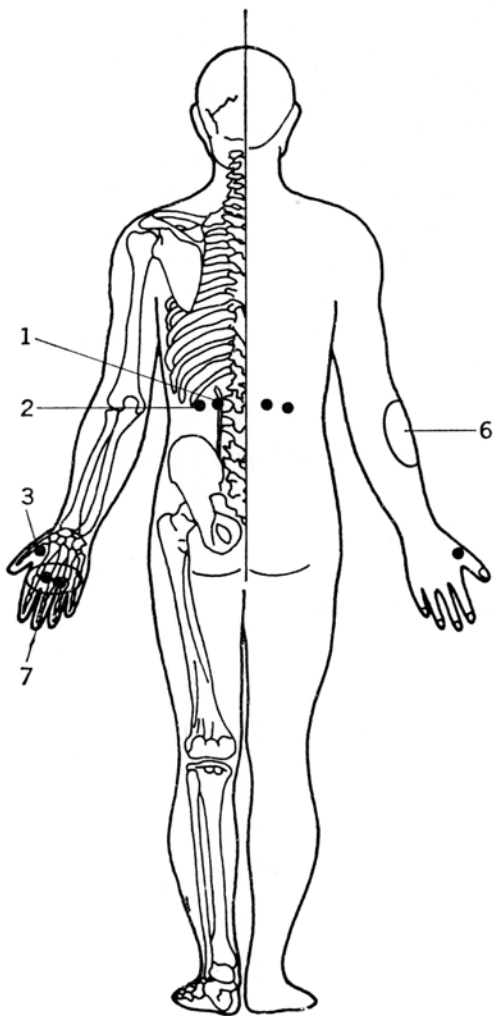
5. F<sub>6</sub>9 (ST 36) Ashi-san-ri

Burns:

6. Scattered needle insertions are used surrounding the burned area. EAP surrounding and/or directly into keloid tissue caused by burns sometimes results in remarkable improvement of that pathological tissue.

Frostbite:

7. Deep insertion of needles and peckings are used at the REPP slightly proximally from the frostbitten area.





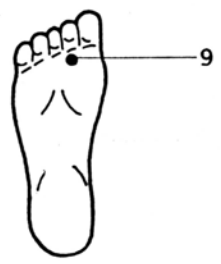
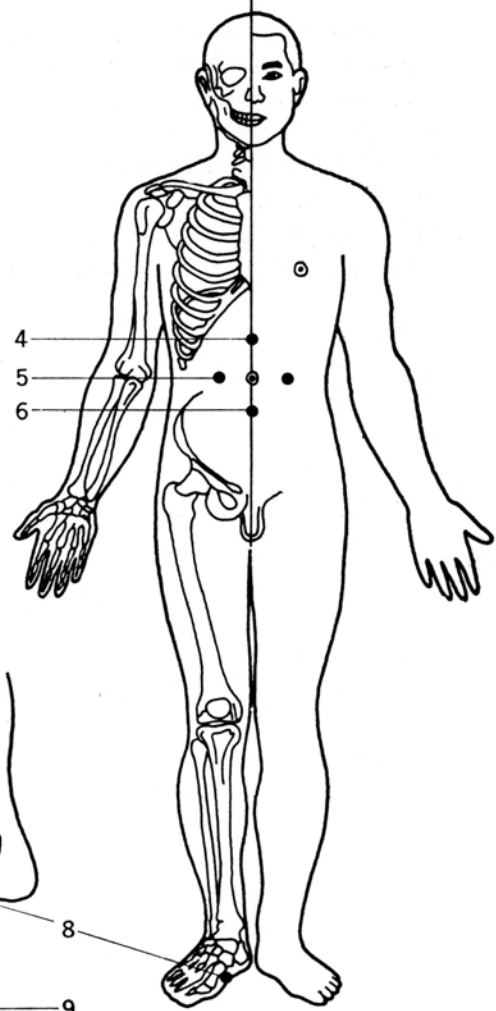
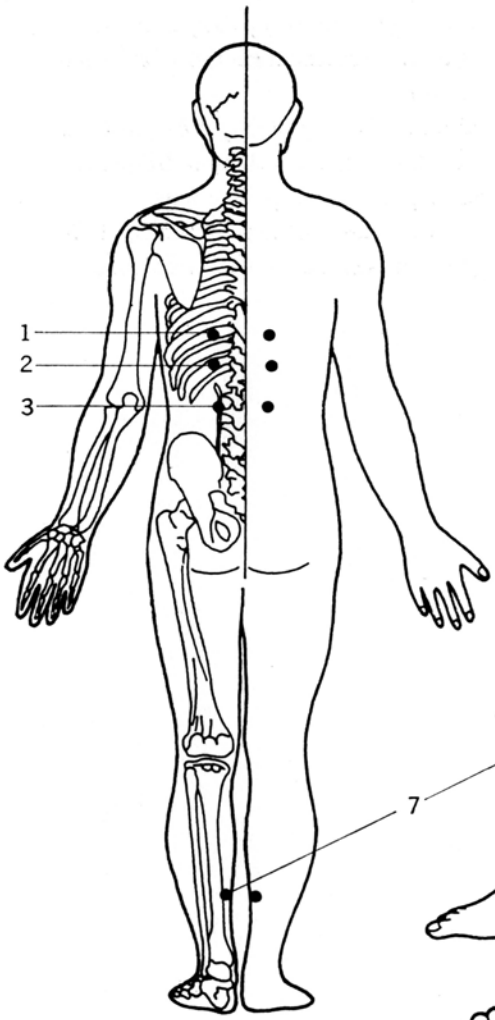
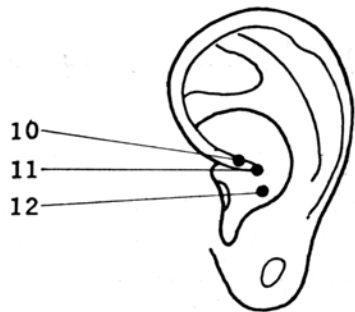
## 40. Toxicity, Food Poisoning (Alimentary Intoxication)

1. F<sub>4</sub>44 (BL 18) Kan-yu  
Enhances the function and detoxicating effect of the liver.
2. F<sub>4</sub>40 (BL 20) Hi-yu  
Promotes the secretion of the gastric and pancreatic juices and strengthens the digestive process.
3. F<sub>4</sub>34 (BL 23) Jin-yu  
Has a detoxicating effect.
4. VM 11 (CV 12) Chū-kan  
Stimulation at this point usually induces vomiting.
5. F<sub>6</sub>22 (ST 25) Ten-sū  
Enhances the function of the large intestine.
6. VM 5 (CV 6) Ki-kai  
Enhances the function of the small intestine and activates the energy of the body.
7. F<sub>3</sub>10 (KI 9) Chiku-hin  
Has a detoxicating effect.
8. F<sub>1</sub>4 (SP 4) Kō-son
9. New point (also called Ura-nai-tei)  
The most effective treatment point is the Ura-nai-tei. It is located on the bottom of the foot where the tip of the second toe, when it is bent back, touches the sole of the foot.

The above-mentioned points and the general Ryodoraku regulating points are usually used for alcoholic and nicotinic poisoning.

10. M 83 (point zero) Shi-ten
11. M 87 (stomach) I
12. M 101 (lung) Hai

The auricular points No. 10-12 are often used for these cases.



## 41. Epistaxis, Hemoptysis and Hematemesis

### Epistaxis

°1. F<sub>4</sub>59 (BL 10) Ten-chū

°2. HM 21 (GV 15) A-mon

These points are very important for treatment, found in the neck.

°3. F<sub>4</sub>1 (BL 67) Shi-in

°4. F<sub>4</sub>3 (BL 65) Sok-kotsu

Sometimes micro-bleeding from F<sub>4</sub>1 (BL 67) Shi-in and stimulation at F<sub>4</sub>3 (BL 65) Sok-kotsu are effective.

### Hemoptysis

\*1. H<sub>1</sub>8 (LU 5) Shaku-taku

\*2. F<sub>6</sub>9 (ST 36) Ashi-san-ri

\*3. F<sub>4</sub>56 (BL 12) Fū-mon

Located 2 finger widths outside the

2nd thoracic intervertebral space.

Weak stimulation is effective.

### Hematemesis

+1. F<sub>1</sub>5 (SP 5) Shō-kyū

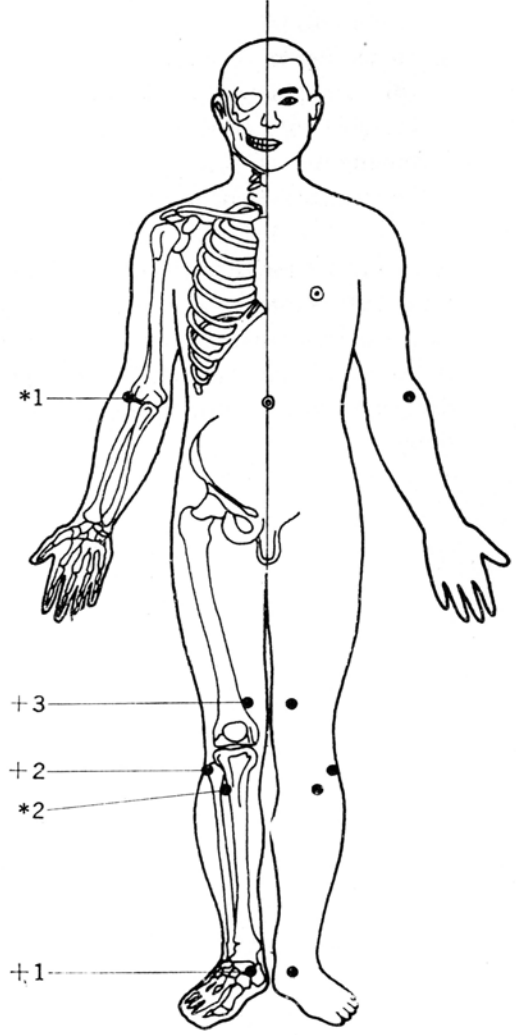
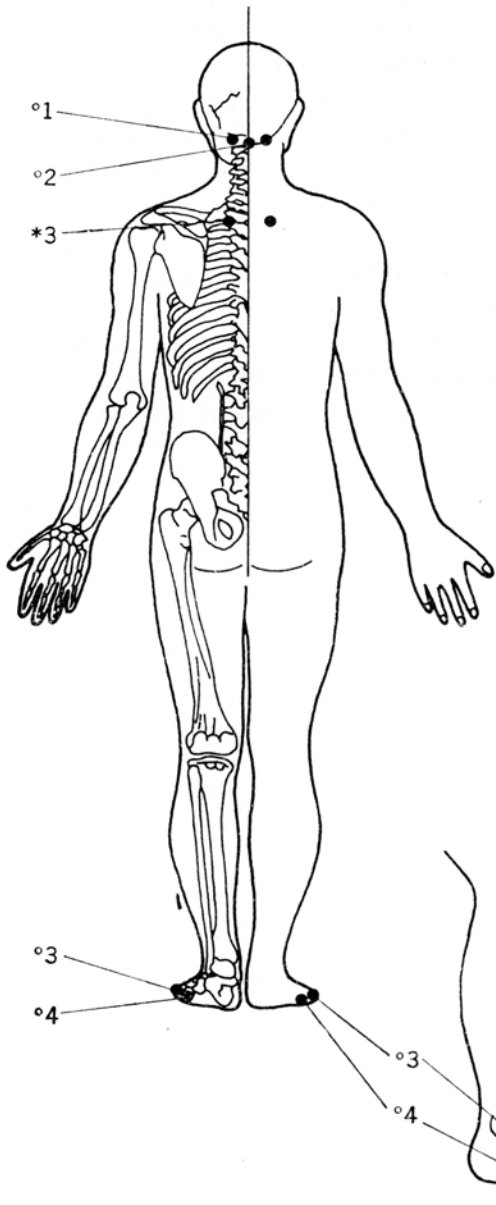
+2. F<sub>5</sub>11 (GB 34) Yō-ryō-sen

+3. F<sub>1</sub>10 (SP 10) Kek-kai

The regulation of F<sub>1</sub> (SP) is the most effective treatment method for hematemesis.

Usually F<sub>5</sub>11 (GB 34) Yō-ryō-sen is the most useful and most frequently used point to stop bleeding.

In the case of hematemesis, F<sub>1</sub>10 (SP 10) Kek-kai is also often used.



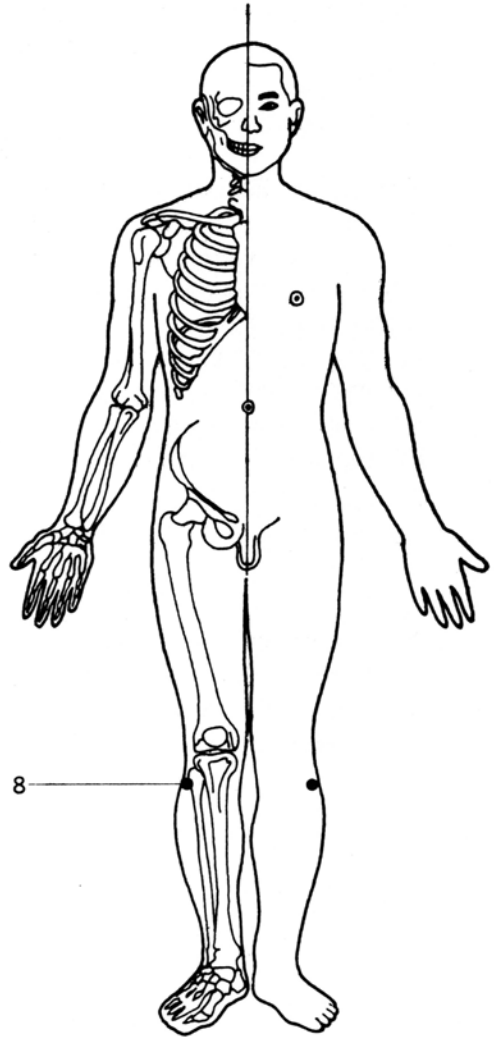
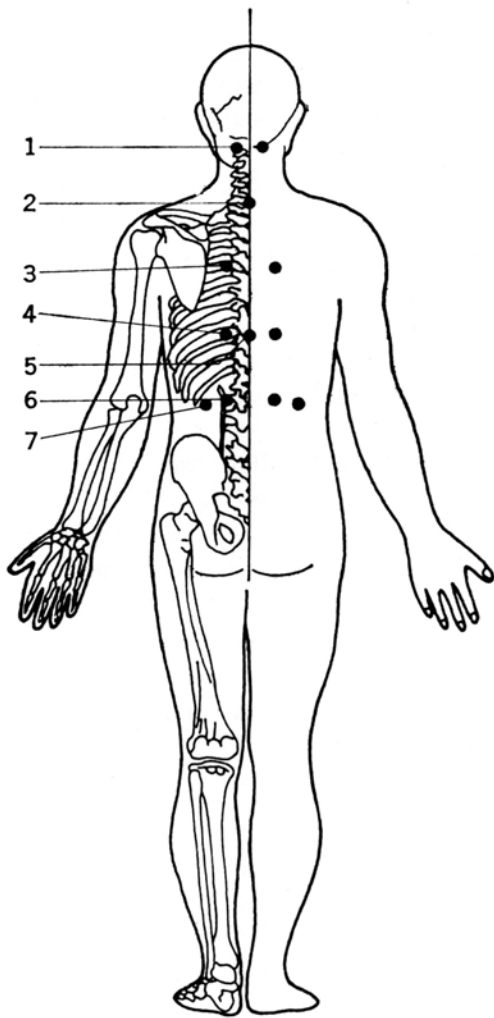
## 42. Myasthenia Gravis

F<sub>2</sub> (LV), F<sub>3</sub> (KI) and F<sub>5</sub> (GB) meridians are important for the treatment of Myasthenia gravis.

F<sub>2</sub> (LU) and F<sub>5</sub> (GB) are related to the function of the muscles.

1. F<sub>4</sub>59 (BL 10) Ten-chū
2. HM 20 (GV 14) Dai-tsui
3. F<sub>4</sub>48 (BL 15) Shin-yu
4. F<sub>4</sub>44 (BL 18) Kan-yu  
Associate point of F<sub>2</sub> (LV) meridian.
5. HM 11 (GV 8) Kin-shuku  
Stimulation at this point promotes the contraction of the muscles.
6. F<sub>4</sub>34 (BL 23) Jin-yu  
Associate point of F<sub>3</sub> (KI) meridian.
7. F<sub>4</sub>33 (BL 47) Shi-shitsu  
To induce steroid secretion.
8. F<sub>5</sub>11 (GB 34) Yō-ryō-sen  
F<sub>5</sub>11 (GB 34) Yō-ryō-sen is used for the treatment of many kinds of muscle diseases.

Acupuncture for Myasthenia gravis seems to show good results temporarily, but at times the symptoms later worsen. This is because the usual stimulation very often causes overstimulation and thus overreaction in the patients of Myasthenia gravis. Acupuncture may be useful as an adjuvant therapy together with anticholinesterase drugs and therapy during unstable stadium after an operation, such as thymomec-tomy.



### 43. Behçet's Disease

Acupuncture has the first indication for the treatment of the complaints of the eyes in the case of Behçet's disease. Oedema, exudation and bleeding of the retina which results in turbidity of the vitreous body are the main symptoms. By Ryodoraku therapy, the eye points A and B are useful treatment points for these attacks. (Refer to No. 7) The duration of the attacks will be shortened and the attacks themselves usually become milder by these treatments.

1. Eye point A
2. Eye point B

The second indication is to improve the digestive symptoms. VM 11 (CV 12), Chu-kan, and other stomach treatment points are also useful. (Refer to No. 28.)

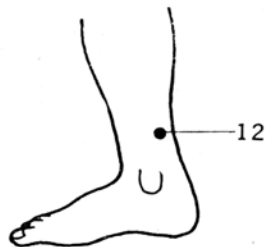
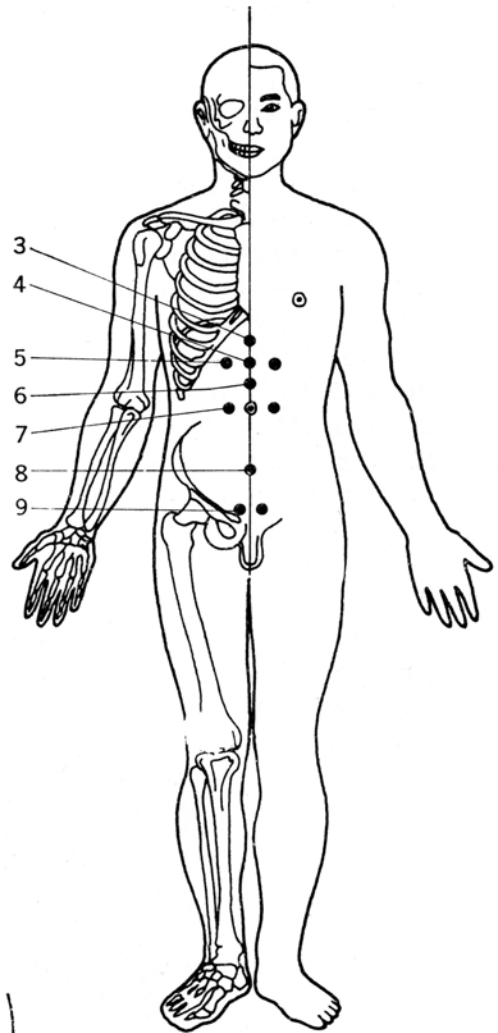
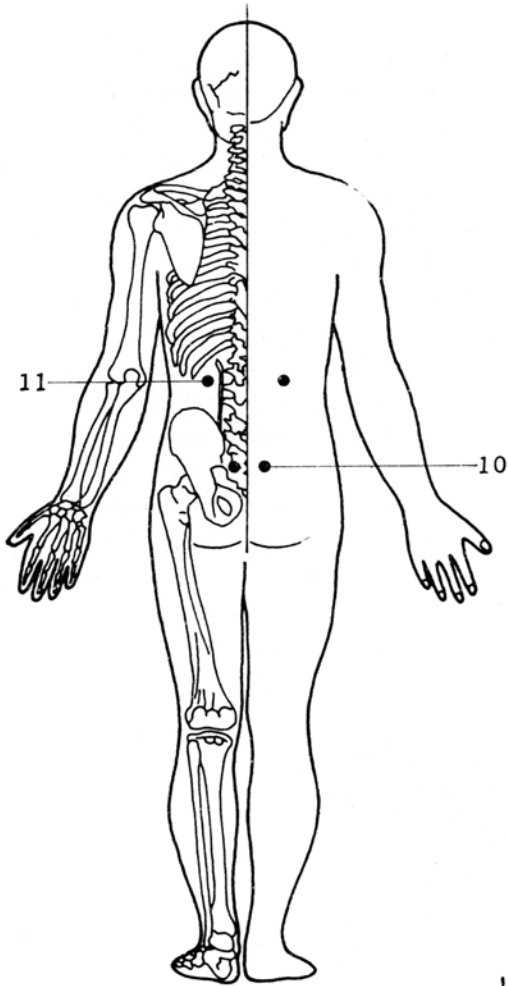
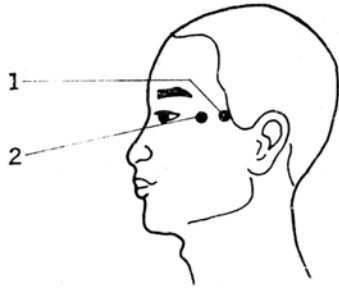
3. VM 12 (CV 13) Jō-kan
4. VM 11 (CV 12) Chū-kan
5. F<sub>6</sub>26 (ST 21) Ryō-mon
6. VM 9 (CV 10) Ge-kan
7. F<sub>6</sub>22 (ST 25) Ten-sū  
Alarm point of the large intestine.

8. VM 3 (CV 4) Kan-gen  
Alarm point of the small intestine.

The third indication is the treatment of genital ulcers. For these ulcers direct EAP is usually effective.

9. F<sub>3</sub>12 (KI 11) Ō-kotsu
10. F<sub>4</sub>23 (BL 32) Ji-ryō  
These points are used for the treatment of genital ulcers.
11. F<sub>4</sub>33 (BL 47) Shi-shitsu
12. F<sub>3</sub>7 (KI 7) Fuku-ryū  
These points are used to enhance the secretion of the steroid hormone.

After acupuncture treatment patients of Behçet's disease often complain of seeing small reddish flecks and occasionally even small pustules in the center of these flecks some 24 to 48 hours later. To safeguard against such reactions and for better overall results, the number of insertions should be limited.





## 44. Raynaud's Disease

Diseases in which there is numbness must be treated with rather strong stimulation. Needles deeply inserted produce good effects.

If the patient feels the sensation of the needle, it is a good sign and the patient's condition improves.

Sympathetic nerve blocks; for instance, stellate ganglion block, paravertebral sympathetic nerve block and epidural nerve block are useful adjuvant therapies for Raynaud's disease.

1. HM 26 (GV 20) Hyaku-e
2. F<sub>4</sub>59 (BL 10) Ten-chū
3. F<sub>4</sub>34 (BL 23) Jin-yu
4. F<sub>4</sub>33 (BL 47) Shi-shitsu
5. H<sub>6</sub>11 (LI 11) Kyoku-chi
6. F<sub>5</sub>15 (GB 30) Kan-chō
7. F<sub>4</sub>14 (BL 54) I-chū
8. VM 16 (CV 17) Dan-chū
9. H<sub>2</sub>4 (HC 6) Nai-kan
10. H<sub>3</sub>3 (HT 7) Shin-mon
11. F<sub>5</sub>11 (GB 34) Yō-ryō-sen
12. F<sub>6</sub>9 (ST 36) Ashi-san-ri
13. F<sub>3</sub>7 (KI 7) Fuku-ryū
14. F<sub>3</sub>1 (KI 1) Yū-sen

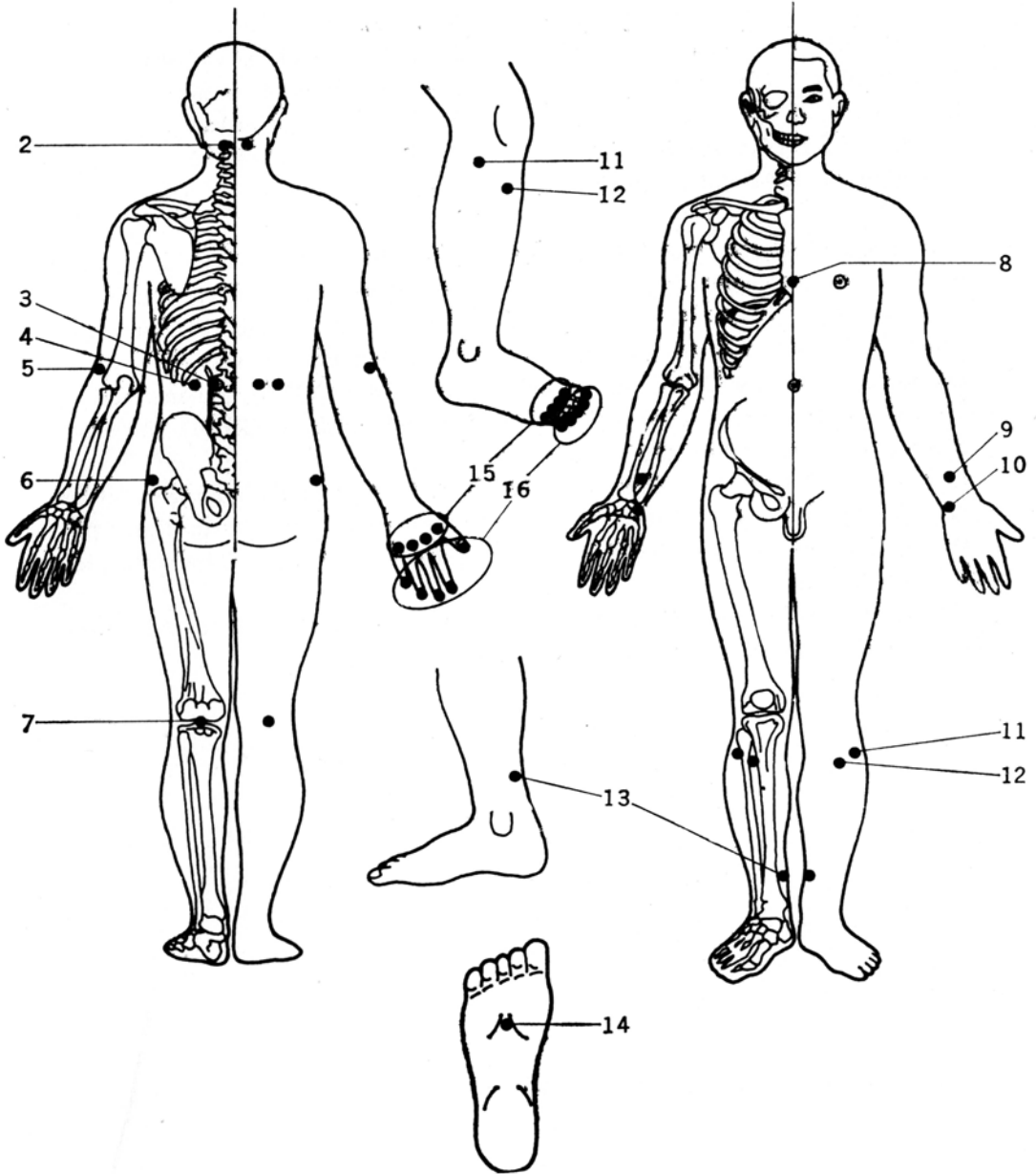
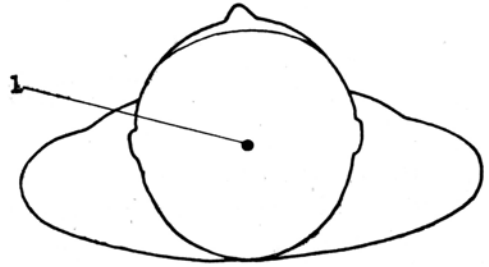
For the treatment of peripheral areas especially for numbness of the fingers and toes:

15. Intraparyngeal space

16. The peripheral numbness of the fingers and toes may be treated by micro-bleeding method on the tip of the fingers and toes or the terminal meridian points of the respective meridians.

Micro-bleeding from the tip of the fingers and toes by the use of rather big needles or a 1/4 size injection needle with very quick insertion are very effective methods for the treatment of numbness of the fingers. The doctor may rub the numbed fingers to cause slight congestion or he may use an alcohol cotton swab. This is effective if done previous to the treatment.





## 45. Parkinson's Disease

In the presence of Parkinson's disease  $F_2$  (LV) and  $F_5$  (GB) will tend to show excitation in the Ryodoraku measurements.

It is said that acupuncture does not usually bring about great improvement but there are some cases in which it has proved effective.

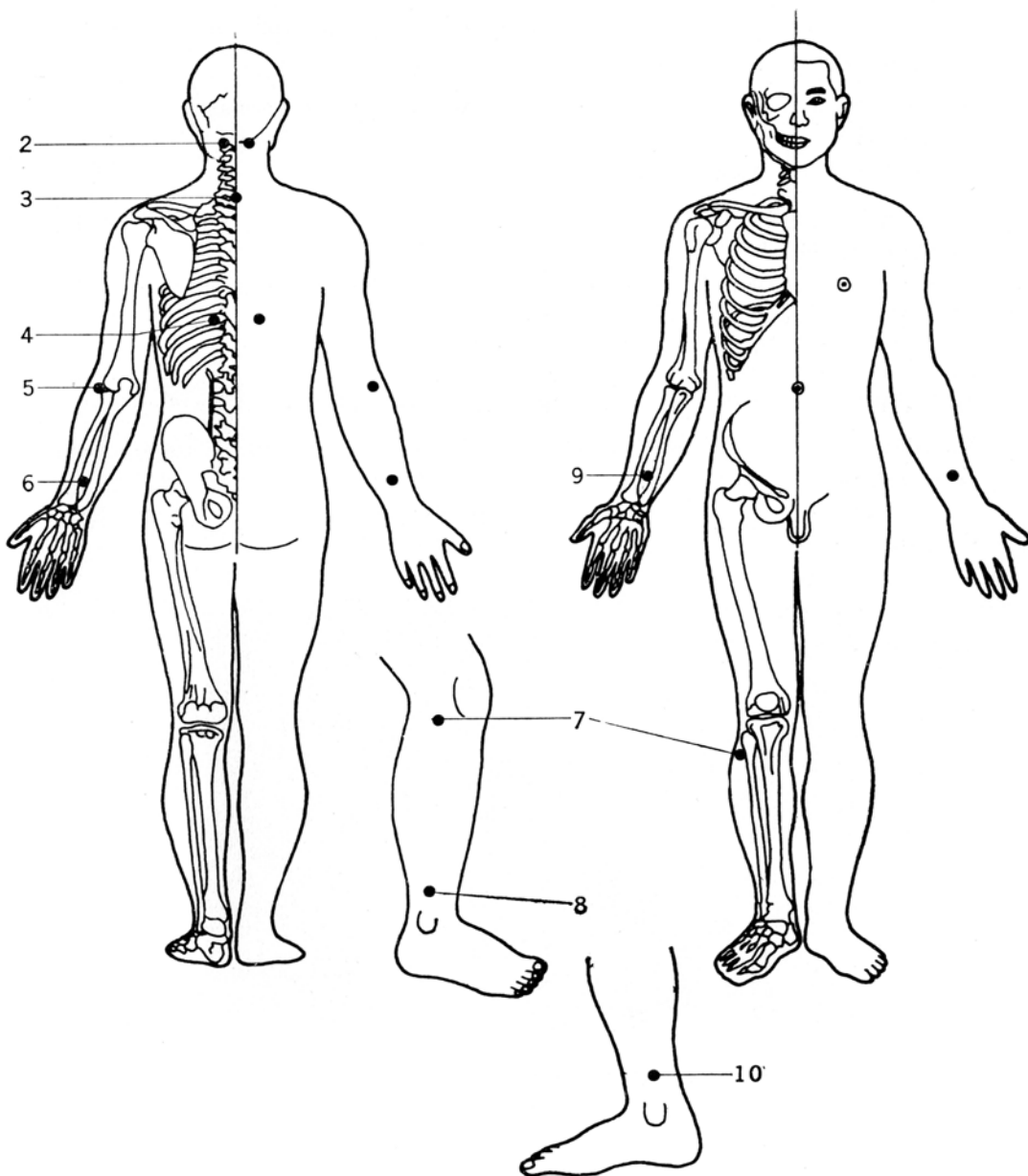
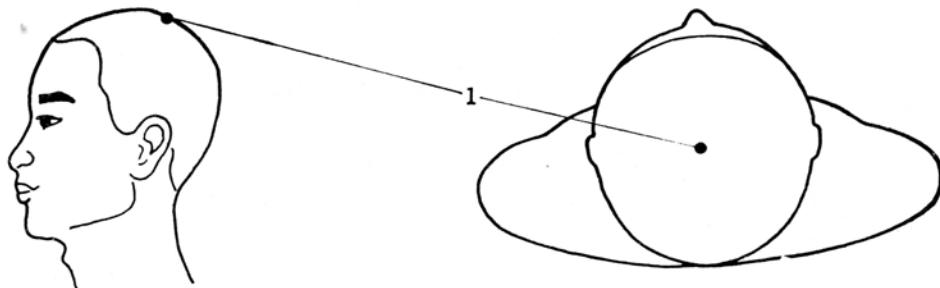
1. HM 26 (GV 20) Hyaku-e
2.  $F_4$ 59 (BL 10) Ten-chū
3. HM 20 (GV 14) Dai-tsui
4.  $F_4$ 44 (BL 18) Kan-yu
5.  $H_6$ 11 (LI 11) Kyoku-chi
6.  $H_5$ 5 (TH 5) Gai-kan
7.  $F_5$ 11 (GB 34) Yō-ryō-sen
8.  $F_5$ 6 (GB 39) Ken-shō
9.  $H_2$ 4 (HC 6) Nai-kan
10.  $F_1$ 6 (SP 6) San-in-kō

Bending the arms and 30 peckings

Concerning Ryodoraku therapy, the temporal area, from HM 26 (GV 20) Hyaku-e to the movement center (Gyrus centralis anterior) may be electro-acupunctured with pecking. This method is identical to the so-called cerebral acupuncture which was introduced from the Republic of China recently. Low-frequency continuous stimulation with "in situ" needles between  $H_5$ 5 (TH 5) Gai-kan and  $H_6$ 11 (LI 11) Kyoku-chi and/or  $F_5$ 6 (GB 39) Ken-shō and  $F_5$ 11 (GB 34) Yō-ryō-sen is used, as well as Chorea, the tremor control area.

$H_5$ 5 (TH 5) Gai-kan is a useful treatment point to improve the movement of the hand joints and fingers. The needle may be inserted deeply so as to nearly pass through the contra-lateral meridian point  $H_2$ 4 (HC 6) Nai-kan. This is the piercing needle method.

The needle may be inserted rather deeply from  $F_5$ 6 (GB 39) Ken-shō to the contra-lateral point,  $F_1$ 6 (SP 6) San-in-kō on the lower extremity.



## 46. Sjögren's Disease

Kerato-conjunctivitis sicca, dryness of the mouth and rheumatic pain of the joints are the three main symptoms of this disease. This disease is one of the auto-immune diseases.

### 1. F<sub>4</sub>33 (BL 47) Shi-shitsu

Stimulation at this point enhances the secretion of the steroid hormone.

To improve the secretion of the lacrimal glands and relieve pain of the eyes, the following points are useful:

- °1. Eye point A and B. (Refer to No. 7)
- °2. F<sub>5</sub>37 (GB 15) Atama-rin-kyū
- °3. F<sub>6</sub>51 (ST 5) Shi-haku
- °4. F<sub>4</sub>1 (BL 67) Shi-in.

It is said that the lacrimal gland related to F<sub>4</sub> (BL) and F<sub>4</sub> 1 (BL 67) Shi-in is the most useful point.

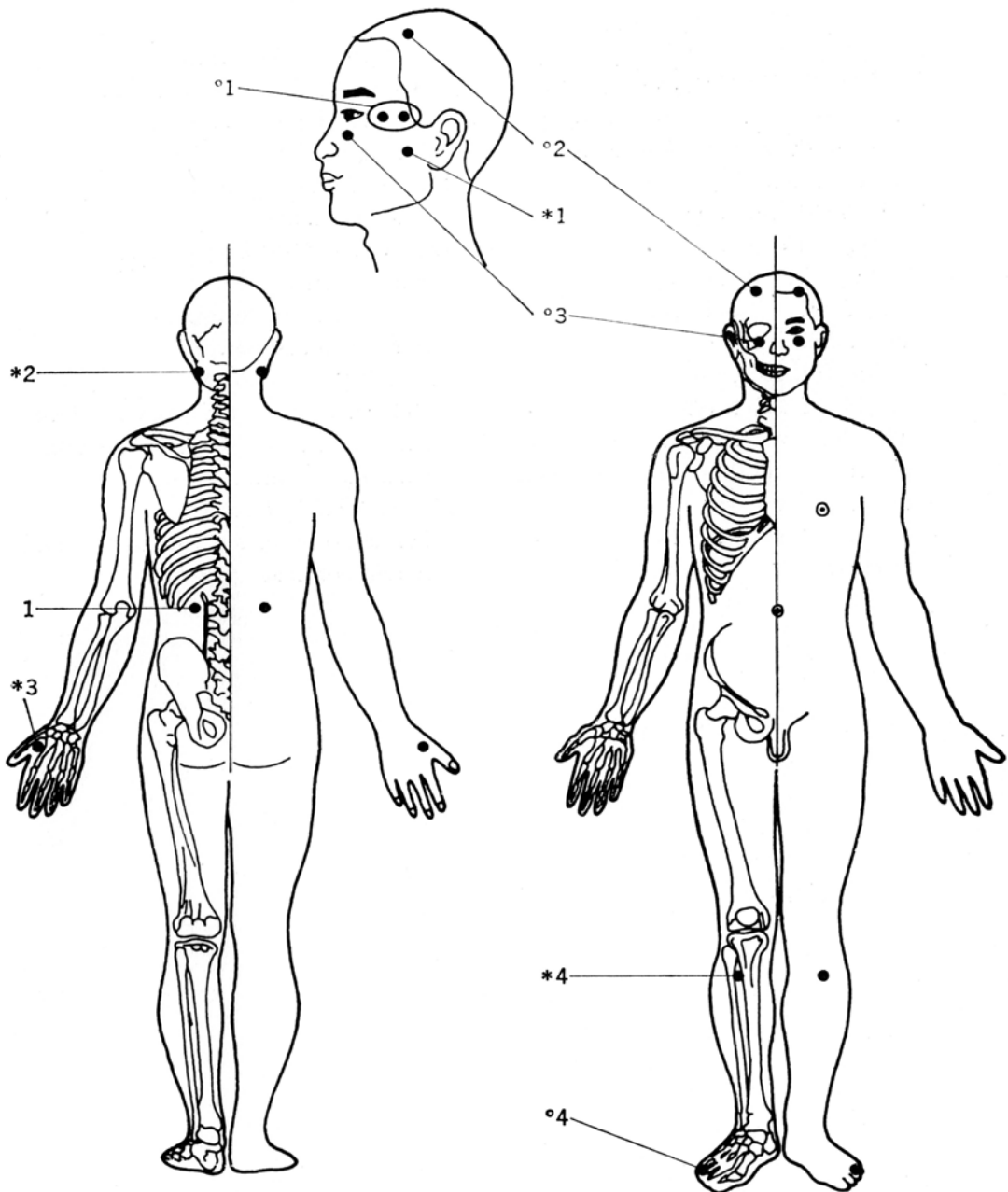
To promote the secretion of the salivary glands and for dryness of the mouth, the following points are used:

- \*1. F<sub>6</sub>41 (ST 2) Ge-kan
- \*2. Direct pecking of the infra-auricular gland, over 20 times.

The mouth is related to H<sub>6</sub> (LI) and F<sub>6</sub> (ST), so the following points are both effective treatment points:

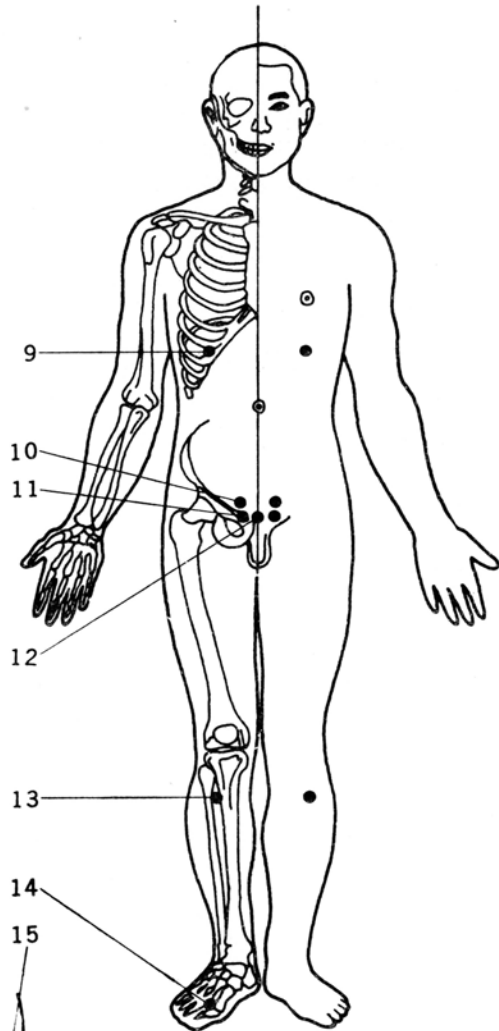
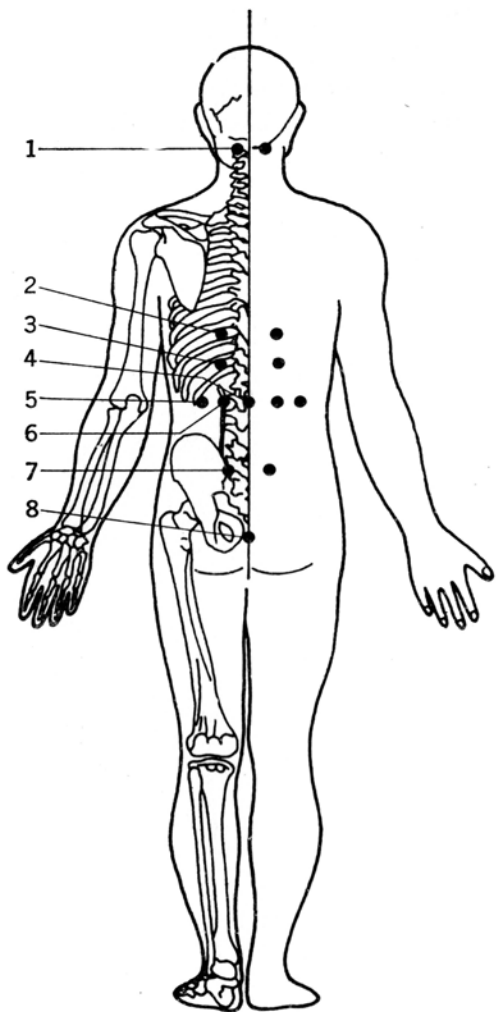
- \*3. H<sub>6</sub>4 (LI 4) Gō-koku
- \*4. F<sub>6</sub>9 (ST 36) Ashi-san-ri





## 47. Impotence

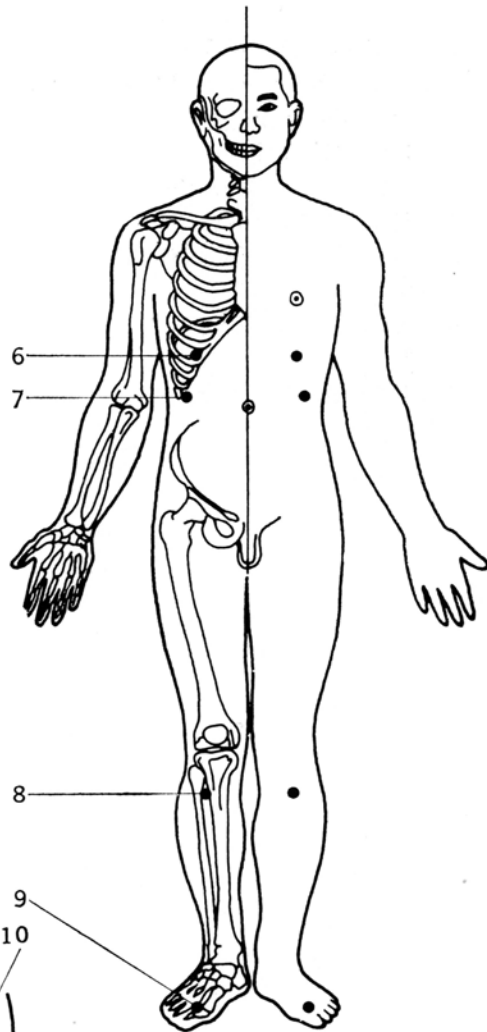
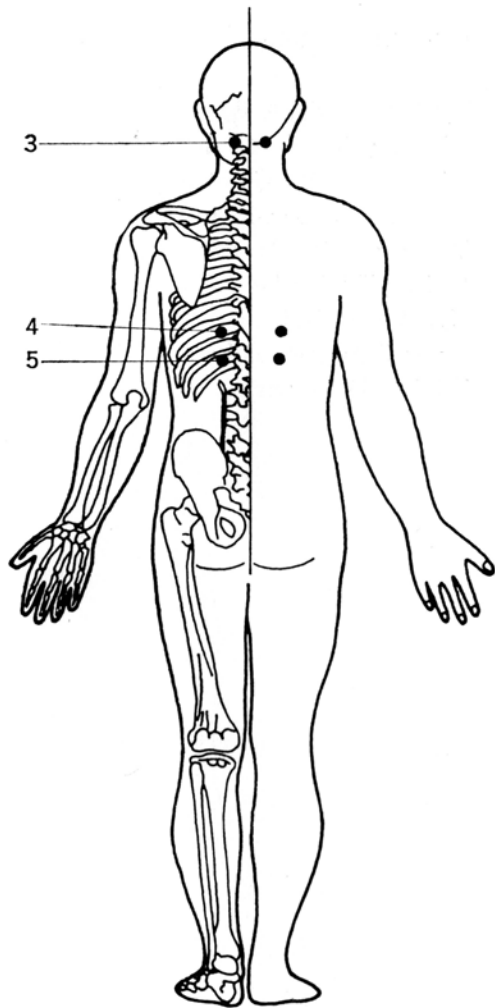
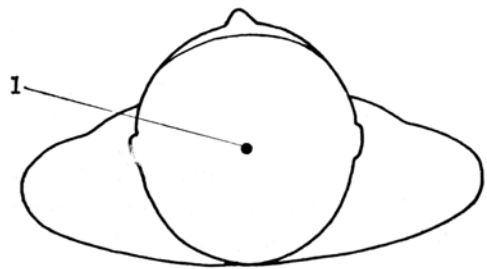
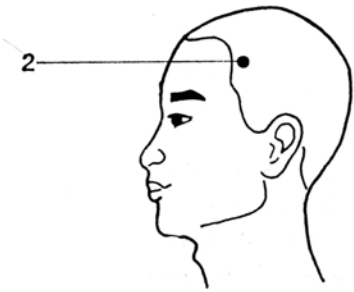
1. F<sub>4</sub>59 (BL 10) Ten-chū
2. F<sub>4</sub>44 (BL 18) Kan-yu  
To enhance the liver function, synthesis of the sexual hormone and the testis hormone.
3. F<sub>4</sub>40 (BL 20) Hi-yu  
Energy for digestion.
4. HM 6 (GV 4) Mei-mon
5. F<sub>4</sub>33 (BL 47) Shi-shitsu  
For steroid hormone.
6. F<sub>4</sub>34 (BL 23) Jin-yu
7. F<sub>4</sub>23 (BL 32) Ji-ryō  
This point is related to the erection center. To improve the circulation in the pelvic cavity.
8. HM 1 (GV 1) Chō-kyō  
Strengthens the erection.
9. F<sub>2</sub>20 (LV 14) Ki-mon  
Syntheses of the liver hormone.
10. F<sub>3</sub>13 (KI 12) Dai-kaku  
Strengthens the erection.
11. F<sub>3</sub>12 (KI 11) Ō-kotsu  
Male hormone.
12. VM 1 (CV 2) Kyokuk-kotsu  
For the testis.
13. F<sub>6</sub>9 (ST 36) Ashi-san-ri  
For abdominal power.
14. F<sub>2</sub>2 (LV 2) Kō-kan  
Related to the sexual organs. Two acupunctures surrounding the testicular sack contra-laterally.
15. F<sub>3</sub>7 (KI 7) Fuku-ryū  
For secretion of testis hormone and steroid hormone.





## 48. Insomnia

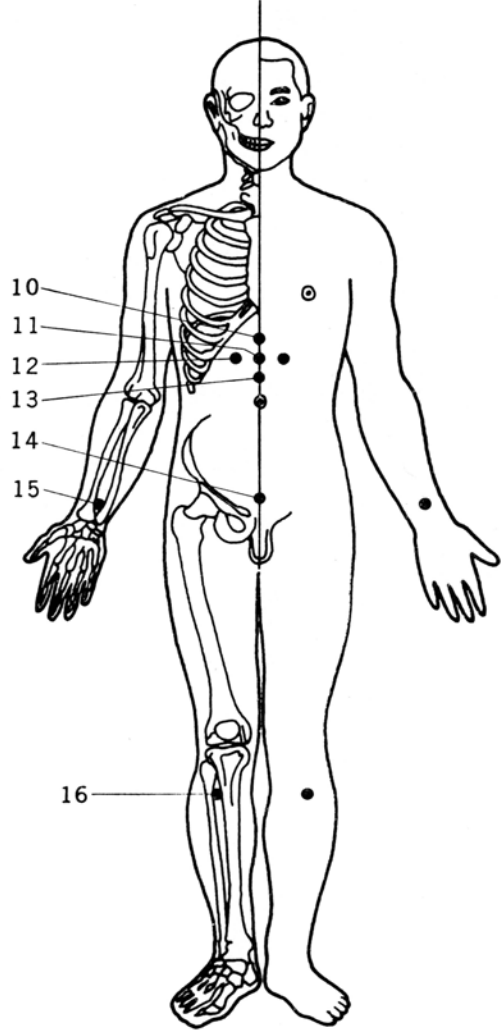
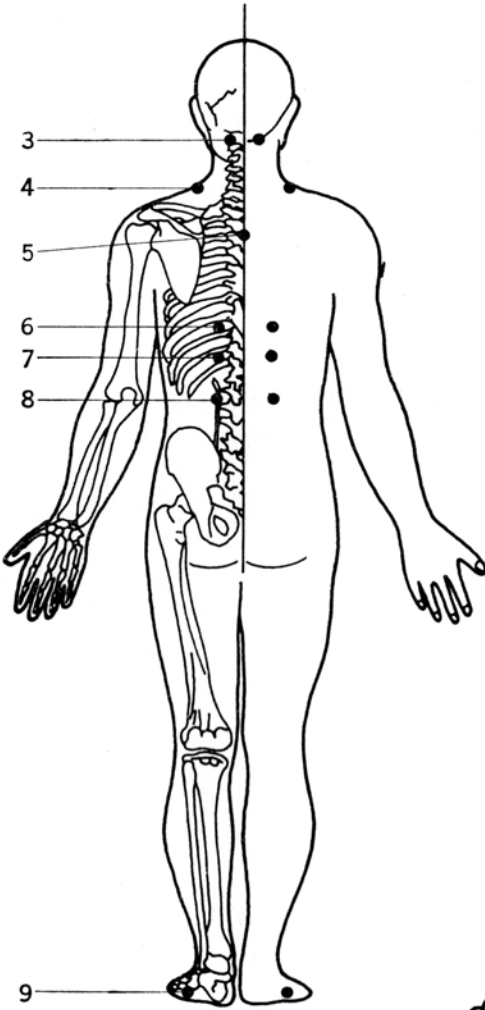
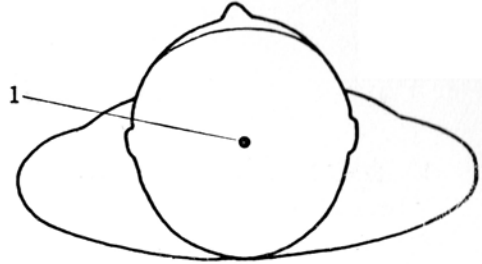
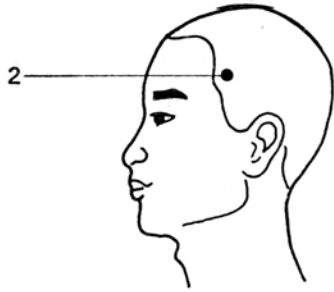
1. HM 26 (GV 20) Hyaku-e  
GV 20 also belongs to the Liver meridian and insomnia sometimes is induced by excitation of the Liver meridian.  
This point is thought to be related to the sleep center.
2. F<sub>5</sub>46 (GB 4) Gan-en
3. F<sub>4</sub>59 (BL 10) Ten-chū
4. F<sub>4</sub>44 (BL 18) Kan-yu  
Associate point of LV.
5. F<sub>4</sub>40 (BL 20) Hi-yu  
Associate point of SP.
6. F<sub>2</sub>20 (LV 14) Ki-mon  
Alarm point of LV.
7. F<sub>2</sub>19 (LV 13) Shō-mon  
Alarm point of SP.
8. F<sub>6</sub>9 (ST 36) Ashi-san-ri
9. F<sub>2</sub>2 (LV 2) Kō-kan  
Inhibition point of LV.
10. F<sub>1</sub>2 (SP 2) Dai-to  
Excitation point of SP.  
Insomnia often is caused by the inhibition of SP.



## 49. Neurosis

Ryodoraku of the hands ( $H_1$ - $H_6$ ) show rather high values and those of the feet ( $F_1$ - $F_6$ ) show rather low values in the case of normal psychosomatic persons. On the contrary, the patients who have severe troubles, strong mental tension and fluctuations, or the so-called neurosis patients show the opposite tendency on their Ryodoraku charts.

1. HM 26 (GV 20) Hyaku-e  
For improvement of blood circulation in the brain.
2.  $F_5$ 45 (GB 5) Ken-ro
3.  $F_4$ 59 (BL 10) Ten-chū
4.  $H_5$ 17 (GB 21) Ken-sei
5. HM 17 (GV 12) Shin-chū  
Th<sub>3-4</sub>
6.  $F_4$ 44 (BL 18) Kan-yu  
Th<sub>9-10</sub>
7.  $F_4$ 40 (BL 20) Hi-yu  
Th<sub>11-12</sub>
8.  $F_4$ 34 (BL 23) Jin-yu  
L<sub>2-3</sub>
9.  $F_4$ 3 (BL 65) Sok-kotsu
10. VM 12 (CV 13) Jō-kan
11. VM 11 (CV 12) Chū-kan
12.  $F_6$ 26 (ST 21) Ryō-mon
13. VM 9 (CV 10) Ge-kan
14. VM 2 (CV 3) Chū-kyoku
15.  $H_2$ 4 (HC 6) Nai-kan
16.  $F_6$ 9 (ST 36) Ashi-san-ri
17.  $F_3$ 1 (KI 1) Yū-sen



## 50. Children's Neurosis

1. HM 17 (GV 12) Shin-chū  
Between Th<sub>3</sub> and Th<sub>4</sub>.
2. HM 6 (GV 4) Mei-mon  
Between L<sub>2</sub> and L<sub>3</sub>.

In the case of acupuncture, "children" refers to infants of one to two weeks to 4 or 5 year-old children.

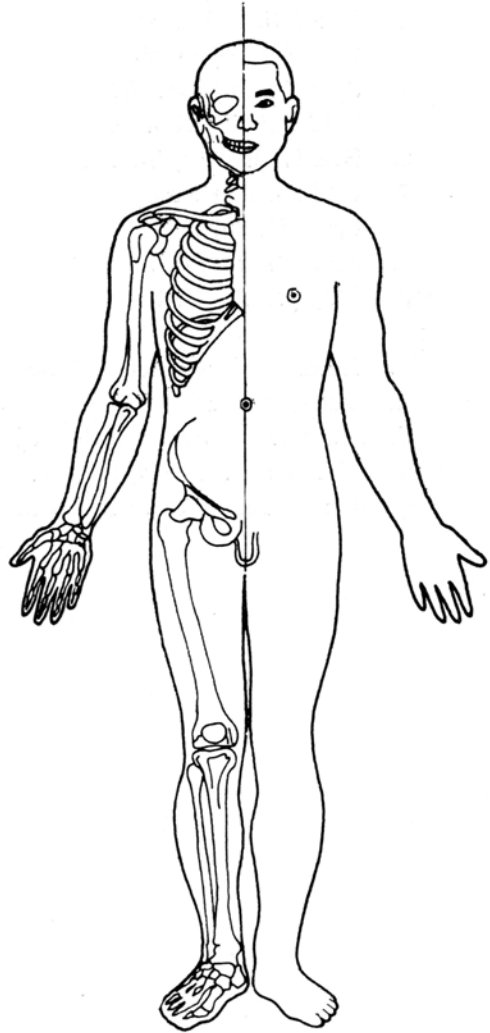
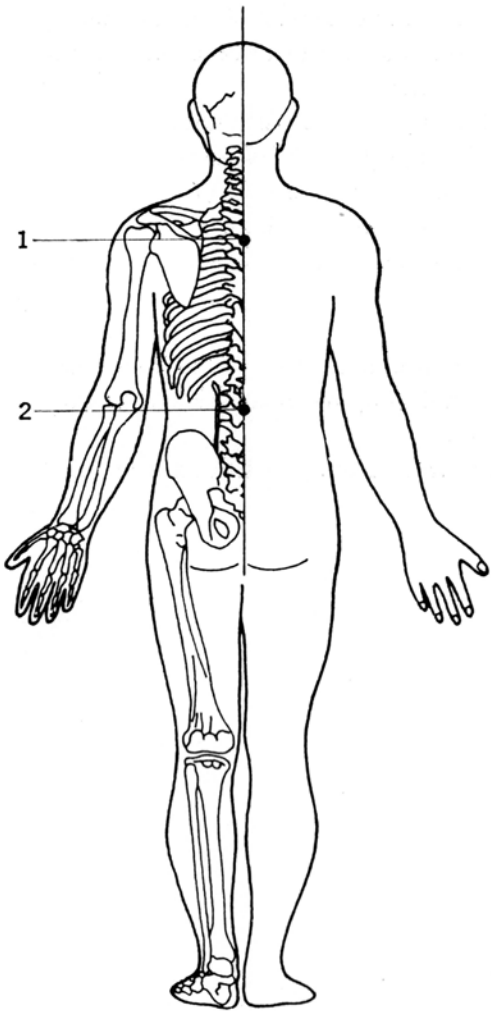
There are many kinds of needles used for infants; for example, the cluster needle, roll needle, wheel needle, drop needle and so on. Also, we can easily adapt ordinary needles for use for children;

- 1) Make a loop by bending the thin 106 or 120 needle to give soft elasticity when it touches the skin.
- 2) Hold two to five 120 needles between the thumb and index finger and make one cluster needle. This cluster needle is used as a rubbing needle.

The two points, HM 17 (GV 12) Shin-chū (between Th<sub>3-4</sub>) and HM 6 (GV 4) Mei-mon (between L<sub>2-3</sub>), are useful in treating all kinds of children's diseases. Sometimes only ion-corns are used.

The most important treatment points for children's neurosis are

- 1) Along the BL meridian [the area between F<sub>4</sub> 57 (BL 11) Dai-jo and F<sub>4</sub> 44 (BL 18) Kan-yu], the cluster or contact needle may be swept quickly about 50 to 200 times until the rubbed skin become red.
- 2) Surrounding the navel, especially around VM 11 (CV 12) Chū-kan, the same method may be used.
- 3) On the volar side of the upper extremity, especially near the elbow joint, the same method is effective.

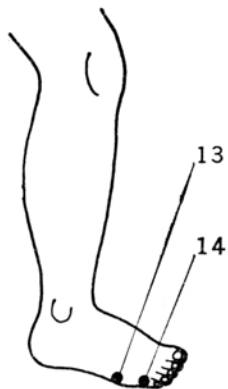
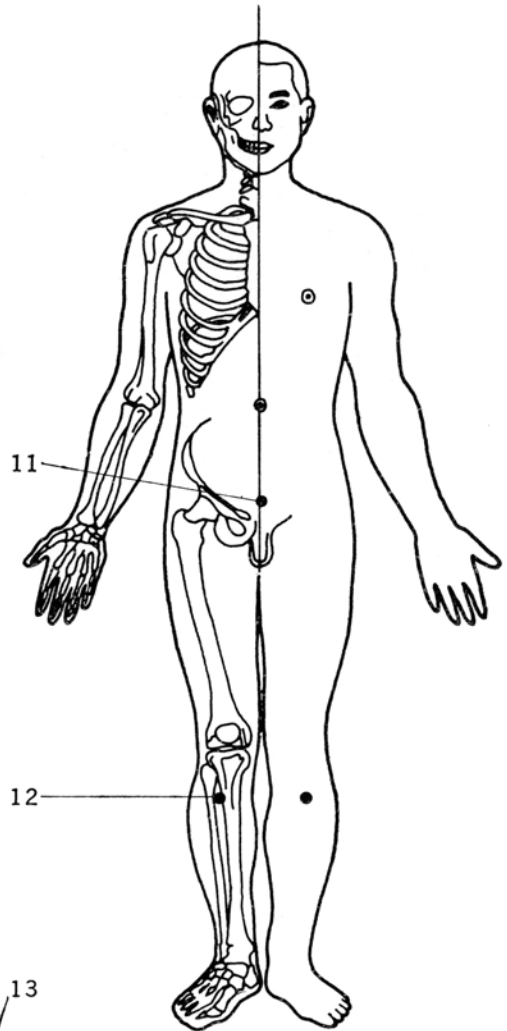
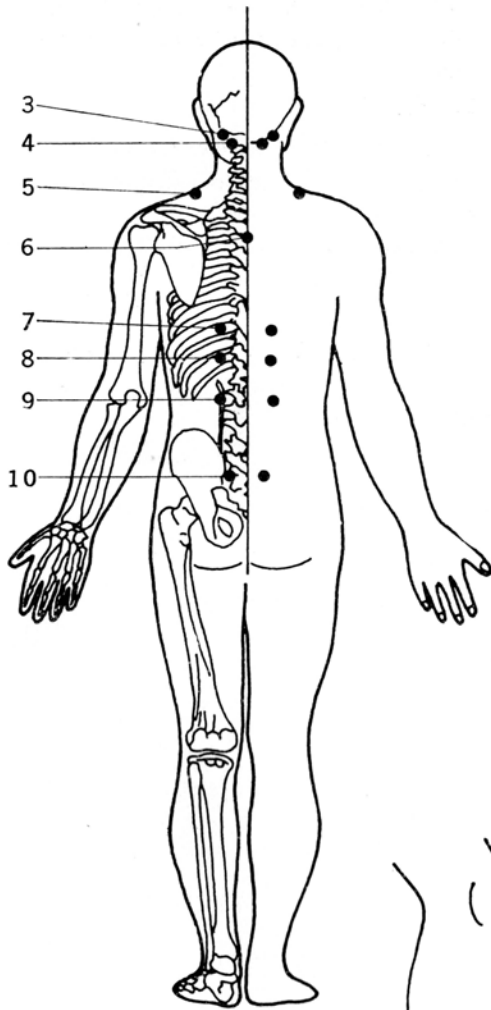
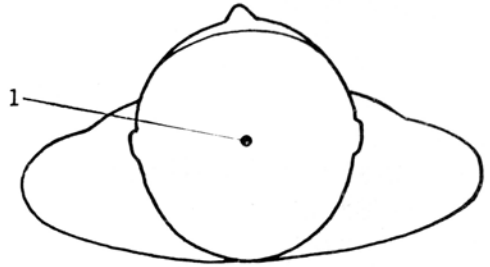
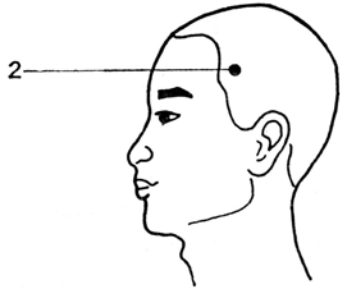


## 51. Epilepsy

1. HM 26 (GV 20) Hyaku-c  
Important point for epilepsy. Even in cases of abnormal EEG, improvement can be expected by long term treatment (1-2 years).
2. F<sub>5</sub>45 (GB 5) Ken-ro
3. F<sub>5</sub>30 (GB 20) Fū-chi
4. F<sub>4</sub>59 (BL 10) Ten-chū
5. H<sub>5</sub>17 (GB 21) Ken-sei
6. HM 17 (GV 12) Shin-chū
7. F<sub>4</sub>44 (BL 18) Kan-yu
8. F<sub>4</sub>40 (BL 20) Hi-yu
9. F<sub>4</sub>34 (BL 23) Jin-yu
10. F<sub>4</sub>27 (BL 28) Bō-kō-yu
11. VM 2 (CV 3) Chū-kyoku.  
Epilepsy is caused by an abnormality in the bladder meridian. CV 3 is the alarm point of BL. Treatment using this point often increases the number of attacks of epilepsy during the first two to three months of the treatment.
12. F<sub>6</sub>9 (ST 36) Ashi-san-ri
13. F<sub>4</sub>3 (BL 65) Sok-kotsu  
For the excitation of BL.
14. F<sub>4</sub>1 (BL 67) Shi-in  
For the inhibition of BL.

The duration of treatment is longer for cases with inhibition of BL than for those with excitation of BL. Many cases will show definite improvement within two years. The long term treatment is the important point.

When EEG is measured, the electrode points where abnormal EEG are revealed are tried as suitable treatment points.



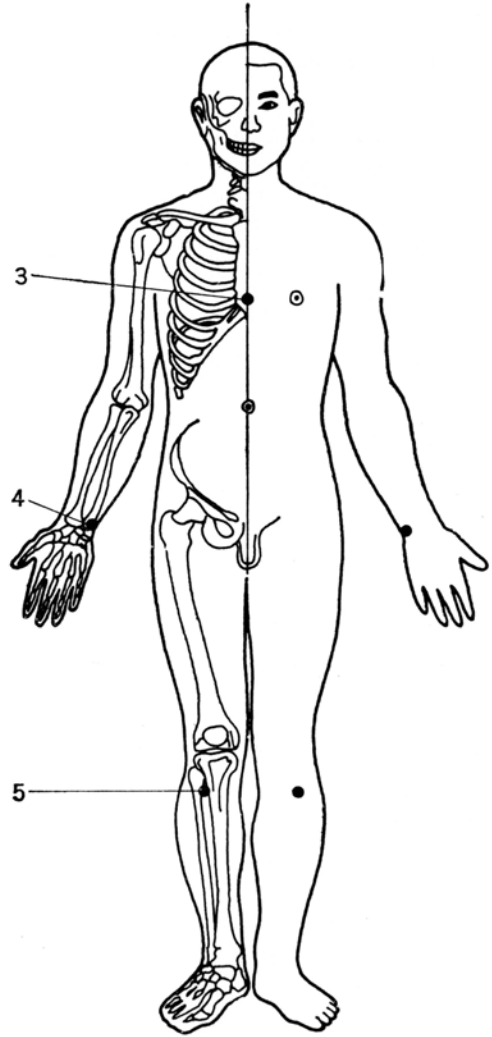
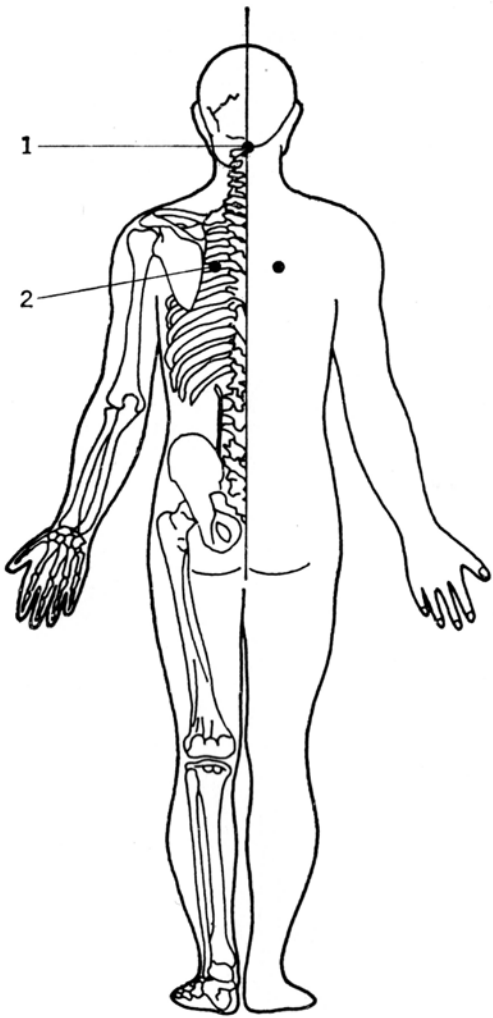


## 52. Aphasia

1. HM 21 (GV 15) A-mon  
Specific point for aphasia.
2. F<sub>4</sub>48 (BL 15) Shin-yu  
Associate point of HT.
3. VM 16 (CV 17) Dan-chū  
Related to the heart.
4. H<sub>3</sub>3 (HT 7) Shin-mon  
Pronunciation which needs tongue movement is related to the heart meridian.
5. F<sub>6</sub>9 (ST 36) Ashi-san-ri  
Pronunciation which needs lip movement is related to the stomach meridian.

The tongue and heart are said to be similar in shape and are related to each other by the nervous system. The meridian points along the heart line are effective for aphasia caused by the motor disturbances of the tongue.

For aphasia caused by trauma, the meridian points which pass through the affected region are often used.

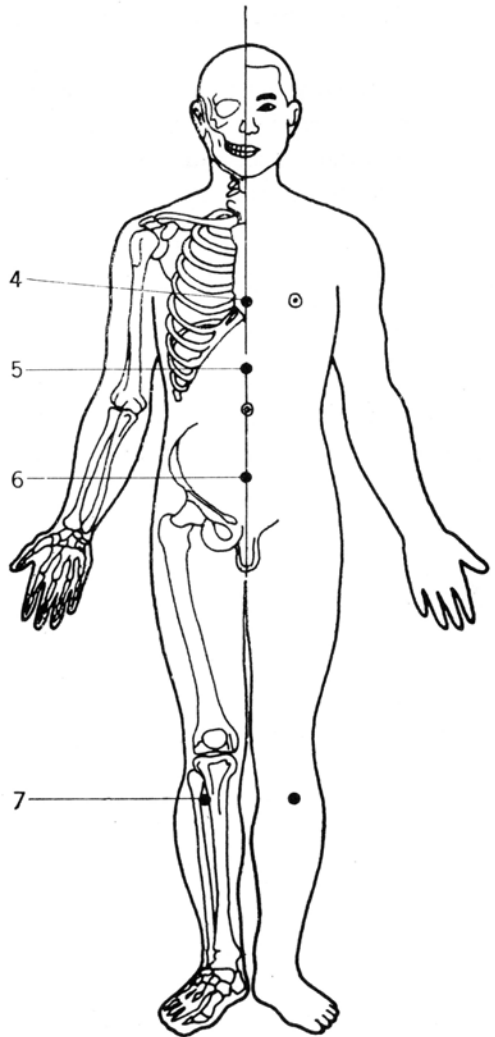
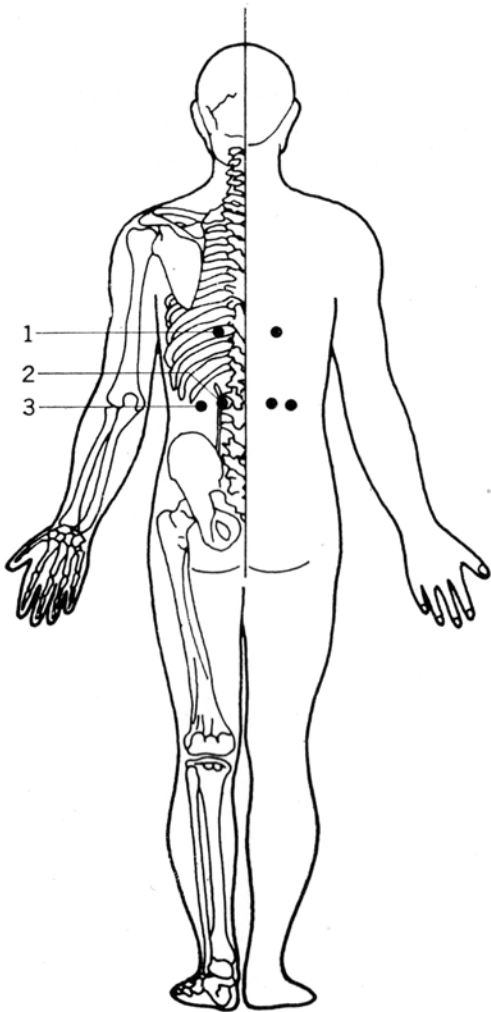
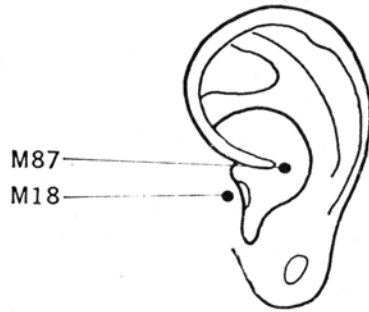


## 53. Obesity

To increase fat metabolism, F<sub>4</sub>33 (BL 47) Shi-shitsu is usually used with 60 peckings. VM 16 (CV 17) Dan-chū is useful to decrease the heart fat. It goes without saying that diet and physical exercise are important.

1. F<sub>4</sub>44 (BL 18) Kan-yu
2. F<sub>4</sub>34 (BL 23) Jin-yu
3. F<sub>4</sub>33 (BL 47) Shi-shitsu
4. VM 16 (CV 17) Dan-chū
5. VM 11 (CV 12) Chū-kan
6. VM 3 (CV 4) Kan-gen
7. F<sub>6</sub>9 (ST 36) Ashi-san-ri

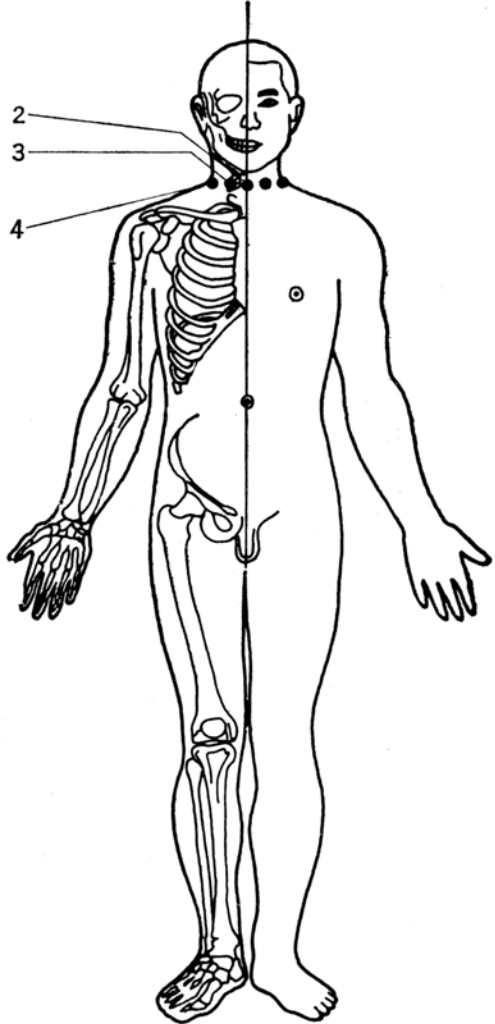
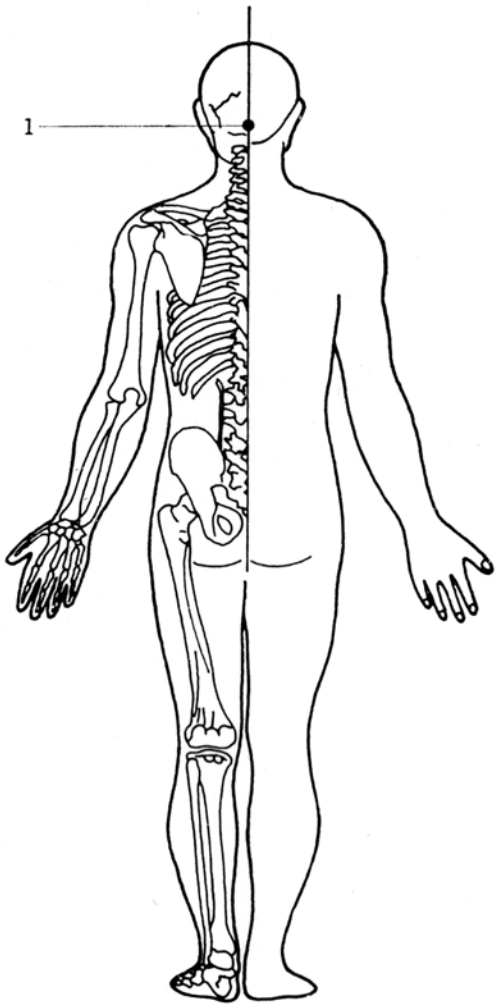
As for auricular acupuncture, M 18 (point for hunger) and M 87 (stomach point) are used. Small circle needles or intra-cutaneous needles are effective.



## 54. Hyperthyroidism

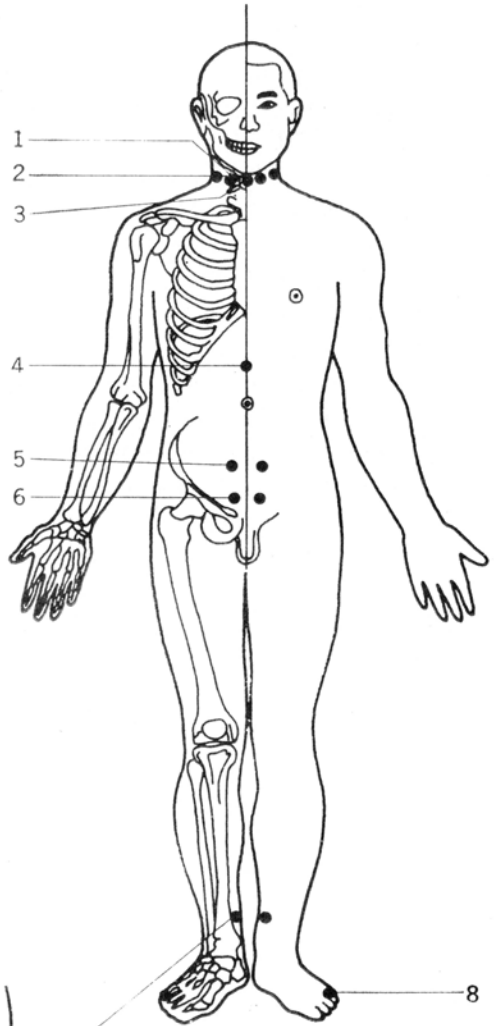
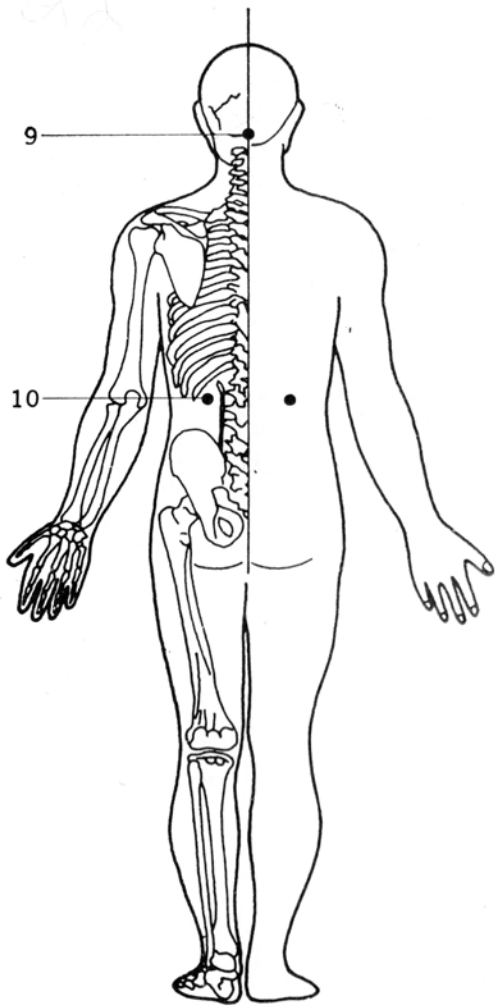
1. HM 22 (GV 16) Fū-fū  
This point is used to stimulate the hypophysis function and the needle should be inserted downward at this point.
2. VM 22 (CV 23) Ren-sen  
This is a useful treatment point and
3. F<sub>6</sub>38 (ST 9) Jin-gei  
needles may be inserted horizontally.
4. H<sub>6</sub>22 (LI 18) Fu-totsu  
Several points of the swollen part of the thyroid gland are selected to be acupunctured.

The trachea must not be acupunctured because of the danger of a severe cough reflex. After about 10 treatments, the swelling of the thyroid gland decreases to half the original size, and after that a rather long time is required for the swelling to further decrease in size.



## 55. Secretion of Hormones

1. F<sub>6</sub>38 (ST 9) Jin-gei  
Thyroid hormone
2. H<sub>6</sub>22 (LI 18) Fu-totsu  
Thyroid hormone
3. VM 22 (CV 23) Ren-sen  
Thyroid hormone
4. VM 11 (CV 12) Chū-kan  
Pancreatic hormone, insulin
5. F<sub>3</sub>14 (KI 13) Ki-ketsu  
Ovarial hormone
6. F<sub>3</sub>12 (KI 11) Ō-kotsu  
Testis hormone  
Stimulation at these points to a depth of 1–2cm is enough to send the sensation of the needle to the genital organs of both the female and the male. Ki-ketsu will be a point to induce the secretion of the ovarian hormone of the female and Ō-kotsu to induce the secretion of the testic hormone of the male.
7. F<sub>3</sub>7 (KI 7) Fuku-ryū  
Adrenal hormone, steroid hormone
8. F<sub>4</sub>1 (BL 67) Shi-in  
Hypophysic hormone and uterine contraction hormone
9. HM 22 (GV 16) Fū-fu  
To induce the secretion of hypophysis hormone. Located just below the proc. occipitalis.
10. F<sub>4</sub>33 (BL 47) Shi-shitsu  
This point is located on the waist line and in the concaved fossa area. By the stimulation of this point it is said that the steroid hormone is secreted and/or regulated. To stimulate the secretion of the steroid hormone the needle must be inserted to a depth of 3–4cm slightly medially and pecked slowly. 15–30 peckings will be enough to induce the secretion of the steroid hormones. The hormone will be reduced in its secretion if the stimulation is too strong.





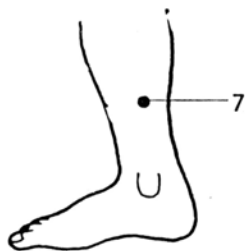
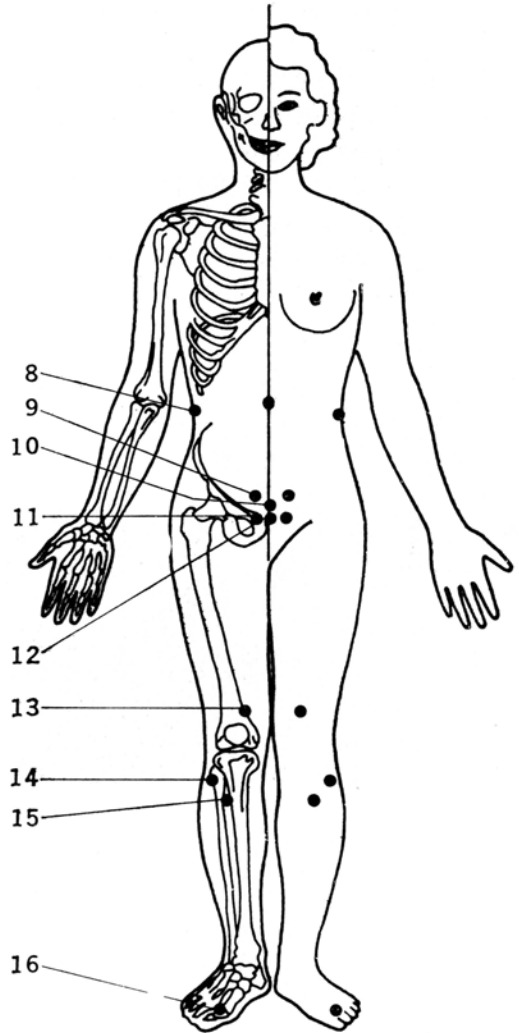
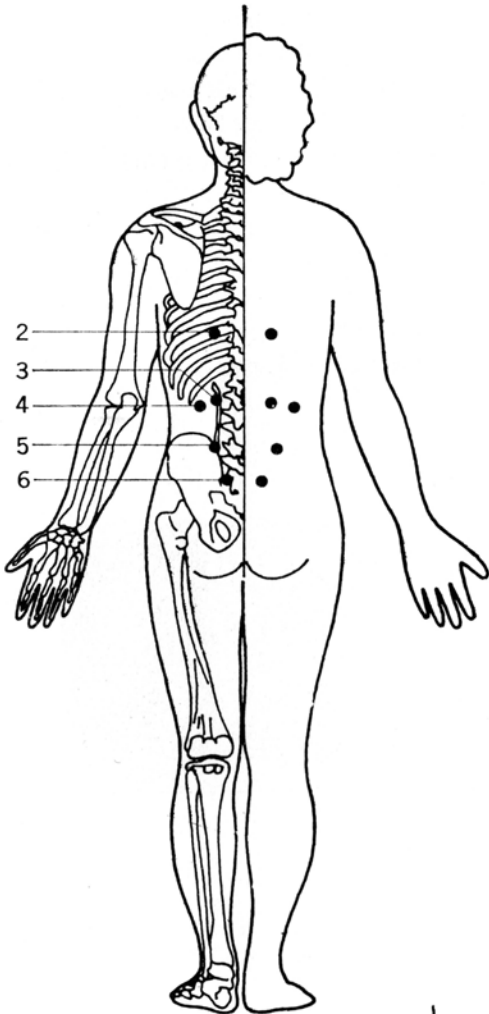
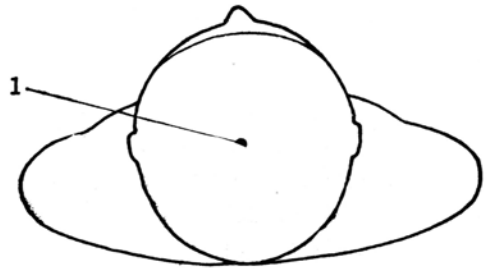
## 56. Gynecological Diseases

Gynecological organs are related to F<sub>2</sub> (LV), F<sub>3</sub> (KI) and F<sub>4</sub> (BL).

F<sub>1</sub>6 (SP 6) San-in-kō, the junction of the following three meridians:

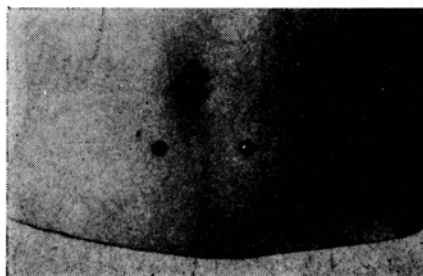
F<sub>1</sub> (SP), F<sub>2</sub> (LV) and F<sub>3</sub> (KI), is the most useful treatment point.

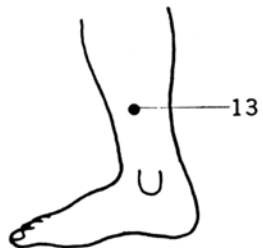
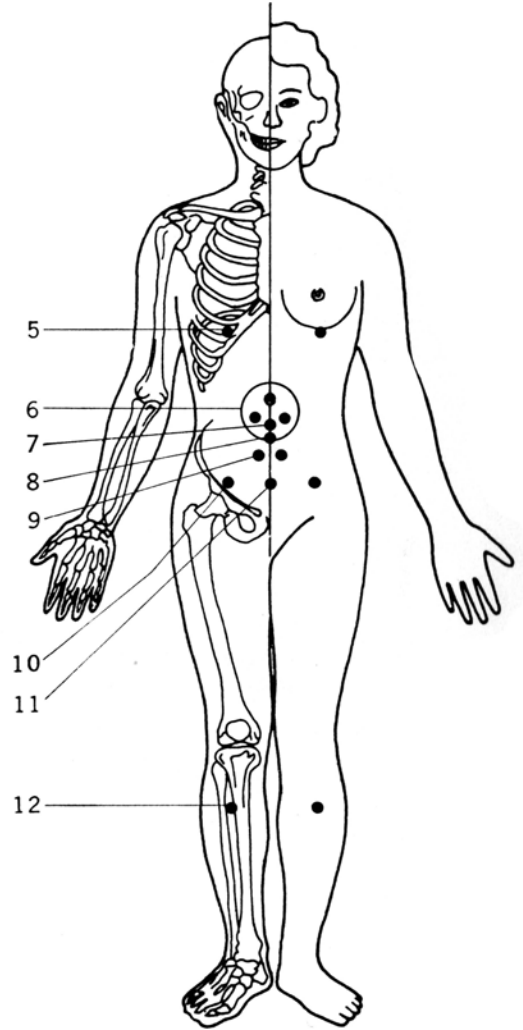
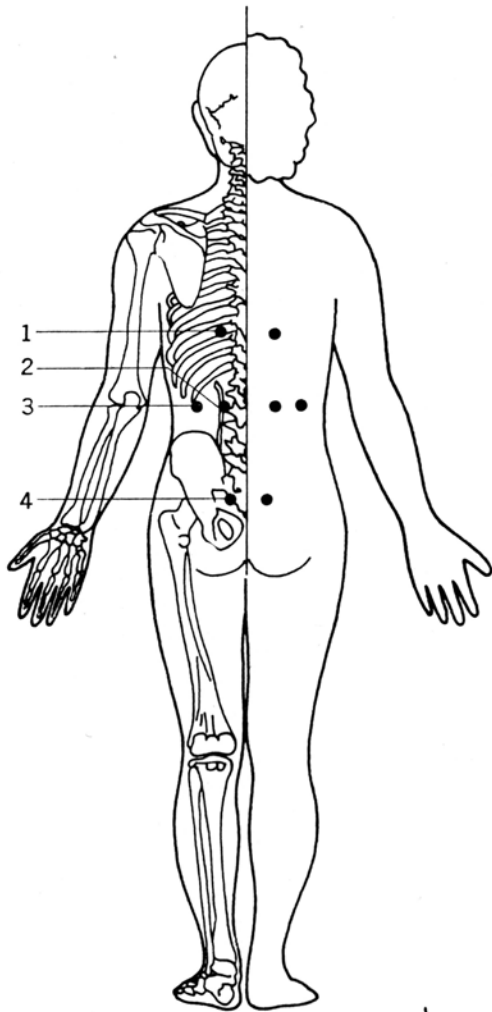
1. HM 26 (GV 20) Hyaku-e  
For prolapsus uteri.
2. F<sub>4</sub>44 (BL 18) Kan-yu  
Liver meridian is related to the vaginal muscles, ovarium and testis.
3. F<sub>4</sub>34 (BL 23) Jin-yu  
Related to the urological organs.
4. F<sub>4</sub>33 (BL 47) Shi-shitsu  
Related to steroid hormone, anti-inflammation effects.
5. F<sub>4</sub>31 (BL 26) Kan-gen-yu
6. F<sub>4</sub>23 (BL 32) Ji-ryō  
The needle may be inserted obliquely and slightly upward through the 2nd sacral hiatus to a depth of 2–3cm, and pecking of 5 times is sufficient.
7. F<sub>1</sub>6 (SP 6) San-in-kō
8. F<sub>5</sub>20 (GB 26) Tai-myaku  
On the level of the navel midway between the lower edge of the 11th rib and the spina iliaca ventralis superior. Stops fluor.
9. F<sub>3</sub>14 (KI 13) Ki-ketsu  
Effective for ovarian function. For female hormone.
10. VM 2 (CV 3) Chū-kyoku
11. F<sub>1</sub>13 (SP 13) Fu-sha
12. VM 1 (CV 2) Kyok-kotsu
13. F<sub>1</sub>10 (SP 10) Kek-kai
14. F<sub>5</sub>11 (GB 34) Yō-ryō-sen  
Stops menstruation.
15. F<sub>6</sub>9 (ST 36) Ashi-san-ri
16. F<sub>2</sub>2 (LV 2) Kō-kan



## 57. Sterility

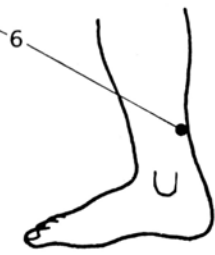
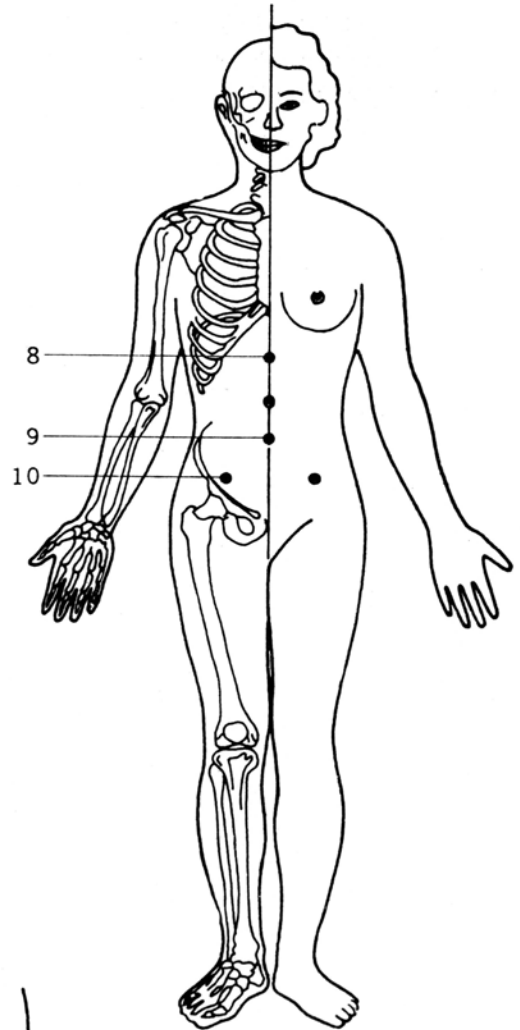
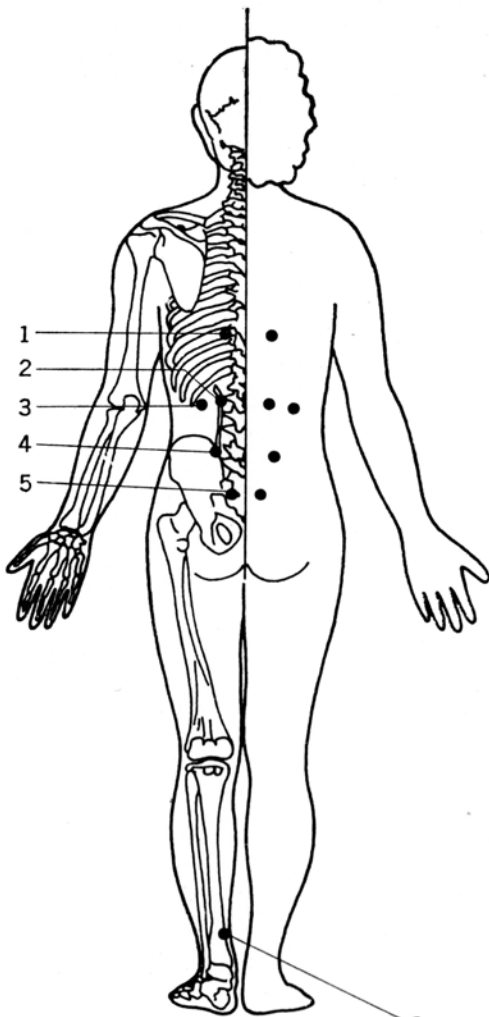
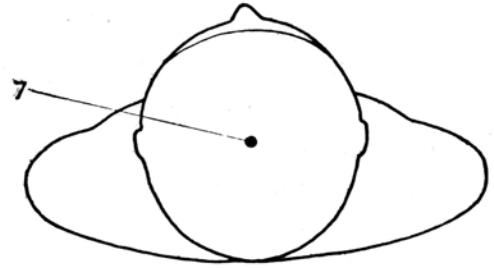
1. F<sub>4</sub>44 (BL 18) Kan-yu  
Associate point of F<sub>2</sub> (LV) meridian.
2. F<sub>4</sub>34 (BL 23) Jin-yr  
Associate point of F<sub>3</sub> (KI) meridian.
3. F<sub>4</sub>33 (BL 47) Shi-shitsu  
The stimulation at this point enhances the secretion of steroid hormone.
4. F<sub>4</sub>23 (BL 32) Ji-ryō  
This point is useful for the treatment of pelvic organs.
5. F<sub>2</sub>20 (LV 14) Ki-mon  
Alarm point of F<sub>2</sub> (LV) meridian. Genital organs are related to F<sub>2</sub> (LV) and F<sub>3</sub> (KI) meridians.
6. Two points below the navel.  
Make a right triangle, the top of which will be the navel, and the width of the patient's lips may be one side of the triangle. The two edges of its base are used as stimulating points.
7. VM 5 (CV 6) Ki-kai
8. VM 4 (CV 5) Seki-mon
9. F<sub>3</sub>14 (KI 13) Ki-ketsu  
For ovarial hormone secretion.
10. F<sub>1</sub>13 (SP 13) Fu-sha  
Effective to enhance ovarial function.
11. VM 2 (CV 3) Chū-kyoku  
Effective for the uterus.
12. F<sub>6</sub>9 (ST 36) Ashi-san-ri
13. F<sub>1</sub>6 (SP 6) San-in-ko





## 58. Frigidity

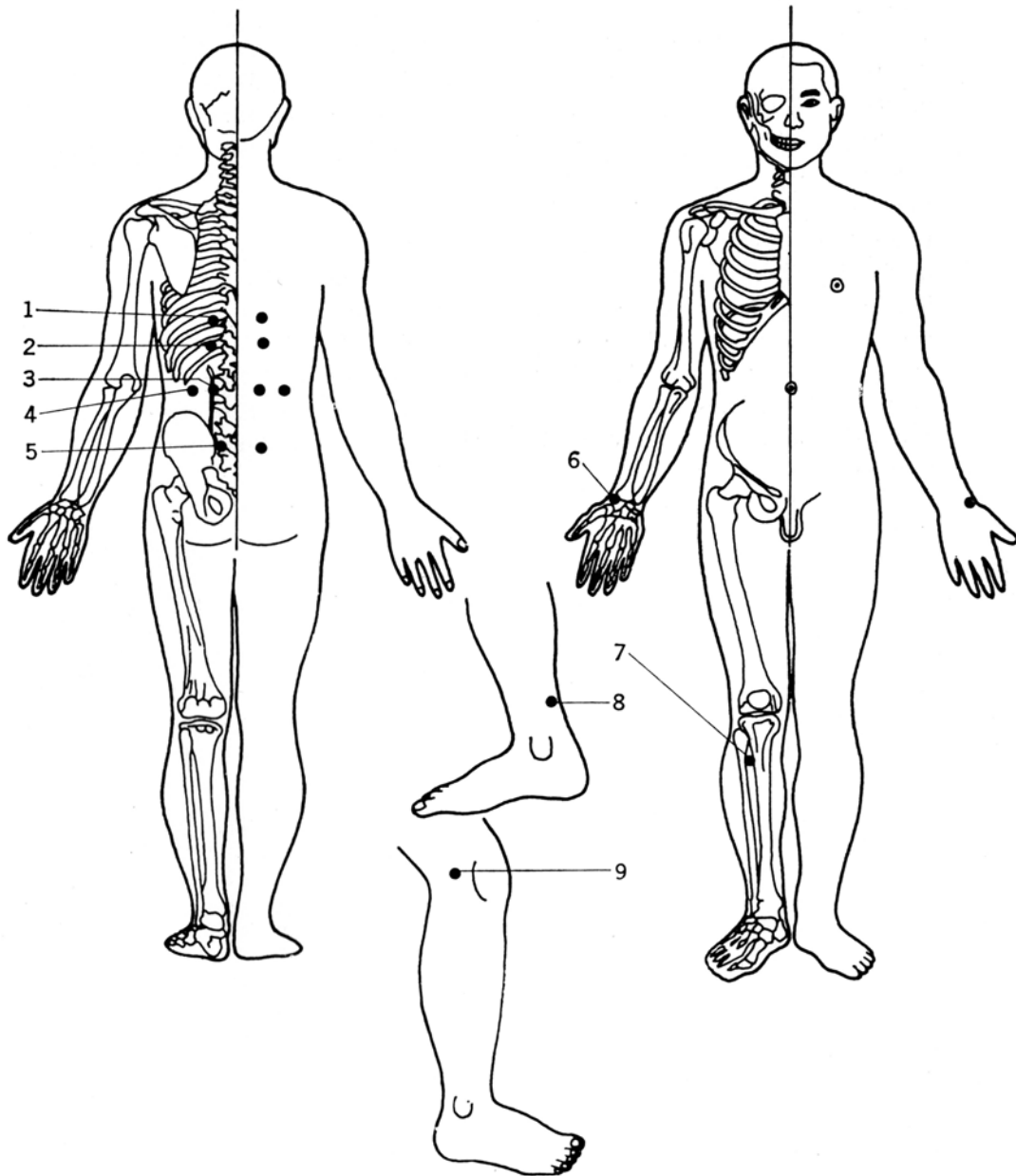
1. F<sub>4</sub>44 (BL 18) Kan-yu
2. F<sub>4</sub>34 (BL 23) Jin-yu
3. F<sub>4</sub>33 (BL 47) Shi-shitsu
4. F<sub>4</sub>31 (BL 26) Kan-gen-yu
5. F<sub>4</sub>23 (BL 32) Ji-ryō
6. F<sub>3</sub>7 (KI 7) Fuku-ryū
7. HM 26 (GV 20) Hyaku-e
8. VM 11 (CV 12) Chū-kan
9. VM 5 (CV 6) Ki-kai
10. F<sub>1</sub>13 (SP 13) Fu-sha



## 59. Cold Legs and Lower Back

Cold legs and lower back are usually caused by the inhibition of F<sub>2</sub> (LV) and F<sub>3</sub> (KI), but especially for a cold back F<sub>4</sub> (BL).

- |   |  |
|---|--|
| 1. F <sub>4</sub> 44 (BL 18) Kan-yu                                       | 6. H <sub>1</sub> 3 (LU 9) Tai-en  |
| 2. F <sub>4</sub> 40 (BL 20) Hi-yu  | 7. F <sub>6</sub> 9 (ST 36) Ashi-san-ri  |
| 3. F <sub>4</sub> 34 (BL 23) Jin-yu                                       | 8. F <sub>3</sub> 7 (KI 7) Fuku-ryū  |
| 4. F <sub>4</sub> 33 (BL 47) Shi-shitsu<br>Strengthens the steroid gland. | 9. F <sub>5</sub> 12 (GB 33) Ashi-yō-kan<br>Dilates the blood vessels in the feet. |
| 5. F <sub>4</sub> 23 (BL 32) Ji-ryō                                       |  |

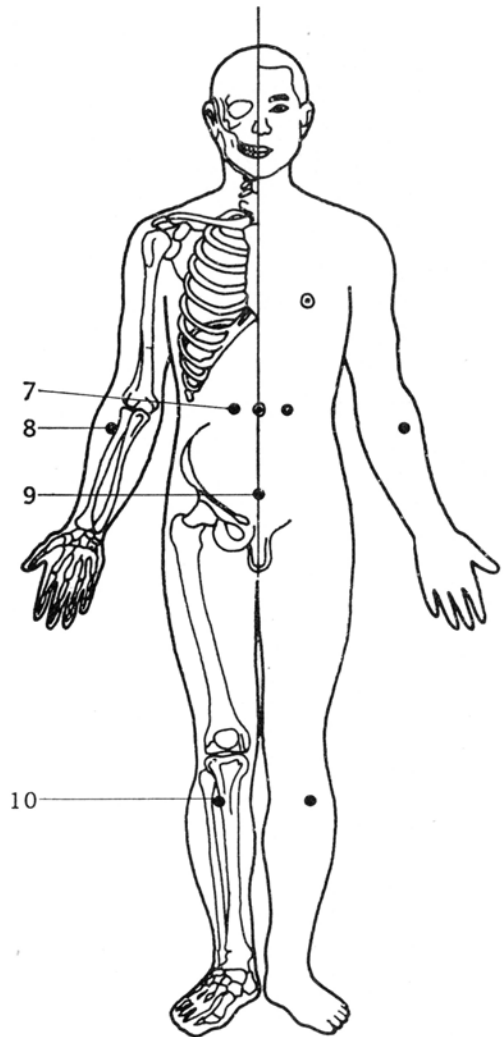
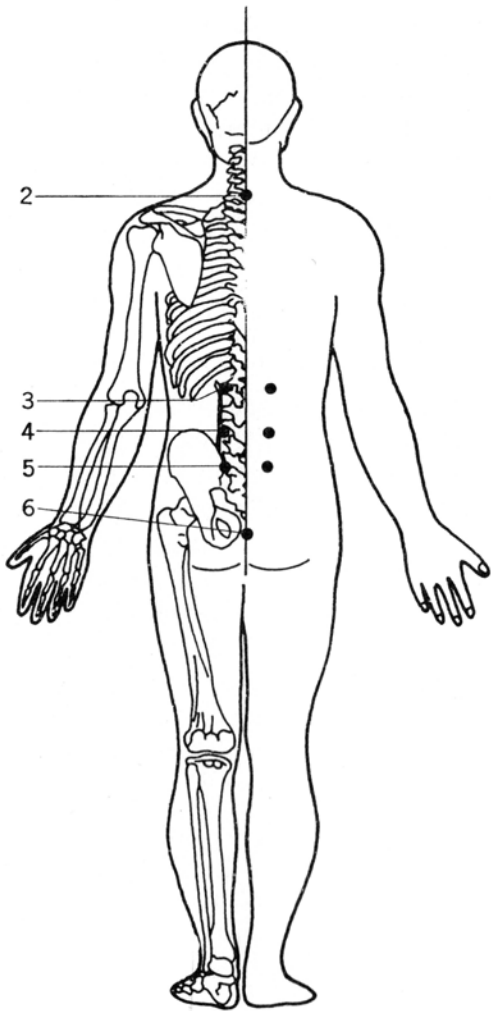
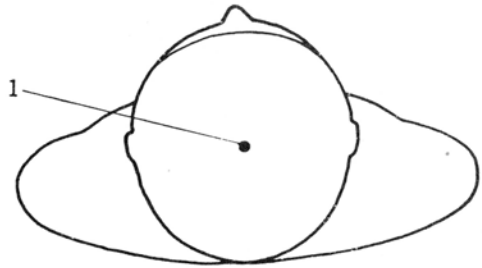




## 60. Hemorrhoids (Prolapsus ani)

Hemorrhoids are related to H<sub>1</sub> (LU) and H<sub>6</sub> (LI).

1. HM 26 (GV 20) Hyaku-e  
With stimulation at this point, the prolapsed anus will shrink, and most cases will improve.  
Insert the needle horizontally to a depth of 0.5cm–1.0cm aiming at GV 20. Then the tip of the needle usually touches the skull and further insertion becomes difficult. You may then raise the handle of the needle upward (not downward) because the needle tip will bend upward according to the law of levers and the needle can then move ahead without piercing the skull. The final depth of the needle is usually 1–2cm and 5–10 times of light pecking is sufficient.
2. HM 20 (GV 14) Dai-tsui  
Regulates the autonomic nerves of the anal region.
3. F<sub>4</sub>36 (BL 22) San-shō-yu  
Improves the flow of lymph.
4. F<sub>4</sub>32 (BL 25) Dai-chō-yu
5. F<sub>4</sub>23 (BL 32) Ji-ryo  
Effective for pelvic organ diseases. 30 peckings are used.
6. HM 1 (GV 1) Chō-kyō  
From both sides of the anus, insert the needles along the anus. 30 peckings are used.
7. F<sub>6</sub>66 (ST 25) Ten-sū
8. H<sub>1</sub>6 (LU 6) Kō-sai
9. VM3 (CV 4) Kan-gen
10. F<sub>6</sub>9 (ST 36) Ashi-san-ri





# Postscript

Ten years ago when I opened the Pain Clinic in our hospital, I was troubled by the fact that the nerve block technique did not cover all the complaints of the patients. It was then that I found that Ryodoraku was very useful as an adjuvant therapy. Recently Ryodoraku has been indicated for many cases which do not respond when treated by Western medicine only.

Dr. Nakatani, the distinguished discoverer of Ryodoraku, and I have written this book in an attempt to answer at least a few of the many questions of foreign doctors concerning Ryodoraku. I hope this book will be helpful to them, who, like we, are still searching for the best treatment for the difficult cases which we must take care of in our daily clinics.

I believe that Ryodoraku will be an entree to the field of acupuncture for doctors who are not familiar with Eastern medicine, and for those who are already using acupuncture it will be a further goal.

It is my belief that modern medicine, if it is to be most effective cannot use Western medicine *or* Eastern, choosing one at the exclusion of the other, but must accept and use both. Western medicine may be likened to a father's love, strict and at times severe; and Eastern medicine to a mother's love, gentle and patient. Neither one parent's love nor one school of medicine is complete in itself; they need to be combined, to become a part of a larger whole. The combination, Western-Eastern medicine, like God's love, is the ideal par excellence.

KUMIO YAMASHITA



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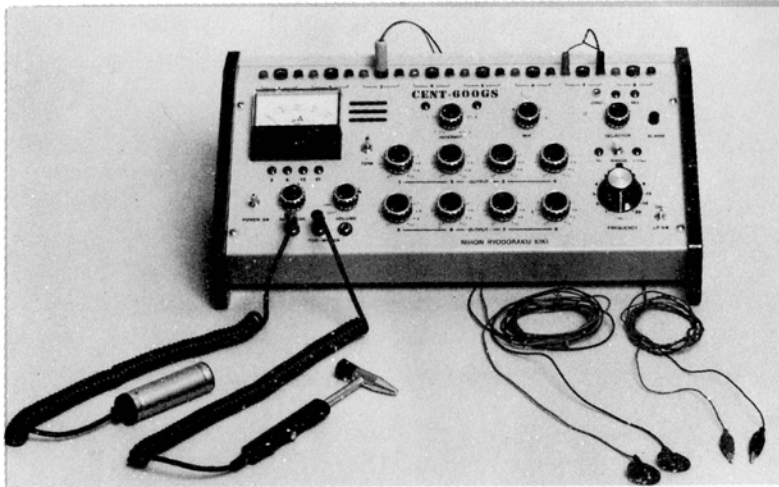
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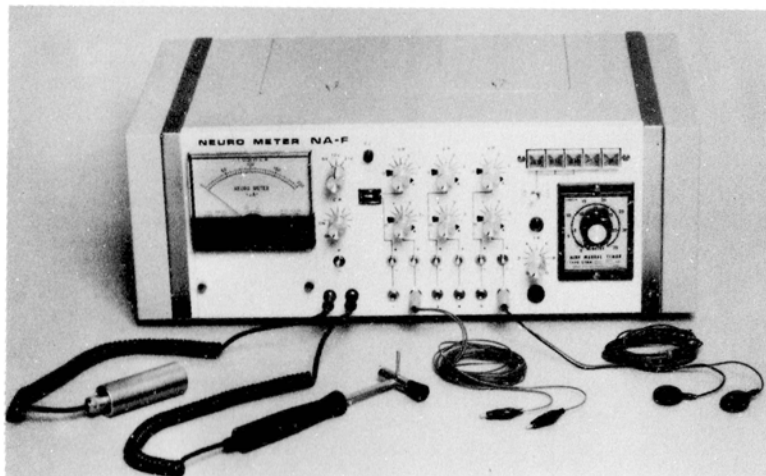
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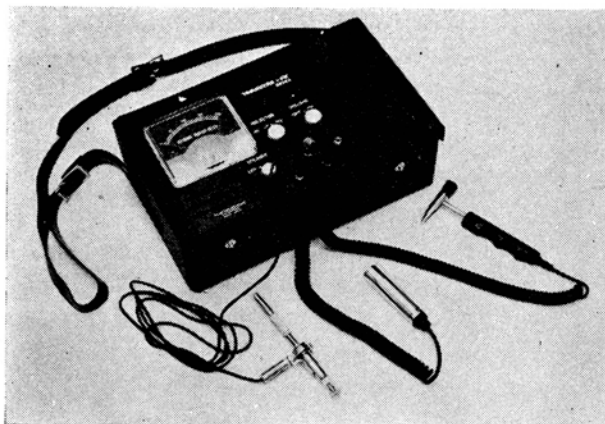
### **TORMETER Model CENT-600**

Operated by Battery, w/Circuit System of Low Frequency Stimulation for Analgesia.



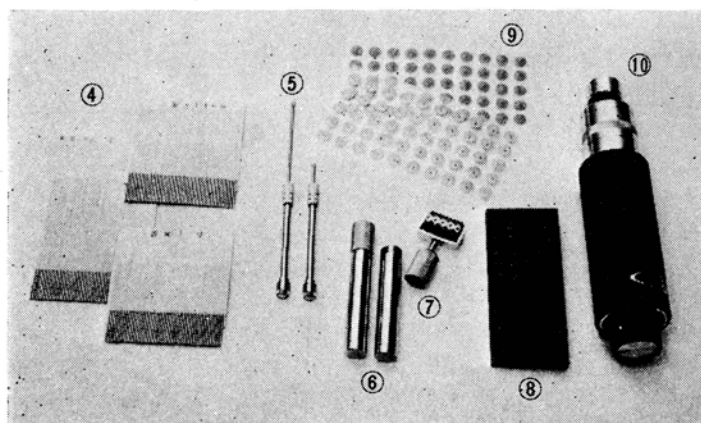
### **NEUROMETER Model NA-S**

Operated by AC (alternating current), The Combined System of Low Frequency Stimulation with "in situ" Needle.



**TORMETER Model I-W**

Operated by Battery, w/Pulse Tone Prod., Portable Type.



- ④ Spare needle
- ⑤ Ryodoraku needle cartridge
- ⑥ Cluster needle
- ⑦ Roller needle
- ⑧ Circular needle
- ⑨ Iron granules  
(Ion-corns)
- ⑩ Model OCA-I  
Electric Acupuncture Points Stimulator.



# RYODORAKU ACUPUNCTURE

*A Guide for the Application of Ryodoraku Therapy*

Electrical Acupuncture, a New Autonomic Nerve Regulating Therapy

Yoshio NAKATANI, M.D., Ph.D.  
Kunio YAMASHITA, M.D., Ph.D.

