

The Hands of the Therapist: The Crucial Role of Palpation in Therapy

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Since the second year of my acupuncture studies, I had been intrigued by why the same choice of treatment points and the same needling techniques could produce different effects when administered by different acupuncturists. People talk about "energy" and attribute a good treatment to the therapist's own "healing energy." This was possibly true, but I was not convinced yet. I wanted to give a concrete form to that "healing energy"; I wanted to have access to it. Later, when I started Toyo Hari studies, I learned about how the sensitivity of the fingertips was crucial in pulse reading, palpating, point locating and hence, in giving a good treatment. Though it seemed very logical that you should have sensitive hands in order to get the maximum of information from the body of the patient, I knew that there was something else central to a good therapy, something that I was still missing.

While searching in books, I came across a very interesting passage by Master Goto Konzan of the early Edo period. He says: "it is not the meridian point that makes the therapy work; it is the therapist who makes the meridian point work."¹ This citation convinced me that theoretical knowledge is not enough to produce a good treatment, and it is indeed the therapist who plays the crucial role. But how? Other things were puzzling me as well. I had many questions regarding Toyo Hari-style needling techniques. Although I saw daily how this kind of needling produces effects, I needed a scientific explanation that would convince me that contact needling, and no insertion, could produce those effects. The placebo effect just did not convince me. I had witnessed ameliorations of chronic illnesses too often and on skeptic patients to be satisfied by that simplistic explanation.

I kept studying until I came across a fantastic article by Mrs. Suzuki Makiko.² In her article, Mrs. Makiko explains how by contact needling you actually influence the epidermis, whereas by inserting the needle you influence the dermis. She explains that the epidermis originates from the same ectoderm as the central nervous system and that:

"it has the same receptors as the brain for serotonin, dopamine, adrenaline... and that various sensations received at these receptors are communicated to the brain by differences in electrical potential of substances such as Ca²⁺, Na⁺, and Mg⁺... Because sensation at the epidermis occurs subconsciously and autonomously, it is conceivable that stimulation received by the epidermis is transmitted to the hypothalamus, a higher order nerve center of the autonomic nervous system."

What she said was extremely interesting and very easy to test. If I had understood Mrs. Makiko correctly, by treating acupuncture points on the epidermis instead of the dermis, you would be influencing meridian points as well as the nervous system. In order to do that, my needling should become even lighter; otherwise I would miss that very thin sensory layer of epidermis and

instead would get into the dermis. I tried this on patients with backache. By asking them to turn over in order to treat their back, they would not be able to see what I was doing. I treated the tender points with contact needling as lightly as I could; so light that sometimes I doubted whether I was touching the epidermis at all. To my surprise, I heard them say more and more often: "That is the point, you are inserting the needle very deep now. Oh, the pain is going away." In fact, I never inserted the needle, neither shallowly nor deeply, but it seemed that I was influencing the nervous system and that is why they could feel those sensations.

This discovery motivated me to work more and more at the epidermis level, which meant I had to reconsider my palpating and needling techniques as a whole. Before this realization, I already had a very nice and inexplicable experience with light touching. I had learned during my acupuncture studies that if you could not feel the pulse, you should rest your fingers calmly on the pulse and wait for the pulse to come to you. I realized that the gentleness of the touch, the warmth of the hands and the intention you put in your hands did influence the pulse. With resting my fingers in this way on an unclear pulse, the loose skin under my fingers found more body and the artery came closer to the surface and made it easier for me to read the pulse.

With my recent experiences, and Master Konzan's words constantly on my mind, I decided to apply the same technique in palpating and treating painful areas. At the beginning, I followed the directives: touch gently, don't give too much pressure, and look for humidity, indurations and openings of the acupuncture points. I had already realized that the heaviness of my hands and the pressure in my fingers made me miss all the subtle changes on the skin surface. Being conscious of how influencing the epidermis worked, I tried to lighten up my hands as much as possible to make it feel as if a feather were touching the skin. With as light a touch as possible, I trained my hands' sensitivity to feel the minute and subtle changes on the body surface. Little by little, I realized that a very gentle and superficial touch produced other unexpected effects.

In my practice, I treat many patients with musculoskeletal problems. Many of them are afraid of needles but have decided to go to an acupuncturist as a last resort. After giving a whole body treatment based on the pulse findings and the patient's pattern, I usually examine the painful area. I let my hands move very lightly on these places. Almost without exception people drop their tense shoulders and as a result, the neck and shoulder muscles relax: the tense body gets soft and the area of pain becomes accessible. It then becomes very easy to locate the treatment points. My fingers stop on the right points by themselves. I cannot describe the points as indurations. Actually, I cannot feel the indurations on the skin surface with such a light touch. What does often strike me is that the skin on the painful area often feels very tense. Usually, around the tense area, there are also soft, sunken or puffy points as if the pain-ridden area was divided into excess and deficiency points, which logically shows the imbalance between the muscles and the tissues. People experience pain not only in the tense areas. Very often, I am surprised to hear: "Yes, that is the point" and I notice that the point under my finger is actually sunken and deficient. Because of these

unexpected experiences, I try to open up my mind and not limit myself to preconceived ideas about indurations. I know now that, as Master Sawada said, “there are *living and functioning* meridian points as well *dead* ones destined to be functionless, and successful therapy depends on the ability to distinguish between the two.”³ I just let my hands guide me and listen to the patients. When I am convinced that I have located the right points I treat them.

Here is an example to show how treating the points on epidermis level can produce unexpected results:

Patient: 33-year-old woman with a longstanding neck and shoulder problems. I had been seeing her for already two months and her pain had diminished remarkably. An accident led to a relapse. Last winter was long in the Netherlands, and very cold. While riding a bicycle, she slid on a frozen road and landed on her right shoulder. When I saw her, she cried in despair that she was back to square one and that her pain was as intense as before the treatments some months ago.

Pulse: Liver and Kidney deficiency, excess on the Bladder meridian.

Treatment: LR-8 + KD-10 with tonifying technique. Then the patient turned over and I examined her back. The whole upper back area was so tense and painful that even my light touch hurt her. I interpreted this as hypersensitivity of the nerves at the skin level. I needled BL-60 and BL-10 to relax the Bladder meridian. Since her skin hurt, I was concerned that any kind of needling, even contact needling would produce more cramps and worsen her pain. I first performed moxibustion on the Fukaya points to reduce her pain and stimulate the blood circulation. The upper back was still painful and tense. I decided to treat her with a Teishin needle (long needle with a rounded tip that does not penetrate the skin). I made a scoop-like movement from the vertebral column to the scapula with my concentration focused on the epidermis. My idea was to guide the excess to the outside of the body. It took me 2-3 minutes and the patient said that the pain was gone. The whole treatment took 15 minutes and her pain never returned to that extent again.

Gentleness goes further than just with palpation. I try to maintain the same attitude in needling. I put all my intention at the tip of the needle and hold the needle very lightly. Then I needle as gently as I can. Usually on the sunken and deficient areas I do tonification (*hoho*) plus moxibustion. On the indurations, I very rarely insert the needle into the skin. I first do contact needling and different styles of *shaho* needling (sedation), and with my intention try to push the hard tissues away. Most of the time the pain diminishes remarkably. It is as if by being gentle with a traumatized area, peace is restored with the therapy and the healing process quickened. Patients usually don't experience pain, and even those who experience pain and are afraid of needles are among the diehards who do not miss a treatment.

The same effect is seen in treating the meridian points. I notice that gentle needling re-establishes the balance between the meridians and Zang-Fu much more quickly than just inserting the needle without having a clear idea of the depth of the insertion or of *de Qi* sensation (subject for another discussion). Another outcome of this way of treating is that I have to treat fewer points and so the treatments take less time. It is as if once the body allows you to have

access to it, the only thing that remains to be done is to talk to it with the right language and to touch and help distorted points restore themselves to their normal states.

The road to knowledge is very long and I am just at the beginning. This perspective is exciting. I try to remind myself in each treatment that every body is an amazing landscape filled with secrets. In order to become one with that landscape and to have access to it, I must continue learning, training my sensitivity and freeing myself of preconceptions.

1. Fukushima Kodo. *Meridian Therapy: A Hands-on Text on Traditional Japanese Hari Based on Pulse Diagnosis*. Toyohari Medical Association. 1991: 168.
2. Suzuki Makiko. "Superficial Needling: Qi Movement and Miracle Cure." *North American Journal of Oriental Medicine*. March 2013: Vol. 20(57): 5.
3. Fukushima Kodo. *Meridian Therapy: A Hands-on Text on Traditional Japanese Hari Based on Pulse Diagnosis*. Toyo Haro Medical Association. 1991: 168.