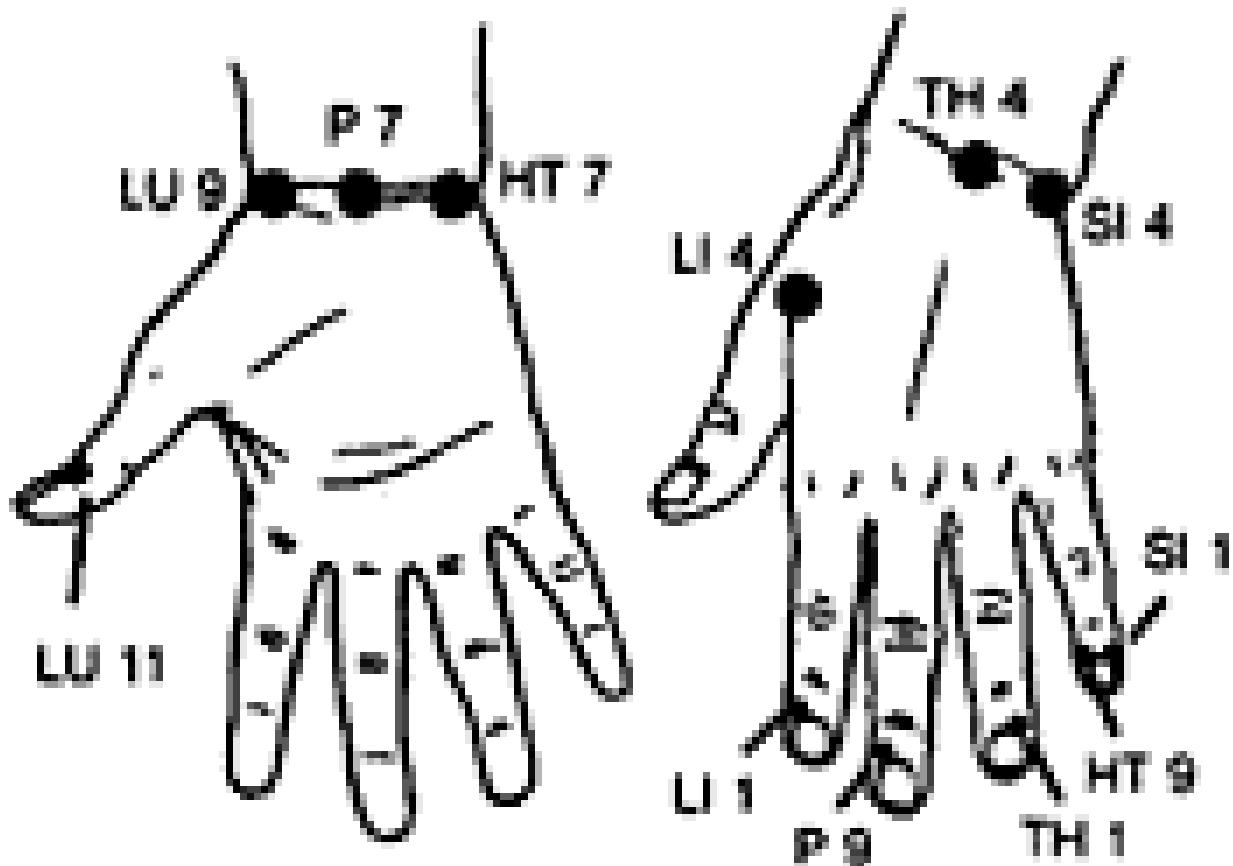


Contemporary Acupuncture Diagnosis: Electro-Meridian Diagnosis

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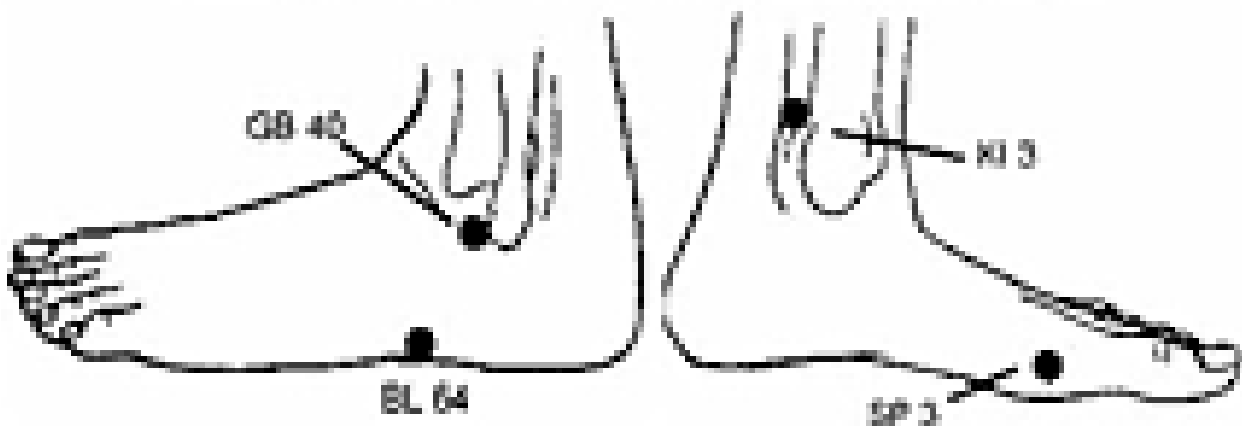
In 1951, Dr.Yoshio Nakatani MD, PhD developed a method of examining the meridian system of the body through electronic measurements that altered the way acupuncture would be practiced throughout Japan, Europe, Australia and North America. Referred to as *ryodoraku* by Nakatani, its use would become international within 25 years of discovery.



Source (*yuan*) and tsing (*jing-well*) points of the wrists and ankles.

In or around 1957, a medical delegation from the People's Republic of China visited Japan and became fascinated with Dr. Nakatani's discovery. The Chinese delegation visited Nakatani's clinic, making detailed observations into the procedure, and was amazed at both the theory and therapeutic effects. Following the delegation's return to the PRC, the daily newspapers published several articles concerning *ryodoraku* examination and treatment together with case reports of treatment. Requests were made of Dr. Nakatani to visit the PRC; however, due to political concerns, Nakatani declined all invitations. Ultimately, reports of *ryodoraku* and electronic evaluation of the meridian system would stop coming from China. It is agreed by authorities that needle/electronic analgesia developed in China was spawned by Nakatani's original work.

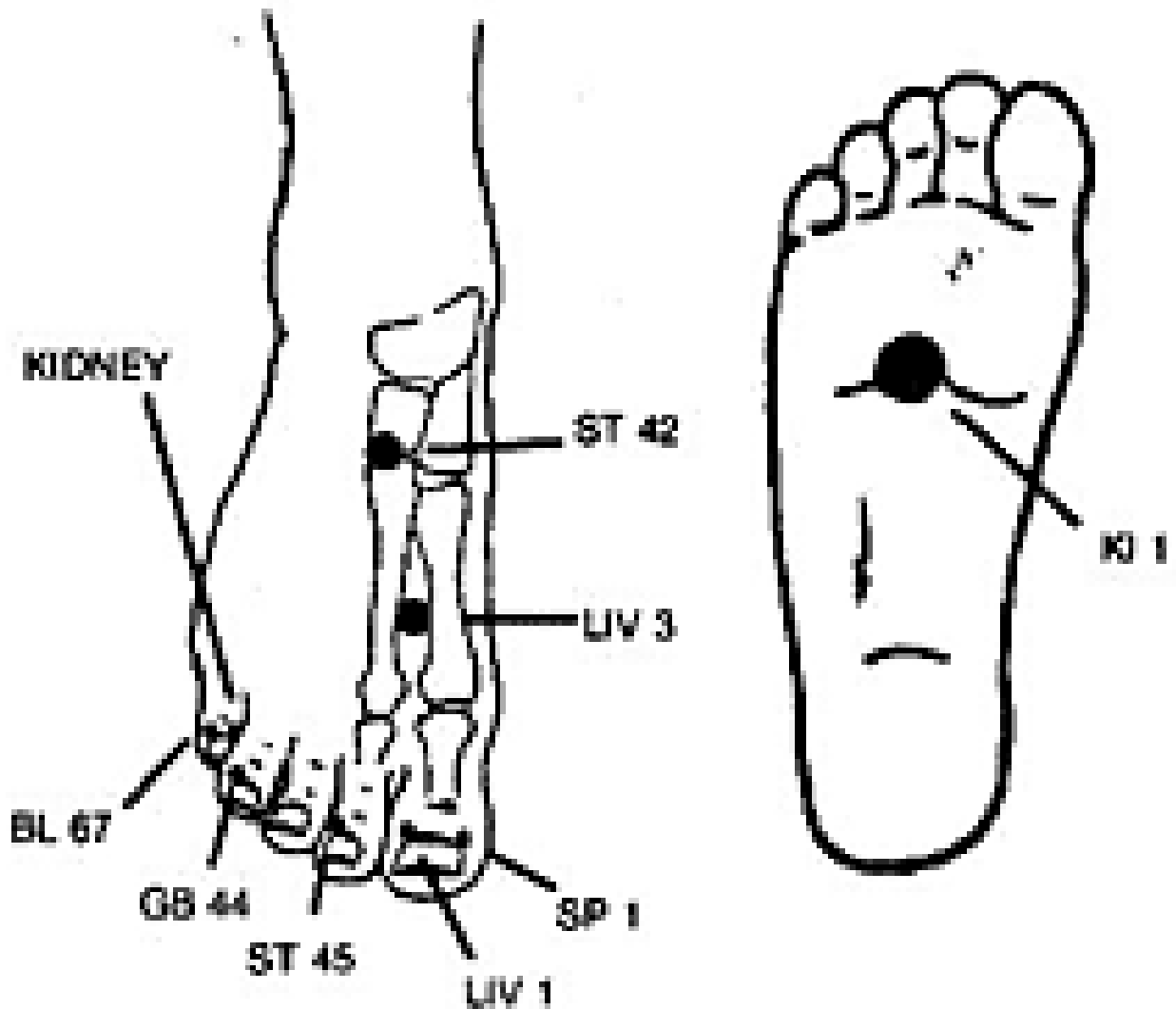
SOURCE (YUAN)



TSING (JING-WELL)

Source (*yuan*) and tsing (*jing-well*) points of the wrists and ankles.

Nakatani first developed the procedure of electronic evaluation of the meridian system by measuring skin conductance at the *yuan* (source) point of the wrist and ankle. By doing so, he created one of the most significant acupuncture diagnostic methods that has yet to be created in either contemporary or traditional acupuncture. When one compares the findings of learned Asian masters of acupuncture using pulse diagnosis with the findings of *ryodoraku*, the meridians shown to be involved are identical. Masters of acupuncture are known to palpate the 12 pulse positions for as long as 15-30 minutes per wrist in select cases. Electronic evaluation of the 12 *yuan* points takes less than a total of two minutes regardless of the complications of the case.



Source (*yuan*) and tsing (*jing-well*) points of the wrists and ankles.

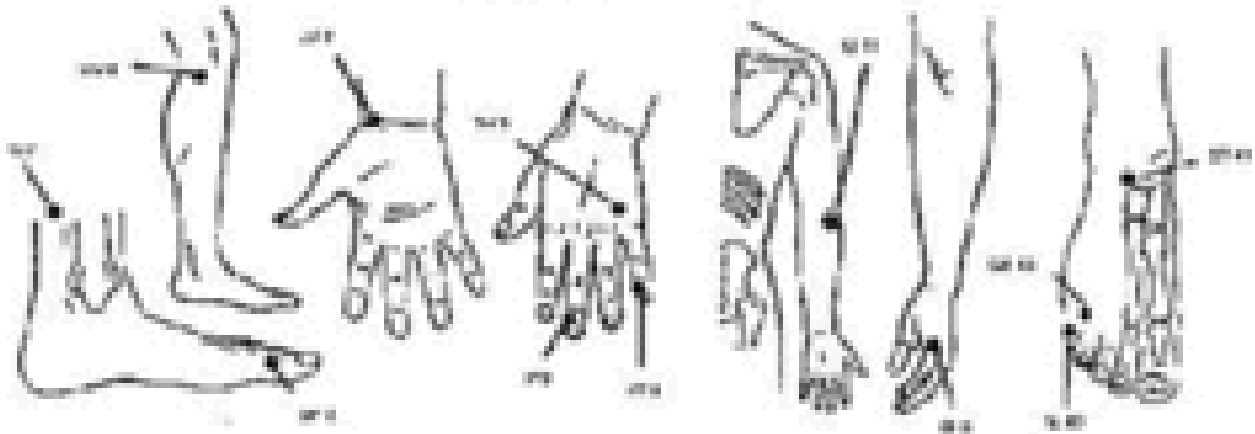
Electronic measurement evaluation of the patient's *yuan* points does not determine the same indications seen as when the specific 28 pulse characteristics are analyzed via proper pulse diagnosis. It does, however, determine if an individual meridian is excess or deficient in comparison to the entire meridian system average of the 12 primary meridians.

When one finds an elevated or deficient meridian on *ryodoraku*, the treatment approach is to specifically tonify or sedate the acupuncture points known to replenish or deplete biomagnetic energy. By doing so, this action will create balance in the meridians. Electronic measurements are ascertained by examining the bilateral 24 specific *yuan* points of the wrist and ankles for only three seconds per point.

SEDATION



TONIFICATION



LUO



Sedation, tonification and *luo* points.

Ryodoraku is practiced by measuring the source point with an inexpensive instrument designed specifically for this purpose. By adding the measured values of each of the 12 meridian exam points together and dividing by 24 (representing the 12 bilateral meridians), the practitioner may develop a base average. The status of the meridians may be determined by being too high or too low in relation to the base average. In the mid-1980s, the art of electronic evaluation for diagnostic purposes in acupuncture entered into high technology by incorporating computer enhanced evaluation.

One of the most significant discoveries of *ryodoraku* was the discovery of split meridians, which had never before been seen or described in the history of acupuncture. For example, in pulse diagnosis, the pulse of the Spleen, Lung and San Jiao meridian are always found in the right wrist, whereas the Gallbladder, Kidney and Liver are always analyzed in the left wrist. When one derives a diagnosis from the 28 pulse qualities, it can reveal a multitude of factors that can only be ascertained through the pulse. However, it cannot and does not reveal what *ryodoraku* has discovered.

Because *ryodoraku* evaluation utilizes measurements of the *yuan* points bilaterally, it often reveals especially in severe cases, with the meridians exhibiting a split in numerical value between left and right sides of the body. As *ryodoraku* measures the *yuan* points of both sides of the body, it is able to detect a diagnostic situation that was virtually unknown until *ryodoraku*'s invention. By utilizing the *luo* point of the split meridian, a correction can be made in a split (left-to-right) meridian. *Luo* points classically and traditionally are used to link a coupled meridian, such as Lung/Large Intestine. In auriculotherapy, this correction between splits can be treated by the master oscillation point.

LU-9	P-7	HT-7	S-4	TH-4	LI-4	SP-3	LV-3	KI-3	BL-44	GB-40	ST-42	
L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	
200	200	200	200	200	200	200	200	200	200	200	200	
190	190	190	190	190	190	190	190	190	190	190	190	
180	180	180	180	180	180	180	180	180	180	180	180	
170	170	170	170	170	170	170	170	170	170	170	170	
160	160	160	160	160	160	160	160	160	160	160	160	
150	150	150	150	150	150	150	150	150	150	150	150	
140	140	140	140	140	140	140	140	140	140	140	140	
130	130	130	130	130	130	130	130	130	130	130	130	
120	120	120	120	120	120	120	120	120	120	120	120	
110	110	110	110	110	110	110	110	110	110	110	110	
100	100	100	100	100	100	100	100	100	100	100	100	
90	90	90	90	90	90	90	90	90	90	90	90	
80	80	80	80	80	80	80	80	80	80	80	80	
70	70	70	70	70	70	70	70	70	70	70	70	
60	60	60	60	60	60	60	60	60	60	60	60	
50	50	50	50	50	50	50	50	50	50	50	50	
40	40	40	40	40	40	40	40	40	40	40	40	
30	30	30	30	30	30	30	30	30	30	30	30	
25	25	25	25	25	25	25	25	25	25	25	25	
20	20	20	20	20	20	20	20	20	20	20	20	
15	15	15	15	15	15	15	15	15	15	15	15	
10	10	10	10	10	10	10	10	10	10	10	10	
5	5	5	5	5	5	5	5	5	5	5	5	
Meridian	LU	P	HT	S	TH	LI	SP	LV	KI	BL	GB	ST
Sedate	LU-5	P-7	HT-7	S-8	TH-10	LI-2	SP-5	LV-2	KI-1	BL-45	GB-38	ST-45
Tonify	LU-9	P-9	HT-9	S-3	TH-3	LI-11	SP-2	LV-3	KI-7	BL-47	GB-43	ST-41
Source	LU-9	P-7	HT-7	S-4	TH-4	LI-4	SP-3	LV-3	KI-3	BL-44	GB-40	ST-42
LUO	LU-7	P-8	HT-5	S-7	TH-5	LI-8	SP-4	LV-5	KI-4	BL-58	GB-37	ST-40

Example graph conducted without computer program showing involved meridians (high, low, split). Bottom of graph illustrates acupoints to use for tonification, sedation or *luo* points.

Evaluation of the musculotendinous meridians seen in orthopedic conditions is ascertained by the

same procedure but using the *tsing* (*jing-well*) points. *Yuan* and *tsing* point evaluation are two entirely different examinations of two different meridian systems.

The system of *ryodoraku* was renamed electro-meridian imaging (EMI) by myself in 1982. It gave the procedure a more contemporary descriptive term for today's patient. This electronic method of evaluation is reliable; duplicable; easy to learn and employ; and is extremely simple to explain to the patient. It is literally changing the way acupuncture is being used both diagnostically and therapeutically internationally.

With EMI being available to acupuncturists and physicians through computer enhanced imaging, it has become state-of-the-art to allow a trained technician or practitioner to conduct this significant diagnosis in less than two minutes. The computer hardware requirement is an easy-to-use, simple design that currently requires a computer running a minimum of 486K with a Windows operating system. It is attractive, professional and impressive to both doctors and patients. Referrals for this electronic acupuncture examination can be numerous to overwhelming. The typical Western minded patient exhibits much more confidence in this contemporary, electronic, computer enhanced style of examination than ancient pulse diagnosis. It allows the patient to take home a printed copy of their graphic interpretation as well as diagnostic criteria. In addition, a copy of involved meridians may be printed, or a copy of specific points the patient may use at home to accelerate clinical response.

Space limits the full explanation of this procedure. Should any reader of this column wish an EMI descriptive booklet that shows the examination procedure in detail along with the computer screens from the software, simply e-mail your request to me the address below. You may also send your request directly to my columnist page at www.acupuncturetoday.com/columnists/amaro, click the "Talk Back" button and log your request. Best wishes for a great late summer/autumn!

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