

# Centering the Umbilical Pulse and Akabani Testing

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This article will address two very specific and important treatment protocols: the Umbilical Pulse and the Akabani Test, both of which can be incorporated with any style of practice. If the Umbilical Pulse (AKA "Center Pulse") is off center, or if any of the meridians are bilaterally imbalanced (known as an "Akabani Imbalance"), it will substantially affect the outcome of treatment. If either or both of these conditions exist, it will be extremely difficult to create balance and harmony among the 12 Officials (organs/functions), as their very foundation is itself imbalanced and unstable.

Further, these imbalances are quite likely to create symptoms by their very presence. In my first year in practice, I treated a patient who had suffered from one-sided low back pain for two decades, stemming from an old high school football injury. His Akabani Test revealed an imbalance in the UB meridian. One needle, inserted unilaterally in UB 58 completely corrected the situation in this patient; he was still pain-free years later when we last had contact. Needless to say, there are many reasons that low back pain could manifest in a patient. In this one, however, it was due to the Akabani Imbalance. Correcting that produced instantaneous results.

More recently, in class, I demonstrated the technique for balancing the Umbilical Pulse on a student who had recently relocated and had found it impossible to feel "at home" in her new home. She had not unpacked her moving boxes in the weeks since her arrival, and had no intention to do so. She reported feeling anxious, unsettled, and unable to "root." Her energy was similarly unsettled; at times manic, at times lethargic. I centered her umbilicus in class and did nothing else. She reported the next day having turned into a "homecoming queen," feeling "at home," peaceful, and settled for the first time in weeks, busily unpacking, decorating, and "nesting," with no further episodes of mania or lethargy.

The Umbilical Pulse



The Umbilical Pulse, or Center Pulse, is located in the navel. If this pulse is off center, a patient's energy cannot stay centered. It will be difficult, even with otherwise proper treatment, to achieve balance at any level: physically, mentally or spiritually. If the Umbilical Pulse is off center, the patient may well report unstable energy, feeling energetic or "up" one day and lethargic or "down" the next. It is analogous to the hub of a wheel. The 12 meridians are akin to the spokes of the wheel. If the hub is off center, the wheel will not be perfectly round, but will become elliptical, incapable of rolling smoothly. Instead, it will make for a most uncomfortable ride.

*Testing the Umbilical Pulse:* Bring the fingertips the thumb and first three fingers (excepting the little finger) of one hand together, so that if you were to look at the fingertips from below, you would see a diamond shape in the center. The fingertips should be on an even plane.

Standing to the side of the patient, who is lying face up on the table, slowly press down with your fingertips in the center of the patient's umbilicus until you feel a pulse. If the pulse is centered, you will feel the pulsation at the center of the configuration of your fingertips. If it is off center, note the direction in which it is off center. Record your findings diagrammatically, using a plus sign and indicating with a small circle where the pulse was felt (i.e. in the center, off to the north, south, east, west, or diagonally). NOTE: If the abdominal muscles are tight and the pulse is difficult to feel, have the patient bend the knees, keeping feet on the table. This test is contraindicated for pregnant women.



*Centering the Umbilical Pulse:* To center, slowly, but firmly, massage the pulse toward the center of the umbilicus with your thumbs. The pulse may center quickly, or may take 20 minutes or more.

It may not center in one session. Periodically, repeat the test to determine the degree of change. If unable to center in one session, you may teach the patient how to test and center on him/herself and assign as homework. Test and correct the Umbilical Pulse as needed. This test is part of the physical examination of a new patient. Repeat if the patient's energy manifests the "up and down" symptoms aforementioned, or after any significant jarring experience.



### Akabani Testing

This technique, named after the Japanese practitioner who invented it, is used to determine the right/left state of balance of each of the 12 meridians. Normally, the two sides of a given meridian share equally the available energy within the meridian. When the energy distribution is unequal, we call this an Akabani Imbalance. We check and, if necessary, correct Akabani imbalances after checking and, if necessary, correcting the Umbilical Pulse.



*The Akabani Test:* We test the Akabanis by passing a lit stick of incense back and forth over the nail points of each meridian and counting the number of passes until the patient senses the heat. The nail points are found by drawing an imaginary line horizontally at the level of the base of the nail and vertically at the medial or lateral (depending on the meridian in question) extremity of the nail. The nail point is found where these two lines intersect.

NOTE: In the case of the Kidney meridian, which has no meridial nail point, for purposes of this test, use the medial nail point of the little toe. The practitioner's hand must be stable. The incense stick is passed in a diagonal direction over the point so that one direction of the pass is over the nail itself.



Each pass of the stick is approximately 1/2 inch in length; the meridian point lies midway between the extremities of each pass. The stick is passed close to the skin, but without touching (approximately 1/8 inch away). The stick is held at an oblique angle relative to the skin to minimize the cooling effect of the buildup of ash at the tip. It is moved at a constant speed. Each pass over the point is counted as "one."

The patient is instructed to say, "Hot" when the heat is felt. The patient is instructed to say, "Hot" at the same point of intensity on both sides. Take the stick away immediately and record the number of passes made when the heat was felt. Record each meridian left side over right side (e.g. HT 5/8, meaning the Heart meridian registered five passes on the left when the heat was felt, and eight passes on the right.). An Akabani Imbalance is determined by a difference of 25 percent or greater between the two sides of a meridian.

If an imbalance is found, wait at least three minutes (for the point to cool down) and re-test again. If the results show an imbalance of 25 percent or greater on the same side, wait three additional minutes and re-test. As there is the possibility of human error in performing this test, only correct an Akabani which has shown an imbalance of 25 percent or greater in three successive tests. NOTE: The exact number of passes does not have to be identical in successive tests, only the overall percentage.

*Correcting the Akabani Imbalance:* To correct an Akabani Imbalance, tonify the Junction (*Luo* Connecting) point of the deficient side of the meridian. The deficient side is the side that registered the higher number of passes (being the least sensitive).

In the Classical Five Element System, the technique for tonification is as follows: Insert the needle in the point, in the direction of flow of the meridian as the patient breathes out. Rotate the needle 180 degrees clockwise as the patient breathes in. Quickly and immediately remove the needle, and seal the needle hole with an alcohol swab and pressure.

Re-test the meridian after needling. If the two sides have come within normal limits (less than 25% difference), the imbalance has been corrected and nothing further need be done. If test results have not come to within normal limits, you may use direct moxabustion (generally three to five small cones) on the point (unless the patient has hypertension; a difference of more than 40 points between systolic and diastolic BP, in which case moxabustion is contraindicated), re-tonify and re-test again.

If still not corrected, tonify the source point of the deficient side. Reinforce with moxa, as above, if needed.

If more than one meridian is imbalanced: If you are practicing Five-Element style and have identified the patient's primary elemental imbalance, the Causative Factor (AKA "CF"), and one or more of the Officials in the CF element is imbalanced, start correcting the Akabani Imbalance there. Correcting the CF may cause other imbalanced meridians to self-correct, so re-test the others before correcting them.

If CF determination does not figure into your treatment planning, and multiple Akabani Imbalances are found, note if they follow each other in order on the *sheng* (or generating) cycle: Wood, Fire, Earth, Metal and Water. Begin by correcting the first one in the order. Then re-check the others, which may have self-corrected. For example, if there were an Akabani Imbalance on HT (belonging to the Fire element) and ST (belonging to the Earth element), begin with HT, then re-test ST.

Like the Umbilical Pulse, the Akabanis are checked and corrected as needed, as part of the initial examination. It is repeated, as needed, during the course of treatment, often in the case of the appearance of one-sided symptoms if the patient has had a significant jarring experience, or if treatment progress slows or stops and other energetic blocks have been ruled out.

