

***Jingei* Diagnosis: An Effective and Powerful Diagnostic**

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I graduated from the Kotatama Institute under the direction of Drs. Masahilo and Katsuharu Nakazono in 1984. As a student, I was exposed to the practice of most of the various theories and modalities of Oriental Medicine. Included, but not limited to, Akabane treatment, meridian therapy, five element diagnosis and treatment and various micro-systems of acupuncture. The system that struck me as most helpful in my practice is called *Jingei* diagnosis and treatment, where one compares the strength of the wrist pulse at LU9 and the strength of the *Jingei* point pulse at ST 9 as is outlined and taken directly from the *Su Wen* Chapter 9.

Jingei diagnosis was considered a very powerful transmission in the classical period, however it lost popularity until it was revived after World War II in Japan by Dr. Ogura and further refined and focused by my teacher, Dr. M. Nakazono. As detailed in *Su Wen* Chapter 9, *Jingei* tells us where exactly the problem is on a given day for a patient. *Ho* and *sha* treatment on one of the *yin/yang* indicated meridians is seen as the linch pin, which causes all other currents of life energy, pulses and their respective meridians to balance, which once done causes the body to become healthy. It is as true now as it was 3,500 years ago. If it doesn't work, then the dx or tx is missing a step, or the patient is incurable or dying. If performed correctly, any kind of curable illness, pain or condition can be treated successfully.

My personal background began with Dr. Nakazono and his son (Masahilo is the father, Katsuharu the son). I lost my father at a young age and I began studying aikido with them at age six when our mother moved us to study with their group. I have studied and taught aikido for many years and eventually attained a rank of sixth *dan* from *Hombu dojo*, and have found an interesting and deep connection between this system and martial arts. As a professional teacher for many years, teaching Aikido, Iaido (sword work) and zazen meditation, most of my training was in the transmission of the art to others after I had studied it myself and in this teaching practice I delved more deeply into the essence of the art. In Aikido practice, (as I was taught by Professor T.K. Chiba, Eighth Dan and direct student of O'Sensei) the main objective is to destroy your opponent's balance (*kuzushi*). Always with the sense of doing it with the least extra effort possible and maximum emphasis is given to allowing the nature of the attack - gravity to do it to the easiest and simplest way. In medicine it is this same but in reverse - what is the least you can do, the fewest points to directly balance with the least effort and intervention on the part of the practitioner?

Jingei dx and tx hits this principle beautifully and I cannot help but feel that the doctors, both masters at Traditional Budo, including Aikido, naturally could sense this and it informed their revival of the *Jingei* diagnosis. In fact, Dr. M. Nakazono insisted his students take Aikido classes as part of our medicine curriculum. For myself, the physical connection I feel greatly enhances the intuitive knowledge more than any kind of study of a book or theory.

Here is a brief synopsis of case history for a couple of the thousands I have seen over the past almost 30 years:

Case History I

Melissa J., was a 35-year-old female with advanced severe endometriosis. The patient had heavy periods, clotting, pain, along with cramping and migraine severity headaches for two weeks out of the month. Her doctor recommended a hysterectomy, but she wished to try acupuncture before surgery. She had edema of the lower legs and severe exhaustion, which had started after laparoscopic surgery to remove a ruptured ovary two years prior. Most of her *zo* pulses showed a *kyo* condition, with KI/SP showing the most deficiency. Her ankles and legs had pitting edema along the LV meridian. In spite of this, her lower abdomen felt weak, but not bad, she had a kidney voice, but had luster of her *shin ki* so I thought I could help her. In general, her *jingei* pulse was considerably stronger than her wrist pulse, which showed as a result of losing *yin ki*, resulting in quite strong fluid/blood stagnation.

I proceeded to treat her with acupuncture and moxibustion, on either of her KI or her LU depending on the *jingei* pulse dx read out that day. I used *okuburi* (retained needles) or moxa needles for *ho* on either of the source points, or the back *yu* points, alternating one or the other treatment. I generally left the needles in from five to 20 minutes for the *ki* to accumulate internally (this is not *de qi*) She never felt the needles at all. After the time had elapsed, I removed the needles and performed quick *sha* on either of the BL or LI points or using one of the *gogio* points on the elbows or knees. The patient began feeling better within a few treatments. Within a month her energy had increased, her periods were better, and her legs were much better. I backed her treatment out to once every few weeks after six months of treatment, and she is continuing to improve.

Currently, she has no period issues at all, normal cycles, with no cramping, headaches and normal flow. She is excited to be back to a normal life without surgery and enjoying things like skiing with her children. In my opinion, *Jingei* diagnosis is a most powerful diagnostic tool in the transmission from my teachers in the Kototama School. It takes years of practice, as most things do, to perfect. I am hoping to teach some courses on this practicum.

Case History II

James L., 65, presented with a stuffy fullness and pain in upper abdomen causing considerable discomfort. His energy was also very low and he suffered from ongoing bouts of nausea. All sx had begun some two and a half years prior when he had a hip surgery. One month later he fell on the ice, resulting in a brain bleed from the Warfarin he was taking. While in the hospital, he contracted a very bad flu-like illness, which he said he never completely recovered from. All of his Western medical labs and tests came up negative for any underlying condition, but they removed his gall bladder as there were some stones. However, his sx did not resolve, so his physician sent him to me as a last resort.

He was what I would refer to as a LV deficiency constitution, with pulse and other palpatory findings pointing in this direction. Most obviously he carried a certain internal tension, which you could sense behind his eyes (LV and nervous system correlation). His life energy was down after the severe ordeal he had been through, so I tailored *tx* to strengthen his life energy. I treated him with *ho tx* with *okubari* needles (retained) on the LVBL and LI meridians (and *sha* to LU, KI, GB as needed). My first *tx* was 20 minutes, with no change, I switched to retaining needles only five to 10 minutes and positive progress was then rapid, clearing his sx within three treatments, he cancelled his last treatment as he was feeling better.

Needle retention as one can see from this case, can make or break the treatment. *Jingei dx* was especially important as the patient had many contradictory signs and symptoms. Additionally, the six pulse readings showed out differently on each *tx*. One might think of treating the stomach, spleen or liver when considering his symptomology. Yet, if we think of life energy itself as one, then each meridian is simply a certain angle on the day to connect with and strengthen out the totality. Which is good, as it's easy to become confused otherwise.

NOVEMBER 2014