An Introduction to Akabane Technique

Dr. Jonas Skardis

The Akabane technique is an acumoxa method for assessing and treating autonomic nervous system imbalances. This technique is described by Dr. James Tin Yau So in *Treatment of Disease with Acupuncture, Volume Two*, Brookline: Paradigm Publications; 1987:41-2. Dr. So, a Deacon in the Chinese Christian Church, traveled and provided charity care to tens of thousands of patients in various Asian countries, including Japan. It was in Japan that he found this technique, attributed to an acupuncturist named Chi-Yu Shi.

The diagnostic component involves testing heat tolerance on meridian and extra points at the ends of the fingers, toes and sole of the foot, always comparing left to right. I have used Japanese incense as the heat source. It has the advantage of being easily available and inexpensive. It has the disadvantage of the smoke and the ash that builds up at the tip. The ash quickly changes the amount of heat radiated from the tip. I have accommodated this problem by quickly blowing the ash off of the tip every 10 counted seconds. The tip of the burning Japanese incense is held at a uniform, very close distance from the skin, commonly about 3 mm to 4 mm, with one’s middle finger securely bridging that distance. An alternative might be one of the electric moxa devices available from sources of acupuncture supplies.

Whatever the heat source, the patient is prompted to report when they no longer tolerate the heat. Some patients may ask at what level of heat they should announce intolerance. The answer is that they should pick a definite level of their choice and just apply that same level left and right. Sometimes, patients will be surprised by sudden onset of intolerably strong heat and may reflexively jerk away from the heat. The problem with this is that they may touch the tip of the incense stick, perhaps burn themselves a bit, or knock the burning tip from the incense, possibly burning a small hole in clothes, the vinyl of your treatment table, or the carpet. This can be mitigated by coaching the patient to focus, announce, and not jerk away.

On your end you can secure the patient’s finger or toe in your other hand; the 3rd finger tip of your hand with the incense should touch the finger or toe being tested, bridging the distance to the tip of the incense and hopefully blocking them from touching the incense. I think it is important to measure the same point on each side before going on to another point; this way the patient is most likely to be using the same mental standard for judging when they have reached heat tolerance. It is theoretically possible to use a stop watch or a watch with a seconds hand. However, I have found it best that I count silently in my head. Why? My visual attention needs to be on the small 3 mm to 4 mm space between my heat source and the skin. My hands should both be used in securing the patient and the heat source. The loss of precision in counting seconds is not very clinically relevant as long as I maintain a uniformity of silent counting on the left and right. As soon as the patient reaches heat tolerance, either by announcing or by inadvertently, reflexively pulling away, the counted number of seconds must be recorded on the worksheet supplied with this article.

It may seem surprising that in various patients some peripheral diagnostic points never seem to become too
Akabane Continued…

hot. I stop testing at a nominally selected round number of 100 seconds, presuming that measurement to represent insensibility at a practical clinical level. And, remember, when using inexpensive Japanese incense, you will have to get comfortable with every 10 counted seconds quickly bringing the incense towards you to where you can briskly blow ash off the tip, and quickly bringing it back to within 3 mm to 4 mm of the diagnostic point to continue your count. If you fumble and take too long a time, heating of the skin at that point will be dissipated, possibly skewing your results. You are welcome to explore electric moxa devices or other heat sources.

In his book, Dr. So gave the example of cough, suggesting that you might just test the heat tolerance of Lung 11 left and right, yet he acknowledges that even a simple cough might have origins in organs other than the lungs. Thus, examining many pairs of points, or all of them, is often valuable. I have utilized this technique mostly for cases of chronic pain with some autonomic signs (see below), and in those cases I have generally tested all of the peripheral diagnostic points. Of course, findings vary from patient to patient. Some patients generally come to heat tolerance earlier, say between 2 and 15 seconds on most or all points; lower extremity points may generally take longer to heat up. Some patients have many points at which they only reach heat tolerance in, say, 30 to 60 seconds. And, particularly in cases that already suggest autonomic imbalance, readings to my nominal maximum of 100 seconds may appear at a few distal diagnostic points.

What is probably most meaningful in interpreting all resulting scores is to flag some number of the most imbalanced scores. Obviously, if Liver 1 feels hot to the patient in 13 seconds on the left and 83 seconds on the right, the related back points should be treated. A difference of 3 seconds on one side and 11 second on another side might be significant enough to treat as well. It is up to your clinical judgment to determine which asymmetrical pairs warrant treatment. It is helpful to show the asymmetrical numbers to the patient.

Treatment in this Akabane technique is on the back, at related Yu points and one extra point between B17 & B18. A theoretical argument could be made to for using Jia Ji points at those levels instead. The Yu point on the side where the distal Ting point was less sensitive to heat gets treated with moxa. Dr. So had a Chinese treatment style involving moxa use that many current Western practitioners would consider too aggressive. For Akabane treatment he recommended three rice sized moxa directly on the skin, burned fully to the skin. I have found very successful results by using 1-2 indirect Japanese Ibuki moxa. Treatment of the back point on the side where the peripheral point experienced heat much sooner is accomplished by some dispersing method. Just acupuncture is suitable. Dispersing needle manipulation is theoretically better than even twirling technique or no twirling. It would be my understanding that electrical stimulation of the needles or points would also generally provide an additional dispersing effect. One time-efficient way of adding some dispersing electrical effect is the use of a piezo quartz stimulator, an inexpensive pen-type clicking device that creates a spark of high voltage, very low amperage electricity that one can apply several times in a row while touching the shaft of the inserted acupuncture needle with the tip of the piezo stimulator. At times, I have just used piezo quartz electrical stimulation on the skin, without acupuncture, on the side opposite the moxa. Treatment does not need to be exclusively with those points. Ear Sympathetic and perhaps Ear Shen-men are obvious possible auxiliary points. I have also seen combinations of distal TW-GB points be of dramatic value in the most severe of autonomic pain conditions (see CRPS below).

For all but mild cases, I suggest doing Akabane testing, treating that day, repeating the same treatment another 2-3 times, and then re-testing. I have seen test scores change immediately and dramatically from even one treatment. However, the testing process is laborious enough to make it practical to put off re-testing in favor of carrying out a short series of Akabane treatments. In any case, the result is generally that test scores change significantly. In some cases, there is a fairly neat balancing of test scores throughout. In other cases, some of the pairs balance out, some improve partially, or a small reversal of treated left and right scores may be seen occasionally. In still other cases, it is possible to see improvement of the treated pairs and emergence of one or another newly imbalanced pair. For these reasons, the accompanying Akabane worksheet has room for multiple rounds of testing. One test and few treatments may be all that is needed, though follow-up testing should be appreciated. In worse cases, two or more rounds may be called for, together with adjustment in treatment points.

Very briefly stated, there are two nervous systems in the body – somatic and autonomic. In Europe, the autonomic system is called the vegetative nervous system. It works on automatic, even in cases of coma. Numerous involuntary functions are controlled by the autonomic nervous system: blood flow, blood pressure, visceral function, heart beat, basic breathing, sweating, goose
bumps, and some aspects of pain. The parasympathetic part of the autonomic nervous system is responsible for relaxing, digesting, secreting, and flowing. The sympathetic part of the autonomic nervous system is responsible for the physiologic changes that take place within the fight or flight response in situations of danger or trauma.

Autonomic signs or symptoms increase the reasons to consider use of Akabane testing and treatment: a hypervigilant state, increased goosebumps, hypersensitivity of the hair on the body or head, changes in sweating, illusory feelings of bugs crawling or water flowing on areas of skin, excessive reaction to mildly painful stimuli or stimuli that would normally be non-painful, etc.; damp conditions like chronic nasal discharge, enuresis, stress incontinence or loose stools may in some cases have a component of parasympathetic dominance. Some autonomic involvement is fairly commonly present in chronic pain syndromes of mild to severe character, the most severe termed CRPS I & II, or Complex Regional Pain Syndrome. Even in mild cases, burning pain is often cited as suggesting pain of autonomic origin. Abnormalities of skin temperature and color in some regions (usually an extremity) can be features of autonomic dysfunction. The focus of the Akabane Technique on temperature sensitivity correlates with these observations of autonomic imbalance.

Over decades, I have seen unmistakable dramatic changes in asymmetrical heat tolerance testing before and after Akabane treatment, and they have been accompanied by improvements in a great variety of pain conditions and other complaints.

I offer the form that follows as a clinical worksheet to help quickly try Akabane technique in your practice.

— Dr. Jonas Skardis

### Akabane Worksheet

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Letter from The OMA’s President

Welcome to the new, email edition of OM TODAY, the newsletter of The Oriental Medicine Association. OM TODAY is scheduled for quarterly publication. Our newsletter is free and will be available in archived form for professionals, students, and the public on the Association’s website at this link.

The Oriental Medicine Association is our new name. Our former name was the Acupuncture and Oriental Medicine Association of New Mexico. The Association was founded 30 years ago and over that time has been responsible for the creation of your current scope of practice. Please visit the home page of our new website to review a summary of our accomplishments over the decades. Our work continues to enable you to better serve your patients and create your livelihood.

For example, during the 2010 legislative session, Governor Richardson proposed legislation that would have moved the BAOM (Board of Acupuncture & Oriental Medicine) under the Medical Board. We met with the Governor and as a result were assured by him that the HB 221 would not become law. It did not.

In 2009 we successfully opposed legislation initiated by the BAOM and the Regulations and Licensing Department (HB 492) that would have eliminated thousands of natural substances from the oriental medicine expanded practice prescriptive authority. At that time The OMA also successfully opposed legislation introduced by another Oriental medicine group in New Mexico (HB 789) that would have eliminated physical medicine/body work therapies that are currently in the scope of practice of every DOM in the state.

For an in depth look at the history of how The OMA has acted on behalf of New Mexico DOMs, please go to “Scope of Practice” or “Insurance Laws”.

Most recently, on April 1, the New Mexico Court of Appeals reversed the rules adopted by the BAOM last year that had illegally created new fees not authorized by the Acupuncture and Oriental Medicine Practice Act and other rules that had illegally restricted the Oriental medicine expanded practice prescriptive authority authorized by the Practice Act. I filed this appeal pro se (without an attorney) because we could not afford the cost of an attorney. The OMA unanimously voted to support the appeal.

Medical freedom of choice, regardless of ideology, is a fundamental right that The OMA is committed to protecting. We are aware that the disharmony within the profession in New Mexico has been distressing, but we feel oppression and discrimination are unbearable. We remain committed to insuring that you will continue to enjoy the best Oriental medicine scope of practice in the nation, no matter what your choice – traditional, contemporary, expanded, or an integration of all. Our work for the future has begun to focus on appropriate inclusion of the services provided by doctors of oriental medicine under the new national health plan. We welcome your participation in achieving these goals. To join The OMA, please go to this link.

Thank you,
Glenn Wilcox, DOM
President
Oriental medicine is based on a wealth of information which has been recorded and passed down through the centuries, its wisdom still applicable in modern practice. As we contemplate using bio-identical hormones (bht) today, it is interesting to see what the past has to offer on the subject. Recently I stumbled upon just such historical documentation and was surprised to find that bio-identical hormone replacement is not a stranger to Chinese medicine as I had thought.

As early as the 2nd century BC, the Chinese were experimenting with bio-identical hormones in their treatment of disease according to research done by Dr. Joseph Needham. Needham was a Cambridge scholar who did extensive research and writing about China. Born in 1900, Needham began his life studies in the field of microbiology. At Cambridge, friendships with visiting scholars from China inspired him to learn Chinese and he began studying the history of science in China, an endeavor which became his lifelong pursuit.

In 1942 he was sent to China by the Royal Society and stayed through the 2nd World War as Scientific Counselor at the British Embassy in Chungking. During his stay, he undertook the enormous task of researching and documenting the history of scientific discoveries in China, a task which continues today with the Needham Foundation. The major work for which he is known, Science and Civilization in China, is an encyclopedia of thirteen or more huge volumes. His fifth volume, part 5, covers Taoist alchemy and is entitled Chemistry and Chemical Technology, Part 5: Spagyrical Discovery and Invention: Physiological Alchemy. It is a fascinating read and the primary source for this article.

It was as a result of the Taoist quest for immortality that many unusual, for the time, ingredients and practices were researched and developed. Of course, the nature of life being what it is, the Taoists were divided on issues: what were proper techniques and methods for attaining immortality and whether it was proper to even seek immortality.

Two main divisions of Taoist thought existed: the wai tan and the nei tan. The wai tan group was concerned with developing and administering exterior substances which could prolong life and hopefully promote immortality. The wai tan were the ones who developed the chemistry used for extraction of mercury and other substances used in elixirs. The nei tan group totally rejected the practice of using any external substances and relied on ingredients found internally, recognizing and using biologically active substances found within the body, such as saliva, semen, the breath, placenta and so on.

Over time the wai tan group applied the technology they had developed, such as that used to extract mercury from cinnabar, in a series of quite sophisticated extrapolation processes, to the nei tan’s bodily fluids, specifically urine. This development, according to Needham, was actually a joining of the two schools of thought, and resulted in the creation of a new substance for promoting longevity if not immortality. The extraction process produced white crystals, called chhiu-shih, which translates as the autumn mineral.

In reading Needham’s writings, it is clear that use of this medicinal was refined over many centuries with fastidious observation to details. The use of urine as medicine has a long history in many cultures but the extraction of substances from urine, specifically hormones, at this early date is unique to the Chinese.

The Chinese considered urine to be a part of blood and as such contained properties of the blood. Thus, they concluded its value in treatment of disease. The types of urine used are specified: male or female, age and diet were all of concern.

Early references to chhiu shih appear in print from 125 BC, the time of Liu-An, reputed father of autumn mineral, Prince of Huai Nan. Here is an excerpt from the writings of Li Shih-Chen speaking of the origins of the term chhiu shih (autumn mineral):

The term was really first used by the Prince of Huai-Nan. (Liu-An) named one of his tan (elixirs) chhiu shih, to express its white color and its solidity. Recently people have purified the urinary precipitates (jen chung pai) to a white substance which is also called chhiu shih, to indicate that like the urine itself it is derived from the excess of the nutrient essentials of the vital forces (ching chhi). The iatro-chemists repeat the process of sublimation (sheng ta), and the best product is called chhiu ping. The idea (of the initial concentration) was derived from the evaporation of sea-water in the production of salt. Indeed there are adepts who place (certain) salts in a reaction-vessel and apply heat to obtain a substitute product. It is important to know the difference between the real product and the false one.\(^{(1)}\)
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There are quite a number of recipes for the autumn mineral included in this volume. They describe in detail a variety of techniques, however there are two main differentiations, one using heat to sublimate, called yang lien and one using coolness or room temperature to precipitate, called yin lien. In their words, they were extracting the yin within yang and the yang within yin. By using specific temperatures the steroids remained stable, and other inactive materials separated from them.

Another recipe mentions the use of saponins to precipitate solids, a technique not utilized in Europe until the 1900’s. The end result of the two different processes: they were able to extract two separate substances, gonadotropin or anterior pituitary hormones, and sex hormones, androgens and estrogens. Needham’s knowledge as a microbiologist comes through in his analysis of these recipes and he explains in terms of modern chemistry what they were achieving in these concoctions. Recipes for autumn mineral appear in print from +1025 and on. They are fascinating to read, revealing the theories of yin and yang and five elements on which they are clearly based. The oldest written one (+1025) follows:

Collect ten tan (over150 gallons) of male urine and set up a large evaporating pan in an empty room. Fix on top of it a deep earthenware still, luting the edges together with paper-pulp and lime so that when it has dried no steam can escape. Fill the evaporating basin 70 to 80 percent full with urine, and heat strongly from below, setting a man to watch it. If it froths over, add small amounts of cold urine. It must not be allowed to overflow. The dry residue is jen chung pai. Put some of this, finely powdered, into a good earthenware jar and proceed according to the method of sealing and subliming by placing the whole in a stove and heating with charcoal. About two or three ounces (of sublimate) will be obtained. Grind this to a powder, and mix with date-flesh to make pills the size of a mung bean. For each dose take five to seven pills with warm wine or soup before breakfast. (2)

The autumn mineral was used for treating a wide range of conditions, much as we use bht today:

hypogonadism, impotence, sex reversals (where males spontaneously turned into females or vice versa, a phenomenon well known in ancient China), hermaphroditism, spermatorrhea, dysmenorrhea, leucorrhea, sexual debility, and even apparently stimulating the growth of the beard (since the Chinese knew that men grew beards as a result of having testicles and ceased to do so when castrated). (3)

Other discoveries in endocrinology in China include the use of thyroid hormone to treat thyroid disorders and the diagnosis and treatment of diabetes. By the 7th century AD, the Chinese were writing about the use of thyroid hormone to treat goiter. Chen Ch’uan was the first physician to describe the preparation and uses for thyroid. They were able to differentiate between goiter and thyroid tumor through palpation, goiter being a moveable mass and a tumor immoveable. Western treatment of goiter with thyroid extract did not begin until 1890, over 1000 years later. The Chinese had knowledge of seaweed as a treatment for goiter much sooner than the West as well.

In the 7th century they had also arrived at a treatment protocol for diabetes much like ours today: avoid alcohol and starch. Diagnosis for diabetes included noting the sweetness of the urine. Li Hsuan wrote:

This disease is due to weakness of the renal and urinogenital [sic] system. In such cases the urine is always sweet. Many physicians do not recognize this symptom. The cereal foods of the farmers are the precursors of sweetness…the methods of making cakes and sweetmeats…mean that they all very soon turn to sweetness…It is the nature of the saline quality to be excrete. But since the renal and urinogental system at the reins is weak it cannot distill the nutrient essentials, so that all is excreted as urine. Therefore the sweetness in the urine comes forth, and the latter does not acquire its normal colour. (4)

The goal of Needham’s research was to illuminate the true origins of many scientific discoveries which previously we have attributed to Western origins. In reading this text, one can only marvel. We see that the timing between East and West discoveries in endocrinology is extremely different. The Chinese were a thousand years ahead of the West in identifying pathological sweetness of urine; it was not identified in
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Europe until 1660 by Thomas Willis. Goiter treatment in the West lagged over a thousand years behind the Chinese. And it wasn’t until 1927 when S. Ascheim and B. Zondek announced the discovery of abundant sex hormones in the urine of pregnant women, over 2000 years after the Chinese.

My thanks to Dr. Jonathan Wright for bringing this information to my awareness.

— Dr. Suzanne Smart

2. ibid, p.313
4. ibid (Needham), p.133

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Transformation, evolution, and growth have characterized this association since its inception. Not all such experiences have been smooth. Yet no time in its history has been more profoundly tumultuous than the new millennium's first decade.

Practicing Oriental medicine in a state with the most enviable scope of practice in the nation has attracted the attention of powerful outside interests. Our medicine embodies principles with the potential to shape what Americans consider medicine to be. So it's no surprise that we have been the target of such a relentless onslaught against our rights, our freedoms, our very survival as practitioners of a highly effective form of medicine.

Ironically, few members of this profession recognize that this attack is against them, equally as it is against those who practice its expanded scope. The vast majority have simply chosen ambivalent silence — a non-response — to the very real threat to all our livelihoods.

We are dedicated to changing that. Oriental medicine requires an informed, committed, unified voice in order to fulfill its rightful destiny.

Right now, a handful of doctors continue the work of defending our Practice Act with the intention of establishing beyond any doubt that medical freedom of choice is an inherent right which shall become a legal freedom enjoyed by all in this country. Please join us in this challenging mission.

One of the more exciting aspects of this task is the opportunity to re-create and re-focus this association. Our 2009 Annual Meeting was the most invigorating meeting in sixteen years. The gift and the clear mandate of our situation were both evident to all in attendance. Much of the journey still lies before us, but our commitment is strong, and the tide is shifting.

As a result, our focus is more pinpointed. We are more dedicated to our practices than ever before. The new names of the Association and its newsletter are simply outward expressions of our desire to maintain clear thinking and single pointed purpose in advancing this medicine's principles — not acupuncture, not moxibustion, not cupping, but the entirety of Oriental Medicine — to its rightful place at the forefront of medicine.

Those who share this vision are warmly invited to participate with us in making this a reality, as well as an example for others to follow. Together, we can successfully sail this majestic ship to the heart of an enlightened level of health care in the United States.

— Dr. Larry Horton, Editor
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