

Diagnosis in Kiiko Matsumoto Style (KMS) Acupuncture

During each visit, the practitioner has two objectives. They are (1) **identity the patient's constitution or root** and (2) **address their chief complaint**. Both objectives have to be met in order to achieve good clinical results and make the treatment last. Three parts make up the objective diagnosis:

1. Pulse diagnosis: (1) is the pulse rapid or slow; (2) does the pulse have good Stomach Qi; (3) are there any abnormalities in the rhythm.
2. Abdominal and point palpation – temp., resistance, depth of palpation, pain, etc. are observed and noted.

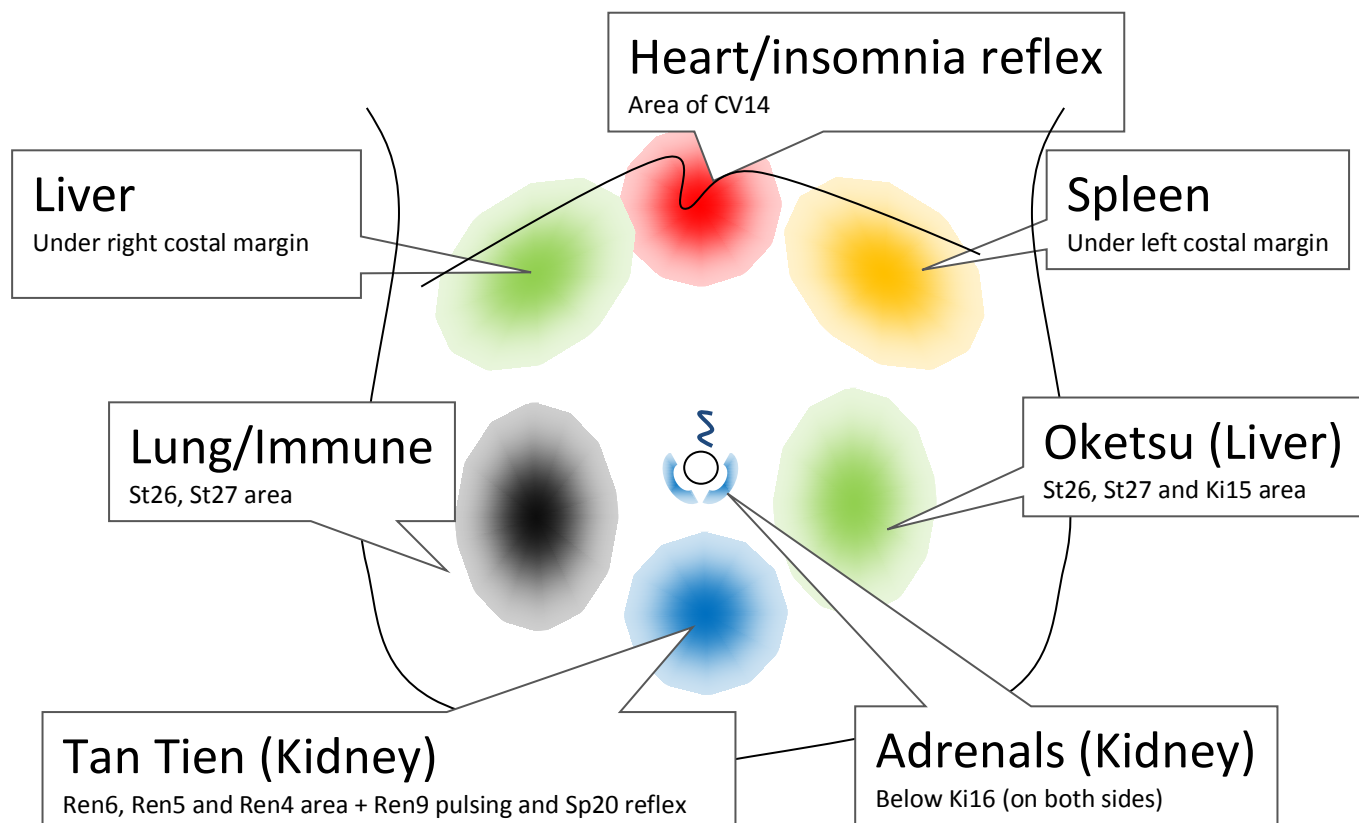
Specific areas of the **abdomen** are reflection zones for different organs and organ systems in the body. Pressing on them give us a good indication about the function of these organs and systems. These findings may not always be revealed in the pulse itself. Abdominal reflection zones can show as active even before the patient experiences symptoms and problems and, therefore, are an important way to help prevent illness.

Examination of **Fire points** on each of the 12 channels can be another important indicator of problems and is a useful diagnostic tool.

3. Checking specific treatment points to confirm diagnosis.

The reflection zones on the abdomen give us a clue about the possible diagnosis or patient's constitution. To confirm that our diagnosis is correct, we have to check to see if these areas are released by treatment points that match our diagnosis. For example: if you find pain on the *adrenal reflexes* on the abdomen, you have to check to see if the Kidney adrenal point combination changes these abdominal reflexes before you can be certain of your diagnosis.

For more info see: KIIKO MATSUMOTO'S CLINICAL STRATEGIES VOL. 1 (available on kiikomatsumoto.com)



Scars

Depending on the depth and reason for the scar, normal healing time can be anywhere from a few months to a year. Generally speaking, a scar that is more than 2-years old should be “healed”.

Characteristics of a well healed scar (a scar that does not cause any problems in the body):

- It’s about the same color and height as the surrounding skin
- It does not produce discomfort when examined or when pressure pain is applied

“Unhealed scars” are often guarded by the patient and when examined will produce pressure pain, discomfort or a “weird” sensation. This can occur many years after the initial surgery or injury and it’s an indication that the body is still trying to take care of this area.

General approach to “unhealed scars”:

- Always consider the reason for the scar – surgery, injury, etc., and how that may be affecting the patient’s constitution.
- For surgical scars, think about both the external (visible) scar as well as the pathway of the internal scar.
- Treating a scar does NOT mean needling it directly! Painful, unhealed scars should be treated using distal points and treatment strategies.
- Sometimes working to heal a scar may produce a flashback for the patient – to the moment of injury, surgery or trauma.

Appendix Scars

Scar locations:

- Typically in the right lower quadrant for the external scar that is a result of a surgical incision. Visible scar may be close to ASIS or closer to St26-27 area. Internal scar is closer to St26-27.
- Laparoscopic appendectomy usually has 3 entrance points including Ren8. Check all three surface scars as well as the pathway of the equipment to reach appendix (which is located close to St26-27 area).
- In some younger kids, you may find a laparoscopic scar on the left lower quadrant. This is because the equipment used is larger than they are and therefore the surgeon goes in from a more distal spot (left side) to reach the appendix.

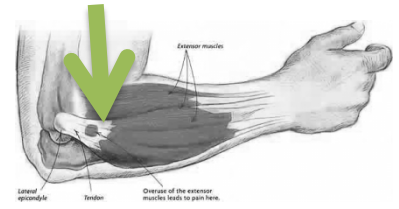
Other possible reflexes:

- Spleen reflex – under the left costal margin.
- Immune reflex on the abdomen – St26-27 area on the right
- Immune reflex on the neck – Th16 to East Wind area (East Wind is 1 cun below TH16)

Treatment strategies:

- Address the underlying patten:
 - Spleen & Immune – this is what causes the appendix to become inflamed in the first place.

- ▶ Use Sp5 + Sp9 combo along with Master Nagano's Immune points + Th16 and Ki6 for further support.
- ▶ On the back, Du14 area is important.
- Release pressure pain on scar with distal point:
 - ▶ Gb37 area on the right side needled against the channel using a blue Seirin (#3) needle in the exact area that takes away pressure pain on the appendix scar.
 - ▶ If the location of the surgical scar is much closer to ASIS, Ki9 may be helpful to release the ASIS and therefore help the scar. Opposite side ASIS can also help to further relax the area.



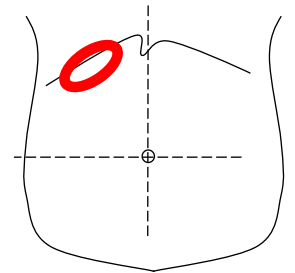
Gall-bladder Scars

Scar location:

- GB removal is almost always done through a laparoscopic procedure – check all the entrance points when examining the scar. In some patients a visible surgical incision will be found over the right upper quadrant.

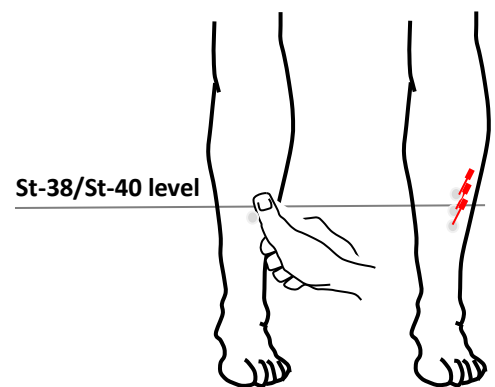
Other possible reflexes:

- In addition to checking the surgical scars, tap the area over Gb24 down to below the ribcage, with a loose fist and compare it to the other side. If they feel different, it's a positive reflex.
- Pressure pain in the middle of the right, subcostal margin.
- Gb24 area pressure pain.
- Liver reflex is often positive.

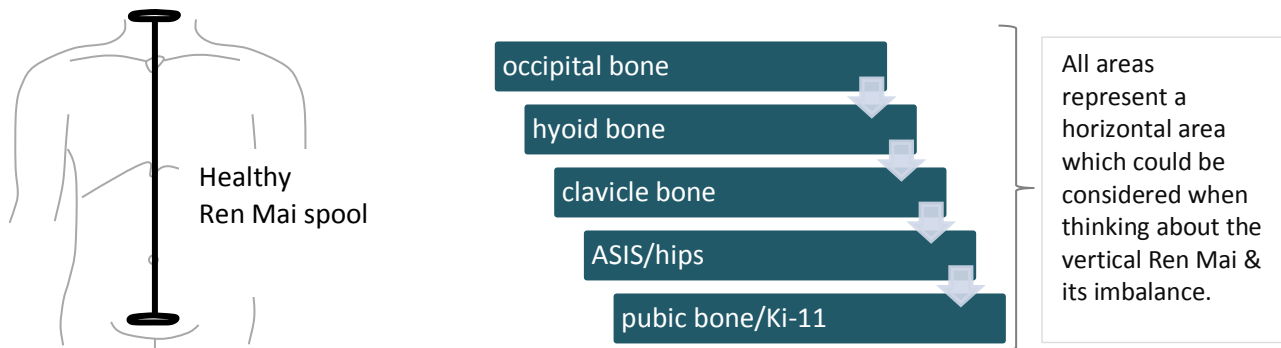


Treatment strategies:

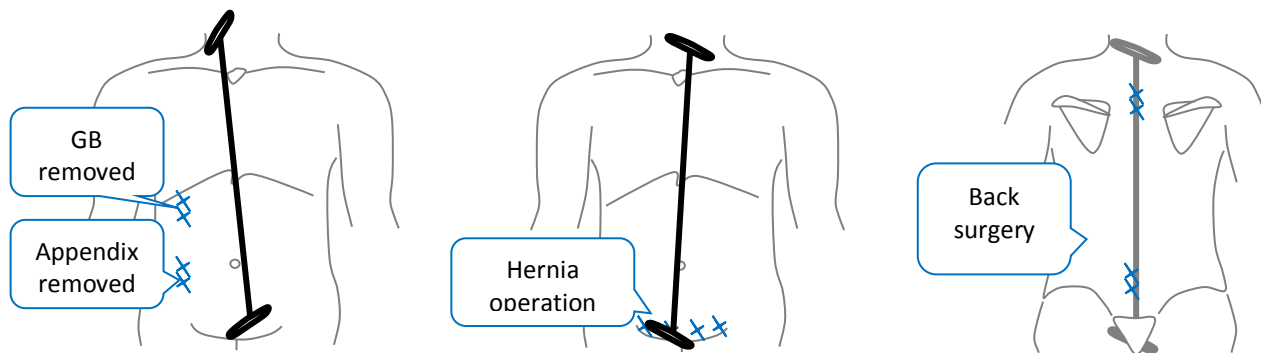
- Regardless of pain on the fire points, use metal + water points on the GB & TH channels
 - ▶ Gb43 + Gb44
 - ▶ TH1 + TH2
 - ▶ Check the Stomach Qi line around St38 level and needle up to three “gummy” points with the flow of the channel.
 - ▶ Liver treatments should be added because liver is always involved in GB patterns.
 - If excess liver: Ki-7 + Sp-7 + Ht-3 + JPC4 (3 fingers under Pc3) → all points on right side only
 - If deficient liver: Lr1 on the right
 - If fatty liver or for overall liver support: St25 + Lr13 → both on the right
 - Check fire point as well.
- See *Vol 1 of Kiiko Matsumoto's Clinical Strategies* for more on liver treatments.
- ▶ On the back add T2 & T10 level as well as SI-11 on the right.



Ren Mai Spool



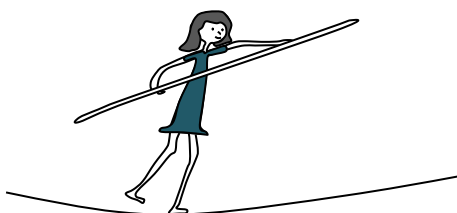
Ren Mai "Spool" imbalance:



- Treatment ideas

Think about these horizontal structures when considering Ren Mai and how they may play a role or be affected by balancing the vertical line.

- Using Master/Couple idea. Kiiko Matsumoto will often add Lu-7 if the patient's treatment already includes Ki-6 + Ki-27 (adrenal treatment). If the patient does not show many positive reflexes in the Tan Tien area, then Lu-7 may be enough to treat the Ren mai imbalance. (Always confirm which point is most effective by testing it against the abdominal reflexes).
- Treating opposite end of spool – Ki-11 to release St-9 or vice versa.
- St-24 on the right with Gb-26 on the left - strengthening Tan Tien to calm Shen
- Sp-15 – to balance the structure of the spool – especially useful in cases of surgical removal of organs.
- Chin point (discussed in Kiiko's seminar)
- "Below Ren-3" (discussed in Kiiko's seminar)



***Spleen-15 – Big Horizontal**

Walking a tightrope would be impossible without the horizontal balance.

Provides balance to the Ren Mai spool and serves as a great support point for this treatment. Also useful when both Kidney-11 and Stomach-9 both present with pressure pain.