

## Contact Needling and Teishin with Iwashina Anryu – Santa Fe, California

by David Toone

This past June 6th, 7th and 8th I was privileged to attend the seminar of my teacher Iwashina Anryu Sensei, known in the United States as Dr. Bear. This was my first time attending a seminar held by the High Desert Hari Society. In attendance, I found a diverse group of highly motivated and skilled Hari practitioners. In addition to the beauty of Santa Fe, I was struck by the high level of professionalism and organization within the group.

I began studying Dr. Bear's method while he was teaching in Santa Cruz, California 12 years ago and have been using his method in private practice for nine years now in my clinic in Georgia. One common observation of anyone following Dr. Bear is how much his method has evolved over the years. This seminar was no exception. Dr. Bear taught and demonstrated the use of a non-invasive needle, which he called the Silver Coil Head #50 Gauge Needle. This is the fourth major evolution in Dr. Bear's needling technique since he began teaching in the United States. The #50 gauge needle is Dr. Bear's adaptation of a needle used by his last teacher Yagi Sensei.

In this introduction, Dr. Bear focused on four aspects of his approach:

1. Bleeding techniques
2. The Checking Method
3. Intro to methods of controlling pain
4. Demonstration of clinical treatment flow



FIG 1: Needles used by Dr. Bear over the years. FROM LEFT: Seirin 30mm (for reference only), gold and silver #30 gauge, teishin, gold and silver, silver COIL #50 gauge (current)

Dr. Bear lectured about the importance of bleeding, as instructed in the *Nei Jing*; he also provided instructions on how to identify and select jing-well points that have *ketsuryaku* or blood stagnation and should be bled.

As is typical of Dr. Bear's pragmatic teaching style, he dove right into the heart of what makes his method special. He taught what he calls the "Checking Method," whereby the practitioner identifies the point location and suitable needling technique, based not on the pulse, but on direct feedback from the body.

According to Dr. Bear, Section 81 is the most important section in the *Nan Jing*. He taught that Chapter 81 states that excess and deficiency are determined in the body and are not located at the *cun kou* (inch opening) of the radial pulse.

The Checking Method adds a second step in the point selection process and an extra level of surety in point location and needling technique. Every point or area Dr. Bear treats has passed this Checking Method, thus adding an extra level of confidence that a given area or point on the patient will respond favorably when treated.

### Checking Method

In Dr. Bear's method, the practitioner locates points to be treated by "feel" as is the norm in Meridian Therapy circles, but in addition, he teaches the practitioner to "check" the point with the other hand by palpating another area of the body. If the body responds favorably as will be explained below, Dr. Bear will say that the point gave an "OK" sign, which means that the body will respond favorably and the point selected should be needed. If the body does not respond favorably and no "OK" sign is observed, then that point or area won't be needed.

"Checking" is done by finding a reference point with the non-checking hand, it can be any area on the body of excess or deficiency — any area that is easily accessible and easy to read can be used. For instance, the area medial to the scapula is often out of balance and in excess as well as being convenient for me to palpate, so I often use this area. This area becomes the reference point for the purpose of "checking" the point to be needed. Note that the location of the reference point on the body isn't set and many parts of the body can be used.

The point selection method depends on using one hand (which for me has typically been my oshide, but either hand may be used) to find and locate the acupuncture point to be needed. The most important aspect of selecting the point is "checking" each area to be needed by touching

the point with a discrete finger, then feeling with the non-checking hand (my sashide, in this instance) for changes on the reference area (the area medial to the scapula, in this instance) to a more natural or healthy state (excess becomes less so or deficiency also becomes less so, for example).

Once the practitioner has found a reference area and a sense of its imbalance (excess or deficiency), he or she will need to determine whether or not to use a tonification, reduction, or even method on the point or area to be needed: this is done by "checking" the point — placing either a "tonification", "reducing" or "even" finger (see next paragraph) on the point to be needled and "checking" for an "OK" sign with the checking hand. (Remember that the "OK" sign is determined by whether or not the excess or deficiency moderates in the area you are palpating — in this case, medial to the patient's scapula).



FIG 2 Dr. Bear treating right BL-59 with his right hand and "Checking" with his left hand.

### Tonification, Reduction, or Even Fingers

The fingers used to select the needling technique depend on the direction of the flow of the channel on the practitioner's finger. For instance, the hand yin channels travel from the torso to the extremities, so the thumb (lung channel), and

middle finger (pericardium channel) are tonification fingers for purposes of the Checking Method, while the index finger (large intestine channel) and ring finger (triple burner channel) are the reducing fingers. Finally, since the small finger comprises of both a yang and yin channel (heart and small intestine), it can be used to test for even technique.

When viewed, this checking method appears as a wonderful dance of checking, selecting, and needling, then repeating. Nothing gets treated based on theory, or stated another way, all theoretical approaches to the treatment are tested against what the body actually needs at that particular time.

As the practitioner gains skill and speed with the “checking method” he or she can quickly check which channels and points work best based on different theories. For instance, many meridian therapists use the mother and son relationship from *Nan Jing* Section 69. This method allows “real-world” feedback to determine if this is, in fact, the best approach for that patient at the time of treatment. If the mother-son relationships get “OK” signs then the practitioner could use Section 69 in the treatment. If the Section 69 points did not deliver an “OK” sign, then the practitioner may check another relationship, such as the husband-wife relationship from Section 33 of the *Nan Jing*, or can check the Open, close, pivot relationship from *Su Wen* Chapter 6, all in a short period of time. This allows the practitioner to apply the classical theories with confidence and determine their suitability for a particular patient at a particular time.

Over the years, I have enjoyed this level of certainty and confidence in the checking method and I have seen the results in my treatment outcomes.



Because Dr. Bear is a clinician, he did many treatments and gave the attendees ample time to practice this effective technique. It is rare that a teacher will allow students to jump in and learn the heart of a method and style at the very start

of a series. During the practice sessions students were allowed to divide into small groups and select areas of the body that they felt should be treated, then were given the chance to use the Checking Method to determine whether the patient would be better served by either tonifying or reducing that point. As I worked with students, one of the most common “ah-ha” moments was when they found an active or live point that was suitable for treating, but the area showed upon palpation that it was deficient (by presenting as an induration or soft point on the body). Meanwhile, the Checking Method showed that the patient was best served by that point being needled with a reducing technique. This ah-ha demonstrates how precise the check method can be.

Because so many of the practitioners were skilled at Japanese point palpation and location techniques the practical study sessions went particularly well and practitioners seemed to grasp the concepts and pick up the techniques faster than other sessions I had attended.

## Controlling Pain

Dr. Bear also shared two methods he uses in his clinic to reduce knee and shoulder pain.

This gave attendees a chance to get some additional experience using the contact needles.

Dr. Bear stressed that these techniques should not be the focus of the treatment, but are helpful in speeding up the recovery time and humorously stated that these were reserved for the patients that complain a lot. If, in the course of the rest of the treatment, the patient’s pain is reduced by 50% or more, then the treatment is complete without any further reduction in pain.

### 1. Knee Pain

Locate a tender point on either GB-30 or BL-36 and place a contact needle and perform even technique on the same side as the pain until the pain is reduced by 70-80%, then stop.

### 2. Shoulder Pain

- a. Needle SP-6 contralateral until the patient’s shoulder pain is reduced 70% - 80%.
- b. Hold the gold needle at ST-38 and the silver needle and BL-58 on the same side as the shoulder pain. Treat by holding both needles at these points till pain is reduced by 70%-80%. Using two needles in this way is known as Toshi Bari or “sandwiching.”

One special treat for me was the opportunity to meet Dr. Bear’s son, Tamo-san, who is now a trained and licensed acupuncturist in his clinic in Morioka, Japan. Dr. Bear treats with an assistant



in his clinic in Japan and the two treated multiple patients back-to-back in the same manner. Observing the treatment flow was the first opportunity that practitioners in the United States had to observe exactly how Dr. Bear’s treats in his clinic in Japan every day.

I am eagerly looking forward to returning to Santa Fe soon to study with the High Desert Hari Society and continue learning from Dr. Bear and Tamo-san.

*David Toone graduated in from the Acupuncture and Integrative Medicine College — Berkeley in 2007. He has studied classical acupuncture and Moxa with Dr. Bear since 2004. In 2008, he travelled to Japan to study with Dr. Bear in Morioka, Iwate, Japan. In 2009, he founded Red Earth Acupuncture and Oriental Medicine in Georgia, modeled after Dr. Bear’s clinic. In 2012 David became a Diplomate of the Institute of Canonical East Asian Medicine and specializes in the preparation and prescription of Shang Han Lun and Jin Gui Yao Lue concentrated extracts.*

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