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An Introduction to Akabane Technique

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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

Banner photo Raul Diaz

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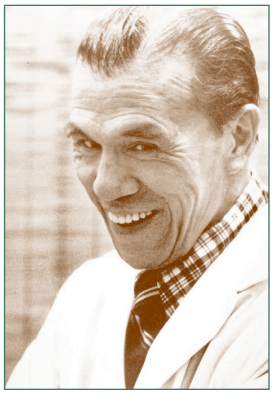
hot. I stop testing at a nominally selected round number of 100 seconds, presuming that measurement to represent insensibility at a practical clinical level. And, remember, when using inexpensive Japanese incense, you will have to get comfortable with every 10 counted seconds quickly bringing the incense 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.



Dr. James Tin Yau So

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

Akabane Continued…

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 PATIENT NAME:

Date							**Date**													
	Response Times							**Treatment Record – list type of tx: acu, mx, elec**												
Test Point	**L**	**R**	**L**	**R**	**L**	**R**	**Tx Point**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**
Lu 11							B13														
LI1							B25														
P9							B14														
lat/prox 3rd fing ungual angle							B17														
TW1							B22														
H9							B15														
SI1							B27														
Sp1							B20														
Liv1							B18														
S45							B21														
lat/prox 3rd toe ungual angle							1.5 cun lat to T8-T9														
GB44							B19														
B67							B28														
K1							B23														