

Reflections on Subtle Palpation

by Zoë Brenner

There are times when I pick up something surprising with a light touch on the patient's body that leads to a deepening of my understanding of the nature of that touch and how it encourages a corresponding subtlety in awareness.

A few years ago, I was palpating a woman's abdomen for diagnosis. The way I do that is first stroking generally over the abdomen with a soft and relatively flat hand and then palpating slightly deeper and in more targeted areas for specific diagnosis. As usual, the first light stroke gave me a comparative map of the general area. But then I noticed that the right lower abdomen felt very different than the rest. I felt that I was not contacting her there as well with the same touch. I asked her if that area felt numb. And, indeed, she reported that it did. I was fascinated because numbness is an internal sense. Why would I be feeling her numbness from the outside? There was a C-section scar just above the pubic bone, but the abdomen did not look different; it just felt different to me and to her. I then proceeded to explore the boundaries of the numb area and we were in agreement.

I have since tested this out on many patients. It seems very clear that I can feel the difference in the numb areas and in the areas of normal sensation. I have always held the idea that, with palpation, I am seeking to make contact with the patient, not just to feel the surface or just under the surface of their body. It is really about making the connection and feeling the nature of the Ki and Blood. But, realizing that numbness could be perceived brought more understanding. What it feels like to me is that I am less in contact with them, like there is some padding between my hand and where the person lives in the body.

This makes sense because the Shen resides in the Blood and the concept of Blood in TEAM (Traditional East Asian Medicine) involves both the biomedical concepts of blood circulation and some aspects of the nervous system. Being present, alert and aware of reality connotes healthy Shen. Through the Shen we make contact. We often say that it is through the brightness of the eyes, but that is just a sign and it is really through the total being. A disruption of that awareness in a particular area might be numbness. In biomedicine, numbness can be the result of anomalies in blood flow or in the nervous system, even from a great distance from the manifestation, as when

impingement at the spine causes distal numbness. So, theoretically it makes sense that we can feel the lack of contact with someone when they are numb in a particular place. And, indeed, it is possible to feel that and the borders of the numb area and even the degree of numbness. Of course, the palpation has to be done in a sensitive way, where the practitioner is there to meet the patient and not just to search for coldness or hardness, etc., as if this was only flesh and not connected to the life force of that person. This process emphasizes the profundity of that contact for me.

I have also found that I have success in treating this condition with the techniques of *Sanshin*, "spreading needling." This is a technique of contact needling done in Toyohari, which I practice, and I have seen other Meridian Therapy practitioners utilize it as well. In a tonifying mode it is often done using a soft, fine needle with the practitioner moving rapidly over the area, making contact with the skin in places that show deficiency. The non-dominant hand is feeling the deficiency and the dominant hand with the needle is touching very lightly. It can be done in very elegant, swirling movements of the skin. This is a way to cover an area that is deficient, or with a slight variation in technique, areas of excess or hardness. In the case of numbness, the idea is to bring awareness to the area that is lacking in that respect. With patients experiencing diminished sensation in an area, I have found that performing *Sanshin* technique clearly gradually decreases the feeling of numbness. Both the patient and I can feel the difference immediately. Gradually, over successive sessions, the feeling returns, to varying degrees of course. It is clear to me that the needle brings awareness closer to the surface so that the patient meets the world. I have also found it interesting that patients are really happy about the diminishing numbness in a way that seems to reflect more than just the fact that they can now feel the area. In other words, in many cases, the restoration of sensation has a more general impact.

As I have been discussing the nature of the touch through which I have picked up these findings. I should mention that Charles Chace has written some beautiful pieces about touch and meeting the patient^{1,2} that are pertinent here.

Another reflection is about the palpation of hard areas that in Chinese are often called *ashi* points and in Japanese are referred to as "kori." They are not necessarily meridian points, but hard, stagnant and often painful points. These are usually rather obvious on palpation, so they are by definition not subtle. Often, as acupuncturists, we put a needle into the hard spot and use various techniques to loosen the area, including just retaining the needle. But I have found that, on a more subtle level,

there are sometimes deficient spots or even larger areas near the stagnation. The area may be quite small, though at times it is much larger than the harder area. These weak areas are characterized by softness, slackness, and/or sunkness. These findings are very useful for treating the tightness, even though they are less obvious.

In Toyohari-style Meridian Therapy there are two special branch treatments for such findings. One is called *Naso* for the cervical/brachial area and *Muno* for the pelvic girdle. The names are derived from the abbreviations of the Japanese Braille for those areas, since blind acupuncturists had a large part in the development of Toyohari.^{3,4,5} Because the blind acupuncturists also read the body with a sensitive touch, these subtle findings are not unusual in this style of acupuncture.

Over many years of observation and treatment of these deficient areas, I have generally found more effective than treating the hard, stagnant areas has been bringing support and resilience to the areas that are lacking, allowing the tight areas to let go. The body will tighten what it can, so after loosening that area directly the body will tighten it again. But, if we can tonify the weakness, that which is holding everything together by itself will be able to loosen. Sometimes, I have had to go back and urge the letting-go process with a needle, but I generally find that supporting and bringing back resilience to the tissue has a longer-lasting effect.

The subtle touch comes into play in an important way in this process because often those weak spots are very small and quite close to the larger bulges of tightness, especially on the neck area. I have found the smallest spots of softness around the vertebra allow for freer movement and then the tight ropes can begin to let go. A patient, who is a physical therapist, says she has not found a treatment that gets into those small spaces so effectively as this has done for her.

The change in the tissue is immediate as it becomes more resilient and less spongy, and the crepe texture will diminish – which pleases people. But the process of strengthening takes time and needs to be repeated to get the tissue to remember how to be strong but flexible.

A related aspect of this is that often, a tight, stagnant area deeper in the body has a deficiency directly above it on the surface. It is easy to focus on the deep tightness, strain and pain, but there may be a significant weakness that is easy to overlook (or feel). I have had the experience of palpating deeply where there is pain of a spasm in the psoas in the abdomen but first I noted that the abdomen was quite a bit softer than the surrounding area before I felt for the pain below. When tonifying the surface, without even inserting the needle, there

was a significant loosening of the spasm below, so that several times the patient gasped in surprise at the release, without any pain.

So, once again, we sometimes notice the grosser aspect and miss the subtleties that can make a greater impact. But, it requires keeping awareness at a level where nuances can be discerned.

Since I am reflecting on various aspects of subtle palpation, I wanted to write also about feeling the pulses. So far, I have written about how easy it is to overlook the more subtle aspects or to look for certain kinds of findings. With pulses, it seems to me too easy to look for what you expect and thus distort the readings. This can happen on so many levels of the reading. Being able to palpate the pulse in a way that allows the person to appear to you is a great skill to acquire. In Chip Chace's article *On Greeting a Friend*⁶, he writes about this process very astutely. To me, this is a life-long process of learning how to feel cleanly and not to interfere with the essence of what is coming forward to meet me. If the pulse is really hidden, perhaps I need to have a softer approach or stay a shorter or longer time. But, that in itself tells me a lot. As I take the pulse, if I stay physically and psychically in myself, I allow them to come to me and reveal what they want. Just as with all the other touches I have described, the softness and receptiveness needs to be there. But, not so lightly that there is no contact. As I described above about feeling numbness, the point is precisely to feel contact. Sometimes that needs to be firm yet staying receptive so that I can feel how firm. Interestingly, I have learned a lot from my puppy in this process. When she needs to calm or settle down, she likes to feel my firm presence, but, if I apply too much pressure, she feels constrained. There is a subtle difference that is felt when I allow myself to be aware of the response.

Using palpation as a tool of that awareness and to check for the level of the patient's awareness in their being proves very fruitful in so many ways in diagnosis and treatment. However, it requires that we keep working on our ability to use the most nuanced sense of touch. I think the maps we hold in us of what we feel can have so much detail. At first, when we approach this practice, the maps and possibilities are very general and have larger categories, but I find that if I pay attention to what I am feeling, without at first categorizing it, I expand the detail and the possible information. It is important, of course, to have a way to organize it, which is why we start out with more gross structure but, as that becomes clear, there is room then for more information. As I continually learn from my senses, what and how I think about what I am finding changes.

Certain styles of Japanese acupuncture are so centered on palpation that they offer us a great richness of opportunities. I feel that this is especially true if we can use our touch for subtle awareness to awaken the senses of those who come to us for help so that they can heal themselves. I find that prospect exciting.

References

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Zoë Brenner, L.Ac., Dipl.Ac., Dipl.C.H., FNAAOM, has been practicing, teaching and writing about acupuncture for 36 years. She has focused on Japanese styles of acupuncture for about 20 years. She is an instructor of Toyohari and Academic Dean of the Toyohari Association, North America and President of the Washington, DC Branch.

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