

# Toyohari: Effective, Nonstimulatory Acupuncture to Regulate Qi

By Brenda Loew, MAc, LAc

Acupuncture appears to have arrived in Japan from China and Korea via Buddhist monks in the sixth century. In the mid 1600s, a blind Japanese acupuncturist named Waichi Sugiyama developed the *shinkan* (insertion tube). This radical invention allowed for painless needle insertion, and is now used by both blind and sighted acupuncturists worldwide. Sugiyama, considered the Father of Acupuncture in Japan, established the first acupuncture schools for the blind, which emphasized hands-on practice and a more pragmatic approach to classical acupuncture theory.

Currently more than 30 percent of all licensed acupuncturists in Japan are blind.<sup>1</sup> The Toyohari Meridian Therapy Association, a specialized professional acupuncture association founded by blind acupuncturist Kudo Fukushima, currently has a Japanese membership of which approximately half are blind. The Toyohari Association of North America (TANA), the European Branch of the Toyohari Association (EBTA) and the Australasian Branch of the Toyohari Association (ABTA) are working to continue this legacy by making Toyohari available to acupuncturists worldwide. In the future, sight-impaired people will possibly live as independently as they do in Japan. Toyohari can enhance acupuncturists' ability to feel *qi* and improve their clinical skills through gentle, nonstimulatory and effective treatment methods to regulate and harmonize *qi*.

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I first learned of Toyohari from my friend and mentor, Stephen Birch, who expressed great enthusiasm for this approach. Although I had originally gone to acupuncture school to learn all about *qi*, that intention had been disappointed by the more scientized TCM training. With a desire to enhance my palpatory skills, I started Toyohari training, but being a product of Western culture and TCM training, I had assumed that *de qi* and nervous system stimulation methods were the only legitimate way to affect clinical outcomes. I found it difficult to believe that non-insertion needling techniques could assert any significant effect on a person. It was not until encountering the senior Toyohari instructors from Japan and experiencing the effect of treatment that I began to realize the power of nonstimulatory acupuncture. Rather than relaying my personal experiences, I would like to share Dr. Hiroshi Nakazawa's experience regarding the effectiveness of Toyohari. I hope to share other case histories in the future.

Dr. Hiroshi Nakazawa is a 73-year-old general surgeon who became a full-time medical acupuncturist more than 10 years ago. He currently is the vice president of the American

Academy of Medical Acupuncture. A 2004 graduate of the Toyohari Association basic training program, he had agreed to translate for our senior Japanese teachers at the 2005 National Training held annually for members. He arrived at the training with viral

National Training, held annually for members. He arrived at the training with viral pneumonia. His symptoms included severe chills, fatigue, cough and a high fever with extreme sweating. His wife had not wanted him to travel and he was afraid he would be incapable of translating, given how sick he felt.

All three Toyohari senior teachers examined him, performing the four diagnostic examinations, which include careful pulse, abdominal and palpatory exams, as well as observing, listening and questioning. His pulse was very rapid, sinking and deficient in the Liver, while excess in the Lung. Treatment involved first tonifying the left side Liv8 and Ki10, and then dispersing the right side Lu6 with specialized techniques. Next *jyaki* (“evil *qi*”) was lightly dispersed on TB4, St40, B158, GB37, LI6, and SI7 and then *sanshin* (a type of contact needling) was applied on his back. To end the treatment, CV12, CV4 and the Naso region of the neck were lightly tonified. By this point, Hiroshi felt significantly relieved and was able to breathe more deeply. His pulses felt balanced after the treatment and he was able to translate all day. He slept well that night, although there was still some sweating.

The next day he received a follow-up treatment. The consensus was that the pulse was no longer sinking, although it was still fairly rapid and deficient. Dr. Nakazawa reported feeling more vigor than the previous day. He was treated with tonification on left Liv8 and Ki10, and tonification on right Lu9 and Sp3. The right side St40, GB37, B158, TB5, LI6 and SI7 were all lightly dispersed. Tight areas around GB12, GB20 and B110 were treated with *Shinshasenpo* (dispersion at the deep level with tonification at the surface) techniques, and the *Naso*<sup>2</sup> area was lightly tonified. He felt his energy increase further, his pulses strengthened overall, and he continued to work as a translator all day.

On the third and final day, the teachers confirmed that, based on examination of his pulse and abdomen, his *seiki* (upright *qi*) had strengthened considerably and Dr. Nakazawa reported feeling fully recovered. Treatment was similar to the second day, with more generalized *sanshin* techniques. Dr. Nakazawa was very impressed with the speed and effectiveness of the Toyohari treatment.

This simple approach of Toyohari treatment is based on several ancient medical classics, in particular, the *Nan Jing* (circa 100 AD), the most important early acupuncture text from China. The *Nan Jing* describes a simple model of *qi* circulation in the 12 channels based on Five Phase and yin-yang theories. Professor Paul Unschuld describes the *Nan Jing* as the landmark text upon which the practice of acupuncture and later herbal medicine was based.

Toyohari emphasizes practical clinical methods, sophisticated technical skills and lifelong training opportunities for practitioners. Toyohari utilizes a feedback study method called Kozato practice method (named after its inventor, Katsuyuki Kozato), which has recently begun to be adopted by other meridian acupuncture associations.

Theoretical simplicity focused on regulating the *qi*, coupled with rigorous hands-on training, clinically validated experience through research, informed intuition and a lifelong dedication to training in order to keep deepening ones skills are the hallmarks of Toyohari training. Good clinical results show that the Toyohari model is demonstrable and experiential, and a rational and systematic approach to healing. Graduation from the certificate program entitles graduates to join the Toyohari Association through one of the local branches and become a registered Toyohari practitioner, as well as opportunities to study with senior Japanese instructors in Japan, North America, Europe and Australasia.

*References*

1. Conversation with Shuho Taniuchi sensei, Academic Dean of the Toyohari Association, Tokyo, Japan on March 23, 2006.
2. The term *Naso* derives from Japanese Braille shorthand and refers to cervicobrachialgic therapy, which focuses on the neck, clavicle, upper shoulder and upper back region.

### *Other Resources*

- Paul Unschuld. *Nan-Ching: The Classic of Difficult Issues*. University of California Press, 1986.
- Stephen Birch & Robert Felt. *Understanding Acupuncture*. Churchill Livingstone, 1999.
- Kudo Fukushima. *Meridian Therapy*. Toyohari Medical Association, 1991.
- Written and oral testimony from Dr. Hiroshi Nakazawa, spring 2005.

