# A Manual of the Teachings of

# Kiiko Matsumoto Kiiko Matsumoto Style of Acupuncture™/

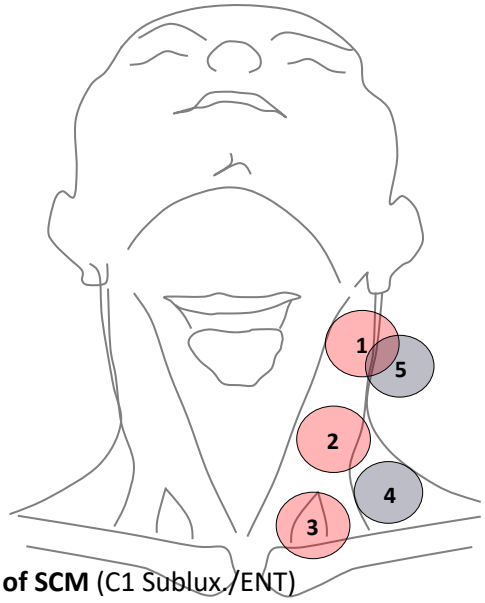
# Kiiko Style of Acupuncture™

by
Kiiko Matsumoto

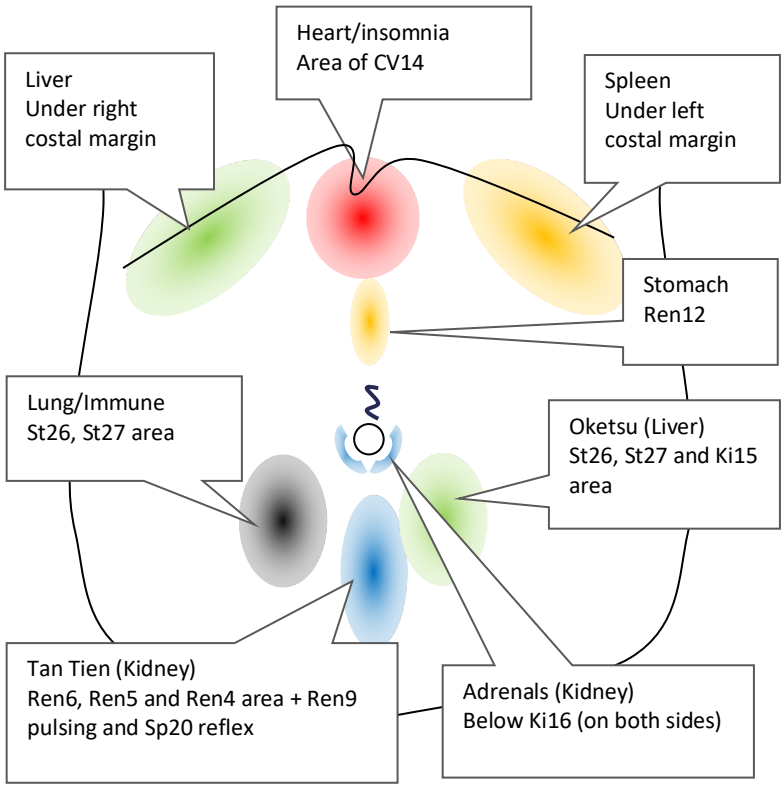
**Notes: Trademark for Kiiko Matsumoto Style of Acupuncture and Kiiko Style of Acupuncture are filed with the UPTSO, TM pending final approval. All rights reserved 2020.**

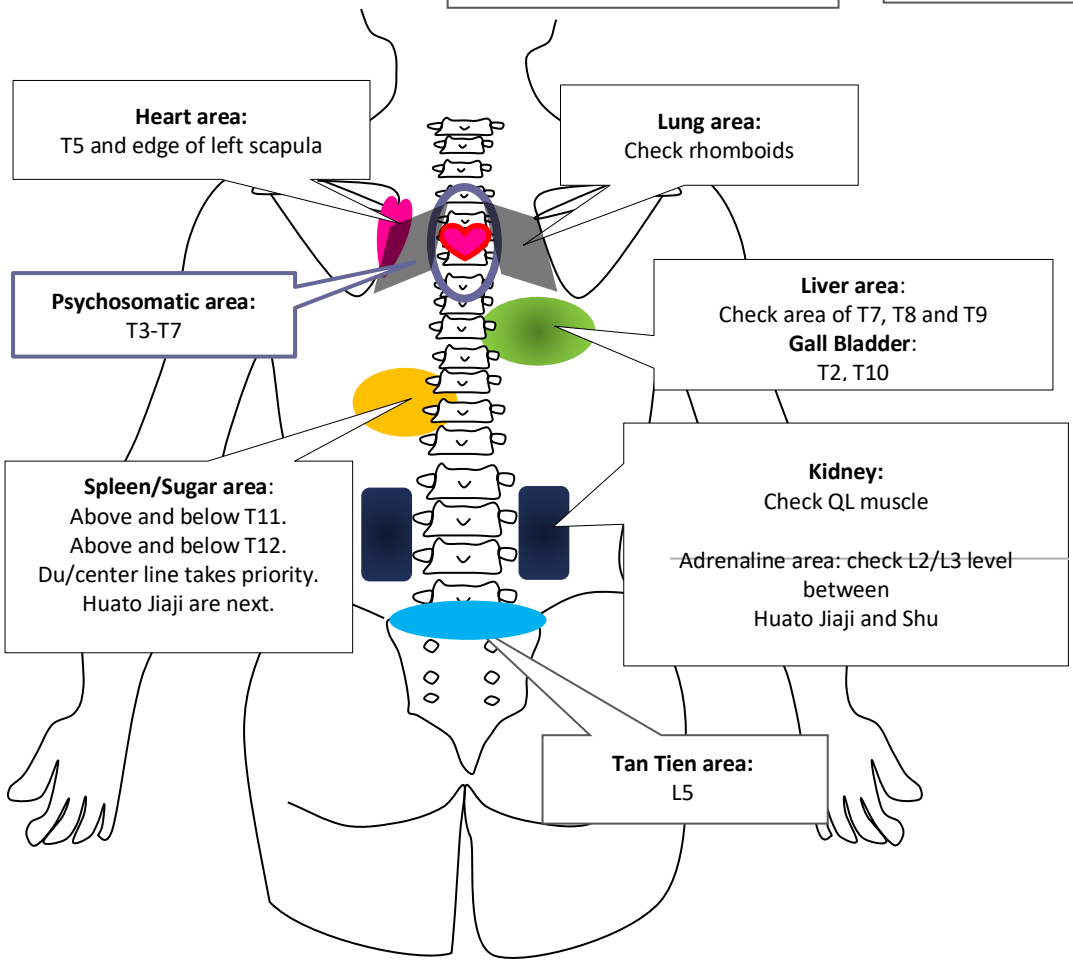
**All rights reserved. The information within this document(s) contains foundational knowledge of the teachings of Kiiko Matsumoto that can be found in Kiiko Matsumoto Clinical Strategies: In the Spirit of Master Nagano, Volumes 1 and 2 (copyright). All new information and ideas expressed within this document(s) are the sole ownership and authorship of Kiiko Matsumoto. These documents and the information contained within these documents may not be copied, reproduced, stored, taught, or transmitted in any form electronically, mechanically, or recordings without written permission from its author, Kiiko Matsumoto.**

# *Key reflex areas in Kiiko Matsumoto Style (KMS)™*



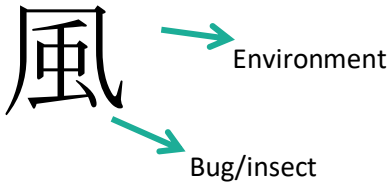

1. **Top of SCM** (C1 Sublux./ENT)
2. **Mid-SCM** (Neurological)
3. **Bottom of the SCM** (Thyroid)
4. **Above St-12** (Neurovascular compression)
5. **Tw-16/East-Wind - behind SCM** (Immune)



## *Du-16 & "the lid"*

Du-16 is the place where wind pathogen invades.




**Su Wen Chapter 60**

- Wind-evil is the source of 100 diseases
- Treat Du16 first, then balance Yin and Yang

**Su Wen Chapter 31**

Febrile disease

- All heat diseases fall under Tai Yang and its channel connects to Du16
- Tai Yang determines the state of all other Yang channels
- Tai Yang and therefore all Yang channels can be accessed through Du16

**Ling Shu Chapter 79**

- Du16 is the "entrance point" of febrile disease. From there, it moves one vertebra down each day. If the disease is not resolved within 21 days, it goes inside – this is how wind is the source of 100 diseases and why the disease itself may take time to manifest fully.

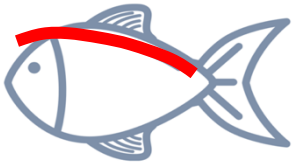
**Ling Shu Chapter 33**

| | Points mentioned | Primary affect | Excess symptoms | Deficient symptoms |
|---|---|---|---|---|
| **Qi** | Stomach-9<br>Ren-17<br>Du-15 (above)<br>Du14 (below) | Breathing | Red face, fullness in chest, rapid respiration | Shortness of breath, inability to talk |
| **Blood** | Bladder-11<br>Stomach-37<br>Stomach-39 | Psychological | Melancholy | Taking things too hard |
| **Grain** | Stomach-30 (upper)<br>Stomach-36 (lower) | Digestion | Feeling full, bloated | Feeling hungry but not able to eat |

In all of the above, both the excess and deficient symptoms are negative. This changes when we get to Sui:

| | | | | |
|---|---|---|---|---|
| **Sui (includes brain & spinal cord)** | **Du 16 and "the lid" (point above Du-16 but not specified which one)** | **Possibilities:**<br>• Medulla - information transfer between the brain & the spinal cord<br>• Du Mai<br>• Vagus nerve | **Feeling light, vigorous & having the ability to endure work that's otherwise hard.** | Tinnitus, sore legs, dizziness, sleepiness. "Wind in the brain" symptoms. |

SHINKEI JIME:



A technique, used by fisherman, to humanely kill the fish while at the same time protecting the freshness by delaying rigor mortis. A wire is inserted along the spinal cord. This technique allows for freshness of the fish to be extended allowing it to reach the market.

---

In a fish, the entrance point of the wire and its path along the spinal cord is a straight line.

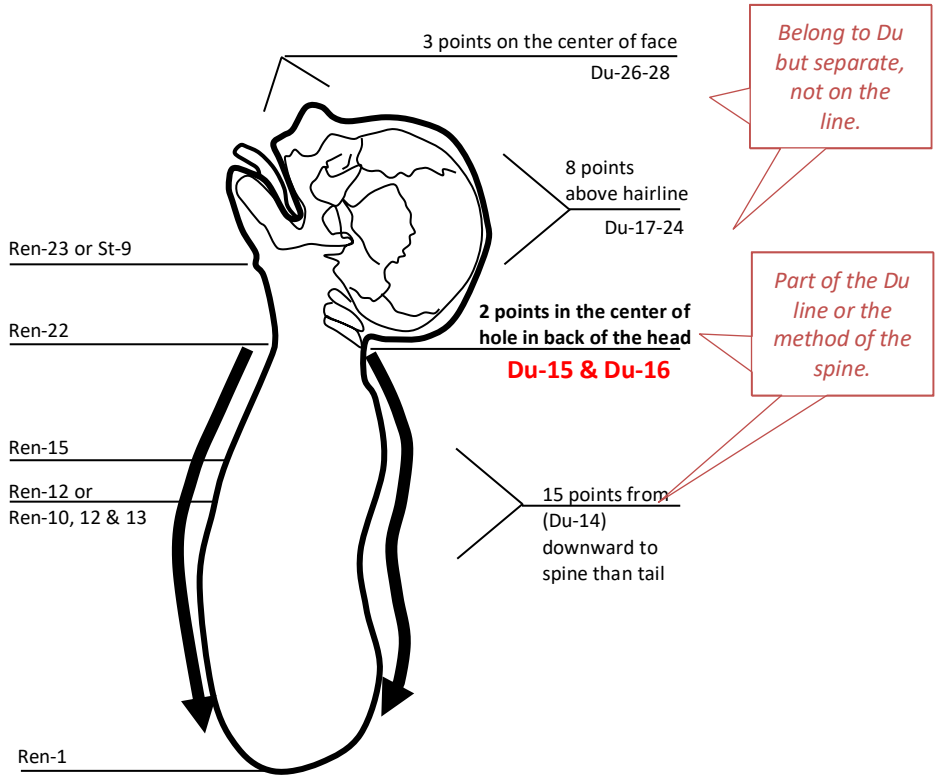
In humans, that straight line doesn't exist. Instead, Du-16 area represents the area where there is an entrance point to the spine according to Ling Shu Chapter 79. External pathogen enters the body, then moves down, one vertebrae at a time and after 21 days can move into internal parts of the body.

Du-16 may represent a possible point to strengthen and protect the body – and not just during external wind invasions.

Ling Shu chapter 33 specifies Du-16 but it *does not* specify which point represents "the lid".

Many translators of the Classics assume that "the lid" means Du-20 but this may not be the case. It's possible that there may be multiple options for the point that represents "the lid" – including Du-17, 18, 19, 20, 22 & 24.

**SU WEN CHAPTER 59**
Ren & Du move down



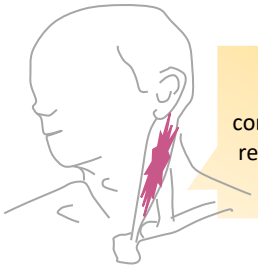

**Clinical application ideas**:

Previously, needling Du-16 was recommended in the direction toward Yin Tang. However, in consideration of Ling Shu chapter 79, **needling Du-16 down and toward the spine**, may produce better results.

In addition, consider supplementing with one or more of the following points that could also be what the Classics referred to as "the lid":

- Du-24 – support Tan Tien
- Du-22 – use when patients tend toward low blood pressure (LBP); needle toward face
- Du-20 + Du-19 – use when patients tend toward high blood pressure (HBP); needle toward back
- Du-18 – in cases of disc problems
- Du-17 – gate/door to the brain

# *Neck: review of treatment strategies for SCM and posterior neck*



SCM: partially controlled by CNXI & reflection of Kidney (brain)

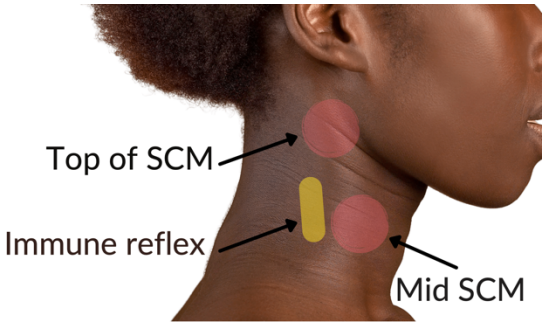
In addition, one of the key reflection zones that helps us monitor the progress of our treatment as well as provides a glimpse into the prognosis (how much the symptoms will improve) is the SCM muscle.

This is especially relevant for patients with conditions such as Parkinson's disease, Multiple Sclerosis, ALS or brain tumors. The SCM muscle in these patients will often present as very tight and if, during the course of the treatment, it softens, you can be sure the patient's symptoms will improve.

---

- Shao Yang to release mid-SCM
  - TH-5 & GB-41* in case of fast pulse
  - Th9 & GB-40* in case of normal pulse

  **substitute Gb39 if neurological condition present*
- Master Nagano's immune points (forearm) to release SCM
- Mid-SCM often corresponds with same side Ki-2 pain & releasing the fire point may also release mid-SCM
- Release top of SCM with Yao-Tong-Xue – use the points that is closest to 5th digit first (usually the second Yao Tong Xue point is not necessary)

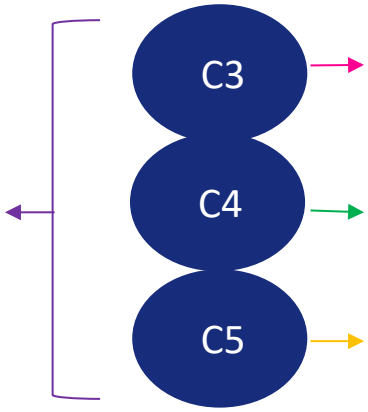



---

**Basilar artery congestion**

Du line - treat bilateral Huato
Jiaji - ipsilateral

Ki10 + Lr8 + Th9
w/ "I Hi Kon" (Vol 1 p.167)




Right side: Lr-1
Left side: Sp-1

Ipsilateral
St-9
(shallow, anterior to posterior)

Ipsilateral
SI-16
(shallow, anterior to posterior)

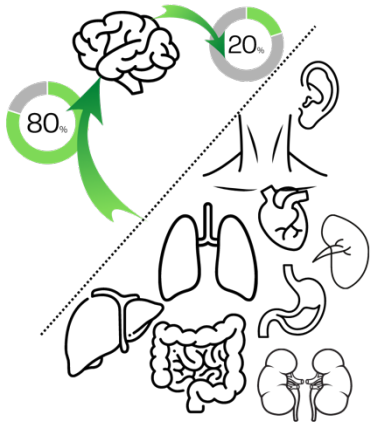
---

**Neurovascular congestion** of the neck

- Sp-3.2 + Lu-8 OR Ht-3
- As a second step, you can add direct needling of scalene muscle where pain remains (check the area of the neck where you would see necklace resting at edge of neck/shoulders)

## *Vagus nerve: 80% afferent 20% efferent*

| Afferent | Efferent |
|---|---|
| **Toward CNS/brain** away from body/outside-world | **Away from CNS/brain** toward body/outside-world |




"The vagus nerve represents the main component of the parasympathetic nervous system, which oversees a vast array of crucial bodily functions, including control of mood, immune response, digestion, and heart rate. It establishes one of the connections between the brain and the gastrointestinal tract and sends information about the state of the inner organs to the brain *via* afferent fibers."

*(Breit, S., Kupferberg, A., Rogler, G., & Hasler, G. (2018). Vagus Nerve as Modulator of the Brain-Gut Axis in Psychiatric and Inflammatory Disorders. Frontiers in psychiatry, 9, 44. https://doi.org/10.3389/fpsyt.2018.00044)*

As the longest nerve of the autonomic nervous system, close to 80% of the nerve fibers communicate information from the body to the brain making it a candidate for investigation in many different illnesses and symptoms.

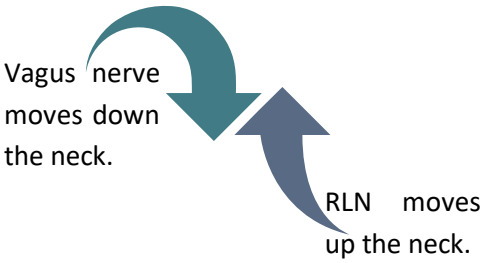
Anatomy:
The Vagus nerve (more accurately two vagal nerves - left and right one) leaves the medulla oblongata and extends through the jugular foramen, then on the left and right side down the neck, then to the chest, abdomen, viscera and all the way to the colon. The left and right sides are not symmetrical.

Right side Vagus:
The right Vagus nerve gives rise to right recurrent laryngeal nerve which ascends the neck, then the Vagus crosses anterior to the right subclavian artery, runs posterior to the superior vena cava, descends posterior to the right main bronchus, and continues to cardiac, pulmonary and esophageal plexus. It forms the posterior vagal trunk at the lower part of esophagus and enters the diaphragm through esophageal hiatus.

## *Vagus nerve branch: recurrent-laryngeal-nerve (RLN)*

Glossary
Recurrent nerve – turning back so as to reverse direction

The Vagus nerve gives rise to the **recurrent-laryngeal-nerve (RLN)** which goes in the opposite direction to the Vagus nerve. It is rare to find nerves that change direction from the one they arise from making the RLN unique.




RLN hooks around the right subclavian artery (right side) and left aortic arch (left side) and goes **up the neck** between the trachea and esophagus.

The RLN (both left and right) innervate all essential muscles of the larynx (except the cricothyroid muscle) and therefore play a major role in speech, swallowing & breathing. They also contain autonomic parasympathetic fibers that branch off and supply the cardiac plexus.

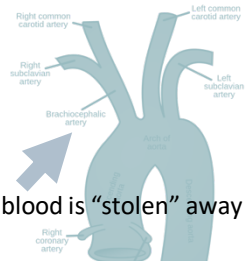
Monika Ostrowska, Mamede de Carvalho, Chapter 34 - Injuries of the Nerves of the Thorax, Editor(s): R. Shane Tubbs, Elias Rizk, Mohammadali M. Shoja, Marios Loukas, Nicholas Barbaro, Robert J. Spinner, Nerves and Nerve Injuries, Academic Press, 2015, Pages 525-543, ISBN 9780128026533, https://doi.org/10.1016/B978-0-12-802653-3.00083-X. (https://www.sciencedirect.com/science/article/pii/B978012802653300083X)

## *Brachiocephalic artery & the "subclavian steal syndrome"*

Brachiocephalic artery, which originates from the aortic branch, follows the right side of the trachea up to the level where the clavicle meets the sternum. It **supplies blood to the <u>right side of the brain</u> and right arm**.

Restriction of blood flow through this area can cause:

- Pain in the right arm with exercise
- Vision problems
- Transient ischemic attacks (TIAs)/ "mini-strokes"




Narrowing of blood vessels further away can lead to a condition called: subclavian steal syndrome (because the blood is "stolen" away form brain).

The Anatomy of the Brachiocephalic Artery. The first and largest branch of the aortic arch. Brouhard, R. EMT-P; April 25, 2022. Medically reviewed by Lander, J. S. MD. Verywell Health online.

## *Parkinson's disease & Vagus nerve treatment*

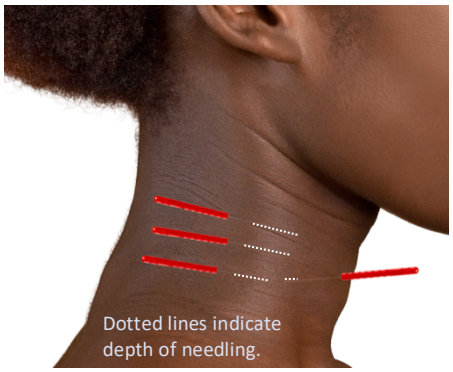
Patients presenting with Parkinson's disease will have a very tight, even swollen or very had SCM muscle on palpation. The ability to soften the muscle and release the tension is a good indicator of a positive outcome (symptomatic improvement) and prognosis. Since these are complex and chronic cases, more than one strategy for releasing the SCM may be necessary. Consider and use one or all that are indicated.

**Vagus nerve treatment:**

**Step 1:** Release the SCM. Possible strategies include:

- If neck is very sensitive, massage patient's ear (especially tip) for 10-20 sec.
- Shao Yang to release mid-SCM
  - TH-5 & GB-41* in case of fast pulse
  - Th9 & GB-40* in case of normal pulse

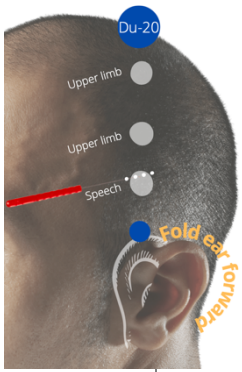
  **substitute Gb39 if neurological condition present*
- Master Nagano's immune points on the forearm to release SCM
- Mid-SCM often corresponds with same side Ki-2 pain & releasing the fire point may also release mid-SCM
- Release top of SCM with Yao-Tong-Xue -use closest to 5th digit one




Vagus nerve treatment (left), needle deeper
vs
SI-16 to release C5 (right), needle is very shallow

**Step 2**: Needle right side Vagus points:

- Needle posterior to anterior along the SCM:
  - TH-16, "East Wind" (1 cun below) & SI-16
  - Check against reflexes on the abdomen and torso including:
    cardiac reflexes: Ren line on the sternum, Ren-14/15 below xyphoid, Sp-20, Sp-21 & Pc-1
    Neurological: abdominal reflexes & look for SCM to soften indicating good prognosis



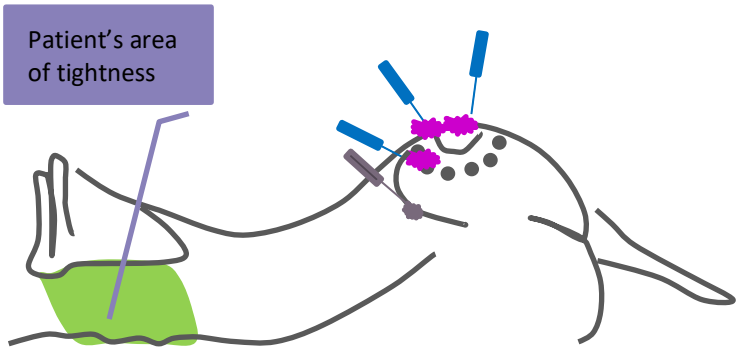

**Step 3:** Consider Master Nagano's and Kawai's head points.

Fold the ear forward. The line from the tip of the folded ear to Du-20 contains points used for problems with speech, upper limbs and lower limbs. Needle away from face in slightly tender spots where the skin on the scalp feels soft/gel-like/"mushy".

## *Trochanter treatment*

The trochanter-treatment releases the rhomboid area (which is also the "psychosomatic reflex") and is a very effective way to balance the autonomic nervous system.

- Look for sore/tender spots around the anterior border of the greater trochanter – up to 3 points. Repeat on a second line just distal to the first (like a rainbow moving away from bone). Do not needle center of the trochanter.
- Needle the spots that are most effective at releasing tightness on the rhomboid on the same side.
- To further release the area of the lower back and hip, palpate along the PSIS and iliac crest and using very shallow insertion, needle tender spots – usually about a 10° angle toward the spine. This is referred to as the "crease points".




## *Small intestine 12*

SI-12 character: represents the action of "grabbing the **straw** & cutting it"



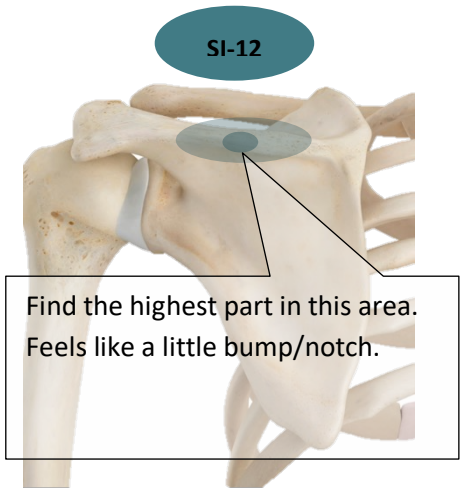
- In earlier centuries, rice or a wheat was collected along with the straw/stem which could be used for home insulation, thatched roof and even insulation to make a wind breaker or rain jacket.
- The straw/stem part character used by ancient Chinese, is the same one found in the character for "rebirth" or "revive".
- In order to hold something well and with power, you need a strong small-finger (the SI channel finger). So, for example, to keep the canoe moving well, you need a good grasp of the paddle so that you remain stable and can move with power as you paddle.

Clinical application:

- SI-12 area, anatomically resembles the sacroiliac joint & when needled, can release an unstable, painful &/or shifted SI joint
- Since Small Intestine is one of just three channels to control the back, it becomes important in the treatment of back issues.
- Many people who spend time on the computer, reading or otherwise have eye-strain (i.e. lazy eye), end up with a tight SI channel which can manifest as back pain – especially sciatica. Master Nagano often used Bl-2 + Yu-Yao to treat sciatica when someone wore glasses and complained of sciatica. SI-12 has an equally powerful effect as it helps to relax the back and SI joint and therefore relieve symptoms such as sciatica, SI joint pain etc.

Needling:

- Slide your finger along the posterior scapular spine (top of it). You will come across a notch/highest spot. From there press down (anterior) and test your point location against SI joint pain. Be careful as this point is in the area of the scapula that has an opening to the lung.
- Best point is found in the exact spot that releases the painful SI joint.



# *Paralysis of Accessory Nerve*

Accessory nerve (CNXI) is a motor-only never that supplies the upper trapezius and SCM muscles. While some patients may come to clinic complaining of pain on the trapezius muscle, most will actually present with something completely different. An example is lower back pain that responds but very quickly comes back after treatment as well as other symptomatic presentation that don't respond well to other strategies.

Since tightness of the SCM is often a key presentation in patients with Parkinson's disease, this treatment could prove useful as an additional way to release pain at the SCM.

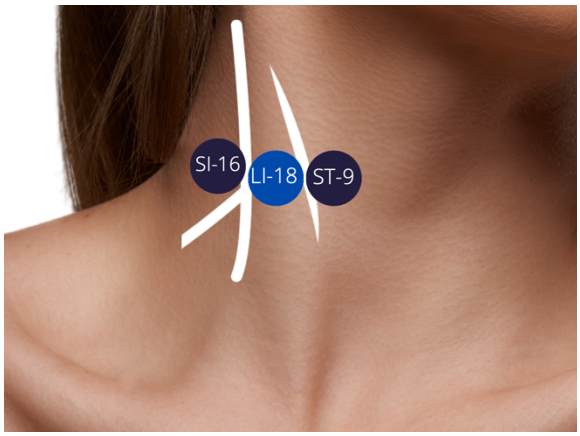
**Patient's history can provide a big clue**:
History of neck or shoulder surgery – these are often laparoscopic and, since they solve the localized issue, patient may not think to mention it to you when coming in with lower back pain etc.

History of participation in sports that lead to injury – gymnastics, football etc.

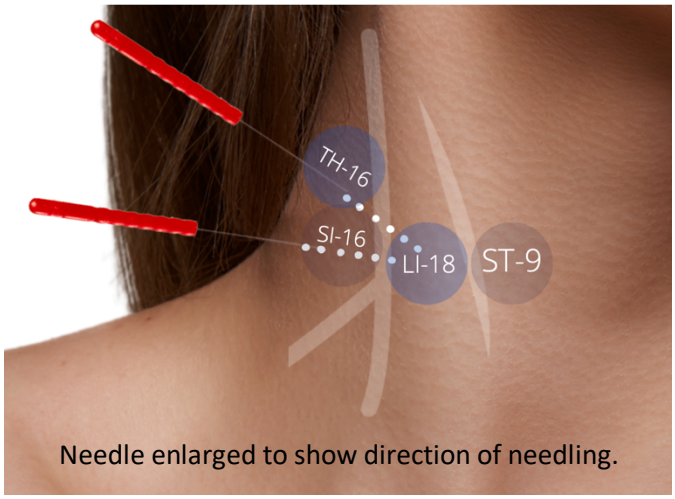
**Patients with shoulder ROM limitation with or without pain:**
Even if the patient denies any injury and/or has not participated in sports, they may develop limitations in their ROM. Often this presents as limitation where they cannot bring their arm up above 90 degrees of extension.

**How it presents on examination/palpation**:
If you catch any of the above during your intake, look for the following combination of tender points:

- LI-18 – neck in this area may be very tender on the affected side
- SI-15 (level with C7) – located close to the trapezius motor point
- BL-14/Bl-15 area (level with T4/T5) – in the area of trapezius motor point. This area may also present as puffy on the affected side.
- Sugar Point area (T11-L1) – lower attachment of the muscle. This area has many etiologies for tenderness & is checked on most patients.




**Treatment:**



Needle enlarged to show direction of needling.

**Step 1:**

Needle SI-16 toward LI-18
(posterior to anterior, transverse and "under the SCM").

Needle TH-16 &/or East Wind (1 cun below TH-16)
toward LI-18 (posterior to anterior, transverse and "under the SCM").

For both points, try to needle as shallow as possible in the direction toward LI-18.

**Step 2:**

Needle SI-15 down toward the trapezius muscle (look for a tender spot in the area).

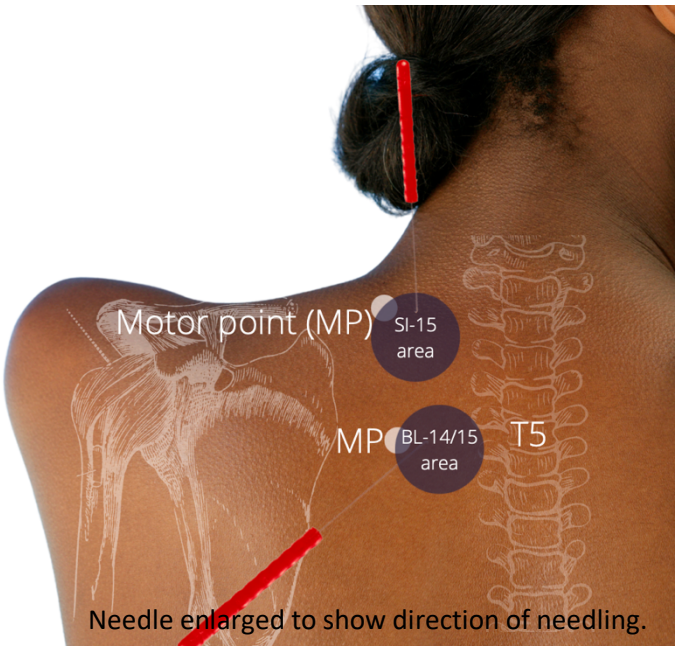
Diode-rings can be applied in this area especially if there is a lot of sensitivity on palpation.

**Step 3:**

Needle Bl-14/Bl-15 area at a 45 degree angle toward the spine.

**Step 4:**

Check and needle “sugar points” at Du-6/Du-7 at a 45 degree angle toward the spine.



Needle enlarged to show direction of needling.

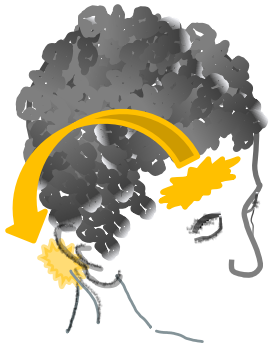
**Support treatment:**
If patient has pressure pain on the SI joint, release it using SI-12 needled down.

# *Sharp turns: Gall bladder channel on the head, St-8 & Sp-21 (Grand Luo)*

The Gall Bladder channel travels between the front and back of the head a couple of times. At Gb-14 and at Gb-12 it makes a 180°, vertical direction change. Beyond this switch in up and down movement at these points, there seems to be a strong, clinically significant connection between these two areas. This is especially true for patients with migraines and headaches.

**Clinical presentation**:

Consider this strategy for patients that describe migraines or headaches around the forehead and/or occipital regions. These patients may not be specific about the exact location of the pain but generally point to the forehead or the back of the head.

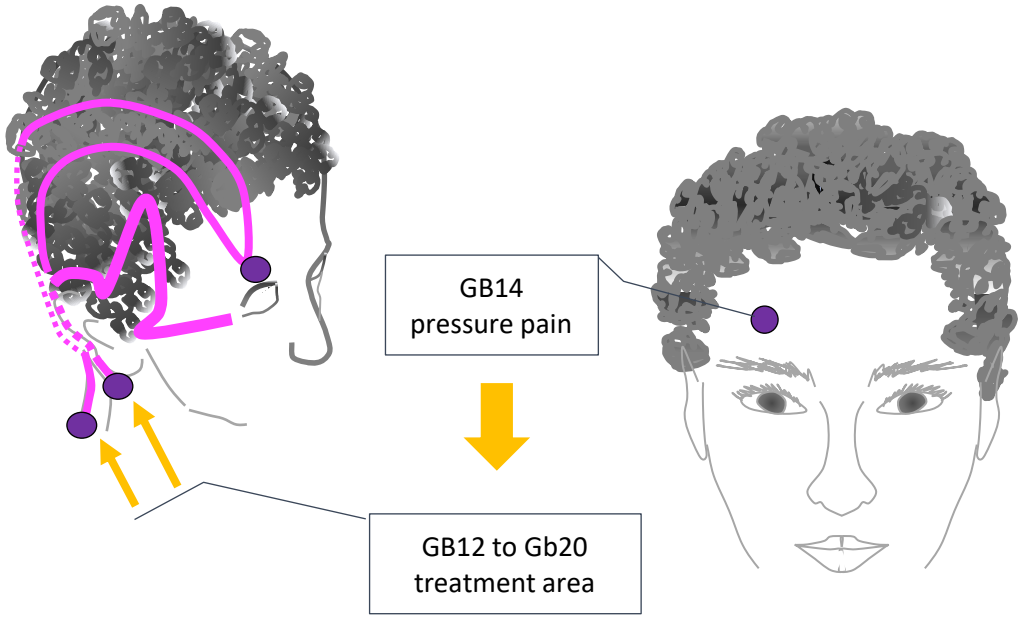


Upon palpation however, there is pressure pain on the area of either GB-12 or GB-14.

**Treatment:**

Think of these two points areas like we think about contrecoup. When one is painful, you can use the other to release it. **Be sure to check two directions (up and down) for each of these points – usually one direction produces better results**.

- Pressure pain at Gb-14 should be treated by finding the best point around the region of Gb-12 to release it.
- Pressure pain at Gb-12 should be treated by finding the best point around the region of Gb-14 to release it.
- In either case, test to see if you achieve more relief in pressure pain by pointing the needle up vs down.




**Additional ways to address GB-related headaches:**

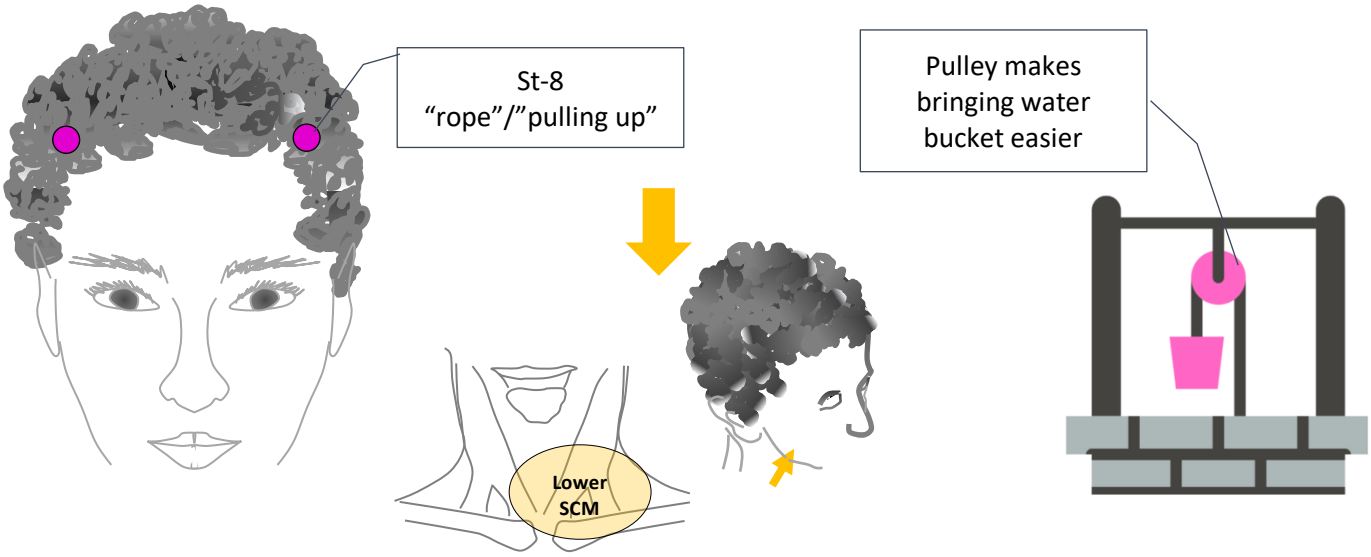
- Temple (GB-4 above Tai Yang) – treat using GB-2 or GB-12 – 20 area
- TMJ with TH-17 pressure pain – use "sphenoid treatment" (ki-9 + 27 + TH-9) with Sp-3.2 & one-cun behind GB-21
- Ear problem related headaches – check for C1 subluxation (use Yao Tong Xue to release); Ht-3; + Ki-6 or Ki-9 with Ki-27; Gb-22-Lr-13 area (sensory line) + Ming Men (L2 Huato) and T7 (check Du and Huato Jiaji)

**STOMACH-8**

Similar to the Gall Bladder channel, Stomach channel carves an unusual path on the head moving from the jaw, up to the hairline and then right back down. The character chosen to represent St-8 includes the idea of a rope and pulling up.

**Clinical application:**
St-8 (check both up and down direction) can be remarkably useful in releasing stubborn pain along the Stomach channel. Since the channel travels from the legs, up the torso, then neck and face/jaw, there are plenty of opportunities to release these commonly painful spots – TMJ complains, tight St-10 area (overlaps with lower SCM/thyroid reflex), St-21, Immune reflex on the abdomen (St-26-27) and more.

The image of an old fashion well with a bucket on a pulley might help to visualize the effect of this point.



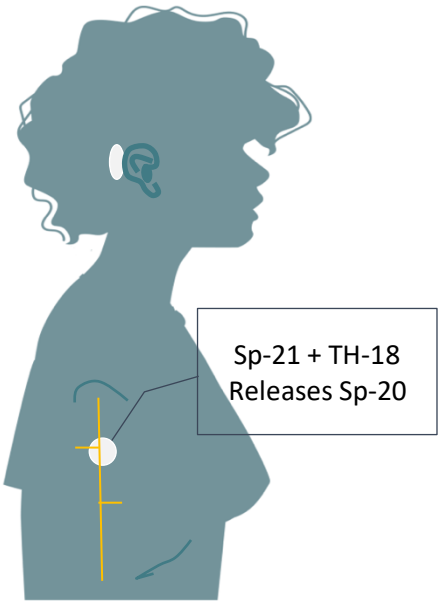

**SPLEEN-21 (Grand Luo of Spleen)**

In general, we see that the yin channels move upwards on the body but the end of the Spleen channel makes a turn – moving down from Sp-20 to Sp-21.

Sp-20 is an important, and often positive, reflex for cardiac, Shen, Tan Tien and other issues in the torso. It's possible that the sharp turn of the channel creates a point where energy gets stuck.

To find it, divide the distance between the center of the armpit and tip of the 12$^{th}$ rib in half. Then divide the upper portion (closer to armpit) into half again. This is the general location of Sp-21.

Use this point along with TH-18 (support) to address problems in the torso including pressure pain along Ren, Kidney and Stomach channel on the chest. Sp-20 serves as a great reflex to find the exact location for this point.




Needle transverse only. Pinch the skin to avoid pneumothorax.

## *TH-18* **(chì mài)** *– "crazy vessel" point*

癡脈

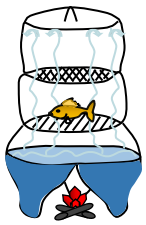
The character for this point can be translated as "crazy vessel" or "spasm vessel" and it's a unique one as there are only two examples of points named with a disease included as part of the point name. Possible translations of this disease could be something resembling a seizure or convulsions but expanding the idea of spasm could also extend the definition to include involuntary muscle contractions, irregular pulse (the vessel is acting "crazy" & not within norms), heart attacks (spasm of the heart muscle), etc.

**Important indications & reflex areas to test against:**

- sensitivity – both physical and emotional, anxiety
- spasm including: seizures, spastic colon, heart attack, stroke, involuntary muscle spasm, cramping (including menstrual cramps)
- overreactive reaction to palpation of the Du channel
- painful or tight SCM in patients with a pacemaker instead of using the vagus-nerve treatment (TH-16, East Wind & SI-16 needled posterior to anterior and deeper than the same points when used as tonsillar points).

## *TH-19 – connection to the movement of qi through the chest*

The body is represented as the ancient cooker with water below heating up to create steam which cooks the food and the vapor move up and pure, distilled water returns back to replenish the water.

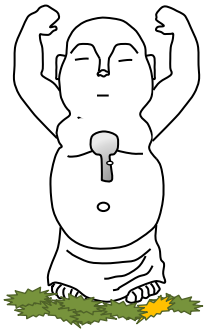




There are certain types of rice that can only be cooked using steam – since it requires extra-long time and would burn if cooked in a regular way. An example would be sticky rice, cooked in banana leaves etc.

Rice cooked in steam also requires that you break up and mix the rice in order to assure that the moisture is spread evenly. For this, a wooden, flat spoon is used.

**Triple-heater-19:**



This point is connected to the part of the top part of the ancient-cooker that holds the rice and serves as a representation of the wooden spoon that would be used to "cut-up" the rice to assure the even distribution of steam/moisture in it. As such, it can be used to help move Qi through the chest area and therefore helps with conditions that are related to breathing, circulation and cardiac symptoms. This includes symptoms such as:

- Shortness of breath (SOB)
- Palpitations, arrythmias, post heart-attack care, etc.
- Anxiety & panic attacks

**Reflexes:**

Often, you will find the following positive reflexes which should respond to TH-19:

- Sp-20
- PC-1 area
- Kidney line, especially on the left side around sternum
- Possibly, Ren-17 and/or Ren-16, Ren-18 etc. – doesn't show in everyone
- Possibly Ren-15 area – may need additional Spleen points to clear completely (see below)