

# Staying Superficial in Order to Go Deep: Japanese Acupuncture, Classical Energetics, and the Superficial Fascia

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Jeffrey Dann, Ph. D., L. Ac.

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Over the years I have struggled to understand the differences between Chinese TCM acupuncture and Japanese styles (TJM) represented by Meridian therapy and Toyohari schools. Each impacts the body in very different ways and at different levels.

TCM acupuncture uses thick, heavy gauge needles (28 -32 gauge) with relatively deep insertions (more than 30 mm) into the muscle layer, with vigorous techniques to elicit a deep aching sensation in the patient (known as “deqi” or “obtaining qi.”) The pulse is generally taken only once at the beginning of the session, and rarely are abdomen or distal points palpated for assessment. Needle insertion is traditionally done freehand, without a guide tube.

TJM , on the other hand, is characterized by the use of thin needles (38 -42 gauge), with superficial insertion (0-7mm) and with gentle stimulation that seeks to have the practitioner feel a sensation known as “the arrival of qi.” TJM is also differentiated from TCM by its careful use of the left hand (oshide) to palpate and prepare the point, as well as to sense the “arrival of qi.” Point selection for root treatments is derived from the classical five phase points. In addition, TJM frequently palpates for reconfirmation in the pulse, abdomen, and treated channels to determine if the point selection and techniques of stimulation were appropriate.

The contemporary teachers of Meridian Therapy and Toyohari Japanese acupuncture

emerged from the mid 20th century “Return to Classics” movement. They emphasize: 1) clinical reference to the classics (Suwen, Lingshu and the Nanjing), 2) refined palpatory diagnostics of pulse, abdomen, and meridians, 3) varieties of superficial needle stimulation, and 4) feeling the “arrival of qi.” These acupuncture styles focus on listening through touch - by “staying on the surface,” with very little deep palpation or needle insertion.

Shudo Denmei’s most recent text, “Locating Effective Acupuncture Points,” distinguishes various needle depths as follows: 1) contact and super-superficial insertion, 0 - 1 mm, 2) superficial insertion, 1-5 mm 3) shallow insertion 5 – 30 mm, 4) deep needling, more than 30mm.

I want to look at the anatomical structures that comprise the zones of contact from 0 to 10mm. Shudo Sensei’s first three levels describe the terrain of the skin and superficial fascia, Think of the skin as the outside of the brain. It is like a wet suit layer given shape by bundles and compartments of connective tissue (fascia). It is filled with a liquid crystal fluid, the extra-cellular matrix, which brings blood and nutrients to the surface and takes away waste products. It is our protective barrier. The skin has many specialized cells and receptors that communicate to the brain our interaction with the outside world. It is here that the Ying qi and Wei qi interact around the channels.

The brilliant medical historian, Shigehisa Kuriyama, notes that the ancients had a concept of structured depths of the body’s anatomy and pathophysiology. Their way of plumbing these depths, Kuriyama says, was to “gaze” upon the surface and palpate its terrain. The inner essence is hidden and mysterious, but it can be apprehended in the flowering manifestations on the surface, just as a master gardener can tell the health of a plant by looking at its luster and feeling the texture of the leaves. The Suwen says, “*It is through the external manifestation (Biao) that we know the intimate reality (Li)*”

The “arrival of qi” is not a metaphysical concept. The ancients carefully palpated the superficial structures on the skin, the interstices (*cou li*) through which the Ying qi and

Wei qi course. They described a highly differentiated system of network channels, cutaneous channels, large and small vessels (sun, miao) and finally the meridian pathways themselves.

The body-mind is a vibrating pulsating field that, like the breath, reflects state of being and reactivity to internal and external conditions. This can actually be palpated anywhere on the body, not just at the radial pulse. And the energetic physiologic shift induced by acupuncture can also actually be felt. Shudo Sensei describes this as the arrival of qi and both the classics and modern physiology can describe this phenomenon.

In classical texts, traditional surface energetics starts with the Wei qi. SUWEN:43 “The Wei qi is the defensive qi that is formed from the same foodstuff (Ying); this qi is different; it is fast and smooth. It cannot travel in the blood vessels but flows between the skin and the muscles. It circulates through the chest and remains outside of the channels and vessels.”

Healthy surface conformations are presented when Ying qi and Wei qi are in harmony. The Wei qi, to some extent, is governed by the Lungs and has a rapid circulatory cycle of 50 circuits being most active on the surface during day and deeper and more quiescent at night in the lower Jiao. The Wei qi moves between the skin and the superficial fascia, the *cou li* or interstices. The Wei qi acts as first layer of defense against external pathogens. It regulates skin functions of peripheral body temperature and fluid balance by regulating the pores and sweat glands. When in harmony with the deeper nutritive Ying qi, vascular and lymphatic circulation is free flowing and the skin is lustrous and its texture is resilient and healthy. Luster or vitality can be seen and felt in the skin and superficial tissues: this reflects the ability of the Lungs to infuse and move the blood.

Recent studies of the skin show a vibrant active immune function, the result of specialized lymphoid cells known as Langerhan cells and other structures. They may stick to the external pathogen, alerting T-cells to it, and thereby activate other immune protective reactions. The superficial fascia is the zone in which Wei qi and Ying qi

interact.

Donald Kendall describes the classic Wei-Ying relationship in terms of modern immune physiology: “Defensive substances can leave the blood circulation through the walls of the capillaries to fight off an external assault, or respond to tissue trauma. The defensive interaction takes place due to an interplay of nutrients (*Ying*), which include blood coagulation system proteins, and defensive substances (*Wei*), such as immune cells and complement proteins.”

Suwen 5 is particularly descriptive of this precise anatomical awareness. “The most skillful healer treats the surface hairs (*pimao*)...and those doctors are best who disperse them before they sweep inward. The healer next in skill treats the subcutaneous tissues (*jifu*); The healer next in skill after that treats the sinews and the vessels; the healer next in skill treats the Six Fu (hollow viscera); the healer next in skill after that treats the Five Zang (solid viscera).

Lingshu 75 says: “First, attentively observe and differentiate...By pressing with the fingers, using sliding techniques, also rubbing and flicking the points. Then, attentively, watch the response and reactivity.”

What does it mean to “watch” the response? The classics suggest one can actually feel and sense the balancing of qi. In describing how to apprehend the “arrival of qi”, Shudo Sensei often refers to Lingshu 9: “Reside deeply in a place of stillness, divine the comings and goings of the spirit with one’s (sensory) doors and windows shut...Successfully transform the patient’s spirit; when the qi arrives then one stops”. This is very different from causing a *deqi* sensation or doing qi propagation through the needle, as done in TCM.

Shudo Sensei interprets this listening as being in a centered place, not talking, not thinking extraneous thoughts, but carefully listening and sensing the shift. He resonates with this shift and has said he sometimes even salivates when the qi arrives. This

indicates a clear parasympathetic response of increased saliva secretion. This is a complete oneness with the patient, needle, and oneself. It's like the kendo (art of swordsmanship) expression "ki – ken – tai itchi," the mind-swordbody are one.

This arrival of qi is an actual sensation that can be sensed in the change in fascial tissue texture, or a subtle sensation that is the result of the stimulus-response to the acupuncture needle when skillfully and sensitively wielded.

The work of neurophysiologist-acupuncturist Helen Langevin who studies the relationship of acupuncture stimulation upon the fascial structures, confirmed that a bioelectric discharge occurs when the acupuncture needle interacts with the stressed collagen fibers. This piezoelectric discharge moves through the liquid crystalline structure of the extra-cellular matrix. This activates lymphatic, vascular, hormonal, and autonomic shifts.

Langevin proposes a new theory of acupuncture mechanisms that goes beyond the more common Western gate control theory describing stimulation of neurological pathways. She proposes that acupuncture meridians follow connective tissue planes. Acupoints, in fact, occur at the convergence of connective tissue planes. Qi is defined as the sum of all body energetic phenomena (e.g. metabolism, movement, signaling, information exchange). Meridian qi is the connective tissue biochemical–bioelectric signaling system. This theory is supported by the research of Mae-Ho Wan's research on the liquid crystalline communication signaling system of the extra-cellular matrix fascial net .

I propose that the "Return to Classics" superficial acupuncture approach of TJM creates a different response and regulation of qi and blood than the deep needling of TCM. Superficial needling activates what is known as a Diffuse Non-Specific Regulatory Response (DNSRR). Because the surface of the skin has so many more specialized receptors, its activation with acupuncture sends a different array of signals to the brain. Superficial needling activates those signals that cross over to the other hemisphere rather

than going straight up to the pain interpretation center, the thalamus. These cross over sensations and messages often have to do with making finer discriminations and exploratory sensations. I'm not a neurologist, but I think there is a lot of interesting research for them to do. I like to open this discussion and I look forward to hearing from those that know much more about this subject than I do.

The real purpose at the heart of this article is to encourage us to develop our sensitivities, to listen ever more closely, and help our patients by being better acupuncturists. **OM**

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JEFFREY DANN, Ph. D., L. Ac. Currently teaches and practices in Boulder, Colorado. He practiced for many years on the Big Island of Hawaii. His previous training was in cultural and medical anthropology. He conducted fieldwork in Japan where he also studied Kendo, Shiatsu, and Seitai-ho at the Mito Tobukan Dojo in Ibaraki Prefecture. He attained the rank of yondan in Kendo. He is currently president of the Traditional Japanese Acupuncture Foundation, and has played a key role in networking and promoting Japanese acupuncture and bodywork.