

Holographic Moxibustion: Applying Ontake Warm Bamboo to the Hirata Zones

Oran Kivity

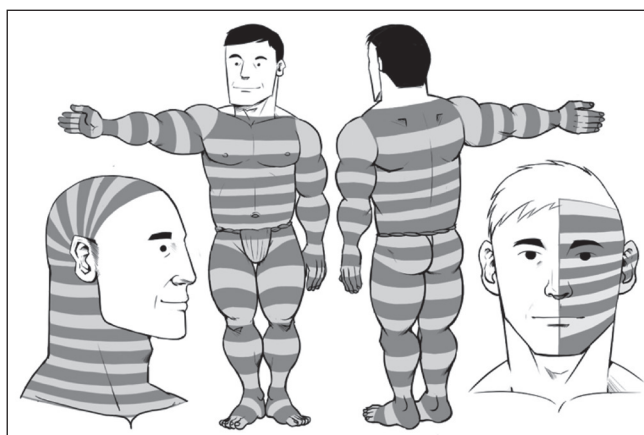


Fig 1. Hirata's twelve zones repeat in six regions: the head, face, neck, arm, torso and leg.

KURAKICHI HIRATA 平田内蔵吉

Hot Needle Therapy (*Nesshin Kairyō Jutsu*) was a Japanese holographic system of treatment. It was developed by Kurakichi Hirata (1901-1945), who, in the 1930s, developed a unique holographic mapping system of the body that he treated with a heated probe.

Hirata's holographic mappings predate Nogier's microsystem of the ear and all the holographic systems that have come since. Hirata should therefore be seen as a pioneer in our field, creating the first holographic mapping of the modern era.

Dissatisfied with conventional medicine, Hirata wanted to develop an accessible system of self-treatment. He designed a system that was simple for the public to learn and apply by using a heated tool that, unlike acupuncture needles, required little skill to use. His system had two key features:

- It was suitable for the lay public to use at home
- It was designed to trigger the body's self-healing mechanisms rather than treating symptoms

He wrote several books, developing his treatment model to a high level, integrating it with ideas from Traditional East Asian Medicine (TEAM). Sadly, this young prodigy died during the Second World War. Hirata's general ideas on health are quite familiar to practitioners of TEAM. He believed that when the organs are harmonised and balanced, there is no disease. When something becomes

imbalanced at the core level, disease develops. It is, therefore, more important to treat the core than address specific symptoms. Hirata's model of disease was strongly influenced by the TEAM idea of 'Heaven, Humanity and Earth'. He saw the skin as the interface between human beings and the natural world – the place where disease enters and where reactions take place. For this reason, Hirata emphasised diagnosing and treating at the level of the skin, and his method focused on stimulating the skin with heat.

He developed a hologram composed of twelve horizontal dermatomes (or zones). These twelve zones are mapped out in six different regions: the head, face, neck, torso, arms, and legs. Zones in each region resonate with and reflect the same zone in another region.

THE TWELVE ZONES

There are twelve zones, which for the most part, correspond to the twelve *yin* and *yang* organs of TEAM theory. However, as Hirata's model was presented as a Western medical system, at least in its early years, there are no correspondences for Triple Burner or Pericardium. Instead, there are new correspondences at the top and bottom of the hologram for the bronchi and the reproductive organs. The Gall Bladder zone and Spleen zone also reflect and treat the exocrine and endocrine functions of the pancreas, respectively.

Table 1. The Twelve Zones

1	Bronchi
2	Lungs
3	Heart
4	Liver
5	Gall Bladder and exocrine gland of the pancreas
6	Spleen and endocrine gland of the pancreas
7	Stomach
8	Kidney
9	Large Intestine
10	Small Intestine
11	Bladder
12	Reproductive organs

Each region is a hologram of the body, and therefore, each region reflects the same physiological and pathological processes in the same way. For example, Hirata believed that an imbalance in the Liver organ manifests in reactions on the Liver zone in each region. This synergistic action means that the same twelve zones can be examined or treated in any or all of the six regions; thus, the head, face, neck, arms, legs, and torso can be used both diagnostically and therapeutically.

THE ARM AND LEG REGIONS

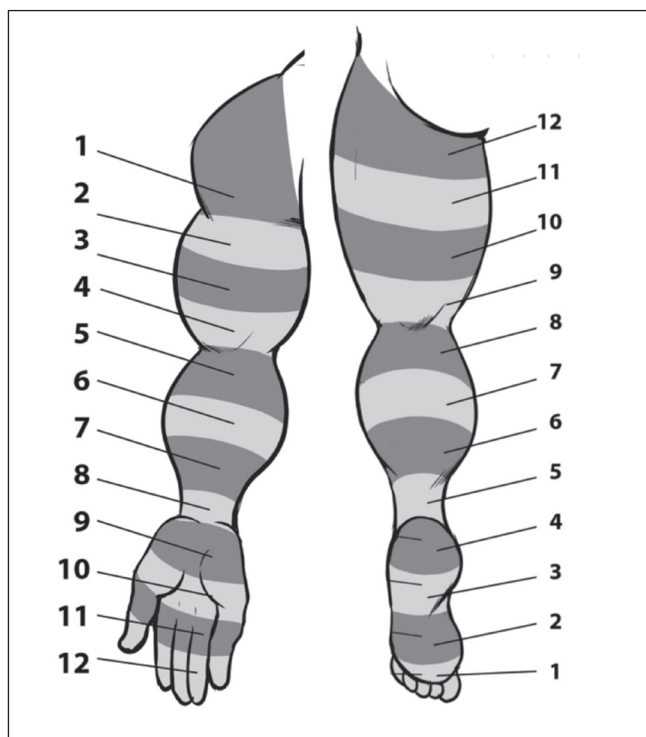


Fig 2. The arm region and leg region are mirrors of each other, with the numbering going the opposite way.

Rather than have the zones as an abstraction, let's start by exploring two regions, the arm and the leg. The zones of the arm form a holographic image, numbered from 1 to 12, from the top of the shoulder to the tips of the fingers. The twelve zones can be grouped simply into four on the upper arm, four on the forearm, and four on the hand. A little bit like the back-*shu* points, the arm reflects its anatomical neighbours, with the upper *jiao* zones in the upper part of the arm, the middle *jiao* zones in the middle section, and the lower *jiao* points in the hand. In fact, this is a really good way to think of the arm region, lined with zones like 'brachial-*shu* points' that reflect levels of influence in the body.

Take thirty seconds out from reading this article to divide your upper arm, forearm and hand each into four segments. Try counting down from zones 1 to 12.

The leg region is similar to the arm region in that it is divided into

four zones in each segment. However, it is a reverse mirror of the arm, in that zone 1 is at the toes and zone 12 is at the thigh. Take another few seconds and try counting up the leg from zones 1 to 12.

The torso region repeats the pattern of the arm, with the twelve zones flowing from top to bottom in the same order. The twelve zones also repeat on the head, face, and neck, but in these regions, as on the leg, they count from the bottom up.

YOSHIO MANAKA 間中喜雄

One of the most influential practitioners to investigate and take up Hirata's ideas was the renowned Japanese medical doctor and acupuncturist, Dr Yoshio Manaka (1911-1989).

Dr Manaka combined scientific research skills with a fascination for traditional methods of healing. He studied Hirata's books and enthusiastically adapted his methods, eventually publishing his own book about them in 1982, *Hirata's Heated Needle Stimulation Treatment*.

STEPHEN BIRCH

British acupuncturist, author, and teacher, Stephen Birch became acquainted with Dr Manaka in the 1980s. This international collaboration led to the publication of *Chasing the Dragon's Tail*, written by Birch with Manaka's input and guidance. It was a seminal book on acupuncture and acupuncture research and contained some of the first explanations of Hirata Zone Therapy (HZT) in English.

Birch became a conduit for Japanese acupuncture thinking and ideas, teaching Manaka-Style Acupuncture (MSA) globally. However, when teaching, his classes did not cover HZT in any detail. We can guess that the reasons for this were pragmatic.

In the old days, HZT involved stimulating the zones with a cone-shaped metal instrument called the *shinryoki* or Mind Therapy Device. Few of these remain in existence now, and they would be considered unsafe to use for many reasons, not least, because they were lined with asbestos and filled with burning ethyl alcohol.

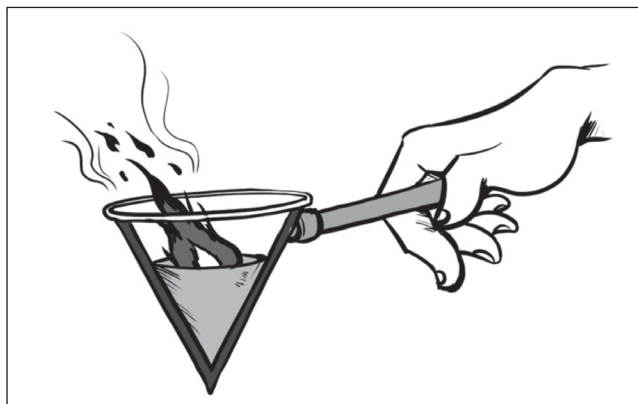


Fig 3. By today's standards, the original asbestos-lined, alcohol-fuelled, open-design Mind Therapy Device would not be regarded as safe.

Dr Manaka developed an electrically heated blunt probe called the *tenshin kyu* (spiked moxibustion device), but this was not mass-produced, and once again, few of these remain in existence. Contemporary Hirata practitioners use a more sophisticated electronic hot probe called the *hirata-kun*, but its retail price puts it out of the range of most acupuncturists.

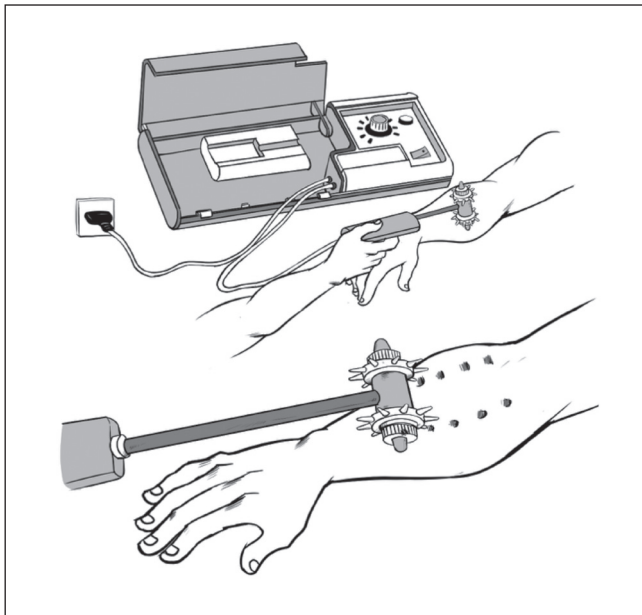


Fig 4. Manaka's *tenshin kyu*.

Thus, we can conclude that HZT never really caught on in the West because there was no safe or affordable device available to deliver the heat. Teaching HZT would have been an academic pursuit with no practical application. Acupuncture students are nothing if not pragmatic – if there's no application, there's no value!

ONTAKE TO THE RESCUE

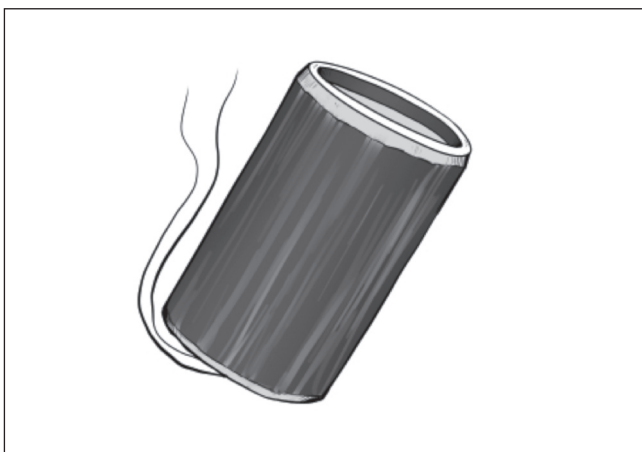


Fig 5. Ontake warm bamboo is a small, mobile moxa device that can be applied rhythmically on the skin.

In 2010, I was introduced to Ontake, a little-known moxibustion tool. Ontake comprises a short piece of bamboo filled with moxa wool. When the moxa is ignited, the bamboo gets hot and can be applied

to the skin. The bamboo can be held, tapped, pressed or rolled rhythmically along the acupuncture channels and on specific points.

After reading my first paper on Ontake in 2011, Birch immediately saw its potential, encouraging me to experiment with it to see if it could be applied to the Hirata zones.

MISSION IMPROBABLE

Hot Needle Therapy (*Nesshin Kairyō Jutsu*) was a unique system of dermatome stimulation that has almost been lost. Birch's suggestion that I should study it and integrate it with Ontake became a mission to discover how Hirata worked, how Manaka redeveloped his findings, and how almost ninety years later, we can achieve the maximum benefit from these ideas. The mission led to the creation of a holographic system of moxibustion using Ontake and a book, *Hirata Zone Therapy with the Ontake Method*. The book aims to repurpose the old system for contemporary practice so that Western practitioners and their patients can easily learn and apply it.

BASIC HZT

The model for treatment in HZT has developed over time. When Hirata first started it, it was a relatively simple model, what I call Basic HZT, which used only the zones for treatment. By the time of Hirata's death, the model was more complex, integrating the twelve channels of acupuncture, although Hirata declined to call them that, naming them instead 'reactive lines'. He gave each of these twelve reactive lines a number, calling the *yin* channels *kussen* 'flexion lines' and the *yang* channels *shinsen* 'extension lines'.

Manaka further refined this integration of the channel system, into what I call Intermediate HZT. Today, contemporary practitioners such as Taku Yokoyama in Japan, who studied with Manaka, or members of the Kokusai Nihon Onnetsu Ryoho Kenkyukai (International Japanese Thermo-therapy Association), practise what I call Complex HZT, integrating many other ideas into the HZT model.

In this article, I'll discuss only Basic HZT. Basic HZT is so simple that anyone can practise it, even laypeople who know nothing of acupuncture. No meridians are involved, so all you need to perform Basic Hirata is the following:

- A good grasp of the location of the zones in all six regions, especially the neck, torso, arms, and legs.
- An understanding of how to load, light, and apply Ontake.

SELECTION PRINCIPLES

Hirata was a medical student when he created this system, but he was also an influential practitioner of martial arts. Like many Japanese of that era, he had one foot in the traditional past and one in the scientific and industrial future. This led him to create his therapy as a bridge between the two realms of knowledge, Western and Eastern and perhaps explains his reluctance to call the acupuncture channels by their traditional names.

Interestingly, coming many years later, the principles for point selection in auricular acupuncture also straddle the border

between TEAM thinking and Western science, just as Hirata tried to do. Thus, once again, he was an unsung pioneer.

Let's discuss auricular point selection briefly. It uses strategies based on traditional concepts about the function of the organs and channels; for example, ear *shenmen* is used to calm the mind, the Liver point can treat the eyes, and the Kidney point is indicated for tinnitus, ear diseases, and hair loss.¹

On the other hand, point selection is also informed by Western medical thinking and anatomical theory. For large intestine diseases, the literature suggests needling the Large Intestine point, and for endocrine disorders, the Endocrine point.

Moreover, problems are treated according to structural considerations. For problems at the level of the cervical vertebrae, the areas at the level of the neck region on the antihelix are examined for reactions.² In other words, point selection is *hybridised* between traditional, Western, and anatomical thinking. These principles can be summarised as follows:

- TEAM theory correspondences.
- Medical correspondences.
- Anatomical correspondences.

A similar hybridised model can be used to understand the historical selection of Hirata zones. For example, when using TEAM thinking for the treatment of bad breath, Manaka suggested using zone 7 (stomach) because, in TEAM, bad breath is thought to be caused by Heat in the Stomach.³ For dysmenorrhoea, when using medical thinking, Manaka suggested using zone 12, the reproductive zone. For sciatica, when using structural thinking, he suggested using zone 12 (reproductive zone); and for lumbar pain, zones 9 and 10 (Large Intestine and Small Intestine), as on the back region, these zones traverse the lumbar area.⁴ The following cases illustrate all of these selection principles.

BASIC HZT CASES

CASE 1. MALE, 32

Symptoms: Persistent cough and occasional lower backache. Generally quite healthy and robust, this patient had developed a 'mystery' intermittent cough that he was unable to shake. On questioning, however, the timing suggested that the yearly cycle of air pollution in Kuala Lumpur was to blame.

He had also developed some intermittent lumbar pain. Hirata's prescriptions for cough typically focus on zone 1 (bronchi). According to the location of the back pain, the affected zones were 9 and 10 (Large and Small Intestine). Palpation revealed marked tension on the leg region at zones 9 and 10 (mostly on the Stomach channel above the knee), and a few slightly rough patches of skin on the chest and arms at zones 1 and 2 (Bronchi and Lung).

Treatment consisted of tapping with Ontake on the deficient areas on the chest and upper arms on zones 1 and 2 until the skin felt more even, then rubbing, pressing, superknocking (a brisk percussive stroke with the side of the warm bamboo), and rolling on the thighs until the tension on zones 9 and 10 was relieved. After he turned over, we tapped on the upper back, identifying and treating more dry or rough areas in zones 1 and 2.

No other treatment was given. Following the session, he reported that some stiffness in the back of his legs and knee pain, which he had not previously disclosed, felt much better. This maintained. The cough also cleared for a few days, but when the pollution got even worse at the end of that week, it returned.

CASE 2: FEMALE, 30

Symptoms: Lumbar and buttock pain and abdominal distension. She had been coming for back pain for a few weeks and had been feeling much better, but she had a relapse after a long flight home from an international conference. According to the location of the back pain, the affected zones were 9, 10, and 11 (Large Intestine, Small Intestine and Bladder). According to TEAM theory, abdominal distension relates to zones 6 and 7 (Spleen and Stomach).

There was marked tension on both anterior thighs at zones 10 and 11. Bamboo was applied with pressing and rolling on the right. After the muscles released (within two minutes) her left leg was also much more relaxed, so this was treated the same way for a shorter time. After this, she walked around the room and reported that the pain was much reduced. Zones 10 and 11 were then rolled on the back of both hands. After testing once more, the pain was gone. Interestingly, this area is the location of those extra points for back pain made famous by Dr Richard Tan: *ling ku*, *da bai* and *zhong bai*.

Whilst in supine position, bamboo was applied on zones 6 to 10 on the abdomen from the midline to the midaxillary line, tapping and rolling lightly. Branch treatment finished with local rolling on the back. By then, she was very relaxed.

The session concluded with very light Toyohari-style acupuncture root treatment.

CASE 3: MALE, 32

Symptoms: Sudden onset of redness and itchiness to the right eye, which was beginning to close up.

Zone selection was according to TEAM theory, namely that the Liver opens into the eyes. Ontake was applied to zone 4 (Liver) on the head, arm, back, and leg regions, simply tapping each zone for about one minute until the skin felt warm to the touch. On the limbs, only the right side was treated, but on the head and back, both sides were treated. The eye infection reduced in intensity within minutes and cleared up within two hours.

1. Rubach, A. (2001). *Principles of Ear Acupuncture: Microsystem of the Auricle* (p.76). New York: Thieme.

2. Hecker, H., Steveling, A., Peuker, E. (2006), *Microsystems Acupuncture – The Complete Guide: Ear-Scalp-Mouth-Hand* (p.32). New York: Thieme.

3. Shudo, D. (1990). *Japanese Classical Acupuncture: Introduction to Meridian Therapy* (p.128). Seattle: Eastland Press,

4. Manaka, Y. (1982). *Hirata's Junihannoutai Nesshin Shigeki Ryoho (Hirata's Heated Needle Stimulation Treatment)*. Kanagawa: Ido No Nipponsha.

COMMENT

These examples show how it is possible to use Basic HZT with very simple selection and treatment criteria. If there's a problem in the lungs, such as cough, treat the Bronchi or Lung zone. If there's a problem in the back, treat the zones where the pain is. If there's a problem in the eyes, treat the Liver zone because of the relationship of the Liver to the eyes. Western medical correlations, anatomical location, TEAM theory, and of course, palpation all helped with the choice of zones, and bamboo was applied without thought to treating affected channels.

LATERAL THINKING

If you've grown up with the vertical lines of acupuncture and the idea of horizontal zones is starting to seem a little counterintuitive, it is worth pointing out that at least on the torso, these zones have, for thousands of years, been hiding in plain sight. Consider that points such as Ren 12 *zhong wan*, Kid 19 *yin du* and St 21 *liang men* are all used for epigastric and gastrointestinal issues, strongly affecting the movement of stomach *qi*. They all lie in a horizontal line 4 *cun* above the umbilicus. This line is the demarcation of zones 6 and 7 (Stomach and Spleen).

Another horizontal line of points, namely: Kid 16 *huang shu*, St 25 *tian shu* and Sp 15 *da heng*, located at the level of the umbilicus, have similar indications affecting Spleen and Stomach energy and the intestines. Above this line is zone 8 (Kidney), and below it is zone 9 (Large Intestine).

The most obvious horizontal zones to contemplate are on the back, comprising the points of the *du mai* and the inner and outer Bladder lines. For example, Du 12 *shen zhu*, Bl 13 *fei shu* and Bl 42 *po hu* are all at the same level. They have similar actions and are used to treat the Lungs. Du 4 *ming men*, Bl 23 *shen shu* and Bl 52 *zhi shi* are also at the same level and are used to treat the Kidneys.

Even if we move away from the torso to the limbs, we can still see horizontal bands of points with similar actions at the elbow, wrist, knee, and ankles, as well as the corners of the nails on the fingers and toes. All the *ho-sea* points are at the elbows and knees. The *yuan*-source points are all at the wrist, ankles, or slightly distal. It is, therefore, no stretch of the imagination to consider that treating all these horizontal lines of points would have a synergising effect on their similar ranges of actions. In other words, horizontal zones were already subtly woven into the fabric of TEAM theory, but Hirata was the first to discuss and exploit them actively.

The only obvious horizontal vessel in TEAM theory is the *dai mai*, girdling the waist. Japanese practitioner and author Taku Yokoyama is one of a few contemporary healers still researching and writing about Hirata and Manaka's work on the zones. When I interviewed him, he stated that the zones are the extension of the horizontal influence of the *dai mai*. This is easy to visualise – imagine a series of little girdles around the arm or the neck.

Dr Manaka was also captivated by the idea of horizontal zones. He believed that the two-dimensional vertical lines of the TEAM meridian model were made three-dimensional by the horizontal lines of the zones, and exploiting this grid added depth to his treatment and point selections, as well as economies of treatment.

For example, he thought that where the meridians crossed the zones were the most important areas to look for reactions and treat. He wrote that reactions on the meridians indicate functional problems with an organ, and reactions on the zones reflect structural problems with the organ.

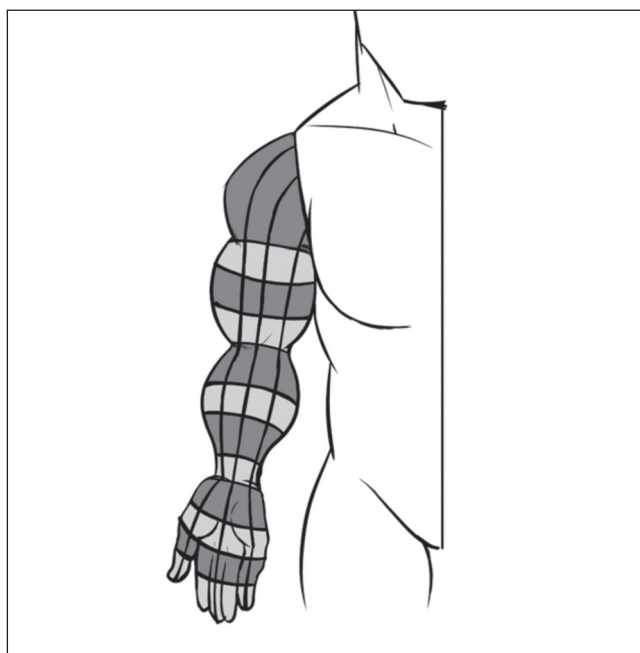


Fig 6. The vertical lines and the transverse zones create a three-dimensional structure.

If the first distinctive feature of Hirata's work is that he identified these horizontal mappings within the framework of TEAM, the second is his approach to treatment. He elected to treat them – not by insertive needling, but by tapping them with a non-insertive heated needle. With the introduction of Ontake into the equation, modern HZT has become a unique system of holographic moxibustion, perhaps the first of its kind, focusing not on points but lines and regions.

Hirata's last and greatest contribution was to empower patients. His first bestselling book came with a free *shinryoki* so that people could treat themselves at home. Ninety years later, we can follow suit with Ontake, which is inexpensive, convenient and safe to use. We can easily instruct our patients to tap on relevant zones daily in between treatments. Nothing could be simpler.

THOUGHTS FROM MY PRACTICE

I have found that HZT brings extra healing momentum to what I normally do. Thus, if I treat the Kidney channel with meridian therapy methods, I can add Ontake on the Kidney zone in different regions as an adjunctive treatment. If I treat with MSA, perhaps choosing a Mixed *Yin* pattern (which has Liver and Kidney involvement), I can accelerate the release of tight areas on the abdomen by tapping the Liver and Kidney zones. Whatever system of root treatment I apply, if there's a problem with the digestion, I can focus on it by tapping on zones 6 and 7 or improve lung function by tapping on zones 1 and 2.

Palpation is another useful area for HZT. Palpation of the zones of the arm and leg regions always conveys a wealth of diagnostic information. For example, if there are shoulder, upper back or Heart and Lung channel issues, zones 1, 2 or 3 on the arm will often present with tightness or induration.

On the back region, zones 8 and 9 cover the lumbar region and zones 10 and 11 traverse the sacrum. As these zones are also readily accessible on the leg region, the anterior thigh is a rich area to pick up information about what is happening in the lower back. For example, I have found that tension above Sp 10 *xue hai* and St 34 *liang qiu*, at the intersection of zones 9 and 10, is nearly always indicative of lumbar stiffness or pain.

Thus, Hirata's zones provide a whole new layer of palpatory information that can help you decide a tricky diagnosis or make you aware of things your patient may not have disclosed.

CONCLUSION

The Basic HZT model described above can easily be integrated into your everyday workflow or adapted for home use by patients.

There are, however, more sophisticated models of treatment that integrate the channel system and channel pairings. We can also adapt Dr Manaka's meridian frequencies, tapping the zones with Ontake using a metronome set to specific frequencies of beats per minute. Deeper study of HZT, integrating its concepts with channel theory and other treatment models, reveals its great potential.

Hirata's original goal was to create a people's medicine that treated the core energy of the body. In so doing, he created the first holographic system of the modern age. His influence has declined over time but now, with the integration of Ontake,

we can find new uses for his ideas in contemporary practice. All you need is a lighted Ontake and you can start!

SUMMARY

- In the 1930s, Hirata developed a twelve-zone holographic system of dermatome moxibustion.
- The twelve zones repeat over six regions: the head, face, neck, torso, arms, and legs.
- In the 1980s, Manaka researched and developed this system further, integrating it into MSA.
- Birch wrote about this in the West, but as no tool was available to treat the zones with heat, the method did not catch on.
- Ontake started to become better known in 2010 as a new tool that could deliver heat safely, thus enabling it to be adapted to treat the Hirata zones.
- The zones can be used to create a new level of palpatory awareness.
- HZT can be used as a standalone treatment or integrated into your standard workflow.
- You can empower your patients to treat the zones at home daily and thus accelerate their healing.

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