

MANAKA MADE SIMPLE

A Step-By-Step Guide to Dr Manaka's
System of Japanese Acupuncture
and Moxibustion
VOLUME 1

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Manaka Made Simple: A Step-by-Step Guide to Dr Manaka's System of Japanese Acupuncture and Moxibustion

Volume 1

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Illustrations by Rebecca Wijesurya

Cover design and layout by 100Covers.com

Sayoshi Books, London, 2026



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Thank you for purchasing Manaka Made Simple. Readers are welcome to download our free companion guide, **Manaka Made Simple: Abdominal Patterns at a Glance.**

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For Junko Ida

who has guided and inspired all of us

Everything should be made as simple as possible, but not simpler.

—attributed to Albert Einstein

WHAT'S POSSIBLE

We begin this book with a story that shows the power of Dr Yoshio Manaka's methods: a single treatment that transformed everything. Each of the co-authors has witnessed moments like this—quick, dramatic shifts in our patients when using Manaka System Acupuncture (MSA). Here, we share one such moment from the practice of Paul Movsessionian.

The first time I used MSA was in 1989, treating a woman with a whiplash injury. For ten years, she had been unable to turn her head more than 10%. Nothing she had tried had worked, and she lived with constant pain, relying on painkillers.

I applied Manaka's whiplash treatment, which involves needling the master and coupled points of the Yang Qiao Mai and the Yang Wei Mai bilaterally, and connecting them with ion-pumping cords.

It was a winter evening in Upstate New York. I covered her with a blanket, dimmed the lights, and left her to rest. At the end of the treatment, when I removed the cords and needles, she sat up, turned her head without pain, and, crying with joy, thanked me.

—Paul Movsessionian

After experiencing similar moments in our practices, none of the authors has ever looked back. Such experiences are life-changing. We hope that reading this book will be life-changing for you, too. The journey you are about to embark on may well become a defining moment in your practice. The rewards of MSA are profound, and its clinical efficacy so immediate that your patients will be forever grateful for your dedication and expertise.

Over the years, we have trained numerous students across the world, and they often tell us the same thing: Dr Manaka's work changed their understanding of acupuncture and gave them the confidence to build a successful practice.

—Oran Kivity, Stephen Birch, Marian Fixler, Brenda Loew, Paul Movsessian

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ACRONYMS AND ABBREVIATIONS

The following acronyms and abbreviations appear throughout this book. Here is a quick-reference list of the full terms.

Acronym	Full Name
ASIS	Anterior Superior Iliac Spine
CS	Cross Syndrome
EA	Electrostatic Adsorbers
EFT	Emotional Freedom Technique
EJOM	European Journal of Oriental Medicine
FIR	Far Infrared
IBD	Ion Beam Device
ID	Intradermal needle
IPC	Ion Pumping Cord
IUI	Intrauterine Insemination
IVF	In Vitro Fertilisation
JAAM	Japanese Acupuncture and Moxibustion
JCM	Journal of Chinese Medicine
KHT	Korean Hand Therapy
KMS	Kiiko Matsumoto Style
MSA	Manaka System Acupuncture
NAJOM	North American Journal of Oriental Medicine
PLF	Prone Leg Flexion (Sotai technique)
PPP	Pressure Pain Point
PSIS	Posterior Superior Iliac Spine
RA	Rheumatoid Arthritis
ROM	Range of Motion
RSI	Repetitive Strain Injury

Acronym	Full Name
SSP	Silver Spike Point (silver terminal)
TCM	Traditional Chinese Medicine
TEAM	Traditional East Asian Medicine
TRP	Transient Receptor Potential ion channel
YQD	Yang Qiao Du
YQR	Yin Qiao Ren
YWC	Yin Wei Chong
YWD	Yang Wei Dai

ON TREATING CHILDREN

This book describes treatment methods intended for adults only. The treatment of children with MSA is not covered in this book. This is a distinct subject, with its own specialised techniques, such as Shonishin in Japan.

If you want to use these methods with children, first master MSA with adults. Then take a paediatric acupuncture course, such as Shonishin, to understand the differences between treating adults and children.



Dr Yoshio Manaka (1911–1989)

INTRODUCTION

*When I begin to lecture an audience, regardless of who they are,
I often begin by saying, “Don’t believe what I’m going to tell you.”*

—Yoshio Manaka

Dr Yoshio Manaka was a medical doctor who combined rigorous research with a fascination for traditional healing. Renowned in Japan, he achieved outstanding clinical results. He tested new ideas, kept what worked, and added his own innovations. One example was his use of Sotai bodywork: stretching a limb with one hand while applying direct moxibustion with the other—a unique application of moxibustion into physical therapy.

“Don’t believe what I’m going to tell you” was more than a catchphrase. Dr Manaka wanted people to test his research and confirm it for themselves. He passed away in 1989, leaving behind a large body of books and papers on the meridian system, as well as a clear, effective system of acupuncture that Stephen Birch and Junko Ida introduced to the West.

Manaka was a true polymath: fluent in several languages, and a sculptor, poet, and painter. Birch once told me that Manaka was the only genius he had ever met. Studying with him was, in Birch’s words, “mind-expanding” and like catching a “curiosity virus”.

That infection led to the publication of *Chasing the Dragon’s Tail*. However, when I came across the book in 1995, I put it back on the shelf, finding the graphs and mathematical formulae too dense and technical. It was only after studying with Birch that my mind opened up to Manaka’s extraordinary thinking.

But Birch has continued to spread the so-called Manaka Meme, challenging students to look at acupuncture rationally and pragmatically, testing and adapting what works, and rejecting assumptions and dogma if they don't make sense. With a doctorate in acupuncture research and numerous books to his name, he has been a key link between Japan and the West, shaping how we study acupuncture.

Over the years, Birch has taught Manaka System Acupuncture (MSA) as a three-level course, each taught over three days. At my first Level 1 training, he promised: "By the end of this weekend, you will be able to practise this method." He was right—I started using MSA in clinic the following week and, like Paul Movsessian, never looked back.

Chasing the Dragon's Tail was published in 1995. It is full of reasoned theories and the evidence to back them up. Brilliant though it is, as a textbook to accompany the weekend trainings, it is unwieldy.

This book series is designed to fill that gap. Volume 1 covers Level 1, Volume 2 covers Level 2, and Volume 3 covers the final topics. By the end of this book, you will have everything you need to practise Level 1 MSA.

How to Use This Book

This book aims to present the material in *Chasing the Dragon's Tail* in a way that makes it not only more accessible and easier to digest but also more practical and comprehensible. MSA introduces a different perspective on the meridian system and, just like Traditional Chinese Medicine (TCM), requires its own terminology and language. Once you grasp the basic grammar, the system becomes far easier to understand. We've made it as simple as possible, but no simpler.

It's best to attend a course on MSA with one of the instructors—if you do, this book will save you from having to take too many notes. It has a dual structure:

1. Clinical aspects of MSA
2. Contextual essays on Japanese acupuncture and moxibustion

The clinical chapters follow the Four Steps protocol. The contextual chapters explore the distinctive features of Japanese acupuncture, palpation, and the theory of moxibustion. Easily identified by the word *Context* before the chapter title, they offer essential background for the clinical techniques covered in the book. If you're pressed for time or just want to get into the clinical aspects of MSA, these chapters can be skipped, though they are well worth revisiting.

Chasing the Dragon's Tail is more than thirty years old—a snapshot of how Manaka treated patients before he died in 1989. If he were alive today, he would almost certainly be treating differently. MSA has evolved since then: Stephen Birch and Brenda Loew have proposed new abdominal findings and treatment approaches; Indonesian and Brazilian practitioners have pioneered non-insertive methods using silver electrodes taped in place; and I have integrated Ontake Warm Bamboo moxa with Manaka's meridian frequencies. We have tried to make clear the distinction between the approaches from *Chasing the Dragon's Tail* and these contemporary adaptations.

The initial draft of this book was largely written by me, with a dedicated chapter from Stephen Birch and adapted lecture notes from Brenda Loew, Marian Fixler, and Paul Movsessian. This draft underwent extensive refinement, with each author adding new material, suggestions, and revisions. Occasionally, we've attributed contributions by quoting directly from the author to reflect our distinct styles, while other contributions have been left unattributed. As this book goes to print, it represents a shared consensus among us on how best to interpret Manaka's legacy and carry it forward. We all continue to learn and develop in our practice of Manaka System Acupuncture.

—Oran Kivity
Taiwan, 2025

PART ONE

MANAKA'S SYSTEM

CHAPTER 1

MANAKA'S OCTAHEDRAL MODEL

Let's start with a thought experiment. Have you ever blown up balloons for a birthday party? Imagine you're holding a single balloon in your hand. This balloon is a sphere, and (ignoring the nozzle where you blew in the air) it has neither up and down nor left and right. If you rub the balloon on your clothing, it builds up a static charge, and you can stick it to a flat surface. Let's imagine our balloons also stick together. Now take a second balloon, rub it, and attach it side by side to the first.

Immediately, we have a left balloon and a right balloon, separated by a longitudinal axis. Let's rub two more balloons and place them on top of the first pair. Now we have two storeys of balloons, with a horizontal axis separating the upper and lower levels. Let's repeat the entire process and attach four more balloons behind the first four. Now, there are eight balloons with a new vertical axis that separates the front four from the rear four. Our new structure has four quadrants at the front and four quadrants at the back. It's an octahedral shape.



Figure 1-1: Single balloon with no axis.

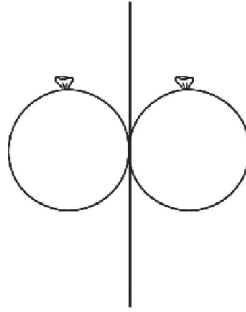


Figure 1-2: Vertical axis separates left from right.

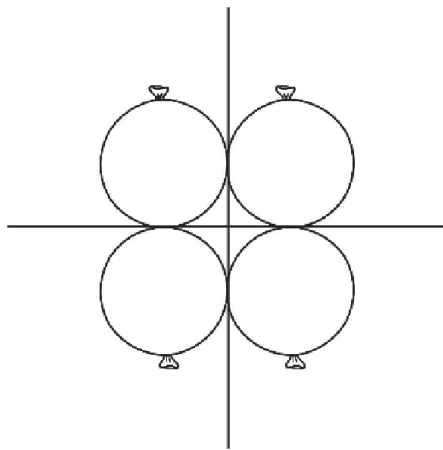


Figure 1-3: Horizontal axis separates top from bottom.

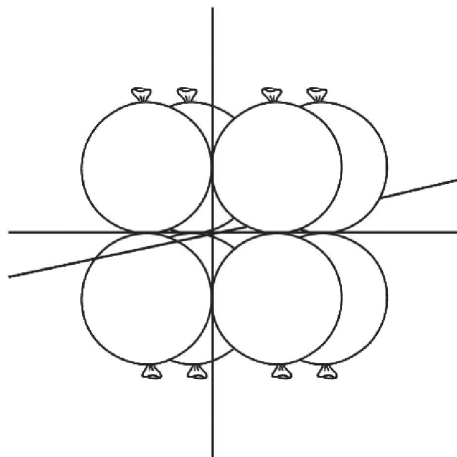


Figure 1-4: Third vertical axis separates front from back.

We've actually been incorporating concepts of yin and yang here. We've established the three axes of anatomy (left–right, superior–inferior, and anterior–posterior) and three anatomical planes (sagittal, transverse, and frontal). Dr Manaka observed that if you draw the axes and then connect the ends, they make a geometric shape: an octahedron.

Now let's run the same thought experiment again, this time considering biology and starting at conception. Let's imagine a zygote, which divides once, creating the first axis, separating left and right; again, creating a second horizontal axis, separating top from bottom; and again, creating the final third axis, separating front from back. Once again, we end up with eight cells, creating an octahedral structure.

Manaka was widely read in the sciences and was probably familiar with the work of the American engineer and architect Buckminster Fuller, renowned for his use of geodesic domes. Fuller studied and described the physical properties of geometric structures. He described the octahedron as one of the simplest and most stable structures in nature.

An octahedron is an eight-sided figure, but in classical acupuncture anatomy (i.e. the structure of the meridian system), the meridians are organised in sets of twelve. There are twelve collateral meridians (*luomai*), twelve sinew meridians (*jingjin*), twelve primary meridians (*jingmai*), and twelve divergent meridians (*jingbie*). In addition to these meridians, there is another system of eight vessels: the *qi jing ba mai* in Chinese, or *kikei hachi miyaku* in Japanese—the Eight Extraordinary Vessels. Over time, it was the Eight Extraordinary Vessels that drew Manaka's attention. Could the Eight Extras, in some way, relate to the octahedron enfolded within the body's three axes?

Manaka theorised that these early cell divisions could be the moments of creation for the Eight Extras. The first division creates Ren Mai and Du Mai, a vertical axis that separates left from right. Another division creates the Dai Mai, a horizontal axis separating superior from inferior, and the next division creates a line dividing anterior from posterior on the torso, which, for now, for simplicity's sake, we'll call the Yang Wei Mai. Manaka's thinking on this axis is more complicated, and we'll explore the Yin and Yang Qiao Mai and the Yin Wei and Chong Mai later.

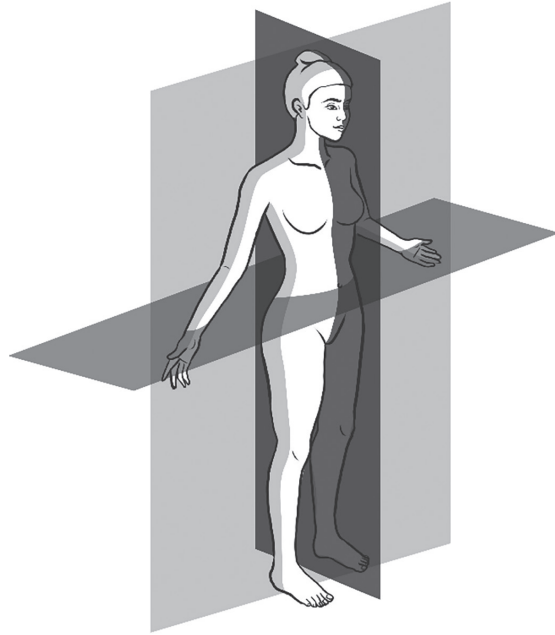


Figure 15: The three yin–yang axes generate the three anatomical planes: frontal, transverse, and sagittal, dividing the body into four anterior and four posterior quadrants.

What relevance does a pile of eight balloons with three axes have to a fully functional human body? After all, there are trillions of cells in the human body, and this process of cell division has yielded only eight.

Manaka considered this stage to be crucial, because it’s at this very early point that the developing embryo can start to exploit properties associated with the three axes of left–right, upper–lower and anterior–posterior, each of which is traditionally defined as a yin–yang polarity.

He was also fascinated by topology, particularly in the context of evolution. As species evolve, there is a consistency of form.

Topology is the branch of mathematics dealing with three-dimensional geometric forms, both physical and imaginary. It deals with space—the topological space, the phase space—and the properties of solids. In particular, it is useful for describing those properties of solids which remain unchanged through a series of different deformations of an object. Some of these properties, such as connectedness, allow a description of how the whole

system behaves. When an object is deformed by stretching, bending, etc., the old form and new form retain certain properties in common. The two forms are then homeomorphic to each other.¹

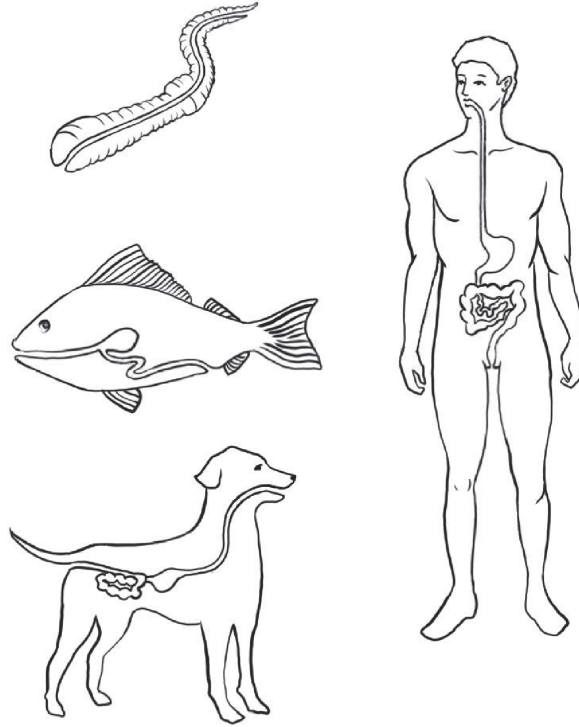


Figure 1-6: Topographical similarities in evolution.

A primitive life form, such as a worm, is essentially a long tube with a hole at each end. A fish is a long tube with a hole at each end, with the addition of fins on the sides. A quadruped, such as a dog, is a long tube with a hole at each end, but the fins have developed into four legs. Now we come to humans. A human is a long tube with a hole at each end, but two of those legs have developed into arms. In topographical terms, some of the properties of the more primitive structure persist. Bipedal humans are essentially more complex versions of their ancestors, retaining similar properties that can be described in the language of topography.

¹ Manaka, Y., Itaya, K., & Birch, S. (1995). *Chasing the Dragon's Tail: The Theory and Practice of Acupuncture in the Work of Yoshio Manaka*. Brookline: Paradigm Publications. p. xxxvi.

Manaka believed the same topographical similarities play out in embryological development. In developmental terms, if the octahedron can be said to exist in the early stages of foetal development, then topographically it must still be there by the final stage and, therefore, in all stages of life, from birth and infancy into childhood and adulthood.

INHERITED FUNCTIONS

When there are only eight cells in the developing embryo, there is no nervous system and no endocrine system. How do these cells then coordinate their growth and development? Manaka theorised that the Eight Extras might provide a kind of communication network for the developing embryonic cells that helps guide later development. As the embryo develops, and other signalling mechanisms start to emerge through blood vessels and nerves, the role of the Eight Extras begins to be eclipsed by the more sophisticated and efficient mechanisms of the nervous and endocrine systems. Nevertheless, he proposed that the Eight Extras remain in place and active, slipping gradually into the background. They are enfolded within the body and lie *behind* the hormonal and neural regulation processes of the body. He hypothesised that although increasingly less active, they nevertheless exert a constant influence on the body, becoming more active as a therapy, such as acupuncture, is applied.

At the heart of his theoretical model lies the notion that the theories and rules of acupuncture—yin–yang, five phases, qi, meridians, acupoints, etc.—belong to a much broader, unobservable biological signal system that operates at very low levels of energy, and is very sensitive to ‘tiny’ stimulation.²

In contemporary acupuncture, we refer to this original communication network as the Qi Paradigm or meridian network. However, as Manaka investigated it and tried to validate it, he began to refer to it as the X-signal system.

² Birch, S. (2009). ‘Dr Manaka Yoshio’s Insights and Contributions to the Field of TEAM’, *NAJOM* (Special Issue: In Memory of Dr Manaka Yoshio), 16(47). p. 19.

The older system now exists enfolded within the body, operating continuously at unobservable levels and clearly manifesting only with the correct stimulus energy input. This signal system works cooperatively with the other, less primitive systems and has the role of global regulation.³

This X-signal system arose in the course of evolution and has been overshadowed by more efficient neurological, hormonal, and other signal systems. Nevertheless, it's still there, operating in the background.

Birch uses the analogy of memory to discuss this idea. When we are young, we have formative experiences that we later forget. These experiences still program us and influence the way we behave in adult life, even if we can't remember the original experiences.

At certain stages of evolutionary and/or embryological development, this information and its flow (meridians circuitry, qi movement, etc.) served specific biological functions. It exists in the body now, much like old childhood memories.⁴

Both relate directly to the previous experiences but still exert influences now and in the future. They are mostly unobservable, but in specific circumstances, they can be recalled.⁵

Much later, in adult life, this embryonic signalling system can still be accessed.

To use Bohm's terms, the information that is stored and not currently manifesting can be said to be 'hidden' or 'enfolded'.⁶

³ Ibid.

⁴ Ibid. p. 18.

⁵ Ibid.

⁶ Ibid. p. 20.

FROM THEORY TO APPLICATION

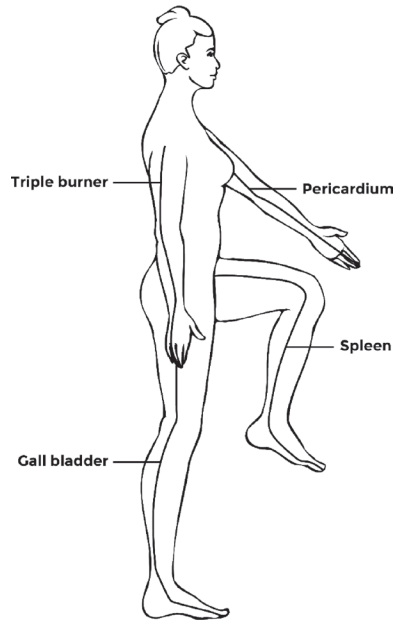


Figure 1-7: The shaoyang meridians divide the anterior and posterior aspects. The pericardium and spleen meridians separate anterior and posterior aspects of the limbs. On the trunk, GB 22, GB 26 and SP 21 are all on the mid-axillary line, separating the anterior and posterior halves of the body.

Let's go back to that anterior–posterior dividing line. We previously referred to it as the Yang Wei Mai. Still, it's good to remind ourselves that the Yang Wei Mai repeatedly intersects the trajectory of the foot *shaoyang* gall bladder meridian. When we look at that trajectory, we see that it roughly follows a line that separates anterior from posterior, both on the torso and on the yang lateral aspect of the leg. Similarly, when we look at the trajectory of its paired arm *shaoyang* triple burner meridian, when the arm is hanging naturally by the side of the body, it can be seen to follow a line that separates the anterior and posterior aspects of the arm on the yang lateral surface. Thus, the two meridians together separate the anterior and posterior aspects of the body.

Manaka also suggested that on the yin aspect of the leg, the leg *taiyin* spleen meridian separates anterior from posterior and, on the torso, ends on the sub-axillary line to separate anterior and posterior. When the arm is hanging naturally by the side of the body, however, it's the arm *jueyin* pericardium meridian that separates the anterior and posterior halves on the medial-facing yin aspect.

On the trunk, GB 22, GB 26 and SP 21 are all on the mid-axillary line, separating the anterior and posterior halves of the body.

Thus, some of the topological dividing lines of the octahedron fall on the gall bladder, triple burner, spleen, and pericardium meridians. Manaka postulated that this is why the master and coupled points of the Dai Mai, Yang Wei Mai, Chong Mai, and Yin Wei Mai fall on these meridians, namely GB 41, TB 5, SP 4, and P 6, respectively.

This nearly perfectly fits the pattern of four meridians dividing the front and back portions of the yin and yang aspects of the body. The exception is SP 4 on the spleen meridian, where the liver meridian would be more theoretically satisfying. In noting this variance, Manaka points out that the spleen meridian has a pathway very similar to the liver meridian on the inside of the legs. Even considering the theoretical variance, these four meridians do divide the front and back sides of the body and connect the upper and lower portions.⁷

Finally, when looking at the meridian system, we see that the Ren Mai on the torso is closely flanked by the kidney meridian whereas, on the back, the Du Mai is closely flanked by the bladder meridian. We see this close relationship reflected in the master points of the Yin Qiao and Yang Qiao Mai, KID 6 and BL 62, which are also the coupled points of the Ren Mai and Du Mai.

Perhaps this sounds complicated? Indeed, Manaka's thoughts about the X-signal system and the octahedron drew on vast reams of scientific thinking and research. However, clinical applications of the octahedral model are far less complicated than the theory. Let's summarise the story so far and begin to flesh it out:

- Dr Manaka hypothesised that after the first three divisions of the zygote, the embryo has taken on specific properties associated with three dimensions, defined by the three axes.
- In anatomy, we refer to these as the sagittal, coronal, and transverse planes. The body is organised around these three planes throughout foetal development and after birth.

⁷ Matsumoto, K., & Birch, S. (1988). *Hara Diagnosis: Reflections on the Sea*. Brookline: Paradigm Publications. p. 363.

- The three axes of the body create an octahedral structure. Manaka correlated this structure to the Eight Extras. He saw them as an early information exchange and regulation system that is gradually overlaid by more complex and dynamic systems. They continue to function and regulate the body, operating behind other messenger systems, such as the nervous and endocrine systems.
- Manaka believed that in both evolutionary and foetal development, in topographical terms, life remains the same. This means that, just like our stack of balloons, the body can be divided into four anterior quadrants and four posterior quadrants. It's this mapping that's at the root of Manaka's method and allows his theory to flower into a coherent, pragmatic, and elegant clinical system.

Is there any evidence of all this in clinical practice? Are there, for example, diseases that manifest in quadrants or on one side of the midline? Or in the upper half or lower half of the body only? Yes. This evidence is presented in *Chasing the Dragon's Tail* and *Hara Diagnosis: Reflections on the Sea*. These include reports of experiments that observe sweating on one side of the body only, or in upper or lower quadrants, as well as harlequin syndrome, a neurological condition characterised by asymmetric sweating and flushing on only one side of the face, neck, and chest, often triggered by exercise or heat.

REGULATION

In *Restoring Order in Health and Chinese Medicine*, Birch and his co-authors document that the principal reason for the simultaneous development of metal tools for treatment and the construct of the *jingmai* was expressly for the purpose of regulating qi.^{8,9}

⁸ Birch, S., Cabrer, M., & Rodriguez, M. (2025). *Restoring Order in Health and Chinese Medicine: Studies of the Development and Use of Qi and the Channels*. 2nd ed. London: Sayoshi Books.

⁹ Unschuld, P. U., & Tessenow, H. (2011). *Huang Di Nei Jing Ling Shu: The Ancient Classic on Needle Therapy*. Berkeley: University of California Press.

The idea of regulating the flow of qi to cure disease is almost universal in Traditional East Asian Medicine (TEAM), including in meridian-based bodywork methods such as Shiatsu. For example, renowned Japanese Shiatsu practitioner Shizuto Masunaga (1925–1981) described a balloon model. When someone is ill, it's as if an inflated balloon (the energy system) develops a dent (*kyo*, or deficiency). This dent is mirrored by a corresponding bump elsewhere in the system (*jitsu*, or excess). The purpose of treatment is regulation: ironing out these dents and bumps.

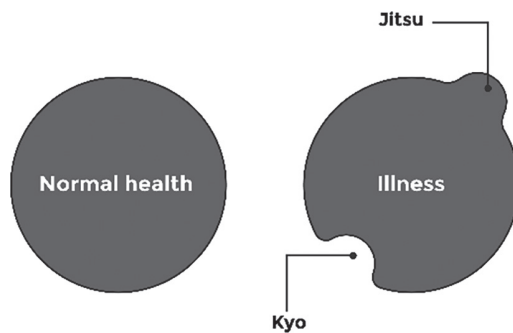


Figure 1-8: Dents and bumps.

One way to visualise this inner–outer relationship is to look at a commonplace DIY tool: a carpenter's contour gauge. Designed like a very dense comb but with movable pins, you can press it against an irregular surface such as a skirting board or the lintel of a door. The pressure depresses the pins at the points of contact on the inner-facing edge and pushes them out at the outer-facing edge, so they protrude symmetrically—a mechanical manifestation of yin and yang.

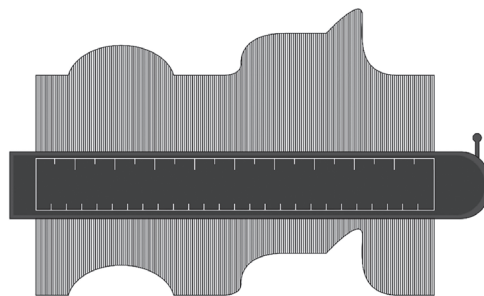


Figure 1-9: A carpenter's contour gauge shows in two dimensions how dents and bumps mirror each other.

We can observe the same compensatory process at work in the three-dimensional structure of the body, as seen, for example, in the lumbar curvature. If the lumbar curvature is too pronounced, as in anterior pelvic tilt, then the belly seems to protrude, even if the person is not overweight.

Since 2009, Birch has been developing a model of concentric circles—one that shows how the meridians, the organ/functional systems and the patient’s vitality are interconnected.^{10, 11, 12, 13}

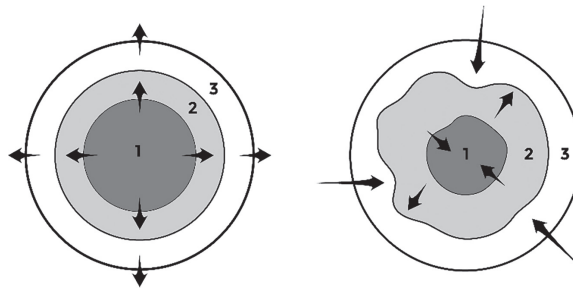


Figure 1-10: Birch model: 1) zangfu organs, 2) meridian systems, 3) overall vitality.

The inner circle (1) represents the *zangfu* organs, and the middle circle (2) represents the meridians on the exterior of the body. If you depress or distort the outer circle, like pressing on the contour gauge, corresponding protrusions may occur on the opposite side and the inner circle. These distortions affect the functioning of the inner circle. If you can correct the imbalances on the outside, you can improve the functioning of the organs on the inside. The outer circle (3) represents the overall vitality (in Chinese, e.g. *zhengqi*, *yuanqi*, *shengqi*). The more distorted the circles within it, the more weakened it can become. Treatment is aimed at balancing *kyo* and *jitsu* in the meridians so the functional systems can be repaired.

¹⁰ Birch, S. (2009). ‘Filling the Whole in Acupuncture. Part 1: What Are We Doing in the Supplementation Needle Technique?’ *European Journal of Oriental Medicine*, 6(2). pp. 25–35.

¹¹ Birch, S. (2009). ‘Filling the Whole in Acupuncture. Part 2: What Are We Doing in the Supplementation Needle Technique?’ *European Journal of Oriental Medicine*, 6(3). pp. 18–27.

¹² Birch, S. (2011). *Shonishin: Japanese Pediatric Acupuncture*. Stuttgart: Thieme Medical Publishers.

¹³ Birch, S., Cabrer, M., & Rodriguez, M. (2025). *Restoring Order in Health and Chinese Medicine: Studies of the Development and Use of Qi and the Channels*. 2nd ed. London: Sayoshi Books.

These models are excellent ways to represent the fundamental relationships between yin and yang, interior and exterior, and structure and function, and will inform our thinking about the purpose of applying acupuncture.

Manaka's octahedral model is no different. We can imagine an octahedron with similar dents and bumps that inhibit physiological function. By extrapolating that the body is composed of four anterior and four posterior quadrants, Manaka hypothesised a constantly interacting model, where the amount of qi flowing through each of the octants was regulated by the amount of qi flowing through the other seven. Illness and health depend on the circulation of energy through the eight octants.

Manaka's model has three practical principles:

1. The octahedron can be mapped out on the body.
2. Palpating the abdomen and associated points helps identify the appropriate treatment.
3. The Eight Extras can be used to regulate and adjust the octahedral structure.

Classical acupuncture had already produced mappings on the abdomen that reflected the condition of the five elements, the organs, and the meridians. Manaka further developed these classical *hara* palpation models, charting the influence of the Eight Extras on the abdomen. His model uses the Ren Mai and Du Mai to separate left and right; the Dai Mai, at the level of the umbilicus, to separate upper from lower; and the Yang Wei Mai to separate the anterior quadrants from the posterior ones.

If illness and health depend on the circulation of energy through the eight octants, then his treatment objective was to restore the overall balance within the meridian system between the inferior and superior, front and back, and left and right halves of the body. By regulating the meridian system on the outside of the body using the Eight Extras, he could regulate the functioning of the organs on the inside of the body.

Disorders manifesting symptoms on the posterior aspect of the body are often most effectively treated on the anterior aspect of the body, and vice versa. Lumbago back pain, for example, can be treated by stimulating

the sensitive points of the thorax and abdomen.... In accordance with this 'principle of opposites', one should also treat complaints of the upper body by points on the lower body, and vice versa.¹⁴

Manaka's system focuses on regulating the meridian system by applying all the principles of yin and yang, lower and upper, front and back, and left and right in his model to balance the octahedron, utilising various methods and modalities. He considered the flow of qi in the meridians in the eight octants of the body to be a key to rectifying the condition of the body and curing disease. What distinguishes it is the emphasis on the Eight Extras for doing so. In Manaka's model, we have to regulate the facets of the octahedron through the Eight Extras, the dividing lines or fulcra between yin and yang, either through their pathways or by the location of their master and coupled points.

Finally, and crucially, rather than using traditional methods for selecting the Eight Extras, such as differentiation of symptoms, Manaka devised a palpation-based diagnostic method, mapping out stiffness and pressure pain reactions on the abdomen and other related points. We'll be studying those mappings and points in detail soon. For now, what's important to understand is that this theory is intensely practical. **To diagnose the state of the octahedron, we must palpate the abdomen and meridians.**

ACUPUNCTURE DOESN'T 'CURE' ANYTHING

Patients often ask if there is an acupuncture point for a specific symptom. "Can you do a point for knee pain? Is there a point for headaches? Which point should I press for sleep?" In some ways, and at certain levels, the answer is yes, there are acupuncture points for specific symptoms. P 6 is used for nausea, LIV 3 is good for headaches, and Master Tung's DT.07 point is good for knee pain when bled.

¹⁴ Manaka, Y., & Urquhart, I. (1972). *The Layman's Guide to Acupuncture*. New York: Weatherhill. p. 121.

This was also true of the Eight Extras. Their original presentation was as a collection of symptoms. If a patient presented with one or more of these, the practitioner would choose that vessel. For example, for shortness of breath, they would needle the master and coupled points of the Ren Mai. We can refer to this approach as symptomatic acupuncture, and it has an important role in treatment.

Traditional acupuncture, however, is not just about needling the right point for a specific symptom. The regulatory models above suggest that by adjusting the body back to its optimum configuration, we improve its overall functioning. In other words, acupuncture doesn't 'cure' anything: instead, it signals the body to cure itself. We send a signal from the outside of the body to the inside, and this signal triggers mechanisms in the body that create shifts in body function and levels of pain.

We can use the analogy of going to visit a favourite relative. When you arrive at the front door, you ring the doorbell. Eventually, the door opens, and Grandma emerges to greet you. We can all agree that it was not the doorbell that opened the door: it merely sent a signal to the interior of the house, and that signal created movement within it.



Figure 1-11: Acupuncture doesn't open the door; it merely sends a signal.

THE QI PARADIGM, OR THE X-SIGNAL SYSTEM

This signalling process is a core principle of traditional acupuncture, the so-called Qi Paradigm. The Qi Paradigm includes all traditional explanations for the mechanisms of acupuncture that refer to the Chinese concept of qi, often translated misleadingly or incompletely as ‘energy’. As we have seen, Dr Manaka came up with an alternative name for this: the X-signal system. This term suggests meanings that are not present in the word *energy*. If we can think of qi as information and the meridian system as an information highway, conveying signals, then we may gain a clearer understanding:

*There is a primitive signal (information) system in the body that has embryological roots, but is masked by the more advanced and complex control (regulation) systems. Thus, the original signal system is hard to find or see. This primitive system is able to detect and discriminate internal and external changes and plays a role in regulating the body by transmitting this information. This system serves as the modus operandi of acupuncture.*¹⁵

What’s more, if we go back to the analogy of a doorbell, a doorbell typically uses minimal electrical current. While the results of ringing a doorbell may be dynamic, such as a teenager bounding noisily down the stairs to open the door, the doorbell remains a low-energy signalling system. Manaka had the same view of the meridian system. It first came into being after conception—it started as and remains a low-energy signalling system. Therefore, to access it, very low-energy stimulation is appropriate. This may seem obvious, but as much of modern acupuncture relies on high levels of stimulation, we should pause to explore this idea.

If you and one of the authors of this book were to go to a football match together (let’s say it’s Stephen Birch), when you want to communicate something to him, because of the noise the fans are making, you’re going to have to put your mouth close to his ear and raise your voice. You might say, “I NEED TO GO TO THE TOILET. I’LL BE RIGHT BACK.” For the situation and environment, this would be an appropriate level of signalling.

¹⁵ Manaka, Y., Itaya, K., & Birch, S. (1995). *Chasing the Dragon’s Tail: The Theory and Practice of Acupuncture in the Work of Yoshio Manaka*. Brookline: Paradigm Publications. p. 18.

If, however, you were in a public library and you communicated the same message in the same manner, you would certainly get some disapproval, if not censure, from the people around you. The same rules apply to the X-signal system and the octahedral model. It doesn't like shouting—you have to whisper!

We can explain this in another, more mathematical way. If you take the numbers 2, 4, 8, 16, 32, and 64, what they all have in common is the smallest number, 2. If you now consider all the different kinds of acupuncture methods that exist—from the most subtle, such as contact needling or stroking with an *enshin* (a rounded rubbing tool described in the *Ling Shu*), to those that use the most stimulation, such as electroacupuncture or eliciting the strongest *deqi* sensations while entwining soft tissue fibres around the needle—what they all have in common is what happens with the most subtle. In other words, just as the nervous and endocrine systems overlay the subtle regulation of the embryological meridian system, strong stimulation acupuncture obscures the signals of the qi system, so that it's no longer possible to distinguish its effects from those of the nervous system.

It is important that we do not confuse the neurological and humoral effects of acupuncture, so thoroughly researched and described in needle analgesia and anesthesia research, with the signal system effects... While admittedly it is difficult to discriminate the clearer neurological and humoral effects of acupuncture from the subtler effects of the signal system, if we consciously try to use the signal system, we can produce remarkable results. This is because this system participates in the therapy regardless of whether we think about it or... If we can learn to control the signal system, which requires only the tiniest energy or signal input, we can produce dramatic effects throughout the information and energy systems.¹⁶

Thus, our role is not to do something to the body to cure a symptom; our role is to signal, trigger, or induce changes in the body when it is imbalanced so it can find its own way to right itself. In traditional acupuncture, this process of signalling is called the 'regulation of qi and blood'.

¹⁶ Ibid. p. 35.

The goal of meridian-based hari therapy is the regulation of ki and ketsu [qi and blood]. Therefore, in this form of medicine, illness is seen as disturbances in the ki and ketsu, while health is recognised as their balance.

—Kodo Fukushima¹⁷

As Fukushima, the founding president of the Toyohari Association, stated, many practitioners in Japan would agree that this is all an acupuncturist does; in daily practice, our role is simply to regulate the flow of qi and blood. Manaka's goal was to regulate the flow of qi and blood in the octants—ringing the doorbell on the outside of the house to create movement within.

SUMMARY

- **Embryological origins:** The body's three axes (left–right, top–bottom, and front–back) form an octahedral structure that emerges early in embryonic development after the first three cell divisions.
- **The octahedral model:** Manaka theorised that this structure corresponds to the Extraordinary Vessels, which serve as a primitive signalling system predating nerves and hormones and continue to operate as a background regulatory mechanism throughout life.
- **A low-energy system:** As the system comes into existence in embryo, it's a low-energy system, so we need to stimulate it with low-energy mechanisms. It doesn't like shouting; it responds to whispers.
- **Topographical balancing:** Manaka's model is topological and regulatory: imbalances in one quadrant affect the others, like dents and bumps in a balloon. Treatment restores flow across the octahedron.
- **Root-level intervention:** Treatment of the Eight Extras addresses the root imbalance.
- **Diagnosis through palpation:** Clinical diagnosis relies on palpation, especially of the *hara*, to locate reactions and determine which Extraordinary Vessel requires treatment.

¹⁷ Fukushima, K. (1991). *Meridian Therapy*. Tokyo: Toyo Hari Medical Association. p. 37.

- **Signalling not curing:** The goal of treatment is regulation. Acupuncture doesn't 'cure' things; it signals the body to do the work, like ringing a doorbell and letting the system respond from within.

WHAT'S NEXT

Manaka's approach brings together root and branch treatments in a structured sequence. In the next chapter, we'll see how the Four Steps provide a clear framework for diagnosis, regulation, and symptom relief, while remaining flexible enough to adapt to each patient's needs.