

Micromassage: The Round-Headed Needle

Abstract

This article focuses on one of the least-known of the non-skin-piercing acupuncture instruments, the 'round-headed needle'. Although originally classed as an acupuncture needle, this 'micromassage' tool provides a middle ground between acupressure and acupuncture. As such, it is ideal for acupuncture students who are restricted in their use of needles, as well as acupuncture practitioners who wish to precisely and effectively influence acupoints without using a needle; in fact, many natural health practitioners may find it a valuable support and enhancement to their primary modality.

Introduction

Micromassage is an umbrella term that denotes treatment with the category of instruments in traditional acupuncture that do not pierce the skin. It covers a wide range of instrument types and interventions, including the round-headed needle, the 'sparrow beak' needle (a single-pointed instrument rather like a sharp knitting needle that is used for 'pecking' acupoints), cupping and scraping (guasha) and acupressure probes (including tiny ball-bearings or seeds applied to the body with sticking plasters to provide continual pressure stimulation). The fundamental principle is that all of these instruments stimulate acupoints but do not pierce the skin.

Many of the advantages of micromassage are immediately apparent; for instance, no sterile procedures are necessary, just sensible hygienic practices. It is ideal for house calls and 'on the spot' treatments, and for patients who have a dread of needles. Its use is also appropriate in the treatment of severe deficiency fatigue syndromes, where needles might easily disperse the already insufficient qi and are poorly tolerated by the patient. Thus micromassage provides a useful middle ground between massage and acupuncture. Children generally love micromassage using the round-headed needle, and any fear of the unknown treatment is usually dissipated after the first treatment. For the practising acupuncturist, the round-headed needle (henceforth referred to as the 'micromassage tool') can be handy for influencing secondary acupoints while primary acupoint needles remain in situ during a treatment. A competent patient can also be taught to self-treat some basic points at home to back up or reinforce their treatment. Although micromassage is

more labour-intensive for the practitioner than merely inserting needles and leaving them in situ, the intense concentration and awareness required can lead to the development of more insight into acupoints, their effects and trajectories.

The origins of micromassage

I initially encountered micromassage from the text *Chinese Micro-Massage, Acupuncture Without Needles* by Dr. J. Lavier (English version 1977). Dr. Lavier studied acupuncture with Dr. Wu Wei-P'ing, one of the last 'old masters' of Taiwan. Dr. Lavier cites the Han dynasty *Nei Jing* (Inner Classic) as the primary source-text of micromassage, presumably alluding to the description of the round-headed needles in chapter seven of the *Ling Shu* (Spiritual Axis) on the 'Nine Needles'. Regarding the development of the specific form of the micromassage tool described in this article Dr. Lavier is much less specific. Most traditionally trained Chinese doctors and acupuncturists are unfamiliar with this tool, although they instantly recognise its value and intent. As far as I can gather, in the modern era this method originates from Dr. Lavier's book and subsequently became part of the French acupuncture tradition.*

The micromassage tool

The micromassage tool itself is ingeniously simple. It constitutes simply a bone ball, two to seven millimetres in diameter, on a steel shaft attached to a handle. Together, the bone ball and the steel shaft create a subtle electrical potential difference that can influence the bio-electrically-active channels and acupoints. The technique (see below) is also gently piezo-electric, and naturally compatible with the

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* Note that Dr. Lavier directed his book at kinesiologists, masseurs and physiotherapists - practitioners who did not have recourse to Chinese medicine differential diagnosis or radial pulse diagnosis. Thus his book primarily concerns itself with rheumatology and mostly deals with local symptoms and treatments associated with superficial penetration of wind, cold and damp (bi syndrome). Dr. Lavier states that beyond such musculo-skeletal treatment conditions 'the subject was too vast.'

body's own bio-electric circuitry. Originally the bone balls were made from ivory. When I started making micromassage tools I used antique ivory drafting sets (bequeathed by my father, a civil engineer) and knitting needles, but subsequently learned how to prepare them from beef shin bones. I found these tools to be comparable to ivory ones in their effects, particularly when made from New Zealand beef bone, which is very dense. As the design principle is very simple, much artistic license can be used in the making of micromassage tools. More recently, I have been getting a bone carver to make fittings to insert into Parker Vector Rollerball pens.

The micromassage instrument is an effective point-locating tool. It naturally falls into the depressions between the bones and the tendons and the inter- and intra-muscular spaces where the acupoints are nestled. A tool with a larger bone ball influences the coarser qi and is suited to the treatment of the tendino-muscular channels (i.e. musculoskeletal problems), whereas a tool with a medium-sized ball attracts both coarse and refined qi. The smaller bone balls (two to three millimetres in diameter) have the most refined and 'needle-like' influence, and cause the deepest penetration of qi through the channels, making them suitable for internal medicine, psychophysical treatment and the treatment of the master and coupled points of the Eight Extraordinary Vessels. The smallest bone balls are also suitable for micromassage of the acupuncture microsystem points where precision of point location is vital.

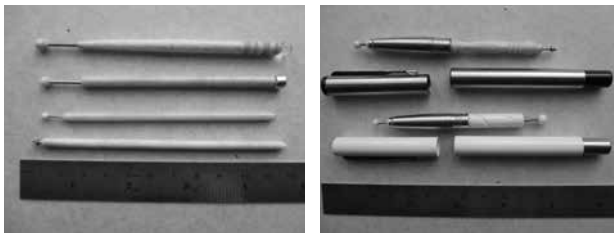


Figure 1: Home-made micromassage tools, including a silver acupressure probe (second from bottom) and a 'sparrow's beak' (bottom)

Figure 2: Micromassage tools fashioned from Parker Vector Rollerball pens

Technique

During treatment the micromassage instrument is held comfortably in the palm of the hand, much like a conductor's baton, with the handle held between the thumb and the forefinger, just before the steel shaft. To perform the technique, the tool is held at right angles to the channel pertaining to the chosen acupoint. If the skin is damp or greasy, a dry lubricant such as talcum or chalk powder can be used to facilitate the friction, thus enhancing the piezo- electric effect.

Reinforcing

Reinforcing technique is indicated when the symptoms include pallor, cold, aching or numbness and depletion (i.e. an 'empty' condition). The stroke begins superficially on



Figure 3: Micromassage technique

the channel, 'upstream' from the acupoint and continues in the direction of flow of the channel, to end in the depth of the acupoint. The pressure is then released and the ball returned to the starting point without touching the skin. Dr. Lavier recommends that the reinforcing stroke be two to three centimetres long and the rhythmic strokes should be continued for up to two minutes. I have found that it is seldom necessary to make strokes as long as this or to prolong them for this duration. Checking the radial pulse for the desired change will reveal when treatment is complete. To tonify or reinforce yin qi, I have found that slow and steady strokes are most effective.

Reducing

Reducing technique is indicated when the symptoms include redness, heat, pain and swelling (i.e. a 'full' condition). The massage stroke begins deep in the acupoint (using direct pressure vertically above it) and becomes more superficial as it is drawn against the channel flow to leave the surface of the skin two to three centimetres from the acupoint. This action is repeated for up to two minutes, using an irregular rhythm. I have found that reducing excess yang qi by this method takes a lot less time than reinforcing yin, and for this the rhythm of the stroke should be more urgent, rapid and irregular.

Most conditions treatable by acupuncture are amenable to treatment with the micromassage tool. By definition, it constitutes a massage at an acupoint that influences the bio-electric movement of the channel as a conduit of qi and fluids. As micromassage is rather labour-intensive compared to acupuncture, it is advisable to apply the axioms 'choose few points, but good points' and 'local points relieve the symptom; distal points achieve the cure'.

Case histories

The following are some simple cases where micromanage was used as a primary treatment to resolve patients' symptoms successfully.

Case 1

Female, 29 years old, vegetarian.

Complaint: Pernicious anaemia.

Radial pulse: The middle position of the right hand pulse was superficial.

Complexion: Pale.

Treatment: Micromassage to reinforce Geshu BL-17. This point was chosen as it is the hui-meeting point of the blood.

Results

Pulse: Spleen pulse normal.

Complexion: Pallor replaced by fresh yellow colour.

After one week: Blood test showed no anaemia.

Comments

I had anticipated following up with further treatment, the blood test one week later confirmed that this would be unnecessary.

Case 2

Female, 37 years old.

Complaint: Gall-stones.

Radial pulse: Gall Bladder pulse full and slippery.

Complexion: Red with greenish tinge.

Treatment: Micromassage at Yanglingquan GB-34 (RHS), first reducing then reinforcing strokes. Yanglingquan GB-34 is the he-sea point of the Gall Bladder channel and was chosen to regulate the Gall Bladder and thus stimulate drainage of bile into the duodenum. A reducing technique was used first to unblock and relax the bile duct, followed by a reinforcing stroke downwards to facilitate the flow of bile, peristalsis and elimination of solid matter.

Results

Pulse: Gall Bladder pulse smaller and less slippery.

Complexion: Redness reduced; greenish tinge changed to yellow.

12 gravelly stones eliminated painlessly that night via the bowels.

Comments

This woman came in the afternoon, saying that her doctor was insisting on removing her gall bladder the following day. She did not want to lose her gall bladder and acupuncture treatment was her last resort. She was very happy with the result.

Case 3

Male, 31 years old.

Complaint: Sacroiliac problems (RHS) causing pain and limping. The problem had originally been started after playing rugby.

Radial pulse: Generally normal with some tension in the right proximal position.

Treatment: Reinforcing micromassage at a point on the dorsum of the right hand in the depression formed by the head of the fourth metacarpal and the distal joint of the lunate and triquetral bones, between Zhongzhu SJ-3 and Yangchi SJ-4. I colloquially refer to this point as SJ-3½. It corresponds with the Korean Hand Acupuncture reflex of the sacroiliac joint, to be treated on the same side as the pain.

Results and comments

The next day the patient reported a dramatic improvement of pain and impairment. I repeated the same treatment and showed him a self-acupressure technique using the radial corner of his left thumb to direct pressure from the same point towards Yangchi SJ-4 while practising deep breathing. The next day the subject reported complete recovery from the problem.

Case 4

Male, 11 years old.

Complaint: bed-wetting. The patient's mother brought him in and reported he was very hot at night, but did not sweat. He had a mild cough and was susceptible to chesty colds in cold weather.

Radial pulse: Generally soft; left distal position full; left middle position superficial; proximal positions relatively deep and small.

Treatment: Reinforcing micromassage at Wangu SI-4 (LHS) to strengthen fluids and regulate sweating; Shenmen HE-7 bilaterally reduced then reinforced 50/50 to assist sweating and ease the mind; Xuanzhong GB-39 reinforced to assist yuan qi; Taixi KID-3 reinforced to strengthen the Kidney qi.

Results and comments

Six weeks later the mother reported that the boy had only wet the bed once, two weeks previously. I gave the boy one more micromassage treatment, after which the symptoms resolved. The mother subsequently brought the boy along for a booster treatment one year later.

Michael Buist was born in Wellington, New Zealand. He studied medical sciences at university and attended to the International College of Oriental Medicine in the UK. After graduating in 1979, he returned to Wellington and has been practising acupuncture there ever since. For those interested in micromanage and the round-headed needle, Michael can be contacted at buistm3@gmail.com.