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The use of Tongue Diagnosis in Toyohari Acupuncture Style

By

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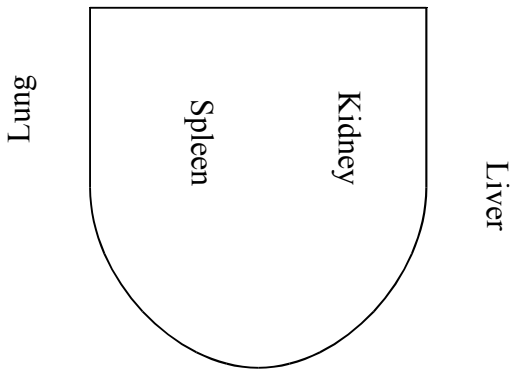
Toyohari acupuncture style bases its primordial diagnostic methods in the use of palpitation skills, listening and smelling diagnoses. Visual diagnosis is also employed, but not exhaustively, since the Toyohari style has been mainly developed by blind practitioners. However, through the use of a specific tongue model for the Toyohari style, it could be possible to amplify a diagnosis. My observation is that the tongue offers immediate information about the vital energy of the patient as well as the opportunity to study how extensively the tongue can change as a result of treatment. The before/after differences are often striking and quite remarkable.

Tongue diagnosis is a relatively new field not used officially yet in Toyohari that still requires a prior classification of tongue findings and valuation of their importance in Toyohari style.

In 2006, a small Toyohari study guide was published which proposed a special form of tongue diagnosis that was not comparable with Chinese tongue models.

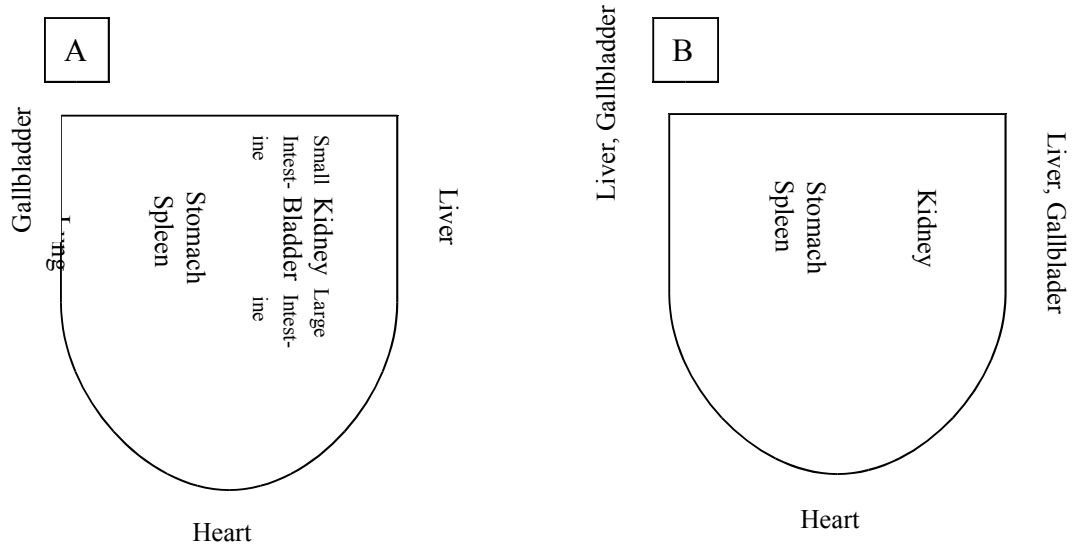
Picture:



Lung Sho signs on the right side of the tongue, Liver Sho signs on the left , Spleen at the center, Heart at the tip and Kidney at the back.

Following are the most common Chinese tongue diagnosis models which have few differences between them.

Picture:



In one of these Chinese diagnostic models (A), the lung area is located at the center of the front third of the tongue. In the second model (B), the Lung area is not defined. This illustrates that the location of the Lung area is not very clear in Chinese models either.

The main difference between common Chinese diagnostic models and the Toyohari models is the location of the lung area.
The model published by the Toyohari Association locates the lung on the right side of the tongue. The Chinese model, which includes a lung area definition (A), locates the lung at the center and front third of the tongue.

I examined the frequency of the following findings in the lung area, first in the Chinese diagnostic model and then the Toyohari model.

Findings in Lung area in the Chinese diagnostic model

depth in the front third of the tongue
fissure in the Chinese Lung area
swelling in the front third of the tongue
contracted front third of the tongue
Two parallel fissures in the Lung area

Findings in Lung area in the Toyohari diagnostic model

Findings on the **right side** of tongue

Fissures on the right border	Right side more swollen than left
Retracted right side	Tooth marks on right side
Clear right border	Swollen right border
Flaccid right border	Rolled border on right side
Irregular right border	

The following table shows the frequency of signs in the Chinese lung area and the appearance of signs on the right side of the tongue, their coexistence, individual manifestations and frequencies in different Shos (patterns).

Sho	Signs in Chinese lung area + Toyohari lung area right side, at the same time	Only signs on the right side of the tongue, Toyohari lung area	Only signs in the Chinese lung area	No signs at all in any area
Kidney (70)	47	15	4	4
Liver – Lung control (54)	36	17	1	0
Liver – Spleen control (34)	24	2	6	2
Heart – Kidney control (13)	4	4	0	5
Spleen – Liver control (3)	1	1	0	1
Lung – Liver control (57)	46	9	0	2

Table I: Contrasting lung-related signs in Chinese and Toyohari areas. © Susanne Pfeifer

My conclusion is that there is a higher frequency of findings in the Toyohari lung area on the right side of the tongue than in the Chinese location. Thus, the Toyohari model would probably be more useful for this acupuncture style than the Chinese tongue diagnosis.

During my research, I took nearly 500 photographs of 90 patients with a dental photography camera, searching for specific Sho signs. Four hundred thirty (430) of these photos appear with case histories written in English. To make the photos in my research relatively comparable, I standardised my manner of taking them by requesting each of the patients to sit for his or her photographs.
I should point out that the dental camera used has a special integrated flash that uniformly emits light from the same source with unvarying intensity.
This reduced the likelihood of undesirable variations in light reflection.
This camera also has a sizeable macro lens, which allowed me to take the photos from very short distances.
This enabled me to distinguish scant marks, fissures and other changes on the tongue.
Medication, such as antibiotics, often influences the appearance of the tongue. These influences were recorded in each photo and treatment. Useful observations were made. For example, in aiming to determine whether the tongue underwent any changes as a result of treatment, I took photos before and after during the same treatment session. The changes produced in the tongue once treatment had concluded were astonishing.

I encourage all of you to apply the observations cited here in your clinic work and see if they work for you. An invitation to interchange experiences is extended here.

The easiest way to study the tongue is to obtain information concerning the patient´s vitality before and after treatment. We can employ this in a way similar to pulse quality diagnosis or some aspects of abdomen diagnosis.

This approach does not require any special formation or training beforehand for detecting and understanding certain pathological signs on the tongue.

When treatment is carried out properly, the tongue will exhibit greater vitality after treatment.

The characteristics for understanding these observations on the tongue are the same as those in other Toyohari diagnostics skills: texture, color vitality and lustre.

Toyohari is a highly effective treatment which places a great deal of emphasis in the valuation of its diagnostic findings. It is advisable to carry out a thorough evaluation of the individual´s constitution and his or her energy level along with the strength of the pathogenic ki.

The valuation between kyo (deficiency) and jitsu (excess) is used as the principal method for assessing the strength of the patient´s constitution, energy level and pathogenic ki.

Another way to measure patient vitality is to view the tongue in the context of kyo (deficiency) and jistu (excess) as a constitutional assessment for valuing the momentary energy level and strength of the patient. This eliminates the need to resort to the classification of specific pathogenic signs for each Sho (pattern).

The basic skills for the easiest and first step in tongue diagnosis are those repeatedly used in Toyohari diagnosis. They should be employed in the following manner:

Texture of the tongue tissue

Kyo	**Jitsu**
Flaccid, weakness	Fullness
Depression	Resiliency

Color vitality of the tongue

Kyo	**Jitsu**
Pale and greyish	Vital colors, lustrous

Lustre of the tongue

Kyo	**Jitsu**
Lacking lustre	Lustrous

In the before-treatment photo, one sees a large depression at the back of the tongue in the kidney region. The coating here is yellowish and thick. Overall, the tongue body is slightly flaccid, droopy and lacks firmness. Fissures are deeper and more visible than after treatment. The color of the tongue body is slightly greyish and lacks lustre.

In the after-treatment photo, one can observe that the depression at the back in the kidney region is not as dominant as before and the coating has greater clarity. The tongue body is firmer with a higher degree of resiliency. Fissures are not as marked. The color of the tongue body shows increased vitality and lustre.

To summarize, it is possible to say that following proper treatment, it is common for the tongue's lustre to improve, for color to be less grey, and for the body of the tongue to acquire greater fullness.

It should also be pointed out that the tongue's movement achieves a more relaxed state as a result of treatment.

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