

# Farewell, Dr Bear: Iwashina Anryū Sensei 1950-2022

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## Abstract

This article is a fond remembrance of Iwashina Anryū Sensei, widely known as 'Dr Bear' in the West. The author shares memories of learning acupuncture from this much-loved and influential teacher. The article includes descriptions of his basic clinical treatment method and the gentle, non-insertive, *qi*-focused style of acupuncture he advocated.

## Keywords

Iwashina Anryu, Dr Bear, Japanese acupuncture, non-insertive acupuncture, meridian therapy, *teishin*

 The acupuncture world lost a bright light on September 1, 2022. Iwashina Anryu Sensei was born in Shizuoka, Japan, and lived and worked in Morioka City in the Tohoku region of northern Japan. As a young man, he studied Japanese gardening at Japan University and worked as an apprentice landscaper. After losing his sight in an auto collision in his twenties, he changed course and trained to be an acupuncturist. He counted among his teachers Fukushima Kodo Sensei (founder of Toyohari, a style of acupuncture originally practised primarily by blind acupuncturists in Japan, that has since spread internationally), Yagi Soho Sensei and Kudo Yuraku Sensei. Since 1997 he taught throughout the western United States. His humour, love of life and kind spirit, along with his phenomenal acupuncture skills and the generosity and willingness to teach them, made a lasting impact on innumerable patients and students. He was named 'Dr Bear' by a grateful Native American patient he met at an anti-nuclear march in the 1980s, whose asthma he treated with spectacular results.



I first heard about Dr Bear while still in acupuncture school, from my classmate Sally Sherriff. Sally had studied with him in Japan, and I was intrigued by what I heard about this radical blind acupuncture master. One story I heard back then sticks with me the most. The study method of Dr Bear's style of acupuncture was to have the patient lying on a table, surrounded by students. As Sensei diagnosed and treated the patient, he would explain what he was doing, and students would have the opportunity to feel the pulse, palpate the musculature, feel the changes in the patient's body and practise needling. On this particular

day, Dr Bear stood at the patient's side, taking her pulse. He said, 'Sally, touch the gold needle [i.e. *teishin*] at Stomach 36.' Sally did as she was told. Based solely on feedback from the patient's pulse, Dr Bear instructed Sally, 'Move the needle down the channel a little bit ... No, no, that's too much; go back a little ... OK, right there!' Sally held the needle at the point until Sensei was satisfied that what needed to happen had happened, and the treatment proceeded.

This story made me think, what is going on here? How can a blind man tell where on someone else's leg a third person is holding a needle, just by feeling the pulse? How can acupuncture work without inserting the needle? It challenged my entire concept of what acupuncture is, of what the pulse tells, of what happens when needle meets patient. When I heard that Dr Bear visited the United States regularly to give free treatments at Native American reservations in the Southwest, I leapt at the opportunity to get him to make a slight detour and teach a seminar in Santa Cruz, where I lived. At the time in 1997 I was studying at Five Branches Institute, and happened to also work there part-time scheduling continuing education courses for licensed acupuncturists, so it was relatively easy to arrange his first seminar in the United States.

When I review my notes from Dr Bear's early seminars, I find much that you might expect from a teacher from the *Keiraku Chiryō* (Meridian Therapy) tradition: at the core is an emphasis on root treatment by tonifying the mother and sedating the son based on five phase theory; the use of the husband-wife relationship (using *yinyang* partners in the five phase control cycle, e.g. treating the Spleen using the Gall Bladder channel); the *shigo* ('Midnight/Noon') method (treating a problem on one channel using the *luo*-connecting point of its opposite channel according to the 24-hour 'qi clock'); and *kikei* treatment (using moxa, or gold and silver needles, on the master and coupled points of the Extraordinary Vessels). It was clear that Sensei was inspired by the ancient Chinese masters, as he explained clinical principles using quotes from the *Nan Jing* (Classic of Difficulties) and *Nei Jing* (Inner Classic).

As interesting as the theory portion of his class was, it was when Sensei switched over to treating patients and demonstrating techniques that he truly came alive. He used the thick needles known as *teishin*, never piercing the skin but instead just touching needle-tip to skin surface, his hands dancing over the patient's body, pausing, waiting, moving on to the next point as pulse or muscle tone gave confirmation that the needle had done its job. I was fascinated by his treatment of larger body surfaces using *sanshin* treatment (a light pecking of the skin with the needle-tip to relieve tension), and with his use of direct moxa when he encountered deficient areas, the small cone quickly extinguished as soon as the patient felt the heat (*chinetsukyu*). The most impressive thing was witnessing patient after patient, many with severe and longstanding physical problems, get off the table with an amazed look on their face saying things like 'Thank you so much! I can bend my knee again!'

The *sine qua non* of Dr Bear's method was his 'checking' the appropriateness of potential acupuncture treatment points using his fingers. That is, instead of needling points

because they would theoretically treat the problem at hand, he would 'test' each point with a finger while assessing its effect as indicated by the pulse or musculature with his other hand. If the patient's pulse, musculature, skin or symptom improved when he touched the point with his thumb or middle finger, that meant the point needed tonification with the needle. If the improvement occurred when he tested the point with an index finger, that meant the point needed sedation. If neither tonification nor sedation was called for, he would check with his pinky finger, and if that gave a positive response he would treat the point using even method (neither tonifying nor sedating). If the pinky finger gave no response, that meant he should not use that point, and he would move on. While this method may sound time-consuming, with Dr Bear's level of sensitivity this assessment and treatment of points happened very quickly. He would also quickly narrow down which channels were involved by testing the source points, and would skip the entire channel if its source point did not indicate that the channel needed treatment.

Watching Dr Bear's treatment style evolve over the years, I got the sense that he achieved a freedom that transcended theory, that his treatment of patients approached something like free jazz. Though he continued to revere the classics, my impression is that the classical medical theories functioned in the background as a kind of code that guided his diagnoses and clinical decisions, but that tactile feedback through his sensitive fingers, informed by the instantaneous decision-making of his checking method, was the main determinant of what points he used and what he did. In other words, he did what needed to be done rather than impose any kind of intellectual ideology on the patient's body. Nonetheless, he structured his treatments in a sequence that he more or less applied to all patients, while customising the treatment using his checking method. This treatment structure makes so much sense that I will share it here:

### Dr Bear's treatment method

1. If there are any signs of blood stasis such as tiny spider veins, or dark or puffy skin at the *jing*-well points, bleed with a sharp lancet.
2. First treat abnormal bowel movement – if the patient suffers from constipation or loose stools, this must be addressed first or they will not get well.
3. Treat the main complaint and areas of pain, balancing the meridians as necessary.
4. Perform the 'Fundamental Treatment'. Many Japanese master acupuncturists develop their own favourite '*taiji* treatment', referring to a combination of points that have an overall balancing function and that are used on most patients. Dr Bear referred to this as his 'Fundamental Treatment', and he would use these

points on most patients, verifying with his checking method what needling method to use. The points are: Zhongwan REN-12, Qihai REN-6 or Guanyuan REN-4, Shenzhu DU-12, Mingmen DU-4, Yaoyan M-BW-24, Weiyang BL-39 and Fuyang BL-59.

5. Empirical points and moxibustion (such as direct moxa on point *Uranaitai* (on the sole on the underside of Neiting ST-44) for nausea, or on *Shitsumin* (on the centre of the bottom of the heel) for insomnia, as called for.

I was an eager if obtuse student, and it took me a couple years of applying Dr Bear's method on faith before I ever felt the *ki no kyorai* (the 'coming and going of *qi*') that is critical for assessing when to remove the needle when treating patients. Unlike the more obvious *deqi* sensation in TCM acupuncture, *ki no kyorai* is more like a mild electrical tingle or vibration that comes and goes, and that indicates that the *qi* has arrived. When I first felt it, I was elated. However, like many of his US students, I continued to practise TCM-style acupuncture on my patients while doing my best to balance the meridians using my gold and silver *teishin*. One day Sensei challenged me to switch over completely to using non-insertion acupuncture, saying 'You will not really learn to practice my way if you mix and match like that.'

So I accepted his challenge, and it transformed my experience of doing acupuncture and treating patients. Without diminishing the value and effectiveness of other forms of acupuncture, treating patients using Dr Bear's method has convinced me that the skin is a sensitive, complex and intelligent living boundary to the outside world that need not be physically penetrated in order to effect change inside the body. In fact, just touching the skin surface with a needle acts as a kind of invitation to the patient, to meet your non-invasive inquiry with openness and trust, and respond. I believe that traumas – whether physical, emotional or psychological – are held in the body, and that the skilled acupuncturist points with the needle to where they are held, and the patient is guided to that place, and can let it go. There is a certain amount of skill involved in doing this well, and the various lineages of acupuncture and other manual therapies have handed down the techniques and skills that guide us in our ministrations. While these skills can be learned and perfected, in Japanese there is an aspect of skill that is thought of in terms of innate talent that one either possesses or does not, called *ude* 腕 (literally, 'arm').

Dr Bear possessed *ude* in spades. But I believe that, as skilled as he was, it was equally his personality and bearing that made him the remarkable healer that he was. I have met teachers of acupuncture and Chinese medicine who exuded an air of grandiosity or self-importance that made it difficult

for me to be in their presence. Sensei was the opposite. With patients, he was always gentle, friendly, caring, compassionate, dedicated. With his students, he could be quite humorous, sometimes even raucous. I remember at one seminar, he was signing books for students and borrowed a lipstick from someone to make his mark as a lip-print signature instead! There must be some hilarious commemorative photos out there, looking like they were taken during the wee hours of a party rather than at an educational event. Sensei enjoyed life and loved his wife Suzuko ('Queen Suzy') and his children and grandchildren, he enjoyed good company, good food and a cold beer, and his love of life touched all who knew him.



In a field like Chinese medicine, with its connections to a deep and ancient spirituality, there can be a temptation among teachers and senior practitioners to imply (or state outright) that they are in possession of secret knowledge and abilities that verge on the mystical or paranormal.

Dr Bear certainly possessed exceptional skills, but he never indulged in this kind of chicanery. Quite the contrary, he always insisted that what he was teaching was physical, tangible and palpable to anyone who was willing to practise and pay attention. I remember clearly during one of his seminars, as Sensei demonstrated his needling technique, a student raised her hand and asked him, 'Dr Bear, when you are doing your needling, what is going on internally? Are you guiding your own *qi* through the channels? Is there some kind of special *qigong* that you do?' Sensei cut her off quite brusquely, waving his hand in front of his face, and said emphatically, 'No, no! Nothing like that! When you are holding the needle, it's like waiting for the bus. You wait for the *qi*, it comes, it goes, and that's it!'

Dr Bear, you came, and you went, and with your sensitive hands and gentle needles, with your open mind and radiant heart, you inspired and healed a great many people. Thank you. 感謝

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