

Toyohari Association Switzerland

Yearly Study Theme 2026

Research Form: Sho Selection

Date: _____ Therapist: _____ Patient ID: _____

1. MAIN COMPLAINT (Shuso / 主訴)

Description: _____

1.1 Second COMPLAINT

Description: _____

CHECKPOINT 1: Involved Meridians based on Main Complaint (Anatomical/Symptomatic)

Main Complaint: Symptomatic: _____ (Kyo / Jitsu) Anatomical: _____ (Kyo / Jitsu)

Second Complaint: Symptomatic: _____ (Kyo / Jitsu) Anatomical: _____ (Kyo / Jitsu)

2. LOOKING (Bo-Shin), LISTENING (Bun-Shin), ASKING (Mon-Shin)

*Only mark if finding is obvious, don't search something

*Looking (Bo-Shin)	Face: Forearm:	Blue / Red / Yellow / White / Black Blue / Red / Yellow / White / Black
*Listening (Bun-Shin)	Voice:	Shouting / Muttering / Humming / Whining / Groaning
Asking (Mon-Shin)	*Preferred Taste: Appetite: Bowel movement: Sleep: Menstruation: Urination: Emotions:	Sour / Bitter / Sweet / Spicy / Salty _____ _____ _____ _____ _____ _____

CHECKPOINT 2: Involved Meridians / elements based on Looking, listening and asking

Liver/Wood Heart/Fire Spleen/Earth Lung/Metal Kidney/Water

3. PALPATION OF MERIDIANS (Setsu-Kei / 切経)

Main Complaint Area : Meridian / kyo jitsu / imbalances _____

Meridians Legs and Arms: Meridians involved: _____ (please note if Kyo or Jitsu)

CHECKPOINT 3: Prominent / Involved Meridians based on Touch

Liv Ht Sp Lu Ki PC GB SI ST LI BL TW

4. ABDOMINAL DIAGNOSIS (Fukushin / 腹診)

General: Kyo / Jitsu Lustre: _____
Upper abdomen: Kyo / Jitsu Temperature: _____ Lustre: _____
Lower abdomen: Kyo / Jitsu Temperature: _____ Lustre: _____

Specific Zones: Liv: (Kyo / Jitsu). Ht: (Kyo / Jitsu) Sp: (Kyo / Jitsu) Lu: (Kyo / Jitsu) Kid: (Kyo / Jitsu)

Naso / Muno Assessment: _____

CHECKPOINT 4: Third Step - Primary Sho Candidate (Abdomen)

Most Kyo: Liv Ht Sp Lu Ki | Most Jitsu: Liv Ht Sp Lu Ki

5. PULSE (Myakushin) & SHO DETERMINATION

Pulse Quality:

- | | | |
|---|--|--|
| <input type="checkbox"/> Sinking | <input type="checkbox"/> weak | <input type="checkbox"/> slow |
| <input type="checkbox"/> slightly sinking | <input type="checkbox"/> slightly weak | <input type="checkbox"/> slightly slow |
| <input type="checkbox"/> normal | <input type="checkbox"/> normal | <input type="checkbox"/> normal |
| <input type="checkbox"/> slightl. Sinking | <input type="checkbox"/> slightl. strong | <input type="checkbox"/> slightl. fast |
| <input type="checkbox"/> superficial | <input type="checkbox"/> strong | <input type="checkbox"/> fast |

Comparative Pulse (mark with circles):

	Right	Left
Lu / He		
Sp/Liv		
-/Kid		

FINAL DECISION

PRIMARY SHO: Liv Ht Sp Lu Ki PC

Reason: _____

SECONDARY: Meridian: _____ Kyo Jitsu Waho

6. Prognosis (circle)

Disease: Kyo/Jitsu Acute/Chronic Mild/Severe
Progress of disease: Slow/Rapid **Body overall:** Kyo/Jitsu |

Selection of Treatment:

Needle choice: _____ Needle technique / angle _____

Prognosis: _____

7. FEEDBACK (Teishin Needling first Point)

Pulse Change: _____

Naso / Muno Change: _____

Abdominal Change: _____

Overall change: _____