

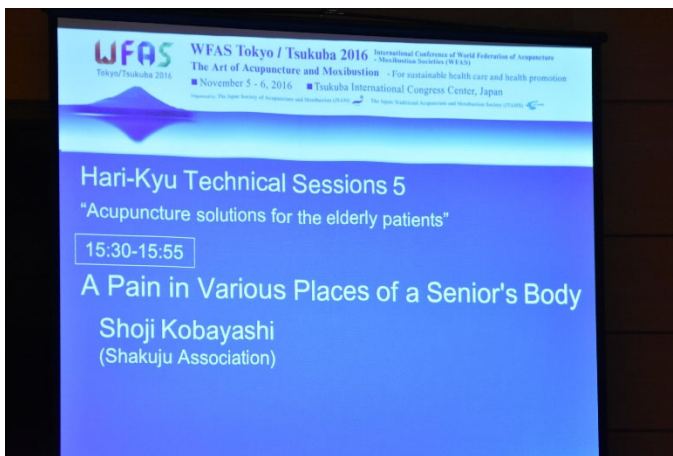
Report from WFAS Tokyo/Tsukuba 2016

Shakuju Treatment

Shakuju Association

Introduction

In regard to "Shakuju" treatment all diseases are viewed as a "decrease in vital energy" as the singular source of all diseases, where the acupuncture and moxibustion treatment is administered for the purpose of recovery. The degree of this decrease in vital energy is assessed mainly on the basis of the palpation of abdominal masses and the back transport points are then used to promote the recovery. The treatment procedure using just one needle without retaining it, relies on the maximal application of the therapists consciousness to achieve optimal recovery.



[The birth of Shakuju treatment]

Shakuju treatment is an acupuncture and moxibustion treatment method formulated in 1976 by Shoji Kobayashi. Originally Mr. Kobayashi performed his acupuncture and moxibustion treatment based on pulse diagnosis, but later started to harbor doubts about the theory and practice and thus developed his own original acupuncture and moxibustion treatment style.

At that time he served as a lecturer at the Kanto Acupuncture and Moxibustion Vocational School in charge of practical skills. During practical training sessions dealing with pulse diagnosis is inevitable, but very little objective training material was available for the purpose of practical training among the students and since the acquisition of the relevant practical skills required much time, he started looking for something that might serve as a replacement. Practical training requires something that can easily be employed among the students, be based on the theories pertaining to qi and yin-yang, not being perturbed by age, sex or pathology, is applicable to all patients and helps the students to establish themselves after graduation as clinicians. In this situation he focused on abdominal diagnosis. So far assessment of anomalies of the channels (deficiency – excess), pulse diagnosis and the implementation of the rules laid out in the difficult issue No. 69 had formed the basis of channel treatment. Kobayashi himself noted, that the back transport point could be grouped and classified in a 5-phase manner. The abdominal diagnosis according to the 5-phase theory allowed to group abdominal masses into five regions and assess them accordingly, so that the 5-phase findings of the abdomen and the 5-phase regions of the back can be applied to the use of the back transport points, leading to the discovery that this will improve the condition of the abdominal masses and chief complaints and therefore was formulated as a therapeutic system. Later, this came to be known as Shakuju treatment (abdominal aggregation treatment). The Shakuju treatment was

developed in 1980 at the Kanto Acupuncture and Moxibustion Vocational School by the independent study group "Hikobae (sprout) Shinryo Kai", later in 1986 renamed into "Acupuncture and Moxibustion Shakuju Kai" and finally into 1988 "Shakuju Kai", which since then continues until today to improve the techniques and promote awareness of the Shakuju treatment.

The term "Shakuju" used in the name Shakuju treatment originates from the Difficult Issues Nos. 16, 55 and 56. Shakuju refers to abdominal anomalies that are divided into easily movable, superficially located "Ju" and fixed deep "Shaku" types of abdominal masses, but the Difficult Issues (Nan Jing) does not describe ways of curing (treatment) these anomalies. Here Kobayashi defined a way of distinguishing Shaku and Ju based on his personal clinical experiences. Performance of non-penetrating needling over the entire abdomen brings about changes in these Shakuju phenomena and the use of command points on arms and legs selected based on pulse diagnosis then gave him the actual feeling of changes occurring in these Shakuju. He then went on and defined those abdominal anomalies alleviated by the abdominal non-penetrating acupuncture and subsequent adjustment of the pulse as Ju, while remaining anomalies were termed Shaku. Moreover, since the treatment starts with mild stimulation and gradually processes towards stronger stimuli, the burden on the patient is low and at the same time it became clear, that the proceeding from superficial stimulation of the body towards deeper levels in this order (skin and hair → blood vessels → muscle flesh → sinews → bones) achieves better results. This led to the establishment of a treatment routine comprising of pulse adjustment of the pulse the non-penetrating needling of the abdomen and then using back transport points depending on the condition of the remaining Shaku in the abdomen.

[Shakuju treatment (basic treatment) procedure]

Restricting the description only to the treatment (needling) shows the following sequence.

Procedure of the basic treatment

- 1 Abdominal non-penetrating acupuncture
- 2 Pulse adjustment
- 3 Abdominal diagnosis
- 4 Treatment using back transport points
- 5 Treatment of the shoulders

(1) Abdominal non-penetrating acupuncture

Abdominal non-penetrating acupuncture refers to getting an impression of the abdominal surface and performing non-penetrating acupuncture over the entire area. Regarding the needle handling the moment the thumb and index finger of the pressing hand and the tip of the needle held by the needling hand come into contact with the abdominal surface the typical shape of the pressing hand is formed and thus the needle tip brought into contact with the abdomen. After the contact is made apply some soft palpation with the index finger of the pressing hand (which is referred to in the Plain Questions (Su Wen) in the chapter about open and closed supplementation and drainage as a reinforcing technique). As described above this movement does not bother about acupoints, but makes contact randomly. Make sure to keep a coin-sized space between the contact locations. Once you get used to the procedure, it becomes possible to successively make contact at sites of anomalies (the presence of tension, weakness, feeling of warmth or cold, skin gloss etc.) based on the sensation of the pressing and needling hand.

(2) Pulse adjustment

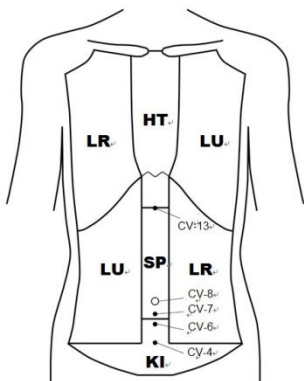
LU9 or PC7 are used to adjust the pulse.

Originally, deficiency and excess of the organs and viscera is assessed by using the three bilateral radial pulses for pulse diagnosis and then the five phase points of arms and legs are selected based on the

principles given in issue No. 69 of the Difficult Issues. After that it is possible to rely solely on the source points based on experience. Today we know, that the two points LU9 (meeting point of the vessels of the eight confluence points) and the source point PC7 of the pericard channel can regulate the pulse. When using the left and right cun position over the radial artery for up to two deficiency and excess conditions the two LU9 points are sufficient, but in case of more than three such conditions, they are dealt with using PC7.

(3) Abdominal diagnosis (determination of Shaku)

For the abdominal diagnosis we use the distribution of the five organs according to the Difficult Issues, but since the Difficult Issues do not provide an elaboration of that distribution, Kobayashi repeatedly made his own experiments and thus clarified the various regions of the abdomen while referring to the course of the channels and locations of the acupoints.



In the Nan Jing the Shakuju are classified based on pain, hardness and pulsation into three groups, where anomalies can be discerned by abdominal diagnostic palpation as well as by the patient subjectively.

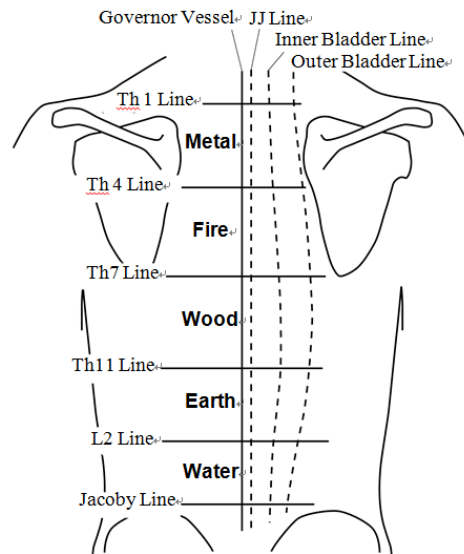
Types of Shaku

- Painful masses (subjective pain > pain found during abdominal diagnosis)
- Firm masses (hardness found during abdominal diagnosis)
- Pulsating masses (pulsation found during abdominal diagnosis)

Among the above listed items painful masses have the highest priority and the region of the most notable pain determines the type of mass (liver mass, heart mass, spleen mass, lung mass, kidney mass).

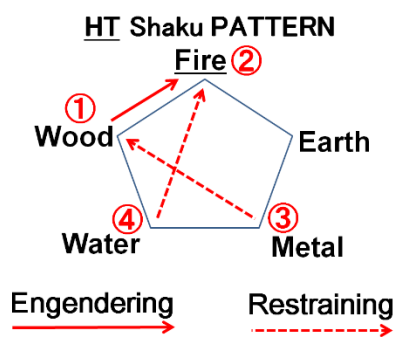
(4) Treatment using the back transport points

The type of mass (liver mass, heart mass, spleen mass, lung mass, kidney mass) determines the used back transport points. Kobayashi discovered that the arrangement of the back transport points can be divided into five regions similar to the distribution of the five organs on the abdomen.



Since the arrangement of the five organs in the abdomen can be used in a 5-phase based manner, the principles given in the Difficult Issue No. 69 of the Nan Jing (in case of deficiency reinforce the mother) can be applied. For example, if the abdominal diagnosis reveals a spleen mass and because the

spleen is associated among the five phases with earth, points in the fire region of the back transport points corresponding to the mother function for the spleen and earth points because the spleen itself being the earth phase among the five phases are selected. Since fire and earth are restrained by water and wood (they have a restraining correlation), points from these regions are also selected. A total of 4 points in the order of fire → earth → water → wood are thus selected.



The back transport points are located along the governing vessel, immediately next to mid-line, first line of the bladder channel and second line of the bladder channel, but the Shakuju treatment focuses mainly on the second line of the bladder channel and selects one point each on this second line of the bladder channel for each of the four regions depending on the type of mass. For example, in the presence of a spleen mass, BL44 (fire) → BL49 (earth) → BL52 (water) → BL47 (wood) will be found upon palpation along the second line of the bladder channel to be the most depressed locations in the respective regions.

(5) Treatment of the shoulder region

After completing the treatment of the back transport points, depending on complaints and type of mass and after checking the pulse, the patient is seated and needled from the back up to the top of the shoulder region. For the point selection the top of the

shoulders are palpated on left and right, the most tense spots (indurations) determined and the relevant point selected symmetrically on the opposite side. For example, when tension can be confirmed at right GB21, the left GB21 is needed. However, the point selection is not restricted to acupoints.

The above described steps from (1) to (5) are called basic treatment and are essentially used for all patients. A single filiform needle is used for the treatment and subsequently based on observations of physical changes following the restoration of the decreased vital energy one proceeds to the next step. Accordingly, needle retention is not used. The used needles are silver needles with a length of 40 mm and a thickness of 0.20 mm, having an egg-shaped needle tip. When needling while checking for physical changes, these are shaped, are of a material and thickness that makes insertion and handling easier than the usual filiform needles.

Ideally the basic treatment restores the decreased vital energy, but in cases where depending on the skills of the practitioner or the degree to which the vital energy had been decreased, recovery was insufficient, a supplementary treatment is administered. As a supplementary treatments like micropuncturing to led blood at sites of wounds causing the decrease in vital energy etc. are used, as the name already implies, to supplement the basic treatment in order to promote the recovery of the decreased vital energy. Representative examples of supplementary treatment are the use of filiform needles, blunt tip needles, heat sensing moxibustion or heat penetrating moxibustion at the back transport points and those located along the governing vessel, immediately next to mid-line, first line of the bladder channel and second line of the bladder channel.

[Degree of the decrease in vital energy]

It is very important to understand the degree of the reduction of the vital energy which is the central and all encompassing cause of all diseases in order to achieve also a central and all holistic restoration of the decreased vital energy through the Shakuju treatment. All information obtained through the four diagnostic methods are important indices helping to understand the degree of the reduction in vital energy, but apart from this information from the four diagnostic methods Kobayashi discovered based on his clinical experience another index called the K-points (Kobayashi point). The K-points appear like the Shakuju in the abdomen in people with decreased vital energy as tender or hardened reactive spots. Their locations are designated using acupoint or anatomical names. They are called points, but depending on the condition may be anything from rice grain to coin sized.

Introducing some K-points

SP9, LR12, LR8, medial epicondyle of femur, BL40, BL39, BL54, BL52, medial edge of the scapula, shoulder joint, coracoid process, sternocleidomastoid muscle, posterior edge of the ramus of the mandible

The degree of the decrease in vital energy can be expressed in four stages depending on the chief complaint, information from the four diagnostic methods and the emergence of K-points.

1. Appearance associated with chilling of the lower half of the body
2. Appearance associated with body surface heat of the upper half of the body
3. Appearance associated with chilling or heat inside the body
4. Appearance associated with chilling of the entire body

Among the aforementioned 4 points there is a tendency that things appear as described and (1),

develop into (2) or (3) and then lead to (4). The degree of the decrease in vital energy too progresses from (1) and is worst at stage (4).

[Types of order for the use of back transport points]

The back transport points are used depending on the location of the mass following the principles described in the Difficult Issue No. 69, but on one day performing the Shakuju treatment Kobayashi noticed during the treatment of a patient with a tumor that the treatment did not achieve sufficient improvement. He tried to implement all the things he could think of, starting with the time for the treatment, yet still was not able to achieve improvements. At one time he intuitively reversed the order in which the back transport points are used (for example in case of a spleen mass the usual order would be fire → earth → water → wood, the reversal of which would be wood → water → earth → fire). Using this he started to achieve improvements even in cases in which so far no changes had been observed. Based on this experience he discovered the use of the back transport points in the reverse order for the treatment of conditions that are characterized by marked excess symptoms when viewed from a perspective of the deficiency-excess pair. Later, through additional examinations he started to employ four types of application sequences. Currently, these four treatment orders contribute to improvements in treatment efficacy related to the degree of decreased vital energy.

[Regarding treatment and consciousness]

The efficacy of acupuncture and moxibustion treatment varies depending on the skills of the practitioner, but in case of Shakuju treatment we experienced that the kind of awareness of the practitioner during the treatment also has a significant influence on the treatment effects. The practitioner should be aware of the body of the patient during the treatment. For example, in case of a patient complaining about gonalgia the

practitioner should direct her/his gaze towards the knee while treating the back transport points. On this occasion s/he does not only look, but rather imagine the structure of the knee joint in her/his mind, as if s/he is looking right through it.

The practitioner should also occasionally touch the knee and its surroundings. In this way s/he can make her/himself aware of the knee.

Once the practitioner gets used to the above described way of directing her/his awareness, s/he will also become aware of the own body and thus be able to channel qi energy through the own hands towards the patient. Ultimately, the practitioner absorbs heavenly qi into her/his own body and becomes able to direct the flow of this qi energy towards the patient.

Once the acupuncture and moxibustion skill have been sufficiently developed, marked treatment effects can be achieved even in short treatment times. And if the practitioner makes her/himself well aware of these skills, the efficacy can be still further improved. In order to sufficiently implement this awareness, sound technical skills and clinical experience are necessary. It is also necessary to cultivate one's imaginative powers through daily qi gong and breathing exercises.

[Decrease in vital energy]

Starting from a treatment style centering on pulse diagnosis Kobayashi developed his Shakuju treatment concentrating on the abdominal diagnosis and the back transport points described in the Nan Jing. Regarding the selection of the back transport points he also integrated the engendering and restraining theory, which at that time meant, that the theoretic foundation of the treatment took the deficiency-excess and reinforcement-reduction duality into consideration. Yet, treatment efficacy changed markedly by changing the order of the treatment of the back transport points. Also, based on clinical facts he reaffirmed the existence of the supreme ultimate concept manifesting as deficiency-

excess (yin-yang) which then clarifies the theoretic foundation centering on a unified awareness of this supreme ultimate concept. This concept deals with life force and its decrease. Kobayashi has so far used a variety of unified expressions for the essentials of the Shakuju treatment. The first book by Kobayashi published in 1987 about the Shakuju treatment "Lectures About Oriental Medicine, Vol. 10, Shakuju Treatment Compilation" (Shizen Sha) already allowed the reader to gain some glimpses into the theory, but now this theory has been elaborated and clarified in the "Shakuju treatment – Move qi and alleviate cold" published in 2001 (Idononippon Sha). In the "Huang Di Nei Jing", the classic can be called the foundational text of traditional Chinese medicine, the character combination 'yin-yang' is frequently found and thus shows that the yin-yang concept had been used in medicine.

However, the two characters expressing the concept "supreme ultimate" are not found in the "Huang Di Nei Jing". The can be found in the "I Ching" though. Kobayashi changed the pulse diagnosis centered style based on his clinical experiences to a treatment style relying on abdominal diagnosis and the use of the back transport points. The sequence of events which led to the theory pertaining to vital energy currently attracting much attention was probably strongly influenced by Kobayashi's study of "divination". The Kanto Acupuncture and Moxibustion Vocational School at which Kobayashi taught, had been established by the diviner Mitsutake Kobayashi. At that time Mitsutake Kobayashi thought that if he were to study medicine as a diviner, the form of medicine he would like to learn should be influenced by oriental thought (concepts of divination), which inevitably meant, he had to call on a vocational school for acupuncture and moxibustion. However, the curriculum in vocational schools for acupuncture and moxibustion was more influenced by western medical concepts than oriental concepts (concepts of divination). Disappointed Mitsutake Kobayashi

decided he had to rise to the task of establishing a school to study acupuncture and moxibustion based on oriental concepts (concepts of divination). Mitsutake Kobayashi calling on Kobayashi, who has a teaching license for acupuncture and moxibustion schools, was the beginning of their connection. Over the three years it took until the opening of the school Kobayashi learned the basics of divination from Mitsutake Kobayashi. Groping for improvements in acupuncture and moxibustion treatment Kobayashi was convinced through his study of divination that there is conclusive evidence of a correlation between divination and acupuncture and moxibustion treatment. Doubtlessly oriental thought (concepts of divination) is currently strongly influencing the Shakuju treatment. Kobayashi published in 2010 the book "Introduction to the Book of Changes for Acupuncture and Moxibustion Treatment" (Midori Shobo) describing the correlation between acupuncture and moxibustion treatment and divination.

[Current Shakuju treatment]

The Shakuju Society has conducted activities mainly in the Kanto region to popularize the Shakuju treatment, but Kobayashi also made a demonstration of the technique during an invited lecture held in 1988 in San Francisco at the Japanese-American Acupuncture Foundation (JAAF). Since 2004 Shakuju treatment seminars were held in Boston on the American East Coast mainly by Kobayashi himself as well as other members of the Shakuju Society as lecturers. So far more than 10 such seminars (over a period of more than 10 years) were held and in recent years other seminars were held mainly by the vice president of the Shakuju Society Osamu Hara and the head of the academic department Tetsu Nakatani. Also, at the NESAAcupuncture Treatment Center in Boston the Shakuju treatment has formally be integrated into the coursework and is taught mainly by Diane Juliano.

Seminars were also held on the West Coast in San Francisco, in Hawaii, at Acupuncture & Integrative Medicine College (AIMC) under the tutorship of Diano Juliano. In 2017 Daiki Takahashi of the Shakuju Society, who is also a teacher at the Goto College of Medical Arts and Sciences as a sister school of the AIMC, also held a seminar.