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Japanese Shiatsu: Long Definition

January 2014 note from Cindy Banker, AOBTA® Forms Committee Chairperson:

The current definition of Japanese Shiatsu began in 1989 and has been recently updated and revised. It includes the contributions of Ken Slining (AOBTA's first Director of Education and one of the AOBTA's original C.I.'s in Japanese Shiatsu); Carl Dubitsky and Toshiko Phipps, two more of our original experts in the Form; Steve Schenkman who helped edit, rewrite several sections and update the original version; and Cari Johnson Pelava (the AOBTA's current C.I. in Japanese Shiatsu) who helped write this final draft and made sure we got it right.

Long Definition

Shiatsu literally means finger (shi) pressure (Atsu) and is defined by the Japanese Ministry of Health and Welfare as follows: “ Shiatsu therapy is a form of manipulation administered by the thumbs, fingers, and palms, without the use of any instrument, mechanical or otherwise, to apply pressure to the human skin, correct internal malfunctioning, promote and maintain health, and treat specific diseases.”

Shiatsu has its roots in traditional Chinese Medicine, which goes back about 4000 years. The early traditional Chinese physicians used three forms of treatment; i.e., Herbal medicine, massage, and acupuncture or moxibustion. Chinese Massage and acupuncture derive from the same theoretical basis which includes effective of sensitive points that are related to internal organs as well as Meridians of Channels connection these points with each other and with their respective organs. It is within these meridians or channels that Qi or Ki, the energy of Eastern philosophy, martial arts and medicine flows.

Simply put, this theory postulates that when Ki flows freely and regularly through the system of meridians one enjoys health. When this flow becomes interrupted or blocked, one begins to feel some signs of ill health. The aim of shiatsu along with Chinese Massage and Acupuncture is to remove blockage and balance the flow of Ki allowing the body to maintain its good health or to heal itself.

By the 6th century A.D., Chinese medical theory and practice were brought to Japan, and Japanese Anma grew out of Chinese Massage, Since Anma was also therapeutic, it was one of the modalities used by early Japanese physicians. It was also part of the palpation used in diagnosis.

About 140 years ago, Dr. Shinsai Ota discovered that static pressure was an effective therapeutic technique while curing his own illness which wasn't being helped by other methods. He then wrote *Ampuku Zukai* which was the first book in Japanese discussing therapeutic pressure treatment. This book was addressed to the general public since he wanted to promote this technique for personal self help and not necessarily for professional use. People continued to seek Anma for relaxation, and the term "shiatsu" began to be used in the 20th Century to distinguish therapeutic treatment from Anma.

Mr. Tokujiro Namikoshi began teaching Shiatsu in the 1940's and established the institute that is now Japan's Shiatsu College. Namikoshi discovered as a child that pressure techniques gave relief to his mother's joint pain (rheumatoid arthritis) and developed a system of pressure points founded in the principles of western anatomy, physiology and pathology. His vision was for shiatsu to be founded in the "new" science from the west as he saw that this would be the future of medicine in Japan. Namikoshi founded the Japan Shiatsu Association in 1946 and was its first president. Through his efforts Shiatsu was officially recognized by the Japanese Government. In 1957, the law was changed to give Shiatsu equal status with Anma and Massage. Japan's Shiatsu College continues to be the leading school for Shiatsu Therapists in Japan. In 1990, the curriculum was extended to be a three year training program.

Mr. Namikoshi taught a systemized pressure technique without reference to the meridians of traditional medicine. However, three members of his faculty were instrumental in relation Eastern medical theory to Shiatsu. Dr. Fusajiro Kato who helped with teaching Eastern medical theory explained the reflex mechanisms involved, and Professor Izaqa explained Shiatsu in terms of traditional Eastern medical theory. Mr. Shizuto Masunage was one of the first graduates of the Japan Shiatsu College and taught there for about the years. He combined the writings of Dr. Kato and Prof. Izawa for the Japan Shiatsu Association. He also developed more completely the relationship of Shiatsu to traditional Eastern medical theory, and he added the concept of meridian stretching exercised to Shiatsu Therapy.

Since the emphasis of Shiatsu is the treatment of the whole meridian as well as making use of effective point, Japanese Shiatsu charts differ from acupuncture charts in that they show only the meridians and not effective points. Although Shiatsu is primarily pressure, usually applied with the thumbs, along the meridian lines which follow major muscle groupings, extensive soft tissue manipulation and both active and passive exercised and stretching may be part of the treatment. Extensive use of cutaneovisceral reflexes in the abdomen and on the back are also characteristics of Shiatsu.

In Shiatsu therapy and diagnosis are one. The skilled therapist relies on a highly developed sensitivity to assess the condition of the patient's body as treatment progresses. This allows the therapist to appropriate techniques.

Although Shiatsu Therapy primarily affects the energetic system of the body, it must access this through soft tissue. Shiatsu, then, shares with massage the manipulation of soft tissue; especially techniques like reflex stroking, muscle squeezing, vibrations, and

the deep static pressure of myofascial or trigger point therapy. Shiatsu and massage also share the use of passive exercise, and tense relax exercised used in Shiatsu have a similarity to “PNF” techniques of the massage therapist. The primary effects of massage are increased circulation of venous blood and lymph, muscle relaxation, and joint mobilization. Shiatsu, while working to balance the flow of Ki, effects nerve and endocrine reflexes and the autonomic nervous system. Therapeutic results are primarily through the balanced flow of Ki; however, the physiological effects of massage are also evident.

Although the Shiatsu therapist manipulates joints, this does not include “adjustments” which remain the domain of the chiropractor. However, when Ki is balanced, reflexive soft tissue will relax along the spin and realignment often takes place.

In addition to the balancing of Ki in the meridians of traditional Eastern medicine, the effects of Shiatsu include the following:

- Increased blood circulation to the tissues results in increased oxygen and nutrients and increased removal of metabolic wastes.
- The autonomic nervous system is balanced, especially the parasympathetic branch, resulting in improved digestive processes, decreased heart rate and blood pressure.
- The function of the skin and related glands is improved.
- There is improved joint mobility and increased range of motion.
- Reflexive neural stimulation promotes improved endocrine function and homeostasis.
- General relaxation occurs along with a reduction of nervous tension and related psychological disturbances.
- Shiatsu improves the body’s vital force increasing resistance to illness and improving well being.