

drug for a long time (e.g. antibiotics, hormones, pain killers). Furthermore, the skeletal muscles atrophy when inactivity and poor motor function continue over a long period, the blood vessels become constricted, and response to stimulation slows down even more.

When the body can no longer respond normally to stimulation, naturally the response to viruses and germs also diminishes and a person becomes more susceptible to disease. This, in other words, is a decline in resistance and healing power. Conversely, when life functions are vital and strong, the body responds vigorously to stimulation. From an Oriental medical perspective, determining deficiency or excess is gauging whether the body responds well or poorly to stimulation. Tonification and dispersion is the principle for treating abnormal degrees of deficiency or excess. The essential components of this treatment process are "organism," "stimulation," and "vitalization."

We must consider, from an etiological perspective, why the body becomes unresponsive to stimulation. There are countless reasons in addition to the aforementioned dependence on drugs and lack of exercise, such as stress (psychological and physical), poor diet (overeating, overconsumption of alcohol, junk food) and environmental pollution.

When a patient has a stubborn disease like cancer, I believe that their life had been subject to these above mentioned negative influences. As a result, they have developed a body that is unresponsive to stimulation, and this creates the equation – decline in resistance and healing power equals decreased immunity and activation of cancer cells. I imagine that there are two patterns of contracting cancer. The first type is decreased immunity from lack of exercise, overuse of drugs, and an unbalanced diet from childhood, which then triggers cancer during menopause or aging. The second type has a healthy lifestyle in childhood, but cancer is contracted when immunity is compromised after becoming an adult due to overwork, chronic stress, and an unbalanced diet. The first type has developed a cancer-prone constitution in childhood, so they are hard to cure. It seems, however, that the predisposition to cancer was created later in life with the second type, so it's not so hard to cure if their lifestyle is improved.

Considering the above predispositions, in the case of this cancer patient, even though she has a major handicap from her upbringing, she has not lost the battle with cancer because she has been consistently receiving whole-body moxibustion treatments and her normal cells have been continuously activated. Thus the components of "organism," "stimulation," and "vitalization" have been linked repeatedly. I believe life continues as long as these components are linked. And moreover, when this process of connection (responsiveness) gains momentum and stabilizes, coexistence with cancer or even complete remission is possible. Acupuncture and moxibustion are more than enough to link the "organism" with "stimulation," and "vitalization," and I sincerely believe that there is nothing that compares to these. In addition to acupuncture and moxibustion, I believe that the administration of the Maruyama vaccine has had an incredible effect in directly inhibiting cancer in this patient. Even though the cancer had spread throughout her body, some of the tumors have shrunk and others have been kept from growing out of control. I intuitively sense that the Maruyama vaccine has a stimulating effect on the organism that vitalizes the immune system. I am grateful to Heaven's dispensation that I have discovered the Maruyama vaccine along with acupuncture and moxibustion.

*Translated by Stephen Brown*

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## Eighth Annual Seitai Shinpo Seminar

by Beth Chapman Hood

After a year spent furthering his own practical research, Daichi Sorimachi Sensei made a return visit from Japan to lead the 8th Annual Seitai Shinpo Seminar. It was held October 25, 27, 28, 29, 31, and November 1, in Kailua-Kona, Hawaii. Sensei's main focus this time was to help us hone our basic Seitai Shinpo Treatment. (For more on the theory and basic practice of Seitai Shinpo, see *NAJOM*, July 2002, March 2003, November 2005). Three days were devoted to beginners and three days to advanced students, with over 300 hours of instruction in total.

One of Sensei's simplest, yet most profound messages this year was that going through the motions of the basic treatment is not enough. We must use our finger to detect the points and insert the needle precisely. Repeatedly throughout the seminar, we heard the phrase: "insert the needle to the point." If you are not obtaining good results from the basic Seitai Shinpo Treatment, your needle may not be reaching the point and you need to look at your point location, your needle length and gauge.

After following the basic protocol with the patient lying prone, and treating points on the lower and upper body, the patient is asked to sit up, so that the practitioner can assess what pain remains. Before any extra points are treated, the necessary basic points are needled again, often with a bigger gauge needle. We witnessed patient after patient report that 80 to 100 percent of the pain disappeared with the basic treatment alone; occasionally, the basic acupuncture points were needled twice to reach precisely where the point was activated and the muscle released.

Another focus of the workshop was the precise location of points. We palpated and located the basic points on the back and Sensei corrected us. Basic point location is achieved with the tip of your finger – and it rarely matches patterns outlined on paper, which are based on healthy bodies. In a body that is out of balance, point location will vary as a reflection of that imbalance.

Upon observation, the body is constantly reflecting the original problem, these reflections appear on the back as *kori*, or areas of rigidity and hardness. When a *kori* is needled correctly,

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This seminar was very informative and I am extremely grateful to Sofimachi Senesi for all the treasures he shared with us. I am also grateful to Dr. Makikawa Chieko for her translation during the seminar and for her transla-

- 5. Bipolar disorder can also be treated with basic Seital Shimpō Treatment, which draws the two poles of form and depression closer and closer, so the swinging from one to the other is less drastic.
- We were also instructed to press the Governing Vessel acupoint below each vertebral and apply moxa to any area of tenderness. A person with many tender areas along this line often has an emotional component to their illness.

4. Sotimachis Senesel will treat children as young as seven or eight with the basic Seeti Shimpoo treatment. In the classics, children less than six years old are called "children of god," and the younger the child, the more they are protected. Senesel explained that most on GV-12 and GV-4 can be very effective for treating any child under 6 years old.

3. Senses will treat a pregnant woman with complete treatment from the beginning of pregnancy until after childbirth. This treatment allows the structure to move more easily, accommodates the baby's growth. When the woman's abdomen is too large for her to be comfortable in a prone position, she can sit for a long time and upper segments of the treatment using moxa on CV-12 and TB-4 in the Saawada technique and power and support to the birth of a healthy baby.

22. There are currently no contraindications for Setai Shimpou. There are a number of illnesses which Sennsei has no clinical experience with, including multiple sclerosis and autism.

Soulder pain at night, or any symptoms that appear only at night, are usually due to a problem in the back, as the patient is lying down. This can be addressed using basic Seital Shimpou Treatment. If, after four or five basic Seital Shimpou treatments, there is no improve-  
ment, suspect that a deep Yin sickness such as cancer may have invaded, and refer the patient to their medical doctor.

Some new insights:

Answers to a few special questions revealed

Furthermore, on the subject of proper needling depth and stimulation, Sotimachi Senesi and Dr. Makawa (see below) warned agamist overdosising the patient, especially on the first treatment, they say, even if you can, or the patient may become very tired. An 80-percent improvement is fine for the first treatment. Don't take away all the pain at the first treatment, especially on the first treatment. Don't take away all the pain at the first treatment, they say, even if you can, or the patient may become very tired. An 80-percent improvement is fine for the first treatment. The patient will be surprised and satisfied by this improvement and will leave feeling better. Any greater degree of structural change applies. Any greater degree of structural change requires all the internal organs to shift the spine. This internal shifting can be upsetting to the patient. This internal shifting can be taken slowly. Allowing three treatments to reach a 100-percent improvement is this will correct the imbalance and provide greater comfort for the patient.

Collowing laterally along the transverse processes and heeding overthe joint where the transverse processes and the Standard Setai point are passed and released and the bone is most effective. In Sot-ocatation is always on top of the bone. In Sot-ocatation is always on top of the bone. In Sot-



Regardless of the question of appropriate needle length, you can start by using a #2 needle the first day; in each subsequent visit with the patient, you can increase the gauge and length. Many acupuncturists are afraid of puncturing the lungs or other organs when using a long needle, you can increase the gauge and length. The lungs are far away when the practitioner makes the correct point location. The Standard Seated Point location is achieved by finding the depression below each spinous process of the vertebra.

The Standard Serial Point Location, especially

Why is Small Intestine Shu so important in the basic Seated Shimpoo Treatment? The smart hunter judges how tired an animal is by examining its footprints. The tarsal bones of the foot separate when an animal gets tired. Thus an animal's footprint will be wider when it is tired and narrower when it is energized. This happens to humans as well. The seven tarsal bones in the human feet are called tibia and fibula, separate when the upper arm separates from the lower arm. A person becomes fatigued in the upper body when these spaces widen between the eight carpal bones (scaphoid, lunate, triquetrum, pisiform, trapezoid, capitate, and hamate). As these spaces widen, the level of discomfort or pain in that area increases. When a person's energy returns, the spaces decrease in size and the pain diminishes.

Although this year's seminar focused on neck and shoulder treatments, we began with a review of lower body treatment, since "to reach the top we have to start at the bottom." The entire spine rests upon the pelvis, sacrum, and lumbar vertebrae. When this area is out of balance, any changes made in the upper portion will be only temporary. As an example, one of our participants experienced too much relief after a few hours, the pain began to recur. Sensation in an upper body treatment for her shoulder. An hour later, the pain began to reappear. In this case, the most important factor was the patient's long-term results. She would experience more long-term results if she explained that after treatment of her lower body, she had to move to the next level of treatment.

The most important factor in these lower points in correlation with the sacroiliac joint is the small intestine Shu (BL-27). In the sacroiliac junction, we use the Sawaishi style location for Small Intestine Shu (BL-27: 27).

At the top of the sacroiliac joint, we use the Sawaishi style location for Small Intestine Shu (BL-27: 27).

With a left-sided secondary bias, the left side alone, and treated this patient on the scapula, Senei focused his point location along the right. To release this tightness along the right, he had to move much thicker simply looking at the muscle structure; it was clear that the left side was much tighter than the right. The left side was much tighter than the right, and the left side alone, and treated this patient on the scapula, Senei focused his point location along the right. To release this tightness along the right, he had to move much thicker simply looking at the muscle structure; it was clear that the left side was much tighter than the right.