# Introduction to Seitai Shinpo (2)

*by Sorimachi Dai-ichi*

## Integration of Sotai & Taikyoku Therapy

When we look into the nature of Japanese acupuncture, you will find that it consists of many different styles such as the Sawada style which has become very popular among Japanese acupuncturists, the Meridian Therapy style which is mainly based on the pulse diagnosis, the modern medicine style, the Hinaishin (intradermal) acupuncture style, the Jingei Myakushin (carotid pulse diagnosis) style which uses the pulse diagnosis on the common carotid artery, the Eight Extraordinary Meridians style, the Special Effects Points style and so on. Among those styles, I learned the Sawada style and later combined it with Sotai, a system of structural integration that started a new acupuncture system called Seitai Shinpo.

The Sawada style of moxibustion and acupuncture is also known as Taikyoku Therapy. Its strategy focuses on harmonizing Five-zang and Six-fu organs. In this system, the acupuncturist should determine which organ is responsible for each symptom and its relationship to the other organs. In this way, the acupuncturist can treat his patient as a whole. Taikyoku Therapy is also based on the Oriental concept of Triple Burners, which consists of Upper, Middle, and Lower Burner. Each one of them is regarded as a sort of heat generator which maintains the vital activity of the human body.

In Taikyoku Therapy there are some standard points which are frequently used. These include CV-12, TB-4, ST-36, KI-6, TB-15, GV-12, BL-15, BL-18, BL-20, BL-23, BL-25, BL-32, and LI-10.

When I used these standard points in my treatments, I noticed something interesting. The structural distortions in the patient's body started to correct itself. I also noticed that when a patient has a structural distortion, these standard points tend to be reactive. You may think that the number of standard points used in Taikyoku Therapy are too many. But I feel that some of the standard points distant from the local symptomatic area can also be reactive. This results in adding more points. For example, if a patient has low back pain, he often has reactive points at BL-18, BL-15, and BL-43.

While I was studying Sawada's Taikyoku Therapy, I also had the opportunity to study Sotai with Dr. Hashimoto. In Sotai four aspects to health are emphasized. They are breath, diet, movement, and thought. Each one of these aspects is vital to sustain human life and harmonious relationships with others.

I believe that the most practitioners in the United States apply the aspect of movement in doing Sotai, which I still do occasionally. The purpose of Sotai movements is to correct structural distortion. For example, when you have shoulder pain or a headache, you can test the mobility of the torso by rotating it right and then left. You may find that the rotation in one direction is more awkward than in the other. (You can perform this test sitting on a chair by yourself.) When you do a corrective movement so that you can rotate your torso both right and left in the same manner (where no difference is felt), you will find that the symptoms disappear.

When I look into the structural integration of the body, I realize that the mass of the muscles in the lower part of the body (from the gluteal muscles down to the calf muscles) have a great effect on the condition of the lower back and the upper part of the body. I feel that this connection between the muscles is more potent than that of acupuncture points, and then it is obvious that distortions in the connectivity (integration) of muscles can seriously impact one's health. This dynamic muscular integration shows that one area of the body can affect another area distant from it. For example, the gluteal region can affect the scapular region. This relationship is derived from the spine's connectivity, in which the upper part of the sacrum closely relates to the fourth thoracic vertebra. Thus the scapular region next to the fourth thoracic vertebra and the gluteal region adjacent to the upper sacrum are related. Accordingly, distortions in the sacral area can have a negative influence on the fourth thoracic vertebra which may eventually lead to heart or lung problems.

In Sotai the movement of the body is analyzed in order to find and correct these distortions. All movements should be around the vertical axis. These movements to find abnormalities can be done actively (by the patient) or passively (by the therapist). You may find an abnormality in an area which is distant from the area where the patient has a symptom. This phenomenon is understandable when we consider the interrelationships and structural integration of the body. With this concept of structural integration, I came up with the idea of treating structural distortions using acupuncture. Most people have structural distortions yet the cause of these distortions is rarely apparent.

## People with Illness Have More Distortions

Let me take breast cancer for example. If the cause of breast cancer is merely due to an internal pathological problem, why does it not occur in both breasts? The fact is that it usually occurs on one side only. Why is this? There should be more cases of breast cancer occurring in both breasts. I speculate that one side has some sort of functional weakness and is more susceptible to cancer than the other side. When we examine the back of a patient with back pain, and compare the right and left side, we often find that one side gives him more pain than the other. (There are, of course, some cases where the pain is experienced equally on both sides.) The side with more pain shows muscular contraction, poor mobility, decreased sensitivity, and poor blood circulation. The side that is more abnormal than the other is naturally more prone to cancer. Structural distortion causes localized functional disturbances which in turn creates symptoms and this can eventually lead to serious illness.

There are no detailed descriptions about the body's structural distortions in the acupuncture classics. Be that as it may, chronic muscular tension caused by structural distortions can affect the whole body. Analyzing this broad phenomenon of structural distortions by focusing only on localized acupuncture points does not give us a complete picture of the body.

When a patient is not well or is mentally unstable, his breathing becomes shallow. This also happens when he has a structural distortion of his body. Once the distortion is corrected, his breathing becomes deeper and he begins to feel fine once again. In this way, structural distortions have a direct bearing on many functions like that of a patient's breathing.

When you observe a patient's spine from the side, you sometimes notice that his cervical and thoracic spine has a normal curve yet lumbar spine is too straight with an absence of physiological lordosis. In such a structure, he often has flat gluteous muscles. Normal gluteous muscles should be neither flat nor stiff and should have some resilience. As I mentioned before, the gluteal region is influenced by the upper sacrum. A distortion in the upper sacrum can also have a negative influence on the fourth thoracic vertebra, which can cause heart or lung problems. There are two key acupuncture points superior to the sacroiliac joint: they are BL-27 and BL-25. According to Oriental medical theory, BL-27 is Back Shu point of the Small Intestine, which is related to the Heart. Likewise BL-25 is the Back Shu point of the Large Intestine, which is related to the Lung. This is how the sacrum and upper back are related to each other. There are lots of distal relationships like this in the body.

In the hip joint, the angle between the shaft and the femoral neck is between 120 and



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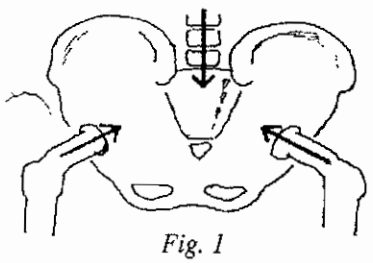


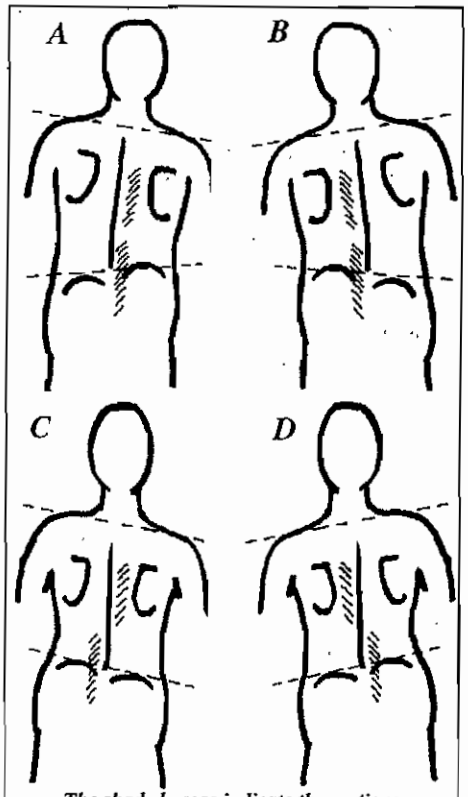
*Fig. 1*

130 degrees. The lumbar vertebrae sits vertically on the sacrum. On top of the spinal column sits the heavy skull. The sacrum is bearing the entire weight of the skull as well as the upper part of the body. In order to support all this weight, the sacrum needs to have a solid foundation. This foundation is the hip joints and the femurs. The hip joint is protected by the pelvis, which is composed of big bones attached to the sacrum by ligaments. The soles of the feet bear the entire weight of the human body. At the same time, the force of gravity is transferred upwards towards the center of the body. When we are standing, all the force of gravity converges on one area: the ligaments connecting the pelvis and sacrum.

The distortion of this connection point affects a remote area away from this point. The joint between the sacrum and the ilium is called the sacroiliac joint. Some believe that th at has no movement. Is this true? I think that this joint moves when we walk and even when we breathe. Deep breathing engaging the abdominal wall makes the body relaxed and balanced. I think that this happens due to the adjustment of the sacroiliac joint, which allows the sacrum to go back to its normal position. Based on this assumption, I can easily explain why Seitai Shinpo is effective for many problems. In the case of low back pain, the reactive points are often found on the sacral area. If the low back pain is acute, one or two insertions into those reactive points will take care of the pain. The sacral area is related not only to low back pain, but also to fatigue, headaches, eye problems and blood pressure.

## Treatment Strategy of Seitai Shinpo

In treating the lower back and buttocks, I observe the hip joint, hip bone and sacrum from the back as well as from the side to get all the angles. If you look at those areas while the patient is walking, you may notice that the pelvis and the sacrum move subtly in relation to each other to maintain a harmony. In Seitai Shinpo a unique diagnosis of movement is performed before the tr nt. Please refer to my previous article (I uction to Seitai Shinpo: ***NAJOM*** Vol. 9 No. 25, page 12) for details. I shall summarize the concept of Seitai Shinpo below:




***The shaded areas indicate the sections that require treatment***

***Fig. 2 Four basic patterns of displacement between the right and left***

Our low back bears the weight of our upper body, and at the same time it also receives the counter-gravitational force through both legs and the hip joints, which creates our center of gravity. When this center of the gravity displaces (usually upwards), you can tell that there is an imbalance between the upper and the lower halves of the body divided by the pelvis. Next, we can compare the height of the shoulders. The side that is contracted has indurations which require treatment. If you are not confident with performing this diagnosis, you can just ask the patient which side gives him more pain or discomfort. You can regard the side with more pain to be the side with the weight bias (the contracted side) and give your treatment. Please refer to my previous article (Introduction to Seitai Shinpo: ***NAJOM*** Vol. 9 No. 25, page 13) for treatment strategy.

When you observe a patient's body in motion, you may notice that he has some habitual and unbalanced ways of moving his body. This is caused by structural distortions of his body. These distortions areas aggravated when the center of gravity is displaced. In the Orient, they say that in order to be strong, one should focus his mind on the Seika Tanden (the area below the navel). When your mind is restless, the center of gravity shifts upward away from the Seika Tanden. When this happens, the mind is unstable and breathing becomes shallow. You can also find a distinct reaction in the solar plexus, and tenderness can be palpated on the temporal region of the head. The above is the example of the displacement of the center of gravity between the upper and lower halves of the body. There is also a displacement between the front and back. The most significant displacement for one's health, however, is the one between the right and left.

There are four basic patterns of displacement between the right and left: A, B, C, and D. (Fig. 2) As you can see in the figures, the side with an elevated pelvis (iliac up) is the side with the primary weight bias and the side with the depressed shoulder (shoulder down) is the side with the secondary weight bias. Each patient can be classified into one of four patterns. Once you find out which pattern your patient has, you can proceed with the prescribed treatment according to the pattern and the result will be promising. Once you become proficient in this method, you can expand your treatment strategy by adding "special effect points." As I explained in my previous article, in order to take care of the symptoms in the upper part of the body, standard points on the side of the secondary weight bias should be treated. Likewise, to treat symptoms in the lower part of the body, points on the side of the primary weight bias needs to be addressed.

I assume that most practitioners treat pain or numbness in the arm by using points along the nerves or along the course of meridians. I wonder if these approaches bring satisfactory results. Both the practitioner and the patient will be satisfied with the results if the standard points on the side of the secondary weight bias are treated first and local points on the arms are treated afterward as a supplemental treatment. Moreover, the result will be even better if you also treat points on the low back on the side with the primary weight bias. You will find that the line of these treatment points resembles the course of tendo-muscular meridians described in ***Ling Shu***. Although not too much attention has been paid to tendo-muscular meridians, this could be an invaluable system in the treatment of pain. One half of our body weight is skeletal muscles, and this alone makes this system worth examining. I would like to explain more about this in my next workshop.

*Translated by Takahashi Hideo*

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