

Introduction to Seitai Shinpo

by Sorimachi Dai-ichi

Some of you who are reading this article may be resting your chin on your hands, or sitting with your legs crossed, or even leaning back in a chair with your legs stretched out on the desk in front of you. All these body postures are expressions that originate from distortions in the body. Could such distortions perpetuated over a long period of time cause disease? While practicing traditional acupuncture, I have found that distortions in the body actually do cause disease and can even affect one's mental state.

Acupuncture is thought to have originated in China, with its ideological foundations rooted in the principles of Yin-Yang and Five Phases. Oriental medicine (which was once discredited) in Japan has gradually regained respect from about the middle of the Twentieth Century when many acupuncture organizations started to form. When surveying the literature on acupuncture, I found many articles on the relationship of acupuncture to Yin-Yang and the Five Phases. Most, however, fail to explain how acupuncture treatment is actually connected to Yin-Yang and the Five Phases. This is to be expected. Yin-Yang and the Five Phases are both abstract concepts but different. From another perspective, there is no medical explanation of what exactly Qi, Blood, Ying, and Wei are. Practitioners generally acquire a feeling for these things over time in their practice, but it takes many years to develop it. There must be a simpler approach that could be available to all practitioners, even if we may have to temporarily set aside the ideological foundations of Oriental medicine. Likewise the world could be united by the love of mankind, if only we could set aside ideological differences.

The inspiration behind the creation of Seitai Shinpo came from Sotai, a system of structural integration developed by Hashimoto Keizo M.D. In order to restore the integrity of the body, Dr. Hashimoto emphasized that the four aspects of breath, diet, movement, and thinking needed to be addressed. Within my practice, I have been able to confirm how addressing the movement aspect with acupuncture could restore structural alignment. I have also discovered that physical complaints can be resolved by restoring structural alignment in a patient's body.

As all acupuncturists know, there is no such concept as structural alignment or distortion in traditional acupuncture. There is nothing about alignment in classical texts, nor has a

systematic approach for correcting distortions been published. Traditional etiology defines internal and external factors. These are broad categories, and each category is responsible for roughly half of all diseases.

The external pathogenic factors are environmental conditions such as wind, cold, heat, damp, and dryness. If such factors were really responsible for most diseases, then there should be far fewer diseases in places like Hawaii with a pleasantly warm climate year round. This, however, is not true.

Most acupuncturists have sought approaches to treating illness without critically examining such traditional theories. There are many approaches to treatment, such as local treatment, distal treatment, and contralateral treatment and those of us who have been practicing for some time are well aware of the limits of these approaches. I have found, as already mentioned, that our various postures and movements are related to distortions in our body. If we were to consider every possible movement in our body, we might even say that flexing a knee or twisting a finger to be a distortion. If we were to note all such minor reversible movements as distortions, however, we would only have a conglomeration of physical phenomena and would not lead to a treatment system. We must see through these numerous and varied phenomena to grasp at the basic cause behind our movement patterns.

How then can we understand distortions? The essential thing here is to determine if there are distortions or misalignments in the axial spine and pelvis. Human beings live and move about throughout their lives within the pull of gravity and hence the center of gravity becomes an issue as we all have to live on earth, not in a place of weightlessness. The following centers of gravity are created when a human being stands:

1. The center of gravity between front and back
2. The center of gravity between top and bottom
3. The center of gravity between right and left

When any one of these become abnormal (and remains so for a time) one's physical condition is compromised. The normal range for these centers of gravity is strictly a matter of each individual's threshold of balance. The most important of these 3 centers of gravity is the last: the balance between the right and left sides. Why? People use their legs to get around. But you might say that we move our legs in a front to back direction when we walk, however after you take a step forward, the opposite foot begins to lift off the ground. And so our weight must shift

from side to side. People may not be generally that their center of gravity deviates somewhat to the right or left. In this way one side is subject to greater stress as one moves about.

(1) When the center of gravity is displaced to the front or back, the lumbar spine becomes straight as viewed from the side (loss of lordosis). With this posture the weight shifts on to either the toes or the heels.

(2) When the center of gravity is displaced toward the top or bottom, there is a stifling sensation in the chest region and one's breath becomes shallow. A person with this posture tends to become depressed or have respiratory problems such as asthma.

Along with the above types of displaced centers of gravity, most patients have a right to left imbalance. Treating this imbalance will usually alleviate the other two imbalances.

Therefore when looking for imbalances or displaced centers of gravity, we should focus on the lumbar (lumbar vertebrae, sacrum, and pelvis) and thoracic regions. I am not the first to advocate such an approach. This has been the practice in chiropractic as well as Seitai Jyutsu (a Japanese school of structural adjustment). My approach, however, is the first to use acupuncture to correct such distortions. Thus Seitai Shinpo is an acupuncture technique which uses acupuncture and moxibustion to correct structural distortions in the body to cure diseases. How then do we identify such distortions?

(3) As stated, the displacement of the center of gravity to the right or left is the most important. For this, examine the iliac crest with the patient prone to see which side is higher (Fig. 1). Next, compare the height of

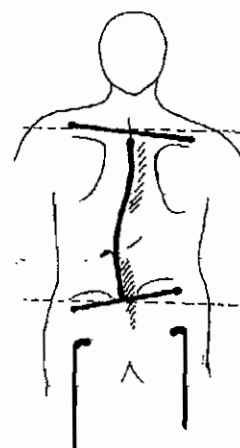


Fig. 1 distortion in structural alignment

the shoulders with the patient seated or standing. Is the right shoulder lower than the left, or is the left shoulder lower than the right? The relative positions of the iliac crests and the shoulders are compared in order to determine if the paraspinal muscles are more contracted on one side of the back. The side that is contracted or compressed is the side with kori (rigidity and hardness in muscle tissue). When kori forms predominantly on the right side of the spine, it not only causes low back pain and other problems on the right, but also leads to

right-sided problems in the leg and shoulder. The side on which the iliac crest is raised and the muscles are contracted is usually the dominant side or the side of the axial leg. In other words, it is easier to put weight on that side, so it is the weight bearing (contracted) side.

The postural habits I referred to at the beginning of this article, such as leaning on one elbow, occur because the back is contracted on one side and it is easier and more comfortable to lean toward that side. There are four basic distortion patterns when the above mentioned imbalances in the pelvis and shoulders are combined (Fig. 2)

1. Right iliac up and right shoulder down (right contracted)
2. Left iliac up and left shoulder down (left contracted)
3. Right iliac is up and left shoulder is down (lower right contracted/upper left contracted)
4. Left iliac is up and right shoulder is down (lower left contracted/upper right contracted)

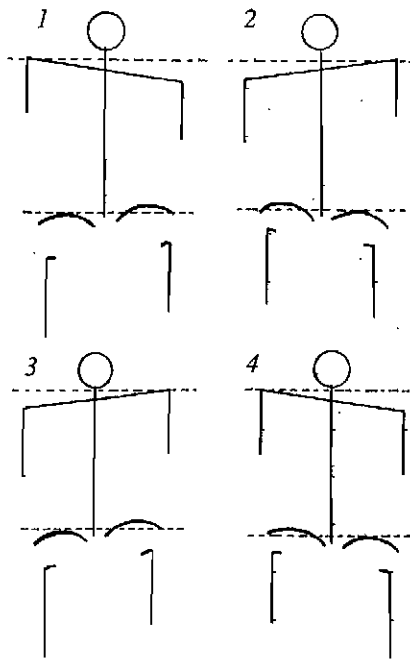


Fig. 2 Four basic distortion patterns

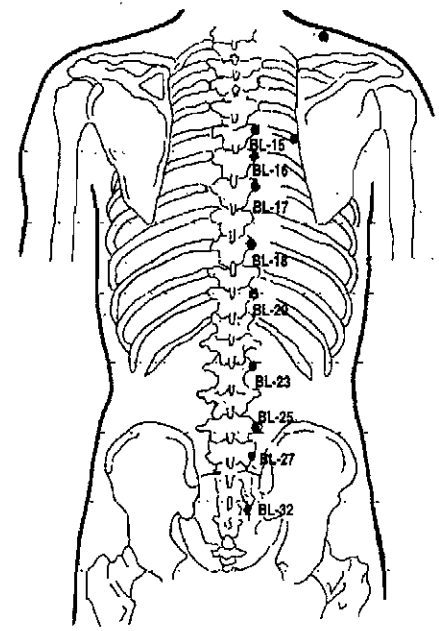


Fig. 3 Standard treatment points

To keep things simple for the sake of clinical practice, the side with the elevated pelvis (iliac up) is called the primary weight bias, and the side with the depressed shoulder (shoulder down) is called the secondary weight bias. Taking the first distortion pattern listed above, for example, the right side both the primary and the secondary weight bias.

You might be surprised to learn that almost all diseases can be treated as one of these four basic distortion patterns. You might even be a bit dubious, but one can in fact deal with most all physical problems using this simple approach. When I began studying traditional acupuncture over thirty years ago, acupuncture was mostly a matter of using meridians and points to normalize the pulse or to balance Ying (nutritive) Qi and Wei (defensive) Qi. All other approaches were considered to be heresy. But then I studied Sotai Therapy with Hashimoto Keizo M.D. I found that doing Sotai along with acupuncture and moxibustion improved alignment and posture in almost all patients as they became well. This concept of structural alignment did not exist in traditional acupuncture. Had no acupuncturist come across this concept before? In any case, I started down the road of seeking ways to improve structural alignment using acupuncture and moxibustion. I am still amazed at how this method of acupuncture works immediately for idiopathic low back pain.

Once you understand about the side with the primary weight bias and the side with the secondary weight bias, you are ready to

learn the standard treatment points. (Fig. 3) The points used to treat the primary weight bias (lumbar area) are Bladder meridian points below BL-20. The points used to treat the secondary weight bias (upper back) are Bladder meridian points above BL-18. Thus the treatment points for a patient with the distortion of right iliac up and left shoulder down are BL-20, 23, 25, 27, and 32 on the right for the lumbar area. The treatment points for the upper back are BL-18, 17, 15, and 43, as well as TB-15 on the left. The above points are the standard treatment points for the contracted side, but what about the opposite side? The rule of thumb for the opposite side is to needle at a ratio of about 2 to 1 of the contracted side. For the above patient, for example, treat the same lumbar points on the less contracted (left) side using a thinner needle (by one gauge or 0.02mm) leave BL-27 out. For the upper back treatment also, the same points can be needled on the less contracted (right) side with a thinner needle leaving BL-18 out. This rule of using roughly a 2 to 1 ratio of stimulation should be borne in mind. *Ignore for now.*

So how does this work in actual practice? Back when I first started developing Seitai Shinpo, I treated a patient with chronic headaches. I needled BL-18, 15, and 43 successively, and when I began to insert a needle in TB-15 the patient said, "Sensei, my headache is gone!" This was without treating any points on the neck or head. I treated another patient with frozen shoulders. As I was doing the examination and having the patient move his arm to check its range of motion, I noticed that there was a

large oblong lump in his paraspinal muscles above BL-18 on the affected side. The movement in his arm became freer after I carefully needled and applied moxibustion on point in this area. Thus even though the symptom or disease was completely different, the same points successfully resolved the problem. The only thing in common in these two cases is that the symptoms were in the upper body. Through such clinical experiences, I found out that whenever the problem was in the upper body, the standard points listed above always show a reaction. What about problems in the lower half of the body? Low back pain, of course, can be treated successfully using the standard points on the contracted side. Other problems in the leg, including sciatica and knee pain, present reactions in the lumbar points on the contracted side. Treating these points will also resolve problems in the leg.

What does this all mean? Does this not suggest a different perspective from the treatment of meridians? There may be some small correspondence with Tendino-muscular meridians, and about half of my standard treatment points correspond to standard acupuncture points. These, however, are minor details. In terms of the overall approach to treatment, this is an entirely new system. I therefore named this approach Seitai Shinpo (Body Alignment Needling Method) and published my findings.

I said earlier that I use acupuncture points to restore alignment in the body, but specific points must be used to achieve this effect. When there is idiopathic low back pain, you