

Shakuju Therapy Seminar (Part 2): Clinical Application

by Robert Gracey

Introduction

Junji Mizutani Sensei asked me to write a continuation article on the Shakuju Therapy seminar held this past summer (August 2008) with emphasis on treatment application. Accordingly, I am pleased to present a case study that includes a treatment by Shoji Kobayashi Sensei at the Shakuju Therapy (SJT) seminar held at the New England School of Acupuncture (NESA) in Newton, Massachusetts. I have also summarized a supplementary treatment I learned at this seminar and now use in my clinical practice.

Please refer to Dr. Cynthia Quattro's article (Shakuju Therapy Seminar, *NAJOM*, Volume 15, Number 44 [2008, November], pp. 46–48) for background concerning this seminar, including relevant SJT diagnostic and treatment protocols.

This SJT seminar was the seventh I have attended, in both the U.S. and Japan. The seminar series started in Boston, MA in August 2004, where Kobayashi Sensei taught his style of Japanese acupuncture to a core group of nine students. I was greatly impressed by Sensei's knowledge and passion, as well as that of his students, Hara Osamu and Kato Minoru, masters in their own right. All three generously offered enlightening instruction, clinical experience, and support in practicing SJT.

At his clinic in Japan, I watched Sensei methodically rotate among patients every 15 minutes, performing treatments with focused intention, a gentle touch, and warm demeanor. He treated people of all ages and conditions. Also, he set aside ample time to answer my questions. These experiences have enabled me to better imbibe the subtle qualities of focused intention and gain a deeper understanding of healing in action.

SJT Seminar:

Clinical Treatment: Shakuju Therapy Overview

Simply stated, the core concept in SJT is that disease or disharmony stems from fundamental deficiency or cold, referred to as *hie*. This cold or *hie* can be described as a state of imbalance which causes a deficiency of Essential (*Jing*) Qi. This state of imbalance eventually leads to manifestation

of disease that includes patient symptoms and the main complaint for their reason in seeking acupuncture treatment. See Exhibit A for details of the Essential Qi Curve.

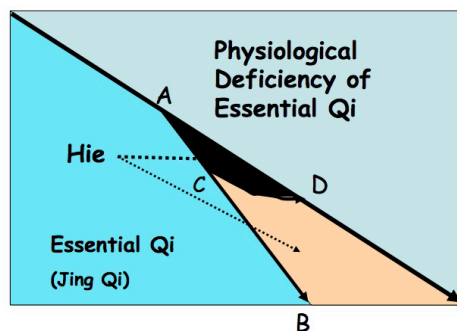


Exhibit A: ESSENTIAL QI CURVE

The manifestation of this imbalance is depicted by congestion or stagnation of qi and blood which is termed *shakuju*, or “accumulations (*shaku*—deeper)” and “gatherings (*ju*—more superficial).” Diagnostically, the *shakuju* pattern is primarily determined from areas of hardness, pulsations and discomfort/pain on the palpated abdomen. The deeper the congestion or *shaku*, the more complex or serious the disharmony. See Exhibit B for division of Abdominal Five Phase Zones.

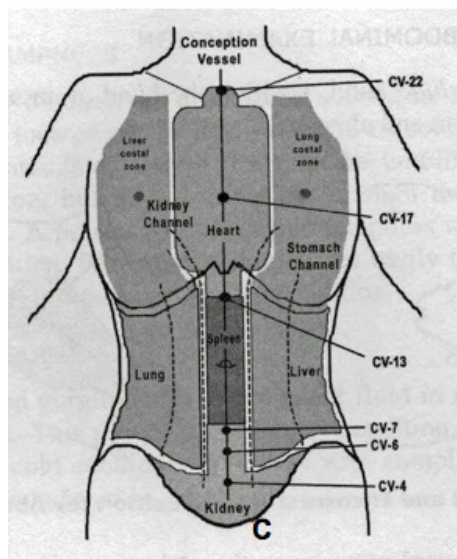


Exhibit B: Abdominal 5-Phase Zones

SJT treatment strives to correct the energetic imbalances by warming the cold in the body, or putting power into (tonifying) the *Jing* Qi. The treatment follows a series of systematic steps to both diagnose and treat the pattern of imbalance (*shaku*). It starts by working to correct the superficial imbalance, or *ju*, then moves deeper to rectify the core level of disharmony, or *shaku*. Diagnosis requires that the practitioner remain acutely aware and sensitive to past medical history and observational stimuli, ranging from such things as birth trauma to what the patient looks

like, to how he/she sounds and feels subjectively and objectively through palpation. Treatment entails a high degree of focused intention and connection between the practitioner's and patient's fundamental core energy or consciousness. By incorporating diagnostic information received, the practitioner catalytically stimulates the patient's systems into a state of progressive rebalancing, or the warming of the fundamental cold.

Treatment steps are briefly outlined below.

1. Observation and inquiry
2. Initial pulse analysis
3. Check reference points (supine position: inner leg region)
4. Contact needling of the abdomen
5. Pulse diagnosis and adjustment
6. Abdominal palpation and pattern diagnosis
7. Check reference points (prone position: primarily jaw, back, neck, legs and feet)
8. Contact needling of back
9. Treatment of back-shu points
10. Re-examination of the abdomen (palpating for positive changes)
11. Supplemental treatment (if needed)
12. Re-examination of pulses
13. Treatment of shoulder region (GB-21/TW-15 area) in seated position

SJT treatments use a single #3, 40mm SJ-type filiform needle with an oval shaped point that was designed and made for Kobayashi Sensei. This needle, with a relatively blunted point, is especially useful in SJT treatment, as it is better equipped to allow the practitioner painless assessment and stimulation in contact needling of individual acu-points in what is generally a non-insertive method. Treated back-shu points generally follow the outer/inner Bladder lines, the Huatuojiiaji lines (vertebral edge of the spine) and/or the Governing Vessel (GV) that are found in five element regions (see Exhibit C for division of Back Five-Element Zones). Treatment sequencing follows four forms that follow the creative cycle. All individual acu-points are treated on the

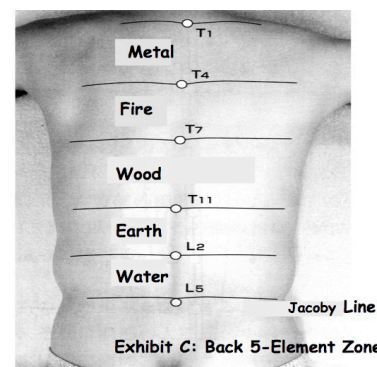


Exhibit C: Back 5-Element Zones

healthy or less reactive side (Steps 5, 8, 11 and 13 as shown above).

Sessions between treatments are typically scheduled a week apart to give the patient's systems time to adjust and build. Duration of treatment is generally determined by the depth or degree of cold (severity or chronicity of disease) and the constitutional strength and receptivity of the patient's systems. Receptivity, in this context and in my experience, means the degree to which the patient is open to treatment and advice, as well as their prior reception of energetic healing therapy. I find that patients who are motivated to get better and have been treated by acupuncture or other forms energetic healing tend to respond to treatment faster.

Seminar Structure Overview

The seminar was divided into lectures presented by Kobayashi Sensei, and practice and demonstration sessions. The seminar practicum was divided into small groups. These groups were led by several well-trained SJT practitioners from Japan and the U.S. The first two days of the seminar focused on morning lectures of the underlying theory of Shakuju Therapy and treatment strategy, with the afternoons were devoted to practice time.

Practice time always started with needling BL-40, and then moved through various stages of treatment. BL-40 needling is not your standard acupuncture needling; rather, it is built on focused intent and connection to the patient's energy. Since, Kobayashi Sensei's SJT needles have blunted ends, and the goal is for painless insertion, this exercise can be quite challenging. The needling exercise is designed to sharpen or keep sharp the practitioner's directed conscious awareness, so that the treatment outcome is optimal. In my experience, the best way to describe success in needling this point is to imagine that you are gently knocking on a door and asking for entry, and upon recognition of each other, the needle easily slides through the skin with no force or pain. Ultimately, this exercise is not just one of technique, but of the art of focused intention that brings about the desired result of painless insertion. You rely on all senses, including those easily seen and felt, but more importantly on those that are not. It is about intent and at the same time letting go of that intent. This exercise is probably one of the single most important exercises that I have found for honing my acupuncture treatment skills.

The third day of the five-day seminar series was devoted to clinical treatment of patients. Kobayashi Sensei personally treated several individuals who were either patients or acquaintances of practitioners attending the seminar.

Case Study and Class Demonstration Treatment

The following is a summarization of Shakuju Therapy treatments given to a patient at my private practice and a class demonstration treatment of the same patient by Kobayashi Sensei during the third day of the seminar. Below is a presentation of the patient's pertinent health inventory (from an initial intake dated 7/1/08), a summary of my treatments prior to Kobayashi Sensei's treatment, Sensei's treatment, and closing remarks.

Background Information

Patient's age/gender: 59/F

Description: Business owner; single/divorced

Overall Health: Fair; Body Mass Index (BMI): 46 = obese

Exercise: Limited to none because of health issues

Main Complaint (MC)

Cluster-migraine headaches: 1x/week, lasting 3± days. Location varies from frontal (bladder (BL) and gallbladder (GB) channels), temporal (BL, GB and triple warmer (TW) channels) and/or occipital (GB channel). Episodes occur at no particular time of day. Pain is debilitating; patient cannot leave home and is usually bedridden. Symptoms include: pain described as excruciatingly intense, nausea, nasal congestion, extreme fatigue, flashing lights, spots and zigzag lines. Patient feels they are stress induced. Onset was on 3/2008. Past hx: migraines at 19 y/o for 1-2 yrs.

Tried a number of medications with no positive lasting effects; some produced significant negative side effects.

Health History

Medication/herbs/vitamins: Multivitamin and mineral supplement, CoQ10, calcium, Cholest-Off for cholesterol reduction, resveratrol for lowering blood sugar, fish/cod liver oil, Celexa (Citalopram hydrobromide) for depression, trazadone primarily for insomnia (also targets depression and anxiety), Xanax (Alprazolam) for anxiety, Librax (Chlordiazepoxide hydrochloride & Clidinium bromide) for IBS/spastic colon, Darvocet-N (Propoxyphene napsylate and Acetaminophen) and Percocet (acetaminophen and oxycodone) for cluster-migraine pain.

Hospitalizations, surgeries, injuries: 10/08: Varicose vein treatments for R and L legs; L leg: Venus procedure and R leg: conventional vein stripping; developed serious subsequent MRSA cellulitis in inner L leg superior to knee (Liver (LV) channel area) treated by strong targeted antibiotic regimen (vancomycin and 2 unknown

others). 1987: automobile accident → neck and back whiplash and bilateral knee injury (patellar dislocation) with torn lateral leg and quadriceps muscles; extensive nerve damage.

Allergies: Amoxicillin, soy.

Skin: Psoriasis concentrated on hands (knuckles), elbows and feet.

HEENT:

Head: see MC; other headaches include temporal (GB/TW channels) and frontal (BL/TW/GB channels) "like a tight band around the head," set off by stress; **Ears:** h/o earaches; **Nose:** h/o post-nasal drip.

Cardiovascular: Varicose veins in legs; cold feet; generally prone to cold.

Respiratory: H/o influenza, bronchitis and pneumonia.

Gastrointestinal: IBS with alternating constipation and loose stools, BMs 2-3x/day, abdominal cramping/stomach pain.

Genito-urinary: Frequency 6x/day, 1x nightly.

Ob-gyn, including LMP: 10 5/28; LMP: 48 y/o; flow was moderate to heavy with abdominal cramps, and clots; 2 pregnancies/2 births – normal deliveries.

Musculoskeletal: Past automobile accident (see injuries above); nothing recent.

Emotions: Post-traumatic stress disorder (PTSD) from near death experience with cellulitis; anxiety/panic attacks, and depression; past h/o childhood emotional/physical abuse.

Energy: Erratic – ↑ ↓ ; mostly low (can't get out of bed) after nights of little or no sleep.

Sleep: Often poor; takes medication for insomnia.

Diet: Fair; not well balanced; 6-8 glasses or more of water consumption.

Substance abuse: Cigarette smoker 43 years, 1 pack/day, stopped 2x for periods of 4 and 9 yrs., no smoking since 10/07.

Diagnosis and Treatment

The following diagnosis and treatment sequencing is a summarization. While not comprehensive, it does not exclude any of the data collected during patient examination or treatment steps as previously described or found in other referenced articles or Kobayashi Sensei's recently published book.

Treatment 1 (7/1/08)

Pulse: normal rate, yang positions superficial and toward excess, tense/wiry.

Abdominal/Hara: warm, pressure pain (PP) or *tsu-shaku* in LV, lung (LU), and heart (HT) quadrants.

Chosen Treatment: LV *shaku*, LU deficiency pattern.

Step 1: Abdominal contact needling.

Step 2: Pulse Adjustment: R pericardium (PC-7).

Step 3: Back contact needling.

Step 4: Treat back-shu points: LU Form #3 – metal (M), earth (E), wood (WD), fire (F).

Step 5: Supplemental treatment: R LR-4.

Step 6: R GB-21.

Treatment comments: Form #3 indicators: reactivity of reference points, MC and pulses; supplemental treatment was based on leftover reactivity after reexamination of the abdomen; all tender reference points either cleared or were much better; pulses were more even and consolidated; abdominal regions showed significant improvement (no or less PP). Patient reported feeling calm and more centered.

Treatment 2 (7/9/08)

Current Assessment (verbal check-in): No migraines or headaches since first treatment; digestion/GI: some alternating constipation and loose stools; emotions: anxious/stressed.

Pulse: Normal rate, kidney (KD) position deficient, tense/tight, slight yang excess.

Abdominal/Hara: Warm to slightly cool in KD area, PP or *tsu-shaku* in KD, LR, and HT quadrants.

Chosen treatment: KD *shaku* pattern.

Step 1: *Yintang*; lavender essential oil (EO).

Step 2: Abdominal contact needling.

Step 3: Pulse Adjustment: R PC-7.

Step 4: Back contact needling.

Step 5: Treat back-shu points: KD Form #3 – water (WA), M, E, F.

Step 6: Supplemental treatment: R LR-4.

Step 7: R GB-21.

Treatment comments: *Yintang* was treated as patient was feeling very anxious/stressed, lavender EO has a calming effect; Form #3 indicators: reactivity of reference points, MC and pulses; all tender reference points either cleared or were much better; pulses were more even and consolidated; abdominal regions were less reactive than last visit and showed significant improvement (no or less PP) after treatment.

Patient reported feeling calm (especially after treatment of *Yintang*), and more grounded and centered.

Treatment 3 (7/16/08)

Current Assessment (verbal check-in): No cluster migraines; one low-grade, frontal (GB channel) and temporal (GB/TW channels) headache occurred 2 days after the last treatment – took Darvocet for pain relief; subsequent low energy for 2 days and cold/clammy (damp/sticky); periodic post nasal drip; emotions: mostly good, anxiety was low and manageable; sleep: not as sound; BMs: stools well formed.

Pulse: Normal rate, LU position deficient, slightly tense/wiry.

Abdominal/Hara: Warm, PP or *tsu-shaku* in LU and LR quadrants.

Chosen Treatment: LU *shaku*, LR deficiency pattern.

Step 1: Abdominal contact needling.

Step 2: Pulse Adjustment: R PC-7.

Step 3: Back contact needling.

Step 4: Treat back-shu points: LR Form #3 – WD, WA M, E.

Step 6: L GB-21.

Treatment Comments: Form #3 indicators: reactivity of reference points, MC and pulses; all tender reference points either cleared or were much better; pulses were more even and consolidated; abdominal regions cleared of PP. Patient reported feeling more energized, grounded and centered.

Treatment 4 (7/23/08)

Current Assessment (verbal check-in): No cluster/migraines; low-grade, frontal (GB channel) headache 1 to 2x/ day with little pain – no pain medication needed; increased energy; no post-nasal drip; emotions: impatient, anxiety: 1 panic attack (could not find anxiety medicine); sleep: 2 nights after last treatment – mostly awake with no particular thoughts, restless sleep on other nights; BMs: stools loose one night (started taking flaxseed oil that day); diet: better.

Pulse: Normal rate, tense.

Abdominal/Hara: PP or *tsu-shaku* in LU (cool), LR (warm) and KD (left side only, warm) quadrants.

Chosen Treatment: LR *shaku*, LU deficiency pattern.

Step 1: Abdominal contact needling.

Step 2: Pulse Adjustment: L PC-7.

Step 3: Back contact needling.



Step 4: Treat back-shu points: LU Form #3 – M, E F, WD.

Step 6: R GB-21.

Treatment comments: Form #3 indicators: reactivity of reference points, MC and pulses; all tender reference points either cleared or were much better; pulses were more even and consolidated; abdominal regions showed significant improvement (no or less PP and abdominal temperature more evenly warm). Patient reported feeling more calm, grounded and centered.

Treatment 5 (8/11/08): SJT Seminar

Current Assessment (verbal check-in): no cluster migraines or other headaches since last treatment; skin: marked improvement with psoriasis; emotions: nervous.

Pulse: Normal rate, LU and SP deficient.

Abdominal/Hara: PP or *tsu-shaku* in KD quadrant.

Chosen Treatment: KD deficiency pattern.

Step 1: Abdominal contact needling.

Step 2: Pulse Adjustment: R LU-9.

Step 3: Back contact needling.

Step 4: Treat back-shu points: LU Form #4 – E, F, WA, M; repeated Form #4 along GV.

Step 6: R GB-21.

Step 7: Bloodletting and cupping: between cervical vertebrae 5 and 6.

Treatment comments: Kobayashi Sensei diagnosis and treatment. Form #4 indicators: deep cold or yang deficient, upon second round of back treatment patient began to sweat (a sign of body getting warmer); all tender reference points either cleared or were much better; pulses were

more even and consolidated; abdominal regions showed significant improvement (no or less PP). Bloodletting (*shiraku*) technique used a 3-edge needle with a single puncture and repeated cupping until blood flow stopped. This step was completed later in the afternoon because of time constraints. It is especially effective for people who have been exposed to past traumas (removing congestion and mobilizing qi flow), as in this case. Overall, patient reported feeling more energized, grounded and centered.

Treatment Summary and Prognosis

It is believed that the cluster-migraine headaches were largely influenced by the LR and that a deep cold was present, fundamentally expressed by KD weakness. I also believe that her past traumatic experiences have played a key role (a wearing congestion) with the fundamental imbalance exhibited.

Overall, the patient responded well to the treatment strategy and improved significantly from treatment to treatment. Severe and debilitating cluster-migraine headaches stopped after the first treatment. Less intense headaches continued until the fourth treatment and have not recurred. Digestive function (see dietary comments below), sleep, energy, emotional disposition (anxiety and depressed feelings), and psoriasis showed marked improvement. After the fifth treatment by Kobayashi Sensei, the patient continued to show even stronger signs of improvement, including increased energy and clarity of thought as well as engaging in a more regular exercise routine. The patient experienced several days of sweating after the fifth treatment, which is probably an effect of the acupuncture rebalancing, with the body getting warmer or a reduction of deep cold. In addition, the patient was able to drastically reduce use of her anxiety and insomnia medication – cutting down from daily dosages to use as needed, ranging from once a week to less often.

Following is a quote from my patient summarizing how she has felt since the treatments:

“I feel like a veil of heaviness has lifted. I have all the benefits of coming back to life again. I can meditate again; I have more energy and am more interest in living.”

While I was treating this patient I also counseled her on lifestyle management. I suggested targeted dietary changes to help rebalance her systems. In addition, moderate exercise and meditation (with focused breath work) were encouraged to help balance and stabilize the mind, body and spirit.

Prognosis for continued headache/pain relief is considered excellent. Judging from the overall marked improvement in the patient’s systems,

additional acupuncture treatment would be beneficial. The patient agrees but has instead decided to work through a number of issues with her psychopharmacologist before continuing acupuncture treatment. Her outlook on life moving forward is positive and she is very grateful for the acupuncture received and the opportunity to be treated by Kobayashi Sensei.

SJT Supplementary Treatment

During the last day of the seminar series, Kobayashi Sensei discussed the use of a supplementary treatment, using an acu-point he calls the Jaw Joint point or *Ushiro gekan*, meaning back/behind ST-7. Sensei often refers to this as the acu-point as “behind ST-7.” Its use is good for a range of conditions, particularly head and neck related conditions.

Its location is anterior to TW-21, superior and posterior to ST-7, and in the jaw space (TMJ) area just superior to the condylar process. With the patient in a supine position, one can most easily find the acu-point by asking the patient to open and shut his mouth and palpating for the open space. It is often tender to touch, and the least tender (healthy) side is treated.

I have used either the same #3 silver needle used in SJT treatment or a *teishin* (gold or silver). *Chinetsukyu* or cone moxa can be employed instead, but I have not used this approach. Of primary importance to effective treatment is the practitioner’s focus and intention. After placing the needle on the acu-point, and without any twisting action, the practitioner sends his laser-like intention to the opposite jaw joint, cycling back and forth numerous times.

In general, the opposite (or more tender) jaw point is used as a reference point (checked while treating for lessened sensitivity), but reference points, such as the teeth, facial areas, abdominal *shaku* areas and patient symptoms can be also be used. I have found that focusing on the opposite tender jaw point to be adequate in most instances.

Since the SJT seminar I have used this supplementary treatment for a range of head-related symptoms, including TMJ pain, toothaches, mouth sores, headaches, sinus congestion, dizziness, blurry vision, and earaches. In most instances, significant and immediate symptom relief was noted. In many cases, symptoms did not return in follow-up treatments or were greatly diminished.

Conclusion

Many who leave the SJT seminars have a renewed perspective about their acupuncture practices. What separates SJT from other forms is its sim-

licity of application with minimal stimulation – most of the techniques are non-insertive and very gentle. Truly, the ancient adage “less is more” is the common denominator. This approach brings incredible, long-lasting, healing results, more than any other form of acupuncture that I have been exposed to or instituted.

In my practice patients are continually amazed with its effectiveness, both immediate and enduring; they find it not only rebalances their systems but also keeps them in a more healthy and energized state of well-being. SJT is appropriate for all patients, especially children, older persons, and those weakened by chronic conditions. It is of course a wonderful option for patients uncomfortable with needles.

In conclusion, I wish to express my deep gratitude to Kobayashi Sensei and Mizutani Sensei, as well as the editors of *NAJOM* for the opportunity to write this article.

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