

Asian Bodywork Therapy

Part I

Amma, Shiatsu & Jin Shin Jyutsu

By Kondañña (Barry) Kapke

What are Asian Bodywork Therapies (ABT)? Are they indigenous, traditional forms of bodywork from Asia? Does a style of bodywork necessarily have to originate in some Asian country or culture in order to be considered an ABT? What is it that qualifies ABTs and draws them together under that umbrella? Are there bodywork therapies within Asia that are not considered forms of ABT? These are complicated, and revealing, questions.

“Asian Bodywork Therapy is the treatment of the human body/mind/spirit, including the electromagnetic or energetic field, which surrounds, infuses, and brings that body to life by pressure and/or manipulation.”¹ This statement is the lead-in to the general definition of ABT adopted by the American Organization of Bodywork Therapies of Asia™ (AOBTA), the largest membership organization in the United States representing the interests of ABT professionals across a broad spectrum of practices. By this definition, ABTs are holistic approaches addressing and affecting the whole person through the use of movement, manipulation, or pressure techniques. This definition could also describe many bodywork disciplines of non-Asian origin, such as reflexology, Ortho-Bionomy®, Trager®, or Breema®.

What seems to differentiate Eastern from Western approaches is suggested in the next section of the AOBTA's definition of ABT: "Asian Bodywork is based upon traditional Chinese medical principles for assessing and evaluating the energetic system." From the perspective of Traditional Chinese Medicine (TCM), these assessments then are concerned with the flow and harmony of the Five Essential Substances: *Qi* (Energy), *Jing* (Essence), *Shen* (Spirit), *Xue* (Blood), and *Jin-ye* (Body Fluids). Disharmony itself is the focus of treatment. The therapeutic intention is to restore, promote, and sustain harmony. In its concluding statement, the AOBTA says that ABT "uses traditional Asian techniques and treatment strategies to primarily affect and balance the energetic system for the purpose of treating the human body, emotions, mind, energy field, and spirit for the promotion, maintenance, and restoration of health."

What are the techniques of ABT? Turning again to the AOBTA, it is suggested that treatment may include "touching, pressing, or holding the body along meridians and/or on acupoints primarily with the hands, stretching, external application of medicinal plant foods, heat or cold, dietary and exercise suggestion. Cupping, guasha, moxibustion,² and other methods/modalities may also be used by properly trained practitioners." ABT then is in a different category, and involves a different scope of practice, than massage therapy. Not only does it involve palpation skills and structured touch techniques, as with massage therapy, ABT is looking at disharmony that affects the whole person, inclusive of their lifestyle. With acupuncture, Chinese herbal medicine, and ABT forming the three pillars of TCM, assessment and treatment, and possibly the use of non-touch tools such as heat and cupping, are very much a part of an ABT practitioner's education and scope of practice.

Let's look at a few disciplines of ABT and see what, if any, conclusions we can draw to answer the initial questions posed.

Amma

According to author Carl Dubitsky³, *amma* is the progenitor of all hand-healing therapies that assess and treat the energetic system.

Early Chinese massage, circa the third century B.C.E., was called *moshou* (hand rubbing) and by the fifth century C.E. it had developed to the degree that physicians were required to study *moshou* in order to refine their palpation skills for medical diagnosis and practice. Chinese bodywork therapy came to be called *anmo* (literally "press and rub") by the Han

dynasty (206 B.C.E. –220 C.E.) and then *tui na* ("lift and grasp") from the Ming dynasty (1368–1664) to the present day. In the sixth century C.E., the Buddhist priest Gan Jin Osho introduced *anmo* to Japan, and *anmo* became *amma* (sometimes spelled "anma") as a Japanese word for massage.

An important figure in the development of Japanese medicine was Waichi Sugiyama (1614–1694). Sugiyama, who was blind from the age of one, left home as a teenager to study *amma*. In addition to revolutionizing Japanese acupuncture by his contribution of the needle insertion tube, which came to him in a vision, he also helped to make *amma* available as a profession for the blind. As a debt of gratitude for curing him of a painful abdominal illness, the shogun Lord Tsunayoshi helped Sugiyama establish 45 medical schools for the blind and conferred on Sugiyama the title "superintendent of the blind." Blind massage practitioners became a common element in the Japanese cultural landscape. In the novel *Shogun* by James Clavell, the European sailor Blackthorne learns to appreciate "that old blind man with the steel fingers."⁴

Traditional *amma*, or *koho* (Ancient Technique) *amma* as it was sometimes called, was not merely a relaxation massage but a medical therapy that included diagnosis. It used thumbs, fingers, forearms, elbows, knees, and feet to press, stroke, stretch, and percuss upon the 14 major energy channels of the body. However, after the Meiji Restoration in 1868, a simplified form of traditional *amma* was taught to all blind persons as a means of livelihood. Some came to view this simplified form as a mere pampering of the wealthy, and these practitioners were known as "amma shampooers." Into the 20th century, blind *amma* practitioners could be heard announcing their services as they walked through the streets — stamping a ringed iron staff, blowing a whistle, and proclaiming "*Kamishimo!*" (which means "from top to bottom," implying a whole-body massage).⁵

Shiatsu

Shiatsu (literally "finger pressure") evolved early in the 20th century, both as an attempt to avoid the strict *amma* licensing laws and also to return to, and elaborate upon, the therapeutic integrity of *Koho Amma*. Out of this traditional finger pressure approach to healing arose new and distinctive forms.

With the publication of his second book *Shiatsu Ho (Finger Pressure Therapy)* in 1919, Tamai Tempaku put forth a new approach, a modern system that integrated *Koho Amma*, →



acu-point therapy, *ampuku* (abdominal massage), *do-in* (self-massage and breathing exercises), Western anatomy and physiology, and Buddhist philosophy. Tempaku suggested that spiritual cultivation of the practitioner was as important to develop as therapeutic skills. He wrote, “People must have high spiritual development to do this shiatsu technique, because healing disease is not only by finger pressure. You have to have spiritual power to do healing by hand.”⁶ Tempaku’s fresh approach sparked a new wave of inquiry and innovation in this renaissance period of shiatsu, and two of his students — Serizawa and Namikoshi — became important and influential voices in their own right.

Katsusuke Serizawa was particularly interested in the scientific explanation of *ki* (Japanese for “energy”), and he proved with electrometric measuring devices the physical existence of acu-points (*tsubo*). He demonstrated scientifically the change in electrical resistance of the skin over a *tsubo*. His therapeutic approach, which he called *Tsubo Therapy*, formed the basis for what is commonly referred to now as acupressure. Serizawa’s most important book, *Tsubo: Vital Points for Oriental Therapy*, was published in 1976.

Tokujiro Namikoshi, embracing modern science, chose to recast shiatsu in a more contemporary paradigm. He eliminated all reference to TCM concepts such as *ki* and meridians and recontextualized pressure point therapy in scientific, medical terms. His approach laid the groundwork for neuromuscular massage and trigger point therapy. He is the one individual probably most responsible for bringing shiatsu to the attention of the West. The Namikoshi method is the most studied in Japan, and his elder son, Toru Namikoshi, writes in *Shiatsu Therapy*, that it is “the only pure and correct shiatsu system.”⁷

Shizuto Masunaga is the father of the style known as *Zen shiatsu*. It is a gentle style that emphasizes the *ki* channels rather than the *tsubo*, and Masunaga elaborated and extended the 12 classical channels so that almost every meridian can be treated in almost every body part.⁸ It diagnoses the specific needs of each recipient, and thus the treatment to be applied through palpation either of the *hara* (abdomen) or points along the back. *Zen shiatsu* is

characterized by the theory of *kyo-jitsu* (empty-full) and its physical and psychological manifestations. Masunaga’s landmark book, *Zen Shiatsu*, was published in 1977.

Since being first introduced to the United States by Toshiko Phipps in 1950, shiatsu has taken firm root in American soil and has proliferated into a myriad of divergent and distinctive styles. While there are too many to list in detail, some other important forms of shiatsu include Shizuko Yamamoto’s *Macrobiotic Shiatsu* (also known as *Barefoot Shiatsu* and *Whole Health Shiatsu*), Wataru Ohashi’s *Ohashiatsu*[®], Ryokyu Endo’s *Tao Shiatsu*, *Five Element Shiatsu*, *Integrative Eclectic Shiatsu*, and DoAnn Kaneko’s *Shiatsu Anma Therapy*.

Shiatsu generally works to restore balance to the body’s energetic system — consequently affecting and supporting the health and function of superficial and deep tissues, as well as the fascial, myofascial, neuromuscular, musculoskeletal, circulatory, lymphatic, respiratory, digestive, eliminative, and craniosacral systems. It does this usually through applied pressure or stretches by way of fingers, thumbs, hands, forearms, elbows, knees, and feet, with the intent to promote the unobstructed flow of *ki* through the channels and tissues of the body. Some forms focus more on the channels and some focus more on *tsubo*, but the intention is the same — to encourage harmonious flow of *ki*. Some styles are more diagnostic than others. Some individualize a treatment based upon assessment, while others may follow a similar protocol for all clients. Shiatsu may also include external herbal medicines, therapeutic exercise, dietary or other lifestyle guidance, and other appropriate supports.

It was not until 1964 that shiatsu was officially recognized by the Japanese government as a distinctive therapeutic form, separate from *amma*. It is interesting to note, as Chris Jarmey points out in his 1999 shiatsu text, that it is the Namikoshi method, which excised meridians and TCM theory from its approach, that is by far the most popular in Japan, whereas in the West, almost all styles of shiatsu are organized around at least some aspects of TCM theory.⁹

Jin Shin Jyutsu

Jin Shin Jyutsu[®] outwardly appears to have much in common with acupressure.¹⁰ It makes contact with specific



points on the body, with an intention of harmonizing life energy within the body, mind, emotions, and spirit. It seeks to balance energy flows. However, this gentle noninvasive therapy does not involve either pressure or rubbing. It simply connects two points, waits, and then moves on to the next pair in an orderly progression.

In this system there are 52 “safety energy locks” (SEs) along a network of 12 energy pathways — 26 locks on each side of the body. When there is a blockage of energy flow between these points, local stagnation occurs, which if left uncorrected can create greater imbalance throughout the entire energetic circuit.

Jin Shin Jyutsu likens the hands to jumper cables. The practitioner makes light contact with fingertips on various points in specific combinations. The points are held for several minutes until a pulsation is felt. Certain patterns, or flows, are chosen and followed for specific disharmonies, sometimes arrived at through listening to the pulses and sometimes intuited. Awakening these flows may also be practiced upon oneself as a self-maintenance or self-help routine.

In the early part of the 1900s, Japanese scholar Jiro Mirai rediscovered the wisdom of Jin Shin Jyutsu. Early in his studies he called it the Art of Happiness, then later the Art of Longevity, and finally the Art of Benevolence. He passed on his knowledge to Mary Burmeister, who

brought this ancient art of harmonizing life energy to the United States in 1954. While the form is clearly rooted in the meridian system of TCM — and some teachers use the tsubo names¹¹ instead of the Jin Shin Jyutsu nomenclature — Mirai’s studies involved many sources, including numerous ancient Chinese, Greek, and Indian texts; the Bible; and an ancient Japanese text, the *Kojiki* (*Record of Ancient Things*).

If we accept the AOBTA’s definition of Asian Bodywork Therapy, these three forms — amma, shiatsu, and Jin Shin Jyutsu — seem to meet the criteria: They treat the whole human being through the agency of manual contact. They have a basis in TCM principles of assessment; and they use traditional Asian techniques and protocols to bring about balance.

But are they traditional? Amma does have a history spanning at least 2,000 years, probably more. Its foundational beliefs and practices have been well-established, even as they’ve changed over time. Shiatsu is in part a response to amma, a changing of direction, a stepping out on its own. It has history and lineage, albeit relatively recent (that is, within the past 80 years). Within its short lifespan thus far, shiatsu has clearly established traditions, lineages, and customs. Jin Shin Jyutsu has ancient roots tapped into the tradition of TCM, but a broken heritage that was not revisited until this century. It is a more eclectic form, but still a form transmitted from generation to generation, creating its own tradition. How narrowly do we define tradition? How important is the notion of tradition as a criteria for ABT?

These three forms all have roots originating in the concepts and traditions of TCM. What happens when a form works in a way similar to TCM-based bodyworks but draws in whole or in part from another medical paradigm? Is it an Asian Bodywork Therapy? What about a form that has never existed in Asia, but operates according to Asian concepts? We’ll look at these questions in the next issue. **M&B**

Author’s Note: The next issue of *Massage & Bodywork* will continue the examination of Asian Bodywork Therapy, looking at eclectic and ayurvedic-based forms.

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References

- 1 Available at www.aobta.org. Accessed August 2004.
- 2 Cupping utilizes suction, guasha utilizes scraping, and moxibustion utilizes heat to dispel stagnation of Xue and Qi and to influence the flow of these substances.
- 3 Dubitsky, C. *Bodywork Shiatsu*. Rochester, VT: Healing Arts Press; 1997:2.
- 4 Clavell, J. *Shogun: A Novel of Japan*. New York, NY: Dell; 1975:64.
- 5 Knaster, M. *Discovering the Body’s Wisdom*. New York, NY: Bantam; 1996:288.
- 6 This passage was translated by Toshiko Phipps and quoted in Carl Dubitsky’s “History of Shiatsu/Amma.” *AOBTA Bulletin* (Spring 1991).
- 7 Namikoshi, T. *Shiatsu Therapy: Theory and Practice*. Hackensack, NJ: Wehman Brothers; 1974:13.
- 8 Beresford-Cooke, C. *Shiatsu Theory and Practice*. Second edition. Edinburgh, Scotland: Churchill Livingstone; 2003:3.
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- 11 Gach, M. *Basic Acupressure: The Extraordinary Channels and Points*. Berkeley, CA: Acupressure Institute; 1995.