

The Energetic Basis of Seifukujitsu and DZR Restorative Massage

By Sensei Robert Korody

Danzan Ryu restorative massage and the associated Seifukujitsu healing arts are a fundamental aspect of our training in DZR and an equally important aspect of our heritage and responsibility as caretakers of the ryu. As with all our arts, the transmission of the healing arts has been subject to modification and evolution as the generations of practitioners has passed and also according to the manner of instruction that was handed down.

Regardless of the manner of instruction and the actual practice of the bodywork, the underlying energetic principles are a constant and are based on the established energetic flow of qi that forms the basis of Classical Chinese Medicine (Classical Chinese Medicine to be defined shortly). And as the energetic principles of all bodywork, acupuncture, and herbal treatment are identical, the remainder of this discussion will reference the energetic principles in the context of acupuncture to serve as an umbrella to the principles being discussed.

The Three Energetic Levels of Classical Chinese Medicine:

The three major levels of qi as described in the classical texts of the Su Wen and Ling Shu are the Wei, the Ying, and the Yuan, or, more simply, the superficial, intermediate, and deep levels, respectively.

The Three Major levels of qi:

1. Wei qi, aka defensive qi, or superficial qi

Wei qi is found on the surface or superficial level of the body and is responsible for the skin, muscles, bones, and joints. The Wei level is located in the "Couli", or space between the skin and muscles, also known as the sinew meridians, and have no primary channel points other than the antique points located at the tips of the fingers and toes. Within the sinew meridians are also found Ah Shi points, more commonly known as trigger points. The superficial level only circulates wei qi.

2. Ying qi, or intermediate qi:

Ying qi is a more refined form of wei qi and is found at the intermediate or organ level. Ying qi is responsible for the smooth functioning of the internal organs and can be accessed by the 12 primary meridians.

3. Yuan Qi or constitutional qi:

Found at the deepest level. The most refined and rarefied form of qi. The Yuan constitutional level can only be accessed by the Eight Extraordinary, or 8 extra channels. Unable to be treated by the 12 primary channels.

Relationship to Seifukujitsu and DZR Restorative massage

Nearly all acupuncturists today in the United States and in China practice a modernized and vastly simplified version of acupuncture which is distinctly different to the medical

practices that existed in China prior to Communism. This simplified, modernized practice is known by the somewhat misleading name "Traditional Chinese Medicine" (TCM), and was developed during the enormous cultural change in China in the 20th century.

Following the Revolution of 1911 which marked the end of the last (the Qing) dynasty, a period of intense Westernization occurred. The established medicine which had reached its height of development between the 2nd and 12th centuries and which had served the country immeasurably well, was banned because it had come to be viewed as outdated or a quaint curiosity that was unsuited for a new society aspiring to new ideals. Little room was left for China's ancient and spiritually rich practices of the past. The re-invention of the wheel began.

After Communism was introduced in 1949, a long period of mass nationalization and sweeping reform took place. All aspects of Chinese culture, ranging from medicine to martial arts and even dance were standardized in accordance with the Communist ideal. Under Mao, prominent medical practitioners from throughout the country were gathered into committees for the purpose of formulating standardization. They were directed to construct a version of the practice of acupuncture whose formulaic nature could be relatively easily and quickly learned en masse; one that could be taught relatively quickly to practitioners in remote regions; one that could be used to treat large numbers of patients concurrently. Ultimately, these committees of prominent doctors developed a curriculum which was then enforced in all the schools that were teaching Chinese medicine. The new modern practice which could well have been called MCM (Modern Chinese Medicine), became known as TCM (Traditional Chinese Medicine), and as with all things political, adopted a moniker representing an uncomfortable mix of fact and fiction.

Classical Chinese medicine utilizes 74 meridians, or energetic pathways, while TCM uses 12 meridians and extends a gesture toward 8 others omitting Divergent, Luo and Sinew meridians from TCM practice entirely. TCM is therefore limited in its practice to those pathologies emanating from the Ying and or Wei levels as the 12 primary channels do not access the 8 extras.

The 74 Meridians used in Classical Acupuncture

(Described from superficial to deep)

- 12 Cutaneous regions for acute musculoskeletal complaints. The cutaneous channels are superficial and only conduct Wei qi
- 12 Sinew meridians for acute and semi-acute musculoskeletal disorders. Disease range: pulled muscles from one day to one week's duration, and burns. The Sinew meridians only conduct Wei qi

- 12 Primary meridians for a very wide array of disorders. (These are the 12 meridians of TCM.) The 12 primary channels can access the Wei and the Ying
- 16 Luo meridians for emotional, psychological, blood and some musculoskeletal disorders. Disease range: moodiness all the way through to schizophrenia and multiple sclerosis. The Luo vessels are visible on the surface of the body and are extensions of the 12 primaries. They are thus able to access the Wei and Ying levels
- 12 Divergent meridians for chronic musculoskeletal conditions (eg: Rheumatoid arthritis, carpal tunnel), gynecological conditions, gastrointestinal and respiratory disease, sensory organ and skin disease, insomnia. Disease range: chronic back pain through to cancer. The Divergent channels are only present with pathology in the primary channels and function as outgrowths of the 12 primaries in the presence of pathology
- 8 Extraordinary meridians for constitutional restructuring, childhood illness and injuries, and illness which originated in childhood. Disease range: food intolerances and other allergies which originated in childhood, right through to moderation of birth defects and psychological disorders originating from birth, birth trauma or early childhood. The 8 Extras are the only channels that can access the Yuan qi
- 2 Bisecting abdominal meridians for urogenital and reproductive health.

As students of DZR, where do we fit in?

DZR restorative massage and the associated Seifukujitsu healing arts primarily function on a sinew level, the superficial level of energy that that is exclusive to the flow of Wei qi, although it could be stated that with appropriate intent, can also affect the Ying and Yuan levels. And while Master Okazaki apparently had a working knowledge of a number of primary channel points, i.e. "the long life points", these were apparently handed down as Kuden, and not formally instructed as primary channel points within the massage kata. Regardless, referring to DZR Restorative massage as based on principles of "Traditional Oriental Medicine" or "Traditional Chinese Medicine" confers a historical inaccuracy as TCM, by definition, simply did not exist until circa post 1950 and was a product of the communist cultural revolution as previously described. To refer to our healing arts as based on principles of Classical Chinese medicine is accurate with the understanding that our arts primarily affect the most superficial level of qi and any further affect is more likely secondary to the skill of a particular practitioner.

The intent of this article is not to impugn the quality of the bodywork rendered or the evolution of the training so as to produce more qualified and educated practitioners with the addition of didactic material, rather to clarify a historical inaccuracy that has been introduced since the inception of formal instruction

in our healing arts. I have been fortunate to have had the opportunity and wherewithal to continue my education and I am happy to share this information with the DZR healing arts community. I welcome any comments or clarifications with the intent that if we are to propagate and disseminate the knowledge we have been handed down, that we do so with integrity and the most accurate transmission possible.

In Kokua,

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