

Shiatsu, a natural pairing with Chiropractic practice

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Purpose: To provide a qualitative report using peer reviewed published articles, reports, and contemporary textbooks to demonstrate the beneficial pairing of Shiatsu with Chiropractic.

Methods: A Narrative Analysis was undertaken of the literature expanding outwards from accepted definitions of general meridian therapy and Shiatsu in specific, to identify peer reviewed published studies.

The studies included linking Shiatsu therapy with fascial and neurological patterns and disruptions of those patterns and their ramifications in postural and hence spinal distortions.

Conclusions: Shiatsu and Chiropractic, both being a purely 'hands only' well established mode of health care would create positive symbiosis for patient care in the healthcare system and in the health of the individual with this combination.

Indexing terms: Chiropractic; Shiatsu; meridian; meridian therapy; fascial sheath; fascial torque; trigger point; Keiraku.

Introduction

Shiatsu is an ancient natural therapy that supports and strengthens the body's natural ability to heal and balance itself. It affects the whole person, not just the physical body but psychological, emotional, and spiritual well-being. (1, 2, 3) Shiatsu is a manual art similar to Chiropractic and supports Chiropractic practice, principles, and paradigm. Recall BJ Palmer's 'big idea' that Chiropractic care is not limited to alleviating back pain but is beneficial for one's overall health and wellness.

Shiatsu means finger pressure in Japanese. The practitioner utilises comfortable pressure in a manipulative technique to balance energy flow by stimulating a deficient flow, 'breaking down' stagnation of flow, or by relaxing an overreacting out of control flow. This is similar to the Chiropractic concept of too

... Shiatsu will function in a positive manner that will support the adjustment to the subluxation, instead of instigating repeat subluxation ...'



1. Norhapifah, H., et al. (2024). "The Impact of Shiatsu Massage on Labour Pain and Anxiety: A Randomized Controlled Trial." Int J Community Based Nurs Midwifery 12(4): 243-253.
2. Nadali, J., et al. (2024). "Effect of acupressure in the third eye point (EX-HN 3) on psychological distress, comfort and physiologic parameters among patients undergoing coronary angiography." Explore (NY) 20(6): 103021.
3. Woodman, A., Miller J. The Healing Touch Complete. Mar 2019.

much flow or too little flow. (4)

History

Massage along with acupuncture and herbalism were for centuries an integral part of traditional Chinese medicine. This, as stated by Kobayashi, (5) was introduced to Japan by Buddhist monks in the 6th Century. The Japanese refined many of these methods to suit their own temperament and philosophies. In particular developing diagnostic arts involving special techniques of abdominal, tongue diagnosis, (6) wrist pulse diagnosis, (7) and treatment. Shiatsu should not be confused with the practice of massage which in Japan was called Anma as Anma became to be more associated with relaxation and pleasure. (8) Shiatsu was applied for a curative effect.

In the early part of the 20th Century a practitioner named Tamai Tempaku incorporated newer Western sciences such as anatomy and physiology. He used the term *shiatsu ryoho* or finger pressure way of healing, he also used terms such as *shiatsu ho* or finger pressure method. It was officially recognised as a therapy by the Japanese government in 1964 distinguishing it from Anma and Western massage.

In 1951, Yoshio Nakatani MD, PhD developed a method of examining the meridian system of the body through electronic measurements that altered the way meridian therapy would be practiced throughout Japan, Europe, Australia and North America. Referred to as *ryodoraku* by Nakatani, its use would become international within 25 years of discovery. (9) Shodai Soke Okuyama Ryuho, the founder of *Hakkoryu Jujutsu* and *Hakkoryu Koho Shiatsu*, established and fine-tuned methods for both systems. He was also an active member of political parties whose aim was to reform Japanese society from decline and improve very difficult social conditions. *'I do not use any physical force when applying Koho Shiatsu treatments to my patient each day. Rather, I abandon force and routinely stimulate certain Keiraku, which results in a sensation of pain. A typical treatment takes only twenty minutes or so. If I administer a Koho Shiatsu treatment much longer than this, patients may find the pain sensation to be too strong or severe.'*

Joseph Miller, a student of *Shodai Soke Okuyama Ryuho* further refined *Koho shiatsu*, moving towards a softer less painful therapy that many westerners and non-martial artists could tolerate. Miller called this *Taizan Ryu Taiho Shiatsu*.® (10)

In 1972 in the United States there was a renewal of interest in meridian therapies with President Nixon's trip to China. Along with the President went a few Osteopathic doctors and Chiropractors. *New York Chiropractic College*, with a faculty of five postgraduate professors of acupuncture (three of whom were of Asian descent and considered 'masters' by their Chinese colleagues), conducted the first certification program in clinical acupuncture. In the year 1973 Dr George Goodheart, a Chiropractor, published his work relating the meridians and certain muscles

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4. Johnson C, Clum G, Lassiter WL Jr, Phillips R, Sportelli L, Hunter JC. Learning from a lifetime of leading effective change. *J Chiropr Humanit*. 2014 Oct 30;21(1):65-75. DOI 10.1016/j.echu.2014.09.003.
 5. Kobayashi A, Uefuji M, Yasumo W. History and progress of Japanese acupuncture. *Evid Based Complement Alternat Med*. 2010 Sep;7(3):359-65. DOI 10.1093/ecam/nem155. Epub 2008 Feb 4.
 6. Schorrenberger C, Schorrenberger B. *Pocket Atlas of Tongue Diagnosis: With Chinese Therapy Guidelines for Acupuncture, Herbal Prescriptions, and Nutri*. Complementary Medicine Thieme Paperback. 2e.
 7. Guo, C., et al. (2022). Wrist pulse signal acquisition and analysis for disease diagnosis: A review. *Comput Biol Med* 143: 105312
 8. A Guide Book of Folk Remedies Editorial Supervisor: Mr. Ueno, Keiichi, Director of the Japan Holistic Medical Association Written by: Minkan Ryoho Kenkyu Kai (Folk Remedies Research Association) Published by: Toyo Keizai Shinpo-Sha, 1996.
 9. Amaro, J. (2002) Contemporary Acupuncture Diagnosis: Electro-Meridian Diagnosis. *Acupuncture Today*.
 10. Woodman, A., Miller J. *The Healing Touch Complete*. Mar 2019.

of the body. He began experiments utilising this presence of muscle weakness to correlate with difficulties within that particular Meridian. (11, 12) (see chart 1)

Chart 1: Relationships among meridians, elements, acupoints, and muscles

Meridian	Element	Mother acupoint ~tonification	Child acupoint ~sedation	Associated muscles
Lung	Metal	LU9	LU5	Deltoids, Serratus anterior
Large intestine	Metal	LI11	LI2	Hamstrings, Tensor fascia lata
Stomach	Earth	ST41	ST45	Pectoralis major clavicular, Sternocleidomastoideus
Spleen	Earth	SP2	SP5	Latissimus dorsi
Heart	Fire	HT9	HT7	Subscapularis
Small intestine	Fire	SI3	SI8	Rectus abdominis, Rectus femoris
Urinary bladder	Water	UB67	UG65	Peroneus, Tibialis anterior
Kidney	Water	KI7	KI1	Iliopsoas
Pericardium	Fire	PC9	PC7	Gluteus medius, Gluteus maximus, Piriformis, Adductors
Triple heater	Fire	TH3	TH10	Teres Minor, Infraspinatus
Gall bladder	Wood	GB43	GB38	Popliteus
Liver	Wood	LV8	LV2	Pectoralis major sternal, Rhomboids

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11. Gin RH, Green BN. George Goodheart Jr and a history of applied kinesiology. J Manipulative Physiol Ther. 1997 Jun;20(5):331-7.
 12. Moncayo R, Moncayo H. Evaluation of Applied Kinesiology meridian techniques by means of of the regulatory influence of antique -9. PMID: 19480696; PMCID: PMC2697157. acupuncture points. Chin Med. 2009 May 29;4:9. doi: 10.1186/1749-8546-4 surface electromyography (sEMG): demonstration

Shiatsu function

Shiatsu is treatment of the pathways of body energy 'Ki' through meridians or 'keiraku' in Japanese. (13) The goal is to influence the ki or the energy flows throughout the body. Shiatsu works to mitigate the energy flow through the meridians. The meridian might have problems with too light flow or too much flow. Similar to the initial ideas DD Palmer had concerning chiropractic and nerve flow. (14)

The major paired meridians (left and right sides) or 'keirakus', are 12 in number with major meridians broken down by certain characteristics. There are two extra meridians, one down the front of the body and one down the back of the body. The characteristics or nature of these meridians depends on their Yin-Yang, or in Japanese, *On* and *Myo*, connection. They are elements of the energy constantly moving throughout the body and influencing each other as they move. The maximum effect of one will be followed and transitioned into its opposing quality. (Ki flow) Like the sea, as a wave crash on the shore it is then pulled back into the sea.

The Yin or On (shaded side of the hill) has the characteristics of darkness, negative, passive, Earth, North Slope of the hill, cloudy, water, softness, female, moisture, night-time, downward seeking, slowness, cold, odd numbers, and the docile aspects and things.

The Yang or Myo (Sunny side of the hill), has characteristics which are active, positive, brightness, heaven, south slope of the hill, sunshine, fire, hardness, male, dryness, daytime, upward seeking, restless, producing, hot, even numbers, and dominant aspects of things.

The yin and yang have been most popularly represented by the swirling fish, white and black as seen in much pop-culture (Figures 1, 2). Upon closer examination this ancient diagram appears to be a representation of the Fibonacci golden ratio. (15) (Figure 3) This observation cannot be overlooked as coincidence. It appears that the constitution of 'T'ai Ji Tu' (yin and yang symbol), adds yet more substance to the hypothesis of meridian therapy and demonstrates how this Chinese Ancient Science is not only built an empirical knowledge but also on wisdom derived from the most ancient exact science: Geometry. (16, 17)

Figures 1, 2, & 3: Yin and Yang



13. Maurer N, Nissel H, Egerbacher M, Gornik E, Schuller P, Traxler H. Anatomical Evidence of Acupuncture Meridians in the Human Extracellular Matrix: Results from a Macroscopic and Microscopic Interdisciplinary Multicentre Study on Human Corpses. *Evid Based Complement Alternat Med*. 2019 Mar 21;2019:6976892. doi: 10.1155/2019/6976892. PMID: 31015853; PMCID: PMC6448339.
14. Palmer BJ. *The Science of Philosophies BY Chiropractic its Principles* Fourth edition illustrated. Iowa. Palmer School of Chiropractic. 1920.
15. Keeler, Cory. Yin and Yang Symbol Made Keeler From 8 Golden Triangles. Dec.22,2011
16. Adrián Ángel Inchauspe, Erica Arakaki. Institute of Traditional Chinese Medicine, National Academy of Medical Sciences, Beijing, China. Department of Traditional Chinese Medicine, Medical University of Hainan, Haikou, China. DOI [10.4236/cm.2023.143006](https://doi.org/10.4236/cm.2023.143006)
17. Donovan, Bryn. Chinese geomancy, Feng-Shui, fengshui <https://www.britannica.com/art/fengshui>

There is as well a spiral yin-yang diagram. (Figure 4) The origin being obscure but thought to predate the double fish configuration. This has been seen as spiral patterns that are amongst the earliest known marks made and found in rock carvings at many ancient sites. (18)

Figure 4: Spiral Yin-Yang evolutionary drawings

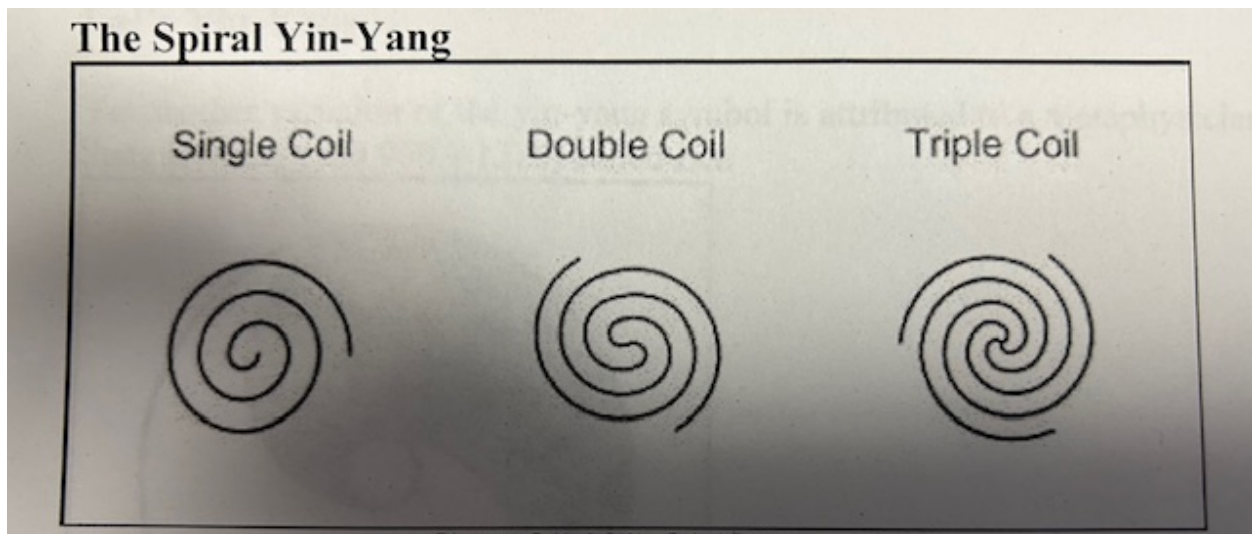
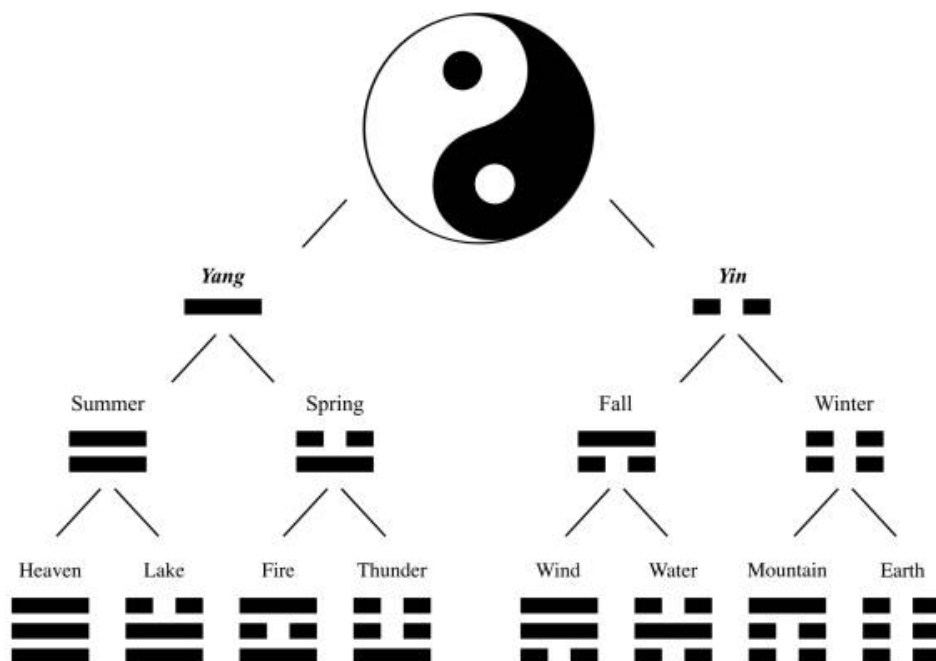


Figure 5: Extractions from Yin-Yang

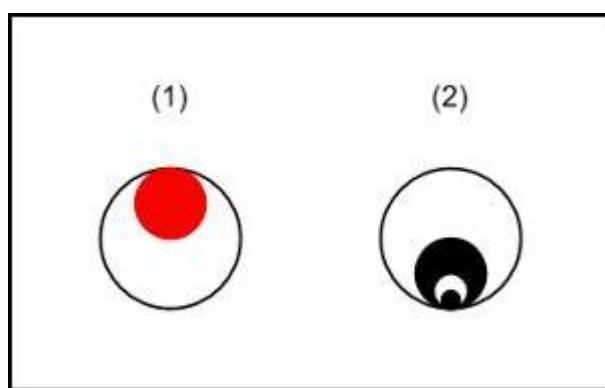


18. Schneider, M. A beginner's guide to constructing the universe : the mathematical archetypes of nature, art, and science. New York, HarperCollins 1951

The yin-yang or onmyo also referred to as *Inyodo*, in Japanese means the way of Yin and Yang is the basis of Japanese feng shui. An ancient oriental system of geomancy used to design homes, buildings and graves. It is used to determine the spatial arrangement of things, according to rules about the flow of energy. Its aimed at achieving harmony with the environment, promoting good fortune and wealth. (19)

The Inyodo symbol in Japanese is a large circle again representing the universe within this circle, connecting at just one point there is a small circle. (Figure 6-1) The larger area is white, or silver and the small circle is red or occasionally black. When it is red, it reflects the image of the sun disk as on the Japanese flag. When silver and white the crescent that is seen representation the moon. A variation of the symbols where the white circle contains a black circle that contains a white circle that contains a black circle symbolising that this goes on and on into infinity. (Figure 6-2)

Figure 6 (1) & (2): Inyodo symbol in Japanese representing the universe



Discussing the famous tai chi symbol, the silver and black fish

This symbol (Figure 2) dates back to approximately 1000 AD. During the Sung Dynasty when a Confucian philosopher observed and tried to depict a system where the whole unity of nature could be seen to be derivative from a dichotomy. The depiction illustrates the relationship of all things. The outer circle represents the universe. Interesting that universe, '*Tien Di*' in Chinese or '*Dien Ti*' in Japanese, all refer to the idea of the turn of the wheel.

In Latin the term '*universe*' means 'one turn' of the wheel. The depiction suggests that nature or the universe is comprised of the light and the dark whose interaction creates the phenomenon of contrasting yet cooperating energies. The white dot in the head of the black fish and the black dot in the head of the white fish show that even at the centre of one, there is the seed of the other.

All things contained within themselves, the germ of their opposite. (Figures 3, 4) When Yin/ Yang, On/Myo are divided into their respective opposing aspects this yields four combinations. The pure Yin of the Yin, Yang within the Yin, Yin within the Yang, and pure Yang of Yang. This begins to explain the beliefs of the universal duality of nature and how everything in the universe arises from combinations of these two forces. All arising from the one union of energies. (Figure 5) This can help to explain the unified oneness of nature. As there is yin in yang and there is some yang in yin. This begins to explain the need for balance between the two forces. Delving deeper into this philosophy is well beyond the scope of this paper.

19. Donovan, Bryn. Chinese geomancy, Feng-Shui, fengshui <https://www.britannica.com/art/fengshui>

Functionality

Shiatsu works to balance the energies flowing through the body as any deficit or overload will disrupt the natural balance and cause malfunction. This duality of charge is observed throughout nature. The flow of energy from high concentrations to low concentrations. There is the flow of energy from positive charge to negative charge to positive again. We see this in the phenomenon of lightning on the grand scale and on the cellular level we observe the phenomenon of diffusion where things tend to flow from areas of high concentration to low concentration until the system reaches equilibrium.

Shiatsu, like Chiropractic, is concerned with too much energy or too little energy. Either state is detrimental. Balance is the goal. (20) On the atomic level we have observed this to be true in the natural state of the Atom. An atom's stability is determined by the balance of forces within its nucleus (+) and the configuration of its electrons (-), particularly in its outermost shell. Atoms with a full outer shell are generally stable, while those with incomplete outer shells are reactive and tend to form bonds to achieve stability. (21)

When we examine magnetic fields (Figure 7), we again observe the movement of charge from north to south then back again. This magnetic pattern is similar to the presentation of charge that we observe as a pattern intriguingly reminiscent of energy drawings of auras from antiquity. (Figure 8) We cannot see the meridians, as we cannot see magnetic fields or Xray without an aid. It is understood that our senses open us up to our world, but we have as well a limited perception that is due to the limitations of our senses. What if we saw only infrared, ultraviolet, or microwaves? How would our world appear to us. (Figure 21, p. 19) As demonstrated herein there are studies published that utilise instrumentation that allows us to see the meridian flow as other instruments allow us to appreciate other portions of the electromagnetic spectrum.

Figure 7: Magnetic field shown by iron filings

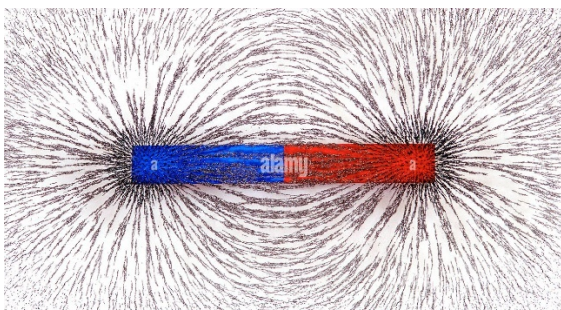
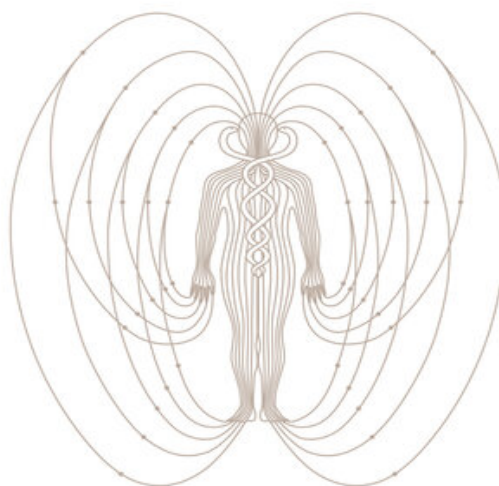


Figure 8: Energy drawings of auras from antiquity



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20. Johnson C, Clum G, Lassiter WL Jr, Phillips R, Sportelli L, Hunter JC. Learning from a lifetime of leading effective change. *J Chiropr Humanit*. 2014 Oct 30;21(1):65-75. DOI 10.1016/j.echu.2014.09.003
 21. Giovanni Di Liberto, Livia Giordano, and Gianfranco Pacchioni. Predicting the Stability of Single-Atom Catalysts in Electrochemical Reactions. *ACS Catalysis* 2024 14 (1), 45-55 DOI: 10.1021/acscatal.3c04801

This Yin and Yang energy has been found to traverse the body in certain paths or meridians, 'Shuxue' in Chinese or 'Shiatsu keiraku' in Japanese. These channels/pathways/meridians are comprised of many points 'Xuéwèi' in Chinese and 'Tsubos' in Japanese. As we discuss each meridian, we learn that historically it was considered that there was a relationship between a bodily organ and each meridian. How this relationship was determined appears to have been lost to antiquity. Some consider that it was through some empirical observations over thousands of years. Whatever the origin we attempt to understand the complicated relationship between the meridian and its associated organ and bodily function.

The opinion of some that a meridian problem is always due to an organ dysfunction is not to be blindly accepted as true. The meridian might be affected by the poor function of the organ. The meridian as well might be affected by the disposition of the fascia through which the meridian courses. The meridian might be affected by the nerve interference produced by the Vertebral Subluxation Complex that affects an area. This has been demonstrated by studies whose results suggest that acupoints associated with internal organs may be identical to neurogenic inflammatory spots on the skin (ie Tsubos). These neurogenic spots are produced by activation of somatic afferents in abnormal conditions in visceral organs through antidromic activity. (22)

The meridian flow might be affected as well by some environmental factors such as radiation, (23) exposure to EMF's, (24) microwave, (25) or any other extracorporeal agent. This is true since it has been found that the transmission of meridian energies may be related to ion conduction. The movement of ions induced by meridian stimulation can lead to drift and diffusion of currents through the meridians. The ionic conduction of meridian hypothesis is proved in that the substances delivered by meridians are in fact ions. (26)

Results showed that there were two significantly higher densities of the micro-vessels where two acupoints were located, respectively. In addition, there were large numbers of involuted microvascular structures in the acupoint areas. In the non-acupoints area, the microvascular structure was relatively simple and flat. (27) (Figure 9) In another study, Korean scientists studying oriental medicine with biophysical methods injected a special staining dye which coloured the meridians. By injecting the dye into acupuncture points, they were able to see thin lines. These did not show up at non-acupuncture point sites where there are no meridians. (28, 29) This injection was performed at Pericardium point P6. Figure 10)

22. Kim, DH., Ryu, Y., Hahm, D.H. et al. Acupuncture points can be identified as cutaneous neurogenic inflammatory spots. Sci Rep 7, 15214 (2017). <https://doi.org/10.1038/s41598-017-14359-z>
23. Hung, Y. C., et al. (2020). Meridian study on the response current affected by electrical pulse and acupuncture. Nanoscale Res Lett 15(1): 146.
24. Molinari, C., et al. (2018). Evaluation of the Effectiveness of Protective Patches on Acupoints to Preserve the Bioenergetic Status against Magnetic Fields. Evid Based Complement Alternat Med 2018: 4732130.
25. Krevsky, M. A., et al. (2006). Microwave propagation on acupuncture channels. Acupunct Electrother Res 31(1-2): 1-12.
26. Hung YC, et al. (2020). Meridian study on the response current affected by electrical pulse and acupuncture. Nanoscale Res Lett 15(1): 146.
27. Liu Chenglin, Wang Xiaohua. X-ray phase-contrast CT imaging of the acupoints based on synchrotron radiation. <https://doi.org/10.1016/j.elspec.2013.12.005>
28. Maurer N, Nissel H, Egerbacher M, et al. Anatomical Evidence of Acupuncture Meridians in the Human Extracellular Matrix: Results from a Macroscopic and Microscopic Interdisciplinary Multicentre Study on Human Corpses. Evid Based Complement Alternat Med. 2019 Mar 21;2019:6976892. DOI 10.1155/2019/6976892.
29. Li T, Tang BQ, Zhang WB, Zhao M, Hu Q, Ahn A. In Vivo Visualization of the Pericardium Meridian with Fluorescent Dyes. Evid Based Complement Alternat Med. 2021 Mar 29;2021:5581227. DOI 10.1155/2021/5581227.

Figure 9: Flexor surface of the wrist

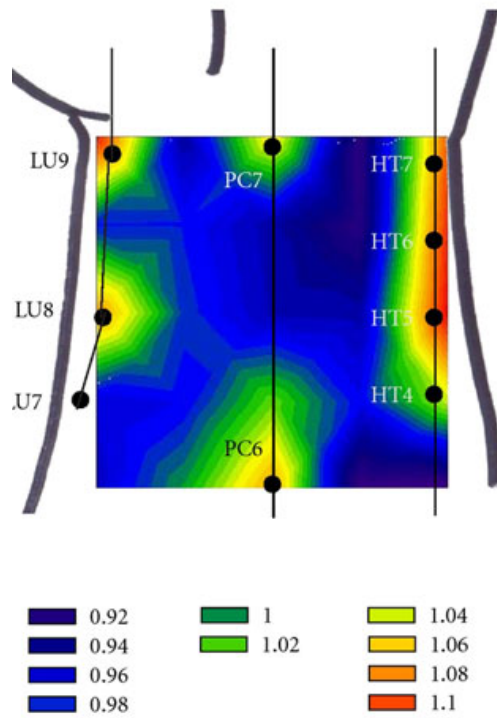
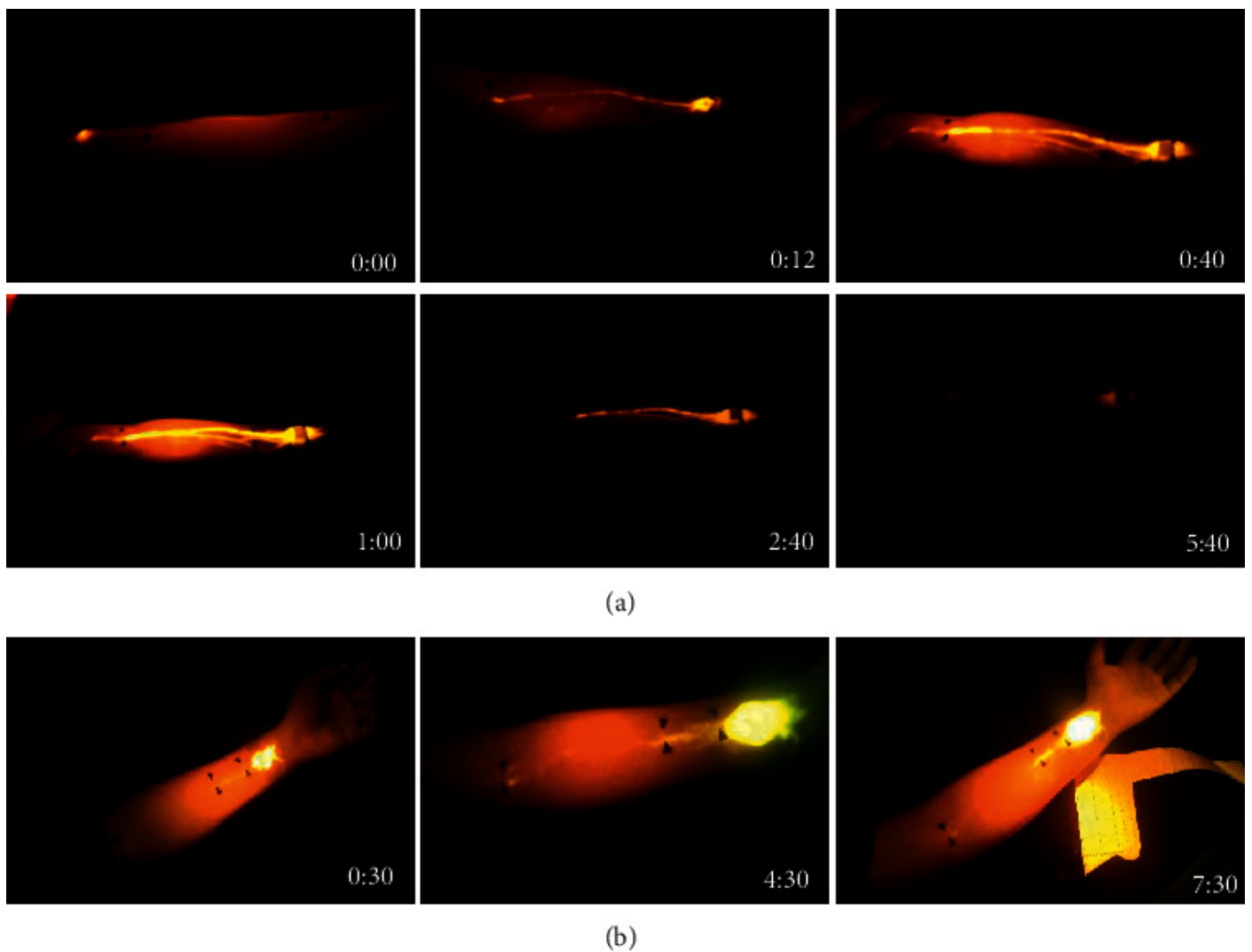


Figure 10: Results of injecting dye at Pericardium Point 6 and imaging the pericardium meridian.

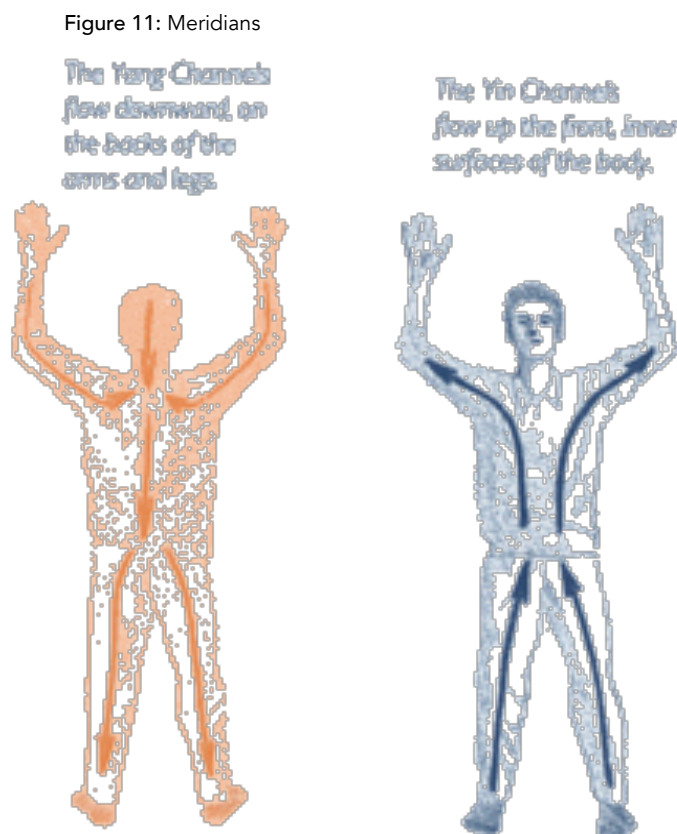


Science has begun to demonstrate the existence of these previously unseen energy channels. As our techniques improve there should be more evidence available.

There has also been observed that the meridians have a muscular/fascial connection which can be utilised to analyse the meridian or a musculoskeletal condition. (30, 31) As stated often times, there is more than one dysfunction. There are times that a comprehensive patient history interview may indicate causative factors. There are many times that it does not. This is why it is beneficial to treat all entities to offer the patient a wholistic approach; Shiatsu, Chiropractic, and in many cases nutritional/lifestyle/environmental changes.

The Meridians

To begin reviewing the meridians let us begin with the basic understanding that while we are discussing individual meridians and their flow, in fact it is a circular flow throughout the body that exists. So, one must discuss how that energy moves throughout the body. The Yang meridians flowing down (caudal) and the Yin flowing up (cephalad) continuously in the same flow. (Figure 11)



We break down this flow in this way: The Stomach keiretsu flows down from eye to foot. The Spleen then flows up the foot to the chest/axilla. The Heart flows from the axilla up to the small finger. The Small Intestine flows down from the finger through the arm to the head. The Urinary Bladder flows down from the eye to the outside of the foot. The Kidney flows back up the leg to the level of the clavicle. The Pericardium/Circulation Sex flows up from the chest area to the

30. Moncayo R, Moncayo H. Evaluation of Applied Kinesiology meridian techniques by means of surface electromyography (sEMG): demonstration of the regulatory influence of antique acupuncture points. Chin Med. 2009 May 29;4:9. doi: 10.1186/1749-8546-4-9. PMID: 19480696; PMCID PMC2697157

31. Ma Q, JWang J. [Fascia and defensive qi: construction of body view in classical acupuncture theory]. Zhongguo Zhen Jiu. 2023;43(8): 871-875.

Finger of the hand. The triple warmer/thyroid flows down from finger to head. The Gallbladder flows down from the head to the toe. The liver flows up to the chest area. The Lung then flows up from the chest area to the finger. Then the Large Intestine flows from the finger to the chest. The Governing flows down from the head to tip of sacrum. Then the Central flows up from the lower abdomen to the head. (Figures 12, 13)

Figure 12: Meridians (a)

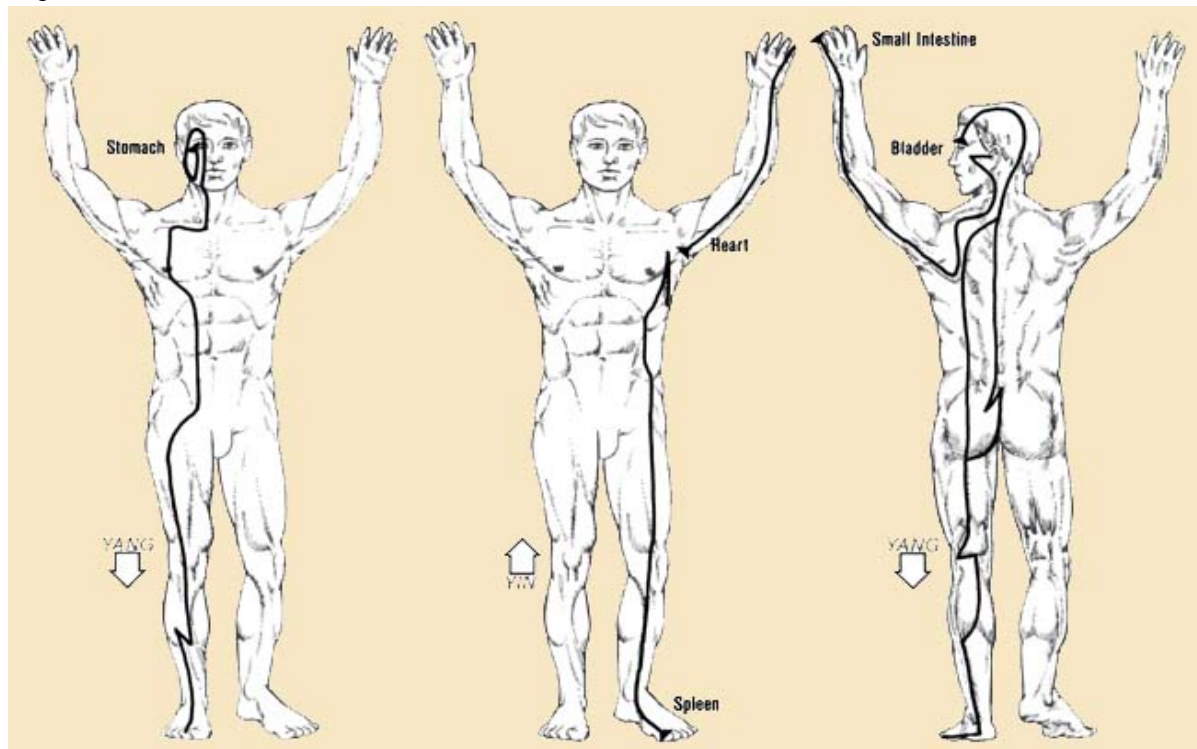
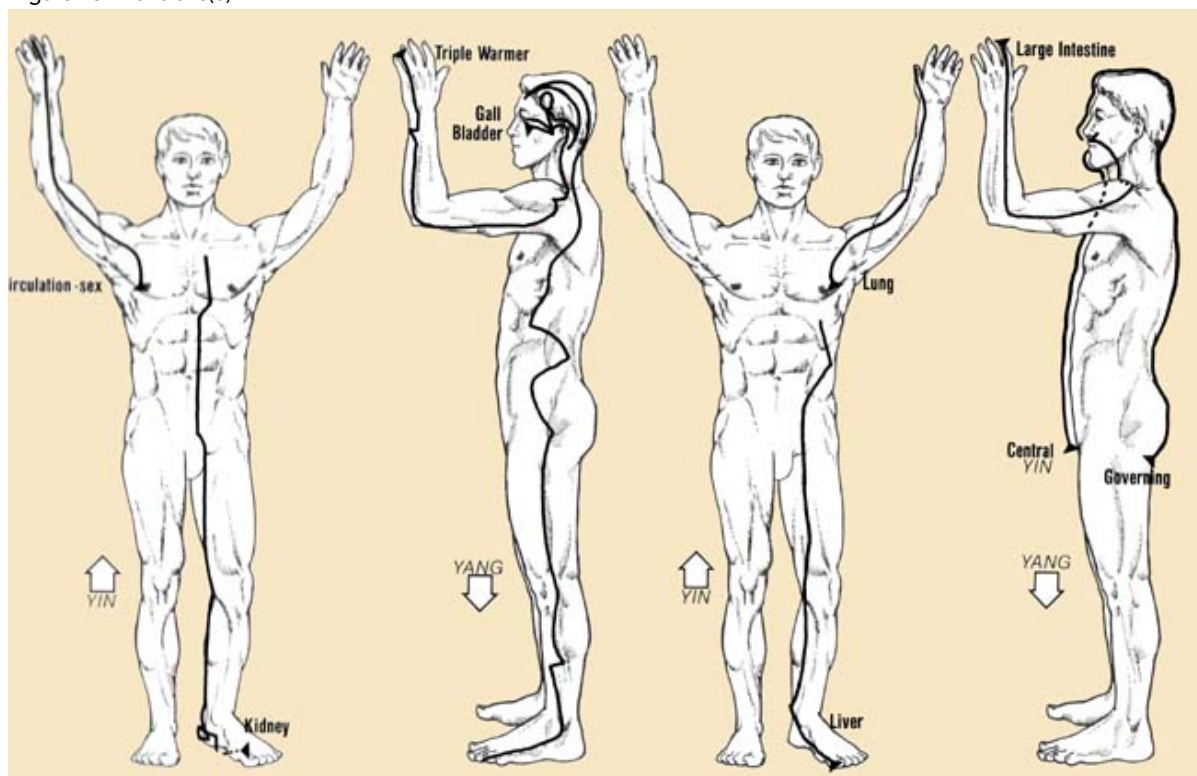


Figure 13: Meridians(b)



Again, the portions of this flow have been assigned various names. These names traditionally as we have said are related to an organ or organs. However, there is more to that. An in-depth review is beyond the scope of this introductory paper; however, in discussing the flow of the energy or 'Ki', it is continuous unless obstructed or exacerbated. As we observe the route of each meridian if we superimpose that route over fascial anatomy (Figure 14, 15), we can observe how Dr. Goodheart related the meridians to muscles. (32, 33, and Chart 1)

We find muscles assigned to each meridian flow. This represented in Goodheart/Moncayo's chart below. This relationship validates the fascial sheath observations. Testing the relative strength of these muscles has been seen to give indications as to the health of the meridian.

One can see how the meridians course through these fascial sheaths. This creates an intimate relationship between the meridian and its bodily environment. Just as we noted a generalised meridian flow throughout the body that we have divided into individual meridians, we as well understand there is but one flow of fascia interconnected throughout the body. (Figure 14, 15)

Figure 14: Showing planes of muscle and fascia

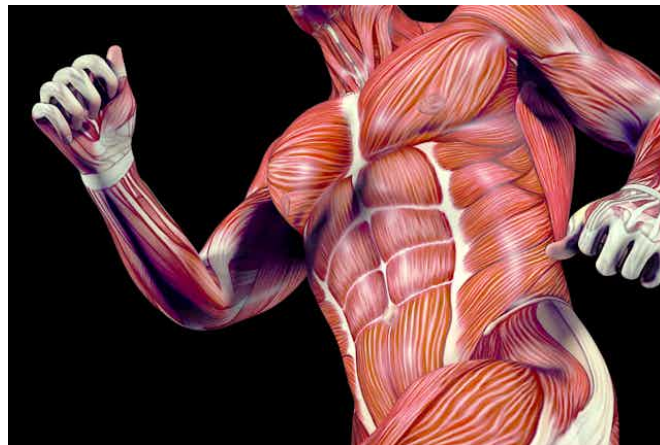


Figure 15: Match these muscle images with Figs. 12, 13



32. Gin RH, Green BN. George Goodheart, Jr., D.C., and a history of applied kinesiology. J Manipulative Physiol Ther. 1997 Jun;20(5):331-7.

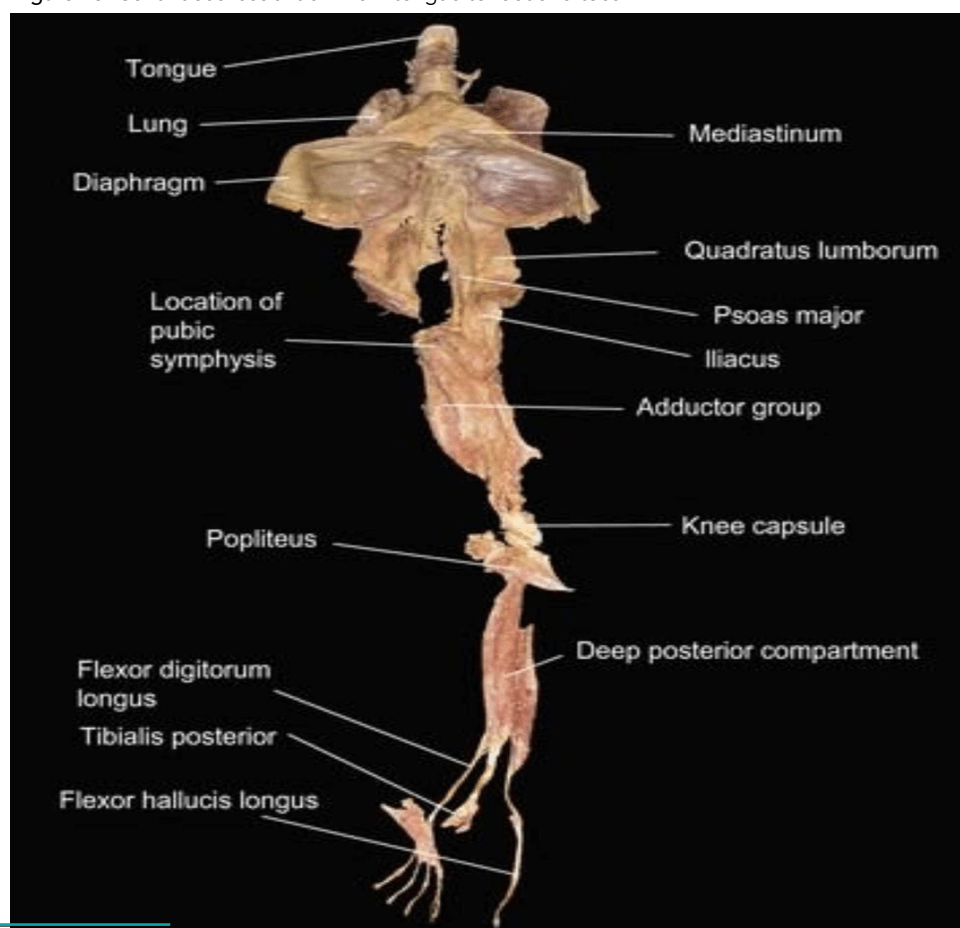
33. Moncayo R, Moncayo H. Evaluation of Applied Kinesiology meridian techniques by means of the regulatory influence of antique -9. PMID: 19480696; PMCID: PMC2697157. acupuncture points. Chin Med. 2009 May 29;4:9. DOI 10.1186/1749-8546-4.

If we look at the nature of the fascia in the body, we can see continuity, just as we observed with the meridians.

There really are not 600 independent muscles, but rather sheets of fascia that we have broken down to name 600 various segments.

There have been meticulous dissections that demonstrate a continuous connection of fascia. For example, we can find a continuous attachment of fascia from the tongue all the way to the toes. (34, 35) (Figure 16) When we look at these fascial sheaths, we see how meridians follow along the fascia in their route. This gives one a realistic connection between the tsubos, the meridians they belong to, and the fascial paths in the body. There is a term, 'Meridian-tendon', which is a central concept in meridian theory, and *'its basic research has been increasingly emphasised. While there is no unified understanding of the essence of meridian-tendon, the concept that function of fascia could partially reflect the functions of meridians has reached consensus in the academic community'*. (36)

Figure 16: Continuous fascial train from tongue to foot and toes



34. Bordoni B, Marelli F, Morabito B, Sacconi B. The indeterminable resilience of the fascial system. J Integr Med. 2017;15(5):337-43.

35. Wilke J, Schleip R, Yucesoy CA, Banzer W. Not merely a protective packing organ? A review of fascia and its force transmission capacity. J Appl Physiol (1985). 2018 Jan 01;124(1):234-44.

36. Lin XX, Dong BQ, Wang SD, Zhang DN, Zhang KX, Zhang Q. Basic research of meridian-tendon based on fascia: review and prospects. Zhongguo Zhen Jiu. 2023 Aug 19;43(11):1338-1342. English, Chinese. DOI 10.13703/j.0255-2930.20230329-0001.

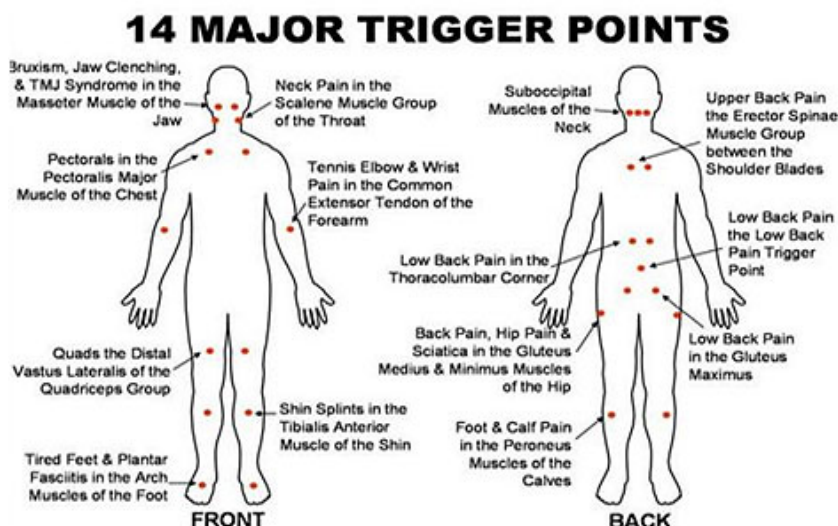
Tsubo vs Trigger Point

Introducing the myofascial component of meridian therapy, Shiatsu, one must consider a commonly associated system, that of the trigger points system, we can notice that the great majority of major trigger points do in fact share some of the same anatomical areas with the tsubos. (Figures 17, 18) It is important to remember that Dr. Travell, who wrote the definitive text on trigger Point Therapy (37) grew up in China and was exposed to meridian systems and oriental medicine as a child and young woman. Dr. Travell defined these trigger points as, *'palpable dense bands in the muscle fibre that elicit pain and a referred pain pattern when strongly palpated'*. (38) (Figure19) This she named the 'jump sign', where snapping palpation of the taut band produces a local twitch response (LTR), confirming the presence of the trigger point'. (39) This is a somewhat different definition than exists for Tsubos. There might be common localisation, but physiologically we are discussing two different phenomena.

Figure 17: Tsubos



Figure 18: Map of major trigger points

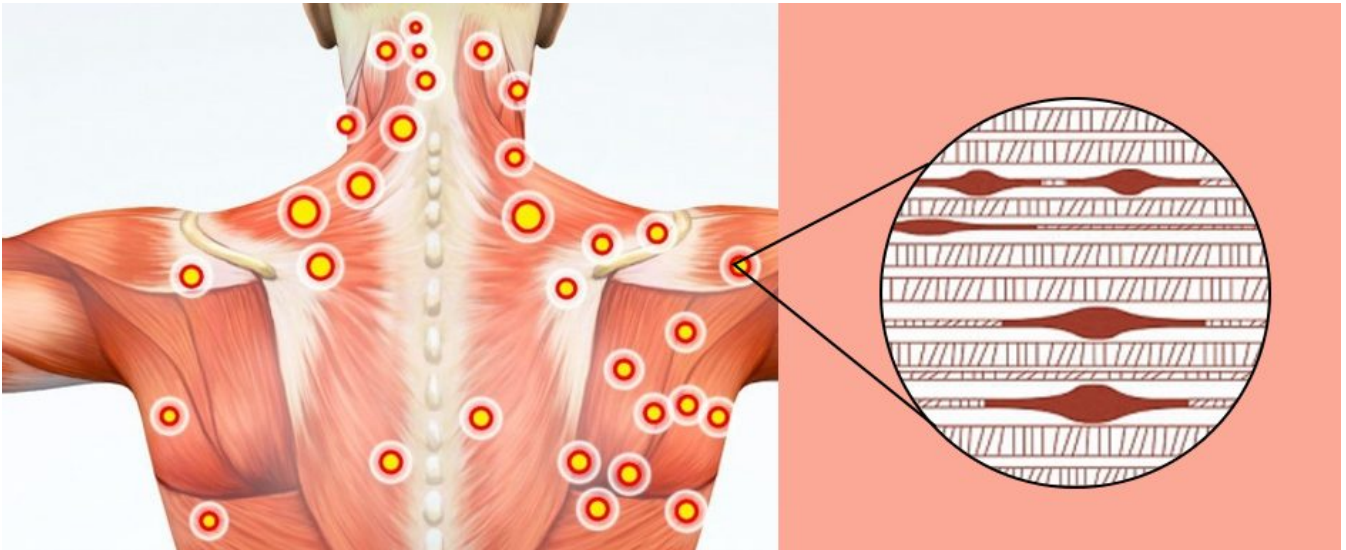


37. Travell, J., Simons, D. (1994) Myofascial Pain and Dysfunction: The Trigger Point Manual - The Lower Extremities: 1st (first) Lippincott Williams & Wilkins.

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39. Al-Shenqiti AM, Oldham JA. Test-retest reliability of myofascial trigger point detection in patients with rotator cuff tendonitis. Clin Rehabil. 2005 Aug;19(5):482-7. DOI 10.1191/0269215505cr791oa.

Figure 19: Structure of a trigger point



It is evident that these systems are somehow interconnected, but function based on dissimilar means of affecting the body. So, if for some there is deliberation if one is treating a trigger point, or a Tsubo, again Travell was specific in her definition of trigger point as being a fascial phenomenon. The *'trigger points are specific, localised areas of muscle fibril nodules causing pain on palpation.'* (40) (Figure 19) Tsubo points are part of a broader system of meridians and energy flow in Traditional Oriental Medicine. However *'A remarkably high degree (71%) of correspondence was found between trigger point location and Tsubo location. This close correlation suggests that trigger points and acupuncture points (Tsubos) for pain, though discovered independently and labeled differently, cohabitate the same areas suffering with the pathophysiological activity expressed in dysfunction of two different systems. These phenomena can be explained in terms of the same underlying neural mechanisms'.* (41) It is reasonable to believe that one may precipitate the other.

Although it appears that the Tsubo is energy related, the trigger points tend to be ischaemic. (42)

Chiropractic Shiatsu symbiosis

For the Chiropractic practitioner treating meridian systems with Shiatsu can be helpful in differential diagnosis as well as treatment. Being a by hand only treatment, Shiatsu pairs well with Chiropractic and does not increase risk to the patient. In analysis of patient complaints, we understand that certain pains might be referred from a structural disbalance, while other pains might be meridian/ systemic disbalances. Both have been explained by antidromic and orthodromic nerve flow.

40. Melzack R, Stillwell DM, Fox EJ. Trigger points and acupuncture points for pain: correlations and implications. Pain. 1977 Feb;3(1):3-23. DOI 10.1016/0304-3959(77)90032-X. PMID: 69288.

41. Melzack R, Stillwell DM, Fox EJ. Trigger points and acupuncture points for pain: correlations and implications. Pain. 1977 Feb;3(1):3-23. DOI 10.1016/0304-3959(77)90032-X.

42. Tsai, P., Edison, J., Wang, C. et al. Myofascial trigger point (MTrP) size and elasticity properties can be used to differentiate characteristics of MTrPs in lower back skeletal muscle. Sci Rep 14, 7562 (2024). <https://doi.org/10.1038/s41598-024-57733-4>

'Firing/releases from the peripheral afferent terminal can be initiated by antidromic activity arising from five anatomically distinct points of origin:

- i) afferent collaterals at the peripheral-target organ level
- ii) afferent collaterals arising proximal to the target organ
- iii) from mid-axon where afferents lacking myelin sheaths (C fibers and others following demyelinating injuries) may display crosstalk and respond to local irritation
- iv) the dorsal root ganglion itself, and
- v) the central terminals of the afferent in the dorsal horn where local circuits and bulbospinal projections can initiate the so-called dorsal root reflexes, i.e., antidromic traffic in the sensory afferent'. (43)

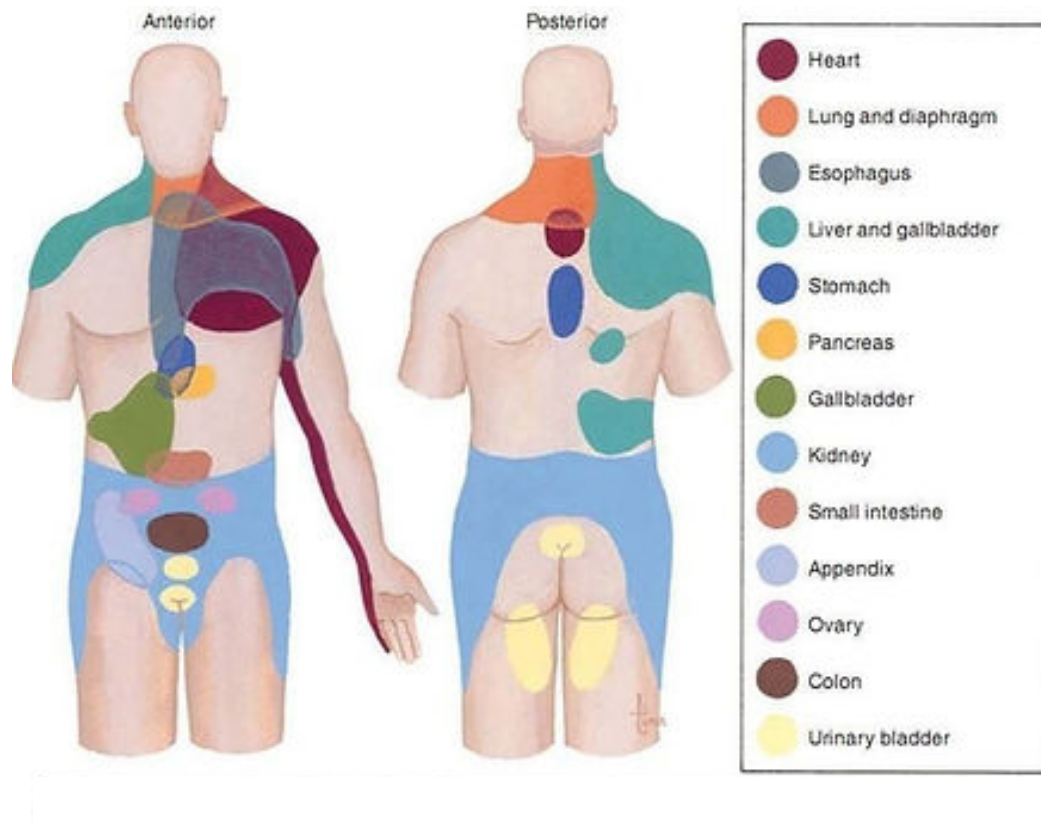
We have readily accepted the phenomena of referred pain in that clinically, for example, left shoulder pain might be a sign of cardiac issues. (44, 45) Right shoulder pain might be a result of Gallbladder issues. (46, 47) Low back pain might be a sign of renal issues. (48, 49) There are various corporal maps designating different areas of systemic referred pain. (Figure 20) Sufficed to say that there is a plethora of evidence to support possible meridian connections when pain or disfunction is presented. (50, 51, 52, 53) Hence, including meridian analysis in one's evaluation many times is key to resolving the patient's condition. (aetiology) Failing to do so may very well explain the recurring subluxation that appears to be resistant to adjustment. (54, 55, 56)

What strengthens the meridian concept argument more-so is that when treating a meridian point, Tsubo, far removed from the site of pain or dysfunction there can be a profound change in

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- 43. Sorkin LS, Eddinger KA, Woller SA, Yaksh TL. Origins of antidromic activity in sensory afferent fibers and neurogenic inflammation. *Semin Immunopathol.* 2018 May;40(3):237-247. DOI 10.1007/s00281-017-0669-2. Epub 2018 Feb 8.
 - 44. Sakaguchi K, Tokuda Y. (2018). Left shoulder pain in patients with old myocardial infarction could be a neuropathic pain from spinal epidural haematoma. *BMJ Case Rep* 2018.
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 - 46. Carter J, Imrie CW. (1992). Stone in the middle gallbladder. *J R Coll Surg Edinb* 37(1): 47-8.
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 - 50. Tian W, et al. Transcutaneous electrical acupoint stimulation for alleviating pain in patients with advanced pancreatic cancer. *J Cancer Res Ther.* 2024;20(4): 1334-7.
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 - 54. Taylo, A. (2023). Fascia: the most neglected part of our body is finally starting to receive attention. Lancaster University provides funding as a founding partner of The Conversation UK.
 - 55. Schleip R. Fascial plasticity: A new neurobiological explanation, part 1. *J Bodywork Mov Ther,* 2003;7(1):11-9.
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the symptomatology. There are studies demonstrating that upon stimulation of points extremely remote from the apparent source of dis-ease many times has great affect over the condition. (57)

Figure 20: Visceral pain referral



One such study demonstrated the stimulation of points in the sacral area increased skin temperature in the nape of the neck. (58) We should always be careful upon examination of the patient to be sure we have a clear understanding of source of the complaint, ‘aetiology’. (59, 60)

There had been a few early attempts at development of an eclectic system of evaluation, Stoner, (61) and Walther, Goodheart. (62, 63) This wholistic approach always has made most sense. The evidence indicates that meridian therapy could be a significant tool in the chiropractic

57. Bauer,B. Mayo Clinic Guide to Holistic Health, Mayo Clinic Press Oct. 2024.

58. Trinh, D. T., et al. Change in Skin Surface Temperature at the Posterior Neck When Using Acupuncture at Houxi Acupoint in Healthy Volunteers. Cureus. 2024;16(1):e52068.

59. Klein JD, Wang XH. Electrically stimulated acupuncture increases renal blood flow through exosome-carried miR-181. Am J Physiol Renal Physiol. 2018 Dec 1;315(6):F1542-F1549. DOI 10.1152/ajprenal.00259.2018. Epub 2018 Aug 22.

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61. Stoner, Fred. The Eclectic Approach To Chiropractic. 1976.

62. Frost, R. Applied Kinesiology, Revised Edition: A Training Manual and Reference Book of Basic principles and Practices Paperback - Illustrated Aug 20.2013.

63. Walther,D. Gavin, D. Applied Kinesiology: Synopsis Jan 1,1988. Systems DC.

practice in both diagnosis (64) and treatment and that shiatsu is the perfect addition to a hands only application requiring no needles or modality additions.

Conclusion

Shiatsu has the ability to affect the body (fascia, muscle, energy) as well as the brain. Meridian therapy '*stimulates the release of endorphins and neurotransmitters, including serotonin and dopamine; it balances the autonomic nervous system, influences hormonal release, and induces neuroplastic changes in the brain*'. (65, 66)

Shiatsu will function in a positive manner that will support the adjustment to the subluxation, instead of instigating repeat subluxation. This is a great tool for one to possess as it aids in understanding the body and assists in finding the bodily malfunction and so enriches the Chiropractic care. (67)

The increase in modern technologies will surely greatly illuminate the value of both Chiropractic and Shiatsu. Further studies are highly recommended.

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#WeinerShiatsu

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66. Cui J, Song W, Jin Y, et al. Research Progress on the Mechanism of the Acupuncture Regulating Neuro-Endocrine-Immune Network System. Vet Sci. 2021;30;8(8):149. DOI 10.3390/vetsci8080149.

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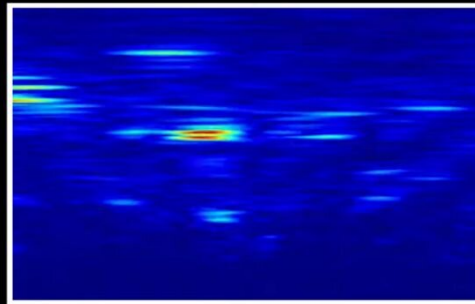
Figure 21: Different frequencies for 'seeing' the world



RF-Diary is a system that can document a person's activity based on how wireless signals reflect off of them



Live video



Wireless signals

THE ELECTROMAGNETIC SPECTRUM

