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SOCIOLOGY

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Martial arts (alternative) medicine – channels of transmission to Europe

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Abstract

Aim. The aim of this study is to explain what “martial arts’ medicine” is, and provide a basis for discussion on its channels of transmission: how the knowledge and skills come to Europe.

Background. The theoretical perspective for this paper is provided by the Humanistic Theory of Martial Arts, which contains an explanation of how the movement developed. Human health should be holistically analysed within the broad social context and as a process conditioned by a series of systemic relationships.

Material and Method. Qualitative sociological methodology has been used in this study. The methods used include: analysis of literature and other sources; direct interviews (experts’ own words); analysis of the content of some systems of health practice; participant observations and other methods of observation and comprehensive interpretation.

Results and Conclusions. The results show that transmission of this knowledge is an example of dialogue between the Far East (China, India, Japan) and the West (Europe). The Asian traditions come with martial arts and with a mode for alternative medicine. As in the ancient schools of martial arts modern Grand Masters teach martial arts along with medical knowledge. The channels of transmission are reduced to just a few of the organisations within the global martial arts’ movement.

Introduction

The authors of this study have two aims, firstly to explain what “martial arts’ medicine” is, and secondly to provide a basis for discussion on its channels of transmission: how the knowledge and skills come to Europe (specifically France, Germany and Poland)¹.

The theoretical perspective for this paper is provided by the Humanistic Theory of Martial Arts, which contains an explanation of the movement. However the most significant publication on the Theory is based on the what was known in 2003 [Cynarski 2004: 252-254]. Today our knowledge about the medical aspects of martial arts is much greater. To achieve the second aim, our research is undertaken from the perspective of sociology (of medicine, health, culture, physical culture) [cf.

Netherland 2012; Sanchez Garcia, Spencer 2013; Elliott 2014], and the Theory of Cultural Dialogues. This transmission is an example of just such a dialogue between the Far East and the West.

To research channels of transmission, borrowings and influences, adaptations and modifications, cultural collisions and dialogues, Eliade-Tokarski’s Theory of Cultural Dialogues [Tokarski 1989, 2001, 2003, 2006, 2011; cf. Cynarski, Obodyński 2007; Cynarski 2010a; Yu 2012] seems to be most suitable (because of its “explanatory power”). This theory provides valuable comparative analysis and accurate interpretations of cross-cultural messages, certain traditions and different perception, adaptation to local conditions and mentality, and the creation of fakes among others in respect of martial arts methods. This theory demonstrates some problems with the direction of cultural influence; easternisation – westernisation; functioning of martial arts in the process of cultural globalization, and ties with local traditions and national identity.

The driver for this dialogue is the Martial Arts movement and Martial Arts medicine, so it is prob-

¹ The work was carried out under the **IPA Project no. 3/2014-16: 3.1.** Institutionalization and adaptations of martial arts in Europe; and **3.3.** 65 years of *judo-do* – the idea and technique.

ably worth referencing the concept of the *sociology of psychophysical systems of self-realization* as well [Cynarski 2011].

The transmission of foreign patterns (martial arts) were also studied by [Kolbowska 2010]. She based it on the example of the Brazilian *capoeira*, taking into account some of the psychological, social and cultural aspects of this martial art/dance-art. Her master-teacher was André Reis [2005], who organized the *capoeira* group in Warsaw. He took into account the effect of such exercise on health, but only in the sense of overall health and social well-being.

The analysis of this subject has been conducted in accordance with the quality of the sociological methodology, based on the sociology of culture interpretation, the sociology of health and also the sociology of medicine. For both problems the main method used was participant observation. Some other qualitative methods were also used. These included analysis of literature, direct interviews and the analysis of the content of some systems of health practice. Methods of observation, analysis of experts' own words and comprehensive interpretation have also been used [Nowak 1985: 166]. The term "observation" should be understood as "the intentional, planned perceiving processes appearing in nature, society and culture" [Zaczyński 1997: 14]. Human health should be holistically analysed within the broad social context and as a process conditioned by a series of systemic relationships. These observations have been compared with the opinions of experts in martial arts' medicine and in alternative and natural medicine.

An overview of the reference literature reveals some ambiguity in the understanding of the term "martial arts' medicine". The term as such is rarely used [Canney 1992; Cynarski 2001, 2010b; Cynarski, Litwiniuk 2001; Hackworth 2010]. The medical aspects of, and health problems connected with practising Asian martial arts are more frequently mentioned in literature.

Martial arts medicine is most often understood as :

1. the epidemiology of injuries and combat sports and martial arts by Greg McLatchie [1986] and other authors [Maliszewski 1992a; Pieter *et al.* 1995; Yard *et al.* 2006; Kudlacz, Cynarski 2007; Cynarski, Kudlacz 2008; Mulic *et al.* 2009];

2. the health practices known as *qi (chi, ki)* [cf. Maliszewski 1992b; Tedeschi 2000; Nagatomo 2002; Ohnishi S.T., Ohnishi T. 2009; Douglas 2010];

3. Acupuncture and its application in terms of *jintai kyusho*, the sensitive areas of the body, which are the target of an attack [Garnuszewski 1988; Kogel 2001, 2006, 2008];

4. being equated with traditional Chinese medicine and philosophy [Garnuszewski 1988; Koh 1981; Nagatomo, Leisman 1996; Tedeschi 2000];

5. and it is perceived as a separate domain as part of the tradition of Eastern countries.

Proper consideration of this 5th point needs an understanding of the preventative features of this school of medicine.

Richard Hackworth [2010] remarks that in the USA in 2004, 6.5 million children between 6 and 17 practiced various forms of martial arts (*karate, taekwondo, judo*, etc). The remedial aspect of training in the original martial arts, and their usefulness in a healthy upbringing and building the positive potential of psychophysical health is also noted. The ability to fall down safely provides protection from injury especially for older people [Groen *et al.* 2010]. Apart from that, practicing the technical elements of martial arts are used for treatment and to some extent, for therapy [Canney 1992; Kondratowicz 1996; Frantzis 1998/2008; Wlodyka, Cynarski 2000; Momola, Cynarski 2003].

Some Russian authors have looked to martial arts for remedies for psychological problems. Olga Oulanova [2009], analyses healing through the martial way – incorporating *Budo* and particularly karate training into psychotherapy. Arseny Tarabanov, on the contrary, examines the use of a set of therapeutic values from martial arts to enhance emotional self-control. He writes that "we can mention contemporary Martial Arts Therapy on the one hand as a practice of social control and violence restraint and only on the second hand as authentic therapy" [Tarabanov 2011; cf. Mahony 2002].

More and more benefits have been identified by researchers into martial arts practices or fighting arts training which include; greater autonomy [Duthie, Hope, Barker 1978]; emotional stability and assertiveness [Konzak, Boudreau 1984]; positive response to physical challenges [Richman, Rehberg 1986; Trulson 1986]; greater self-esteem [Fuller 1988; Tarabanov 2011] and reduction in anxiety and depression [Cai 2000]. These kinds of physical culture have, as a whole, provided health-promoting and meaningful physical exercise for millions of practitioners. Despite this, very few authors and a very small number of scientific works have comprehensively analysed fighting arts medicine and its place among traditional psychophysical remedies [cf. Maliszewski 1992b; Cynarski, Litwiniuk 2001; Kogel 2001; Cynarski 2009: 161–175, 2012]. The main goal of this study is therefore to present the Asian sources and provide an understanding of the medical aspect of the various ways of fighting and martial arts – both historical and modern.

The art of medicine in the Chinese and Japanese tradition of fighting arts schools, as well as the system adopted by the Idōkan Poland Association (IPA),) is named "*ido*"² (and more precisely as *bujutsu ido* which in Japanese means martial arts medicine, practical medicine) [Cynarski, Skowron 2014] as in the *takeda-ryu*

² Both authors are GM with 10 dan in Ido (*idō*), which is the tenth level of mastery in this art.

sobudo school, as is the system adopted by the Idokan Poland Association (IPA). This was not common knowledge. In Yamamoto Kansuke's treaty for example we find only cryptic statements about a variety of purposes, but similar principles in the relationship between 'martial arts and medicine': "Martial arts and medical arts differ in terms of killing and giving life, but their principle is ultimately one (...) medical arts deal with fostering life" [Cleary 2012: 36]. There is nothing here (in this treaty) on methods of diagnosis or treatment.

We shall analyse the relationship between medicine and traditional Asian martial arts, medical practices in schools deriving from *aikijutsu* (the art of harmonising energy) and in Idokan teaching. The issue of a healthy upbringing connected with martial arts study has not been covered since it has been depicted more thoroughly in other publications referring to the IPA educational system. The issue of the relationship of *budo* (a way of curbing aggression) to medicine in terms of *jintai kyusho* – sensitive areas targeted with different punches and pressure [cf. Kogel 2001, 2006, 2008; McCarthy 2008] has also been omitted. Such knowledge (linked to the basics of anatomy) is only required by martial arts schools from candidates for Master's degrees.

Medical knowledge in the martial arts tradition

India and China are countries with ancient civilization, which have enriched the world's cultural heritage in the field of healing. India for example gave humanity the practice of Yoga and Ayurveda. It is also a country which had been developing fighting arts since antiquity.

For instance *kalaripayattu* is a fighting art which was founded in the south of India in the 12th century. It combines physical training with meditation, massage and herbal healing [Hartl, Faber, Bogle 1989: 138–160; Tokarski 2000]. According to Stanislaw Tokarski [2000: 22]: It is not normally in a gym, but in a shop displaying medicines, behind which is a small shrine to the god of war, Kalari, and a space offering healing massage where this art is advertised. The medicines sold or offered in such a shop are mostly preventative whereas massage and the application of mysterious ointments and oils become important elements in training. The line between therapy, training and prayer or Yoga diminishes. It evokes quite different types of psychological engagement where bodily movement is, at the same time spiritual development". Accordingly massage in *kalaripayattu* is connected with this martial arts training and therapy, exercise and Yoga are all joined together. It is a form of positive asceticism for psychophysical health and spiritual development.

In **Ayurveda**, as in traditional Chinese medicine, herbal healing, as aside from massage, plays a crucial role. Its toning and harmonising influence on a person's

body (as a self-regulatory system) has been explained more thoroughly by Fritjof Capra [1982] and Andrew Weil [1997].

Generations of doctors in China have been validating the traditional methods of healing for several thousand years. These are linked with *qigong* (*chi-kung*) – an elixir of immortality or healthy longevity – by Taoist alchemists. *Qigong* isn't a magic liquid or pill but a set of physical, breathing, energizing exercises [Yang 1990, 1997; Chia, Li 2005; Douglas 2010]. Ancient Taoist alchemists and magicians practised martial arts to achieve immortality through inner strength (*qi, chi, ki*).

Ascetic meditation, however, derives from Buddhist traditions. Through clear moral rigour and monastic discipline practitioners cleared their minds and strived towards the enlightenment as in Shaolin monastery the birthplace of many martial arts. Masters of authentic Chinese kung-fu are also experts in acupuncture, acupressure and *feng shui*, the art which combines interior design with suggestions for a healthy and harmonious relationship between man and his surroundings.

This knowledge, together with *Bubishi* (an ancient Chinese treatise about the fighting arts) reached Okinawa as well. Patric McCarthy, 9 dan in Okinawan karate, *han-shi*, in his study of *Bubishi* devotes the chapter entitled: *Chinese Medicine and Herbal Pharmacology* [McCarthy 2008: 107–139] to the medical aspects. There are references to ancient Chinese knowledge e.g the traditional medicine of Shaolin, "Meridian Flow Theory", magic formulas from the Chinese calendar and sample recipes.

In the mid C20th a return to the heritage of this tradition was observed in the People's Republic of China. "It turned out, that medicines free from biochemical knowledge which demands so much money and time in the western world, do not function any worse than so-called scientific medicines" [Życiński 1983: 175]. Nowadays, lots of types of *wu-shu/kung-fu* combine the techniques of fighting with *qigong*, acupuncture and herbal healing, or with the practice of meditation. For example *Prof. Dr habil. Keith R. Kernspecht*, 10th master degree in Wing Tsun kung-fu, is a Chinese medicine specialist [Kernspecht 2010]. Similarly, *Dr Chan Yong Fa*, the leader of *Choi Lee Fut kung-fu*, is a Chinese medicine practitioner. Yet another, *Prof. Dr Pan Qin Fu*, dean of the *Canadian Martial Arts University*, teaches acupunctures and Chinese "self-medicine" – medicine for self-healing.

In Japan the ancient martial arts schools (*koryu bujutsu*) have taught various medical methods for many centuries. For instance herbal healing and psychological therapy (called *te-ate*) were both taught in *tenshinshoden katorishinto-ryu* – a *kenjutsu* school that has been functioning since the 15th century. That was medicine mixed with magic [Reid, Croucher 1986: 118-143]. Herbal healing is still used here in the present day.

As the French master of martial arts, Henry Plée

(1923-2014, 10 dan *karate*) noted (DEL: that), the flow of energy in *bugei* and *budō* techniques is similar to that in acupuncture and *moxa* or *shiatsu* methods [Plée 2006: 6]. It is worth highlighting that the masters of many martial arts schools were also medical doctors, such as Shirobei Akiyama Yoshitoki – the founder of a famous *jujutsu* (*jūjutsu*) school and the *yoshin-ryu* style who perfected medical knowledge and fighting skills in China and added this knowledge to his school [Cynarski 2009: 120-145; Hall 2012: 562]. Kuboyama and Sasaki [2013] point to the fact that the *kappo* (*kuatsu*, *katsu*) techniques in today's *judo* come from *yoshin-ryu*.

Medical knowledge was passed down to high-ranking *samurai* or advanced experts of martial arts along with war strategy. It is still being taught in the abovementioned schools. *Shiatsu* massage which is connected with the theory of energy *ki* and acupressure (e.g. *hakko-ryu* school) and *kuatsu* (or *katsu*) techniques of resuscitation are being taught in most *jujutsu* schools. Natural medicine known as *skoho shiatsu* is being taught in the *hakko-ryu* and *okuyama-ryu* schools which derive from *daito-ryu*.

In *takeda-ryu*, following ancient tradition, *ido* martial arts medicine is taught. Similar ideas such as *shiatsu* or *koho* are being learnt in other schools. *Sensei* Hirata Ryozan used to teach *koho* traditional medicine. Namikoshi, the founder of a famous *shiatsu* method (*nihon shiatsu*) and Okuyama (*koho shiatsu*) were his followers. Additionally, Ryuho Okuyama created the *hakko-ryu*, school of *jujutsu* also known as the “school of health” [Riesser 2006: 43–58]. The *hakko-ryu* is recognized in Japan as more of a *shiatsu* school, than of *jujutsu* [Maroteaux 1994].

Hakko-ryu (The Style of the Eighth Light) [Riesser 2006: 29] is a *jujutsu* and *shiatsu* style (techniques and health factors) [Plée 2006: 6]. It was found by Ryuhō Okuyama (in 1941). In its Japanese seat *jujutsu*, in which *dan* ranks and Master's degrees are achieved acupuncture and *koho shiatsu* are taught separately. From a narrow perspective, *koho shiatsu*³ is a manual healing technique achieved by applying pressure with the fingers. In the broad perspective by contrast, it is a type of holistic medicine which “is directed both to the somatic sphere and to emotions and the psyche” [Riesser 2006: 182]. This type of medical practice comprises *koho goshin taiso* – remedial exercise, healing gymnastics and exercises (DEL: activating) which activate energy flow. *Koho shiatsu* “is considered to be a real Way of personal development” [Riesser 2006: 183] known as *do*.

By comparison, a school founded by the Takeda family sustains a number of therapeutic forms and paramilitary techniques and uses them for other purposes. This is one of the major values of traditional schools that

the same techniques and rules can be used for both fighting and healing purposes: 1) For controlling the opponent in self-defence or fighting; 2) For control and healing – rebuilding the balance of energy of an ill person.

Goshin-taiso is both a basic constituent and a main discipline. *Goshin-taiso* can be translated as: movement (*taiso*) for self-protection (defence, protection, Jap. *goshin*), which refers to the preventative aspect. The style uses relaxation techniques similar to Zen meditation as well as styles of appropriate, full breathing. The dynamic exercises are similar to those in stretching or remind practitioners of fighting techniques and safe falling. Skilful breathing as well as proper muscle contraction and expansion enables injuries in fighting to be kept to a minimum. It is also an indirect form of massage through body movement and breathing (*kokyū*), which strengthens the body without any side effects. This type of technique appears in many traditional schools and styles because the concept of protection and self-defence is much more important, than purely blocking the attack. In the art of fighting keeping body balance and harmony of energy (*aiki*) is a final effect of neutralizing the conflict even before it starts, and it subtly stops the actions of the assailant.

The great return to *goshin taiso* was inspired by the rediscovery of the following facts: 1) Stretching, and maintaining proper body posture result in releasing the spine. 2) Breathing techniques (*kokyūho*) result in proper ventilation of the lungs and develop the inner energy *ki*. 3) the search for dynamic balance, finding a centre (*haragei*) which controls each action in and outside *dojo*. 4) Stretching and dissolving blockages to particular body parts, especially joints. 5) Energetic stimulation lines (so called ‘meridians’) are activated by various pressure-applying forms (*shiatsu*) and specific massage.

Many Japanese masters of martial arts teach this type of knowledge as fundamental components of complex systems. They teach forms of fighting in *dojo* but also practise as doctors applying the same rules for therapeutic reasons. There are many cases in which patients change their aggression into balance on the mat, so they achieve astonishing healing effects [Cynarski 2010b; Tarabanov 2011].

In Europe

Henry Plée [2006: 5] confirms that Dr Roland J. Maroteaux was a pioneer of *hakko-ryu* in France and the rest of Europe. Maroteaux, as a *shihan* (master-teacher) in this school, had the opportunity to be exposed to *shiatsu*, and especially to *goshin taiso*. Later, as the *joden shihan* of the *takeda-ryu nakamura-ha* school, he also came across *bujutsu ido* in the version taught at that school. Thierry Riesser-Nadal, also known as Thierry Riesser and Shizan Okuyama was one of the first stu-

³ The term *kohō* refers generally to Chinese traditional medicine or translates as “imperial” [Riesser 2006: 43].

dents of Master Maroteaux. According to Plée [2006: 6] "at first he investigated the technique, then the art and after those the «soul»". He became a Master with 5 dan rank and the title *menkyo kaiden shihan* of *hakko-ryu* style at a very young age.

Thierry Rieser (1950–2010, 8 dan) used to teach natural medicine comprising diet; therapeutic exercise – *goshin taiso*; acupuncture and healing through pressure – *koho igaku shiatsu*. The methods used in his school are similar to the ones applied in 'The Style of the Eighth Light'. However, in *jujutsu* the *kyu* and *dan* grades are awarded, whereas *shiatsu* is taught on separate courses: either as a primary study or in terms of healing therapy. These methods are still being taught by Rieser's apprentice, Zenon Liszkiewicz 6 dan, *menkyo kaiden okuyama-ryu*. Generally *shiatsu* is a set of manual therapy methods, especially massage, taught by many masters and in numerous styles (Masunaga – *Zen shiatsu*, Namikoshi – *Nihon shiatsu*, Ryuho Okuyama – *Koho shiatsu* and other).

According to Plée [2006: 7], "all the masters of Martial arts in Japan are at the same time. masters of *shiatsu*, mostly because together they form an integrated whole. This should not be forgotten." This remark refers rather to *ido*, with its preventative health aspects and traditional medicine including herbal treatments and various forms of strengthening (building the potential for a healthy body) or healing. It is assumed that the education of a good *shiatsu-shi* therapist requires a minimum of 5 years' practice of systematic exercises [Rieser 2006: 46]. The development of this school is supervised by such organisations as the French Koho-Shiatsu School (EFKS), the French Federation of Traditional Japanese Medical Shiatsu (FFTJSM) and the European Hakko-Ryu Ju-Jitsu & Koho-Shiatsu Institute (IEHJKS) [Rieser 2006: 7, 181–183].

In GM Roland J. Maroteaux's school among the disciplines taught in *bujutsu* of the *takeda-ryu maroto-ha* (DEL: two are listed as the) there are two major ones: *aikijujutsu* and *iaido*, and 6 complementary ones: *jodo*, *bojutsu*, *shugijutsu*, *kenjutsu*, *jukenpo* and *shurikenjutsu* [Aiki Goshindo Kaishi 2008]. This list does not contain *ido*. Maroteaux could have learnt *goshin-taiso* of the *hakko-ryu* school and gained some information about *bujutsu ido* of the *takeda-ryu nakamura-ha* school. He holds an Honorary Master's degree 1 dan in *bujutsu ido* granted by the Idokan Poland Association (IPA) in May 2011. *Shihan* Maroteaux presides over the World Takeda-ryu Marotokan Federation (WTMF). In June 2011 this Federation promoted teachers of martial arts medicine (named *ido-jutsu*) for the first time. It was on that occasion in Avignon (France), that the title *shihan* in *ido-jutsu* was given to Antonio Montero-Averoff, and the title *shihan-dai* (junior Master-teacher) was awarded to Olga Liranza Vargas, both from Cuba.

In addition Master Bernard Alain Lalandre, the

holder of the title *hanshi*, 8 dan in *aiki-jujutsu* and 8 dan in the *bujutsu ido* also operates in France. He is a direct student of the Japanese GM Taiji Tanaka *soke* (*bujutsu ido* and *shiatsu* as is Claude Delury, a specialist in Chinese "energetic" medicine who holds 4 dan in *bujutsu ido*. The abovementioned methods are currently being taught in modern Europe in conjunction with martial arts practice.

For instance the German *ido* and martial arts Grand Master Lothar Sieber has an unconventional (homeopathy, chiropractic), traditional and sports medicine practice⁴. Dieter Losgen (a second German Grand Master, holder of 10 dan in *jujutsu*) also has a natural medicine practice and employs doctors, healers, medical assistants and specialists from many different fields. Nevertheless the title OMD (Oriental Medicine Doctor), which is popular in the USA, is not yet widely-used in Europe⁵.

Acupuncture is widely known on the Old Continent. Acupuncture which is accepted by scientific conventional medicine, operates according to ancient Chinese theories and is a discipline firmly linked to martial arts [Garnuszewski 1988: 269–275]. Prof. Dr habil. med. Zbigniew Garnuszewski also knows a great deal about a whole range of types of Chinese medicine.

This is similarly the case with *qigong*, which is taught to an advanced level by Dr Sergio Raimondo (University of Cassino), among others. Dr Heribert Czerwenka-Wenkstetten (10 dan *jujutsu*) from Vienna conducted research on psychomotor learning while another Austrian doctor Dr Kurt Schöffmann (8 dan *jujutsu*) researched biofeedback. A number of Polish researchers have also studied the secrets of the oriental methods, including Romuald Wlodyka (7 dan *bujutsu ido, kyoshi*) a specialist in iridology and the *qigong* system [Wlodyka, Cynarski 2000] as well as some of Dr Yang Jwing-Ming's students.

A systemic theory of health [Capra 1982] is gaining recognition through holistic medicine, which has become fashionable in the USA and Western Europe. An example of medical therapy of this type includes methods directly linked with the fighting arts, such as Feldenkrais's method and Chinese *taiji*. A holistic approach to a person means treating him as an integrated whole constituted of physical, psychological, emotional and spiritual aspects. Physical health (energy and organism) is ensured by martial arts through training and proper preventative care and achieving concentration and body efficiency, as well as biofeedback (connected with a flow of the life energy "ki" or "qi") [cf. Yang 1997].

⁴ Prof. EMAC Lothar Sieber is a long time DDBV leader, holder of 10 dan in *jujutsu, karate* and *ido*. Apart from a natural medicine practice, he is a tutor of sports medicine on courses for instructors in DDBV.

⁵ For instance, Tyron R. Crimi (10 dan *jujutsu*) from the USA is a general practitioner and OMD.

Psychophysical martial arts systems have always treated the human as a whole. Thorough training ensures impressive fitness and fine energy processes. Individuals improve their mental condition by implementing moral discipline and mind practice. The ethical code of the warrior teaches them how to control their emotions, which allows them to retain moral harmony and good social relations. Hygiene and dietary suggestions [Klosnik 1909], mental training (relaxation, concentration), eliminating fear and curbing aggression (lowering the level of aggression, and better emotional self-control) as well as an improvement in health and vitality are the most important elements of the value of martial arts.

The psychological aspect is attributed not only to meditation freeing the mind but also to high morale which is crucial here. Without these (the lack of ethics and the determination to achieve goodness) there is no progress and practice becomes dangerous for the practitioner's mental health. Apart from that, as Erich Fromm [1977: 61] formulated, teleological idealism is crucial for spiritual well-being. Particular constituents of health are interdependent (e.g. moral, physical, psychological, social, and spiritual health). Considered from this point of view martial arts, orientated to humanism and contributing to developing a state of harmony are a factor in enhancing health and social well-being.

Martial arts develop personalities that are active, creative and dynamic. They underline the purposefulness of constant work for personal development. Even though the way of martial arts demands versatility and effort from the individual, it brings the individual profits in strength of creative activity in action, mental resilience and a real opportunity to transform their life.

Ido medicine in the Idokan

Lothar Sieber a specialist in natural medicine has linked his martial arts practice with a medical practice. This has been accepted and approved by Master Hans Schöllauf and his Viennese Academy Idokan Europe and *shihan* Sieber has been awarded the Austrian Red Cross Medal. Additionally the Idokan organisation (Idokan Europe International and IPA) has awarded him 10 dan in *bujutsu ido* with the title of a specialist in *budo* and natural medicine.

Sieber's private library contains a large number of books covering preventative and anticancer therapies, herbal healing, homeopathy, natural medicine (*Heilpraktik*), anatomy, pathology and iridology as well as methods of diagnosis and therapy. GM Sieber has learnt classical and Chinese acupuncture which, similarly to *shiatsu* and *kuatsu* [cf. Pfluger 1969: 252-255; Ohashi 1979; Punzet 2001], is really close to the eastern Asian traditions of martial arts. However, he prefers a modified

version of acupuncture developed by Poul Nogier, the French doctor and homeopathy practitioner who developed modified classical acupuncture in 1956. However in Sieber's version, chiropractic and osteopathy, known to the *jujutsu* and *kenpo* masters are very similar to those found in classical *shiatsu* though the methodology and ideals in chiropractic are dissimilar since the mechanical influence is directed mostly to the spine.

Natural medicine has one major advantage over "technological" medicine which dominates pharmacology – it does no harm to the patient. In emergency situations, obviously, surgical intervention is needed. It is however probably better to prevent disease than to have to treat serious or chronic ones.

Sieber created a system of remedial and relaxation exercises back in 1977. These were based mostly on *jujutsu* known by the Chinese-Japanese name *tai-te-jutsu* – the technique of peace". After some years Idokan awarded him the high title of *meijin* in the field of *tai-te-jutsu*. *Meijin* Sieber is the first master in Idokan who is a specialist in *ido* defined as: 1) the mastery of movement, harmony and spirituality through martial arts and 2) martial arts medicine. Despite the fact that Lothar Sieber had been teaching the practice of medicine to a number of people he has not issued certificates that confirm the skills achieved by his students⁶.

For the first time in the Idokan tradition *ido* grades in martial arts medicine were awarded in Rzeszów in November 2006 by IPA a scientific and educational society. The grades were granted to two Professors of medicine and specialists in surgery, who are collaborators in "Ido Movement for Culture": Helmut Kogel (2 dan *ido*) from Germany and Ryszard Cieślík (1 dan) from Poland, as well as to the general practitioner Bogdan Zabrzycki (1 dan) a doctor at many sports competitions organised by IPA who was awarded the Idokan Polska 10 year medal. The Certificates were signed by Wojciech J. Cynarski, Lothar Sieber's student (6 dan at that time)⁷.

IPA collaborates with other doctors of medicine and specialists in rehabilitation, who do not have any *ido* grade including Jacek Cynarski, Leszek Majewski, Marek Rozlepilo and Mieczysław Walkiewicz. Unfortunately *Prof. Dr med.* Heribert Czerwenka-Wenkstetten (10 dan *jujutsu*) has passed away, as has *Prof. Dr habil.* Ryszard Cieślík who was a specialist in sports medicine. Therefore the present group of experts in the field (*ido* – martial arts medicine) in IPA only includes a few

⁶ Lothar Sieber (10 dan *bujutsu ido*) has taught the methods of natural medicine to some his students at the "Jiu-Jitsu & Karate Schule L. Sieber". Among his *ido* students was Rudolf Gabert, who uses the methods as a healer, but works in another organization now [Sieber 2015]. Sieber is the leader in this *ido* tradition of Idokan.

⁷ According to the notes of participant observation.

active practitioners and researchers: Prof. EJKC, Doc. Lothar Sieber (10 dan), honorary president of IPA and DDBV; Prof. UR, Dr habil. Wojciech J. Cynarski (10 dan), IPA technical director; Prof. Dr med. Helmut Kogel, Dan Committee member; Mgr Romuald Wlodyka (7 dan), general practitioner Bogdan Zabrzycki, a Dan Committee member; and Dr Roland J. Maroteaux, honorary 1 dan⁸.

The knowledge comes to IPA not only from GM Sieber but also by routes from Japan and France. There is more than one channel of transmission and in an era of globalization we can make use of the global market. For example Piotr Jaskólski is a member of IPA a 4 dan in *aiki-jujutsu okuyama-ryu* and a specialist of *shiatsu* as well as a 1 dan. He was a student of Liszkiewicz and Riesser (*okuyama-ryu*). He taught *shiatsu* to a small group of IPA members during the Idokan Poland 2014 Summer Workshop in Wladyslawowo. In this way the French channel of transmission was used by this Association.

Wojciech Pasterniak [2012] points out that physical training and mental training should be completed by spiritual training. Under his method he uses radiesthesia to make a diagnosis. Pasterniak uses some special methods [Loyd, Johnson 2011; Gordon, Duffield, Wickhorst 2014], and his own interesting concepts. IPA is cooperating with Prof. Wojciech Pasterniak and the Health Laboratory for Preventative Medicine and Unconventional Therapy (*Zdrowotne Laboratorium Profilaktyki i Terapii Niekonwencjonalnej*, years 2012-2014) in Świnoujście [cf. Pasterniak, Cynarski 2013, Pasterniak, Cynarski 2014].

Other researchers agree that the study of martial arts is connected with psychophysical effort, and that psychological preparation is similar to psychotherapy [cf. Mahony 2002; Pasterniak 2005; Kuboyama 2013]. Few people support radiesthesia: GM Sieber for example prefers iridology. He refers mainly to the achievements of European specialists in herbalism, homeopathy, chiropractic and acupuncture.

A separate *ido* division has been created within the Dan Committee of IPA. The *ido* programme is realised under the supervision of the technical director and comprises *ki-keiko* exercises (breathing and energizing), *shiatsu* massage, relaxation technique, rules of healthy diet and supplements, methods of athletic renewal and selected methods of diagnosis and natural medicine therapy [Sieber 2002-2003; Cynarski 2010b].

Martial arts medicine may be on the martial arts curriculum and some schools and organizations are currently teaching martial arts medicine. The IPA *jujutsu* curriculum requires knowledge of martial arts medicine, which is tested during the theoretical examinations for individual grades. Even at level 3 *kyu* practitioners need to know the basic principles of wellness. At 1st *kyu*

they must be able to provide first aid. Candidates for 1-4 *dan* master's degrees must know the methods of resuscitation (*kuatsu*), the principles of internal training, energizers (*ki-keiko*), *shiatsu* and basic medical knowledge (*bujutsu ido*).

Discussion and Summary

In the case of traditional martial arts good health and positive indicators (efficiency, capacity) are often cited as effects of their practice. This applies to the beneficial effects on (DEL: physical health and mental) both physical and mental health. [Fuller 1988; Galantino *et al.* 2005; Litwiniuk, Cynarski, Blach 2006; Burke *et al.* 2007; Litwiniuk *et al.* 2007; Cynarski, Litwiniuk, Sieber 2008; Bin *et al.* 2010; Pop, Wlodyka 2012]. In general, "Research topics varied widely, and included health, injuries, competition, morals and psychology, and herbal medicine. Most studies found positive effects on health." [Bin *et al.* 2010]

The results of numerous psychological studies indicate that training in the many varieties of martial arts reduces aggressiveness in athletes. There are, however, some controversies in this area [cf. Mercer 2011; Strayhorn J.M., Strayhorn J.C. 2011]. It can be stated that most researchers see martial arts as a vehicle for increasing mental health and cultivating psychological well-being through regular practice [Tedeschi 2000; Galantino *et al.* 2005; Reis 2005; Tarabanov 2011; Croom 2014]. These studies comment on the internal health potential of martial arts as well as the therapeutic skills of some martial arts experts, who are also doctors [cf. Garnuszewski 1988; Canney 1992; Cynarski 2012; Kuboyama, Sasaki 2013]. It is difficult to overestimate the impact of everyday life and practising the martial arts in prophylaxis [Litwiniuk, Cynarski, Blach 2006; Litwiniuk *et al.* 2007; Bolelli 2008; Groen *et al.* 2010; Hackworth 2010; Cynarski, Yu 2011]. On the other hand an overview of reference works points out that 'martial arts medicine' is a phenomenon which is barely known about in modern times.

The traditions of the complex martial arts systems (not the combat sports) of India, China and Japan as well as their presence in western countries have been examined. The spheres that influence martial arts practice on a learner – the spiritual, physical and social – contribute to harmonizing a person's psychophysical functions specifically by improvement to health, from an holistic point of view. Martial arts medicine has been taught in traditional Chinese and Japanese *Budo* schools as well as by modern masters of *Idokan* (IPA). This is exemplified by the presence of oriental healing methods in contemporary Europe, in connection with the practice of martial arts [cf. Koh 1981; Maliszewski 1992b; Cynarski, Litwiniuk, Sieber 2008].

The channels of transmission lead from Japan

⁸ According to the notes of participant observation.

and East Asia to Europe specifically to France, Germany and Poland, thanks to Asian Grand Masters and European pioneers and thence to master-teachers. In general when Asian traditions arrive in Europe they bring with them both martial arts and systems of alternative medicine.

As in the ancient schools of martial arts, new Grand Masters teach martial arts along with medical knowledge. The channels of transmission are reduced to some specific organisations within the global martial arts' movement.

What are the new findings? 1) This paper is a description of an unknown area associated with the practice of martial arts. This study contains general remarks on, and analysis of, the issue of health within the framework of martial arts and medicine. 2) It presents a range of some of the medical aspects that are inherently present in the traditional educational systems of Asian martial arts schools. 3) Their long-term empirical verification seems to advocate the use of this experience in modern times. 4) The channels of transmission run from East Asia to Europe; and when Asian traditions arrive in Europe they bring with them both martial arts and systems of alternative medicine.

However, the channels are reduced to just a few organisations.

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Appendix. Bujutsu Idō - Method IPA 2009

The authors present Shihan Wojciech J. Cynarski's method, his personal concept of martial arts medicine, which has been taught at the scientific and educational society, the Idokan Poland Association since 2009. Its main idea is to combine martial arts with a healthy lifestyle as a form of preventative medicine.

As outlined above the method contains *ki-keiko* (breathing and energizing exercise), *shiatsu* massage, elements of first-aid assistance (including *kuatsu*), relaxation techniques, rules for healthy eating and dietary supplements, and methods of athletic renewal as well as methods of diagnosis and natural therapy medicine. These last two are achieved in cooperation with doctors and specialists in both natural and oriental medicine. The other elements are mainly directed at a healthy person who practices martial arts; they result from long-term experience and comprise a set of borrowings from a

variety of sources.

Ki can be translated as a state of mental concentration while performing different techniques, or as energy evolving from breathing. The literature often describes it as "spiritual energy" or a "breath of life" among others. It generally refers to the flow of energy between the body and its surrounding. Bruce Frantzis [1998/2008] combines *ki* with the fight, meditation and healing. Ed Parker Senior [1992: 71], on the contrary, claims that *ki* is a power which comes from the union of "mind, body and spirit", in other words, from perfect synchronisation. It is symbolically shown as a dragon, a spiritual strength attributed to the masters which changes into wisdom with time. A beginner possesses only physical strength (tiger) which is typical in the early stages of martial arts training (as it is a long process) [cf. Parker 1992].

This precise synchronisation and psychophysical coordination is manifested in fighting technique for example by making a throw "without any effort" or taking up an "extraordinary" burden without losing balance. This was a specialty of Koichi Tohei (10 dan *aikido*, style *ki-aikido*). The relationship between Tokitsu and Frantzis has been confirmed by *taiji quan* Dr Sergio Raimondo [Raimondo 2007: 237–254; Cynarski 2010b: 57]. However, they both take advantage of *ki* for healing or self-healing.

Ki-keiko is similar to the Chinese *qigong*; it makes use of parallel exercise and forms of training [Włodyka, Cynarski 2000; Chia, Li 2005]. It is usually practised in silence and in natural surrounding (for example night training at summer camps organised by IPA). This form of exercise combines the stillness and concentration of meditation with visualisation breathing, static positions and movement, and the contracting and relaxing of the muscles. Used in conjunction with relaxation techniques (J. H. Schultz's autogenic training) this can help with falling asleep. The achievements of Master Koichi's school in terms of directing and increasing *ki* (*qi*) energy movement are also very valuable. Imagination and concentration allow the individual to experience warmth in a particular body part, which means – in the poetic language of an ancient master – that *ki* energy is being directed to this organ since it refers earlier to a particular body part.

Practising *ki-keiko* has, (similarly to *qigong* and *taiji quan*), the following consequences:

- 1) Better blood circulation and normalization of blood pressure fluctuation;
- 2) Correcting pathologies of the spine as well as of the shoulder and hip; stretching the spine and regaining elasticity in joints which is extremely effective in preventing osteoporosis;
- 3) Strengthening muscles (especially those supporting the spine); a positive effect on the smooth muscle tissue of the digestive system which prevents and treats

various digestion problems;

4) Improving body balance and coordination of movements (sense of rhythm);

5) Developing psychophysical concentration, spatial memory and movement orientation;

6) Reducing stress, restoring optimism and love of life [cf. Wlodyka, Cynarski 2000; Galantino *et al.* 2005; Pop, Wlodyka 2012].

This type of exercise is practised individually, without the help of a partner. It is similar to *taiso*, which is a set of stretching exercises (like *Hatha Yoga*) and to massage and self-massage techniques. The only type which requires help from a partner is *aiki-taiso* (since it is used to harmonize inner energy). *Taiso* is analogous to *goshin-taiso* as well as other exercises which are practised in various *shiatsu* schools or in some *jujutsu*, *aikijutsu* and *aikido* schools.

It is hard to specify the border between *ki-keiko*, *taiso* and *shiatsu*. Similar elements may well have different names if they appear in different combinations.

It can be assumed that *taisō* contains more exercises like Yoga poses and exercises which improve flexibility of the body (stretching and others), whereas *shiatsu* focuses to a larger extent on pneumatic massage. Nonetheless, *taiso* contains self-massage (tapping the thighs, sides, shoulders, neck or chest) as well as massage of the receptors on the back along the spine. Most of the flexibility exercises are used during *jujutsu* training (i.e. *ashikubi-garami*, *kata-kansetsu*, *kote-mawashi*), and karate training (stretching the thighs, the biceps femoris muscle, and the quadriceps extensor in the back). Other forms, combined with relaxation techniques and *jiko-anji* (positive autosuggestion) can be done individually at home or anywhere else.

Shiatsu can also be performed individually, partially as a self-massage although it comprises many techniques which need the help of a person with appropriate competence. One should be careful when performing bent joint locks and should apply limited pressure while performing massage. Tapping can be done with the fingers, hands, elbows, forearm and the sole of the foot (just like the punches in martial arts). People who want to achieve higher grades in martial arts are expected to know *jintai kyusho*, are the vital points of the body (e.g. where arteries or nerve plexi are located), which are targeted in fighting (*atemi*) or pressed for control in a holddown (*osae-waza*) [Kogel 2008]. Therefore knowledge of anatomy and the map of the energy lines in the human body which comes from ancient Chinese medicine is needed at the same level.

About 20 years ago Cynarski received video tutorials from one of the therapists demonstrated practices from three schools of *shiatsu*. They give some overview of different styles of *shiatsu*. In all these cases, as in various acupuncture, acupressure and other techniques, the main concern is to improve the flow of *ki* energy. The

flow of *ki*, life energy, is connected with transmitting nerve impulses as well as blood and lymph. In addition to that, the ancient sages marked the so-called meridians with important receptors located on them, which are responsible for various body parts. Therefore, for instance to improve lung-function, the flow of energy in the following area needs to be altered: arm – shoulder – thumb (the meridian of the lungs).

Nigel Daves combines *shiatsu* with martial arts and *taiji*. In both cases energy and concentration in meditation is important. Similarly to Ray Ridolfi's (*shiatsudo*) method, inner harmony and smoothness of movements are crucial. In addition to massage done in a similar way as in acupressure, and tapping and pressure as in *aiki-taiso*, there are also activities such as bending and straightening the joints and flexibility exercises as well as practices similar to *Hatha Yoga* and *taiso*. In contrast, *sensei* Yamamoto Shizuko's school prefers Chinese massage (with the feet). It is complemented by tapping techniques and by applying pressure that is used by the abovementioned *shiatsu* masters. The author of the method presented I prefer discussed here is a student of those *sensei*.

The programme of self-regulation refers to regular exercising, following the rules of athletic renewal, relaxation and recreation, as well as proper diet. Breath control influences the emotional state and some bodily functions, which ends up by enhancing the body's natural ability for self-regulation. The ability to self-regulate the body and the great variety of movement in martial arts are worth using as a source of harmony and health.

Dr Andrew Weil [1988, 1997], a graduate of Harvard Medical School and an expert in the field of alternative medicine, makes the perceptive remark that a **live organism possesses a natural ability for self-regulation**, which also means self-healing. No one needs to be persuaded of the well-known fact that the **role of physical exercise** is especially substantial. It does not focus on any particular "impressively effective" exercise but it is all about regularity, persistence and consistency which is exactly the same as the key to success in martial arts training.

Regular, **preferably daily, training** in martial arts (which does not refer to full contact types) is a fine means of maintaining psychophysical efficiency for many years. Apart from practice in *dojo* exercising in the morning by using stretching techniques is also suggested. In addition elements of *taiso* or other elements from *Hatha Yoga* and *yumeiho* (eg. exercise of the face), complementary sports – swimming, running, cycling – strength building exercise and recreational games are recommended.

Athletic renewal requires time for body structures to regenerate after physical effort. Lack of proper recovery causes overfatigue (overtraining) and exhaustion. The organism needs sleep in particular, during which natural regeneration of strength takes place. It is advis-

able to sleep for 8 hours after long physical exertion. Appropriate athletic renewal enables the time needed for regeneration after exertion to be reduced.

In order to regenerate the central nervous system and calm the mind the **relaxation** methods devised by Schultz or Szyszko-Bohusz [Szyszko-Bohusz 1991; Kondratowicz 1996: 65–72] can be used. Visiting a Finnish sauna, recreational swimming and hydrotherapy treatments such as the Scotch douche, a jacuzzi, baths in saline water or showers also bring relaxation and soothing. The abovementioned treatments are perfect for faster muscle regeneration and renewal of the whole organism. Additionally, a person can use **self-massage** with the use of a massaging belt. This increases blood circulation. After the bath or shower the body must be dried with a towel, rubbing towards the lymph nodes and heart. For example the legs should be rubbed from the feet to the groin. As a result blood reaches the heart more quickly and therefore speeds up regeneration.

Proper **diet** and supplements supporting the work of the organism should not be neglected either. A proper diet needs to be balanced and provide all the necessary ingredients (carbohydrates, protein, fats, dietary minerals, fiber etc.) in the amounts recommended by sports dietetics. The Mediterranean diet is the healthiest, with its seafood, fruit and vegetables and with limited amount of fat meat and animal fats. Adults should avoid milk though they should consume its products such as cheese, yoghurt, and kefir. A well – balanced diet provides the proper amount of antioxidants (red and yellow fruit and vegetables) though carcinogenic products: roasted and burnt food, or those containing food dyes, preservatives or sweeteners should be avoided. The intake of sugar, salt and white flour should also be limited.

Up to the age of 30 a person should keep off **stimulants** such as alcohol and coffee. Tobacco, drugs and steroids are unacceptable (we are not suicidal). Only dark chocolate can be approved, even though it decalcifies the organism. Green tea is worth recommending though not in the evening as caffeine leads to shallower sleep. In addition energy drinks can be used sporadically, but only when such simulation is justified.

After an intense endurance and speed training session, or endurance training which had caused severe sweating lost electrolytes should be replenished by the use of isotonic drinks. It is best to drink tomato juice and/or mint tea after visiting a sauna. It is generally advisable to use vitamin supplements in any period of intense training. In addition vitamins and macroelements need to be provided to ensure faster regeneration of the organism.

The author does not recommend using aminoacids, derivatives of hormones and other substances produced for bodybuilding "needs". The temporary effects of a sculpted body may result in problems with the liver and endocrine glands and other malfunctions of the homeostasis of the body. Therefore forbidden pharmacological

doping (just like addictions) not only conflicts with the universal rules of ethics but also contradicts **the rule of self-regulation** – as it brings about deregulation of the organism.

What is unique about this method? It is partly the linking of martial arts practice with lifestyle. While this is true Ambrozy also [2005] opts for an holistic approach to training and combines an all-purpose work-out and bodybuilding with *jūjutsu* and sports shooting which combination is supposed to ensure safety. According to him, holistic training leads to physical fitness and health, as well as meeting the need for safety. However, the author does not find it necessary to combine martial arts practice with bodybuilding, shooting and other extreme sports since martial arts involves the riches of fitness, health and ability [cf. Cynarski, Sieber 2006]. Furthermore, it gives a feeling of safety and relaxation. The hypothesis may be stated (though it demands further research) that methodically proper training in martial arts constitutes good prevention of high-blood pressure [cf. Januszewicz *et al.* 2008].

Cynarski's method is not contrary to sports medicine; it does not replace it but complements it with recommendations for positive health potential (as understood by Maciej Demel [1980]). It contains methods to prevent injuries (warm-ups, lots of stretching, supporting during exercising and a standard expectation of taking responsibility for a partner) as well as constant monitoring with regular check-ups and physical fitness tests. It is not dependence on pharmacology but only the individual themselves who is responsible for their health and fitness [cf. Cynarski 2010b, 2012].

Medycyna (alternatywa) sztuk walki - kanały transmisji do Europy

Słowa kluczowe: socjologia sztuki walki, *ido*, *shiatsu*, leczenie, pionierzy

Abstrakt

Problem naukowy i cel pracy. Celem tej pracy jest wyjaśnienie, czym jest „medycyna sztuk walki”, a także odpowiedź na pytanie: jak wiedza i umiejętności w tym zakresie dotarły do Europy. Niniejszej artykuł ma stanowić przyczynek do dyskusji na temat kanałów tej transmisji.

Perspektywę teoretyczną dla tej pracy tworzy humanistyczna teoria sztuk walki i odpowiadająca jej antropologia sztuk walki, które umożliwiają wyjaśnienie tego kulturowego fenomenu. Ludzkie zdrowie powinno być ujmowane całościowo i analizowane w szerokim kontekście społecznym, jako proces uwarunkowany szeregiem systemowych zależności.

Materiał i metody. W niniejszym socjologicznym studium zastosowano jakościowe metody badań. Wykorzystane metody obejmują: analizę treści literatury przedmiotu, analizę treści innych źródeł (dokumentów); wywiady bezpośrednie (relacje

ekspertów); analiza zawartości niektórych systemów praktyki leczniczej; obserwację uczestniczącą; oraz inne metody obserwacji i kompleksowej interpretacji.

Wyniki i wnioski. Wyniki pokazują, że przekazywanie tej wiedzy jest przykładem dialogu kulturowego – jako procesu - pomiędzy cywilizacjami Dalekiego Wschodu (Chiny, Indie, Japonia) a dzisiejszymi krajami Zachodu (Europa). Azjatyckie tradycje medyczne są powiązane z nauczaniem sztuk walki i współtworzą obraz dzisiejszej medycyny alternatywnej. Jak w

dawnych szkołach sztuk walki, także dzisiejsi mistrzowie uczą sztuki walki wraz z wiedzą medyczną. Kanały transmisji tej wiedzy są obecnie ograniczone do zaledwie kilka organizacji funkcjonujących w ramach światowego ruchu (i kulturowego fenomenu) sztuk walki.