

### **JUDO RON 39- Katsu! The art of resuscitation.**

Recently, after reading my last discussion paper on Shime Waza (Judo Ron 38), someone ask me discuss the art of resuscitation as a method of applying first aid to someone who had just been strangled and or lost consciousness. The question brought me back some fifty years ago, that is shortly after I had obtained my black belt and was privileged to receive training in Raymond Alberta in the ancient forms of providing first aid to accidental injuries and known at Katsu or kuatsu (fire-life methods) under the leadership of Sensei Yoshio Katsuta.

This teacher was a devoted Japanese sensei who came to Canada in 1937 and was teaching judo and Ju jutsu in the western provinces. Sensei Yoshio Katsuta was then a Kodokan certified Yondan in judo and a bone setter by trade (seikutsu). He gathered half dozen new graduates over a week end training session and provided verbal explanations to us about the different healing methods of stopping nose bleed, reviving someone who has been choked or how to lessen the pain of a strike in the groin and discussed ways to deal with some other common sport injuries which we might encounter within our judo milieu.

Like my immediate Sensei, Bernard Gauthier also a Yondan in judo and Ju jutsu, Sensei Katsuta reminded us that safety should be a major preoccupation for all of us who became responsible to teach judo and dangerous Shime Waza techniques. Especially with the latter, he stressed that it should be quite safe when properly performed and in the presence of a knowledgeable instructor who care for the safety of students and which can perform the necessary first aid should it become necessary.

In a recent special article for The Japan Times of 26 August 2010, it is reported by Mike Burke that 108 school judo class accidental deaths had occurred in the past two decades in Japan. No charges had been laid against the instructors for their lack of care or safety procedures; there was only silence from both the families and authorities. This is a very disturbing article since there is a proposed change to the national school curriculum known as Ikiru Chikara (The Zest for Living), which will require all junior high school students (boys and girls) to practice sumo, judo or kendo starting with the 2012 school year. A recent survey by the Japan Judo Federation found that about 70 percent of junior high schools in Tokyo and Ibaraki Prefectures were already planning to make judo a compulsory sport in 2012.

In the same article, Dr. Ryo Uchida of Aichi University of Education has expressed his concern about the frequency of deaths in school judo classes due to excessive training methods and the lack of recuperation periods allowed after performing demanding exercises such as strangulations. He expressed is unawareness of any recent safety improvements made in the conduct of judo classes and believed that a large majority of instructors still have little regards for safety measures.

Dr Ryo Uchida said: "*Over the 27-year period between 1983 and 2009, 108 students aged 12 to 17 died as a result of judo accidents in Japanese schools, an average of four a year,*" Uchida said. "*This is more than five times higher than in any other sport. About 65 percent of these fatalities came from brain injuries. This is clear evidence of a dangerous trend in Japanese schools.*"<sup>iii</sup> The statistics are not directly associated with strangulations per se, but are reflecting the activities taking place after the state of consciousness was monitored. They nevertheless are very alarming because they have no parallel in other developed nations.

I am glad that I had the opportunity to learn both the modern and ancient basic first aid and emergency intervention techniques. The Katsu methods which I learned from both the above teachers were also known as **Kappo** "*resuscitation techniques*" or healing techniques often involving stimulation of specific acupuncture points or ways to facilitating the intake of new and fresh air into the lungs.

The word Kappo is a contraction of the two Japanese words *Katsu* (resuscitation) *Ho* (method). These techniques were mostly associated with manual manipulation and excitation of specific points on the body or involved pressures exercised on the chest and lower abdomen to re-initiate the normal process of respiration.

During Sensei's Katsuta session, we learned that there were about twelve ancient applications that had been proven valuable over time. But, with the current scientific knowledge involved in sports medicine and first aid, half of them may be viewed as inferior in efficiency to the current mouth to mouth resuscitation or CPR practices. The other half could still rival in part with the most current Western methods of applying emergency first aid.



Some Katsu techniques inspired from the instructions of Maurice Philippe

It was revealed to us that some of these techniques were associated with an even older form of SEI-FUKU, (life-breathing or conquering) system or method to deal with traumatism which was taught side by side with the arts of Atemi Waza or striking at vital points, Kansetsu Waza the application of joint locks and Seikotsu, the restoring or fixing an articulation or joint after having been dislocated. The provenance of these Katsu, we were informed, has its roots in Indian, Chinese and Korean folk's medicine and could have been around for centuries. The Samurai Class of Japan perfected some elements and because of the cultural aspects of the time, the instructions were passed on from teacher to pupils in the stricter of circumstances.

Both Sensei Gauthier and Katsuta impressed upon all their new instructors to continuously make constant observation over the judo practice and be preparing ourselves to intervene quickly upon witnessing an accident before irreversible damages could take place.

The coordinated efforts of both the mental alertness and the physical presence were needed to accomplish the tasks. Only with the right disposition encompassing, mental agility, breathing control, posturing and the use of *Hara* and *Kiai* could one express the total inner energy necessary if success of the intervention was contemplated.

In my previous article, I mentioned the need to stop applying the strangulation, the instant the judoka loses consciousness. Practices have demonstrated that after cardiac arrest is provoked by bilateral compression of the carotids, when we release (relax) the compression after the loss of consciousness, the subject can recover within minutes, his previous state of consciousness,

When there is no intervention, there are potential side effects such as confusions, postural imbalance, vertigo, gross lack of coordination of muscle movement, nausea, dizziness's, headaches, vomiting and lack of sensitivity.

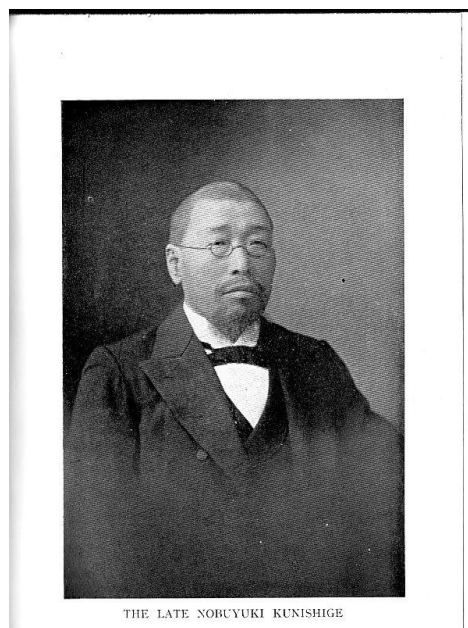
On the other hand, when we apply a KATSU technique immediately, the resuscitation is immediate and is almost without any disorder. Minutes for interaction and intervention are crucial. As with most serious sports accidents, extending the response time could have fatal outcomes.

In searching for some supporting documentation to add to my own experience and knowledge, I came upon some interesting discoveries:

The Martial arts literature makes a reference to a Japanese Katsu manuscript written in the 18<sup>th</sup> century called the *Koreisai Kyusho* from Yédo dated 1790 but the source is not readily available. Nevertheless, the subject of strangulations and Katsu was partially discussed in the work of *Kano Ju Jutsu* by Hancock-Higashi of 1905 and later in some French medical publications bearing the signature of Jules Regnault in 1924.

It is noted in a pre WW2 document '*The Fighting Spirit of Japan*<sup>ii</sup>' by the author EJ Harrison and published in the mid forties, that the author made a reference to what seemed a common practice in earlier years to transmit orally school occult or secret teaching known as "esoteric aspects" which would include some methods of resuscitation which were normally not covered in the official curriculum of a school.

In Chapter XI of his book, he cites the intervention of Mr. Nobuyuki Kunishige, the head master of the Shidokan then situated in the Shimbashi quarter of Tokyo as "*a worthy representative of the old samurai class which did not limit specialization to a single subject*". He describes the master teacher as: "*having never been known to make an exhibition of his peculiar powers for gain alone. For the edification of a private circle of friends and disciples he was generally willing to give demonstration but otherwise he exercised that branch of his art which concerned healing and resuscitation for the benefit of the suffering.* "



*Sensei Kunishige from E.J. Harrison*

He is reporting that the master emphasized the need to learn all aspects of judo: the throwing techniques Tai jutsu or Tachi Waza, the Ne Waza or ground disabling techniques of chokes, holds and locks; the kata or forms and the use of Ate or striking techniques as well as Kappo, the art of giving life. He said: *"If the student learns judo at all, he should learn it thoroughly, i.e. until he has fully mastered ate and Katsu together with Seikotsu and Aiki"* (p 113)

In 1953, Maurice Philippe a judo sandan, a doctor and professor of medicine, made a limited edition and distributed 500 copies of a book called: *Seifuku and Kuatsu*<sup>iii</sup> in which he exposed some forty proven Kuatsu dealing with traumatism and sport injuries that were carried over from his previous learning, (orally transmitted), from a judo Sensei most likely M.Kawaishi who taught Judo in France for several decades after 1935 and to which he applied or added modern medical and therapeutic methods.

Professor Philippe exposed the treatment processes associated with: the shortening of breath, increase heart beat, black eye, hernia, external bleeding, broken nose, bleeding from the nose, state of chock, headache, testicles traumatism, loss of consciousness, hiccup, drowning, cramps, heat stroke, hernia, muscular rupture, neck sprain, other sprains and joints out of place, broken fingers and critical bones etc. He closed his exposé with various forms of massages and taping procedures. These kinds of instructions were passed on to Sensei Gauthier who in turn propagated them to a few of his senior students during the 1950-60 periods.

It is also interesting to note that in the 1955 edition of the *Illustrated Kodokan judo*<sup>iv</sup>, the Kodokan staff teaches the four most popular methods of Katsu under the title Kappo. They are:

1. Sasoi Katsu (inductive method)
2. Eri Katsu (Lapels method)
3. So Katsu aggregate or composite method, and
4. Kagen Katsu (testicles or scrotum method)

Sasoi Katsu is performed with the patient sitting before you in a tailor fashion or semi crossed legged. From behind, bend your right knee and place the kneecap against the patient's spine. Spread your fingers outward and place your hands on his or her lower chest, hooking your fingers under the lower ribs. Pull the chest back and upward steadily as if opening the ribs to either side. Put your weight on the shoulders to bend the body back, and press with your right knee. This will draw air into the lungs. When the ribs have opened as far as they will go, release them. Air will be exhaled from the lungs. Repeat the process slowly and regularly.

Eri Katsu is performed with you kneeling to the right of the victim and you support his or her upper body with your left arm around the shoulder. There should be a slight inclination of the patient at the hip region. Put the palm of your right hand on the abdomen, just above the navel, and press up against the solar plexus or pit of the stomach. This will cause the diaphragm to rise, expelling air from the lungs. Reinforce the action by bending the upper body forward with your left arm. Gently release your pressure to allow air to enter the lungs. Repeat this procedure until respiration is restored.

So Katsu is performed with the patient lying on his or her back and kneeling astride the hips. Place your hands, fingers spread apart and pointing toward his or her head, on the bottom of the rib cage. Lean forward and press against the ribs to make him or her exhale, and then relax the pressure. Repeat this procedure, rocking forward and back, until the victim can breathe without assistance. Similarly this can be done with the victim on his stomach.

Kogan Katsu is performed when the judoka has been hit in the groin or testicles. Sit him down before you and thrust your arm from behind under his armpit and join your hands at the front. Lift him lightly in the air several times and let him drop down on his behind. Repeat the process until the testicles have descended. It is also effective if you place yourself at the rear and gently kick the lower lumbar vertebrae with the ball of the foot.

Pursuing our research, we came upon the monumental work produced in 1956 by the great Kyozo Mifune 10th Dan of the Kodokan when he published his Canon of Judo.<sup>v</sup>

In this manual there are some general resuscitation techniques explored on pages 242-245 and in particular, the Eri Katsu previously mentioned. In addition to the common Kodokan repertoire, he adds the drown-body resuscitation technique which is applied when a body is removed from the water in a synoptic state and he illustrates it with the use of a third person assisting or with another form with the knee placed in the lower rib cage of the patient.

In 1959, the physical education teacher and judo sandan Alain Valain wrote a thesis on ground work or Ne-Waza in which a full chapter is devoted to Kuatsu.<sup>vi</sup> The author highlights the need to have a good mental and technical preparation before applying any one of the methods. The orientation of the patient, the removal of obstacles and the general ambiance and working space were considered to be as important as was the position of the rescuer to the patient.

He breaks down the required steps for the application of a Katsu into:

1. The observation
2. The choice of the most appropriate application
3. The application of the procedure depending on the cause, the symptoms and the position of the subject
4. The preparation of the subject: orientation, arms, legs, head, etc
5. Observation of the respiration and breathing attempts
6. Location of acupuncture key points
7. Application of pression, friction or percussion
8. Complementary or alternative solutions
9. Monitoring and observing for after chock
10. Rest and recuperation period

Another interesting document found is dated in 1975 and signed by Doctor Eric de Winter, professor at the Medical School of the University of Paris and a former student of Sensei: Ishiro Abe, Minokure Mochizuki and Shozo Awazu. Eric de Winter's work is known as: "Kuatsu de Réanimation"<sup>vii</sup>

In his exposé, some twenty proven methods are described amongst them: Te Kuatsu or dorsal pressure; Seoi Kuatsu or percussion in the back; Jinzo Kuatsu or lumbar percussion, O kuatsu or large maximal, Kami Kuatsu or percussion of lower abdomen; Hai Kuatsu or respiratory mouth to mouth; Jinko Kokyu Kuatsu as techniques with two rescuers. One can also find the description of the compounded method known as San So Kuatsu which involves the combination of three complimentary processes e.g. the patient lying on his back, on his stomach or in a sitting position. In all these methods, the emphasis is placed on the efficiency and effectiveness of the selected methods.

The English literature is more silent about the subject. Of course, this exposé is not meant to describe all the techniques observed or commented upon. Nevertheless these traditional forms of resuscitation and intervention are considered advanced techniques of Judo and as instructors you may wish to study them further with the help of a qualified professor or therapeutic expert.

In summary, the traditional resuscitation techniques include:

- The direct massage of the carotid triangle on the neck to open up a collapsed artery or to manually stimulate the carotid sinus.
- Methods of assisting the victim in waking up and recovering the attention by slapping the victim, striking the sole of his foot, or applying Kiai.
- Methods of inducing or simulating breathing through massage of the chest or diaphragm, expanding and contracting the lungs.

**Please note that some of the above resuscitation methods are to be applied on those patients who have lost consciousness through a choke and not for other reasons. They are not to be used when the person is unconscious due to a trauma resulting from a throw or fall where a spinal injury is possible or suspected.**

Should you be unable to acquire knowledge of these ancient techniques, it is recommended that all judo instructors-teachers or supervisors follow the instructions given by the appropriate sport injuries and first aid training programs in their area. All dojo should have readily available first aid kits and emergency telephone services. All serious accidents occurring during a class should be attended to by qualified persons and reported to both the medical authorities and the judo association.

In conclusion, I recommend to you that in addition to your regular randori and contest training you should include other aspects of Judo in your study. Take the time to learn Kata, to perfect your Ukemis and avoid specializing too early in the study of a limited technical repertoire. You should make a special place for the study in specialized areas such as Katsu, Atemi Waza and other forms of self-defense techniques.

Have a good and safe practice.

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<sup>i</sup> Dr Ryo Uchida, *Interview on Judo Fatalities*, Japan Times, 26 August 2010

<sup>ii</sup> E.J.Harrison, *The Fighting Spirit of Japan*, W. Foulsham, London

<sup>iii</sup> Maurice Philippe, *Seifuku et Kuatsu*, private édition, copy no145, 1953

<sup>iv</sup> Jigoro Kano, *Illustrated Kodokan Judo*, Kodansha, Tokyo, 1955

<sup>v</sup> Kyuzo Mifune, *Canon of Judo*, Seibundo Shinkosha Publishing Tokyo, 1956

<sup>vi</sup> Alain Valin, *Maîtrise et Puissance par le judo au sol*, Éditions Oliven, Paris, 1959



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vii Eric de Winter, *Kuatsu de Réanimation*, Médecines Traditionnelles Asiatiques, Chiron Paris, 1975