



Kyushin Ryu Ju Jitsu

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Effective Striking



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1.0 Introduction

The martial art of Ju Jitsu covers a broad spectrum of techniques. No other martial arts system uses this variety of techniques as does Ju Jitsu. Ju Jitsu uses techniques that range from striking to throwing to grappling on the ground. This report will aim to develop a better understanding of how to execute good atemi-waza (*striking techniques*) and its effects on the human body. This raises the question, “Why should one have sound understanding of striking techniques?” Quite simply because striking is a basic human instinct which is self taught from childhood. It is the most obvious and easiest way to attack or harm another person. While striking might look like a simple body movement, there is a lot more to it than what meets the eye. In trying to gain a better understanding of atemi waza, there will be an analysis of the striking methods and target areas used within this unique martial arts system and possibly other related martial arts.

2.0 What is Atemi Waza?

Atemi-waza, otherwise known as attacking vital areas of the body is not unique to the martial arts of Ju Jitsu but is used in all martial arts to some extent. Atemi waza is important in the art of Ju Jitsu because it makes it possible to become more effective in all other aspects of Ju Jitsu such as nage waza (*throwing techniques*), kansetsu waza (*joint locking*), tai sabaki (*body movements*). Most importantly atemi waza allows you to establish control over your attacker, which makes other techniques easier to execute. Striking can be seen as the most obvious and easiest way to attack another opponent.

In order to gain a clear understanding of atemi waza, a clear minded approach must be taken on any predetermined notions regarding atemi waza. It is not just limited to “death touches” or “death blows”. On the other hand atemi waza is not just a set of subtle, quicker than the eye movement that leaves an opponent collapsing to the ground in an unconscious or incapacitated state. Atemi waza is these two extremes and everything in between such as light touches in vital areas for distraction purposes or devastating blows that can fatally injure the attacker. Quite simply, atemi waza is a series of attacks to the vital areas in the human body.

2.1 Purpose of Atemi Waza

So what is the purpose of atemi waza? Generally speaking, atemi waza can be used for any of the following purposes:

- Destroying the aggressors Kuzushi (*Balance*)



- Distracting the aggressor to delay his reaction time to actual techniques that you might wish to execute Eg. A slight touch can be applied to a pressure point or nerve centre to distract the aggressor.
- Discomfort or pain which will cause the aggressor to move in certain directions or certain ways to relieve the pain e.g. variable or continuous pressure to nerve centre's for the purpose of releasing holds, counter resistance, setting holds or bringing an aggressor to the ground
- Injury, that if it is absolutely necessary to remove oneself from the attack situation e.g. Various strikes at different intensity level to temporarily deliberate or stun the aggressor Such a strike can serve as an effective self defense technique in and or as a lead up to another technique or attack.

2.2 Executing Atemi Waza

Generally speaking, atemi waza can be executed in three ways:

1. Atemi waza can be delivered as a pressure by the thumb, tip, tip of middle finger, clenched fist, outer edge of the hand, forearm, elbow, knee cap, shin , heel of the foot and other various “weapons” of the body.
2. Blocking techniques also fall within the parameters of atemi waza. A good block can also be a strike to a vital area in the process of obstructing a hit, kick or other type of attack.
3. Effective striking with the “weapons” of the body to the opponent’s vital points is essential for a victorious outcome in randori. A martial artist must be able to employ the principles of effective striking if they wishes to be the victor of the fight. What are the principles of effective striking?

2.3 Principles of Effective Striking

The principles of effective striking are:

Attitude - Proper mental and psychological attitude is of primary key in the martial artist’s ability to strike an opponent. In randori, the fighters must have the attitude that they will defeat the enemy, no matter what. The view of losing cannot enter their mind. They must commit himself to hit the opponent continuously with whatever it takes to defeat him



Fluid Shock Wave - A strike should be delivered so that the target is hit and the strike remains on the impact position for at least a tenth of a second. This imparts all of the kinetic energy of the strike into the target area, producing a fluid shock wave that travels into the affected tissue and causes maximum damage. It is very important that all strikes to vital points and nerve motor points are delivered with this key principle in mind.

Target Selection - Strikes should be targeted at the opponent's vital points and nerve motor points where they would be most effective.

3.0 Target areas

The bodies target areas can divided into three sections: high, middle, and low. Each section contains vital target areas. The effects of striking these targets follow:

3.1 High Section

The high section includes the head and neck; it is the most dangerous target area. These target areas are, but not limited to: (*Refer to appendix 1*)

Top of the head. The skull is weak where the frontal cranial bones join. A forceful strike causes trauma to the cranial cavity, resulting in unconsciousness and hemorrhage.

Forehead. A forceful blow can cause whiplash; a severe blow can cause cerebral hemorrhage.

Temple. The bones of the skull are weak at the temple, and an artery and large nerve lie close to the skin. A powerful strike can cause unconsciousness and brain concussion. If the artery is severed, the resulting massive hemorrhage compresses the brain, causing coma.

Eyes. A slight jab in the eyes causes uncontrollable watering and blurred vision. A forceful jab or poke can cause temporary blindness, or the eyes can be gouged out.

Ears. A strike to the ear with cupped hands can rupture the eardrum and may cause a brain concussion.

Nose. Any blow can easily break the thin bones of the nose, causing extreme pain and eye watering.

Under the nose. A blow to the nerve centre, which is close to the surface under the nose, can cause great pain and watery eyes.

Jaw. A blow to the jaw can break or dislocate it. If the facial nerve is pinched against the lower jaw, one side of the face will be paralyzed.

Chin. A blow to the chin can cause paralysis, mild concussion, and unconsciousness. The jawbone acts as a lever that can transmit the force of a blow to the back of the brain where the cardiac and respiratory mechanisms are controlled.



Back of ears and base of skull. A moderate blow to the back of the ears or the base of the skull can cause unconsciousness by the jarring effect on the back of the brain. However, a powerful blow can cause a concussion or brain hemorrhage.

Throat. A forceful blow causes extreme pain and gagging or vomiting. A powerful blow to the front of the throat can cause death by crushing the windpipe.

Side of neck. A sharp blow to the side of the neck causes unconsciousness by shock to the carotid artery, jugular vein, and vagus nerve. For maximum effect, the blow should be focused below and slightly in front of the ear. A less powerful blow causes involuntary muscle spasms and intense pain.

Back of neck. A powerful blow to the back of one's neck can cause whiplash, concussion, or even a broken neck.

3.2 Middle Section

The middle section extends from the shoulders to the area just above the hips. Most blows to vital points in this region are not fatal but can have serious, long-term complications that range from trauma to internal organs, to spinal cord injuries.

Front of shoulder muscle. A large bundle of nerves passes in front of the shoulder joint. A forceful blow causes extreme pain and can make the whole arm ineffective if the nerves are struck just right.

Collarbone. A blow to the collarbone can fracture it, causing intense pain and rendering the arm on the side of the fracture ineffective. The fracture can also separate the brachial nerve.

Armpit. A large nerve lies close to the skin in each armpit. A blow to this nerve causes severe pain and partial paralysis.

Spine. A blow to the spinal column can sever the spinal cord, resulting in paralysis

Nipples. A large network of nerves passes near the skin at the nipples. A blow here can cause extreme pain and hemorrhage to the many blood vessels beneath.

Heart. A jolting blow to the heart can stun the opponent and allow time for follow-up with another technique.

Solar plexus. The solar plexus is a centre for nerves that control the cardio respiratory system. A blow to this location is painful and can take the breath from the opponent. A powerful blow causes unconsciousness by shock to the nerve centre. A penetrating blow can also damage internal organs.



Diaphragm. A blow to the lower front of the ribs can cause the diaphragm and the other muscles that control breathing to relax. This causes loss of breath and can result in unconsciousness due to respiratory failure.

Floating ribs. A blow to the floating ribs can easily fracture them because they are not attached to the rib cage. Fractured ribs on the right side can cause internal injury to the liver; fractured ribs on either side can possibly puncture or collapse a lung.

Kidneys. A powerful blow to the kidneys can induce shock and can possibly cause internal injury to these organs.

Abdomen below navel. A powerful blow to the area below the navel and above the groin can cause shock, unconsciousness, and internal bleeding.

Biceps. A strike to the biceps is most painful and renders the arm ineffective.

Forearm muscle. The radial nerve, which controls much of the movement in the hand, passes over the forearm bone just below the elbow. A strike to the radial nerve renders the hand and arm ineffective. An opponent can be disarmed by a strike to the forearm; if the strike is powerful enough, he can be knocked unconscious.

Back of hand. The backs of the hands are sensitive. Since the nerves pass over the bones in the hand, a strike to this area is intensely painful. The small bones on the back of the hand are easily broken and such a strike can also make the hand ineffective.

3.3 Low Section

The low section of the body includes everything from the groin area to the feet. Strikes to these areas are seldom fatal, but they can be incapacitating.

Groin. A moderate blow to the groin can incapacitate an opponent and cause intense pain. A powerful blow can result in unconsciousness and shock.

Outside of thigh. A large nerve passes near the surface on the outside of the thigh about four finger-widths above the knee. A powerful strike to this region can render the entire leg ineffective, causing an opponent to drop. This target is especially suitable for knee strikes and shin kicks.

Inside of thigh. A large nerve passes over the bone in the middle of the inner thigh. A blow to this area also incapacitates the leg and can cause the opponent to drop. Knee strikes and heel kicks are most effective for this target.

Hamstring. A severe strike to the hamstring can cause muscle spasms and inhibit mobility.



Knee. Because the knee is a major supporting structure of the body, damage to this joint is especially damaging to an opponent. The knee is easily dislocated when struck at an opposing angle to the joint's normal range of motion, especially when it is bearing the opponent's weight. The knee can be dislocated or hyper-extended by kicks

Calf. A powerful blow to the top of the calf causes painful muscle spasms and also restricts mobility.

Shin. A moderate blow to the shin produces great pain, especially a blow with a hard object. A powerful blow can possibly fracture the bone that supports most of the body weight.

Achilles Tendon. A powerful strike to the Achilles Tendon on the back of the heel can cause ankle sprain and dislocation of the foot. If the Tendon is torn, the opponent is incapacitated.

Ankle. A blow to the ankle causes pain; if a forceful blow is delivered, the ankle can be sprained or broken.

Instep. The small bones on the top of the foot are easily broken. A strike here will hinder the opponent's mobility.

4.0 Striking Method Examples

During randori, punches and strikes are usually short because of the close distance between fighters. Power is generated by using the entire body mass in motion (momentum) behind all punches and strikes. Most of the strikes and target areas can be juggled around. One strike area is not limited to just one type of strike. Keeping this in mind, the most common striking body parts, so called "weapons" are hands, elbows, knees, and Legs

4.1 Hand

Knowledge of good hand-to-hand can become deadly weapons when used by a skilled martial artist. Some examples these hand strikes are:

Punch to solar plexus. The defender uses this punch for close-in fighting when the aggressor rushes or tries to grab him. The defender puts his full weight and force behind the punch and strikes the aggressor in the solar plexus, knocking the _____ breath out of his lungs.





Thumb strike to throat. The defender uses the thumb strike to the throat. It is an effective technique when the aggressor is rushing or trying to grab them. The defender thrusts his right arm and thumbs out and strikes the aggressor in the throat-larynx area while holding his left hand high for protection.

Thumb strike to shoulder joint. The aggressor rushes the defender and tries to grab him. The defender strikes the opponent's shoulder joint or upper pectoral muscle with his fist or thumb. This technique is painful and renders the opponent's arm numb. (Similar to thumb strike to throat except the strike is made to the shoulder joint)

Hammer fist strike to face. The aggressor rushes the defender. The defender counters by rotating his body in the direction of his opponent and by striking the aggressor in the temple, ear, or face.

Hammer fist strike to side of neck. Similar to the hammer fist strike to face, the defender catches his opponent off guard, rotates at the waist to generate power, and strikes his opponent on the side of the neck (carotid artery) with his hand clenched into a fist. This strike can cause muscle spasms at the least and may knock the opponent unconscious.

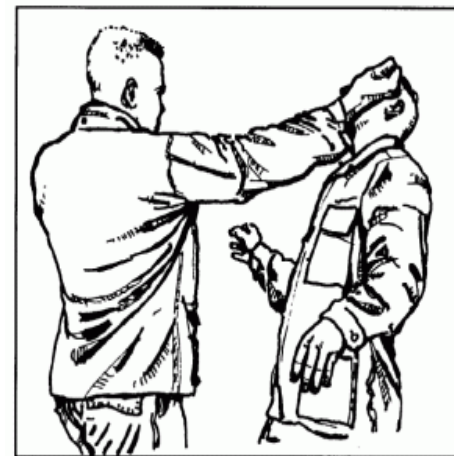


Figure 4-5. Hammer-fist strike to face.

Hammer fist to pectoral muscle. When the aggressor tries to grapple with the defender, the defender counters by forcefully striking the aggressor in the pectoral muscle. This blow can stun the aggressor.

Hook punch to solar plexus or floating ribs. The aggressor tries to wrestle the defender to the ground. The defender counters with a short hook punch to the aggressor's solar plexus or floating ribs. A sharply delivered blow can puncture or collapse a lung.



Uppercut to chin. The defender steps between the aggressor's arms and strikes with an uppercut punch to the chin or jaw. The defender then follows up with blows to the aggressor's vital areas.

Knife-hand strike to side of neck. The defender executes a knife-hand strike to the side of the aggressor's neck the same way as the hammer-fist strike, except he uses the edge of his striking hand.



Knife hand strike to radial nerve. The aggressor tries to strike the defender with a punch. The defender counters by striking the aggressor on the top of the forearm just below the elbow (radial nerve) and uses a follow-up technique to disable his opponent.

Palm heel strike to chin. The aggressor tries to surprise the defender by lunging at him. The defender quickly counters by striking the aggressor with a palm-heel strike to the chin using maximum force.

Palm heel strike to solar plexus. The defender meets the aggressors rush by striking him with a palm-heel strike to the solar plexus.



Palm heel strike to kidneys. The defender grasps his opponent from behind by the collar and pulls him off balance and quickly follows up with a hard palm-heel strike to the opponent's kidney.

4.2 Elbows



The elbows are also formidable weapons; tremendous striking power can be generated from them. The point of the elbow should be the point of impact. The elbows are strongest when kept in front of the body and in alignment with the shoulder joint.

Elbow strikes. When properly executed, elbow strikes render an opponent ineffective. When using elbow strikes, they should be executed quickly, powerfully, and repetitively until the opponent is disabled.

4.3 Knees

When the knees are used to strike the aggressor, they are especially potent weapons and are hard to defend or protect against. Great power is generated by thrusting the hips in with a knee strike; however, use the point of the knee as the impact surface. All knee strikes should be executed repetitively until the opponent is disabled. The following techniques are the most effective way to overpower or disable the aggressor.

Front knee strike. When the aggressor tries to grapple with the defender, the defender strikes his opponent in the stomach or solar plexus with his knee. This stuns the opponent and the defender can follow up with other techniques.

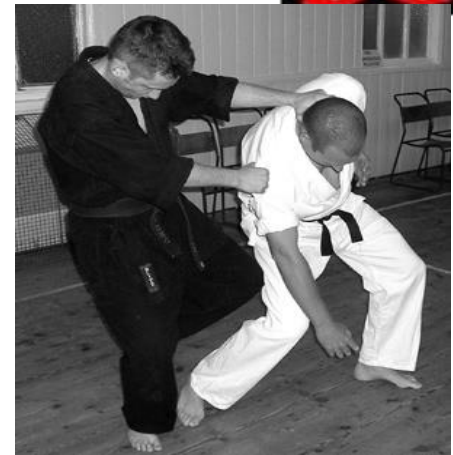


Knee strike to outside of thigh. The defender delivers a knee strike to the outside of the aggressor's thigh (common peroneal nerve). This strike causes intense pain and renders the aggressor's leg ineffective.

Knee strike to inside of thigh. An effective technique for close-in grappling is when the defender delivers a knee strike to the inside of his opponent's thigh (peroneal nerve). This strike causes intense pain and renders the opponent's leg ineffective.

Knee strike to groin. The knee strike to the groin is effective during close-in grappling. The defender gains control by grabbing his opponent's head, hair, ears, or shoulders and strikes them in the groin with his knee.

Knee strike to face. The defender controls the aggressor by grabbing behind his head with both hands and forcefully pushing their head down. At the same time, he brings his knee up and smashes the opponent in the face. When properly executed, the knee strike to the face is a devastating technique that can cause serious injury to the opponent.



4.4 Legs

Kick to thigh. The defender delivers a kick to either the outside or inside of his opponent's thigh (common peroneal nerve). This strike causes intense pain and can render the aggressor's leg ineffective.

Kick to floating ribs. The defender delivers a kick to the floating ribs. A sharply delivered blow can puncture or collapse a lung.

Kick to temple. A powerful strike to the temple can cause unconsciousness and brain concussion. If the artery is severed, the resulting massive hemorrhage compresses the brain, causing coma.

Kick to solar plexus. Kicks being more powerful than

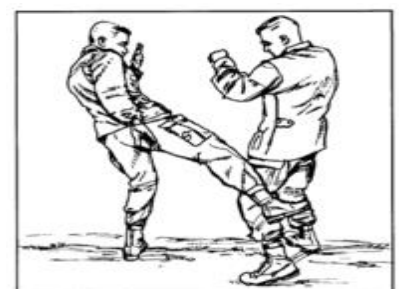


Figure 5-6. Shin kick to common peroneal nerve.

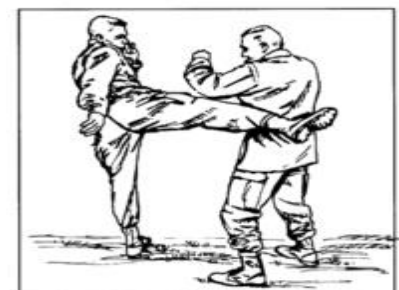


Figure 5-7. Shin kick to floating ribs.





punches, would have the same effect as a punch to the solar plexus but more devastating leaving the opponent breathless

5.0 Nerve Points and Effects

Strikes to nerve motor points cause temporary mental stunning and muscle motor dysfunction to the affected areas of the body. Mental stunning results when the brain is momentarily disoriented by overstimulation from too much input—for example, a strike to a major nerve. The stunning completely disables an aggressor for three to seven seconds and allows the defender to finish off the opponent, gain total control of the situation, or make his escape. Sometimes, such a strike causes unconsciousness. A successful strike to a nerve motor center also renders the affected body part immovable by causing muscle spasms and dysfunction due to nerve overload. (*Refer to appendix 2*)

Jugular notch pressure point. Located at the base of the neck just above the breastbone; pressure to this notch can distract and take away the aggressor's balance. Pressure from fingers jabbed into the notch incurs intense pain that causes the opponent to withdraw from the pressure involuntarily.

Suprascapular nerve motor point. This nerve is located where the trapezius muscle joins the side of the neck. A strike to this point causes intense pain, temporary dysfunction of the affected arm and hand, and mental stunning for three to seven seconds. The strike should be a downward knife-hand or hammer-fist strike from behind.

Brachial plexus origin. This nerve motor center is on the side of the neck. It is probably the most reliable place to strike someone to stun them. Any part of the hand or arm may be applied—the palm heel, back of the hand, knife hand, ridge hand, hammer fist, thumb tip, or the forearm. A proper strike to the brachial plexus origin causes—intense pain, complete cessation of motor activity, temporary dysfunction of the affected arm, mental stunning for three to seven seconds and possible unconsciousness.

Brachial plexus clavicle notch pressure point. This center is behind the collarbone in a hollow about halfway between the breastbone and the shoulder joint. The strike should be delivered with a small-impact weapon or the tip of the thumb to create high-level mental stunning and dysfunction of the affected arm.

Brachial plexus tie-in motor point. Located on the front of the shoulder joint, a strike to this point can cause the arm to be ineffective. Multiple strikes may be necessary to ensure total dysfunction of the arm and hand.

Stellate ganglion. The ganglion is at the top of the pectoral muscle centered above the nipple. A severe strike to this center can cause high-level stunning, respiratory dysfunction, and possible unconsciousness. A straight punch or hammer fist should be used to cause spasms in the nerves affecting the heart and respiratory systems.

Cervical vertebrae. Located at the base of the skull, a strike to this particular vertebrae can cause unconsciousness or possibly death.



Radial nerve motor point. This nerve motor point is on top of the forearm just below the elbow. Strikes to this point can create dysfunction of the affected arm and hand. The radial nerve should be struck with the hammer fist or the forearm bones. Striking the radial nerve can be especially useful when disarming an opponent armed with a knife or other weapon.

Median nerve motor point. This nerve motor point is on the inside of the forearm at the base of the wrist, just above the heel of the hand. Striking this centre produces similar effects to striking the radial nerve, although it is not as accessible as the radial nerve.

Sciatic nerve. A sciatic nerve is just above each buttock, but below the belt line. A substantial strike to this nerve can disable both legs and possibly cause respiratory failure. The sciatic nerve is the largest nerve in the body besides the spinal cord. Striking it can affect the entire body, especially if an impact weapon is used.

Femoral nerve. This nerve is in the centre of the inside of the thigh; Striking the femoral nerve can cause temporary motor dysfunction of the affected leg, high-intensity pain, and mental stunning for three to seven seconds. The knee is best to use to strike the femoral nerve.

Common peroneal nerve motor point. The peroneal nerve is on the outside of the thigh about four fingers above the knee. A severe strike to this centre can cause collapse of the affected leg and high-intensity pain, as well as mental stunning for three to seven seconds. This highly accessible point is an effective way to drop an opponent quickly. This point should be struck with a knee, shin kick, or impact weapon.

6.0 Conclusion

Striking is one of the easiest and simplest way of injuring an opponent. Depending on the strike, the force behind it and the choice can have very different effects. These effects can be very devastating to just being mere touches. Striking is more than just a mere body movement, a lot of detailed thoughts loop though a martial artist mind before each strike occurs such as which strike, which target area, how powerful and when the strike should occur.

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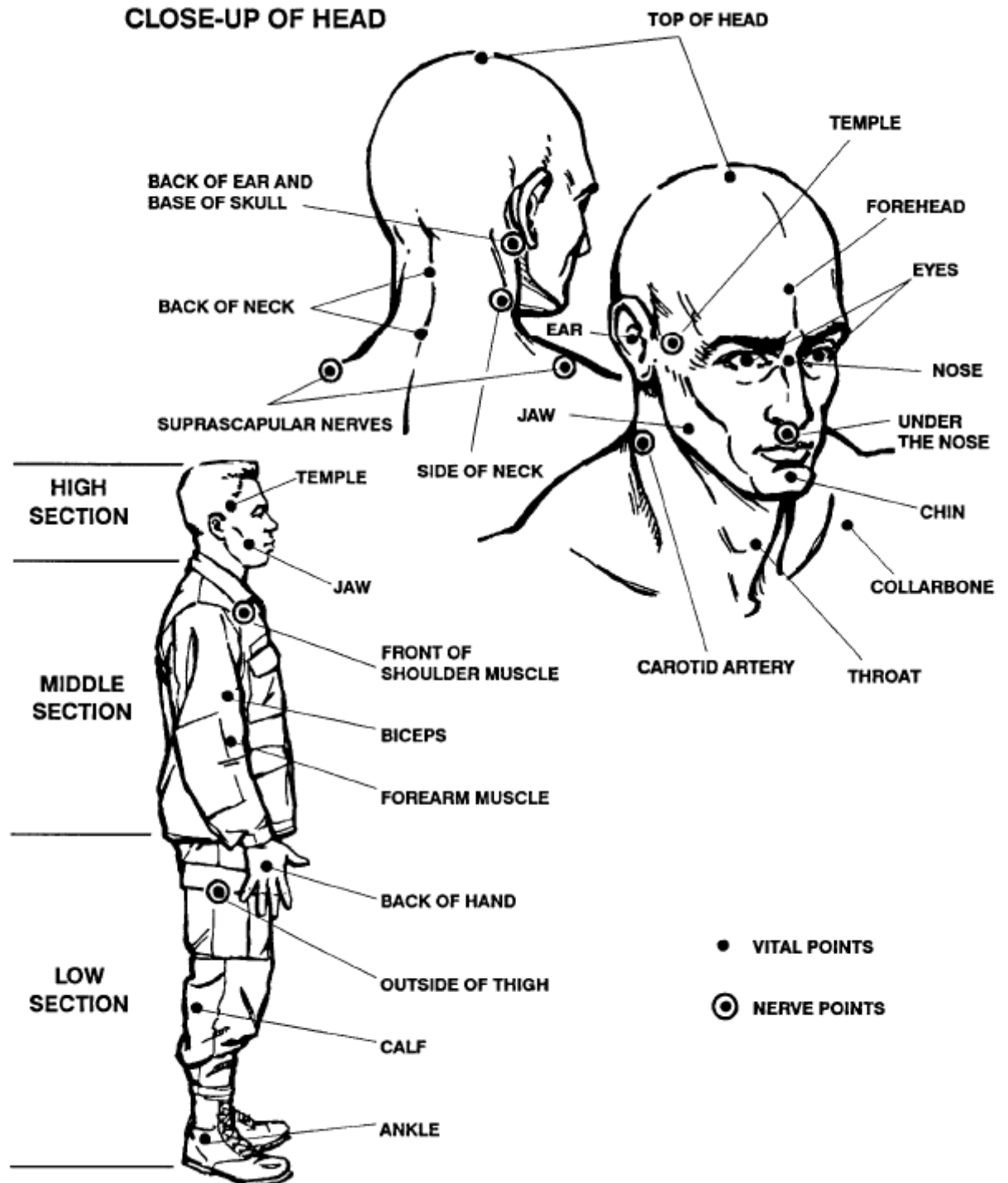
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8.0 Appendix

Appendix 1





Appendix 2

