

Medical History in Japan

Japanese Acupuncture and Moxibustion under the Rule of GHQ after World War II (2)

Recommendation by the Public Health and Welfare Section for the prohibition of moxibustion and acupuncture, and the response of those in the moxicauteury and acupuncture fields in Japan

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When acupuncturists across Japan heard of the interactions between Dr. Ishikawa, who was concerned about the continued existence of acupuncture and moxibustion under the occupational forces, and the Mie Military Government, they began to work together. Their first action was to organize and implement self-regulation for acupuncturists. Meeting on June 20 at Ito City in Shizuoka Prefecture, acupuncturists founded a national organization called the League of Moxacautery Acupuncture, and Massage Practitioners (LMAMP). That initial meeting was attended by Deputy Director, Katsuji Kuge from the Medical Affairs Bureau of the Ministry of Health and Welfare. His forward-looking initiative toward self-regulation did much to stabilize the future of the acupuncture industry in Japan.

However, the Ministry of Health and Welfare (MHW) had already notified the local prefectural Public Health Departments that moxibustion and acupuncture might be prohibited by the GHQ. The well-known acupuncturist Tsutou Hanada of Miyazaki Prefecture heard about this from the director of the regional Public Health Department after the LMAMP meeting, and traveled immediately to Tokyo to spread this alarming news. Meanwhile, the acupuncturist and Diet member Katsuma Kobayashi had also heard from Deputy Director Kuge that acupuncture might be at risk. Storm clouds were gathering for acupuncture in Japan.

Opposition to the GHQ proposal from the visually impaired

On September 23, 1947, staff members at the Medical Bureau of Ministry of Health and Welfare

were summoned to GHQ. There they received the following announcement from a GHQ staffer.

"Drivers of automobiles must be knowledgeable about the capabilities and mechanical structure of their vehicle. In the medical treatment of human beings, also, injuries are likely to occur unless the practitioner is fully knowledgeable about the body. Although some forms of treatment in ancient Asian medicine can be effective, the injuries that occur during treatment can be attributed in part to the low level of understanding of human physiology among modern-day acupuncture practitioners. If this is difficult for sighted practitioners, it must be even more difficult for practitioners with impaired vision. We would thus like to request that this practice be discontinued. What does the Japanese government think?"²⁾

The GHQ, based on the results of their own survey, offered the following proposal for the future of moxibustion and acupuncture in Japan. The contents of that proposal were divided broadly into the following two categories.

1. The visually impaired should be completely barred from the practice of acupuncture, moxibustion, and traditional amma massage.
2. At this point, all practice of therapeutic techniques such as acupuncture, moxibustion, Anma-massage, and Judo Orthopedics Therapy should be prohibited³⁾.

The proposal closed with the statement, "If the Japanese government wishes to retain these treatment procedures as part of the current medical system, reasons are to be submitted in writing by October 2." Although this proposal did provide a little time before an actual conclusion would be reached, the people of the occupied Japanese nation interpreted it as an order that moxibustion and acupuncture would be prohibited.

In February of 1947, the Ministry of Health and Welfare had created a six-person board of inquiry, the Council for the Medical System, to investigate the postwar medical system in Japan, and that council was already reviewing issues and reaching decisions.

Questions related to acupuncture had been a major point of discussion, and on receiving the communication from GHQ, the council acted independently to establish self-regulation by acupuncturists. This was an unforeseen development for the Ministry of Health and Welfare, which had been working to establish a form of self-regulation that would take into account everyone who was currently practicing moxibustion and acupuncture. From the perspective of the Japanese government at that time, the views of the GHQ were absolute. In addition, some of the criticisms by the GHQ regarding current acupuncture practice were accurate.

The biggest problem was that acupuncture was one of the few major occupations available to people with impaired vision. If the Japanese government acted on this warning from the GHQ, it would take away the livelihood of numerous acupuncturists throughout the country and snatch the future from those studying acupuncture at schools for the blind and visually impaired, leaving them lost and without hope. In the tumult and confusion of postwar Japan, such a development would have a very serious negative impact on the society as a whole.

At that time the Medical Affairs Bureau of the Ministry of Health and Welfare had a number of staff members who were well-informed about acupuncture and who also had a good understanding of therapeutic techniques performed by the visually impaired. The Minister of the MHW, Sadayoshi Hitotsumatsu, also had personal experience of being restored to health through acupuncture, so he appealed directly to the GHQ to allow the continuation of moxibustion and acupuncture. However, the absolute authority of the GHQ meant that if acupuncture was prohibited by the occupation forces, the Japanese government would have no alternative but to comply. Despite their desires to the contrary, the MHW could see no way out of the dilemma.

When they heard about the situation, acupuncturists across Japan began looking for ways to avoid this negative outcome. They focused on the time

limit of October 2, set by the GHQ proposal, and organized a movement in support of acupuncture.

Representatives of the LMAMP called upon Colonel Harry G. Johnson, chief of the PHW Medical Service Division, and pleaded for the continuation of acupuncture. General Johnson responded that the situation was being discussed with the Japanese government, and no decision had yet been made to ban this method of treatment.

Meanwhile, across Japan schools for the blind that were training visually impaired students for occupations as acupuncturists came together to form an independent movement. This actively involved the directors of schools for the blind throughout the country, as well as Takeo Iwahashi, the Founder of Nippon Lighthouse, known for his correspondence with Helen Keller. These educators pointed out that prohibition of the practice of acupuncture would not only deprive their students of hope for the future and deprive many visually impaired practitioners of their livelihood, but would also undermine the social structures supporting the visually impaired in Japan, and would endanger the existence of the schools for the blind that focused on acupuncture education. This movement for the continuation of acupuncture was thus based on the desire to protect the occupations of the visually impaired, and also to protect the schools for the blind themselves. On September 28, the Acupuncture Continuation Committee was established within the Tokyo Metropolitan School for the Visually Impaired. On September 29, that committee paid a visit to the Ministry of Education, where they met with Minister Tatsuo Morito. On September 30, committee members visited the MHW and the House of Councilors of the National Diet of Japan to plead for the continuation of acupuncture.

Submission of response by the Council for the Medical System

On October 2, as scheduled, a response prepared by the Council for the Medical System of the MHW was submitted to GHQ. Its contents were as follows.

1. All treatment involving acupuncture, moxibustion, amma massage, other forms of massage, or Judo Orthopedics must be carried out under the supervision of a physician.

2. In general, no new licensing of the visually impaired will be performed for the occupations of acupuncture and moxibustion. However, those persons who are currently working in this field or who are studying acupuncture at a school for the blind will be vested to continue under the old licensing provisions.

3. In general, no new licenses will be provided for the practitioners of Judo Orthopedics Therapy.

4. All quasi-medical practices will be prohibited.⁴⁾

Two of those provisions, in particular, were suggested by the MHW as a last resort to ensure the survival of acupuncture and maintain the right of currently licensed visually impaired practitioners to continue their livelihood. Those two provisions specified that treatment must be carried out under the supervision of a physician and recognized the right of current practitioners and students to practice under the old licensing system while ceasing to issue new licenses. If that response had been approved without modification, Japanese acupuncture would have been greatly restricted, and could hardly have become the thriving medical practice that it is today.

When this response was submitted, Department Chief Hiroyuki Takata of the Medical Administration Department, Medical Affairs Bureau, MHW, informed the GHQ that acupuncture was supported by the majority of the membership in the National Diet. Takata said that there was considerable opposition to any legislation that would impose financial hardship on acupuncturists, and he explained that laws eliminating the occupation of acupuncturist would have a harshly negative impact on the many practitioners of acupuncture, including numerous visually impaired practitioners, and would also work to the disadvantage of the many Japanese people who needed acupuncture treatment. Because acupuncture was a fundamental element of Japanese society at that time, and because it was one of the few occupations

available to the visually impaired, the MHW was focusing on establishing a system of self-regulation. It seems likely that this point of view was frankly presented to the GHQ by Department Chief Takata.

Along with this, Dr. Takeshi Itakura of the Council for the Medical System provided an explanation of moxibustion and acupuncture from an academic and scientific perspective. During his tenure as a researcher in the Ministry of Education, Dr. Itakura had conducted research in the United States and Europe.



In 1943 he became the first director of the newly established East Asian Institute of Medical Treatment, where he carried out research on acupuncture and Asian medicine. Extremely knowledgeable in both Asian and Western medicine, Dr. Itakura had the background and the ability to describe acupuncture objectively in the language of Western science. He discussed the effectiveness of acupuncture, based on data from his own ongoing research, and was able to explain the scientific basis for those effects. He also pointed out that there are fundamental differences in perspective between Asian medicine, which provides the theoretical basis for acupuncture, and Western medicine. The study of disease, pursuit of the essential nature of disease, and prevention of disease through medical treatment have been central to the development of Western medicine, which is fundamentally a "Science of Diseases". In contrast, Asian medicine has developed out of therapeutic techniques that with progressive research can culminate in a "Science of Indications"⁵⁾. Asian medicine is a well-established form of medicine, and Dr. Itakura predicted that in the future a fusion of Western and Asian medicine would lead to the birth of "true medicine".

The GHQ staff indicated their clear understanding and appreciation. Brigadier General Sams, the head of

the Public Health and Welfare Section (PHW) of the GHQ, offered his hand to Dr. Itakura and said that he would like to see continued research in this area for medical development.

National movement for the visually impaired

The signs were now favorable for establishing self-regulation of acupuncturists by acupuncturists. However, the acupuncture industry and the schools for the blind, the two groups that had developed the movement for the continuation of acupuncture, faced new restrictions on their practice because of the provisions that treatment must be carried out under the supervision of a physician and that no new acupuncture licenses would be issued to the blind. These two groups thus continued their activities for the withdrawal of those restrictions, even after the initial response was submitted to the GHQ on October 2.

On October 4 a group of well-known acupuncturists from Osaka traveled to Tokyo to meet with the MHW. They discussed future responses with a number of well-known acupuncturists in the Tokyo area on October 5, and from that point on acupuncturists from Tokyo and Osaka coordinated their activities.

The Acupuncture Continuation Committee also discussed responses. Their representatives visited the MHW and the Ministry of Education, and exchanged information with the LMAMP and the Japan Teachers Union (JTU) section for special schools. In order to prepare materials for submission to the appropriate government agencies, the Acupuncture Continuation Committee asked the Tokyo Metropolitan School for the Visually Impaired to perform a survey that would scientifically demonstrate that acupuncture could be performed by the visually impaired, and educators at the school hurried to comply. At this point some voices began to suggest that this flurry of protest activity might irritate the GHQ, having an effect opposite to the one desired, and that moderation would be wise. This proposal for moderation provides what is probably an accurate insight into the impressions of

the Japanese people toward the GHQ at that time.

On October 7, at the invitation of MHW Minister Hitotsumatsu, a public hearing was convened that was attended by staff members from the MHW Medical Affairs Bureau and by representatives from the world of acupuncture, from schools for the blind, and from the Ministry of Education. At this hearing, leaders within the acupuncture/moxibustion community discussed the theory and therapeutic effects of acupuncture, testified to the safety of acupuncture treatment as performed by visually impaired practitioners, and explained that acupuncture was deeply rooted in the daily lives of the Japanese people. Future needs were also discussed, including the need to establish research facilities that would be able to explain acupuncture from a scientific perspective, and the need to reform the system for acupuncture education and training. This public hearing was significant because it provided an opportunity for all interested parties to meet under a single roof and engage in productive dialogue.

Subsequently a number of conferences were held by the LMAMP and the Acupuncture Continuation Committee, which had been formed by schools for the blind throughout the country, and numerous petitions were submitted to Japanese government organizations and the GHQ. Summaries of those discussions and petitions were reported in acupuncture publications such as *The Journal of Acupuncture and Moxibustion*, the *Imperial Journal of Acupuncture and Moxibustion*, and *The World of Acupuncture and Moxibustion*. Acupuncturists from Tokyo also shared this information in visits to their colleagues from more rural areas, so that soon the movement was not limited to the Tokyo area, but was spreading across Japan.

GHQ was censoring the mail and parcel post during that period in Japan, and there was no true freedom of speech, so in that context the emphasis that these practitioners placed on sincere and truthful communication was a particularly remarkable accomplishment. The censorship procedures also

meant that a great deal of information was communicated to the GHQ about the current status of acupuncture in Japan. The University of Maryland's Gordon W. Prange Collection, an archive of Japanese publications that were collected by the GHQ during the censorship process, includes acupuncture journals of the time, and a review of those materials shows that news on the acupuncture continuation movement was being closely monitored by the censors.

The GHQ used censorship of the mail and parcel post not only to limit freedom of expression, but also as an important source of information for determining how fully Occupation policies were being absorbed into Japanese society and ways of thinking, and for learning about the daily life of the Japanese people. Within the PHW, General Sams and his staff in particular used these materials for information in reforming Japanese medical care. In this way, it seems likely that the acupuncture journals influenced the GHQ plans at least to some extent.

It was at this point that the movement originated to allow the continuation of acupuncture by visually impaired practitioners, a movement that had considerable impact on subsequent GHQ policy.

References

- 2) Report of the Committee for Implementation of Measures for a Nationwide System for Moxacautery, Acupuncture, and Massage, Report I. League of Moxacautery Acupuncture, and Massage Practitioners. 1947
- 3) Higuchi E: The McArthur Tornado and Acupuncture -- Memoirs of Hidetsurumaru Ishikawa. p37.
- 4) Ministry of Health and Welfare Fifty Years of History Editorial Committee: Ministry of Health and Welfare -- Fifty Years of History (commemorative edition). Kosei Mondai Kenkyukai Foundation. 670. 1988.
- 5) Itakura T: References for Reeducation in Moxibustion, Acupuncture, Amma Massage, and Other Forms of Massage -- Therapeutic Value and Future Questions. League of Moxacautery Acupuncture, and Massage Practitioners. 1947.

Explanation of illustration

Takeshi Itakura (1888 to 1958)

A physician in internal medicine and a pharmacologist, Dr. Itakura graduated from the Faculty of Medicine, Tokyo Imperial University. From 1923 to 1925 he worked as an overseas researcher with the Ministry of Education, conducting research in countries including the United States, England, France, and Germany. Well-trained and knowledgeable in both Western and Asian medicine, in 1943 he became the first director of the East Asian Institute of Medical Treatment, where he conducted ongoing research in acupuncture and other forms of Asian medicine. After World War II, in February of 1947, he joined an MHW board of inquiry (the Council for the Medical System), where he contributed to establishing policy for the postwar medical system and worked for the continuation of acupuncture in Japan. He subsequently continued to contribute to the development of medical therapeutics, including in the area of Asian medicine. Dr. Itakura died in 1958, at the age of 70.

Note: Part one of this history appeared in the Spring, 2006 issue of KAIM, pp. 27-31.