

THE JOURNAL OF
KAMPO, ACUPUNCTURE AND INTEGRATIVE MEDICINE
Research on Theory, Practice and Integration

KAIM

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The rainbow colored sphere represents a safe environment and a barrier to protect us from negative influences.

The picture by Leonardo da Vinci represents a balanced body and health.

Completing our logos is a ring which represents the unity of space fulfilling the total meanings of lifence.

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MISSION

To disseminate peer-reviewed information on the use of acupuncture and herbs, and integration with western medicine, based on research from an international perspective; thereby stimulating further research, application of documented therapeutic measures; and facilitating dialogue among health care practitioners worldwide.

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Editorial

Kampo Medicine Seen from the Viewpoint of Clinical Reasoning – Part 1

Clinical Reasoning is a thinking process derived from a patient's symptoms in order to make a diagnosis. In the case of Kampo medicine, the ultimate goal is to find out the optimum prescription for each patient. This process is based on the dual processing theory, System 1 and System 2.

System 1 is an intuitive diagnosis, noticing a characteristic pattern of a patient and instantly recognizing it as "inspiration". Normally, this process is done unconsciously, although it requires a huge amount of organized knowledge to be performed effectively. It is based on intuitive mental simulations performed under the subconscious mind and is called "heuristics" in cognitive psychology.

Actually, the method of System 1 in Kampo medicine is very similar to the method of "Hosho-sotai (方証相對)" which was proposed by Todo Yoshimasu (1702-1773) about 250 years ago. In the case of Todo, his clinical decisions were largely based on abdominal examination, but various verbalized "clinical pearls(口訣)" were created subsequently by many Kampo practitioners. For example, Gensen Tsuda (1737-1809) postulated eight tips that are useful in applying hochuekkito and Yodo Odai (1799-1870) described that keishikaryojutsubuto is available for inflammatory diseases such as rheumatoid arthritis.

The current Kampo medicine is on this extension line, making full use of abdominal examinations and verbalized clinical pearls for tracing the thinking processes of System 1 to select the final prescription. With experience, a doctor may even apply a prescription just by Kampo inspection (望診). Keisetsu Otsuka, who devoted himself to revive Kampo medicine, had stated that his master Kyushin Yumoto once told him "Here comes Tokishakuyakusan" whilst watching a woman who was walking before them. Like this, the experienced Yumoto could anticipate accurate prescription for her just by her figure.

In recent years, besides the clinical pearls based on such experiences, research results can be used as clinical pearls. For example, Hajime Haimoto reported that goreisan was effective for about 90% of the headaches appearing on the day before rain falls by multivariate analysis in 1998. Since then, this has been widely used as an important clinical pearl.

As described above, the thinking process of System 1 by Kampo medicine could be established by making full use of a variety of clinical pearls, evidence data and personal experiences. However, as it is commonly said, it is impossible to deny errors due to bias, and if presented with a case which is outside of one's own knowledge, the diagnosis will prove to be difficult. Even those who can not fully utilize System 1, if one applies System 2 at the same time, the results will be much more effective.

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Kampo Medicine Outpatient Clinic,
Mie University Hospital

Report from WFAS Tokyo/Tsukuba 2016

Overview of the "Toyo Hari Medical Association" (2)
Toyo Hari Medical Association

2. Third joint special lecture by the foreign branches. Lecture on "Geriatric diseases", by Michio Murakami, honorary president:



Growth and aging of people

Growth, development and aging is in oriental medicine governed by the kidney qi. According to the Yellow Emperor's Classic of Internal Medicine, in the section "Treatise on the Natural Truth in Ancient Times" in the volume Suwen the text says: "When a girl is seven years of age, the emanations of the kidneys become abundant, she begins to change her teeth and her hair grows longer. When she reaches her fourteenth year (2x7) her heavenly qi becomes abundant (gonadotropic hormones or sex hormone resembling substances), her conception vessel opens, the movement in the Taichong (LR3) pulse is strong (full thoroughfare pulse) and she begins to menstruate. At 49 (7x7) years the conception vessels becomes empty, the thoroughfare pulse withers, menstruation stops and she cannot have children any more."

To describe this in greater detail, the text states that at the age of 14 it is possible to become pregnant, at 21 the kidney qi becomes balanced, the wisdom teeth are growing and the body matures. At the age of 28 muscles and bones have fully developed, the hair

grown evenly long and the body has reached its most complete state. At the age of 35 the yang ming channels of the hand and foot are weakening, facial complexion worsens and hair begins to fall out. At 42 the three yang channels of the hand and foot above and below weaken, facial complexion is getting worse and hair begins to grizzle.

In boys the kidney qi thrives by the age of 8, teeth regrow and hair becomes longer. At the age of 16 the kidney qi becomes abundant and vitality is overflowing reaching upon heavenly qi. In other words, it becomes possible to father children. At 24 the kidney qi becomes balanced the muscles and bones become stronger, the wisdom teeth are growing and the body matures. At the age of 32 muscles and bones have become abundant and powerful. At 40 kidney qi begins to weaken, hair to fall out and teeth to wither. At the age of 48 the yang qi declines, facial complexion worsens and hair begins to grizzle. At the age of 56 the liver qi declines, muscles begin to loose power and the amount of seminal fluid decreases. At the age of 64 the hair and teeth fall out (translation from the classical Chinese in the "Treatise on the Natural Truth in Ancient Times")

In other words, women grow, develop and age in 7-year and men in 8-year cycles.

Oriental medicine understands human development thus as the rise and fall of kidney qi. If this kidney qi is for some reason compromised, it will lead to developmental anomalies and various diseases. The cause for geriatric diseases too is considered to be a weakening of the kidney qi.

* Prevention of dementia

It is common knowledge that dementia is classified into 1) Alzheimer's dementia and 2) vascular-type dementia. The first mentioned type has first been reported in 1906 by the German psychiatrist "Alzheimer" and is characterized by the deposition of plaques of a characteristic protein called "amyloid beta" on the surface of the brain and often associated with atrophy of the memory

controlling hippocampus. The second type is caused by sclerotic lesions, occlusion or damage to cerebral blood vessels. However, in oriental medicine consciousness and cerebral functioning as well as decline of the kidney qi need to be paid attention. Clinically, repeated stimulation of the kidney channel in order to arouse both kidney qi and kidney function can gradually promote the development of senility in patients and thus can lead to the development of dementia. Trying this on yourself will help to understand it even better. For example, when you continue daily treatment of your own kidney channel (in particular points near its end), your brain may gradually stop to work normally. In other words, memory declines and you may experience difficulties remembering various figures, telephone numbers, or momentarily forget what you wanted to fetch, when you went upstairs. Your ability to think tends to decline. This is considered to be due to the principle of water restraining fire, where the kidney water suppresses the function of the heart fire.

This being said, frequently the kidney channel needs to be treated. Those are precisely the occasions calling for the kind of sokoku regulation promoted by our association. In particular the heart channel (which controls consciousness and mental faculties) and the pericardium channel have to be regulated skillfully. Concretely, this requires treating HT7 or PC7.

Branch treatment for the prevention of dementia includes the selection of 2-3 points among GV15, BL10, GB20, GB12, GV20 etc. in order to improve the circulation of qi and blood towards the head, where another of our Association's special techniques, 'shinshasempo' should be applied. Or else stainless steel needles can also be retained at these points. Anyway, a treatment should be devised that improves qi and blood flow to the head. This kind of treatment should also be effective for the prevention of dementia in yourself.

The active rather than passive use of your mental faculties also helps to prevent the development of

dementia. For example, you should not just read characters and texts, but try to actually write whenever practicable. It is a good idea to deal with figures – such as memorizing telephone numbers, or various other figures (Moneylenders rarely become mentally slow) - and then try to constantly repeat those memorized figures.

* Treatment of the chest and cardiac diseases

Many patients suffer constantly from a feeling of anxiety, palpitation, shortness of breath or a feeling of constriction. From a meridian therapeutic point of view these conditions are often the spleen deficiency liver excess patterns or the kidney deficiency spleen excess pattern. An effective treatment of these conditions is considered to be surprisingly easy.

For the branch treatment 'shinshasempo' is applied on the left side of the interscapular region to improve the circulation of qi and blood within the thoracic cavity. Needling CV17 in the middle of the chest, or else attaching intradermal or press-tack needles there can also be done.

In case of acute onset of cardiac diseases bloodletting the left well point of the small intestine channel SI1 is effective and can be applied before the root treatment. It can almost immediately provide relief from the angina pectoris. Treat without hesitation and with self-confidence. Speaking of cardiac diseases, this treatment is effective angina pectoris, some forms of myocardial infarction, atrial fibrillation, right bundle branch block, left bundle branch block and a variety of arrhythmias. In case of dissection of the thoracic or abdominal aorta, the patient should immediately be referred to a specialist and the appropriate differential diagnosis is necessary. If bloodletting the jing-well points does not provide any relief, the presence of a dissection of the aorta is highly suspect.

* Cerebrovascular disorders and meridian therapy

Regarding these conditions I do not have enough cases I could confidently present here, but starting treatment immediately after an attack can be expected to be quite effective. With the passage of

time after the onset, it becomes increasingly more difficult to achieve the desired results. Presenting patterns are often spleen deficiency liver excess, kidney-spleen sokoku sho etc., so that for the branch treatment shinshasempo or else needle retention in the posterior neck region at GV15, BL10, GB20 etc. can be effective. Additionally, bloodletting of the jing-well points of the hand is highly effective in reducing any unnatural intracerebral pressure, so that one should look for the presence of blood stagnation at LI1 of the large intestine channel, TB1 of the triple burner channel and SI1 of the small intestine channel. And the effect of relief of blood stagnation from vascular spiders in the region of the posterior neck and behind the ears is better, the earlier it is performed.

* Locomotive syndrome in the elderly

The locomotive syndrome including conditions like osteoarthritis of the knee or spinal canal stenosis can cause therapists much distress, requiring some ingenious adjustments of this root treatment and any local treatment administered to the affected regions. For example, when the usual treatment for osteoarthritis of the knee is insufficient, slightly deeper needling into articular cavity or shinshasempo in the gluteal region of the affected side is often effective. In cases of long-standing low back pain and the like too some ingeniously adjusted treatment of the affected region often leads to a cure. Mistakes made during root treatment, however, may hinder the healing process and thus cannot be easily dismissed.

* As opposed to young people the clinical practice of geriatric diseases cannot neglect the combined study of both root and symptomatic treatments. That is because the number of diseases based on changes of the blood increases. Aging is associated with a decline in the functioning of qi and blood, so that it is desirable to take sufficient time for the treatment and not being overly concerned with the therapeutic effects.

Finally

The above articles of two representative senior teachers were used to introduce the Toyo Hari Medical Association, but I would like to add some supplemental information about the current state of our association.

Current president: Shuho Taniuchi

Office: 1453-21 Narahara-machi Hachioji-shi
Tokyo Japan

Hiroshi Nakazawa

Members: domestic = 1,000 persons (37 branches)

foreign = over 300 persons (14 branches)

Main activities: regular lectures in the main office, basically the first Sunday of the month, except in January and August (location: Tokyo, Japan Education Center)

Branch meetings: basically every third Sunday in Japan

Every other year a meridian therapy academic conference and a course of technical lectures is held (location: Tokyo, Asakusa View Hotel)

For more information, please refer to the Japanese website <https://www.toyohari.net/>.

The central Toyohari branches in the United States of America, Europe, Australia-New Zealand are each running courses to train acupuncturists in Toyohari. The 14 regional branches across these four countries each have their own scheduled study meetings that include monthly meetings of members, special study events for members, regular workshops with teachers from Japan. Members are found in the US, UK, Holland, Germany, Switzerland, Spain, Portugal, Australia, New Zealand, Canada, France, Ireland, Belgium, Denmark, Sweden, Norway, Italy, Austria, Croatia, Hungary, Greece, Israel and Malaysia.

For more information please refer to <https://www.toyohari.org/> for the North American branches, <https://www.toyohari.eu/> for the European branches and <http://www.toyohari.org.au/> for the Australasian branches.

Type 1 Case of Yasui Classification

*Nijutsuto with Added Aconite Root Ameliorated
Severe Symptoms of the Frozen Shoulder:*

A Case Report

Mitsuyuki Takamura
Kampo Medicine Outpatient Clinic
Mie University Hospital

Introduction

Frozen shoulder, also referred to as adhesive capsulitis, painful stiff shoulder, and periarthritis is a condition of uncertain origin characterized by spontaneous pain and stiffness of the shoulder. The condition is thought to be usually self-limiting although some patients have symptoms such as pain and/or functional loss for several years, moreover, complete resolution does not occur in many patients 1), 2). Effective standard pharmacological treatment of frozen shoulder is not established yet, acetaminophen and/or nonsteroidal antiinflammatory drugs (NSAIDs) may be used for pain control. However, there are no randomized controlled trials that confirm the effectiveness of NSAIDs in treatment of this pain. Sometimes even opioid analgesics may be required³⁾. On the other hand, in Japanese traditional Kampo medicine, *nijutsuto* has been used for treatment of frozen shoulder. Many anecdotes about *nijutsuto* have been described in some Kampo textbooks and frozen shoulder is only one disease which is applicable for *nijutsuto* extract by medical insurance in Japan, however, there is no published peer-reviewed report about efficacy of *nijutsuto*. Besides, processed aconite root is one of the most important crude drug in Kampo treatment, it is used because of its analgesic action and ability to generate heat in the body. Aconite root is usually included in Kampo formula already or be added to some other formulas for modification. We report a case of woman who suffered from frozen shoulder and was successfully treated with *nijutsuto* with added processed aconite root.

Case presentation

A 56-year-old office clerk woman visited our department in June for complaints of her right shoulder pain deteriorating due to frozen shoulder. Around seven months before the visit, she had felt a nagging pain in her right shoulder and was diagnosed as frozen shoulder at the orthopedic clinic after X-ray exam and physical exam. Administration of a few NSAIDs, and several times of intra-articular injections by the previous doctor did not relieve her symptom. She could not continue to take pregabalin and duloxetine for their side effects. Her pain was getting severe enough to interfere with her daily activity (such as sleep disturbance, having trouble to hold a computer mouse at the job). She had a history of inactive old intracerebral hemorrhage and Rathke cleft cyst detected incidentally on magnetic resonance imaging at age 54 and appendectomy at 16. Her height was 159cm, body weight was 45kg, blood pressure was 122/76mmHg and pulse rate was 88. Visual Analogue Scale (VAS) of shoulder pain was 30mm. Complexion and skin color was normal. Physical examination revealed significant restriction of both active and passive range of movement of her right shoulder, the other shoulder was intact. Auscultation of chest was normal, abdominal palpation revealed no abnormal mass or signs but operation scar of appendectomy. No abnormal findings on blood analysis. In Kampo manners, abdominal strength was intermediate; brisk pulsation in the supra-umbilical region, right-lower abdominal tenderness, weakness of lower abdominal region and fluid retention in stomach were detected. Tongue was moist, pink and covered with thin white coating by tongue inspection. Pulse inspection revealed sunken, smooth and slightly string-like pulse. Sensitivity to cold, malaise and occasional headache were listed as her subjective symptoms. We diagnosed her as phlegm-fluid retention with spleen qi deficiency and prescribed 7.5g of *nijutsuto* (TSUMURA Co., Tokyo, Japan) added 6 tablets of *aconinsan tablet* (made from

powdered 1.0g *Aconiti Radix Processa*, Kakenshoyaku Co., Tokyo, Japan) per day. Her symptoms ameliorated soon after medication, especially sleep disturbance was improved. After increasing dose of aconite root to 1.5g per day at second visit, VAS decreased to 4mm on her next visit. Until sixteen weeks later since first visit, she sometimes forgot to take Kampo medicine because of obtaining almost remission of her symptoms, we prescribed no more medication from that time. We could ascertain that her symptoms completely improved 4 weeks later then we finished the treatment. No side effect was observed during treatment.

Discussion

The prevalence of frozen shoulder is estimated to be 2 to 5 percent of the general population; the condition is with the peak age in the mid-50s. Frozen shoulder occurs predominantly unilaterally and is usually self-limiting, although evidence about prognosis is limited^{1), 2)}. According to UPTODATE³⁾, frozen shoulder is commonly described as progressing through three phases; initial painful phase with development of shoulder pain that is worse at night, increasing stiffness that lasts for 2 to 9 months. Followed by an intermediate phase with stiffness and severe loss of shoulder motion, but with pain becoming gradually less severe, that lasts for 4 to 12 months. Lastly, a recovery phase with a gradual return of range of motion that takes from 5 to 24 months to complete. In the present case, the patient was a woman in her 50s, the symptoms occurred unilaterally and remained at least 7 months instead of taking common treatment. It can be said that the typical case, however, her symptom immediately ameliorated after administration of Kampo and disappeared in next 5 months. Even though taking into consideration the natural course, we contemplate this treatment was effective. *Nijutsuto* has been used for pain in the arm or arms due to phlegm-dampness, that adaptation is mentioned in

a source book “*Manbyou-Kaishun* (万病回春 wan bing hui chun, Restoration of Health from the myriad Diseases)” which is written in 1587 at Ming dynasty by Ting Xian Gong of China⁴⁾. “*Manbyou-kaishun*” has been widely read in Japan, Japanese Kampo specialists also described about effectiveness of *nijutsuto* in their books⁵⁾. Gyuzan Katsuki wrote that many pains in shoulders and arms belong to phlegm then *nijutsuto* is adaptive for it in “Gyuzan Katto”. Teian Azai described that *nijutsuto* is effective for treatment of pain in hands and arms due to phlegm in his book⁶⁾. Koyama wrote that he would add aconite root to *nijutsuto* if the condition of frozen shoulder was at chronic phase⁷⁾. He explains that adding *Aconiti Radix Processa* meaning of activation and resolving old blood stasis. We added it for the purpose of enhancing analgesic effect and relieving cold in this case, it can also be thought that blood stasis existed.

Conclusion

We report about a case in which refractory frozen shoulder was ameliorated immediately after administration of *nijutsuto* adding aconite root. *Nijutsuto* with added aconite root can be one therapy for the treatment of frozen shoulder.

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Clinical Report (Acupuncture)

The Effect of Acupuncture and Moxibustion for Ossification of Posterior Longitudinal Ligament and Cervical Spondylotic Myelopathy

Kiyoi Hirano
Fukuoka School of Health Science

1. Introduction

Ossification of posterior longitudinal ligament (OPLL) is a progressive disease in which the ossification of the longitudinal ligament located posterior to the vertebra oppresses the spinal cord in the spinal canal and causes such symptoms as swelling and pain that eventually spreads over a larger area.¹⁾ In this study, patients of OPLL who suffered from intense pain that could not be alleviated with an analgesic and were recommended to undergo surgery, were given acupuncture treatment to relieve the pain. Favorable results were obtained as presented below. Additionally, when acupuncture treatment was similarly provided to two patients of cervical spondylotic myelopathy, the treatment was effective in one patient but non-effective in the other, as also discussed below.

2. Cases

[Case 1] 62-year-old male

[Chief complaint] Intense pain from the posterior region of the neck on the left side to the shoulder area and lateral surface of the arm due to OPLL. Taking an analgesic induced a sleep disorder.

[History of present illness] The patient developed the symptoms in January YYYY. In February YYYY, he was told he has continuous ossification from segments C3 to C4, with the ossification (protrusion) occupying one-third of segment C3 at the most. He was therefore recommended to undergo surgery. The pain was most intense when the patient drove his car, lay down, or walked, such that he took an increasing amount of analgesics.

[Progress of treatment] (First visit) May YYYY. The patient had a fear of needles and requested

acupuncture treatment with minimal stimulation. During treatment in prone position, the pain worsened, so Zhu's scalp acupuncture was applied sitting down, and the pain subsided somewhat. Scalp acupuncture was applied to the front 2/3 of the zone from the top of the right side of the head to the temple, corresponding to the upper left limb, and to the front 1/4 of the area from the temple to the top of the head, corresponding to the head (cerebral/neurological), with the aim of relieving the pain. Additionally, half rice grain size heat transmitting moxa using moxa paper was applied to the area 2cm outside the spinous process of segments C3 to C5 and to the LU-3 point on the left side using moxa paper. After applying the moxa five times, the patient's symptoms disappeared. (Second visit) Four days later. The patient visited the clinic after experiencing intense pain from early morning. Electric acupuncture was applied to the same points as the scalp acupuncture for 10 minutes at 1Hz, $\phi 0.16\text{mm}$ needles were inserted in the area outside the spinous process of segments C5 and C6 on the left side to a depth of about 2cm and embedded there, and half rice grain size moxa was applied five times to the outside of the spinous process of segments C3 to C7 on the left side and the BL42 point on the left side using moxa paper. As a result, the patient's symptoms of pain disappeared. Thereafter, treatment was applied once a week, and by the seventh visit, the patient recovered to the point where he could carry on with this daily life without any problem, so the frequency of the treatment was reduced to once a month, and he was treated only with embedding needles acupuncture and moxibustion. Scalp acupuncture was rarely applied, thinking that the disappearance of the initial pain might have been attributed to the change in posture from prone position to sitting position. Figure 1 shows the acupuncture points used from the patient's fourth visit and on. In all cases, the needles were inserted to a depth of about 2cm. (15th visit) February YYYY+1. The pain remained gone, and the

patient was able to carry on with his daily life without any problem, but CT images did not show any decline in ossification. (23rd visit) September YYYY+1. The pain returned, but electric acupuncture to the posterior region of the neck dissipated the pain. (39th visit) February YYYY+3. The patient experienced no pain for more than a year, so treatment was canceled. Thereafter, the pain returned in June YYYY+3, however, so treatment was resumed once every one to two months. Figure 2 shows a CT image taken in August YYYY+3. A vertical spreading of the ossification could be seen, but it was not accompanied by pain. The patient continues to receive treatment today.

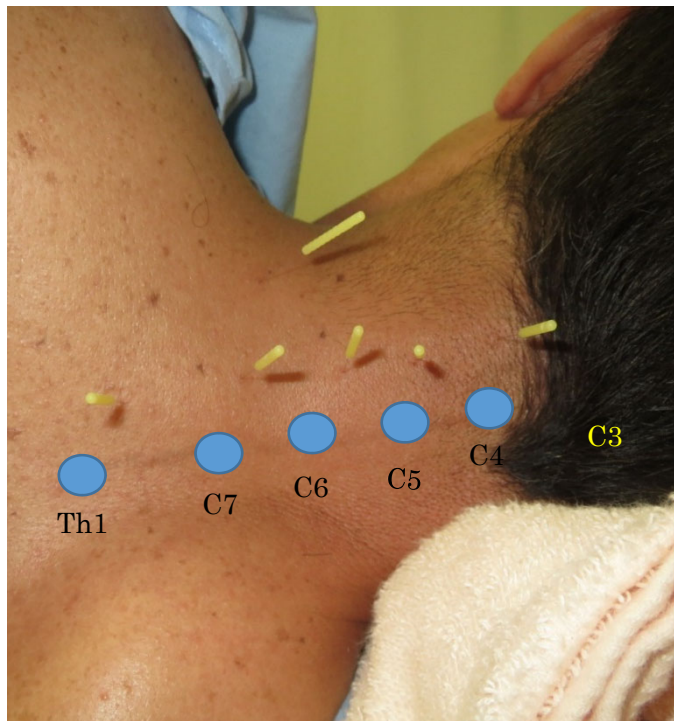


Figure 1 Case 1, acupuncture treatment after 4th visit:
2cm & 7cm outside the spinous process

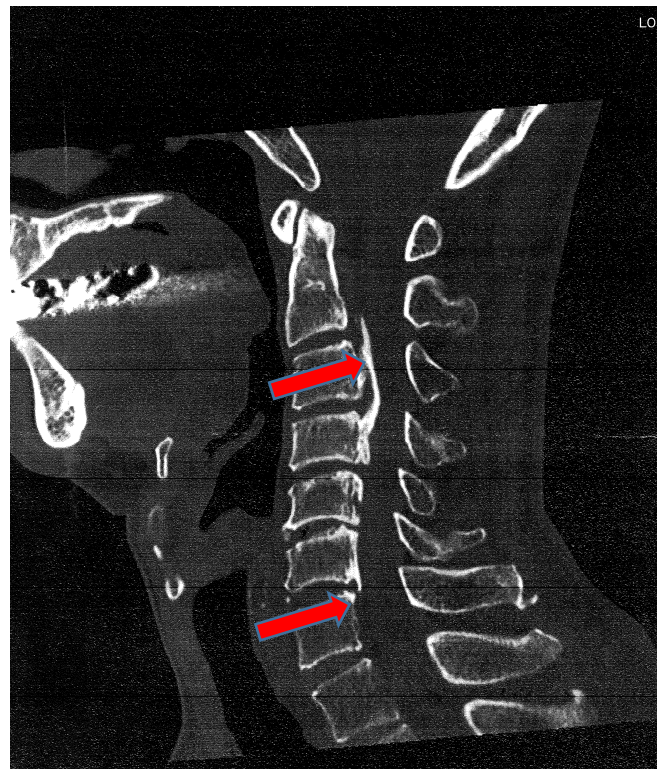


Figure 2 Case 1, CT image:
Vertical progression of ossification
39 months after first visit

[Case 2] 57-year-old male

[Chief complaint] Numbness of hands and fingers on the palm side, pain and limited rotation of the neck and shoulders, weak feeling in both legs

[History of present illness] The cervical vertebra had been secured with a bolt, but the patient continued to feel numbness in his hands and fingers, weakness in his legs, an itchiness in his legs, and pain in his lower back. Figure 3 shows a CT image taken on his first visit (after surgery). A disc protrusion was seen. [Progress of treatment] (First visit) June YYYY. Electric acupuncture was applied by inserting needles ($\phi 0.25\text{mm}$) to the area 2cm outside the spinous process from C6 to Th2 on both the left and right sides and to the BL52 and BL25 points to a depth of about 3cm. (3rd visit) To relieve the numbness in the hands and fingers, sleep apnea syndrome, and associated chronic sinusitis, half rice grain size heat transmitting moxa was additionally

applied five times to the area 2cm outside the spinous process of segments C6 to Th2 on both the left and right sides and to the BL43 and SL14 points.

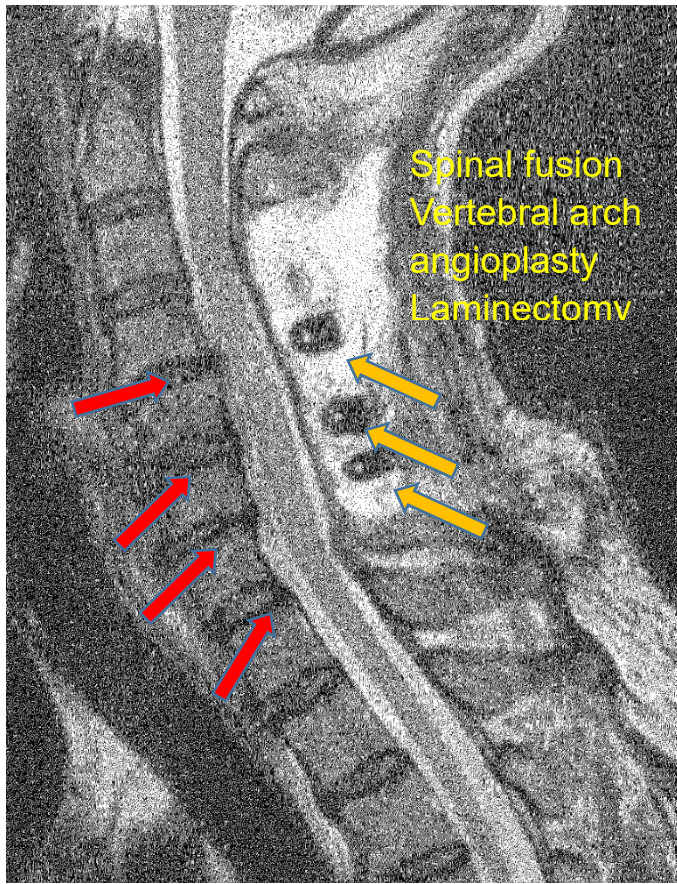


Figure 3 Case 2, post-operative CT image (at the time of first visit)

(12th visit) October YYYY. $\phi 0.35\text{mm}$ Chinese acupuncture needles were inserted to a depth of about 2cm in an area 2cm outside the spinous process of segments C6 to Th2 on the left and right sides, and in SL11, SL12, LL11, GB12, BL10 and EM13. There was no limitation on the rotation of the neck. Thereafter, the same treatment was continued roughly once a month. Figure 4 shows an X-ray image taken two months after commencing treatment. After the 34th treatment two years and two months after the first treatment, the X-ray image shown in Figure 5 indicated that the alignment of the neck joint was corrected. Around

this time, an improvement was also seen in the movement of the fingers and hands during cold times and the numbness of the fingers and hands on the palm side. Furthermore, the itchiness in both lower limbs and weakness in the legs also disappeared for the most part. (37th visit) October YYYY+2. More than a month without treatment caused tension in the neck and an abnormal noise. Nasal congestion also worsened. The patient thus continues to receive treatment today.

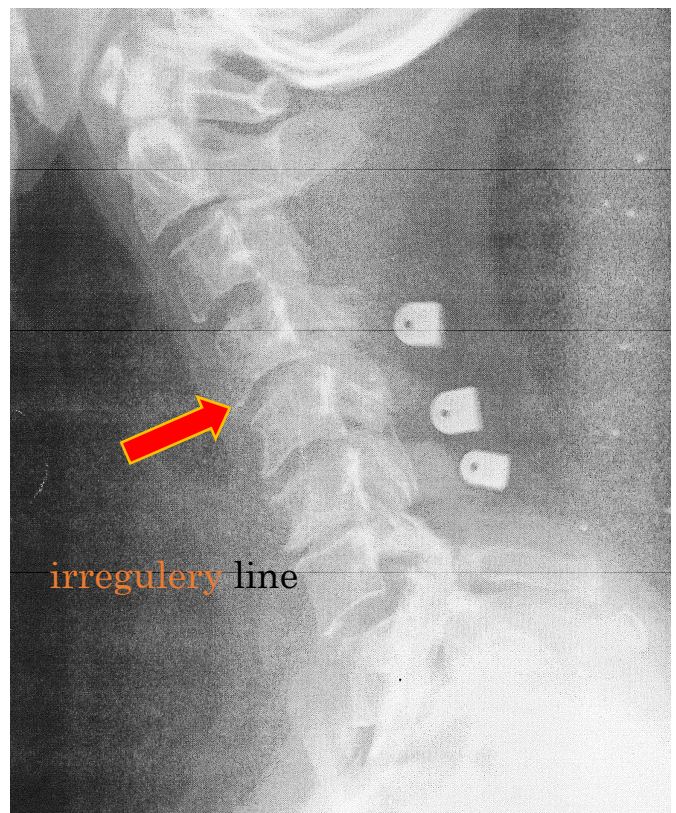


Figure 4 Case 2, X-ray image after two months of treatment:
Conspicuous misalignment of the vertebral body

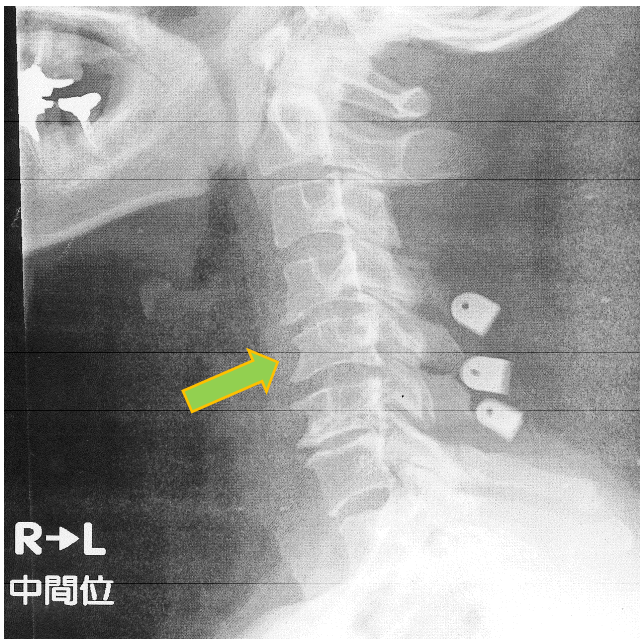


Figure 5 Case 2, 2 months after commencing treatment:
The vertebral body is aligned

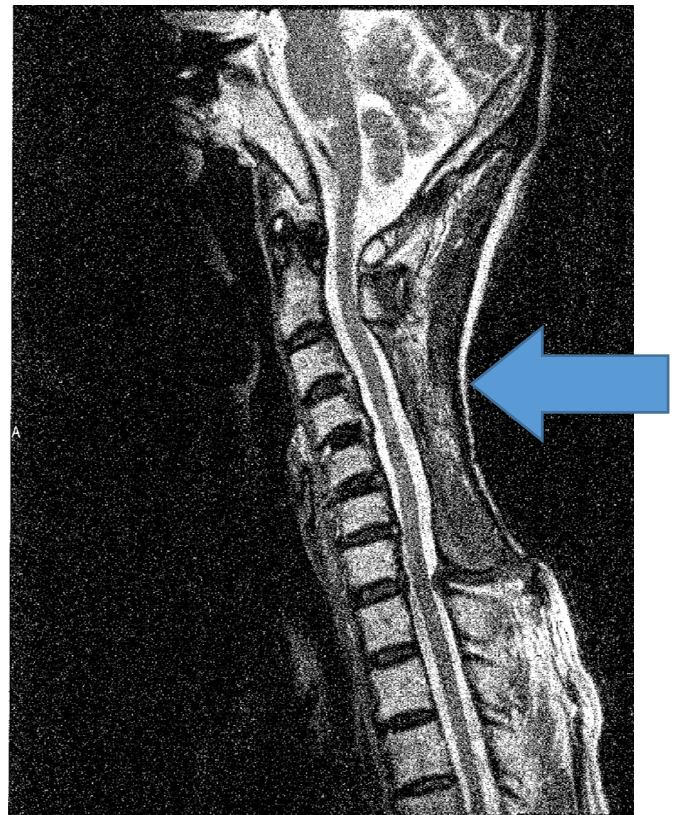


Figure 6 Case 3, CT image after first surgery:
The muscle is largely gouged

[Case 3] 71-year-old male

[Chief complaint] Heaviness in the neck, numbness in the left hand, walking difficulty after receiving surgery for cervical spondylotic myelopathy

[History of present illness] The patient received surgery to secure the cervical vertebra with a bolt in September YYYY-3 and March YYYY-1. The pain in his neck subsided, but the heaviness remained. He complained of a numbness in his left hand and fingers and walking difficulty accompanying a weakness and instability of his lower body. Because the walking difficult occurred after the surgery, the patient became depressed and could not get himself to go outdoors. No vertebral arch was seen in segments C3 to C6, and the vertebral body from C2 to C6 was fixed. Figure 6 shows a CT image taken after the first surgery (October YYYY-1). Due to the surgery, an area 7cm long and 5cm wide in the neck was gouged and hardened. At the time of his visit to the clinic, the patient's walking appeared to be consistent with the walking speed of people his age, but he said his walking has become much slower than before. He could not lie down in supine position.

[Progress of treatment] (First visit) October YYYY. The patient had no experience in acupuncture treatment. Jakutaku (needle reciprocating) acupuncture was applied to the SI8, PC6 and LI11 points on the left side in a manner that would resonate to the hand and fingers, before embedding them according to the embedding needles method. Additionally, $\phi 0.16\text{mm}$ needles were inserted to a depth of about 1cm in an area outside the surgical scar on the neck and in an area 2cm outside the spinous process of segments C4 to Th1 on the left and right sides, and the needles were left there for 10 minutes according to the embedding needles. Half rice grain size moxa were also applied ten times to those points using moxa paper. (3rd visit) October YYYY. There were no changes in the patient's symptoms, so Zhu's scalp acupuncture was applied. Needle stimulation was applied to the upper 1/3 and 2/3 of the top of the head toward the temple on both

the left and right sides, and the needles were left there for 15 minutes according to the embedding needles. (5th visit) November YYYY. Electric acupuncture was applied to the upper left limb for 15 minutes at 70Hz. No changes were seen in the patient's symptoms, and the treatment was canceled 8 months later on the patient's 23rd visit.

[Result and observations]

In Case 1, ossification of posterior longitudinal ligament (OPLL) was addressed by applying needle stimulation to a depth of approximately 2cm and electric acupuncture was applied several times to an area near the afflicted area, with the result that the pain that was so intense as to keep the patient awake at night disappeared. CT images clearly show a progression of ossification, so careful follow-up is necessary, and there is no telling when the symptoms might worsen. Nevertheless, since acupuncture and moxibustion treatment clearly brought about a remission of the symptoms, there is room to consider the continuation of conservative treatment by acupuncture and moxibustion. Additionally, as it has been confirmed that a recurrence of the pain will occur if acupuncture treatment is suspended, it could be said that acupuncture treatment can prevent pain caused by OPLL. In this case, the patient had a fear of needles, so needle stimulation was applied to an extremely small number of places. In other words, weak stimulation was enough to produce a sufficient effect.

In Case 2, needle stimulation and moxibustion was applied to an area 2cm outside the spinous process of the afflicted part of the cervical vertebra, as in Case 1, but for greater effect, $\phi 0.35\text{mm}$ Chinese needles that are twice the thickness of those used in Case 1 were used, and heat transmitting moxa was applied without using moxa cautery or moxa paper. As the patient's symptoms were in his four limbs, acupuncture and moxibustion were applied to both his left and right sides. The same acupuncture points were used, but with greater stimulation. In this

patient, an improvement was seen in his symptoms and in the alignment of his neck after two years of treatment. It is thus thought that the amount of stimulation influences the amount of time until an improvement is seen in the symptoms.

Next is an observation on moxibustion. In this study, moxibustion was applied in all three cases. In Cases 1 and 3, heat transmitting moxa was applied using moxa paper, and in Case 2, heat transmitting moxa was applied without using moxa paper. Heat transmitting moxa is becoming rather outdated in Japan. It is rarely applied or hardly known in China today. I have used heat transmitting moxa to treat allergies, colds, sleep apnea syndrome and hemiplegia, with results that indicate its efficacy.^{3) 4)} Therefore, it was also used in the three cases of this study, but because acupuncture and moxibustion were applied at the same time, it cannot be said that moxibustion was effective judging from these three cases alone. In Case 1, the patient was nervous and was prone to feel intense pain because he had a fear of needles, so there were times when it was impossible to insert any needles and only acupuncture was applied. As he is still undergoing treatment, I would like to attempt treatment solely by acupuncture hereafter.

Lastly, with regard to Zhu's scalp acupuncture, I have felt its efficacy against the aftereffects of a stroke and also against general pain.³⁾ I therefore performed scalp acupuncture in Cases 1 and 3, but when considering that in Case 1 the pain may have disappeared owing to a change in body position, it was performed only five times among a total of 46 treatment sessions. Furthermore, in Case 2, certain effects were produced without applying scalp acupuncture, and in Case 3, scalp acupuncture was applied nine times out of a total 23 treatment sessions, but no changes in symptoms were observed. Thus, the efficacy of Zhu's scalp acupuncture is not known in these three cases.

[Conclusion]

Applying acupuncture and moxibustion treatment to the area afflicted with ossification of posterior longitudinal ligament (OPLL) brought an improvement in the symptoms thereof, and suspending the treatment brought a recurrence of the symptoms. This suggested that applying acupuncture and moxibustion to the afflicted area may have some form of impact on the spinal canal.

The efficacy of the same acupuncture and moxibustion treatment against the postoperative aftereffects of cervical spondylosis myelopathy was also suggested. It is thought that with respect to patients who have a cervical problem, acupuncture and moxibustion treatment to the afflicted area has the effect of correcting the cervical alignment and improving the symptoms, but in cases where a significant decrease in muscle has occurred in the afflicted part, acupuncture and moxibustion does not have the effect of correcting the alignment.

Based on the above, it could be said that it is beneficial to recommend acupuncture and moxibustion treatment before surgery as long as time allows.

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(The above references 1 to 6 are all in Japanese only)

Conference Report 1

The 66th Annual Congress of The Japan Society of Acupuncture and Moxibustion in Tokyo

Sayaka Toda

The annual congress of the Japan Society of Acupuncture and Moxibustion was held, with more than 2500 participants, on June 10th-11th at University of Tokyo, where a lush green environment offers a little oasis in the middle of busy Tokyo. The theme of this congress was “Japanese acupuncture, proud to present to the world, — a progress to establish ‘Tokyo declaration’”. Tokyo declaration was once written in 2011 to specify the advantages of Japanese acupuncture at the annual congress, which was mostly cut down due to the Great East Japan Earthquake. This time, with the scientific evidences, this congress was aimed to verify and reaffirm the characteristics of Japanese acupuncture.



The opening ceremony was held in Yasuda auditorium, a historically famous building in the university. In the opening remarks, the chair of the committee, Mr. Soji Toriyabe described that this congress was meant for investing the efficacy of acupuncture with “scientific perspective”, which turned out to exceed our expectations.



The congress president’s speech

2-day congress started with the speech by Mr. Takayosi Ogawa, the adviser of the Japan Society of Acupuncture and Moxibustion, following the opening ceremony, which seized the audience’s avid attention with expectations. The topic of the speech was Oriental medicine versus Western medicine — Which medicine is more of a root treatment? —. Mr. Ogawa started with questioning regarded the realities and problems of the current medical system in Japan, where excellence of western medical doctors with high technologies proliferated though weighing now heavily on Japanese finance and aging society, and distressing patients with side effects. He highlighted the efficacy of oriental medicine discussing its holistic consideration, relative inexpensiveness, and safety to support that oriental medicine is more of a root treatment in that sense, and guided the audience to expect the main discussion about the future of acupuncture held in the following day.

Keynote speech

Keynote speech was presented by Tadashi Hisamitsu, the chair of Japan Society of Acupuncture and Moxibustion. He focused on physiological mechanisms of acupuncture treatment and its latest progression. He specifically presented his marked studies that prove clinical conditions on

traditional medicine. One of his basic studies found that acupuncture promotes blood flow in the cerebral cortex locally by activating the brain cholinergic neurons, decreased function of which can be due to aging. His scientific approaches to support acupuncture treatment with physiological mechanism will surely be a key to further studies for many acupuncturists in Japan.

Symposium

Symposium offered 4 different topics;

1. Current states and tasks for acupuncture treatment on refractory nervous system diseases
2. Cancer treatment and acupuncture —current state and development on acupuncture treatment for cancer patients, what we can do for cancer patients and their family
3. Do you utilize palpation in the practice? — Scientific views of palpation, one of the noted characteristics of Japanese acupuncture
4. How we can develop our clinical studies regarding acupuncture —as a real medicine, and to study acupuncture scientifically

The symposiasts raised some issues in each session and discussed the importance of acupuncture as an intervention in the medical field. One of the symposiasts mentioned that MDs specialized in nervous system have well understandings on acupuncture that the acupuncturists are welcomed in the hospital settings. Although, the fact that acupuncture is used for treating refractory nervous system is not yet widely known, thus, the publicity is needed. In the discussion, the symposiasts emphasized the needs for predefined scores to create guidelines of acupuncture intervention, compilation of case studies and high quality RCTs to verify the efficacy of acupuncture. Symposium 4 was presented to specifically give lectures in relation to those needs, case study compilation, high quality RCTs and meta-analysis.

On top of the current states and issues, the importance of palpation, one of the noted characteristics of Japanese acupuncture, was highlighted in the symposium 3.

There is an objective data on scientific effects of palpation that induces secretion of hormones in the brain. Before all, we should not disregard the fact that hands-on treatment creates satisfactions on patients that is clinically significant and beyond science.

Seminar

Seminar was one of the most popular sessions in this congress, attracted large crowds of people. The theme of the seminar was a current state of acupuncture treatment for pregnant women, where discussed acupuncture treatment for pregnant women with minor complaints, from morning sickness to skin conditions, and the roles and possibilities on acupuncture treatment for each trimester. Many male acupuncturists showed their much interests in the topic and engaged in active discussions.

Special lectures

Special lectures were the latest topics given by specialists from each area of the study.

1. Physical symptoms on neurological disease by Prof. Nobuhito Saito, Director of University of Tokyo Hospital.
2. Individual variation and variation of gene expression by Asso.Prof. Hironao Numabe from Tokyo Medical University Hospital
3. Neurologic regenerative medicine on iPS cell technology and application of the study by Prof. Hideyuki Okano.

After the talks, Prof. Furukawa, a member of House of Councilors, Mr. Ogawa, Prof. Kawakita from Meiji University of Integrative Medicine, and Mrs. Kitagawa from Kyorindo clinic joined the main discussion, presented with the theme of “Incoming of health care, future of acupuncture”. Acupuncturists’

current concern against the latest development of western medicine and technologies was raised that those medicine becomes a fear to the traditional medicines. In the discussion, the panelists all agreed that the importance of acupuncture complementing the western medicine, working with Kampo medicine, supporting patients' self-decision, and further involving to nursing care, to become a chosen medicine. In order to accomplish those goals, there is an urgent need for acupuncture to be supported scientifically.

Oral presentations and poster presentations

The theme of the presentations was diverse, many case reports related to nervous system, cancer patients and nursing care, and fertility treatment and pregnancy.

Several of them were studies from Korea, and other international topics were also presented. Each venue was packed with full of people.

Poster presentations were also diverse with interesting topics. Ones that caught the eye were studies trying to verify traditional/classical theories scientifically.

There are many other special lectures and presentations offered in a two-day congress with packed schedules, though hopping between each venue was unexpectedly time consuming.

A rapid advance in medical technologies such as iPS technology or genetic treatment reaches almost to the "God's field", which may become a threat to the traditional medicines. That is what Mrs. Kitagawa shared her thoughts to the audience.

Prof. Okano reassured the audience saying the development of high-technologies must not exclude the others but just to support people's lives. Also, in the discussion, there was an opinion that if acupuncture is scientifically proved, data can be optimized for AI technology. As such, bright future would come to oriental medicine field.

First and foremost, there is an urgent need for acupuncture to establish the scientific evidences, starting with case gathering, then studying high quality RCTs. This congress clearly highlighted the strong needs for those requirements, in that sense, this congress would be a progress to the Tokyo declaration.

Conference Report 2

*A Letter from the 68th General Assembly of The Japan
Society for Oriental Medicine*

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Key words: The Japan Society for Oriental Medicine (JSOM), The 68th General Assembly of the Japan Society for Oriental Medicine, *Kampo* medicine, International Organization for Standard (ISO)

1. Foreword

Japanese traditional medicine, known as *Kampo*, originates from Chinese traditional medicine but has developed independently since the 17th century. There are several reasons for this. Firstly, regarding the crude drugs used for *Kampo* preparations, their origins vary due to differences in regional characteristics, vegetation, and ethnicities. As a result, crude drugs with the same name but of different origins may be found on the market. Secondly, regarding diagnostic and prescription theories, differences arose due to the interruption of transport imposed by Japan's isolation policy and the differences in each country's basic concept of traditional medicine. Take the example of the difference in the basic concept between Chinese and Japanese traditional medicine. Chinese traditional medicine depends on reductionism, such as the theory of the Five Elements, whereas Japanese *Kampo* is based on the relationship between diagnosis and formula. In selecting each *Kampo* preparation, an abdominal examination is more influential than a pulse examination that Chinese traditional medicine regards as important. In addition, intuition "derived from the expert opinions" of each school as well as tacit knowledge, a way to prolong the understanding of pathophysiology, is taken seriously. Modern Japanese *Kampo*, retaining the characteristics of traditional medicine in the

diagnosis and selection of *Kampo* preparations, is mostly covered by the National Health Insurance system under a singular medical license system that is based on Western medicine, thus contributing to the promotion of patient health. China and Korea on the other hand, have a dual medical system in which the medical license for Western (modern) medicine is separate from that of traditional medicine.

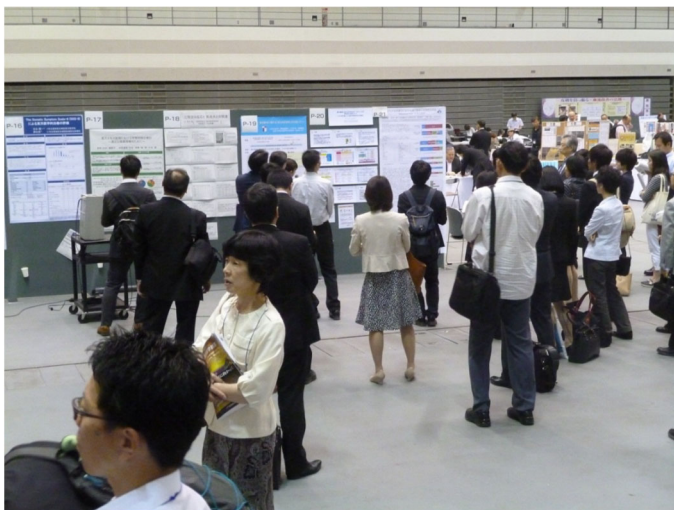
The Japan Society for Oriental Medicine (JSOM) is the largest society of *Kampo* medicine and traditional medicine, and is one of the most active medical societies in Japan. As of June 2017, the JSOM has more than 9,000 members, mainly comprising physicians, pharmacists, and practitioners of traditional medical techniques (massagers, acupuncturists, and practitioners of moxibustion). To achieve the purpose of improving the quality of life (QOL) of the people, the JSOM was established to organize a global network that shares information on medicine, health, and welfare. The JSOM joined the Japanese Association of Medical Sciences in 1991 (1). This fact is considered to signify that traditional medicine plays an indispensable role even for Western medicine.

The 68th General Assembly of the JSOM was held at the Nagoya Congress Center from June 2 to 4, 2017 (2) (3). More than 3,000 participants including researchers, physicians, pharmacists, practitioners of traditional medical techniques, and ordinary citizens, some of whom came from abroad, gathered in this assembly. The participants were able to acquire credits to maintain various professional qualifications, such as lifelong education credits from the Japan Medical Association, a seal (credit) for the Japan Pharmacists Education Center (JPEC) certified pharmacist or JPEC certified pharmacist in *Kampo* and crude drugs, and a point of designated course for certification from the Japan Society of Acupuncture and Moxibustion.



2. Sessions

The main theme of this general assembly was the “Establishment of Kampo Medicine: Toward Cooperation and Evolution.” Since the 17th century, the main stream of Japanese *Kampo* medicine has been the *Koho-ha* (or the antiquity school). At present, diagnostic and therapeutic methods that differ from those of the *Koho-ha*, such as the *Goseiho-ha* (or the latter day school), Chinese traditional medicine, and EBM *Kampo*, are also included. It seemed that the basis of the above theme was the idea that various schools should “cooperate” in the establishment and “evolution” of new Japanese *Kampo* medicine and integrative medicine.



Nearly 300 events such as lectures and poster presentations were held, including lectures based on clinical practice and research on *Kampo* prescriptions (*Kampo* extract formulations for prescriptions and *Kampo* decoctions) and acupuncture/moxibustion. Some lecture rooms were packed to overflowing, standing room only. Educational seminars for clinicians, practitioners of acupuncture/moxibustion, and pharmacists were also held, as well as open lectures for citizens and many company and book exhibitions. Summaries of the main lectures are shown below in chronological order.

3. Highlights of the Conference

Among the sessions on the afternoon of June 2, titled “The Impact of Traditional Medicine on the Treatment of Olfactory Disturbance,” included the following lectures: “The Mechanism and Treatment of Olfactory Disturbance” by Keiichi Ichimura (Ishibashi General Hospital), “The Treatment of Olfactory Disturbance by *Kampo*” by Keiko Ogawa (Kanazawa University), and “The Treatment of Olfactory Disturbance with *Kampo* Prescriptions: Current State and Future Prospects” by Takaki Miwa (Kanazawa University).

Among the sessions on the morning of June 3 was a lecture by the head of the assembly, Yukio Kaneko (Kaneko Clinic), titled “Learning *Shanghan Zabing Lun* [Treatise on Cold Pathogenic and Miscellaneous Diseases]: From Zhang Zhong Jing to Ye Tian Shi,” that discussed and introduced the difference between the Keiho and the study of warm diseases. The former is a set of formulas specified in *Shang Han Lun* [Treatise On Cold Pathogenic Disease] and *Jin Gui Yao Lue* [Treatise On Essential Prescriptions of the Golden Casket] by Zhang Zhongjing. The latter is a study on the treatment of disorders resulting from warmness and infectious diseases, founded by Wu Youke, author of *Wenyi Lun* [Treatise On Warm Epidemic Disease], which was established by Ye Tian Shi and propagated by Wu Ju Tong.)

A joint symposium of the international and terminology committees was held on the afternoon of June 3, comprising seven lectures. First, Keiko Ogawa (Kanazawa University) delivered a lecture titled “Realities of *Kampo* Medicine in Europe,” which reported the realities of traditional medicine in Europe, as observed mainly from Germany. Next, Yuji Miyauchi (Tokyo University) delivered a lecture titled “The Current State of China,” which reported the abundance of human resources, especially in the younger generation, and the social evolution in China. Next, Yasuyuki Hirose (University of the Ryukyus) delivered a lecture titled “The Movement

of Standardization of Traditional Medicine by the International Organization for Standardization (ISO),” which explained the movement of ISO, the movement of China at Technical Committees 215 and 249 in particular, as well as the nature of international standardization and related movements of traditional medicine. Next, Takao Namiki (Chiba University) delivered a lecture titled “Details of the Introduction of East Asian Traditional Medicine Classification into International Statistical Classification of Diseases and Related Health Problems (ICD)-11,” which explained the details of the introduction of diseases in traditional medicine into the revision of the ICD-10 (editing of the ICD-11) by the WHO. The lecturer emphasized that the publication of this new edition, signifying the introduction of traditional medicine into the ICD, will be a revolutionary event for the ICD because its range has been limited to diseases in Western medicine since 1900. Next, Michiho Ito (Kyoto University) delivered a lecture titled “Meeting of Managing Editors: Their Struggle,” which disclosed the hardships experienced by the managing editors during editing of the ICD-11 by the WHO. According to this lecture, one idea in introducing traditional medicine into the ICD was to incorporate knowledge of Chinese, Korean, and Japanese traditional medicines. These medicines have gone through ample clinical tests and are scientifically well studied. With their introduction, financial support can be expected. However, the editors are aiming to publish a comprehensive edition (“Mickey Mouse model”) that incorporates not only what the three medicines have in common, but also that which distinguishes them from one another. Tadashi Watsuji (Meiji University of Integrative Medicine) and Toshihiro Togo (Tokyo Ariake University of Medical and Health Sciences) presented “Clinical Manifestations for Acupuncture and Moxibustion in ICD-11: a Proposal of Meridian Manifestations,” which explained how clinical manifestations of 12 main meridians and eight

extraordinary meridians came to be presented in the ICD-11B in September 2016, as well as their current state.

Symposium 17, “Current State and Future Prospect of *Kampo* Education,” was a session on the morning of June 4 in which five lectures were delivered. First, Juichi Sato (Nagoya University) delivered a lecture titled “Draft Core Curriculum for Pre-graduate Education of *Kampo* Medicine: Aiming at an Introduction into the State Examination,” followed by a lecture by Makoto Arai (Tokai University) titled “Current State and Problems of Pre-graduate Education of *Kampo* Medicine.” The latter reported that “in 98% of Japanese medical colleges, *Kampo* medicine has been incorporated into pre-graduate education and that in 84% of them, four or more classes are held before graduation.” Next, Shin Takayama (Tohoku University) et al. presented “Education of Early-phase Residents in *Kampo* Medicine: A View Derived from Our Questionnaire Survey.” In their survey, 121 early-phase residents from the following six hospitals answered the questionnaire (response rate, 74%): Tohoku University Hospital, Japanese Red Cross Ishinomaki Hospital, Yamagata Prefectural Central Hospital, Aomori Prefectural Central Hospital, Yamagata University Hospital, and Sendai Red Cross Hospital. The result showed that 96% of the respondents “had experienced pre-graduate *Kampo* education” and 41% felt that “their pre-graduate *Kampo* education was instrumental in their clinical practice.” In addition, 74% thought that “*Kampo* education is needed during the early phases of residency.” Takayama et al. concluded that in future, early-phase residents should be taught how to use *Kampo* formulas in general practice, and that the development of a consistent educational program that covers the pre-graduate and post-graduate phases, will be necessary. Next, Denichiro Yamaoka (Ehime Prefectural Central Hospital) presented “Aiming at Becoming a World-class *Kampo*

Specialist: A Report from Shikoku.” The presentation proposed “the following four points as the grounding required for *Kampo* specialists: (1) Do not lose sight of the forest for the trees; (2) Acquire detailed knowledge on crude drugs; (3) A deepened understanding of acupuncture and moxibustion; (4) Support junior colleagues and aim to undertake global activities with them in the future.” Next, Norio Iizuka (Hiroshima University) et al. presented “*Kampo* Education in the Era of the Internet,” which showed that “standardization of the evaluation system in *Kampo* education details will be possible by pooling questions evaluating achievement and profiling contents of the questions on the basis of difficulty.

On the afternoon of June 4, five students made a presentation in a “student session.” I had the impression that together with the sessions in Symposium 17 in the morning, presentations on *Kampo* education have become popular. The same evening, there was an open lecture for citizens titled “Happy Living by the Wisdom of *Kampo*, Acupuncture, and Moxibustion: the Blessing of Oxytocin, Pre-symptomatic States, and Healthcare.” With a large audience in attendance, I felt that the propagation of *Kampo* knowledge to citizens is successfully progressing.

4. Concluding remarks and about the upcoming congresses

All the participants agreed that the General Assembly was an academic event of *Kampo* medicine with high level and standard. The researchers and physicians of the *Kampo* medicine have obligation to improve the quality of life (QOL) of people all over the world by sharing study results on health, welfare, and medical science. There will be the 69th General Assembly of The Japan Society for Oriental Medicine in Osaka, Japan (June 8-10, 2018)⁽⁴⁾ The theme of this future conference will be “To display *Kampo*’s ability: Clinical Importance and Healing Power.” In view of JSOM’s long experience in organizing key

events and of the city's main congress facilities, the 69th General Assembly of the Japan Society for Oriental Medicine 2018 will be sure not to dissatisfy.

Acknowledgements: I wish to thank Ms. Tabei (the representative director and the chief editor of the KANPO IYAKU SHINBUN) for the photographs she has donated to the paper.

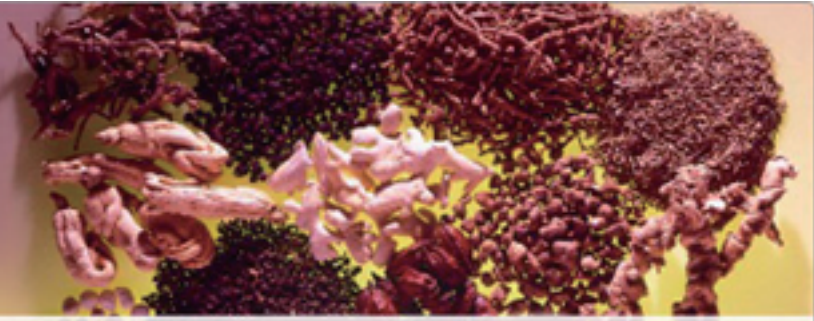
¹ Homepage of the Japanese Association of Medical Sciences. <http://jams.med.or.jp/members-s/87.html> [the last date of access August 1, 2017]

² Homepage of the 68th General Assembly of the Japan Society for Oriental Medicine. <http://www.pcojapan.jp/jsom68/> [the last date of access August 1, 2017]

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⁴ Homepage of the 69th General Assembly of The Japan Society for Oriental Medicine <http://convention.jtbcom.co.jp/69jsom/index.html> (the last date of access Oct.30,2017) KANPO IYAKU SHINBUN for the photographs she has donated to the paper.<http://convention.jtbcom.co.jp/69jsom/index.html> (the last date of access Oct.30,2017)

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