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

# KAIM

## The Journal of Kampo, Acupuncture and Integrative Medicine

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# The Journal of Kampo, Acupuncture and Integrative Medicine

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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.*

# Editorial

## *Best Part of Formulating Kampo Medicine*

Japanese Kampo medicine, which is based on “Shang Han Lun” and “Jinkui Yaolue,” has been producing good results in the treatment of chronic disorders like osteoarthritis of the knee as well as acute diseases like influenza by adding its own inventions and innovations to the formulations described in these classical writings.

Crude drugs constituting the formulations for these diseases are varied and abounding while about 200 kinds are kept available at each pharmacy specialized in prescriptions of Kampo medicine. Medicinal substances for everyday use are limited to 50 to 60 kinds. Of them, cassia twig, peony, licorice root, Chinese date, ginger, bupleurum root, and ephedra perform critical roles and are essential in the pharmacy’s drug cabinet.

Ephedra is the main ingredient of *maoto*, the first-line choice for influenza and it is also contained in *kakkonto* generally used for common cold. Ephedra takes a key role in the two formulations of *keishishakuyakuchimoto* used for chronic rheumatoid arthritis and *eppikajutsuto* used for osteoarthritis of the knee. Unless *shoseiryuto* and *maobushisaishinto* were available, how could allergic rhinitis be cured? Unless *makyokansekito* was available for the treatment of the early stage bronchitis and bronchial asthma, how could these diseases be handled?

There are many crude drugs that contain alkaloid that has strong actions such as ephedra. For example, many pathological conditions can only be cured with aconite that is composed mostly of aconitine. On the other hand, prescriptions made by combining crude drugs of relatively weak actions can provide remarkable benefits. For example, licorice, wheat, and Chinese date are the main components of *kambakutaisoto* that has sedative effects and they are edibles and flavors in our everyday living.

In this way, Kampo prescriptions are formulated under given rules by combining various substances that have strong actions and/or those ordinarily contained in foods in consideration of their individual medicinal effects. To cure diseases using such prescriptions is one of the best parts of Kampo medicine.

For this, minimum required drugs need to be lined up. Unlike in China, more than 600 kinds of drugs are not necessary in Japan since prescriptions from “Shan Han Lun” and “Jinkui Yaolue” are mainly applied. At most 200 kinds are sufficient, with which different prescriptions are formulated for various diseases.

Tokaku Wada (1742-1803) who was a good doctor in Japan of nearly 200 years ago said as follows: ”the medical technique of a doctor who uses a plenty of prescriptions becomes shoddy whereas the one of a doctor who uses chosen few prescriptions becomes precise.”

Japanese Kampo doctors and practitioners like his words more than a little.

**Hiromichi Yasui**
**Japan Institute of TCM Research**

## Japanese Acupuncture - Current Research

### *Effect of Acupuncture & Moxibustion Treatment to Turn Breech Baby*

Shuichi Katai, Ph.D., L.Ac., Professor
Department of Acupuncture and Moxibustion
Tshukuba University of Technology, Ibaraki, Japan

1. Introduction

Breech babies (breech presentations) as well as the mothers often have risky conditions including a longer time of delivery than in babies born head first and the departments of obstetrics and gynecology need cautious handling.

For the treatment to turn the breech presentations, there are exercise of the so-called breech pregnancy exercise and knee-chest positioning (kcp). However, no RCT reports have been published on the breech pregnancy exercise and its effectiveness is not clear 1) 2). And the exercise imposes a heavy physical burden on the mother. On the other hand, although the kcp is considered effective on the ground of certain RCT results 3), it cannot necessarily be recommended strongly because there may be the risk of accompanying complications, such as placenta abruption, compression of the umbilical cord, placental hematoma formation, and feto-maternal transfusion syndrome. Moreover, as the kcp is not a sure method 4), there are quite a number of medical professionals who do not employ this method, thinking of its probable risks arising from it. To turn breech presentations, there are no medicines available that have direct effects.

Recently many of the obstetricians and gynecologists in Japan prefer performing an elective cesarean section in the cases of a single breech presentation, partly in response to the 2004 report of the Committee of American College of Obstetricians and Gynecologists (ACCG). Even so, cesarean sections do not always go without risks. Yoshida says "do not forget the attitude that vaginal deliveries must be performed carefully"6).

In Japan, acupuncture and moxibustion are available for the treatment of breech babies. Ob/gyn Nobuyasu Ishino, who had studied Oriental medicine, reported 7) in 1950 that moxibustion to the acupuncture point of san yin jiao (SP6), generally contraindicated in pregnancy since ancient times, was effective. In 1980s, Kazuo Hayashida reported that the method of moxibustion that was usually administered for delivery difficulties had great effecs 8) in the treatment of a breech presentation, in which moxibustion was given to the meridian point of zhi yin (BL67) and the "kyutoshin", warm needling with moxibustion was also given to the meridian point of san yin jiao (SP6). Since then, the treatment with acupuncture and moxibustion for a breech presentation has become popular in Japan. Now in other countries, this method is also adopted and RCTs are also being conducted 9), 10), 11).

And so, we searched for postwar literatures on the treatment of the breech presentation with acupuncture and moxibustion and went through them to study the effect of the treatment. And then, we further analyzed literatures published, up until 2004, as "EBM in Japan in the treatment of breech presentations with acupuncture and moxibustion." Then we reported the results in "acupuncture and moxibustion treatment of breech presentations" with illustrations and photos for learning purposes 12). Hereunder is the results with an addition of literatures after 2004.

2. Method

Literatures reported after the war on breech presentation treatment with acupuncture and

moxibustion were searched for through the journal of "Ichushi" and on the "websites of Ichushi". Searched were original papers published during a period of 2004 to July 2011. Then individual items in the searched papers were analyzed, such as age, primiparity or para, the number of weeks of pregnancy when the initial visit was made, the number of weeks when a breech baby turned around, turn ratio, use of meridian points, use of tools, method of treatment, other method of treatment, complications, and adverse events.

3. Results

(1) Entirety of published literatures

During a period of 61 years after the war from 1945 to July 2011, 16 literatures were reported in Japan on case-series studies of correcting the breech presentation with acupuncture and moxibustion. Of these 16 literatures, eight were published during six years from 1990 to 1995.

The total number of the cases reported was 2,150, including 969 cases in total in the seven literatures reporting the number of primiparous women and the number of parous women. The ratio of primiparous women (581) against parous women (388) was 1.5:1. In the 16 literatures, there was no reference to the method of randomization. However, there was one literature that made a comparison between the two groups – the group (34 cases) of knee-chest positioning and the group (34 cases) of knee-chest positioning combined with moxibustion to zhi yin (BL67). Others are of retrospective case series.

(2) Turn around ratio

In terms of turn ratio, 1,712 (79.6%) cases of the total 2,150 that were reported in the 16 literatures turned around to cephalic presentations with a turn ratio of 11.70% to 91.7%. Of them twelve literatures showed a turn ratio of 72.2% or above.

(3) Treatment method

In regard to the method of treatment, 15 literatures showed the use of moxibustion, and eight literatures reported the use of acupuncture. Acupuncture alone was reported in one whereas the combination use of acupuncture with moxibustion was reported in seven literatures. The use of "Kyuto-shin" was reported in five literatures.

In reference to the meridian points for moxibustion that were shown in 15 literatures, zhi yin (BL67) was used in 14 literatures, san yin jiao (SP6) in 9 literatures, and both points in 8 literatures. For other points, yongquan (KI1) was selected in one literature and taichong (KI4) in one literature. With an eye on the kinds of moxibustion for each point that are shown in 14 literatures, direct moxibustion in 6 literatures, roll moxa in 2, indirect moxibustion in 5, and mxibustion plasters in 1 were applied to zhi yin (BL67), whereas direct moxibustion in 3, indirect moxibustion in 5, and moxibustion plasters in 1 were administered to san yin jiao (SP6). No differences existed in the turn ratio depending on the points due to differences in the kind of moxibustion, except for direct moxibustion in one literature.

Relating to the eight literatures for acupuncture points for acupuncture treatment, San yin jiao (SP6) was selected in all the literatures, except for one that had no clear mention. Zhi yin (BL67) was selected only in two literatures. The use of filiform needles was reported in six, while intradermal needles were used in one.

The diameters of the needles and needling depths were reported in one literature. The effect of the treatment only with acupuncture had no

difference from that of acupuncture only or the combination treatment of acupuncture with moxibustion of 12 literatures (other than Arai's literature).

(4) Treatment frequency

The treatment frequency for both acupuncture and moxibustion was 7 times a week in 7 cases, and 1 (daily) to 3 times a week in 8 cases. At-home moxibustion was conducted in seven cases with details of direct moxibustion in 2 cases, indirect moxibustion in 4, and moxibustion plasters in 1.

(5) Excluded disorders and factors causing non-occurrence of the cepharic presentation.

The diseases excluded from the application of acupuncture and moxibustion were multiple pregnancy (3 cases), severe pregnancy (2 cases), placenta previa (2 cases), fetal anomaly (2 cases), hematological disorders (2 cases), uterine deformity (1 case), fibromyoma (1 case), and history of uterine surgery (1 case). As the factors non attributable to the turn to the head down position, uterus bicornis, small amounts of amniotic fluid (oligoamnion), uterine myoma, and loop of the umbilical cord were pointed.

(6) Adverse events

Out of the 16 literatures, 10 literatures reported no adverse events. No clear mentions were made in two literatures. One literature reported four cases of nausea. There were blisters and pigmentation in one literature, and blisters and reddening in one literature. And in one literature, there were no adverse events although the symptoms were claimed during the treatment period, such as the body becoming heavy and languid, feeling a fear as the abdomen felt heavily distended, worried as the baby (fetus) moved very actively, metrorrhagia (uterine bleeding) appearing, and tendency of threatened premature delivery.

4. Discussion

It was considered all over the world up until 1750s that the fetus was in a breech presentation position to the brink of delivery and turns into a cepharic presentation before labor starts. In these days, literatures were published for the first time reporting that the cepharic presentation was normal after five months of pregnancy 13),14). For the reason, until these days, moxibustion had been administered to zhi yin (BL67) at the time of difficult labor (delivery).

As mentioned in "Introduction" above, for the first time in the world, Ishino 6) performed moxibustion treatment to expectant mothers in pregnancy, not at the time of delivery, for the purpose of turning around the fetuses in a breech presentation. He reported 80% of the turn ratio. Subsequently, in 1988 Hayashida 7) reported 89.9% of the turn ratio in the treatment of 584 cases with acupuncture and moxibustion. And in 1990s literatures relating to the turn ratio with acupuncture and moxibustion burgeoned.

Of the 16 Japanese literatures, only one literature was about a comparative study with the control group and most literatures were reports on case series studies. On the other hand, there were three 9)-11) overseas RCT literatures, one of which was a Cardini's RCT, which has been criticized for the reason of insufficiency in the blind trial and placebo 15). However, it is difficult to conduct blind trials in acupuncture and moxibustion treatment. Although there were some trails using placebo needles, perfect tests like using drugs have not been realized so far, so it may be unreasonable to make a valuation only from this point. Moreover, Cardini conducted same trial in Italy as the first one he did with unfavorable results. Together with this issue, conducting RCTs for acupuncture and moxibustion treatment will be future tasks.

The turn ratio in 16 literatures ranged widely from 11.7% to 91.7%. Out of the 16, 12 literatures showed 72.2% or above, which is not low when compared with the turn ratio 3) of the external cephalic version. As the number of weeks from the start of treatment differs widely in these literatures from 20 weeks to 37 weeks and many cases of short terms (weeks) were included, a close look at the 10 literatures having the clear mention of 32 weeks to 35 weeks revealed 11.7% to 87.5% of the turn ratio after spontaneous turning around was taken into account. And eight literatures had the turn ratio of 61.4% or above.

In regard to the method of treatment, one literature showed the use of acupuncture only and all other 15 literatures indicated the use of moxibustion and the selection of zhi yin (BL67) – this may be an application of zhi yin (BL67) moxibustion usually performed for difficult labor since old days.

By the way, Arai 16) reported the turn ratio of 11.7%, extremely low compared with other literatures. There were five literatures, including Arai's, that reported 1-3 times of treatment at hospitals, instead of everyday at-home moxibustion. Of these, two cases used Kampo medicines together with antispasmodic agents for uterus and the other one case had intradermal needles inserted after moxibustion and left them in place for 3-4 days. On the contrary, Arai 16) set the frequency to "once in a week, or three times a week at most." From what I gather, the quantities of stimuli and the dosage amounts, in other words the total treatment volume given to patients are smaller compared to the 15 literatures. On this point, Arai 16) also states in the part of Discussion in his literature that this will be a problem, "increasing the frequency of moxibustion may have the possibility of increasing the correction ratio," and that the number of stimulation applications and the amounts of stimuli, or "stimulation frequency" needs to be studied. This has shed light on one of the subjects to be discussed to ensure successful acupuncture and moxibustion treatment of breech presentations.

Bicornate uterus and deformity, uterine myoma, and loop of the umbilical cord have been pointed out as organic diseases that are considered to exert a negative influence on the turn ratio, and these are materials for security and effectiveness studies.

As to side effects, one literature reported complaints of nausea in four cases and two literatures reported blisters and pigmentation. One literature showed uterine bleeding during the treatment period, threatening premature delivery although there were no serious adverse events. Except for two literatures that had no descriptions of side effects, 14 literatures reported no serious adverse events. From this, it may be said that the methods of breech presentation treatment with acupuncture and moxibustion performed so far in Japan are safe.

5. Conclusion

Sixteen literatures on the breech presentation published after the war were analyzed the results are reported in this article.

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## Kampo Medicine - Current Research

*Kampo Treatment for Psychosomatic Disorders – 1. Functional Dyspepsia (FD)*

Shinji Nishida
Department of Psychosomatic Medicine,
Japanese Red Cross Wakayam Medical Center,
Wakayama, Japan

### Disease concept

Cases in which in spite of complaints of epigastric pain, epigastric distension and similar symptoms of the upper gastrointestinal tract gastroscopy etc. cannot show explicable organic lesions are called (functional dyspepsia: FD). This comes close to what has been called chronic gastritis or neurogenic gastritis in the past. FD is a very common disease and the international epidemiological study DIGEST showed, that 9% of the adult Japanese population experiences this condition at a rate of once a week, presenting with moderate or stronger symptoms of dyspepsia, and among those people 34% reportedly visited medical facilities[1)].

Currently, the Roma III criteria (Table 1) are widely used worldwide for the diagnosis of FD. Moreover, in this connection the condition in patients presenting with epigastric pain or a burning sensation in the epigastric region is classified into (1) epigastric pain syndrome (EPS) and postprandial distress or a feeling of early satiety as (2) postprandial distress syndrome (PDS). There are patients, in whom both EPS and PDS coexist at the same time[2)]. Regarding the cause of FD (1) anomalies of gastric motility (derangement of appropriate gastric fundus relaxation, decreasing the pooling capacity of the stomach etc.), (2) visceral hypersensitivity (patients with FD are hypersensitive to gastric stretching stimuli as compared to healthy persons) and (3) central nervous problems (presence of depression or anxiety and similar psychological symptoms) are conceivable. Otherwise excessive secretion of gastric acid, *H. pylori* infection, affection by food contents and a variety of other causes are involved.

Western medical pharmacological treatment aims at bacteria elimination in cases of *H. pylori* infections, in the group of patients with epigastric pain syndrome drugs inhibiting gastric acid secretion and in the postprandial distress syndrome group drugs to promote gastrointestinal motility are used. If these measures are not effective, tricyclic antidepressants are administered[3)].

Table 1 FUNCTIONAL DYSPEPSIA (Rome III)

| |
|---|
| **Diagnostic criteria* Must include:**<br>1. One or more of the following:<br>a. Bothersome postprandial fullness<br>b. Early satiation<br>c. Epigastric pain<br>d. Epigastric burning<br>2. No evidence of structural disease (including at upper endoscopy) that is likely to explain the symptoms<br>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis |
| **Postprandial Distress Syndrome**<br>**Diagnostic criteria* Must include one or both of the following:**<br>1. Bothersome postprandial fullness, occurring after ordinary-sized meals, at least several times per week<br>2. Early satiation that prevents finishing a regular meal, at least several times per week<br>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis<br>**Supportive criteria**<br>1. Upper abdominal bloating or postprandial nausea or excessive belching can be present<br>2. Epigastric pain syndrome may coexist |

**Epigastric Pain Syndrome**

**Diagnostic criteria* Must include all of the following:**

1. Pain or burning localized to the epigastrium of at least moderate severity, at least once per week
2. The pain is intermittent
3. Not generalized or localized to other abdominal or chest regions
4. Not relieved by defecation or passage of flatus
5. Not fulfilling criteria for gallbladder and sphincter of Oddi disorders

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis

**Supportive criteria**

1. The pain may be of a burning quality, but without a retrosternal component
2. The pain is commonly induced or relieved by ingestion of a meal, but may
occur while fasting
3. Postprandial distress syndrome may coexist

## Treatment

In Chinese medicine FD is understood according to concepts of conditions like "epigastric pain" (wei wan tong), "epigastric stuffiness" (xin xia pi), "eructation" (yi qi), "anorexia" (na dai), "frequent vomiting" (fan wei), "gastric upset" (cao za). Possible causes for the pain are stomach heat, stomach yin deficiency, stomach cold, disharmony of liver and stomach or blood stagnation and in relation to the stomach upset stomach qi deficiency and phlegm-dampness.

In Japan *shigyakusan* and *saikokeishito* are used in particular for EPS patients with marked stress factors (disharmony of liver and stomach). Moreover, for asthenic patients with chilling of the epigastric region (stomach cold) Anchusan or Ninjinto are used. In Patients with PDS with the development of phlegm-dampness due to an irregular diet including excessive ingestion of water, alcohol, dairy products and meat or the like *heiisan, bukuryoin, bukuryoingohangekobokuto* are used. Also, when in people with a weak constitution a qi deficiency induced by a deficiency of spleen and stomach has led to the development of phlegm-dampness, *rikkunshito* is used. Moreover, the presence of both epigastric pain and gastric upset is a form of EPS and PDS overlap for which *hangeshashinto* is used.

## EBM

In Japan almost all research reports are based on the use of *rikkunshito*. In some studies attempts were made to classify the FD according to the type of morbidity, while others did not distinguish between pathologies[4]. FD has in the past also be called non ulcer dyspepsia (NUD) and there are many trials based on the relevant diagnostic criteria.

According to Harasawa et al. DB-RCT showed, that *rikkunshito* had therapeutic effects for the postprandial distress syndrome[5]. *Rikkunshito* in the normal dose and a 1/40$^{th}$ dose was administered over a period of 2 weeks to 235 NUD patients with postprandial distress syndrome and the two groups then compared. The results showed, that the ratio of symptom alleviation in the group treated with the normal dose was significantly higher. Classified according to symptoms a marked improvement was observed in particular regarding the inappetence, gastric discomfort and fatiguability present prior to the treatment and regarding the usefulness too a significant difference was observed between the 58.8% in the regular dose group and the 39.3% in the low dose group. Patient background factors influencing the elimination effects were an age in the 60s, leptosomatic body type, SRQ-D<10 points, weak muscle tone of the abdominal wall, regular facial color, for all of which significant differences were observed.

Regarding RCTs there is a comparative study, treating NUD patients with *rikkunshito* and cisapride[6] by Miyoshi et al. In this study 246 NUD patients received the drugs at random. As a result significant differences were observed, showing a 'better than improvement' regarding the general condition in 81.3% patients in the *rikkunshito* group (marked improvement 49.5%), as compared to 75.0% in the cisapride group (similarly 34.0%). Regarding the usefulness too significant differences were observed for the ratio of 'better than useful', which was 80.7% in the *rikkunshito* group (extremely useful in 45.9%), as compared to 73.3% in the cisapride group (similarly 31.7%).

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## Clinical Report 1 (Japan)

*Peripheral Arterial Disease (PAD) and Acupuncture and Moxibustion*

Fumiko Yasuno and Tomomi Sakai
Department of Acupuncture and Moxibustion
Faculty of Healthcare
Tokyo Ariake University of Medical and Health Sciences

### Introduction

Japan is moving toward an aging society unprecedently faster than any other country in the world. The disease structure that used to mainly consist of acute disorders has changed, and chronic lifetsyle-related diseases and geriatric diseases occupy a large share of the structure. Typical is arteriosclerosis among them.

If arteriosclerosis occurs in the cerebral blood vessels, it results in cerebrovascular disease such as cerebral infarction. If it occurs in the blood vessels of the heart, ischemic heart disease such as a heart attack or myocardinal infarction is caused, whereas peripheral arterial disease (hereafter PAD) is caused by arteriosclerosis occurring in the arteries of four limbs.

PAD is a disease that has narrowings or blockage of arteries of four limbs due to progression of limbs arteriosclerosis, resulting in circulatory impairment in the blood perfusion area. It is anticipated that PAD will increase significantly with the growth of aging population. And dietary problems from westernized lifestyles, lack of physical activity or a sedentary lifestyle, and increased stresses are also contributing factors to develop PAD.

Main symptoms of PAD are cold sensation and intermittent claudication and advanced cases lead to ulcers and gangrene, both of which are symptoms caused by circulatory obstruction in the lower limb arteries.

Treatment of PAD differs depending on its severity. For PAD of Stages I and II of Fontaine Classification[1],nonsurgical procedures are mainly used[2]. However, if they do not have effects, a surgery procedure may be used.

Meanwhile, acupuncture treatment is recognized as being effective for improving disturbances of peripheral circulation. And a few reports on effects of acupuncture treatment on sensitivity to cold or cold sensation[3] and **Raynaud's phenomenon** symptoms[4-6] have been released. Cases of PAD that showed improvements in symptoms[7-9] have also been reported, although limited in number. From these, there may be possibilities of acupuncture treatment as a conservative procedure.

We have administered acupuncture treatment to patients with PAD to verify clinical effects and the range of indications and also eclucidate a part of these mechanisms. With the results being analyzed, we will introducea a summary and the cases as below:

### 1. Clinical effects of acupuncture treatment on PAD

1) Subjects

Subjects were 21 patients (male 17, female 4, average age 72.1±7.3) having subjective ischemic symptoms in the lower legs (lower thighs) with the diagnosis of PAD confirmed through angiography (or MR angiography). In the Fontaine Classification showing the levels of ischemia in the lower legs, PAD was categorized as Stage I (cold sensation and numbness) in 1 patient , as Stage II (intermittent claudication) in 17 ptients, as Stage III (rest pain) in 2 patients, and as Stage IV (ulcers and gangrene/necrosis) in 1 patient.

2) Methods

Measurement items were lower leg skin temperature (by thermography), heart rate, blood pressure, plasma CGRP level, the ratio of the blood pressure in the lower limbs to the blood pressure in upper limbs (arms); Ankle Brachial Pressure Index (hereafter ABPI), intermittent claudication distance, pain, and cold sensation (based on pain scores). In the treatment of two

patients (one with Stage I and the other with Stage IV), ordinary acupuncture needling (leaving needles in place and sparrow pecking technique) was performed, whilst low frequency current was applied to insertion needles for the crural muscles of the lower limbs presenting ischemic symptoms.

The assessments of ABPI, intermittent claudication distance, pain and cold sensation were carried out before the beginning of the treatment and after 16 times of the treatment (hereafter assessment time). The treatment period was 1 to 3 months.

3) Results

The skin temperatures of the affected leg regions were measured and a comparison was made with those of before-treatment against those read during the period from 15 minutes from the beginning of the treatment to 15 minutes from the end of the treatment, showing significant increases. In terms of Fontaine Classification, the patients with Stage I and the patients with Stage II manifested more distinguished increases than those of Stage III and Stage IV. The heart rates and blood pressures measured simultaneously did not show significant changes from the beginning to the end of the treatment. Plasma CGRP levels showed significant increases after 15 minutes from the end of the treatment compared to before the treatment.

ABPIs in all patients remained same. At the time of the assessment, intermittent claudication distance showed a significant extension compared to before the treatment.

Both pain and cold sensation showed significant decreases at the time of the assessment compared to the VAS values assessed prior to the treatment. In view of Fontaine Classificaton, the patients with Stage I and patients with II had marked decreases, whereas those with Stages III and those with IV had small decreases.

Through the entire treatment period, any adverse event causing disadvantages to the patients was not observed.

A case of PAD will be introduced as follows.

## 2. Case of PAD (Fontaine Classification Stage II)

Relatively many patients who want acupuncture and moxibustion treatment visit our hospital with the complaints such as cold lower legs, pain, and pain when walking. Since these symptoms may have developed due to spinal canal stenosis or PAD, knowing their clinical conditions accurately is necessary and important when acupuncture and moxibustion treatment is performed.

The following patient, who had been a patient of the hospital I had previously worked for, was referred to our hospital by her previous orthopedist due to"crural muscle pain in the lower legs." According to the patient, "the legs became painful after dancing (social). Probably dancing shoes did not fit." The patient was a 68-year old woman. After the interview, arteries of lower limbs were palpated, but below-knee popliteal artery on one side could not be felt. Then, a queston was made to her whether or not she had pain while walking and stopped walking to get rest, and became able to walk after rest. She said "yes." Then another question was asked: "how far she could walk before she had to stop." She said "about 80 meters." From the conversation, PAD was assumed and treatment was started. At the same time, I made a hospital referral for her.

### 1) Case

[Case] Female of 75 years old

[Chief complaint] Pain in the right lower limb (dull pain with a feeling of heaviness in the calf muscles)

[History of present illness] The patient began to take up dance lessons five months ago. Around the time, the symptom of her chief complaint appeared. She thought it was caused by the heels she seldom wore and had shiatsu and massages. Since there were no changes in the condition, she visited the Orthopedics and had X-ray photography with the diagnosis of lumber spine osteoarthritis and osteoporosis. The pain in the left lower limb was diagnosed as muscle pain and the patient was referred to us for acupuncture and moxibustion treatment.

[Past medical history] No special mention

[Family history] Younger sister (cardiac disease, died at the ge of 50), younger brother (brain hemorrhage, died at the age of 53)

[Complication] High blood pressure (from the age of 68 to the present): receiving treatment (with drugs) by an internal medicine specialist of a nearby hospital. Ischemic heart disease (from the age of 70 to the present): receiving treatment (with drugs) by an internal medicine specialist of a nearby hospital.

[History of life] Smoking (-), drinking a little alcohol.

[Conditions at the initial visit] Height 152cm, weight 43kg, blood pressure120/60mmHg, pulse 70/min (regular)

The range of lumber motion was sufficient. Pain accompanied by motions (-), FFD 0 cm, SLR-either right or left 90 degrees (-), kemp signs (-), lower limb muscular power - normal, lower limb muscle atrophy (-), Babinski reflex (-), PTR(+)/(+), ATR(±)/(±), tactile sense and pain sense-normal. Limb skin temperatures - lowerd on the left, and calf pain (+) left>right.

Pulse: Femoral arteries-right and left palpable, popliteal arteries-right palpable, left decreased and weak.

Posteria tibial arteries; right - palpable, left - difficult to palpate, dorsalis pedis arteries – palpable on the right and decreased and weak on the left.

Lower limb pain appeared in the calf muscles when the patient walked up to the distance of 80 meters at a slower pace. Constricting pain on the left was marked, so she had to stop when she walked 120 meters. Cold sensation: left legs (+), feeling of numbness in the left sole (±), rest pain and ulcers (-).

Straight leg raising test: Left (±), right (-). Straight leg lowering test: Left (±), right (-), edema (-), cyanosis (-), ABPI; Right 0.71, left 0.53

2) Acupuncture treatment and the purpose

Since the patient had pain behind the lower thighs, the acupuncture treatment was administered by applying low frequency current to the regions of triceps surae muscles of the calf with the aim of relieving ischemic pain. The needling points were heyang (the motion point of the triceps surae muscles) and chengshan (paninful region of calf muscles) (Fig. 1) with the needling depth of 20 to 30 mm. Stainless needles 50mm long with a diameter of 0.22 mm were used. Stimulation conditions were 1 Hz, pulse width 0.25 ms, stimulating intensity 1 mA, at which the patient did not feel unpleasant and is high enough to cause contractons of triceps surae muscles. The time to apply current was 20 minutes. The low frequency acupuncture equipment Ohm Pulser 4000A (for all medical cares) was used.

Drugs used previously were maintained during the treatment periodd with same dosages.

3) Assesssment of treatment effects

Skin temperatures and heart rates, and the ratio of the blood pressures in the upper limbs to the blood pressure in the lower limbs; Ankle Brachial Pressure Index (ABPI), intermittent claudication distance, pain and coldness were reviewed and studied. Concerning ABPIs, the intermittent claudication distance, pain, and

coldness were assessed before the beginning of treatment and after three months.

(1) Lower limbs skin temperature and heart rate/blood pressure

Skin temperatures caused by acupuncture were measured in a constant temperature room maintained at 26.5±0.5 Celsius with humidity 55±5 % using a thermography machine (Thermoviewer JTG-5370 manufactured by Nippon Denshi (JEOL Ltd.). Before measurements, it was ensured that skin temperatures became in a stable equilibrium state after the patient had been at rest in the recumbent position for more than 15 minutes. Tempertures were taken 10 times in total with the frequency of every 5 minutes: before the acupuncture treatment, during 20 minutes of the treatment and till 20 minutes from the end of the treatment. For analyzing variations in lower limb skin temperatures, the nail bed of the second toe finger on the affected side was determined as a fixed point and temperatures were read from the thermographic images. At the same time, blood pressures and heart rates were also measured (with Omron Automatic Blood Pressure Monitor).

(2) Ankle Brachial Pressure Index (hereafter ABPI) (Ratio of the blood pressures in the leg joints to the blood pressure in the upper arms)

Systolic blood pressures in the upper arms and leg joints at rest were measured using an ultrasonic Dopper bloodflow meter (ES-1000SPⅡ, ARS Inc.): specifically blood pressures in the right and left brachial arteries, and posterior tibial artery on the affectd side and dorsal pedis arteries. The highest values were used, based on which ABPIs were derived using the following equation.

$$\text{ABPI} = \frac{\text{Leg joint blood pressure (mmHg)}}{\text{Upper arm blood pressure (mmHg)}}$$

(3) Intermittent cludication distance

To determine intermittent claudication distance, the distance that the patient was able to walk on the flat (hospital level corridor) before she had to stop due to pain was measured.

(4) Pain and cold sensation

Changes in subjective symptoms of pain and cold sensation were self-recorded by the patient on the Visual Analogue Scale (hereafter VAS). In regard to pain, the left end of the straight line 100 mm in length was made as "absolutely no pain." In regard to cold sensation, it was made as "absolutely no cold sensation." The right end in terms of pain was for "most cruel pain the patient had ever experienced" whle in terms of cold sensation, it was for "most unbearably cold than ever." For the intensity of the symptom the patient felt, the patient wrote the mark 「↘」 on the line. Intensities were assessed by the length (distance) of the line from the left end.

## 4) Results

(1) Lower limb skin temperature and heart rate/blood pressure

The leg skin temperature on the affected side was 30.3 Celsius before the treatment. It rose to 31.4 Celsius when 5 minutes elapsed from the beginning of the treatment and reached a peak temperature of 31.4 when 5 minutes elapsed from the end of the treatment. Then, it lowered slightly 20 minutes from the treatment being finished to 31.0, which was higher than that of pre-treatment. Heart rate, systolic blood pressure, and diastolic blood did not change practically from the beginning of the treatment and to 20 minutes after the end of the treatment.

(2) The ratio of the blood pressure in the upper limbs and the blood pressure in the lower limbs; Ankle Brachial Pressure Index (ABPI)

The ABPI of pre-treatment was right 0.71and

left 0.53, showing no changes from the values of right 0.71and left 0.53 gained at the time of assessment.

(3) Intermittent claudiction distance

Whereas the caludication distance of pre-treatment was 120 meters, it extended to 200 meters when the assessment was made. The patient became able to walk twice faster than she could before treatment.

Further, the recovery time from becoming unable to walk to resuming walking was shortened.

(4) Pain and cold sensation

Whereas the VAS of pain before the treatment was 85.0 mm, it became 70.9 mm at the time of assessment.

(5) Adverse event

Through the entire treatment period, any adverse event causing disadvantages to the patient was not observed.

Moreover, as the patient was suspected of having PAD as soon as the treatment began, an examination request was made to the Department of Angiology. As a result, anteriography indicated common femoral artery occulsons on both sides with the diagnosis of PAD. In the patient, there were risk factors of her being elderly (76) and a complication of cardiac disease and hypertension. The patient had also intermittent claudication. Symptoms were prominent on one side. Lower limb arteries could not be palpated. On the basis of these, PAD was presumed.

## 5) Discussion

(1) Mechanism of acupuncture treatment (from a case series of 21 cases)

In order to elucidate part of the mechanism producing acupuncture treatment effect in the patient, skin temperatures and plasma CGRP levels were measured. The results showed that the skin temperature of the leg being treated significantly increased during the time from 15 minutes from the beginning of the treatment to 15 minutes from the end of the treatment. Plasma CGRP levels also significantly increased after the end of the treatment. However, almost no changes took place in blood pressures. These results suggest the possibilities that the rise in the skin temperature after the treatment was not caused by a blood-pressure-dependent passive increase of the blood flow but rather it was related to the peripheral circulation that was improved in association with vasodilation caused by the secretion of CGRP, a vasodilatory substance.

In regard to effects of low frequency electroacupuncture on the peripheral circulation, there is a study by Sakai, et al.[10] who performed low frequency electroacupunture on triceps surae muscles in a similar manner as we did for the patient. With healthy adults as study subjects, they have verified in the study that after applying low-frequency electroacupuncture stimulation to triceps surae muscles, the lower thigh deep temperature of the muscles rose and muscle blood flow volume and skin blood flow as well as the pain threshold also increased.

Similarly, Tokutake, Yoshikawa, et al.[11,12] have also reported that stimulating the lower thigh by low frequency electroacupuncture caused an increase in the deep temperature of the targeted muscles. They pointed out that its mechanism might have involved the muscle pumping function performed by muscle contractions. In the case of the low frequency electroacupuncure we conducted, a similar mechanism might have worked, in addition to the action of the vasodilatory substance like CGRP.

For the treatment of PAD, bypass surgery or percutaneous angioplasty is carried out. And there is a document reporting that these procedures significantly increase lower limb skin temperature

and that a strong correlationship exists between an increase after surgery in ABPI, which is an index of perfusion pressure in the peripheral site of the lower leg, and an increase in skin temperature of the lower thigh peripheral site[13]. These improvements are attributable to the surgery resolving the stenotic lesion, resulting in a marked increase in the blood flow volume in the major artery of the lower limb and the skin blood flow volume. This means that in tissues of such as a PAD affected leg that have extremely reduced supplies of blood, an increase of blood flow in the major artery diretly induces skin blood flow and the ABPI to increase. However, there were effects on pain and cold sensation from 1-3 month treatment but no changes occurred in the ABPI. This indicates that improvements in organic lesions such as constriction or obstruction of a blood vessel cannot be expected from acupuncture treatment for a short period of 1-3 months.

However, the result showing that the intermittent cludication distance, pain, and cold sensation significantly improved prompted us to think of the possibility that collateral blood circulation paths gradually developed. Recently, Oda, et al.[14] conducted an experiment with rats and histologically verified the findings of VEGF production by applying low-frequency electroacupuncture stimulation using an ischemic muscle model of rats' anterior tibial muscles. From the findings, it may be possible that the electroacupuncture for PAD induced the production of VEGF and the development of collaterial blood routes. We want to leave this matter as one of the agenda to be investigated in the future.

(2) Acupuncture indication range for PAD

For chronic artery obstructions such as PAD, Fontaine Classification for lower limb ischemic symptoms [1] is widely used to classify disease stages. Non-surgical procedures for PAD are used for the patients with Stage I and the patients with Stage II according to the Fontaine Classificationc [2]. Since acupuncture treatment is one of non-surgical methods, acupuncture was administered mainly to the patients with Stage I and the patients with Stage II. Furthermore, in order to find out and study indications and the limit of acupuncture treatment for PAD, acpunture treatment was also provided to as few as three patients with Stage III and Stage IV respectively.

In terms of effects on clinical symptoms, both pain and cold sensation of pre-treatment significantly improved from post-treatment. From the viewpoint of the Fontaine Classification, the intensites of these symptoms markedly decreased in Stage I and Stage II while their improvements in Stage III and Stage IV were slight.

The intermittent claudication distance after acupuncture treatment improved significantly compared to that before the treatment with an extension of the distance. On the other hand, almost no changes were shown in ABPIs in all lpatients.

In regard to the method of PAD treatment, severe cases of chief complaints such as ulcer, necrosis, and rest pain are considered positive candidates for surgery such as revascularization surgery. In the case of the patient with Stage IV (necrosis developed on the toe) in this report, the skin temperature increased after the acupuncture treatment but cold sensation and pain did not change and subsequent treatment did not yield effects, leading to a toe amputation. In the two patients with Stage III of Fontaine Classification, cold sensation and pain were relieved slightly, not to the extent that they could be assessed as clinical effects. Changes in ABPIs were also not observed. As shown above, serious cases were only three patients, but acupuncture has a limit to its effects if the severity of ischemia from artery obstruction is high, which exceeds the indication range of acupuncture.

From the results above, we consider that the treatment with acupuncture for clinical symptoms of PAD with Fontaine Stage I and Stage II is effective and Stage I and Stage II symptoms are within the indication range of acupuncture treatment.

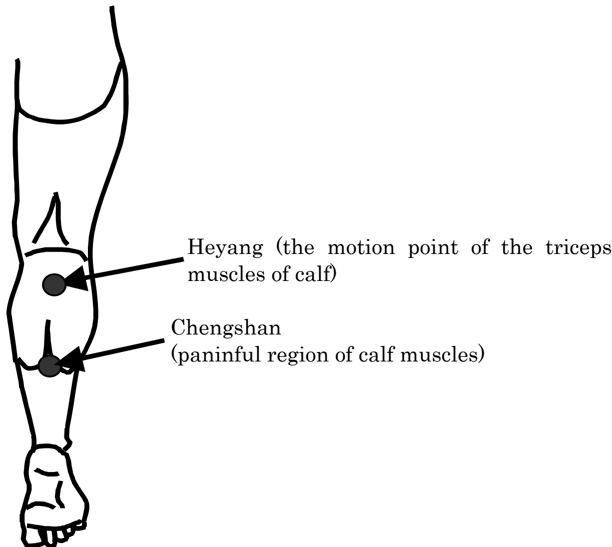


Figure 1 Acupuncture points to insert needles

Fig. 1 shows acupuncture points to insert acupuncture needles in the low frequeny electroacupuncture stimulation method. The insertion depth was 20-30 mm. Stainless steel needles 50 mm long with a diameter of 0.20 mm were used. Stimultion conditions were 1 Hz, pulse width 0.25 ms, and pulse strength 1 mA, the intensity that did not make patient feel unpleasant but strong enough to cause contractions of triceps surae muscles.

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## Introduction of Tokyo Ariake University of Medical and Health Sciences (TAU)

### About TAU

Tokyo Ariake University of Medical and Health Sciences (TAU) opened in 2009 in Ariake of Tokyo the capital of Japan is a four-year university. Ariake is a waterfront area included in the new Tokyo Waterfront Subcenter of the urban project developed by the metropolitan government. Ariake is one of the most promising areas in Tokyo with good access to urban central areas as there are two public transportation systems (Rinkai Line and Yurikamome Line) and the networks of Tokyo Metropolitan expressways.

Hanada Gakuen, the mother organization of TAU was founded in 1956 by Hanada Tsutou who made great contributions to improving the status of Japanese traditional medicine and developing the traditional medicine after the war. The school is a traditional college that has so far produced over 15,000 acupuncture/ moxibustion practitioners and Judo therapists.

TAU is organized with the Faculty of Healthcare to which the Department of Acupuncture and Moxibustion and the Department of Judo Therapy belong, and the Faculty of Nursing. Education is provided by 43 full-time teachers and a team of vastly-experienced part-time instructors. TAU aims to contribute to the society by training well-balanced specialists that have a wealth of knowledge and solid techniques as well as an investigative point of view and can give consideration to the position of patients and their needs.

#### Department of Acupuncture and Moxibustion

In the Department of Acupuncture and Moxibustion of TAU, education is given by full-time teachers (1 doctor, 1 doctor of traditional Chinese medicine, 3 researchers of basic researches, 13 practitioners of acupuncture and moxibustion, and 1 athletic trainer (AT) who is a certified practitioner of acupuncture and moxibustion) and other 90 part-time specialists. The education aims to nurture practical human resources so that it is not only designed for students to gain a wide range of medical knowledge relating to acupuncture and moxibustion but also field-oriented, focusing on on-the-job trainings about the optimal implementation method of acupuncture and moxibustion under the modern medical care system and evidence-based indications and contraindications of acupuncture and moxibustion treatment. The education has also an important purpose of contributing to the development of acupuncture and moxibustion medicine through basic clinical research and studies.

#### Adjunct facilities of TAU

A center for acupuncture and moxibustion with 17 beds will open as adjunct facilities of TAU in September 2009. In the center, practitioners of acupuncture and moxibustion of the Department of Acupuncture and Moxibustion will perform clinical activities on a rotating system to help maintain and improve health of the community residents. And at the same time, students of the Department of Acupuncture and Moxibustion will have on-the-job trainings. Furthermore, a clinic of modern medicine (internal medicine and orthopedics) and a Judo-therapy center are planned to open two years later. Through their cooperation, these centers will assume a role of becoming an implementation example of integrated medicine in Japan.

(Tomoaki Kimura, Department of Acupuncture and Moxibustion)

Tokyo Ariake University of Medical and Health Sciences (TAU)

## Clinical Report 2 (Japan)

*Functional Dyspepsia – Case 1*

Shinji Nishida
Department of Psychosomatic Medicine,
Japanese Red Cross Wakayam Medical Center,
Wakayama, Japan

Case 1: FD epigastric pain syndrome
Patient: 28-year-old female
Chief complaint: Pain in the epigastric region, sense of abdominal fullness

History of present illness: The patient began engaging in film developing work from August XXXX-1. Her symptoms emerged after she began to drink large amounts of cold tea to relieve herself of the hotness of working in a closed dark room. She received a gastroscopy exam in October at a different hospital, and was told she has erosive gastritis. She was administered an H2 blocker, dimethicone and mosapride citrate, but to no avail. She thus resorted to folk medicine (Ota Isan, geranium herb), but is not certain of its efficacy. In April XXXX, an aggravation of her symptoms and weight loss led her to seek medical attention at our hospital.

Past medical history: Bronchial asthma until age 11. Family history: Nothing in particular.

Present status: The patient has a poor complexion, and appears dispirited. Height 165cm, weight 49kg, blood pressure 130/78mmHg, pulse 86/min. and regular. Abdomen is flat and soft. Decreased bowel sound, tympanic sound heard in the upper left abdomen by percussion.

Symptoms: The patient slept with a hot water bottle or electric warmer on her stomach, as the weather was still cold during her first visit (April). Loss of appetite, dry mouth, heartburn, chest pain. She feels no particular emotional stress at work. Regular bowel movement, regular menstruation.

Observations from the perspective of Eastern medicine: Tongue pattern—Thin white coating, regular tongue texture, no hypertrophy. Pulse pattern—Thin, string-like, somewhat smooth. Abdominal pattern—Chest side painfulness and epigastric discomfort, abdominal muscle tension in upper abdomen, no tenderness in lower abdomen.

Progress: The patient was administered *saikokeishito*. In her visit two weeks later, she said her symptoms improved considerably. Her prescription was continued until the fourth week when her treatment was deemed completed.

## Clinical Report 3 (Japan)

*Functional Dyspepsia – Case 2*

Shinji Nishida
Department of Psychosomatic Medicine,
Japanese Red Cross Wakayam Medical Center,
Wakayama, Japan

Case 2: FD postprandial distress syndrome
Patient: 56-year-old female
Chief complaint: Heavy stomach, loss of appetite, feeling of fullness, coughing with phlegm

History of present illness: The patient's stomach began to feel poorly from XXXX-4, and gradually worsened. She received a gastroscopy exam at a different hospital and was diagnosed with superficial gastritis. She was administered an H2 blocker, a proton pump inhibitor, and mosapride citrate, to no avail. Her weight declined from 38kg to 36kg, so sought medical attention again in XXXX.

Past medical history: Ovarian cyst at age 17, ischemic enteritis at age 52.

Present status: Height 146cm, weight 36kg, blood pressure 156/91mmHg, pulse 96/min. and regular.

Symptoms: Sense of abdominal fullness, belching, loss of appetite, early satiety after eating, a splashing sound of gastric juice in the stomach, no heartburn or reflux symptoms. In the past, she was prescribed *shoseiryuto* for coughing and phlegm, but it aggravated her gastrointestinal symptoms.

Observations from the perspective of Eastern medicine: Pulse pattern—Sunken, thin, string-like, somewhat deficient. Tongue pattern—Tongue texture with teeth marks and cracks, thin white coating, overswelling of sublingual vein. Abdominal pattern—Somewhat weak abdominal strength, thin subcutaneous fat, dry skin, minor chest side painfulness on right side, marked splashing sound made by succusion, brisk pulsation in supra- and infra-umbilical regions, weakness of the infra-umbilical region.

Progress: First visit (Jan.)—Administered *rikkunshito*. February—The patient became able to eat a significant amount of rice, but the splashing sound still remained. March—The patient had coldness, so 1.0g powdered processed aconite root was added to her prescription. April—Sputum and respiratory distress were observed, so *hangekobokuto* was added. May—The patient began to be able to eat. Food tastes good. The phlegm decreased. Thereafter, *rikkunshito* and *hangekobokuto* were gradually decreased, and the patient's treatment was deemed complete in October.

## Clinical Report 4 (Japan)

*Athma/Bronchitis*

Yang Cholsong
Yang Herb Clinic

Case: Female of 78 years old
Chief complaint: Wheezing
History of present illness:

The patient had persistent wheezing and coughing every day with breathing difficulty once or twice a week although she had been using steroid stimulation-inhaled ß2 for about a year. Phlegm was viscous in small amounts and did not easily loosen.

The patient was thin, easily had hot flashes, and her skin was dry.

Past medical history:

The patient with osteoarthritis of the knees had fatigue causing pain in the knees and low back.

Present conditions: A small build, and thin.
Pulse: Thin. Tongue: Deep red without moss and dry
Sho: Lung and kidney Yin deficiency

Method of treatment: Tonify lung and kidney Yin
Prescriptions: Extract of *rokumigan* 6g/3 + Extract of *bakumondoto* 7.5g/3
Course: After two weeks of the administration of the above two prescriptions, phlegm became easily loosen and cough and wheezing disappeared. Hot flashes improved. After that, coughing and wheezing occurred only twice or three times a month and they stopped as soon as ß2 inhalation was used.

### Commentary

Being thin, hot flashes, dryness of the skin, thin pulse, deep red tongue without moss/dryness – these are all symptoms of Yin deficiency. Coughing accompanied by thick phlegm not easily loosen and in small amounts, and pains in the knees and low back due to fatigue were considered to be the symptoms of lung and kidney Yin deficiency. The lung and kidney Yin deficiency is the sho often observed in chronic bronchitis in the elderly, for which treatment a typical medicine is *bakumijiohen (Ophiopogonis, Schisandra, Rehmannia Pill)*. For the use of extract preparation, *bakumondoto* is used together with *rokumigan*. For lung Yin deficiency and Yin deficiency with exuberant fire, *jiinkokato* + *bakumondoto* are used. Reduced amounts of ingredients of the medicines were used in consideration of the patient's age.

## Clinical Report 5 (Japan)

*One Case having Effects of Senkyuchachosan on Headache*

Mitsuyuki Takamura
Mie University Occupational Health Research Project
Hiromichi Yasui
Japan Institute of TCM Research

Case: Female of 43 years old
Initial visit: October 4 of year X
Chief complaints: Headache and dizziness
History of present illness: The patient had been suffering from migraine since its initial development when the patient was at about 10 years old. She had been using various medicines but they became gradually less effective and eventually Selestamine was the only medicine that worked. On August 16 of the year, she had a total hysterectomy due to uterine fibroids. When she had an analgesics injection after the surgery, she had the attack of disabling dizziness. Subsequently, dizziness continued. The type of headache changed after the surgery: When pain occurred, dizziness developed. At the same time, any medicine did not work. So she desired Kampo treatment.

Appetite: Ordinary
Sleep: Good
Defecation: Once/day (use Arozen® sometimes)
Urine: 9 times/day, nocturnal urine: once
Menstruation: None after the uterine hysterectomy
Neck stiffness (+), shoulder stiffness (+), low back pain (+)

Present conditions: 158cm, 64kg

Pulse: Deep and smooth
Tongue: Slightly dark colored, tongue moss (-), moist
Abdomen: Slightly distended and full, soft, splashing sound (+)

Diagnosis: Headache due to phlegm-dampness, stagnation of Qi and blood stasis and head wind

Prescriptions and clinical course: In the initial examination, it was considered the headache was caused by phlegm-dampness and *ryokeijutsukanto* was administered. The headache seemed slightly relieved, but a great improvement was not observed. On October 25, the formula was changed to *hengebyakujutsutemmato*, but the condition remained unchanged. On November 8, headache, which was like the one occurring in a menstrual period appeared, which, the author considered, was due to the existence of stagnation of Qi and blood stasis and two formulae were used: *kamishoyosan* + *ryokeijutsukanto*. This combination was effective and headache rarely occurred. The prescriptions were used till July of next year (year X+1). In August, headache relapsed without dizziness but with squeezing pulsatile pain. So, It was considered that the sho (pattern) of the patient changed and the formula was changed to *senkyuchachosan*. Since then, no headache has occurred till now (year X+4). However, the patient, who is afraid of relapse, continues this formula.

Consideration: In the case of the patient, formula was changed one after another according to the conditions, and eventually the headache was relieved with *senkyuchachosan.* Some of the formulas used, before the foregoing medicine, were effective enough in their own way. In other words, the headache in the patient was linked with phlegm-dampness and Qi stagnation and blood stasis and *ryokeijutsukanto* and *kamishoyosan* improved these conditions, exposing, as a result, the presence of the other underlying clinical condition. Generally, the *senkyuchachosan* is a formula for treating the factors that cause pathogenic wind to attack the exterior and harass the head, inducing headache. If pathogenic wind does not go away and stay in

the liver, headache will not be cured and relapse. This windt is referred to as "head wind" in Chinese medicine. The condition remained ultimately was "wind is in hiding in the liver" and *senkyuchachosan* resolved this state. The patient was finally freed from 30 years suffering by this formula.

## Kampo Dermatology – Clinical Studies

*Treatment of Atopic Dermatitis with Kampo – Puberty and Adulthood (6)*

Fumino Ninomiya
Aoki Clinic

A major characteristic of atopic dermatitis is that varied symptoms appear during puberty and adulthood and they cover the entire body. The parts that are rubbed such as the underarms and inside elbows become lichenified (the skin become thick and hard) and intractable. Sweat accumulation in the parts that are rubbed is also a major factor.

**Treatment of secondary aspects and prescriptions**

The skin surface consists of a variety of structural shapes and typically often develops erythroderma. For erythroderma, medicines that clear heat and induce water drainage, and resolve blood stasis are mainly used appropriately, as well as *gorinsan, shofusan*, or *keishibukuryogan*. To remove intense inflammation, strong heat clearing medicines are used. In atopic dermatitis, however, there are many cases of spleen-stomach deficiency with internal cold. So, an excessive use of heat clearing medicines should be avoided. Making adequate adjustments is important. It is also important to focus on heat clearing prescriptions.

If facial redness is intense and skin irritation extends to the whole body, *shishihakuhito*, *orengedokuto*, *keishikaogito*, and *byakkokaninjinto* are used. *Byakkokaninjinto* is used to target hot flashes, sweating, and thirst.
If there is erythema, papules, and lichens on the whole body, medications such as *unseiin*, *keigairengyoto*, *saikoseikanto*, and *saikokeishito* are used.

For erythema on the upper part of the upper body, the medications such as *sammotsuogonto* and *shin'iseihaito* are used.

If there are erythema, edemas, and moistening, the medications such as *eppikajutsuto, choreito*, *inchinkoto*, *goreisan*, and *shofusan* are used.

These medicines should be used for a short period to manage the symptoms.
If the lower body has intense inflammation, the prescriptions such as *ryutanshakanto* and *saiseijinkigan* are used.

If there is an infection, medications such as *hainosankyuto* or *jumihaidokuto* are used.

If there is the presence of upper body sweating with a weak constitution, medications such as *keishikaogito* and *boiogito* are used.

If there is dry skin dermatitis on the whole body, medicines to enrich yin such as *bakumondoto*, *tokito*, and *jiinkokato* (even for treating a secondary aspect of the disease) are used.

Some cases may need to combine medicines inducing water draining. A typical medicine to dissipate water damp is *goreisan*, which can be applied to individuals of any generation. For Hyperhydrosis and edemas, *boiogito* is used. *choreito*, which has actions of nourishing yin and draining water is used for heat symptoms. *Inchingoreisan* is used for conditions with erythema – erythema is the symptom for this medicine. *ryokeijutsukanto* is used for conditions with moist eczema dermatitis due to the reversed flow of fluids.

**Treatment of the root/primary aspects and its prescriptions**

The basics to treat the root during puberty and adulthood are to improve the patient's constitution by supplementing deficiencies with the use of medications mainly for tonifying qi, and yin.

For the syndrome of gastrointenstinal

weakness and acquired spleen deficiency, medications such as *rikkunshito, shikunshito*, *ninjinto*, and *heiisan* are used. For kidney-deficiency lacking kidney essence as a result of acquired internal weakness, medications such as *hachimijiogan*, *rokumigan*, and *shimbuto* are used. For liver depression and qi stagnation with which stresses are greatly connected, medications such as *shigyakusan*, *saikokeishito*, *saikokeishikankyoto*, *saikokaryukotsuboreito*, *yokukansan*, and *kamishoyosan* are used. For blood deficiency, *shomitsuto* is a typical formulation (Table 2).

Atopic dermatitis has great influences of characteristics of each season, which will be reported in a separate literature.

**Case 1**: Female of 31 years old with atopic dermatitis and neurosis.

Present conditions: 159cm, 51kg

Whole body erythema. Psychoneurosis, SDS (psychological test) 65 scores. Difficulty falling asleep, intensely irritable, worrisome, poor appetite, loss of nerve. The entire body felt cold. Stiff shoulders (+). The patient was helping with the housework.

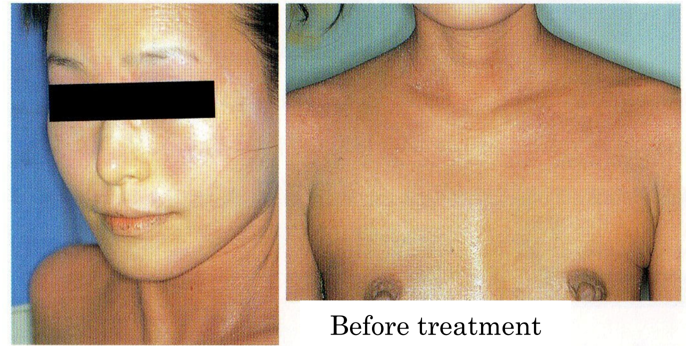
Tongue condition: Moist with white furs.

Treatment and course:

*yokukansankachimpihange* 5.0g and *sammotsuogonto* 5.0g were administered for six weeks.

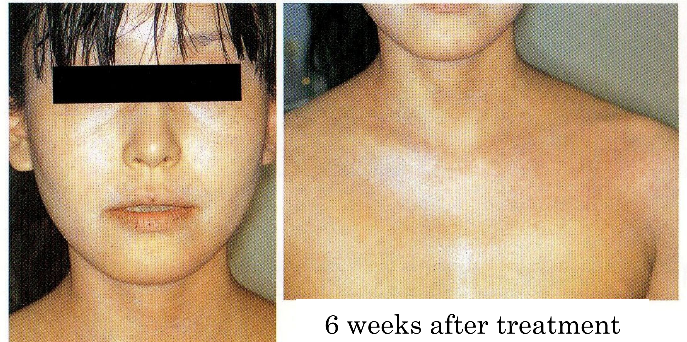
After a while, the skin inflammation improved and a cure was attained.

Appetite came, and the patient became able to enjoy meals, and felt refreshed. Irritability resolved. She could get a conversation with her family members to start moving. She spent every day with fun and became hopeful about the future. The overall QOL improved.



Before treatment

Before treatment



6 weeks after treatment

6 weeks after treatment

Case 2: Male of 20 years old with atopic dermatitis and whole body chronic exudative dermatitis

Present conditions: Atopic dermatitis developed at the age zero. In mid-course, it was in remission, but when he entered the university and started living alone, it became gradually worse.

Past medical history: Allergic rhinitis. His father had allergic rhinitis.

Present conditions: 172cm, 63kg

There was whole body erythema. Moist crusts and lichens co-existed with exudative dermatitis associated with a secondary infection. Constipation (+), cold legs (+), abdominal pain (+), frequency of urination 5 times, water intake 3-5 lit./day. In everyday life, the patient ate in-between snacks, mostly sweets. She did not take breakfast and mostly dined out. She ate very few vegetables and fish.

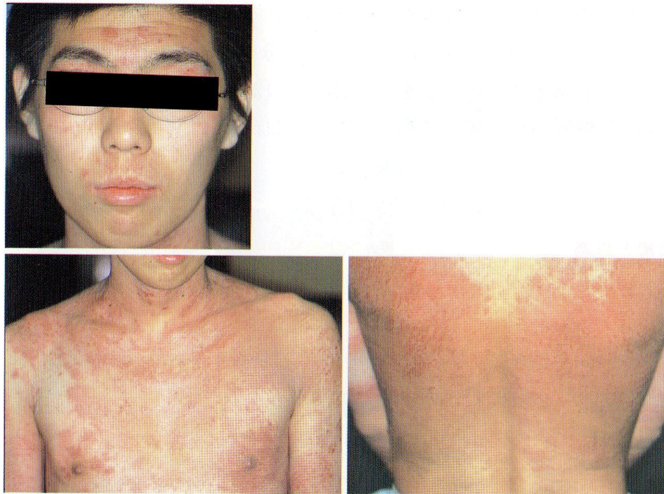
Abdominal condition: Palpitations above the umbilicus, tenderness beside the umbilicus, and

lower abdominal resistance.

**Treatment and course**

May 9. (1) *choreito* 7.5g, *gorinsan* 7.5g, and Roxithromycin 100mg 2 tablets were administered for 14 days.

(2) Procedures: Black light radiation. Patches of *shiunko*, Bacitracin mixed ointment, and pioctanine Salbe were applied.



Before treatment    Before treatment

May 21. The secondary infection was cured. Erythema decreased.

(a) *choreito* 7.5g and *hainosankyuto* 7.5g were administered for 28 days.

(b) Procedures were same as those of May 9.

June 13. Erythema further decreased and the pigment deposited. Itching (+), which was intense on the face, chest, neck and upper body. *shin'iseihaito* 5.0g, *keigairengyoto* 5.0g, *choreito* 5.0g, and Ebastine 10mg one tablet were administered for 14 days.

[Lifestyle guidance]

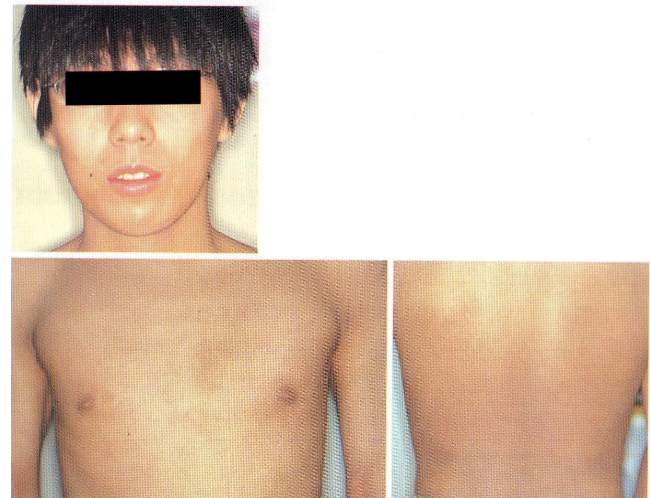
(1) The patient was told to get up early in the morning and eat breakfast. Explanations were given about food materials and how to effectively intake them. Go to bed at 23:00. Get enough sleep.

(2) How to apply ointments after taking a bath was explained. The effective method of taking a bath to disperse cold in the legs was also explained.

(3) For the face wash, soap must be used. It was explained that soft cottons are the safest for the skin.

(4) Since stress was getting worse, instructions were given for training the autonomic nerves.

With the three-day visits to the hospital, the symptoms were nearly recovered and the conditions seem to become better.



After treatment    After treatment

## Medical History in Japan

*Sotetsu Ishizaka's "Shinkyu Chiyo Ichigen (2)*

Kenji Kobayashi
Guest researcher of Medical History Research Dept.
Kitazato University Oriental Medicine Research Center

[Part 2 of this series]

- Unless the reasons are known why needles cure diseases, needling techniques become a useless thing and cannot be put to practical use.

Once the significance of their application has been understood, like pollution transforming into cleanliness, or entangled things becoming undone diseases can be cured. When the essentials have been sufficiently grasped, the criteria can clearly be formulated in words.

Well, formulating the essentials in an easily understood language, a bamboo or wood spine (splinter) piercing the body is not different from a needle made of gold, silver or iron piercing the body, in both cases similar splinters are inserted into the body. The difference lies in whether these splinters are stuck by mistake, or inserted for the purpose of treatment.

When bamboo or wood splinters have pierced, it is possible to remove them by pulling them out with human strength, but if that person were not able to pull it out with his own strength, the vital force of that particular person will cause the development of inflammation and calor at the site of the splinter, gradually concentrating essence and spirit as well as nutritive and protective qi (effects of nerves and blood vessels) forces, so that the fever at the site of the splinter becomes exuberant, transforming the heat into pus so that gradually even splinters that cannot be removed with the strength of that person are discharged together with pus and thereby removed from the body. Drainage of the pus and following recovery from the inflammatory symptoms, the body naturally returns to its whole, unharmed condition.

During acupuncture & moxibustion treatment gold, silver or iron needles are inserted at the site of the disease and similar to the local development of calor at the site where bamboo or wood splinters have pierced, essence and spirit as well as nutritive and protective qi concentrate and gather beneath the needle.

Retaining the needle in place for a while, properly gathering these forces under the needle and then removing it will finally scatter essence and spirit as well as nutritive and protective qi along with the pathogenic evil and result in a sudden healing. This is exactly like the way wind blows away clouds, after which a clear blue sky emerges. In the classics too it says "Piercing three times will heal a person in whom 10 days have passed since the onset of the disease. Piercing ten times will heal a person in whom 1 month has passed since the onset of the disease. Anyway, regardless of whether the disease is mild or severe, one treatment every three days is the standard for the treatment."

Regarding the needling technique the sites of the pathogenic qi are needled, and through treatment of the evil the essence and spirit as well as nutritive and protective qi gather properly at the site. By removing the needle the gathered essence and spirit as well as nutritive and protective qi will eliminate the evil. In other words, this can be considered to be the same technique as if drastic drugs like ginseng or aconite were used to raise the weakened vital energy to achieve vitality.

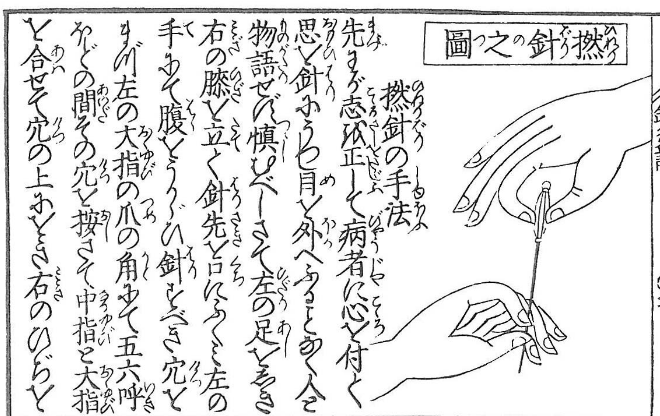
- Sites that should not be needled are constantly and widely moving organs. The two organs heart and lungs and thick arteries (i.e. the aorta) as well as along the course of major ('gathering place of the heavenly vessels for essence and spirit" (i.e. nerves)) "somyaku seishin", where needling could result in various accidents. Thus, unless one has a detailed knowledge of the course of the qi and the courses of vessels the particular person is

nothing more than a layman, poking a sick person. When facing acute diseases people highly skilled in the art may achieve good effects by piercing forbidden sites that usually should be avoided. That is the same as using the “militia” in war.

- Needling technique is really all about direct insertion, but not restricted to it. The skills of properly using the left and right hand, adopting a proper posture, serious concentration, relaxing the arms and the skills to move the fingers freely have to be acquired.

The index and middle finger of the left hand are placed alongside each other and press on the site to be needled, taking care to be able to change at will between light touch and deep pressure, and between these two fingers the needle is held in the right hand and pressed in.
Once the needle has been inserted, it is pushed further in with the right hand. Here it is important to take care to keep it constantly moving from the start to the end in a rhythmical fashion. This is called the secret of the needle.

[Illustration 6] Illustration of twisting a needle, “Shinkyu Chohoki” (Description of acupuncture and moxibustion treasures) by Masatoyo Hongo (1718)




[Illustration 6]

For that reason it says in the classics “the right hand governs the advancement of the needle, while the left hand holds and controls the needle and thus reins it.”

It is also said that “people practicing acupuncture must believe their left hand”.

Unless the hand that inserts the needle is kept heavy and rhythmically moving, the needle turns into a lifeless thing. When there is only a minimal amount of vital force left in the sick person’s body and the hand of the acupuncture practitioner is a lifeless thing, it can have various harmful effects. One has to be very careful about this.

For this reason the classics describe the relevant acquaintance as: "The person performing the acupuncture must maintain a wakeful proficiency and a frame of mind as if looking into a deep abyss, or walking on thin ice, kneeling in front of dignitaries, or as if grasping the tail of a tiger with the hand." Various mistakes are all caused by inattention.

- There is the phenomenon of the needling sensation (resonance). From the site where the needle has been inserted a phenomenon like a flowing resonance always spreads up, down, left and right and may cause a needling sensation in the most unexpected places. Needles inserted into hands and feet may for example affect the face, chest or back. Those are all due to effects on the "Somyaku" (zong mai; gathering place of the heavenly vessel essential vessels). It is not due to the nutritive and protective qi channels called "Eie". Neither is it due to the muscles.
** Author's note: When Sotetsu refers to "Somyaku", he means nerves, while "Eie" refers to blood vessels.*

- Gold, silver or iron is used for the manufacture of the needles.

The standard for the length of the needle metal in Japan should be 3 "sun" (inches).
The vitality of the physician does not reach the needle tip, when they exceed this length, so that this would not be beneficial for the disease any longer.

The thickness of the needle (thick, thin) is restricted to needles of sizes between gauges No. 1 to No. 7.

In modern times through tapering during the process of the metalwork the needle body may be manufactured with an initial thickness of gauge No. 6-7 and that gradually becomes thinner down to No. 1-2, but this is meaningless. It may facilitate the insertion of the needle, but is not beneficial for the disease.

- In case of tube needles a guiding tube is used and the needle tapped in for only a portion of its length.

The outer skin in most people is rather insensitive to pain and itching. The needles are inserted to this pain insensitive depth. There is no harm.

But here too, if the acupuncture practitioner performs this treatment rough and mindlessly, inserting the needles in an unskilled manner, there may be severe pain. This too has to be performed very carefully, with watchful, vigilant attention.

In case the needle is inserted without the use of a guiding tube, it is important that the needle tip is pressed firmly pressed against the skin to pierce it and then be manipulated.

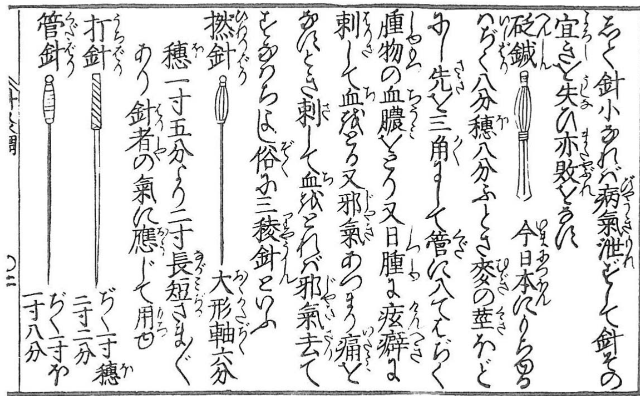
[Illustration 7] Illustration of needling a guiding tube, derived from "Shinkyu Bassui Taise" (Comprehensive Compilation of Excerpts about Acupuncture and Moxibustion) by Ippo Okamoto (1699)

[Illustration 7]

- The needling method includes aspects of tonification-sedation, receiving-following, and deficiency-excess.

Tonification helps to boost the sick person's spirit and engorge the vessels, which is a method to remove the harmful qi.
Sedation is a method of eliminating congestion of the nutritive and protective vessels by purging the blood. I have also heard that in the west there is a purgative method using needles. Although I don't know any details of that technique, I believe something like the three-edged needle is been used for this purpose.

[Illustration 8] Illustration of twisting a needle, "Shinkyu Chohoki" (Description of acupuncture and moxibustion treasures) by Masatoyo Hongo (1718)




[Illustration 8]

The receiving-following technique resembles the breathing method, when the needle has already been inserted, that depends on careful considerations of the coming and going in the nutritive and protective qi in the vessels and is performed with the practitioners mind set to either meeting or following the flow. One has to be very patient when entanglements of the disease are disentangled, and has to pierce with the needles carefully and concernedly.

The deficiency method is a technique where the needle is quickly removed and both the spirit as well as the nutritive and protective qi are used to treat exuberant disease.

The excess method is the application of the receiving-following technique. The needles are slowly inserted over an extended period of time, without causing any pain at all, only mild needling sensation, and where the breathing interval of the needle is gradually increased. This is used for persons in whom both essence and spirit as well as the nutritive and protective qi vessels have fallen into a state of deficiency.

Well, in a certain patient the excess method may be applied at one site and the deficiency method at another site. Or else the deficiency method is employed in the upper region, while the excess method (or a similar technique) is employed in the lower region.

Depending on whether the disease is located shallowly and whether the symptoms are marked by deficiency or excess the choice of the needling technique is used either shallowly or deep, or else deficiency or excess, tonification or sedation, meeting or following techniques are used depending on the ingenuity of the physician.

Diseases have to be treated based on a thorough comprehension of these techniques. The question of whether the acupuncture physician is either skillful or inexpert depends on whether there is a profound knowledge of the body's interior and exterior, upper and lower portions, the twelve organs, essence and spirit, the nutritive and protective qi physiology, and the causes of all diseases are carefully scrutinized. Those who accomplish this can truly be called superior docters.

With this the outline of the needling method is complete.

## Book Review

*"Acupuncture Core Therapy – Shakuju Chiryo"*
*Written by Shoji Kobayashi and Translated by Dan Kenner*

Reviewed by Robert B. Gracey
MAc, DiplAc (NCCAOM), LAc.

Acupuncture Core Therapy (ACT) is the culmination of over 30 years of study and clinical experience by Shoji Kobayashi and his first book translated into English. Kobayashi Sensei explains his unique style of Japanese acupuncture, starting with a discussion of its roots in classical Chinese and Japanese medicine and ending with a presentation of treatment protocol.

In the west, ACT is referred to as *Shakuju* Therapy (SJT) and I will use SJT to refer to this style of acupuncture.

I will offer a brief overview, shed light on *Shakuju* Therapy, summarize SJT's key concepts and show how these concepts work clinically. I recommend reading Acupuncture Core Therapy along with its companion DVD. Attending a SJT seminar is another way to learn more. Contacts for purchasing Acupuncture Core Therapy and its companion DVD and for SJT seminars can be found at the end of the article.

### An Explanation of Cold (*hie*)

The concepts of *qi* and *yin-yang* form the foundation of SJT, as in other styles of acupuncture. However, SJT also asserts that disease or disharmony stems from fundamental *jing qi* deficiency or pathological cold/*hie*. The cold/*hie* extends the concept of *yin qi* deficiency. It embodies the sensation of physical cold to include a more fundamental concept of *jing qi* deficiency.

How does cold/*hie* and the concept of *jing qi* deficiency manifest? Over the course of one's life, there is a slow but steady depletion of *jing qi*. During times of good health, the body can maintain warmth reasonably well, until near death, where cold steadily overcomes the body and systems breakdown. Upon death, *jing qi* becomes so depleted that the body becomes very cold. When we suffer from an imbalanced state, even before pathology manifests, a gradual depletion of *jing qi* also takes place. Left untreated, *jing qi* depletion can lead to disease. Cold accelerates the normal, more gradual depletion of *jing qi*, and in cases of serious disease, the outcome can be rapid leading to a total decline of *jing qi* or death.

The goal of SJT treatment is to return the body to a state of normal expenditure of *jing qi* to insure a normal, healthy lifespan.

### A Unique Diagnostic Approach

In SJT, cold manifests as imbalance, congestion or stagnation of *qi* and blood which is termed *shakuju*, or "accumulations (*shaku* – deeper)" and "gatherings (*ju* – more superficial)." Diagnostically, the *shakuju* pattern is primarily determined from areas of hardness, pulsations and discomfort/pain on the palpated abdomen. The deeper the congestion or *shaku*, the more complex or serious the disharmony. See Exhibit A for division of Abdominal Five Phase Zones.

SJT provides a unique symptom and sign pattern classification used in evaluation of the patient's condition. This breaks from Traditional Chinese medicine symptom-sign complexes with conventional disease names. As noted before, SJT predisposes that the root of disharmony or disease is *jing qi* or *yin* deficiency. To understand disease patterns, the broader concept of *jing qi/yin* deficiency is explained within the context of vacuity (deficiency) and repletion (excess) and the yin-yang paradigm. SJT groups these terms into five symptom categories that can classify any pathological condition. They are in progression of severeness: (1) *yin* deficiency, (2) *yang* excess, (3) *yin* excess, (4) *yin* and *yang* excess, and (5) *yang* deficiency. The symptoms and signs within each

category are determined through consultation and examination of the patient. While beyond the scope of this introduction, please keep in mind that they reflect various degrees of *yin* or *jing qi* deficiency.

**Shaku Ju Therapy Treatment**

Kobayashi Sensei's takes this concept of cold and offers a comprehensive, yet relatively simple root treatment to restore body/mind/spirit balance. His treatment protocol is typically applied to four of the five treatment zones mapped on the back.

SJT treatment strives to correct the energetic imbalances by warming the cold in the body, or putting power (tonifying) into the *jing qi*. The treatment follows a series of systematic steps to both diagnose and treat the pattern of imbalance (*shaku*). It starts by working to correct the superficial imbalance, or *ju*, then moving deeper to rectify the core level of disharmony, or *shaku*. Diagnosis requires that the practitioner remain aware to past medical history and observational stimuli, ranging from such things as birth trauma to what the patient looks like to how he/she sounds and feels through palpation.

Treatment entails a high degree of focused intention and connection between the practitioner's and patient's fundamental core energy or consciousness. This feature to SJT cannot be overstated. ACT clearly explains the fundamentals of directing consciousness in concrete terms. ACT also offers easily understood and fundamental suggestions in how to cultivate *qi* through exercises, such as *qi gong* practices.

In treatment, a practitioner uses single needle (or *teishin*) and moxibustion to warm the body. The needle helps "gather" qi, resulting in a more balanced state of being, and ultimately revitalizes *jing qi*. Most needling with SJT is non-insertive by virtue of the technique. Because it is so gentle, SJT is especially appropriate for children, seniors, patients with chronic conditions and the needle-phobic. Moxibustion is used when *qi* is in short supply or when cold or illness is more serious. In these cases, moxibustion helps gather heat externally.

Treatment steps are briefly outlined below:

1. Observation and inquiry
2. Initial pulse analysis
3. Check reference points (supine position: inner leg region)
4. Contact needling of the abdomen
5. Pulse diagnosis and adjustment
6. Abdominal palpation and pattern diagnosis
7. Check reference points (prone position: primarily jaw, back, neck, legs and feet)
8. Contact needling of back
9. Treatment of back-*shū* points
10. Re-examination of the abdomen (palpate for positive changes)
11. Supplemental treatment (if needed)
12. Re-examination of pulses
13. Treatment of shoulder region (GB-21/TW-15 area) in seated position

The needle used in SJT treatments consists of a #3, 40mm SJ-type filiform needle with an oval-shaped point, designed by Kobayashi Sensei. This blunted point allows for painless assessment and stimulation in contact needling and of individual acu-points. Treated back-*shū* points generally follow the outer/inner Bladder lines, the *Huatuojiaji* lines (vertebral edge line of the spine) and/or the Governing Vessel (GV) that are found in five element regions (see Exhibit B for division of Back Five-Element Zones). Treatment sequencing follows four forms that follow the creative cycle. All individual acu-points are treated on the healthy or less reactive side (Steps 5, 8, 11 and 13 as shown above).

In SJT, a practitioner checks reference points

which are exhibited as symptoms and signs. They include the patient's complaints and what a practitioner observes with the senses — sight, sound, touch, pulse, palpation, etc. Reference points mirror fundamental cold. During treatment the practitioner re-checks the reference points for change. For example, a patient comes in with back pain and during the treatment the pain lessens which means that there is less cold in the body and that the *jing qi* has been successfully tonified. Because the practitioner rechecks reference points during the treatment process, he/she can alter strategies resulting in a better outcome.

Contact needling begins the core of the fundamental treatment process starting with the abdomen and moving to the back. The SJT needle (or *teishin*) is used to lightly stimulate the abdomen from superior to inferior in a zigzag fashion without regard to acupuncture points or channels. It looks similar to *sanshin*, a touching needle technique, but its effect is one of tonification rather than dispersion. Contact needling is best understood by its visual presentation in the DVD.

Much of SJT's diagnostic and treatment perspectives were originally published in my article from the North American Journal of Oriental Medicine— *Shakuju Therapy Seminar (Part 2): Clinical Application*, NAJOM, Volume 16, Number 45 (2009, March), pp. 34–37.

### Clinical Perspective

ACT offers clinical strategies and cases illustrating its approach to treatment. This information is helpful to both the novice and experienced practitioner. It offers perspectives that enhance treatment flow and nuances that may be overlooked. The DVD helps to paint a clearer picture of the diagnostic and treatment process discussed in ACT.

### Conclusion

*Shakuju* Therapy offers a unique approach to acupuncture. It is guided by the premise that disharmony/disease can be classified as an expression of cold/*hie*, resulting in *jing qi* deficiency. The treatment approach is systematic, simple, and entails minimal stimulation to the patient. Its goal is to restore balance by warming the cold in the body through tonification of *jing qi*. Furthermore, the practitioner can easily refine treatment by repeatedly checking for patient feedback through reference point evaluation. The results foster longer-lasting healing than any other form of acupuncture I have practiced or witnessed.

Kobayashi Sensei's book and DVD provides a thorough basis for understanding this unique form of acupuncture and is an excellent reference for all those looking to add it to their practice.

In conclusion, I wish to express my deep gratitude to Kobayashi Sensei, as well as the editors of KAIM for the opportunity to write this article.

### Book, DVD and Seminar Information

**Book Reference and DVD**: Kobayshi, Shoji. (2008). Acupuncture Core Therapy – Shakujyū Chiryō, Translated and Edited by Dan Kenner. Taos, New Mexico: Paradigm Publications. Contact Redwing Books to purchase the book and DVD http://www.redwingbooks.com/Browse.jmdx.

**Seminar**: Ellen Leifman, Shakuju Association of North America eleifman@gmail.com

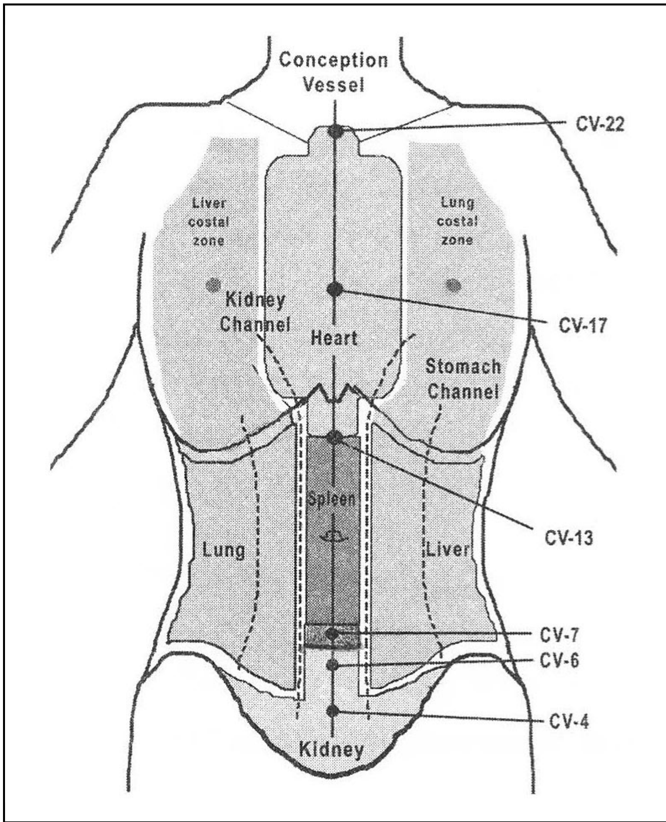



Exhibit A

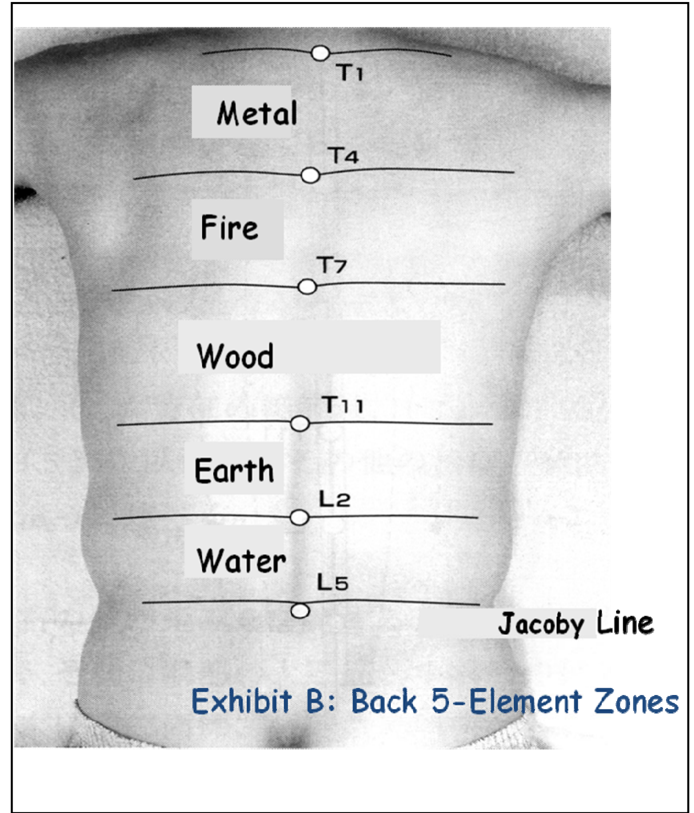



Exhibit B

Quality Of Life

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## Composition

- Arisma rhizoma
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- Atractylodes ovatae rhizoma
- Umbellate pore fungus
- Cinnamon bark

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**Like the cherry trees along Potomac River, Kanebo wishes to play a role of the bridge for friendship and health between Japan and U.S.A.**

### History of the Cherry Trees in Washington, D.C.

*The plantings of cherry trees originated in 1912 as gift of friendship to the United States from the people of Japan. In Japan, the flowering cherry tree or "Sakura", as it is called by the Japanese people, is one of the most exalted flowering plants. The beauty of the cherry blossom is a potent symbol equated with evanescence of human life and epitomizes the transformations Japanese Culture has undergone through the ages.*

**Excerpted from National Park Service**