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

KAIM
The Journal of
Kampo, Acupuncture and Integrative Medicine

INTERNATIONAL INSTITUTE OF HEALTH AND HUMAN SERVICES, BERKELEY

Volume 4, Number 3 · Fall 2009

ISSN:1559-033X

Quality Of Life
OMINEDO

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"I just want my customers to feel better, body and soul. Just to see their faces light up with hope and happiness, I'd do anything," remarks Masao Tsuji, President of Ominedo Pharmaceutical Industry Company. He visits various sites where raw herbs and substances for use in their Kampo products are picked. And he believes this is the tradition Ominedo had maintained for over a century now since the company was founded in 1900.

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The Journal of
Kampo, Acupuncture and Integrative Medicine
(KAIM)
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PUBLISHER
Shuji Goto
International Institute of Health and Human Services, Berkeley
2550 Shattuck Avenue, Berkeley
California 94704-2724, U.S.A.

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TABLE OF CONTENTS

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

Safer Choice of Needling Methods in Acupuncture Practice

Safety of acupuncture practice has been studied by several large-scale prospective surveys, and the evidence accumulated in the surveys has shown that the incidence of serious adverse events is very rare. On the other hand, it is a fact that adverse events possibly attributable to acupuncture treatment are still being reported as of today. Particularly, as organ injuries such as pneumothorax become life-threatening in the worst case, the knowledge of safe depth of needling is important to the practitioners of acupuncture-moxibustion.

As a matter of fact, it may be necessary to needle to a certain depth in order to obtain clinical effects. Some randomized controlled trials (RCTs), have reached the conclusion that deep needling is more effective than shallow needling. At the same time, there are many RCTs concluding that the clinical effects of both shallow needling and deep needling are not different. If it is known that the shallow or deep needling is more effective than the no-treatment group and the usual care group, the next step to take is to select a safer method of needling. Taking an example of migraine headaches, there are many RCT reports suggesting that shallow needling and deep needling produce no different effects. If this is the case, treatment with shallow needling could prevent serious adverse events that have been reported until now, such as injuries of medulla oblongata or spinal cord.

Japanese acupuncture has a variety of styles in which relatively thinner needles are used in general and relatively shallow insertion is applied. Also it does not necessarily seek Deqi. In the U.S. and Europe, there are many RCTs that had the conclusion that there are no significant differences in effects between the group of superficial or minimal needling and the group of ordinary needling with TCM method. Then, performing Japanese style acupuncture would be sufficient for the conditions in such RCTs. This is because Japanese style acupuncture is safer and brings equivalent clinical effects.

Let's think rationally and act accordingly. Patients do not have to wince in pain and withstand intense needling stimulation and they can often have clinical effects equivalent to those previously obtained with lower incidence rates of organ injuries. In the U.S. and European countries there should be many more patients to whom this safer choice can be applied.

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Japanese Acupuncture - Current Research

Acupuncture and Moxibustion Treatment for Patients with Cancer in Modern Japan – A Questionnaire Survey among Practitioners of Acupuncture and Moxibustion

Saito N, Narushima T, Kurasawa T, Furukawa S, Tsukayama H

1) Background

According to the results of the nationwide survey carried out in 2001 by Yamashita, et al involving the people of Japan, the utilization rate of CAM was 76%. The top 5 of its best utilization were nutrition supplement drinks (43%), health appliances (22%), herbs/OTC (over-the-counter) Kampo medicines (17%), massages and shiatsu (finger pressure) (15%), and Kampo medicines prescribed by physicians (10%). The use of acupuncture and moxibustion was 7% [1]. On the other hand, the 2001 questionnaire among patients with cancer conducted by Hyodo, et al. showed that the rate of patients utilizing complementary and alternative medicine (CAM) was 44.6%. The breakdown was: health foods by an overwhelming majority (89.1%), Kampo medicines (7.1%), Qigong (3.8%), acupuncture (3.6%), and moxibustion (3.7%) [2]. The results of these two surveys cannot simply be compared as there are small differences in classification between these two. However, the utilization rate of acupuncture and moxibustion in patients with cancer is 3.7 % to 7.3%, which means that they use acupuncture and moxibustion more than a little. Since patients with cancer use CAM mainly for the reasons of suppressing cancer progression (67.1%) and seeking cure (44.5%), it is easy to imagine that Japanese people in general use acupuncture and moxibustion for other reasons than motor symptoms (79%). In conducting a large scale survey among patients with cancer who are receiving acupuncture and moxibustion treatment, what needs to be done first is the identification of survey participants. This is unrealistic. Thus, a survey was planned to garner information relating to the treatment of cancer patients with acupuncture directly from acupuncture practitioners.

2) Objective

The objective of this survey is to investigate the reality of acupuncture and moxibustion treatment now being performed for cancer patients from the perspective of the practitioners and to discuss cancer treatment and the application range of acupuncture and moxibustion.

3) Methods

A survey was conducted through a questionnaire with the authors who published literatures concerning acupuncture and moxibustion treatment for cancer patients during the past five years. Specifically, in November 2006 “ichushi Web”was searched for literatures relating to “malignant tumors and acupuncture and moxibustion treatment” released during the past five years. Then “a questionnaire about roles of acupuncture and moxibustion in the treatment of cancer” was sent by post to 83 first authors, who were invited to send their replies. Literatures were restricted to those presenting human clinical data. Basic studies and animal studies were excluded. The period of the survey was three months from December 2006 to February 2007.

4) Results

4-1. Profiles of respondents

Replies were received from 46 respondents with the response rate of 55.4%. The respondents were 36 males and 10 females aged from 29 to 79 (average 51±, standard deviation 12.3).

The length of their clinical experience was 3 to 50 years (average 21.4±, standard deviation 11.3).

In regard to the employment status, 18 respondents were in practice, 20 were employees,

and 3 were in practice concurrently employees. Five respondents made no description for this question.

The number of experienced cases was 1 to 1300 (average 137±, standard deviation 293.2). The most common 10-49 cases were experienced by 17 respondents, followed by less than 10 cases by 9 respondents. The above 17 and 9 respondents added by the respondents with less than 50 cases of experience made up the majority of the respondents. On the other hand, 100 cases were experienced by 12 respondents (of which 2 had 1,000 cases or more). The respondents having 1,000 or more cases of experience (8 out of 10 had 100 or more cases) all answered that their sites of practice were in medical institutions. This means that in the settings where acupuncture and moxibustion were adopted to care for cancer patients, there were many potential scenes to utilize acupuncture and moxibustion.

4-2. Practice sites

In terms of the sites where practice was performed, "in a medical institution" accounted for 50%, "in the practitioner's own treatment room" accounted for 41.3% and "in patient's home"13.0%. The results were persuasive because the subjects of this survey were literature authors and many of the respondents belonged to medical institutions, such as university hospitals, where there are necessarily many opportunities to write literatures.

4-3. Motives for performing acupuncture

A multi-choice question was asked as to what urged the subject to perform acupuncture. To this question, multiple answers were accepted. "Patient's own decision" accounted for the highest rate of 78.2%, followed by "request by the doctor in charge" which accounted for 41.3%. And then "recommended by the patient's family and/or close relatives" accounted for 39.1%.

Analysis of the data by practice site showed that "patient's own decision" had the great majority in all sites. Second motives were "request by the doctor in charge" in medical institutions, "recommended by the patient's family and/or close relatives" in practitioner's own treatment rooms, and "recommended by a co-medical" in the patient's homes. The results suggested that factors having influences on the treatment of cancer were dependent on the site of practice (Fig. 1).

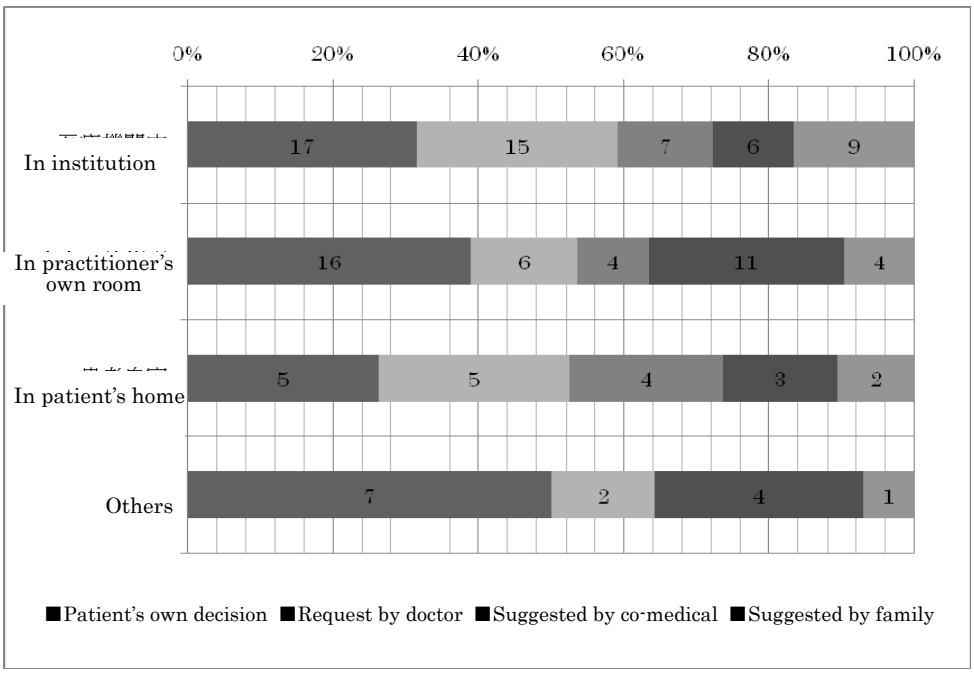

Fig. 1 Motives to come to perform acpuncture (by practice site)

4-4. Purposes of performing acupuncture and moxibustion for cancer patients

To the question as to the purposes of performing acupuncture, the answer of "as a means to relieve symptoms caused by cancer" had the vast majority of 69.5%, followed by 60.8% each for "as a means to relieve adverse effects associated with cancer" and "as a means to improve cancer and complaints unrelated to cancer and to enhance QOL."

Analysis of the purposes by site of practice showed no major differences from the above results. Relatively many of the respondents, however, who answered that the purpose was "a means to shrink cancer and to retard cancer progression" perform the treatment in their own treatment rooms.

4-5.Reasons to determine use of acupuncture and moxibustion for cancer patients

A multiple-choice question was asked as to the reasons to determine the use of acupuncture treatment. "Can obtain patient's satisfaction" accounted for the majority 69.5%, followed by "less side effects and less damages" at the rate of 56.5%, and then "expect resistance to cancer to improve by getting the patient in shape" was 54.3%.

On the other hand, few respondents answered "connect to revenues and profits" and "there were evidences."

In the results by site of practice, there were noticeable answers of "good ways/methods unavailable" from the respondents practicing in medical institutions. The reason mentioned by the largest number of respondents was "expect resistance to cancer to improve by getting the patient in shape."

4-6.Cooperation with the doctor in charge

A question was asked about cooperation/partnership with the doctor in charge of the patient, to which "yes" cooperating had 47% of the total, whereas "no" had 36%. "Others" had 17%.

The results by site of practice showed respective 70% of the respondents performing treatment in medical institutions and those performing treatment in the patient's homes were cooperating or developed a partnership with the doctor in charge. On the other hand, respondents performing treatment in their own treatment rooms who were cooperating or developed a partnership were short of 30% (Fig. 2).

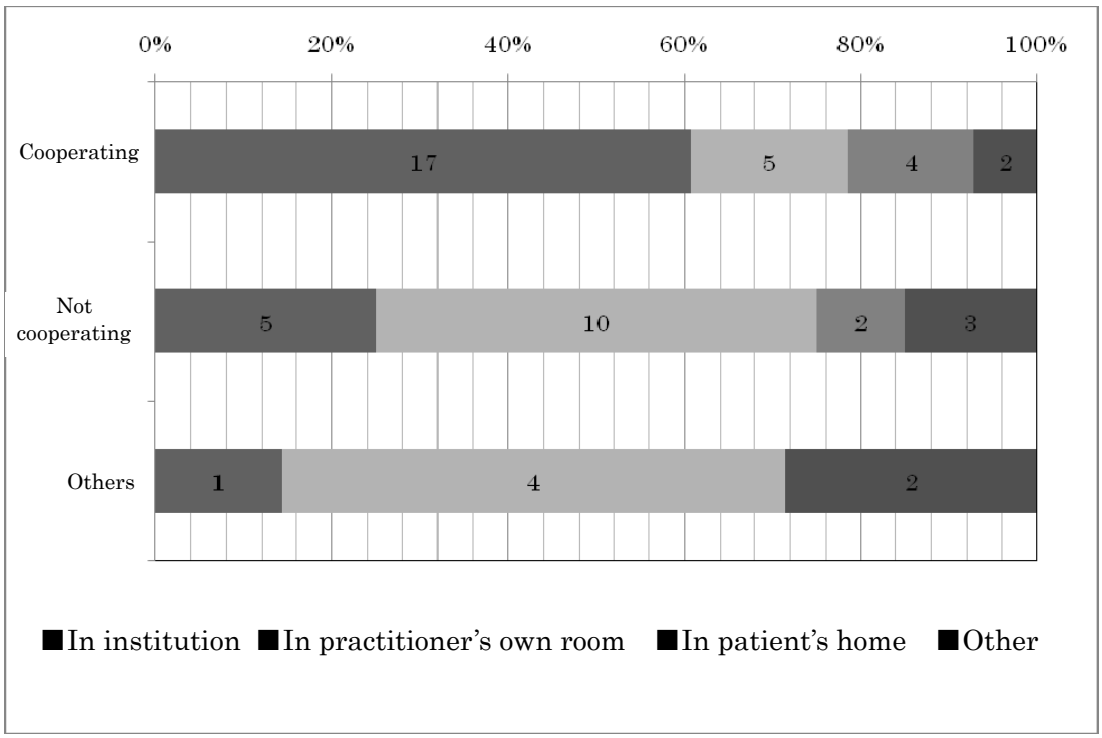

Fig. 2 Cooperating or not cooperating with doctor in charge (by site of practice)

Since the method of cooperation/developing a partnership was asked for free descriptions, there was variability among answers. In regard to the method of contact with the doctor in charge, many replies were received for verbal contacts or contacts by writing. There were answers describing that instructions were received from the doctor in charge and reports were made to the doctor in charge. From these results, it seemed that in performing acupuncture in medical institutions, suitable methods of cooperation/developing a partnership were adopted in the doctor-centered environment.

To the question whether or not difficulties in having contacts with the doctor in charge or difficulties in reporting the doctor in charge about the patient were felt, 21.7% of the total answered "yes" whereas 26.1% answered "no."And "others" accounted for 10.9% and "no answer" accounted for 10.9%. Among the respondents who answered that they were having contacts, half of them performing treatment in medical institutions felt no difficulties whereas 30% felt the difficulties. In regard to the treatment in the patient's homes, 70% or more felt the difficulties. This may have been resulted from it that the site of practice was not shared between the practitioner and the doctor in charge as in medical institutions.

4-7. Issues arising from the participation of an acupuncture and moxibustion practitioner in team medicine for cancer

To the question as to what issues would arise if an acupuncture and moxibustion practitioner joined in the members of team medicine, 30.4% mentioned the points relating to "building confidence with other staff members," 23.9% mentioned "understanding of acupuncture and moxibustion," and 19.6% pointed out "insufficient medical knowledge." Many answers received were lack of cooperation and understanding with each other. There were requirements for building up evidences.

The results by site of practice showed that many respondents performing practice in medical institutions mentioned "insufficient medical knowledge" and "understanding of acupuncture and moxibustion."Although the respondents performing practice in their own practice rooms had different opinions, the most common answer was to understand acupuncture and moxibustion."Unlike in medical institutions and in the patient's homes, the respondents performing in their own practice rooms expressed opinions concerning "techniques of practitioners of acupuncture and moxibustion."The respondents performing practice in the patient's home expressed eye-catching opinions about "medical treatment fees and health insurance system" as well as "insufficient medical knowledge" and "cooperation" and the voices requiring understanding of acupuncture and moxibustion were undistinguished (Fig. 3).

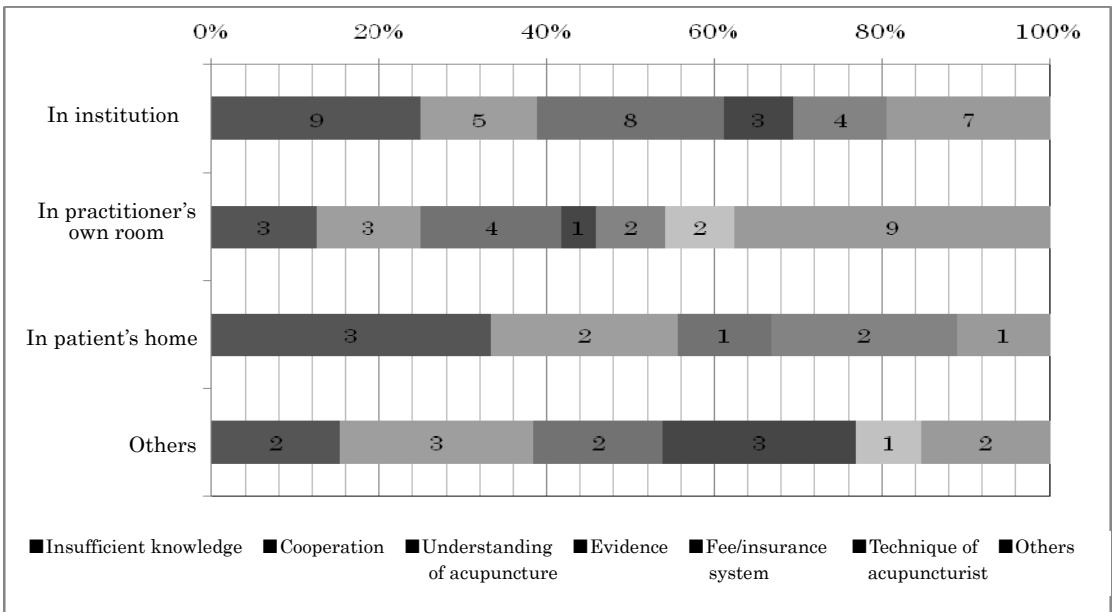

Fig. 3 Issues arising from the participation of an acupuncture and moxibustion practitioner in team medicine (by site of practice)

4-8. Symptoms difficult to have effect in the treatment of cancer patients with acupuncture and moxibustion

A question was asked about symptoms difficult to have effect on cancer patients. Answers were varied and it was not easy to categorize them all. In the answers that could be categorized, the most common answer was "pain" (especially, sharp pain and neuropathic pain) which accounted for 28.5%, followed by "aggravation of general conditions" which accounted for 19.5%.

4-9. Symptoms that could be indications for acupuncture and moxibustion treatment in cancer patients (Table 1)

Table 1. Acupuncture treatment applicable symptoms

symptoms	No.	Percentage
Cancer pain	23	50.0%
Nausea, vomit, poor appetite	14	30.4%
Non-cancer pain	8	17.4%
Side-effects of chemotherapy (except for nausea and vomit)	8	17.4%
Edema	7	15.2%
Sleep disorder	5	10.9%
Post-surgery health management	3	6.5%
Defecation	3	6.5%
Recurrence prevention	3	6.5%
Urination disorder	2	4.3%
Unidentified complaints	2	4.3%
Peritoneal fluid	2	4.3%
Others	24	52.2%

A question was asked about symptoms for which acupuncture was applicable. "Cancer pain" accounted for the highest rate of 50.0%, followed by "nausea, vomit, poor appetite" representing 50.0%, and then "pains other than cancer pain" and "thermotherapy side effects (except for nausea and vomit) representing 17.4% respectively.

5) Summary

The subjects of this survey were literature authors, so many replies were received from those belonging to medical institutions, such as university hospitals. Although there was a respondent's bias, it was suggested that the environmental conditions surrounding patients differed in each site of practice.

In the sites of medical practice, the trend of feeling difficulties in cooperating with physicians was weak. And as issues arising from the practitioner's participation in team medicine, insufficient medical knowledge and understanding of acupuncture and moxibustion, which could be translated as understanding of acupuncture and moxibustion and mutual understanding, were pointed out. In the settings where both medical practice and acupuncture and moxibustion practice were performed, certain levels of cooperation were functioning and seemed to be at the stage which required better mutual understanding.

On the other hands, although the respondents performing acupuncture in the patient's homes answered that they were cooperating as similarly as in the sites of medical practice, 70% felt difficulties in cooperating or having a partnership with the doctor in charge. As issues in the participation in team medicine, medical fees and medical insurance were mentioned, from which it seemed practitioners were facing problems with systems revolving around cancer patients, physicians, and practitioners of acupuncture and moxibustion.

Out of the respondents performing acupuncture and moxibustion treatment in their own practice rooms, those who were able to have cooperation were short of 30%. The first reason for those respondents to apply acupuncture and moxibustion for the treatment of cancer patients was the "expectation to increase resistance to cancer by keeping the patient fit" whereas "for the patient's satisfaction" was the first reason in other sites of

practice. From these responses, it was known that responding survey subjects were performing acupuncture and moxibustion treatment rather on their own experienced judgment than by instructions from physicians.

The efficacy of acupuncture and moxibustion for sick feeling, vomit, and loss of appetite in cancer treatment is now being discussed [3]. And acupuncture and moxibustion are also attracting attention for the treatment of side-effects This is supported by the symptoms that were mentioned by the respondents of this questionnaire survey [4]. In the meantime, pain was cited as a symptom difficult to have effects and it was also included in the indications for acupuncture and moxibustion. Further studies are necessary on usefulness of acupuncture and moxibustion in cancer patients.

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Kampo Medicine - Current Research

The Efficacy of Juzentaihoto for Treatment of Perianal Abscess and Anal

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Japan Institute of TCM Research

Introduction

Perianal abscess and anal fistula that occur most often in infancy are relatively common conditions in daily practices of the Department of Pediatric Surgery. Surgical incision and drainage is the usual treatment. The conditions, however, recur in quite a number of cases. In recent years, several documents have appeared reporting that the use of *juzentaihoto* for the treatment of perianal abscess and anal fistula reduced the necessity of incision and enabled to get the disease cured in a short time. I will mainly introduce the study by Muramatsu, et al. who invented this method.

Research by Matsumura, et al.

Matsumura, et al. administered *juzentaihoto* to 65 patients with perianal abscess and fistula (22 days old – 5 years old) who visited his hospital during the period from 1996 to October 2004 and nearly at the same time, treated 28 patients (15 days old – 5 years old) of the control group by incision and drainage alone to conduct a retrospective study[1].

After a definitive diagnosis was made upon the initial visit, *juzentaihoto* 0.2-0.65g/kg/day (approximately 0.4g/kg /day) was dissolved in a small volume of lukewarm water and administered. The incision and drainage was performed by the practitioner's decision. Since 3 (4.6%) of 65 patients were unable to orally take the prescription, the subjects of this research were 62 patients.

The patients who received medication without incision and drainage were 49, of which 13 (26.5%) achieved cure within two weeks. On the other hand, 13 patients (26.5%) had prolonged drainage for the duration of 3 months. One of them was shifted to the surgery group. Thus 48 (77.4%) of 62 patients were able to avoid the incision and drainage and treated only with *juzentaihoto*.

There were 13 patients who received the combination treatment of *juzentaihoto* with incision and drainage. In this group, no patients, however, attained cure within 14 days, whereas 3 patients within 30 days, and 8 within 90 days. It took 90 days or more for two patients to attain cure and two to three months were required for the treatment in many patients.

In the control group (treated only with incision and drainage without the use of *juzentaihoto*), many patients needed more than a month before cure was achieved. There was only one patient who attained cure within two weeks. In view of the short-term treatment performances (cure within two weeks), the treatment with *juzentaihoto* alone is the most beneficial.

In regard to the number of hospital visits, half of the patients who were treated only with *juzentaihoto* had the completion of the treatment with 5 or less visits since the medication did not require frequent procedures. And nearly 90% of these patients attained cure within 10 days. On the other hand, less than 30% of the patients, who were treated only by the incision but without having the administration of *juzentaihoto*, attained cure with 21 or more visits.

In comparing the rate of recurrence or the rate of prolonged drainage of more than 3 months between the two groups, the recurrence rate (or prolonged drainage) was reduced to nearly half in the group of *juzentaihoto* alone.

Concluding remarks

This is a groundbreaking study that showed the treatment efficacy of the Kampo medicine on perianal abscess and anal fistula which used to be

generally treated by surgical incision and draining. When this study was published, everyone was somewhat doubtful because the formula used in the study was not the medicine to treat pus but was *juzentaihoto*, which mainly works to supplement qi and blood. Later on, as several researchers conducted supplementary studies and obtained similar results, the treatment with *juzentaihoto* for perianal abscess and anal fistula is now treated as being equivalent to the standard treatment by surgical incision and drainage.

In addition to the study by Matsumura, et al., there are other similar studies conducted with mostly same results[2), 3), 4), 5)].

Why *juzentaihoto* works well has not been answered yet. It is presumed that effects may appear by improving local immunity in the rectum. This, however, has not been verified. Chiba, et al. used *juzentaihoto* for not only perianal abscess but also fistulas in the neck, abdomen, and perineal region of unknown causes and made reports on nine patients who had relief of symptoms[6)], revealing that this formula is useful for any part of the body. Elucidating its mechanism remains to be solved.

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Clinical Report 1 (Japan)

Acupuncture Treatment for Chronic Plantar Pain – One Case Report

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1. Introduction

Pain associated with numbness of the extremities is indicative of constriction of central nerves or nerve roots and diagnostic imaging is often performed in medical facilities for the lumbar and cervical regions. However, frequently any clear organic diseases are absent and causes remain unknown, so that local symptomatic treatment is performed. Many of the patients receiving acupuncture treatment in Japan underwent treatment in medical facilities but without resulting in any improvement and came our clinic in the hope for some relief. This article presents one case report, where acupuncture treatment was markedly effective.

2. First visit

Born in July 1936, aged 74 years, female, housewife
First visit: November 1, 2010 (Monday)
Chief complaint: plantar pain

1) Anamnesis

Three months earlier without any causes the patient can think of the left heel became swollen upon rising in the morning, subsequently developing severe pain and resulting in the disability to walk. An orthopedist took an x-ray picture of the foot but could not identify any anomalies and therefore gave the patient cold compresses. Yet, the pain was not alleviated and starting one month ago she ceased seeing the orthopedist and started instead to visit an osteopathic clinic. The treatment there resulted in some improvement of the symptoms, but she still had to walk on the toes because of the pain during walking. The pain was of a tingling nature and grew worse when walking. During rest she felt some discomfort, but not strong pain. As concurrent symptoms she complained about marked shoulder stiffness and occasional headaches. The headache occurred frequently in the right parietal area and was a continuously squeezing pain. She was easily susceptible to stress and irritation during daily life.

2) Acupuncture treatment experience

She had no previous acupuncture treatment experience and since this was her first visit, she felt somewhat frightened. A friend of hers was commuting to this clinic and because this friend took the patient by car, she could visit our clinic, although she lived rather faraway.

3) Past history

Surgery for varices near the 4th digit of the left foot.
Surgery of the left eye, resulting in a recovery of left visual acuity to 1.2. (right: 0.3)
The timing of the surgeries for both symptoms is unclear.

4) Examination findings

(1) Observation upon entering the room

The upper half of the body leaned forward and a painful gait protecting the left foot could be observed.

(2) Observing the patient in a sitting position

I Static observation

I instructed the patient to sit at rest in the most comfortable position with eyes closed, facing straight forward and observed this posture. This showed that the right shoulder was elevated, the neck tilted to the right and slightly rotated to the left.

II Dynamic observation

I instructed the patient to bend the neck for-, backward, sideways and rotate it. Retroflexion of the neck caused a sensation of dull pain extending from the cervical to the back region, while upon anteflexion the patient reported a feeling of traction in the posterior region of the neck, bending to the left caused a feeling of traction in the right shoulder region, while rotation to the right was restricted.

(4) Observation in face-down position

I Observation

Protuberances on both sides of the erector spinae muscle region between Th4 and Th7 could be observed.

II Palpation

I observed a very strong tension from the cervical region towards both shoulders, in particular within the right trapezius muscle in the vicinity of GB 21 (Kensei, Jianjing) a string-like induration and tenderness was observed. In the same location pressure induced ischemia triggered in the right posterior cervical region a dull pain, so that I considered this area to be a trigger point.

The triceps surae muscles were overall very tense and a slight swelling and reddening of the heel region could be observed. Lightly touching the same region or compression causes the patient to complain of a numbening pain.

(4) Observation in face-up position

II Palpation

On the outside of both lower legs an increased tension of the long peroneal muscle and the peroneus brevis muscle was observed and particularly marked on the left. Moreover, on the medial side of the left lower leg, the muscle along the medial marginal region of the tibial bone was flaccid. Passive movement of the ankle joint showed that the restriction of the mobility (resistance) was more marked on the left side. A mild degree of edema was also noted for the left lower leg, so that pressure against the tibia left a finger impression. In the center of the right sternocleidomastoid muscle belly a strong tension could be observed and the patient complained about tenderness of the same site and parietal discomfort upon compression, so that this site too was identified as a trigger point.

5) Comprehension of the pathologic condition

Excessive tone of the muscle groups stabilizing the ankle joint could conceivably be a factor for the restricted joint movement. Since the patient could not recall any contusion of the left heel possibly responsible for the symptoms, the condition was probably not caused by a trauma. For some reason circulatory problems in the left heel region developed and the resulting swelling caused a local compression neuropathy, so that during walking the compression conceivably led to the manifestation of pain.

The author thought, that the excessive tension of the muscle groups located around the ankle joint and the tension of the erector spinae muscles caused by the patient's stooped posture were related to the muscle tone of the neck and shoulder region and thus possibly contributed to the headache. Because the disturbance of the trunk balance shifted the center of gravity and thus put an increased stress on the antigravity muscles, the patient shifted her center of gravity forward, so that the muscle tension in the posterior crural muscles increased and the tone of the triceps surae muscles responsible for plantar flexion of the ankle joint led to a tensing of the long peroneal muscle, peroneus brevis muscle, posterior tibial muscle and this in the end probably led the development of an increased tonus of the flexor hallucis longus muscle. While these muscle groups caused a shortening of the ankle joint and thus a limitation of the mobility, at the same time they probably also adversely affected the flexibility of the plantar arch. Accordingly, the increased muscle tension in the lower legs conceivably developed in this patient because of the abnormal posture assumed during daily living, resulting in an abnormal center of gravity.

6) Treatment plan

Purpose of the treatment was to achieve relaxation of the structural muscles of the ankle joint to promote mobility of the ankle joint and relaxation of neck and shoulder region muscles. Tension of the lumbar and back muscles too should have been adjusted to improve the posture, but because this

was the patient's first acupuncture treatment, this was omitted in order to reduce the stimulus dose. Further, from a point of view of meridians the condition was considered to be a lesser yang disease, where an increased tension was observed along the gallbladder meridian, while on the medial side of the lower leg along the reverting yin liver meridian some edema could be noted, allowing the conclusion that the greater yin spleen meridian is weakened and thus relevant therapeutic points were selected on the various muscles. For the acupuncture treatment 40 mm No.18 needles manufactured by Seirin were used. Since the patient underwent acupuncture treatment for the first time, obtaining de qi was either not necessary or kept to a mild degree.

7) Treatment

I Treatment for the heel pain

Left GB34

Purpose: Reduction of the long peroneal muscle tension, stimulation of the common fibular nerve, adjustment of the lesser yang gallbladder meridian.

Method: Perpendicular insertion, 1 cm insertion depth, obtaining de qi is not necessary after thrusting and lifting with little stroke.

Left BL60

Purpose: Stimulation of the fibular nerve, adjustment of the greater yang bladder meridian.

Method: BL60 was needled perpendicularly in a fashion of "penetrating insertion" towards KI3, where the movement of the tip of the needle could be felt underneath the skin, meaning that the needle had passed beneath the Achilles tendon. Obtaining de qi is not necessary.

BL57 (bilateral)

Purpose: Reduction of the triceps surae muscle tension, adjustment of the greater yang bladder meridian.

Method: Perpendicular insertion in the region of muscle-tendon transfer region from the gastrocnemius to the Achilles tendon, insertion to depth of more than 2 cm until the needle reached the transitional region of the soleus muscle. Otaining de qi is not necessary.

Left SP6

Purpose: Relaxation of the posterior tibial muscle and freeing the three leg yin meridians.

Method: Perpendicular insertion, insertion for more than 2 cm. Otaining de qi is not necessary.

LR3 (bilateral)

Purpose: Relaxation of plantar muscles, adjustment of the liver meridian.

Method: Slightly oblique insertion towards the base of the first and second metatarsal bones. Insertion to a depth of more than 1 cm and obtaining de qi.

II Treatment of the neck and shoulder region symptoms

Induration in the center of the right sternocleidomastoid muscle belly.

Purpose: Calming the trigger point

Method: Presence of strong tenderness, by compressing the area of blood deficiency for 5 seconds a perpendicular vertical insertion was made in the area of the discomfort reported in the parietal region, and after thrusting and lifting several times de qi was obtained.

GB20 (bilateral)

Purpose: Relaxation of the semispinal muscle of the head and the greater posterior rectus capitis muscle, freeing of the lesser yang gallbladder meridian.

Method: Markedly oblique insertion toward the occipital bone, after confirmation that the needle tip touched the bone the needle was slightly retracted and thrusting and lifting performed. Obtain only a mild degree of de qi.

Hyakuro (bilateral)

Purpose: Reduction of the tension of the erector

spinae muscles in the center of the border between the semispinal muscle of neck and the semispinal muscle of thorax to alleviate the dull pain triggered by retroflexion of the neck.
Method: Perpendicular insertion, insertion for more than 2 cm until resistance is felt.

GB21 (bilateral)
Purpose: Relaxation of the trapezius muscle, calming the trigger point and freeing of the lesser yang gallbladder meridian.
Method: Grip the trapezius muscle as thinly as possible and twist it forward, after confirmation of a strong pain and referred pain extending towards the occiput, directly prepare the pressing hand and insert the needle. Obtain a mild degree of de qi.

III Stretch exercises and joint mobilization techniques
Mobilization techniques for the ankle joint
Passive performance of dorsal flexion, plantar flexion, plantar flexion and inversion, plantar flexion and eversion. At this time the techniques are performed consciously imagining the sliding direction of the joint. Finally perform traction towards the heel in a dorsiflexed position.

Mobilization techniques for the neck and shoulder region
The head and neck were bend to the left, while the jaw was moved in three directions to the right, front and left side, the muscle groups of the neck were stretched in general, on the sides and in the back. After performing the same procedure for the right side, a passive traction of the cervical vertebrae is performed.

IV Other
The patient was instructed to rotate both ankles at home and assume a proper erect posture.

8) Immediate effects
The stiffness of the neck and shoulder region was markedly alleviated and movement of head and neck easier. The patient felt the pain in the left heel while walking, but she reported it being less than when she visited the clinic. I told the patient: "Since the muscles stabilizing the ankle joint are now softer, the overall circulation has improved and if the swelling decreases with time, I think the pain will go down too." and instructed her to go home and observe the course.

3. Second treatment session
Day of visit: November 8, 2010, 1 week after the first visit
1) Course
The pain of the foot had disappeared completely by the day following the treatment. It has not recurred until now. The condition of the neck and shoulder regions too is good.

2) Examination
Swelling and reddening of the left heel had disappeared. Tension of lower leg muscle groups had decreased. The tension of the right trapezius muscle had decreased too. In the neck and shoulder region on the left side externally from C7 a dull pain remained, that grew worse upon rotating the neck.
Treatment
The pathologic condition anticipated during the first visit was thought to have improved, but the patient treated to alleviate the remaining mild degree of muscle tension and free the meridians. I added some more acupoints for the purpose of systemic regulation.
Points removed from the first visit regimen.
GB20, Hyakuro, BL57
Newly added treatment points
SP9, induration at BL20, induration at BL21, left BL10

4. Subsequent course
Since the patient lived at a considerable distance

from the clinic another patient commuting to our clinic suggested giving the patient a ride, but for certain reasons that other patient stopped visiting our clinic, so that the appointment made for 2 weeks later was canceled. At that point I inquired by telephone and was told that there were no recurrences and she felt fine. I instructed the patient to visit my clinic again, if the symptoms should recur or other symptoms develop and initiated my follow-up.

5. Discussion

This patient had consulted medical facilities over a period of 3 months without experiencing any improvements, while the pain was markedly relieved by a single acupuncture treatment, which clearly shows the effectiveness of the acupuncture treatment. I discussed that the treatment included meridian therapeutic elements, but it was considered mainly as an attempt at correcting the body's balance anomalies thought to cause local stress and thus led to the development of the symptoms. While the patient presented with the chief complaint of left heel pain during walking, the author considered the usually poor posture and the unbalanced tension of the antigravity muscles as the etiologic factors. These caused heavy strain on one leg, where the muscles groups stabilizing the ankle joint developed an abnormally high tone, so that the shock absorbing properties of the plantar arch decreased, increasing the load on the heel and thus resulted in the development of inflammation. The influence on the nervous innervation and circulation of the heel is not clear, but since the inflammation of the heel became chronic, it therefore probably led to the development of hyperalgesia and at the same time caused the swelling conceivably some compression of the peripheral nerves. Accordingly, improvement of the local muscle tension also improved the mobility of the ankle joint and in conjunction with ensuring the circulation treatment of the neck and shoulder symptoms helped to reduce the load on the left lower leg. If the patient would have had experience with acupuncture treatment, some additional treatment of the back and lumbar regions to improve the tension of the antigravity muscles in general. In case an imbalance in muscle power were observed, additional treatment to increase muscle power should be considered.

Concepts applicable to this patient showed, that local symptoms apparently relate to the entire body and a generalized unbalance in turn may lead to local manifestations. Moreover, regional symptoms or generalized unbalance may sometimes be triggered by anomalies of internal organs caused by viscero-somatic reflexes. Otherwise stress or other psychologic factors can possibly result in anomalies of the autonomic nervous or endocrine systems. I believe, these concepts do not represent the oriental traditional medical views on pathophysiology, but rather discuss acupuncture treatment as the connection between oriental and western medicine.

Clinical Report 2 (Japan)

Menopausal Disorder

Yang Cholsong
Yang Herb Clinic

Case: Female of 44 years old

Chief complaint: Hot flashes

History of present illness: The patient's menstrual cycle became irregular about four to five years ago and her period also became once every three months three years ago. She had been experiencing a feeling of paroxysmal tight chest, a heat sensation on the back, hot flashes and sweating. She also had prolonged heaviness in the head and coldness of the four extremities. There was also eyestrain. At one time, she had received hormone therapy but she had a fear of its side effects and quit the therapy. She was on the slim side with red cheeks. She was loquacious and restless. I administered Extract of *kamishoyosan* 9g/2 for 2 weeks and *kamishoyosan* 9g/2 + *rokumigan* 7.5g/2 for 4 weeks, with the result of a slight relief of hot flashes and sweating.

Present condition: Medium built, thinnish.

Pulse: String-like. Tongue: Deep red with thin yellow furs.

Sho: Liver depression transformed into heat/internal depression

Method of treatment: Sooth the liver and purge fire/unblock yang and activate blood

Formula: Extract of *kamishoyosan* 9 g /3＋ Extract of *keishibukuryogan* 7.5g/3

Course: Chest and back symptoms disappeared after two week and hot flashes and sweating were markedly relieved.

Comment

Qi that has become stagnant by depression of the liver transforms into heat, which then becomes stagnant internally. This internal heat causes a heat sensation on the back, which then goes up, like opening a flood gate, inducing hot flashes of the face. And/or the heat is discharged to the outside of the body with sweat. Heat stagnation can be resolved once but the same things are repeated over and over gain. In the case of the patient, the internal heat stagnation was prevented efficiently by not only soothing the liver for purging fire with *kamishoyosan* and but also unblocking yang for activating blood with *keishibukuryogan*.

Clinical Report 3 (Japan)

Goreisan + Orengedokuto for Alcohol-Induced Headache

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

Case: Male of 49 years old

Initial Visit: June 10 of year X

Chief complaint: Occurrence of headache after drinking alcohol.

History of present illness: The patient had been suffering from migraines which started five to six years ago. Before a migraine attack, he got an aura or visual warning of flickering points of light around the right eye. The right side of the head and behind the right eye had a dull pain. The aching is localized. When the pain got worse, nausea, vomit, and the urge to defecate developed, which persisted for two to three hours. A headache occurred 1-1.5 hours after drinking alcohol.

Appetite: Ordinary.

Sleep: Good

Defecation: Once a day. Ordinary stools.

Urination: 5 times/day

Leg coldness (+).

Experienced body flushing.

Dry mouth (−)

Present conditions:

Pulse: String-like and slippery

Tongue: Pale colored with white furs. Moist.

Diagnosis: Internal stasis of water-dampness and dampness and heat in the triple energizer

Formulae: Extract of *goreisan 6.0g*＋*Extract of orengedokuto* 4.0g, divided into 3 equal dosages/day

Course: The patient made a re-visit a week later. He had a headache once. The next week, he was awakened with a headache from his sleep (about 2 o'clock in the morning). The intensity was mild. He received the administration of the foregoing medicines for 7 days. Further a week later, a headache developed when he used hot shower water on the head. He said that sudden temperature changes might have affected on the occurrence of the headache. Same medicines were administered for 7 day. Further a week later, he made a visit to us. Headache appeared only once when he drank beer. However he felt the intensity became less severe. Same medications were continued. After this, there were no incidences of headache. Even after drinking beer, no headache occurred. On September of the year, he drank alcohol but experienced no pain at all.

Subsequently, he continued the use of the medicines and discontinued in March of year X because of non-occurrence of headaches. Although it recurred after a year, it resolved with the administration of the same medicines for a while. So, he uses the medicines on occasion.

Consideration: There is a type of headache that can be provoked by alcohol (8.1.4 of ICHD-Ⅱ Alcohol-induced headache). The type of headaches in the patient is migraine. For typical headaches, prescriptions vary according to the conditions. If alcohol use is strongly associated with headaches, the combination of *orengedokuto* ＋*goreisan* is appropriate for such headaches. If drinking alcohol is unavoidable for some reason, the use of these formulae ahead of time is beneficial. It will, however, take a little bit more time to feel the alcohol.

And, the use of *orengedokuto* before an ordinary drinking will help to prevent a hangover. *Goreisan* is also used for hangovers. This is an example of a combined medication, but it works well.

Kampo Dermatology – Clinical Studies

Solar Irritating Dermatitis/Sunburn (7)

Fumino Ninomiya
Aoki Clinic

Ultraviolet radiation is made up of different wavelengths which are classified into UVA (long wavelength), UVB (middle wavelength), and UVC (short wavelength). The radiation levels of UVA are at their highest from May through to the end of August, whereas UVB levels are at their highest from July to the end of August. Solar irritating dermatitis frequently happens from April to October.

UVA plays a role in carcinogenesis, penetrates into the skin, causes wrinkles and slack, and accelerates skin ageing. UVB rays are absorbed by the surface layers of the skin, causing skin inflammation. The skin surface becomes red which then turns to black. If this is repeated over and over gain, the production of keratin increases accompanying the increased production of melanin, which is the source of spots and freckles.

The skin exposed to direct rays of the sun for hours becomes like being burned, which is referred to as sunburn. The skin complexions of people are various, some have fair skin by nature, some have dark skin, and some have medium complexions. The sensitivity and response to the sunlight differ among people. Just walking in the sunshine causes inflammation in the exposed region of the skin – this condition is specifically called as solar irritating dermatitis.

In a skin inflammation induced by ultraviolet radiation, symptoms are generally swollen red face with blisters. Repeated exposures to ultraviolet radiation often result in chronic disorders. Ultraviolet radiation causes damages to such as epidermal cells, pigment cells, the circulatory system in the dermis, and connective tissues, leading to wrinkles, spots/blemishes, and keratoma.

To reduce inflammation, *maobushisaishinto* is used. If coldness exists, this formula is more effective because aconite daughter tuber and Asiasarum root work on the kidney together with the action of keeping the kidney warm. By warming the kidney, the legs and feet also get warmed, which improves the predisposition so that the skin does not get burned easily.

And, in the extremely hot season, systemic flushes and dryness become intense. Sometimes hyperthermia-like symptoms appear. A skin inflammation that exhibits hyperthermia-like symptoms is called solar dermatitis. Erythroderma developed as a result of solar dermatitis needs prescriptions that have heat-clearing and diuretic actions. For this, *byakkokaninjinto*, *shofusan, and eppikajutsuto* are used. If enriching yin and clearing heat are expected, *shishihakuhito* is used. This formula is good for red spots (erythema) around the eyes and conjunctival injection.

Once these inflammations have developed, mostly kidney yang becomes deficient and legs become cold. So sun care and a warming type of prescriptions are required. It is needless to add that Kampo medicines for oral administration differ depending on the condition.

In any event, avoiding ultraviolet rays is important. Beach sunbathing and artificial tanning are out of the question. Even with a hat on for protection, there are negative influences from the reflection of ultraviolet radiation, so caution is necessary. In other periods than May-August, needless to say, care needs to be taken for winter snow-surfaces. Light reflections from water surfaces, sand hills, and asphalt have

also adverse affects, which needs to be taken into account. Even on a cloudy day, up to 80 percent of the sun's ultraviolet rays can pass through the clouds and reach the earth.

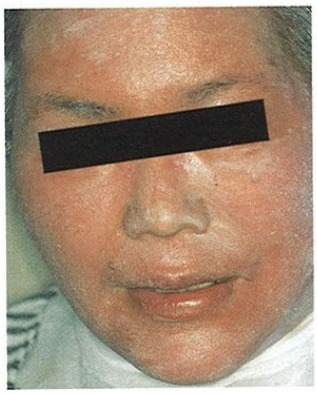
Since UVA has the action of carcinogenesis as mentioned above, protecting ultraviolet rays is connected to preventing cancer. Especially in women, the use of cosmetics, for example, with light blocking effects will help prevent skin damages and diseases or stop inflammation from becoming exacerbated.

Case 1: Solar irritating dermatitis

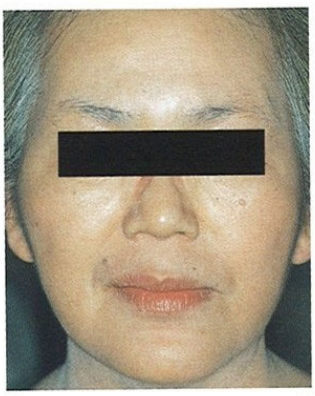
64 year- old, female

History of present illness: More than 40 years ago (around at the age of 20) solar irritating dermatitis developed and every year it occurred. This year, it was in May (two months ago).

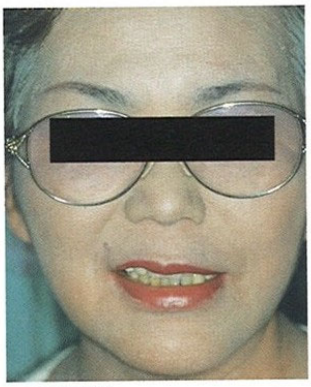
Present condition: There were swellings and red pots (solar irritating dermatitis) from the face to the hands. Hives, drug eruptions, and thyroid hypofunction developed. Legs were cold. The patient was using many internal anti-allergic and antihistaminic agents and external betamethasone and other two agents that were prescribed by her previous physician.



Before treatment



After 1 week



After 2 weeks

UV test up to 10 seconds (—)

Abdominal condition: Tenderness in para-umbilican regions on both sides

Tongue condition: Tongue body - purple-red colored with white furs

Treatment and course

Initial visit. *shishihakuhito* 4.0g and *eppikajutsuto* 5.0g were administered for 7 days. Together with these medicines, *maobushisaishinto* was also prescribed. The patient received the instructions that it be taken 30 minutes before going out and need not be taken on rainy days.

Re-visit: The face was mostly treated. Constipation. Sweating around the jaw.

Daiobotampito 5.0g and *sammmotsuogonto* 5.0g were administered for 14 days.

Maobushisaishinto 5.0g was also prescribed as in the initial visit.

Four diagnoses. *daiobotampito* 5.0g and *sammmotsuogonto* 5.0g were administered for 14 days.

Maobushisaishinto 5.0g was also prescribed. Cure was attained.

Case 2: Solar irritating dermatitis ＋ atopic dermatitis

25-year old, female

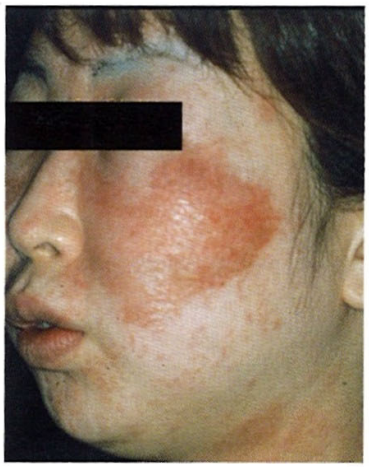
Present condition: Solar irritating dermatitis and atopic dermatitis became aggravated six months ago. The conditions became further aggravated by the steroids administered by a previous physician.

UV test up to 30 seconds (-)

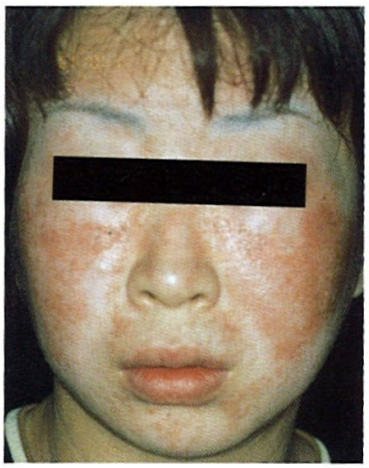
Treatment and course

Sammmotsuogonto 5.0g and *maobushisaishinto* 5.0g were administered for 7 days.

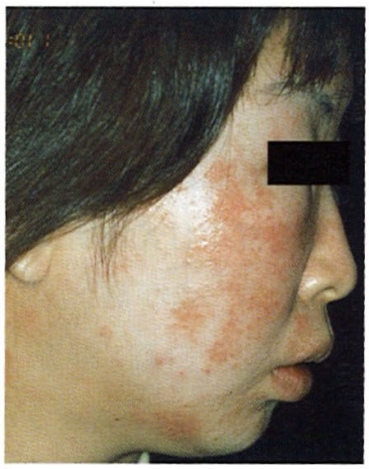
After this, *maobushisaishinto* alone was used. Good conditions were maintained.



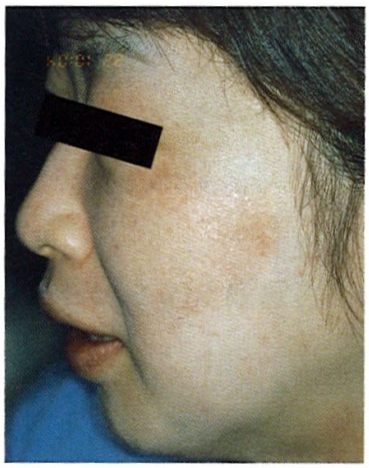
Before treatment



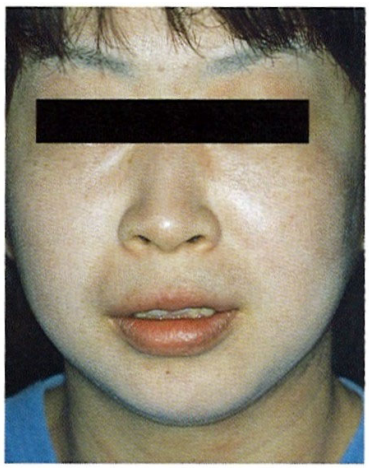
Before treatment



Before treatment



After 2 weeks



After 2 weeks

Shishihakuhito 5.0g and *maobushisaishinto* 5.0g were also administered for 7 days.

The condition of solar dermatitis improved. However, red spots on the face, forehead, and upper body appeared due to sweat.

eppikajutsuto 5.0g and *maobushisaishinto* 5.0g were administered for 7 days. The overall condition including atopic dermatitis became good.

Case 25: Solar dermatitis ＋Erythroderma

Female of 53 years old

Current medical history: Erythroderma. Allergic dermatitis was transferred to solar dermatitis, which then progressed to erythroderma. Facial ertythroderma developed three years ago and gradually expanded to the present condition.

She had various examinations at the Department of Dermatology of a certain University Hospital

with the findings of no abnormalities.

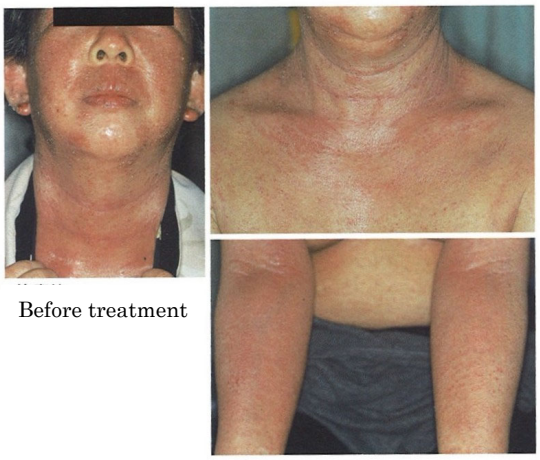
She also visited the Departments of Gynecology and Ophthalmology of the University Hospital and was told that she had uterine myoma and eye floaters.

Present condition: Marked erythroderma which was caused by solar dermatitis.

Abdominal condition: Stuffiness in the epigastric region

Tongue condition: White moss, veins (+).

Examinations: UV test 10 seconds and more (+).



Before treatment

The SDS 42 (training on autonomic nervous functions) was conducted. Total cholesterol 239mg/dl↑ LDL cholesterol 169↑ β globulin l0.6↑

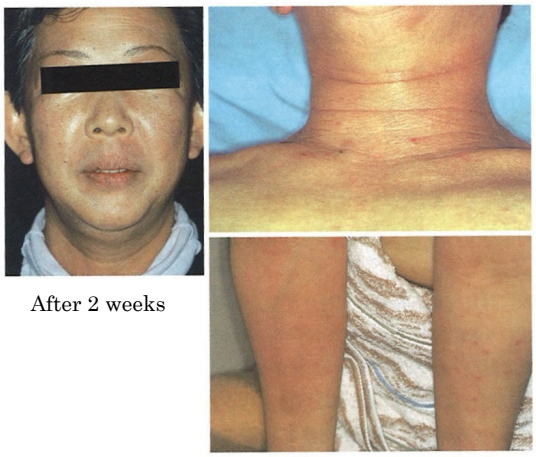
Treament and course

Inchingoreisan 5.0g, *tsudosan* 5.0g, and *byakkokaninjinto* 6.0g were administered for 14 days.

The patient had a favorable course with remaining hot flashes and dry mouth (+). In two weeks, they were mostly recovered.

Inchingoreisan 5.0g, *tsudosan* 5.0g, and ***ke****igairengyoto* 5.0g were administered for 14 days.

A cure was achieved.



After 2 weeks

Medical History in Japan

Sotetsu Ishizaka's "Shinkyu Chiyo Ichigen (3)

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

[Part 3 of this series]

- Moxibustion, again according to the Chinese classics is a treatment form applied first when the sites of the body's arteries that are supposed to move have stopped moving, or else when the movement of sites that should move strongly is only very light.

The number of moxibustion cones ranges from three to seven.

It is used for all skin diseases, obstruction, entanglement, blockage, closure or weakening of the essence and spirit as well as the Eie nutritive and protective qi network vessels (luo mai) / Senraku (纖絡 fine vessels, xian luo). Often marked effects can be achieved.

For these reasons it should be used for superficial pain in any location.

In China 365 points have be determined on the human body and are used as a guide for the acupuncture and moxibustion treatment.

For all ancient people these were sites at which the essence and spirit as well as the nutritive and protective qi accumulated and were given corresponding indicative names. Yet, during their handing down over the generations the number of mistakes has increased.

In today's China, simplistic concepts like "this point cures this disease" are used and both the acupuncture technique as well as the moxibustion method seem to have fallen into misuse.

Now, the sites at which essence and spirit as well as the nutritive and protective qi accumulate are also the portals through which the pathogenic qi enters. At the locations of this pathogenic qi warmth/cold of the skin, smoothness/roughness have to be carefully observed and moxibustion performed at sites where that person suffers. It is important to understand that fomenting lotions should be used and cauterized with strong direct heat.

Red-hot needling or fire needling heals the muscles. Moxibustion is a method to heal the skin and interstices.

The size of the moxa cone should be prepared depending on whether one treats an adult, elder or child, exuberance or debilitation.

- The old names of "Banshin, Shoshin and Kashin" (all meaning fire needles) are made of iron in the shape of modern thin tongs that are baked until they are red-hot and then inserted into the ailing muscles, as a treatment for numbness and pain.

Prior to their application it must be carefully discerned whether the affected site is superficial or deep, and accordingly also pierced either superficially or deep. This technique does appear in the Chinese classics, but has declined and is no longer used.

Previously, in my days as an acupuncture instructor in Koshu, I heard a story from a certain person in the town Kajicho in Fucho in the region of Suruga, describing how a certain blacksmith suffered for a long time from abdominal pain and tried various treatments. Yet, because it did not improve at all he started to think about suicide and thus heated tongs until they were red-hot and thrust them into the painful site. Thereupon the long-standing pain was cured immediately. That is a story showing that this act had a similar effect as the ancient "Banshin" (red-hot needling).

The above is an outline of the acupuncture and moxibustion techniques.

One phrase in the classic "Shinkei" (zhen jing) says: "Those who know the essence, can express it in one word. Those who don't know the essence loose themselves in pointless chatter."

That is why I have named it with the short title "Essentials in a word" (Chiyo Ichigen).

If this method and its techniques were practiced in the West, I am convinced that it will achieve good results.

Since the reducing technique of acupuncture has already be performed in the West for some time, acquisition of the skill for tonification with fine needles, directional reducing-reinforcing and the essentials of deficiency and excess and their performance in the various western countries will doubtlessly lead to a further development of acupuncture and moxibustion.

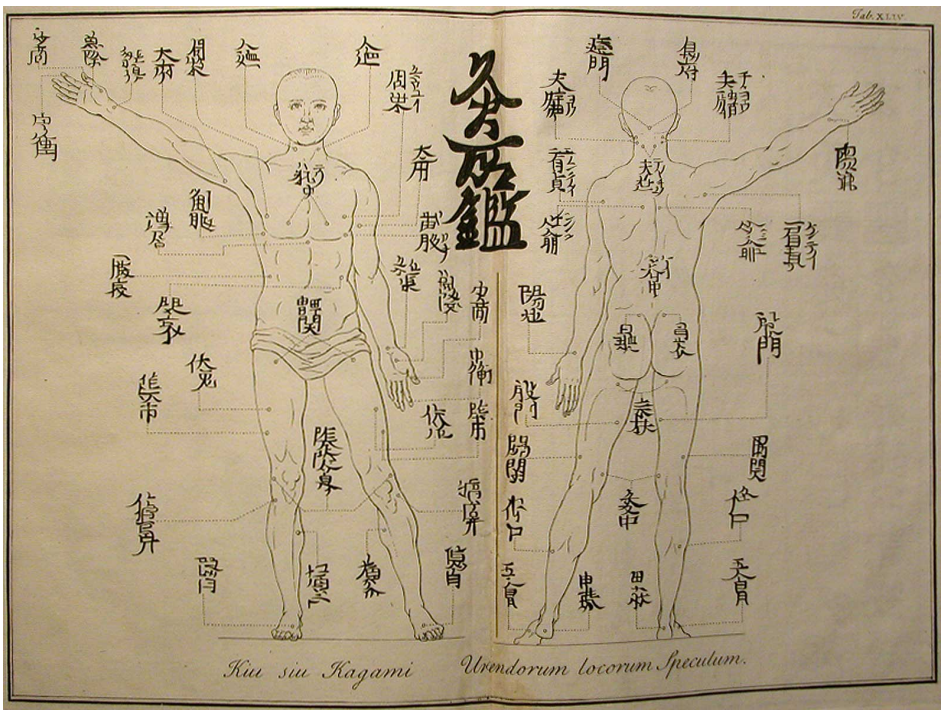
[Author's note: The above is a summary of the essentials of acupuncture and moxibustion.]

On New Year of the year Bunsei 7 (1824) I received a letter from the interpreter Sakusaburo Nakayama from the Nagasaki trade post. The following is a brief summary of its contents.

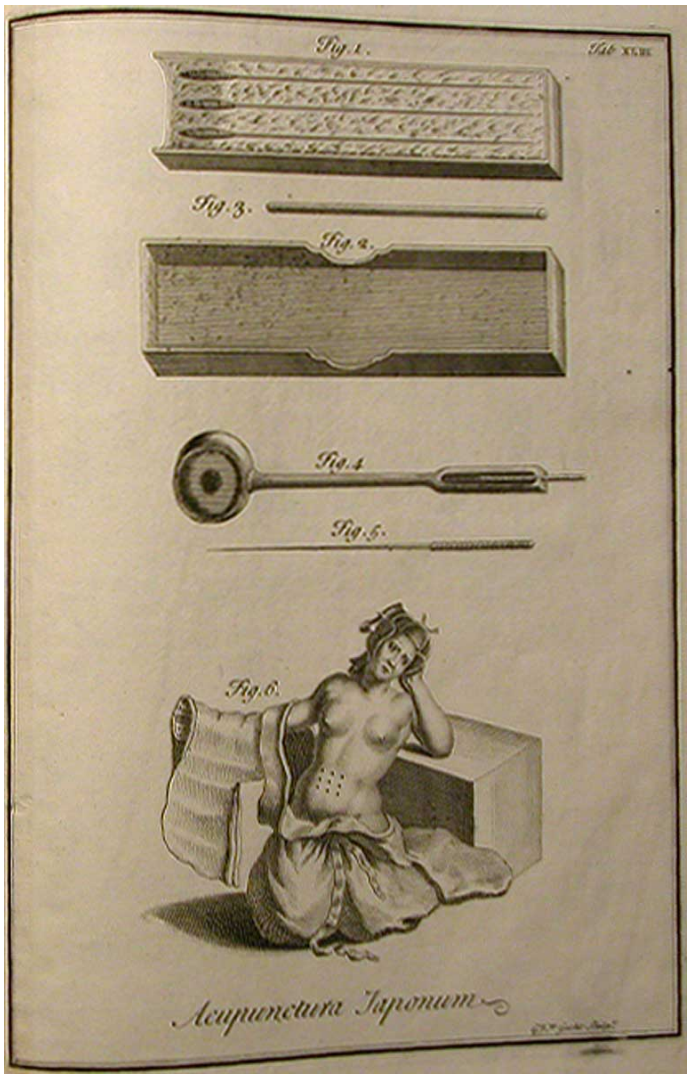
"Last year (1823) the surgeon Dr. Siebold came to Japan. He enthusiastically studies all sorts of subjects, since last autumn he started to collect medicinal plants and even started to prepare medicines and has gathered specimens I have never even seen before, corrected their indications and is a person of very high ideals. Dr. Siebold has already read a textbook about acupuncture written by Kaempfer[2)] and therefore knows about acupuncture and moxibustion, but that particular book apparently was not very detailed, so that he aspires to see it with his own eyes and wants to know more about the technique. When I showed him a copy of "Chiyo Ichigen" he wanted to study the subject in greater detail, so that upon my explanations of the contents, he said: "This is truly the essence of acupuncture and moxibustion."

[Illustration 9] An acupuncture point chart according to Kaempfer's "Kyu Sho Kagami" (Examples of moxibustion sites)

[Illustration 10] Kaempfer "Tools for Japanese Acupuncture"



[Illustration 9]



[Illustration 10]

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2) German physician Engelbert Kaempfer (1651 – 1716). Written in Chinese characters as: "検夫爾"。During the Genroku era had an audience as a Dutch factory member with Tsuneyoshi. Wrote the book『日本誌』("Nihonshi" = The History of Japan). In his book 『廻国奇観』("Gaikoku Kiran" = Amoenitates Exoticae) he introduced moxibustion therapy and included the illustration "Kyu Sho Kagami". Details about acupuncture therapy were unknown.
Kaempfer's『日本誌』("Nihonshi" = The History of Japan) is currently on display on the digital archive website of Kyushu University.
http://record.museum.kyushu-u.ac.jp/
http://record.museum.kyushu-u.ac.jp/kaempfer/index.html
* [Japanese acupuncture tools]
http://record.museum.kyushu-u.ac.jp/kaempfer/eng44.html
* [Acupoint chart according to the [Kyu Sho Kagami]
http://record.museum.kyushu-u.ac.jp/kaempfer/eng45.html

****

Dr. Siebold wanted to have this text translated into Dutch and therefore asked the student Junzo Mima in Tokushima prefecture, who has zealously devoted himself to the study of Western sciences, whether he would like to work on this manuscript for his own study. He prepared a draft and when he showed it to Dr. Siebold, he literally leaped up with joy.

Thus Siebold was able to grasp the intricacies of acupuncture and moxibustion and plans to go to Edo in spring of next year with the head of the Dejima trading post in Nagasaki. At that time he would really like to meet with master Sotetsu. He mentioned that he would like to ask some questions about still unclear passages. Please consider meeting him on that occasion.

The end."

This letter was translated by the official interpreter Sakusaburo Nakayama and presented to my father master Sotetsu. When my father Sotetsu saw the letter, he said:
"I am under the impression that this Dutch physician Dr. Siebold is a person with such a sagacious comprehensive faculty that "a word will be enough to this wise man". If that is so, I will look for an opportunity and later actually teach him acupuncture and moxibustion in detail."

Occasionally, I, Soka, was observing master Sotetsu quietly by his side commented as follows while retreating.

"Regarding treatment techniques the Dutch physician has as a matter of course from the beginning a more detailed knowledge of anatomy, but also physiology and pathology than Kampo medicine. Unfortunately, however, he is not skilled with the filiform needles. That is a pity.

If Dr. Siebold could acquire these skills, acupuncture and moxibustion would spread widely throughout Europe. On that occasion the book "Chiyo Ichigen" will become a representative introduction to this field.

If that would happen to pass, it would become for future generations a precious testimony of the value of this single letter. That is why I write this down and pass it on.

Bunsei year 7 (1824), April 15
Signed: Soka Ishizaka[3)]

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3) Husband of Sotetsu Ishizaka's daughter. The name is Soka, characters are "Koki, or Rekien" (公琦、楝園) and his artist name as well as alias is Sogen. As an heir to Sotetsu Ishizaka he served the eleventh shogun Ienari Tokugawa and the twelfth shogun Ieyoshi. He died in February of the year 3 of era Bunkyu (1863).

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Excerpted from National Park Service