

Japanese Acupuncture - Current Research

Reality of Japanese Acupuncture and Moxibustion
- A Review of History of Acupuncture and Moxibustion
System -

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1. Introduction

The conduct of “acupuncture and moxibustion” is medical care services or medical treatment to heal diseases or relieve symptoms in humans. With its roots going back to China, it is believed to have been brought to Japan during the period between 4th and 5th century. The “Taiho Code (Taiho Ritsuyo)” enacted in 701 expressly defined acupuncture and moxibustion as a medical system in the clause relating to diseases¹⁾. As civilization was progressing in the Edo period which was under the closed door policy, acupuncture and moxibustion made their own development independent from the original style and became a representative medicine of Japan referred to as Kampo medicine.

However, the new Meiji government established in the period of Meiji Restoration decided to adopt Western medicine (German medicine) as the official medicine of Japan and radically advanced the establishment of Western medical system and its education together with the enactment of “Healthcare System and Laws” in 1874 (Year 7 of Meiji). In the situation, it was generally thought that Kampo medicine died out and similarly acupuncture and moxibustion was extinct from the Japanese society. However, in 1886 (Year 18 of Meiji) the Meiji government officially permitted the operation of acupuncture and moxibustion as business under the supervision of the authorities. In 1911 (Year 44 of Meiji), the “act regulating acupuncture and

moxibustion business” (Regulatory Rules), the first national ordinance, was established. Similarly its education system was permitted by the government²⁾.

Thereafter, with rising health consciousness of the people, needs for acupuncture and moxibustion also increased. Then the outbreak of the Second World War devastated the surroundings of acupuncture and moxibustion. After the War, the GHQ’s reform drove it close to the brink of extinction. However, the “banning” was avoided by the protesting campaigns of the people who had supported acupuncture and moxibustion medicine. In 1947 (Year 22 of Showa), the original Business Law concerning Japanese Traditional Massage, Finger Pressure, Acupuncture, Moxacautery, and Judo-Orthopaedy was established in the Constitution of Japan (Act No. 217 so-called AHAKI Law).

After the War, there were no major institutional changes and stable conditions continued. In 1988 (Year 63 of Showa), substantial amendments to the AHAKI Law were made for the purpose of improving the qualifications and quality of practitioners. And then and up until today, those who want to practice acupuncture and moxibustion are required to receive unified national examinations.

In China and South Korea where traditional medicine of each country is valued given the social background of individual countries, acupuncture and moxibustion is categorized under traditional Chinese medicine (physician of traditional Chinese medicine) in China and traditional Korean medicine (physician of traditional Korean Medicine) in Korea and is accepted equally to modern Western medicine.

In the United States, it has rapidly become popular since the 1970s’ media report about acupuncture anesthesia and is now being positioned as a method of primary care. In European countries, people have begun to acknowledge the value. The world surrounding acupuncture and moxibustion

has also begun to make dynamic changes along with the progress of integrative medicine.

In Japan of modern age, on the other hand, acupuncture and moxibustion is not regarded as medical practice in terms of institution but is regarded as “quasi medical practice or acts similar to medical practice,” so that under the medical insurance of Japan it is not provided by way of “performance in kind” and the cost of the practice is non-refundable. Some medical sociologists call this medical system as a “half-institutionalized system”³⁾.

The modern history of Japanese acupuncture and moxibustion has many unclear points, like a kind of “black box.” The main contributing factors, in the first place, may be that research environment has not adequately been cultivated and there are a limited number of researchers in Japan. There has been 100 years since the enforcement of the Regulatory Rules and it is a matter of urgency to dredge up facts being buried for these 100 years or rather about 150 years after the Meiji Restoration for verification.

2. Research background

2 – 1 Suggestions from medical sociology

Medical sociologist Prof. Junichi Sato, says about acupuncture and moxibustion: [Although “medical care with acupuncture and moxibustion” is legally bounded and regulated by “AHAKI Law,” etc., its definition is made partially and very ambiguously in a polysemous and arbitrary way compared to modern medicine, and it is “institutionalized partially and to a limited extent” on the premise that modern medicine has been institutionalized in advance, so that it can be said that it is a half institutionalized non-modern medicine.] He further pointed out that [it exists as “one system for giving treatment” in the modern Japanese society and it functions as the second largest medical sector after

modern medical care.] He suggests [the necessity of conducting medical sociological analysis of acupuncture and moxibustion practice from the institutional and structural points of view ³⁾.]

2-2 Contradicting interpretations - inside or outside the medical system

Concerning acupuncture and moxibustion, the Ministry of Health & Welfare’s understanding shown in the 50-Year History of the Ministry of Health & Welfare (50-Year History) published in 1988 is [...in view of the fact that Japanese traditional massage, etc. having a long history play a certain role in health care, four types of business including Japanese traditional massage (note by the author: acupuncture, moxibustion, Judo-Orthopaedy, etc. are referred to herein) are institutionally granted only outside the medical system⁴⁾.] Accordingly, in reference to the understanding of the Ministry that governs the nation’s healthcare, the author has presented ‘acupuncture and moxibustion’ until now as a healthcare that is outside the healthcare system,” which is like anesthesia, SUZUMURA, who was an official and a technical officer of the Ministry of Health & Welfare, and Mr. Teizo ASHIDA gave their interpretation of acupuncture and moxibustion in their co-authored book [Anma, Hari-Kyu, Jyudo Seifuku, nado Eigyou Hou no Kaisetsu] that [...that is to say, licensing referred to herein is the act of the nation which lifts a partial banning of medical business and those who have been licensed will be allowed to conduct a part of medical business within the range of individual business⁵⁾.]

In short, from this interpretation, acupuncture and moxibustion was a “part of medical care” and placed “inside.” Their interpretation was made almost in real time, no time lag from the establishment of the law. Moreover, this book carries the recommendation from Yutaro AZUMA,

then Director General of the Ministry of Health & Welfare, at the beginning of the book. Forty years after Suzumura and Ashida published their interpretation, the Health & Welfare Ministry's understanding was expressed in printed form in the 50 Year History. It is no wonder that there might have been some arbitrary manipulation as the medical sociologist Jyunichi SATO said. In a sense, the institutional double standards were applied to the official standing of acupuncture and moxibustion in the Japanese society. And the author thinks it a problem that the level of awareness regarding the inside interpretation is low in the acupuncture and moxibustion world.

3. Consideration concerning the history of acupuncture and moxibustion legal system

3-1 Summary of changes in the acupuncture and moxibustion system

The major changes in the acupuncture and moxibustion system that were made during the period from the “enactment of Healthcare System and Laws” in 1874 (Year 7 of Meiji) (which was the Meiji government policy) to the current days are summarized in Table 1.

Since the decision by the Fukuoka District Court of 1998 for the “case of request for reversal of non-resignation of the training school of Judo-orthopaedic practitioners” (hereafter Fukuoka Court decision), vocational colleges have newly been established one after another and new departments have been increasingly set up, which, if not institutional innovations or restructuring, is a phenomenon reflecting the social conditions and a significant fact in the institutional history⁶.

Table 1 Summary of changes in the acupuncture and moxibustion system

<p>1874 (Meiji era 7) Enactment of Healthcare System and Laws → Principles of westernization of medical care of modern Japan, and prohibition of acupuncture and moxibustion practice outside medical care management</p> <p>1885 (Meiji ear 18) Regulatory measures for acupuncture and moxibustion business (Interior Ministry's notification Ko 10-go) → supervision was transferred to local governors</p> <p>1911 (Meiji era 44) Regulatory rules for acupuncture and moxibustion business (Interior Ministry's notification Ko 11-go) →Enactment of the first national law. Education system was explicitly described in statutory form for the first time.</p> <p>1947 (Showa 22) “The business law of anma-massage, acupuncture, moxibustion and Judo-Orthopaedics, etc.” (Law number 217-go referred to as AHAKI Law in shortened form) →Passage of the bill after GHQ's reform challenges. Later, the law was revised into the law of status “concerning anma-massage-shiatsu therapists, acupuncturists, moxibustionists, etc.”</p> <p>1988 (Showa 63) Major revisions were made to the AHAKI Law designed to enhance qualifications. → The examination system in which examinations were held by prefectural governors was changed to the system of uniform national examinations.</p>
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3-2 An aspect of the acupuncture and moxibustion system in modern Japan

The Meiji Restoration was the transition period to the modern country from the period of shogunate and han (domain) system and to the era of opening up Japan. The Meiji government had the overriding imperative of joining the ranks of powerful advanced countries and was engaged in the country's modernization process with the slogans of cultural enlightenment, prosperous country and strong army. However, the domestic scene was devastating; the Boshin War broke out, then the Seinan War followed and a cholera epidemic was raging (Meiji 11).

When Sensai NAGAYO who took the office of Deputy General of Medical Affairs of the Education Ministry in 1873 (Meiji 6), he issued an order for nationwide investigations concerning health and medicine and submitted a draft medical law consisting 76 articles prepared based on the research results to the central government (equivalent to the present cabinet) in 1874 (Meiji 7)⁷⁾. The Law of Medical System and Laws was the guidelines for Japan to undergo drastic westernization and introduce Western ideas of healthcare as the modernized country. Article 53 of the law stipulated that the practice of acupuncture and moxibustion was only allowed in effect under a doctor's supervision. If this clause is viewed from a different angle, it may be said that the Law was the official document that recognized the existence of the people who were engaged in acupuncture and moxibustion as their business – the business of acupuncture and moxibustion was documented for the first time in the modern system of Japan. At the same time, this indicates the fact that acupuncture and moxibustion treatment was continuously being practiced during and after the period of Meiji Reformation. The Law of Healthcare System and Laws did not have a strong binding and it is not a fact that acupuncture

and moxibustion was controlled under the Article 53⁷⁾.

In 1877 (Meiji 10) and onward, individual prefectures began to maintain statistical records of the number of practitioners who was doing the business of acupuncture and moxibustion in Japan. In 1885 (Meiji 18), the Internal Ministry issued the "Regulatory measures for acupuncture and moxibustion business" to prefectural offices, entrusting them to permit and regulate or control the business of acupuncture and moxibustion. In fact, the original intent and purpose of the law to place the practice of acupuncture and moxibustion under a doctor's supervision were not achieved. In the meantime, the Meiji government issued a government policy, ordering local governments to adopt the permission system in which they checked applications and evaluate qualifications of those who wanted to do the business of acupuncture and moxibustion and if qualified, issued permission.

Table 2 Number of acupuncturists and physicians in modern Japan

	Acupuncturists	Physicians
1887 (Meiji 20)	12,145	40,343
1897 (Meiji 30)	24,393	39,392

Prepared by the author based on the statistical data of NDL (National Diet Library) Modern Digital Library and data from 50-Year History of the Ministry of Welfare & Health. (The total number of physicians in 1887 includes 32,839 physicians who were traditionally on their own business. The total number of physicians in 1897 includes 23,596 physicians who were traditionally on their own business.)

The 12,145 acupuncturists of 1887 (Meiji 20) include those who started practice before the notification of the "Regulatory measures for

acupuncture and moxibustion business". After the notification, the number of acupuncturists steadily increased to 24,393 in 1897 (Meiji 30). The number of acupuncturists almost doubled during these 10 years, whereas physicians remained at the same level. It is more interesting to note that the number of the traditionally independent physicians focusing mainly on Kampo medicine decreased by about 9,000 in these 10 years. In other words, although the reduced number of physicians went into Western medicine, the number of acupuncturists increased.

In those days, Western medicine was not an easy access for the people of Japan from economic and limited institutional standpoints. With roughly 40,000 physicians of Western medicine, needs and demands for healthcare services from the people could not be met. In the situation, it may be said that acupuncture and moxibustion absorbed the unmet requirements. The Meiji government certainly kept a tally of the number of people who were engaged in acupuncture and moxibustion and regulated and controlled them. It can be gathered that because the government took a national policy of adopting Western medicine with the intention of Kampo medicine fading away, the Meiji government had to grant acupuncture and moxibustion as "business" instead of medical practice.

The momentum led to the establishment of the first national 1911 (Meiji 44) ordinance of the "Regulatory rules for acupuncture and moxibustion business." Then the education system for acupuncture and moxibustion was put in statutory form for the first time and the acupuncture and moxibustion education stood at the dawn of a new era.

3-3 Westernization - Modern Japan's imperative

In line with the objectives of the "Medical System and Laws" of 1874 (Meiji 7), the Meiji government steadily carried out the modernization process by enacting decrees, in rapid succession, of the "Rules for the National Medical Practitioners Qualifying Examination" in 1879 (Meiji 12), "General Rules and Regulations for Medical Schools" in 1882 (Meiji 15), and "Regulations concerning Doctor Licenses in 1883⁸⁾.

In formulating the acupuncture related law of "Regulatory measures for acupuncture and moxibustion business," no descriptions were made concerning matters relating to Western medicine in the regulatory. However, it is not correct to say that acupuncture and moxibustion was not involved in the westernization at all. Movements in concert with the westernization were seen.

In 1889 (Meiji 22), "Tokyo Shinkyu Chi Kai (Toyo Acupuncture Moxibustion Treatment Association) was inaugurated for the purposes of organizing an association for practitioners engaged in the business of acupuncture and moxibustion in Tokyo-fu and for the enhancement of their qualifications. The key persons in setting up the organization were Shouzou HIROSE and Genshi OKAMOTO who were doctors of the Imperial Household Ministry. The opening ceremony was attended by 1,500 people including Shokichi TAKE (medical officer of Tokyo-fu) who delivered a speech and Noritami KAWASAKI (anatomical physiologist of Medical School) who gave a lecture⁹⁾. After that, the association provided voluntary education in the form of lecture or speech through workshops of Western medicine in order to improve qualifications of practitioners.

When referring to the purpose of the enactment of the 1911 (Meiji 44) Regulatory Rules, Noda, who was then a technician of the Internal Ministry, expressed his opinion that it was necessary to urgently prepare school educational environment and its substantiation, and that it was important to conduct research to study mechanisms of acupuncture and moxibustion in the (Western) medical method¹⁰. The Regulatory Rules had the provisions concerning examinations for obtaining license/license tag for conducting the business of acupuncture and moxibustion. The examination subjects provided in the Rules were related to Western medicine such as “human body structure, functions of main organs, and relations between muscles and neurovasculars” and “synopsis of sterilization.” It was the end of the Meiji era that Western medicine was also standardized institutionally in acupuncture and moxibustion.

4. Unrealized enactment of “Medical Law for acupuncture and moxibustion physicians”

With the establishment of the institutional system at the end of the Meiji period, acupuncture and moxibustion began to be recognized by the society. Then in the Taisho period, acupuncture and moxibustion also began to satisfy needs of the people with their increasing health consciousness. At the end of the Taisho era, “Shinkyu Ihou Kisei Doumei (Association)” was organized. Ryosai YAMAZAKI, an acupuncturist of Osaka, who was the main player for organizing the association, invited Ichiro KIYOSE (who was a lawmaker of the House of Representatives) as Adviser of the association. About lobbying activities and schemes of modern acupuncturists and moxibustionists in order to advance reforms through correcting institutional disparities and enhancing their status, the then “Nippon Shinkyu Zasshi (Journal of Acupuncture and Moxibustion of Japan) made detailed reports.

Table 3 From “Nippon Shinkyu Zasshi (Journal of Japanese Acupuncture and Moxibustion)” of the modern age

Nippon Shinkyu Zasshi Vo. 213 issued on September 10, 1921 (Taisho 10)

(Dainippon Shinkyushi Kai [Great Japan Acupuncturists and Moxibustionists Association])

[Legislatively, necessity of enacting the law of acupuncture and moxibustion physicians] Law maker of the House of Representatives, Lawyer, Bachelor of Laws-Ichiro Kiyose (Advisor of the association)

[Problems of the law of acupuncture and moxibustion physicians in terms of social policy] Law maker of the House of Representatives Kotaro Nakagawa (his background not known)

[Shinkyu Ishi-hou Ron (Discussing the Law of Acupuncture and Moxibustion Physicians)] Ryou sai Yamazaki [Shigyousha toshite Shinkyu-I-Hou Hissu no Kaname (Necessity and Important points of the law of acupuncture and moxibustion physician as a person engaged in the business)]

[Problems of the law of acupuncture and moxibustion physicians viewed from the position of a physicist] Physician Kazumi Ishimitsu

Nippon Shinkyu Zasshi Vo. 247 issued on October 10, 1924 (Dainippon Shinkyushi Kai)

[Statement of the reasons for the petition concerning the enactment of the law of acupuncture and moxibustion physicians]

Nippon Shinkyu Zasshi Vo. 275 issued in March, 1927 (Dainippon Shinkyushi Kai)

[The petition concerning the law of acupuncture and moxibustion physicians passed both Houses] Ryou sai Yamazaki

After the passage of the bill at the Lower House in 1923 (Taisho 11), no progress was made toward its enactment at the House of Lords and it was scrapped. Then, the “petition for the enactment of the law of acupuncture and moxibustion physicians” was re-submitted to the 46th Imperial Diet. Eventually it was not enacted.

As legal revisions and legislation were not realized, a series of processes are weathering. The author thinks it necessary for future development of Japanese acupuncture and moxibustion to verify the fact that is going to be forgotten by people.

5. Conclusion

In 1978, the two-year college of acupuncture and moxibustion was founded in Japan. And then the college became a university of four year system. Now there are nine universities of acupuncture and moxibustion in Japan, of which three universities have the master’s program and one university has the doctoral program. Even so, no major changes have taken place in the social status of acupuncturists and moxibustionists during the period from the enactment of the post-war law No. 217 to the present. There may have been minor institutional changes in response to their request. Today 100 years have elapsed since the enactment of the nationwide ordinance of 1911 (Meiji 44), the author thinks that no dynamic changes have been seen in the relationship between the people and acupuncture and moxibustion.

In the United States, there are 60-70 schools of acupuncture and moxibustion (university or university graduate school), of which 60 schools are accredited as educational institutes for master’s level programs by ACAOM (The Accreditation Commission for Acupuncture and Oriental Medicine)¹².

The United States brought acupuncture and moxibustion into the country 40 years ago and has rapidly arranged the education and system during these 30 years. This means that the United States has the environment in which an institutional position can be given and actually has been given to the method of treatment by manual adjustment/correction such as chiropractic and osteopathy and such method has been accepted culturally. It is obvious that the 1997 NIH statement created a momentum. Japan and the United States are quite different nations in terms of the social background, of course, and the healthcare system. However, what the author will be or is concerned about is dynamic movements between acupuncture and moxibustion and the people of the U.S.

Japan, which begun acupuncture and moxibustion practice much earlier than European countries and the United States, finds itself left behind in the world and is becoming shadowed under the influence of China. The underlying causes are lack of the base on which visions and strategies are planned and a manpower shortage. This may be contributed, in the author’s opinion, by the ambiguous existence of acupuncture and moxibustion in the Japanese society.

The author thinks it necessary that the transitions Japanese acupuncture and moxibustion went through in about 150 years from the Meiji Restoration to the present be verified from the viewpoint of research. We urgently need to dig up facts that are still buried, observe unearthed facts, apprehend with philosophy and create the meaning.

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