

Japanese Acupuncture - Current Research 1

The Support by Acupuncture and Moxibustion for the Stricken Area on the Great East Japan Earthquake

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Research Report

[Preface]

In the wake of the Great East Japan Earthquake occurred on March 11, 2011 and the subsequent Tsunami disaster, support services from various medical areas were provided. Practitioners of acupuncture and moxibustion from all over Japan also provided support in the affected areas through acupuncture and moxibustion.

The author conducted research to find out what support activities the practitioners performed in the affected areas during the period from June to July of 2011. In writing this paper, the author additionally searched four journals relating to acupuncture and moxibustion published during the period from April 2011 to September 2012 (“The Journal of Ido no Nippon,” “Shinkyu Journal,” “Clinical Journal of Traditional Chinese Medicine,” and “Shinkyu OSAKA”) for information about the time of activity and areas of activity of the groups that were not known in the aforementioned research.

This paper is to report the results of these investigations.

In addition, it was found by searching the Internet and from informants that there were various forms of support activities other than those found by on-site research and the Internet search, including personal activities and non-continuous one-shot activities. The subject activities of this investigation were those of groups that were performed continuously. There was the possibility, however, that group activities satisfying the research requirement were not chosen as investigation subjects. The author would give an additional remark here that although it is considered that many supportive activities were

done by practitioners of acupuncture and moxibustion in the areas affected by the Great East Japan Earthquake, the process of clarifying the whole picture is still under way.

[Purpose]

To investigate and clarify the general picture of what kinds of support activities by the Japanese practitioners of acupuncture and moxibustion were implemented for the disaster caused by the Great East Japan Earthquake.

[Research overview]

1. Subjects

Groups that provided support services in the affected areas using acupuncture and moxibustion treatment after March 11, 2011 and the active period for one time or the total duration of activities was five days or more.

2. Methods

(1) Method of subject selection

1) Subject sampling and information gathering on the Internet.

The Internet site <http://www.google.co.jp> was searched with the keywords of “Great East Japan Earthquake,” “acupuncture,” “volunteer,” “local activities,” “medical support,” and “group.”

2) Information gathering from informants

In parallel with the web search, a request for information about the support activities with acupuncture and moxibustion was posted by Japan Society of Acupuncture and Moxibustion and other associations and those who had the information were asked to provide the information as informants and then research subjects were extracted.

3) Information search through journals of acupuncture and moxibustion

To find out the group names and their activity time that were not known from 1) and 2) above, four acupuncture and moxibustion related journals published during the period from April 2011 to November 2012 (“The Journal of Ido no Nippon,” “Shinkyu Journal,” “Clinical Journal of Traitional

Chinese Medicine,” and “Shinkyu OSAKA.”) were used .

(2) Search period

The information search period through the Internet and the informants were two months from June to July 2011.

Search through magazine media was done in December 2011.

The continuity of the activities was confirmed by monitoring their activity reports on the Internet.

(3) Research method

An e-mail questionnaire was sent to the groups selected as subjects by 1) and 2) above.

Questionnaire items were unified in principle. However alterations were made where applicable so as to making it a top priority to clearly bring out the actual situation about the activities.

Questionnaire items were as follows:

- a. Place of activities
- b. Activity time
- c. Subjects to be treated
- d. Accumulated number of treated persons
- e. Accumulated number of treatment providers joined
- f. Complaints frequently made.
- g. Existence or non-existence of cooperation with other healthcare professionals and medical institutions. If existing, please let us know the cooperated partners or the kind of occupation.
- h. Existence or non-existence of the accepting organization in the local area and linkages with the local municipalities and their external bodies. If existing, please let us know the contact address.

[Results]

Ten groups were extracted as research subjects through the Internet and the information provided by the informants. Of them, nine groups returned the answers to the questionnaire. In addition to these groups, one group was found in the additional search using journals.

From the above investigation, it was confirmed

that there were two types of groups that performed activities of disaster medical care with acupuncture and moxibustion in the aftermath of the Great East Japan Earthquake; the ones formed based on existing organizations (Table 1), and the others organized for the purpose of providing support to the affected areas (Table 2).

The activities started at the earliest on March 17 and most of them ended in the year of 2011, except two groups that were continuing their activities at the time of December 2012.

The areas of activities were Fukushima prefecture, Miyagi prefecture, and Iwate prefecture. As for Fukushima prefecture, the places of activities were inland areas designated as the evacuation areas due to the nuclear plant accident. In Miyagi prefecture and Iwate-prefecture, areas of activities were centered in those affected by the tsunami (Figure 1).

The answers to the questionnaire indicated that actual places of activities ranged from the evacuation centers, private houses, administrative facilities, fire-fighting facilities to welfare facilities.

Subjects to be treated included, in addition to the disaster evacuees, “suffered rescuer” who themselves were also victims of the disaster (staff members of the evacuation centers, and employees of fire-fighting and the local medical institutions, etc.) as well as volunteers in the evacuation centers.

As to cooperation with other medical professions, linkages with the medical staff in the places of refuge accounted for a major portion of the relevant answers, except for the groups whose activities were composed of varieties of medical professions.

As to cooperation with local organizations, they were made mainly with institutions such as local municipalities, local welfare councils and volunteer centers. In the case there were confusions at the acceptance counters, negotiations were made directly with individual refuge places.

Common chief complaints were stiff shoulders, pain in the neck and shoulders, and low back pain, and

other complaints were difficulty sleeping and constipation (Figure 2).

[Consideration]

The research has revealed that medical support activities were performed by practitioners of acupuncture and moxibustion with certain continuity in the affected areas and that their activities were not limited to the evacuation centers. This suggests that there are needs for acupuncture and moxibustion in affected areas after the occurrence of a disaster.

In general disasters, the acute phase in which treatment of life-saving and trauma is significant is followed by the chronic phase in which continuous health care of affected people becomes a problem. The earthquake disaster in the East Japan, however, is characterized by the extremely short acute phase. Coupled with medical institutions being devastated by the tsunami, evacuees with chronic diseases were forced to interrupt the treatment, their daily livings were isolated from their usual time, and disaster victims who acted as “suffered rescuer” worked hard – all these caused problems from an early period such as complaints relating to motor organs, constipation, difficulty sleeping, which accounted for a large portion of the chief complaints in the questionnaire answers. So, it can be considered that handling these health problems that disaster victims have will contribute to medical support in affected areas.

There was at least one group of the survey subjects that created a manual and had it available for measuring blood pressure, pulse rate, and body temperature if necessary. Measurement vital signs and the practice of Japanese style acupuncture and moxibustion in the evacuation centers and temporary houses where sufficient medical support is inaccessible – characterized by it that spends a certain amount of time one-on-one with a patient, touching her or his body while treatment is being performed - enables the practitioner to detect the

sings of serious illness or worsening underlying diseases, and then the care can be taken over by an associated health team or an associated physician, which suggests the Japanese style acupuncture and moxibustion have the possibility of functioning as primary preventive medicine.

[Conclusion]

It has been confirmed in the Great East Japan Earthquake, medical support by practitioners of acupuncture and moxibustion in the affected areas was provided and the continuous activities mainly in the areas affected by the tsunami. The subjects to be treated included not only the disaster sufferers but also “suffered rescuer” who were also disaster victims in various places of refuge. It can be considered from this that medical support in the affected areas by the practitioners of acupuncture and moxibustion responded to treatment needs for unidentified complaints caused by the disaster experience and the subsequent life of evacuation. And this also suggests that acupuncture and moxibustion will be able to have some role in primary preventive medicine.

Meanwhile, for possible disasters, it is required to verify the possibility of providing medical support by practitioners of acupuncture and moxibustion in affected areas, the limitations of their activity, and issues and problems.

[Lastly]

I extend my heartfelt condolence to those who died in the Great East Japan Earthquake. I also express my heartfelt sympathy to those who are still missing and many people who lost their acquaintances and are forced to go through all kinds of privations.

I wish to express my sincere gratitude to Prof. Shuichi KATAI of National University Corporation Tsukuba University of Technology for your valuable cooperation and guidance he provided to me in writing this paper.

Group Names	Areas of Activity	Activity Period
Fukushima-prefecture Shinkyu-shi Kai	Fukushima-prefecture: Koriyama-city Iwaki-city Aizuwakamatsu-city Ono-machi Fukushima-city	3/17/2011 - 6/19/2011
Tohoku University Hospital Kampo Internal Medicine	Fukushima-prefecture: Aizusakashita-machi Miyagi-prefecture: Ishinomaki-city Shichigahama-machi	End Mar - June/2011
AMDA	Iwate-prefecture: Otsuchi-cho	3/28/2011 - Ongoing (Otsuchi-cho)
Tokyo Rojyo Hari-Kyu Team	Fukushima-prefecture: Soma-city Miyagi-prefecture: Yamamoto-cho	4/16/2011 - 6/12/2011 (Soma-city, every Sunday, total 10 times) 5/22/2011 - August/2011 (Yamamoto-cho)
Hokkaido College of High Technology Saigai Fukko Shin-Kyu / Jusei Volunteer Team	Miyagi-prefecture: Kesennuma-city Iwate-pref.: Ofunato-city	4/30/2011 - 5/5/2011
Acupuncture Moxibustion & Orthopedic Clinic TAIU	Fukushima-prefecture: Iwaki-city	4/23/2011 - 5/22/2011 (every week end)
Morinomiya University of Medical Sciences Graduate School of Health Sciences Team	Miyagi-prefecture: Kesennuma-city	4/30/2011 - 5/6/2011

Table 1 Groups formed based on the existing organizations

Group Names	Areas of Activity	Active Time
Saigai Shin-Kyu Massage Project	Miyagi-prefecture: Iwanum-city Natori-city Shiogama-city Kesennuma-city Ishinomaki-city Minamisanriku-cho (For Kesennuma and Ishinomaki, dispatch request was made by PCAT.)	3/27/2011 - 5/12/2011 (Iwanuma-city) 4/6/2011 - 5/12/2011 (Natori-city) 4/16/2011 - 5/11/2011 (Shiogama-city) 5/1/2011 - 6/30/2011 (Kesennuma-city) 7/17/2011 - 9/28/2011 (Ishinomaki-city) 5/28/2011 - 12/6/2011 (Minamisanriku-cho)
Volunteers from Shiga-ken Shinkyu-Shi Kai Volunteers from Hanada College Almni	Miyagi-prefecture: Ishinomaki-city Onagawa-cho	4/28/2011 - 5/7/2011
Team of Shiga-ken H Sensei	Miyagi-prefecture: Ishinomaki-city	6/3/2011 - 6/6/2011 7/15/2011 - 7/19/2011 Ongoing intermittently.
Hisai-Sha Shien Project Team Oriental Medicine	Miyagi-prefecture: Higashi-Matsushima-city Miyagi-prefecture: Ishinomaki-city Miyagi-prefecture: Shichigahama-cho Miyagi-prefecture: Onagawa-cho	April/2011 Ongoing

Table 2 Groups newly formed for providing medical support in affected areas.

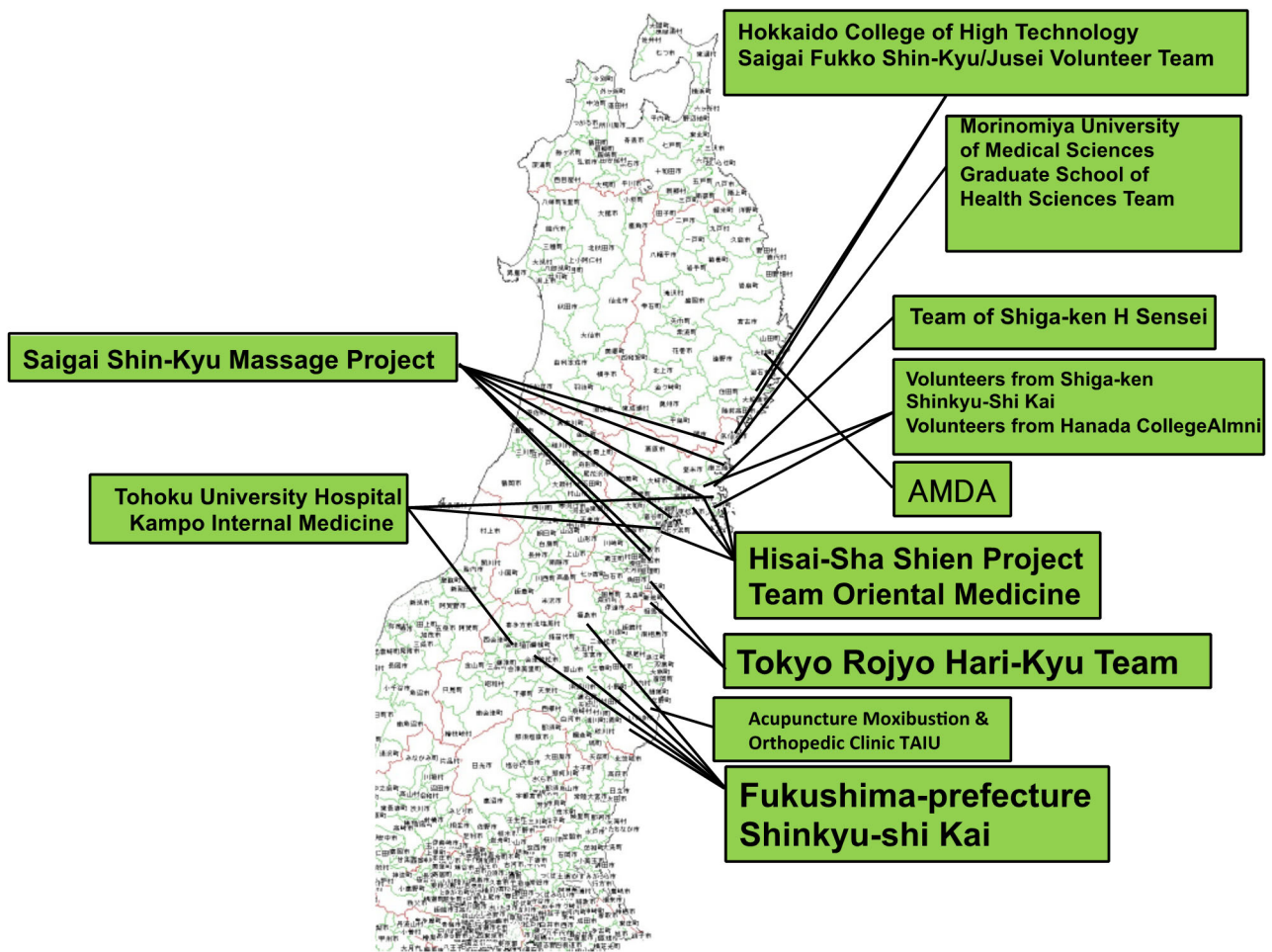


Figure 1 Areas of Medical Support Activities by Practitioners of Acupuncture & Moxibustion

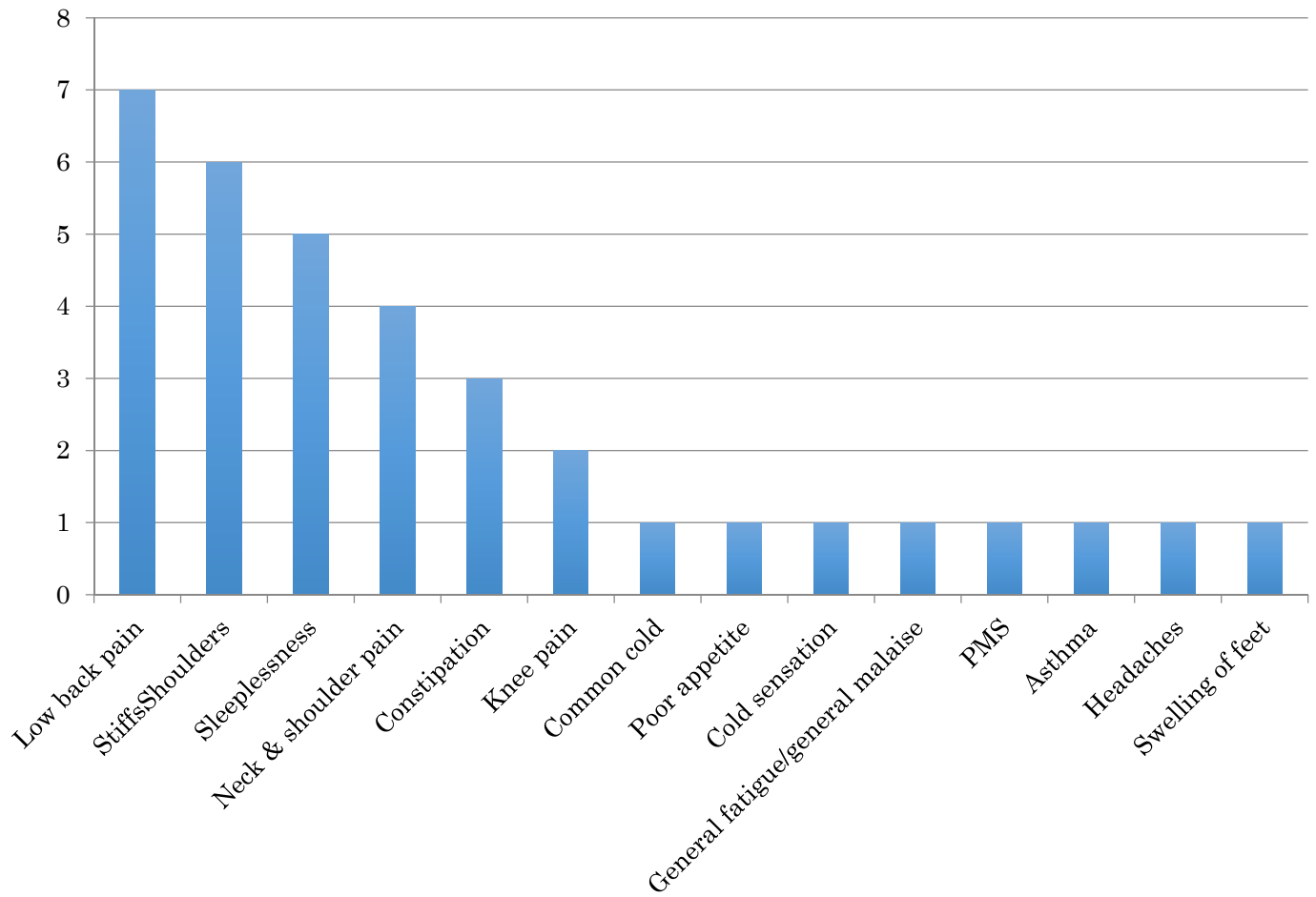


Figure 2 Major Chief Complaints