

Japanese Acupuncture - Current Research 2

The Role of Acupuncture in the Great East Japan Earthquake

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Introduction

Nine months have passed since the Great East Japan Earthquake of March 11, 2011. This was the most powerful known earthquake ever to have hit Japan, followed by repeated shocks as powerful as the principal one. The earthquake triggered powerful tsunami waves, causing a number of nuclear plant accidents. The damage by both devastating earthquake and mega Tsunami was exceptionally massive and reconstruction from the devastation has not made the desired progress.

After the disaster, we performed acupuncture and moxibustion as volunteers in Ibaragi-prefecture designated as a semi-devastated zone. At the time we conducted a questionnaire and gathered opinions of other volunteer practitioners who had been continually providing acupuncture and moxibustion, which are summarized as follows:

[Method]

1. Period and Place of Questionnaire

We volunteered acupuncture and moxibustion and conducted a questionnaire survey at the same time: on April 17 in Community Center in Naka-city for 5 hours, on May 1 in Seishounen-Kaikan in Mito-city for 5 hours, on May 4 in Civic Gymnasium/evacuation shelter in Kita-Ibaragi-city for 1 hour, on the same day in Maternity Care Ito for 3 hours, on June 16 in Takahagi Kyodo Hospital in Takahagi-city for 5 hours and July 31 in Kyu-Tokai-village Community Center for 2 hours (Table 1).

2. Questionnaire subjects

The subjects were 148 persons who received acupuncture and moxibustion by 5 volunteer practitioners (total 13 practitioners) in the central Ibaragi and northern Ibaragi.

Treatment	Time	Place	No. of treatment recipients	No. of questionnaires	Response rates	No. of practitioners	Treatment hours
1	4.17	Nako-city Community Center	25	25	100	3	5
2	5.1	Mito-city Seishounen Kaikan	48	47	97.9	4	5
3	5.4	Kita-Ibaragi-city Civic Gymnasium, Maternity Care Ito	26	23	88.5	3	4
4	6.16	Takahagi-city Takahagi Kyodo Hospital	36	36	100	1	5
5	7.31	Tokai-village Community Center	12	12	100	2	2
Total			148	143	96.6	13	

Table 1: Place of Questionnaire and Response Rates

3. Method

The questionnaire was anonymous. Before the volunteer work began, the volunteer recipients received the questionnaire sheet together with a medical interview sheet at the reception. At the end of the treatment, the practitioners urged the recipients to cooperate with us by answering the questionnaire. The questionnaire was completed in a separate room and collected.

4. Questionnaire

The questionnaire had the respondents pick an answer from a given number of options for seven questions of sex, age, damage situation, physical condition on the day, effectiveness of the treatment, their desire whether to receive treatment next time and publicity. As for two items of good points and points to be improved about volunteers, the respondents were free to give any answer.

5. Procedures of volunteer practice

Treatment/care was provided for 20 minutes per person. After a brief medical interview, physical findings were obtained with palpation. Then, Pyonex press-tack needles were applied into reactive points after careful preliminary massage.

Results

1. Response rates

The total number of respondents was 143 out of 148 with the overall response rate of 96.6%. The response rates at the first time treatment/care were 100%, 97.9% at the second time, 88.5% at the third time and 100% at the fourth time and fifth time (Table 1).

2. The 143 respondents consisted of 25 males and 118 females. Generation breakdown was 2 respondents in their 10s, 15 in their 20s, 68 in their 30s, 30 in their 40s, 14 in their 50s, and 12 in their 60s. The male-female ratio was 17.5% for male and 82.5% for female (Table 2).

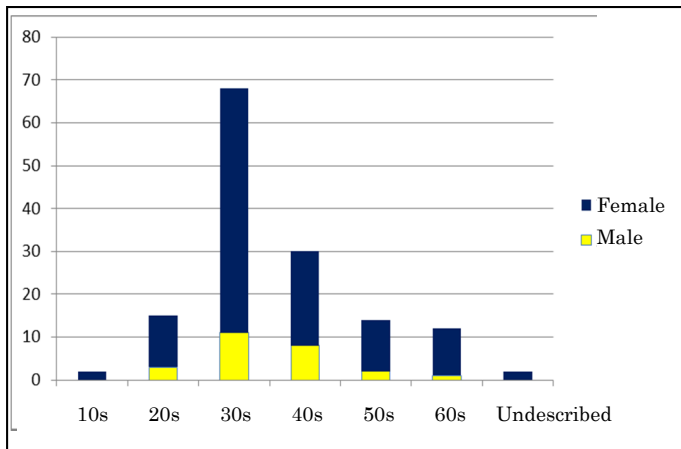


Table 2: Generation Ratio of Treatment Recipients

3. Somatic complaints □

The painful or discomfort regions on the day were (multiple answers) shoulders in 104 (72.7%), low back in 62 (43.4%), broad of the back in 48 (33.6%), extremities in 24 (16.8%), head in 16 (11.2%), and arms in 11 (7.7%). Three respondents gave no answer on this question. Two respondents gave the answer of having no special symptoms (Table 3). In view of each care, there were no major differences in their complained conditions from the first care through to the fifth care (Table 4).

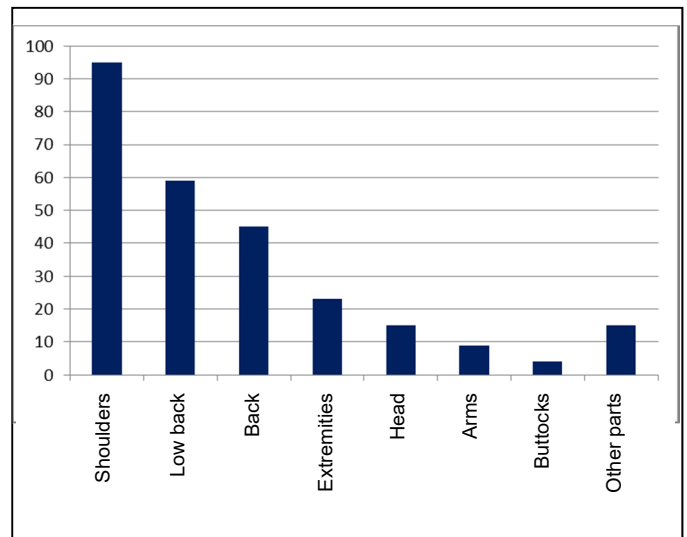


Table 3: Painful or Discomfort Regions

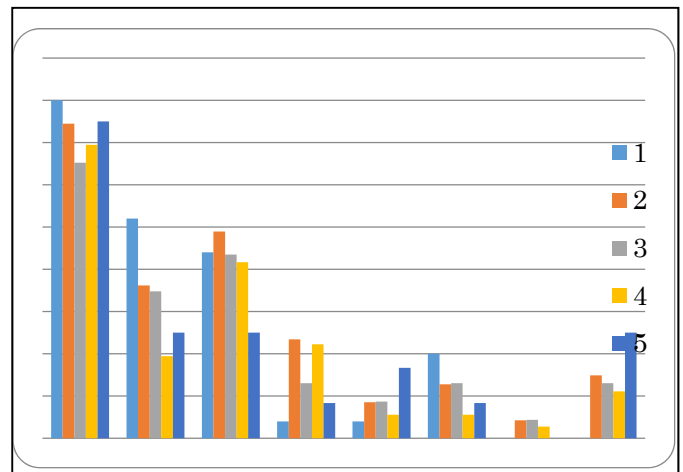


Table 4: Complained Conditions by Number of Care

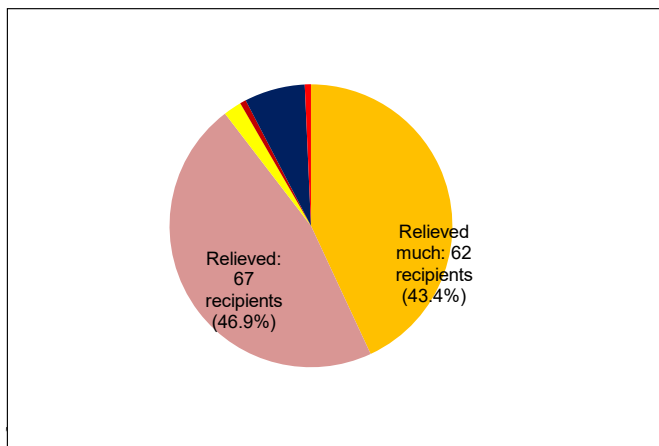
4. Characteristics by generation

As the fourth time treatment was for healthcare professionals, data of four times treatments only from women were counted excluding those of professionals. Symptoms of 84 women (2 without name and 2 in their 10s were excluded from the total 88 volunteer recipients) were categorized into shoulders in about 80% of women with 54.5% of those in 60s, and the dorsal region in about 40% in 20s, 30s, and 40s and about 15% in 50s and 60s. Many of those in their 20s, 40s, and 60s had symptoms in the low back region. Symptoms of the head were complained by 13 women, of which 10 were in their 30s.

5. Effect of treatment/care

Care effects in all recipients were “very much relieved” in 62 (43.4%), “relieved” in 67 (46.9%), and “remained same” in 3 (2.1%), of which 2 claimed that they had originally had no special disorder. One (1) respondent answered “became worse, taking it a response for a change for the better.” The respondent said that when writing answers, lassitude had already appeared. Ten (10) respondents (7.0%) gave no answer and one (1) answered “do not know yet” (0.7%).

Effects are grouped for each time of volunteer care: the 1st time, very much relieved in 17 (68.0%), relieved in 7 (28.0%), and no changes in 1 (4.0%). The 2nd time, very much relieved in 26 (55.3%), relieved in 19 (40.4%), more painful in 1 (2.1%), no answer in 1 (2.1%). The 3rd time, very much relieved in 11 (47.8%), relieved in 10 (43.5%), and no answer in 2 (8.7%). The 4th time, very much relieved in 4 (11.1%), relieved in 24 (66.7%), no change in 2 (5.6%), no answer in 5 (13.9%), and “do not know yet” in 1 (2.8%). The 5th time, very much relieved in 4 (33.3%), relieved in 7 (58.3%), and no answer in 1 (8.3%) (Table 5).



Consideration

We provided acupuncture and moxibustion as volunteers for the people who suffered damages from the East Japan Earthquake and conducted a

questionnaire survey. Our goal was to perform acupuncture and moxibustion to ensure they become pleased and relaxed, the questionnaire was conducted for the purpose of recording volunteer acupuncture and moxibustion. Therefore, the questionnaire was not carried out in the way that can rigorously show effectiveness. Whether conducting a questionnaire in the aftermath of the disaster is appropriate or not is being argued widely. We conducted it 1-4 months after the earthquake, but there have been no complaints received. There were three months between the first time practice and the 5th time practice. However, there were no major differences in the painful regions in different times of treatment.

With this e volunteer treatment, continuous care could not be provided to specific persons, so options concerning unexplained physical complaints and mental health complaints were not provided on the questionnaire. Therefore they were not reflected in the analysis of the questionnaire. When treatment recipients began to talk about the disaster during the course of treatment, individual practitioners responded to them. Because of difficulties providing continuous care, prior discussion had been made between the volunteer practitioners and it had been determined that volunteer practitioners would not discuss mental health matters. Whether volunteer practitioners should get involved in unidentified complaints or psychological matters was difficult to decide as this largely relates to whether or not the practitioners get themselves ready for handling such matters. However, psychological health problems are important subjects after the disaster. To what extent the practitioners should be involved, opinions may be divided and discussions will arrive at the conclusion that mental health matters should be responded on a case-by-case basis.

For psychological problems after the disaster, conditions were classified into three phases, (i.e. acute

phase, subacute phase, and mid to long term phase and problems are handled in many cases according to the classification). This time, the author, et al. performed acupuncture and moxibustion for those in the subacute phase and obtained effects. We became convinced that care with acupuncture and moxibustion is sufficiently beneficial for keeping the disaster victims in good physical condition.

The disaster of the earthquake of this time which was unprecedentedly large accompanied by the massive damage by Tsunami disaster had a special progression. The utmost priority during the acute phase is lifesaving. In the mid-long term phase, reconstruction starts but the victims have a feeling of helplessness and a feeling of weariness. The characteristics of this phase are problems for each individual tended to be forgotten so that psychological problems are prone to arise ¹⁾. Sleeplessness develops and physical condition becomes bad. Anyhow, we think it important to study how acupuncture and moxibustion can get involved in each of the phases. We expect related parties in each region will conduct such studies.

Acupuncture and moxibustion related magazines carry articles on volunteer practice of acupuncture and moxibustion after the disaster of the earthquake and tsunami. These articles report the status immediately after the disaster and the condition of four months later²⁾⁻⁷⁾.

A few months after the disaster, earthquakes have occurred in many parts of the world. Japan is well known for earthquakes. However, every one of us who are engaged in health care does not know how to respond to the people in need of care when a disaster occurred. As there are no published guidelines or booklets, the author worked in the dark to make the plan for volunteering acupuncture and moxibustion and actually implement it. If I have done volunteer work on a regular basis, it could be a little different. And I felt it necessary to take an interest in how to respond to an emergency situation. Although a general "Disaster Response Manual" has already been prepared ⁸⁾⁻¹¹⁾, I consider that creating a volunteer program implementation manual of acupuncture and moxibustion is also necessary.

Several organizations sent volunteer practitioners of acupuncture and moxibustion to each of the affected areas. These volunteers made reports of results. They also report that acupuncture and moxibustion can play a part of medical treatment. The records of volunteer acupuncture and moxibustion by individual practitioners will be valuable. In organizing the date, we will see the role of acupuncture and moxibustion and issues in disasters.

Studying the role of acupuncture and moxibustion at the time of disasters and getting prepared for its implementation for the future is also necessary.

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