

## Acupuncture in Japan - Clinical Applications

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### Introduction

The skills and theory of acupuncture and moxibustion are based on experience. Both contain many things that cannot be verified through case series studies or randomized controlled clinical trials. The clinical abilities of a single excellent acupuncturist may exceed the clinical experiences of 100 people. Attempts at imitating the therapy performed by really outstanding acupuncturists often do not yield the same results. Follow-up studies have revealed that the skills of acupuncturists are very important. In contrast to the application of drugs, with acupuncture and moxibustion, the skills of the individual therapist plays an extremely important role. Clinical trials are an effective method to verify the efficacy of acupuncture and moxibustion. Although certain aspects defy verification using this methodology, they should not be considered ineffective.

Acupuncturists in command of outstanding skills may be called masters (sensei). It should be noted that the clinical practice of masters in this art cannot be elucidated using research methodologies<sup>Note1)</sup>.

Following the Meiji restoration in 1968, the new government decided to adopt German medicine. Subsequently, acupuncture and moxibustion were entrusted to acupuncturists and not to physicians. Yet, for this very reason the influence of western medicine decreased, so that the original form of the tradition was handed down and provided the foundation for its present status.

This situation prevailed for about half a century, during which time the search for a new perspective was pursued. The new government, with its policy of national prosperity and defense, prepared the ground for the cultivation of folk medicine in its attempt to maintain the health of the people and provide a means of improving the health of the young. Acupuncture is considered to be an extremely powerful tool for this purpose.

In the 1920s, a sudden burst of new activities occurred in the field of acupuncture and moxibustion. Even though it

was based on tradition, a Japanese form of acupuncture and moxibustion integrating new concepts emerged. Continuing to the present, this was the time in which the foundations of modern acupuncture and moxibustion were laid.

Compared with today, western medicine at that time had not yet achieved a satisfactory level of proficiency. This allowed for an abundance of experiences with acupuncture and moxibustion for the treatment of many different diseases. Today, acupuncture and moxibustion are used mainly for the treatment of pain, but are used as an excellent therapy applicable to disease in all fields of medicine. The fact that it is not only described in the literature, but proven in practice as well, demonstrates its value in today's health care system. These experiences have not lost their validity to the present day.

Similar to China, Japan produced a number of acupuncture and moxibustion masters and the work of these people has been driving the development of Japanese style acupuncture and moxibustion. Verification of the methodology of these masters, as well as an analysis of their clinics, are a task for future research. What follows is a review of modern medical research, including case studies that are representative examples of the original characteristics of Japanese acupuncture and moxibustion.

#### Note 1)

Genzo Kanbe had been a master of needle manufacturing during the latter half of the 20th century in Japan. He needled each individual using carefully hand-made needles. These were used by outstanding acupuncturists of the age who achieved excellent therapeutic results.

When Kanbe lost his home during a bombardment of Tokyo by the American army during World War II in December 1945, he stayed temporarily at the house of relatives in the suburbs of Tokyo. His intense work schedule led to the development of acute pneumonia. At that time, antibiotics, like penicillin, had not yet found widespread application in Japan. Before he lost consciousness due to the high fever, he fortunately told the famous acupuncturist Sodo Okabe about his condition. Hearing about this emergency, Okabe rushed to Kanbe, but his consciousness had already

become so clouded that he could not answer Okabe's questioning. Okabe observed the symptoms, checked the pulse and then started his treatment.

Kanbe describes his recollections of the event in his state of clouded consciousness as follows.

"Each individual needle placed by master Okabe was very effective. I was under the impression that a thick needle had struck an evil lump that made me cough up phlegm. Next, more phlegm came up. Following the expectoration of the phlegm I started to feel better and the fever fell. I was told that he had used 50 mm gold needles with a diameter of 0.2 mm, but to me they had felt like very thick needles. This event made me painfully aware that with increasing skill, even application of very thin needles can evoke the feeling of thick needles. After my complete recovery I asked master Okabe where exactly he had needled me.

He said he had been so absorbed in the treatment that he did not remember. Yet, he said, that under similar circumstances, he would not needle the trunk. Deducting from this statement, I presume that he had carefully tonified and sedated the relevant command points on the arms and legs.

The clinical practice of masters frequently takes this form. The skills of master Okabe could not be reproduced by anybody else, so that a large number of artists and politicians of that time became his patients. He also went to Moscow to treat General Zukov of former Russia. The famous Japanese painter, Taikan Yokoyama loved his needles throughout his life.

The clinical applications in other specialized fields than those discussed here are also reported in the Journal of Kampo, Acupuncture and Integrative Medicine.