

Characteristics of Japanese Acupuncture and Moxibustion

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1. Japanese Acupuncture and Moxibustion -

Definition

When talking about Japanese acupuncture and moxibustion, several perspectives have to be taken into consideration. For example, the most easily understood aspect would be a classification based on differences in therapy. Also, classifications based on differences in theory, misperceptions or conceptual differences are also conceivable classification criteria. It might also be possible to discuss the subject as viewed from differences in the tools used for acupuncture and moxibustion. Moreover, it should also be possible to differentiate Japanese acupuncture and moxibustion as compared to Chinese and Korean medicine.

The English designation for needles used as tools is generally "needle", but when the notion of a treatment performed with these needles is included, a number of incoherent terms like acupuncture, acupuncture therapy, acupuncture treatment, needling, needle therapy, and needling method are used. Here, the English term acupuncture in the sense of therapy is used.

Again, the term "oriental medicine" is frequently used in Japan in the sense of comparing oriental medicine to western medicine, but its meaning remains in fact, rather unclear. Usually the use of oriental medicine implies the medical system developed 2,000 years ago by the Han people native to the Yellow River basin in China. It later spread throughout the various Asian regions, where it was under the influence of the culture of the countries it had been propagated to. It underwent modifications specific to that particular country and thus developed to the present day. This system was introduced to Japan in the 6th century. *The Yellow Emperor's Classic of Internal Medicine* comprising the sections

Su Wen (Plain Questions) and Ling Shu (Spiritual Pivot) have been the original texts on which this system was based.

The term "Orient" as it is perceived in the West, suggests a very extensive area including the Near East and the entire Asian region. If that is so, the oriental medical system should also comprise such various Asian medical systems as Ibn Sina, Ayurvedic medicine, Mongolian medicine, Tibetan medicine and Chinese medicine.

Otherwise it could be asked why the term traditional Chinese medicine is not used. While today's Chinese medicine is based on the classics Su Wen and Ling Shu, it can also be comprehended as a reorganized system formed following the foundation of the People's Republic of China in 1949. The influences of this system later propagated through East Asia and again modified in the various regions just as it happened after the emergence of its original form in China. Thus, during the transitions in Chinese history, in the process of the propagation from the old China to modern China, this medical system can be viewed as having emerged, changing under the influence of modern Chinese culture. In other words, the term Chinese medicine today must be said to designate a medical system that is different from the oriental medicine developed 2,000 years ago in China. In this sense, Chinese medicine can be comprehended as a form of Asian medicine. And, when speaking of oriental medicine, the term should implicate East Asian medicine. Accordingly, if the term is to be used in the above mentioned context, East Asian Medicine would probably be appropriate.

2. Acupuncture practice in modern Japan

The acupuncture of East Asian medicine was first mentioned in the "Nine Needle Twelve Sources Chapter" of the "Ling Shu" (Spiritual Pivot), where nine different types of needles and the basics of their clinical application were described. This has undergone a multitude of changes over the past 2,000 years. In particular, the changes that occurred under

the influence of western science in the 19th century, define what is today called acupuncture. Thus, acupuncture has to be defined in such a way that it cannot mean only the needling techniques handed down from ancient times, but also has to indicate physical stimulation in general that is administered in order to elicit effective body responses in order to promote healing of diseases.

The acupuncture performed in Japan based on this definition can be classified variously. For example: according to the stimulation site (scalp acupuncture, ear acupuncture, hand acupuncture, intradermal acupuncture), the type of stimulation (contact acupuncture, needle retaining, single insertions, thrusting and lifting, electrical pulse stimulation, tapping needling, fire needling, SSP therapy), differences in therapeutic concepts (tender point therapy, ashi point therapy, blood letting, Ryodoraku, trigger point therapy, pediatric acupuncture), etc.

3. Characteristics of Japanese acupuncture

As mentioned above, Japanese acupuncture has several classification approaches. Any one of them, however, may have common characteristics.

One of the characteristics of the Japanese acupuncture, as compared to Chinese and Korean acupuncture, may be characterized by its use of very weak stimuli. Generally, factors determining the stimulus quantity of acupuncture and moxibustion include the tools used, the stimulation method and stimulation site (site on the body). Moreover, both quality and amount of applied tools and the stimulation method determine the quantity of the stimulus.

Also, the information obtained through palpation among the four examination methods, are considered particularly significant for the comprehension of the pathological condition, determination of stimulation sites, and stimulation dose etc. may be cited as other characteristics. A brief description pertaining to tools, stimulation method, and stimulation site is presented below.

1) Tools, Stimulation Method and Stimulation Site

(a) Differences in tools

Generally, the needles used in Japan are thinner than those used in Chinese medicine. The most frequently used needles in Japan have a diameter varying between 0.16-0.20 mm, while needles frequently used in China have diameters between 0.32-0.38 mm. This clearly shows that the needles used in Japan are much thinner.

There is not a unanimous view regarding the reason for the use of such thin needles in Japan (or why they have become so thin). Probably, they were made so thin because of the hypersensitive nature of the Japanese people. Acupuncture and moxibustion are considered to have spread among the general population in Japan about 400 years ago. Conceivably, in the process of the popularization, this modality has been adapted to suit the constitution of the Japanese and thus led to the use of weaker stimulation doses as well as the development of thinner needles. When thinner needles were used, they would bend more easily upon insertion, so a twirling insertion method using both hands had to be devised for the insertion of filiform needles. For the Chinese twirling method, both hands are not used. There is no necessity to do so. Thinner needles led to changes in Japan by inevitable consequences. Additionally, to prevent pain upon insertion, approximately 300 years ago, the use of a guide tube was suggested that led to the development of a uniquely Japanese guide tube needling technique.

At that time the head of a pestle-shaped needle was inserted by tapping with a wooden hammer, a technique called tapping needle; or else the purely manual twirling needle technique, not relying on tools, was performed. The needling technique using a guide tube developed later into the mainstream Japanese needling technique. Painless insertion, safety, and ease of insertion of this technique can probably be cited as reasons for this development. It can be assumed the tapping needle technique inspired the development of this guide tube needling technique.

(b) Differences in needling techniques

The stimulation method varies depending on the insertion and stimulation technique after insertion. The acupuncture performed in Japan includes a variety of techniques from contact needling, using only skin contact stimulation but no perforation of the skin, over subcutaneous needling, where the needles are inserted very shallow into the subcutaneous tissues to intramuscular needling techniques. The techniques may employ just stroking of the skin, or a method where the needles are placed and retained in place from several to ten or more minutes, thrusting and lifting stimulation or low-frequency electric stimulation, etc. This means that many different techniques, like the above mentioned contact acupuncture, single insertions, thrusting and lifting, electrical pulse stimulation, tapping needling, fire needling, and SSP therapy are employed.

Among these techniques, contact stimulation of the skin and stimulation at extremely shallow levels appear to be characteristically Japanese stimulation techniques that differ from those employed in China or Korea. The use of these "subtle stimuli" also relates the characteristics of Japanese acupuncture very well. The INSHIN (round needle = yuan zhen) and TEISHIN (spoon needle = chi zhen) included in the "nine needle types" would be the suitable tools for these techniques. These are seldom used in China and Korea. Yet, the practice of acupuncture by groups using minimal stimulation methods in Japan based on traditional concepts, considers them to be of great importance, in particular for tonification as treatment of deficiency conditions. These are considered to be effective methods for patients with emotional problems including stress.

On the international front, although some papers on RCT clinical trials of acupuncture needles show that intervention stimulations when contact acupuncture or shallow needling were used, stimulations differ from the placebo effect and can be viewed as a historical perspective of Japanese acupuncture and moxibustion.

(c) Differences in stimulation sites

Differences in stimulation sites refer to where on the body the stimuli are applied. In other words, it depends on which acupoints are chosen, and at the same time, the depth of the needling. The stimulation dose varies with the insertion depth.

Regarding the amount of stimulation derived from the differences in stimulation site, it is generally understood that local needling stimulates the body very effectively (i.e. the amount of stimulation is greater). Clinical consideration demonstrates that the stimulation intensity decreases with increasing distance from the relevant local area.

However, there is no definite proof that local stimulation of affected areas represents the strongest possible input. On the contrary, the consideration that remote stimulation is required to provide powerful therapeutic effects warrants further investigations.

2) The importance of obtaining information through palpation

The author discussed the subject of palpation an article entitled, "Considering the Therapist's Hand" published in the Journal of Kampo, Acupuncture and Integrative Medicine, Vol. 1, No. 1, Spring 2006, pp. 25-26. It provides excellent information to support this article.

The second characteristic of Japanese acupuncture and moxibustion is the importance placed on information obtained through palpation during examination, treatment, and finally the evaluation of the results.

(a) Examination

The foundation for an examination are the four basic diagnostic procedures of inspection, listening, smelling, questioning, and palpation; but Japanese acupuncture and moxibustion places particularly great importance on pulse diagnosis and channel palpation. Although I will not discuss pulse diagnosis here, channel palpation is not restricted to palpation of the channels; but should be defined as also including

palpation of the entire body to look for reactions. Since the final purpose of acupuncture and moxibustion is the therapeutic stimulation of the body surface, it is necessary to perform acupuncture and moxibustion treatment empirically. As a result, this is an effective method to determine stimulation sites, stimulation purpose and needling stimulation dose.

(b) Therapy

For the basic treatment the needles are held with the pressing hand which is brought into close contact with the skin. This prevents bending or breakage of the needles and further helps to prevent pain that may otherwise occur due to inadvertent movements. Moreover, the pressing hand is also important in sensing the arrival of the Qi feeling. It helps understand the development of therapeutic effects and allows one to determine the timing for removal of the needles. Also, in case there are any changes occurring in skin or connective tissue reactions, the pressing hand can feel them. These facts indicate the necessity of palpation during the treatment (including the feeling with the pressing hand).

(c) Evaluation of the effects

Therapeutic effects are likewise evaluated after removing the needles through palpation. Although it is not easy to precisely remember the condition prior to the needling, experienced therapists evaluate the therapeutic effects based on differences in the palpatory feeling before and after the treatment. At the end of the treatment, it is possible to determine if further needling is required, if the duration of the stimulation should be extended, or the stimulation method changed. Naturally, through cumulative effects and the attainment of changes finally leading up to the targeted condition, it is also possible to judge when to finish the treatment cycle itself.

Leading this argument even further, cumulative evaluation of therapeutic results will in this way affect the establishment of the treatment plan during the first visit of the next patient.

In other words, the palpatory findings allow one to evaluate the severity of the patient's condition, degree of changes, prognosis and the time of the final stage of the treatment.

4. Why has palpation developed in Japan?

The views regarding why palpation has developed so far in Japan are probably divided. Yet, it is generally possible to say that acupuncture, moxibustion, and massage (Anma) found widespread application among the general population from the Edo period to the early Showa period. Subsequently, in a process of adaptation to the sensitive disposition of the Japanese, the employed needles became thinner, the moxa cones smaller, and the Anma stimulation softer. In other words, the stimulation dose applied during treatment may be said to have been reduced. Yet, naturally, therapeutic effects were not decreased, but rather effects of the same magnitude were expected. The result was, that

* Stimulation sites had to be selected appropriately in order to guarantee that a even a small stimulus dose is effective. For this purpose, palpatory skills to identify suitable sites were demanded.

* This kind of subtle techniques is a representative example for the Japanese treatment. The development was brought about by the culture and climate from the Edo period to the early Showa period that evaluated dexterity of the hands positively.

* And also, a worldwide unparalleled healthcare culture developed, when from the middle of the Edo period, visually impaired persons started to bear the responsibility for acupuncture and moxibustion treatment. For visually impaired persons, palpation is the basis for determining the treatment sites and as mentioned above, as a consequence made it necessary to perform the entire treatment process guided by skillful palpation.

These circumstances led to a unique development of palpation skills in Japan.