

History of Japanese Acupuncture and Moxibustion

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Acupuncture is a traditional form of medicine originating in ancient China and introduced to Japan about 1500 years ago. The historical development of this medical technology was quite different in Japan than in its "home" country of China. The island civilization of Japan added unique theories and treatment methods to the practice of acupuncture. This article will explore the history and some of the unique characteristics of acupuncture in Japan.

Introduction and acupuncture to Japan

It is believed that acupuncture had been introduced into Japan by the 5th Century AD, during the waves of migration into Japan from the Korean Peninsula. The immigrants brought with them Chinese technology and writings, and it was through them that the native Japanese first learned about Chinese medicine, including acupuncture. In 562, the Chinese monk, Zhi Cong, traveled eastward by sea, carrying with him medical treatises on herbal medicine and acupuncture meridians, including the *Ming Tang Tu (Illustrated Manual of Channels, Collaterals and Acupuncture Points)*. This is the first formally recorded introduction of acupuncture to Japan. In the 7th Century, in addition to sending ambassadors to the courts of the Sui Dynasty and the Tang Dynasty, the Japanese government also sent students to study various facets of Chinese culture. A number of those students studied Chinese medicine before returning home to Japan.

In 701, the Japanese government implemented formal legislation (including the medical system) that emulated the system being used at that time in Tang, China. They established a curriculum for medical education, with textbooks including such classics as the *Huang Di Nei Jing*, as well as the *Jia Yi Jing*, which was the first book devoted entirely to acupuncture and moxibustion; and also included charts and graphs of the acupuncture meridians. Students studied acupuncture and moxibustion theory

in the *Huang Di Nei Jing*, becoming familiar with the acupuncture points from the annotated charts and graphs of the meridians, and learned the practical applications of moxibustion and acupuncture in the *Jia Yi Jing*. The acupuncture curriculum required six years of study.

Because this medical system was government-controlled, its administration rested in the hands of the nobility who were in charge of the national government until the end of the 12th Century. At that point, control was seized by the samurai class, and the capitol was shifted from Kyoto to Kamakura, although the form of the medical system continued unchanged. Around that time, acupuncture and moxibustion entered a slow decline and little information remains about the techniques practiced during that period. The great physician priest Shozen Kajiwara (1266-1337), in his massive two volume medical encyclopedia compiled from 1302 through 1327, made almost no mention of meridians, acupuncture points, or moxibustion; although the encyclopedia includes detailed illustrations of human anatomy from Sung China. That situation remained unchanged until the 16th Century when acupuncture began to return to favor.

Early flowering

In the 15th Century, the second military government of Japan (the Ashikaga Shogunate) placed great importance on trade with Ming China. The government dispatched numerous trading ships, and there was also considerable private shipping back and forth between Japan and China. This resulted not only in a remarkable increase in Chinese goods entering Japan, but also an increase in the number of people traveling between the two countries. Many Japanese crossed the sea to China in order to study medicine, including some who learned acupuncture and then returned home to become famous acupuncturists in Japan.

At the end of the 16th Century there were several developments that had never occurred before in Japan's relations with the Asian continent. First was the Japanese invasion of the Korean peninsula, led by Toyotomi Hideyoshi. While in Korea, the invaders were exposed to unfamiliar elements of East Asian

culture (including medical writings). They also encountered a wide range of technological skills and met the practitioners of those skills, including physicians. The imported technology of wood block movable type, which contributed greatly to the printing industry that subsequently developed in Japan, also permitted the publication of more medical literature.

Another contributing factor was the gradual decline of the Ming Dynasty in China. Invasion by the Manchu forces (who subsequently founded the Qing Dynasty in China) caused a flood of refugees to the south. A few of these refugees (20,000 to 30,000) traveled as far as Japan where they were welcomed by the newly established Tokugawa Shogunate (1603). Those refugees included a number of highly skilled physicians who commenced to teach the latest developments in Chinese medicine to their Japanese contemporaries.

Those teachings had a major impact on acupuncture in Japan in the late 16th and early 17th Century and led to numerous splits and divisions. Soon more than ten competing "schools" of acupuncture treatment had appeared. These divisions developed in part because teachings from China arrived piecemeal. Each school kept its own techniques secret from all others.

The schools of acupuncture at this time were strongly influenced by the classical medical text *Nan Jing* (*Classic of Difficult Issues*). There were those who gave particular weight to abdominal diagnosis and therapy, those who focused on worms within the body as a source of disease; those influenced by Buddhist medicine; those that emphasize treatment at specific acupuncture points; those who notated the acupuncture points by symbology, and those who expressed the indications of disease in Japanese traditional verse (*waka*).

In 1536, the *Nan Jing* became available as Japan's second medical publication. Soon after this, schools strongly influenced by this text, began to appear. The content of the *Nan Jing* with regard to the concept of "reinforcing" and "reducing" was particularly well-received by Japanese at that time. The concepts focusing on abdominal diagnosis and therapy are not

well understood, but may have been popular for two reasons. One, was that techniques for abdominal massage were already known at the time, particularly among Buddhist monks, and were understood to provide definite effects. Second, was that the anatomical diagrams in all of the *Shozen* medical treatises were connected to the anatomical notations in the *Nan Jing*, and these points were projected onto the surface of the abdomen, leading to the idea that treatment could be directly applied to the pictured sites. Fig. 1 shows a chart from this period for abdominal examination.

(Each organ was assigned to a specific region of the abdomen. Abnormalities were detected by palpation, and treatment was performed by driving in needles with a small mallet.) The schools that focused on the abdomen continued to exist for several centuries. The other schools apparently persisted into the mid-17th Century.



Independent development

In the first half of the 17th Century, exiles from the Chinese mainland brought current developments in Chinese-style acupuncture to Japan. At the same time there was increased study of classic medical texts such as the *Huang Di Nei Jing*. That interest was further spurred by the introduction of Chang Jing Yue's classic text, the *Lei-Jing*, in Japan in 1624. From that point onward, study of the classic texts made up a major stream of traditional Chinese medicine (TCM) research in Japan.

In the middle of the 17th Century, a man of genius appeared who changed the course of acupuncture history in Japan. That man was Waichi Sugiyama (1610-1694). Sugiyama, who was samurai by birth, contracted smallpox when he was a small child and lost his sight. As a young man he gave up his samurai status and began the study of acupuncture. His experiences during his search to become a skilled acupuncturist are legendary. For example, it is said that his prayers to the goddess Benten were rewarded

by the goddess, who gave him the gift of superior acupuncture technique.

Sugiyama took the massive system of Chinese acupuncture and summarized it in concepts that were easily understandable in Japan. Based on his own experience, he simplified and clarified therapeutics. He also introduced two techniques that reduced the pain of acupuncture: the use of the kudabari, a guide tube that simplified needle insertion, and the use of pine needles as acupuncture needles. He taught all of those techniques at his acupuncture schools. He also succeeded in broadening the occupations available to the blind and visually impaired. Subsequently, acupuncture, moxibustion, and massage became important occupations for the blind in Japan; a tradition which has continued into the present. Sugiyama's work won the support of the Tokugawa Shogunate, support which was continued for the next 200 years.

We also have documents from a few European travelers of the time, recording their impressions of contemporary Japanese acupuncture. From 1674 to 1676, the Dutch trader Willem ten Rhijne served as the physician to the Dutch trading post outside of Nagasaki. (At that time, Nagasaki was Japan's primary international trading port, and the Netherlands was the only Western country permitted to trade in Japan.) In his subsequent treatise, *Dissertatio de Arthritide*, he devoted many pages to acupuncture and moxibustion, providing Europe's first introduction to these forms of medical treatment (Fig. 2, 3, 4, 5).

The year 1690 marked the arrival in Japan of Engelbert Kaempfer (1651-1716), who studied multiple aspects of Japanese culture, including medicine, and later wrote a book titled *Amoenitatum Exoticarum* (1712). This was his only work published during his lifetime. After his death it was translated into English, edited, and included in the larger volume *The History of Japan*, published in London in 1727. The text contained a discussion of acupuncture.

Kaempfer described acupuncture treatment for the specific condition of "senki" which involved abdominal pain of unknown cause. His work included illustrations of three types of Japanese acupuncture needles (Fig. 6). He also provided a detailed description of moxibustion in the treatise *Moxa in China and Japan*.

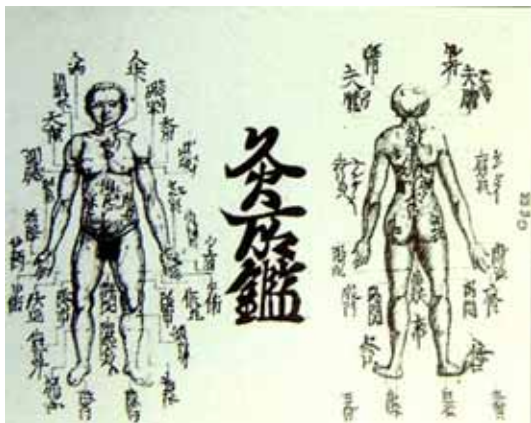


That description gives us information on how moxa was used at the time. (Moxa powder approximately the same volume as half a grain of rice was burned directly on the skin. This was the origin of moxa as it is practiced in Japan today.) Kaempfer was surprised to find that the area treated was often considerably removed from the afflicted area. He described a situation in which an upset stomach and loss of appetite was treated by moxibustion on both shoulders, after which the condition was relieved and the patient's appetite returned.



Portrait of Willem ten Rhijne "Article about Arthritis" by Rhijne Acupuncture needle used then Chart of Meridian points

He also witnessed moxibustion along the spine as an effective treatment for pain in the side, and the application of moxa between the thumb and index finger to treat toothache. He found all of these treatments astonishing, although from our present-day perspective, they do not seem particularly strange. As an aside, the English term "moxibustion" was derived from the Japanese "mogusa" (moxa). Kaempfer's book was widely distributed at the time of its publication as an introduction to moxibustion (Fig. 7).



The use of moxa began to increase at the end of the 16th century. Because it was simpler than acupuncture, which required specialized knowledge and technical skill, moxibustion became widespread as a form of folk medicine, and numerous volumes were written on its use in the home. In his book, Kaempfer commented that it was impossible to find a Japanese person who did not show some scarring from moxibustion.

This form of folk medicine, which was widespread but not practiced to a particularly high standard, was again returned to professional hands by a movement initiated in the late 17th Century and extending into the middle of the 18th Century under the leadership of Konzan Goto (1659-1733). Goto was a highly knowledgeable physician who primarily used traditional Chinese medicine therapy, but frequently relied on folk medicine, now referred to as complementary and alternative medicine, (CAM). He placed particular importance on diagnosing abnormalities in the flow of qi energy within the body and frequently prescribed a course of hot springs and moxibustion therapy to improve this qi energy flow. As

a result of his work, even doctors who specialized in drug treatment began to occasionally use moxibustion. This led to even greater use of moxibustion among the common people, and different regions developed their own characteristic forms of moxa therapy (usually associated with a specific Shinto shrine or Buddhist temple). Those methods, which were based on the experience of the people of each local region, were later collected for publication by several different scholars.

The Chinese acupuncture system was vast and complex, which made it very difficult for Japanese students of that time to fully understand its potential. This problem was addressed with skill and determination by a number of Japanese specialists who succeeded in reforming and simplifying the massive Chinese system for Japanese use. This ability to codify a vast and complicated system into something smaller and more easily understandable, which historically has characterized the Japanese people, resulted during the late 17th and early 18th centuries in the authorship of numerous small and practical texts on moxibustion and acupuncture. Fig. 6 shows one of those, *The Handy Book of Acupuncture*, published in 1718 (Fig. 8).



The popularization of these simple texts in Japan was paralleled by a movement to publish more difficult Chinese medical materials (the classics as well as numerous treatises on medical theory and texts on moxibustion and acupuncture) accompanied by notations and commentary in the Japanese vernacular. An industry even developed around this specialized work. This approach to the explication of foreign texts was in itself uniquely Japanese.

Research on the meridians and acupuncture points also flourished. Such research was particularly in

demand because of the difficulty of identifying meridians and acupuncture points on the human body. In the final analysis, however, progress in this field came when the notations and commentaries on classic Chinese texts of moxibustion and acupuncture were actually confirmed by investigation through practical use. Such research continued uninterrupted from the 16th to the 19th centuries. Much of it was documented in writing.

In the 18th Century a man by the name of Todo Yoshimasu developed a revolutionary idea in the field of traditional Chinese medicine therapy; he proposed that patients be treated without reference to the traditional medical theories of yin, yang, and the five agents. From that point onward, Japanese TCM diverged considerably from traditional medicine as practiced in China.

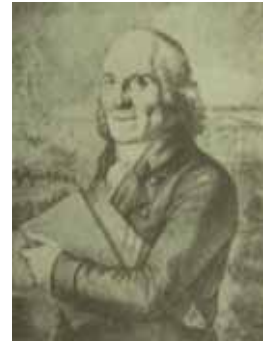
Stimulated by Yoshimasu's thinking, the acupuncturist Shukei Suganuma (1706-1764) developed and began to practice an acupuncture methodology that was not based on traditional medical theories. Suganuma's techniques did not depend on the meridians or on the concepts of reinforcing and reducing. Instead, he treated patients using only 70 acupuncture points. Although his ideas did not become widespread, they had considerable impact on his contemporaries in the world of moxibustion and acupuncture.

At the same time that Yoshimasu was propounding his ideas, Dutch physicians were beginning to visit Japan, bringing with them a few high-quality Dutch medical texts that were read and translated by progressive Japanese physicians. The first of these works to be translated and published was Johann Adam Kulmus' anatomy text which had been translated from the original German into Dutch under the title *Ontleedkundige Tafelen*. The publication of this book in Japanese provided a view of medicine very different from traditional TCM-based understanding, and focused attention on Europe. Japanese physicians began with the study of anatomy and surgery, and later extended their interest to Dutch medical treatises on internal medicine and other areas of clinical therapeutics.

At about this time, bloodletting, which was being

hailed in Europe as an important treatment technique, was introduced to Japan by the Dutch translators at Nagasaki, and was of considerable interest to Japanese physicians.

The year 1776 in Japan marked the arrival of Dr. Carl Peter Thunberg (1743-1828) (Fig. 9), who accompanied the Dutch director of the Nagasaki trading post on his visit to the capital in Edo (now Tokyo), one of the world's great cities at that time. Thunberg spent some time in Edo, where he met with a number of the best physicians in Japan, taught them the techniques of bloodletting, and trained them for a short time in the implementation of this therapy.



Meanwhile, a book written in China on the treatment of acute filthy disease "Sha zhang", a cholera-like disease reached Japan in the mid-17th Century. It also contained a description of bloodletting. Some Japanese medical practitioners became interested in this Chinese approach to bloodletting and began to use it in treating a variety of diseases. This led to modification of the European techniques in Japan, soon resulting in the development of a unique form of bloodletting that came into widespread use in Japan during the 17th and 18th Centuries.

Neo-Confucianism was first introduced in Japan toward the end of the 16th Century. The Tokugawa Shogunate considered this philosophy as a pillar of its own existence. However, the philosophy had many detractors, and around the turn of the 18th Century there was a popular movement to return to the essentials of traditional Confucian thought. The activities of Yoshimasu and his colleagues were one result of these changes.

At the end of that century, a popular text on critical investigation from the Qing Dynasty in China was introduced to Japan. Medicine was among the fields influenced by this book, and as a result a critical investigative approach to research became popular. Textual criticism was widely applied to classics such as the *Huang Di Nei Jing* and the *Shang Han Lun*, and in some cases corrected texts were prepared and

published. This movement was sparked by individuals of the time and later received government approval. Government-sponsored medical research laboratories were established and became centers of both research and teaching. Meanwhile, a copy of the *Tai Su Jing*, a portion of the *Huang Di Nei Jing* that was no longer available in China and believed lost, was found in an old Buddhist temple in Kyoto. This discovery further encouraged research in the classic texts.



Worthy of mention in the context of moxibustion and acupuncture education during this period was a human figure cast in copper showing the meridians and acupuncture points. (The original prototype, made in China in 1026, was subsequently lost.) Such models were enthusiastically welcomed by medical scholars of the time, and in the 17th Century, a new mold was made and additional figurines were cast (Fig. 10).

With the advent of the 19th Century, the Japanese study of Dutch medicine intensified, and numerous specialized texts were translated into Japanese. More doctors began to rely increasingly on their own experience, and some even began to question the concepts of Chinese medicine. It was in this context that Sotetsu Ishizaka (1770-1841) devised a system that was centered around the traditional theories of moxibustion and acupuncture but that also incorporated Western medical thought in a subordinate role.

In 1823, Dr. Philipp Franz von Siebold (1796-1866) came to Nagasaki as physician to the Dutch trading post there (Fig. 11). Dr. Siebold trained numerous Japanese students in Western medicine, while at the same time studying Japanese traditional medicine himself. His method was to have his disciples translate outstanding Japanese medical



treatises for him, so in the field of moxibustion and acupuncture, he read Ishizaka's *Concise Discourse on Acupuncture and Moxibustion* as translated by Junzo Mima. Subsequently, on a visit to Edo with the Dutch director of the Nagasaki trading post, Dr. Siebold had the opportunity to meet and exchange experiences with Dr. Ishizaka.

Decline and restoration

Until the middle of the 19th Century, moxibustion and acupuncture played a consistently unchanged role in the practice of Japanese physicians, while technological advances and academic developments contributed to better health for the common people. With the Meiji Restoration in 1868, the reins of government were transferred from the Tokugawa Shogunate to a new imperial government headed by the Emperor Meiji. This also brought changes to the medical world, since all of the medical institutions that had operated under the Tokugawa Shogunate were taken over by the new government. The German medical system was adopted, and schools of medicine were established along German lines. This left only one generation of physicians practicing traditional medicine. Their occupation was effectively brought to an end since most traditional physicians passed on their knowledge and their practice to younger family members. Under the new system their children and grandchildren could not become certified physicians regardless of how well they were trained in traditional medicine. Those who wished to become doctors were required first to study Western medicine and then pass an examination in order to become a medical practitioner.

The various forms of traditional medicine both Kampo (herbal medicine) and acupuncture, were considered to be "non-mainstream" and were removed from public view. However, the practices of moxibustion and acupuncture were allowed to continue as long as the practitioner was licensed by the local government. These occupations also continued to provide employment for the blind. The

subjects of moxibustion and acupuncture were considered of high importance at schools for the visually impaired.

After being so severely restricted by the government and completely excluded from mainstream medicine, acupuncture took more than half a century to recover. During that period, however, a small number of highly gifted acupuncturists continued to practice away from public notice.

One of these was Ken Sawada (1877-1938), whose work was discovered and brought to the attention of the world by a journalist investigating traditional medicine. Dr. Sawada's method, called "Tai Chi Therapy", depended primarily on observation and palpation to diagnose abnormalities of the organs and meridians, which were then treated with moxibustion. Sawada focused primarily on acupuncture points in the back, but emphasized that for every disease there was a characteristic acupuncture point that could be used. Sawada's methodology was widely disseminated by his gifted disciples, a group of practitioners who became central to Japanese acupuncture. They included the highly successful Bunshi Shirota (1900-1974), who systemized and popularized Sawada's therapeutic techniques.

The 1930s saw the formation of another large group of acupuncturists. Working mostly from notations on the classic texts, this group developed a system that placed primary emphasis on meridian "kyo-jitsu" (deficiency and excess) diagnosis. Treatment was performed by supplementing the deficiency or eliminating the excess so that balance could be restored. They named this methodology "Meridian Therapy". The central members of this group, who provided guidance for the others and established the Meridian Therapy system, were several young acupuncturists in their 20s and 30s. In particular, Sodo Okabe (1907-1984) possessed brilliant technical skill and contributed greatly to the perfection of the technical side of this system. In 1973 Dr. Okabe was invited to visit what was then the Soviet Union, where he received grateful thanks after successfully

treating General Zhukov (formerly of the USSR military and General of Minister of Defense) for trigeminal neuralgia.

These two schools of thought are the central forces in Japanese acupuncture today, although there are numerous small unaffiliated groups as well.

Their activities were temporarily curtailed by World War II. After the war, the defeated Japanese nation was given democracy by the occupying Allied Powers (GHQ). However, the GHQ was not sympathetic to acupuncture. The department that was charged with reforming the Japanese medical system was the Public Health and Welfare Section (PHW) under the command of Brigadier General C. F. Sams. General Sams attempted to obliterate the historic and uniquely Japanese treatment method of acupuncture from within the world of Japanese medicine, recommending to the Japanese Ministry of Health and Welfare that "Medical treatment should be performed primarily by physicians, and other occupations such as acupuncturist and massage therapist should be unreservedly prohibited." This recommendation came as a great shock to the acupuncture world, and a coalition of acupuncturists, physicians, physiologists, members of the National Diet, and those involved with schools for the blind began to work together to oppose the GHQ recommendation and to find a better solution. In the end General Sams was convinced of the importance of acupuncture in Japan and this traditional form of medical treatment was allowed to continue.

After the war a number of new movements began to develop within Japanese acupuncture. The Ministry of Health and Welfare established a system of formal education for the purpose of becoming a credentialed acupuncturist, stipulating a specific amount of schooling (3 years) in a specialized educational institution, to be followed by a certification test administered by the local government (later changed to a national certification examination). Candidates who passed the examination were credentialed as acupuncturists.

There were also new developments in clinical practice and in research. Some groups of acupuncturists, in response to the GHQ statement that acupuncture was "an unscientific and barbaric form of treatment," chose to focus primarily on scientific methodology. Dr. Shiota, as mentioned above, denied the absolute authority of traditional medical theory. He proposed that the measurement of electrical resistance could be used to detect the acupuncture points that were responsive in a specific disease, after which the disease could be treated by stimulating those points with acupuncture and moxibustion. Advances in electrophysiology contributed to this theory, but applications to the meridians had to wait until a discovery by Yoshio Nakatani in 1950 that resulted in the development of Ryodoraku Acupuncture. Paralleling these new developments, groups of acupuncturists who were interested in meridian therapy, continued their research, producing large volumes of results to prove the existence of the meridians.

In the 1970s, information on a newly systematized approach to TCM arrived in Japan from China.

Since some Japanese practitioners wished to pursue this methodology in Japan, formal schooling in TCM was established. Active communication with Chinese specialists is ongoing, excellent Japanese educators have emerged, and this system is currently gaining in popularity.

At present there are a number of different acupuncture systems in practice in Japan, each with its own special characteristics. Any attempt to use these systems without understanding their historical context invites erroneous and unreliable results, since while closely related in some ways, these systems also have points on which they differ profoundly.

The current situation of Japanese acupuncture cannot be explained through one-dimensional thinking. However, this multiplicity is in itself one of the characteristics of acupuncture in Japan. While future development of acupuncture throughout the world will be greatly influenced by changes in Chinese TCM, it seems likely that the unique characteristics of moxibustion and acupuncture in Japan will also play a significant contribution in the international development of this traditional approach to better health.