Japanese Acupuncture Schools and their Characteristics

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The Chinese medical system and techniques were introduced to Japan approximately 1,300 years ago. Since then, the Japanese have cherished it as their own medical system, using the relevant knowledge and skills in their clinical practice. Acupuncture and moxibustion have been handed down alongside with pharmacotherapy as important pillars supporting the medical system in an unbroken tradition to the present day. During this process, Chinese theory and techniques remained, but were not the only foundations. A number of unique Japanese concepts were developed and put into practice. Those practicing acupuncture and moxibustion formed individual schools and transmitted the advantages of their schools. Some of these traits are still preserved today. These have been handed down as the Japanese acupuncture and moxibustion tradition from generation to generation.

Based on a decision by the new Meiji government in 1868, acupuncture and moxibustion were set apart from medicine in schools. Their preservation and development have been maintained by acupuncturists. Even then, the treatment modality was not directly endorsed by western medicine. However, the tradition was kept alive. Yet, the characteristics developed by previous generations of the various schools gradually faded.

By the 1930's, some acupuncturists felt that it was their duty to develop this traditional medicine. They gathered like-minded people and started to investigate the potential of acupuncture and moxibustion. They read of course, the Chinese classics, but also Japanese books on acupuncture and moxibustion. Using this information, they developed their own style. A new group of schools was formed. The concepts of those schools have been inherited by modern Japanese acupuncture and moxibustion. The acupuncture and moxibustion of that time can grossly be classified into the following three forms.

First, a system based primarily on classics like *Su Wen, Ling Shu, Nan Jing,* and *Zhen Jiu Jia Yi Jing*. These relied predominately on pulse diagnosis and the diagnosis of channel excess of deficiencies, which were then treated with appropriate reinforcement or reduction. The techniques of this school rely mainly on the use of command points on arms and legs for the treatment. With reference to the therapeutic characteristics, this school has been called the "Channel therapy school".

Another school is called the "Taikyoku Therapy phenomenon" which relies on the diagnosis of imbalances in the five phases determined by the four diagnostic methods and subsequently the therapeutic adjustment of that balance. The name of this school, the Sawada style, is derived from the name of its founder, Ken Sawada. This style uses considerable moxibustion.

Still another style (at that time being the latest kind of scholarly attainment) is based on the knowledge of physiology and tries to adjust imbalances in the autonomic nervous system using acupuncture and moxibustion. At one of the leading centers of academism at the time, the faculty of physiology at Kyoto University provided the foundation for this style which relied on a scientific basis. Although there is no specific name for this style, it could be called the scientific style.

Besides the mentioned styles, there have been numerous acupuncturists guided by their individual theories and techniques but which did not develop into formal styles.

Japanese acupuncture and moxibustion developed under these circumstances through mutual cooperation. Yet, the situation changed drastically after Japan engaged in World War II.

During the occupation following the war, the Supreme Commander of the Allied Powers (GHQ) proceeded with a reform of the Japanese medical system. In that process, it considered the elimination of acupuncture and moxibustion and made the relevant recommendations to the Japanese Ministry of Health and Welfare. Please refer to the articles "Japanese Acupuncture and Moxibustion under the Rule of GHQ after World War II" by Okutsu appearing

in previous editions of the Journal of KAIM regarding the reasons for this move.

Thanks to the efforts of many people, an understanding by the GHQ was achieved and acupuncture and moxibustion was thus fortunately spared its obliteration. Conversely, this event triggered major changes in the awareness of acupuncturists. Some people considered scientific evidence of the effects of acupuncture and moxibustion necessary, and therefore, started to measure the electrical resistance of the skin and endeavored to verify the effects of acupuncture and moxibustion using modern scientific methods. Thus the new scientific (neo-scientific) school was founded.

Conversely, the schools emphasizing deficiency and excess of the channels, believed that the relevant theoretical foundations should be strengthened and thus put even more effort into the study of the classics. They maintained the position that therapeutic theories and skills, as well as the subjective evaluation of the efficacy, should be measured using a different scale. The members of this school, who originally had already been practicing channel based therapy, started to study not only channel therapy, but also included far-reaching research of the classics in general. For this reason, the school is sometimes termed the classic school.

By the 1960s, the influence of Chinese acupuncture and moxibustion reached Japan from China and started to spread through the Japanese acupuncture and moxibustion community bringing about numerous significant changes. In particular, President Nixon's China visit and the simultaneous world-wide coverage of news about acupuncture anesthesia, shocked the Japanese acupuncture and moxibustion community. Chinese acupuncture related literature was imported via Hong Kong. Japanese researchers thoroughly worked through this material, undeterred by the fact that everything was written in Chinese, in order to incorporate this knowledge into their own clinical practice. A significant number of acupuncturists went to China to study acupuncture and moxibustion in their medical research facilities and Chinese medical schools and then returned to Japan. These people practice Chinese acupuncture and moxibustion and have achieved many remarkable results. Collectively, they are called the Chinese school.

Currently, many people practice acupuncture and moxibustion based on their own unique concepts outside of these established schools, so that their style cannot be identified as any of the aforementioned specific styles. However, each of the above described schools has distinct characteristics, comprehension of which, will contribute to a deepening of the understanding of Japanese acupuncture and moxibustion.

Brief outline of the contents of each school

1. Channel therapy style

This style was introduced in the 1930s by acupuncturists in their 20s and its theoretical and clinical maturation later developed in parallel with the growth of these practitioners. They considered Chinese classics like *Su Wen, Ling Shu, Nan Jing*, and *Zhen Jiu Jia Yi Jing* to be the foundation of acupuncture and moxibustion. They attempted to comprehend the contents of these books from a modern point of view and based their clinical practice accordingly on these principles.

These practitioners placed particular emphasis on the diagnosis of deficiency and excess conditions of the channels (jing mai). For that purpose they performed meticulous pulse diagnoses and palpation of the channels to determine which of the channels were in a state of either excess or deficiency. Accordingly, treating the conditions by administering a suitable reduction of reinforcement treatment. They also studied the therapeutic techniques described in the classics and tried to revive their use.

This required that the acupuncturists who were trying to do so had to be in command of extraordinary skills. The members of this school acquired extremely high level skills. In particular Sorei Yanagidani, Keiri Inoue, Sodo Okabe and others are representatives of this style and at the same time known for their outstanding technical skills.

Therapeutically, they followed the instruction given in a paragraph of the "69th difficult issue" of the *Nan Jing*, which advises to reinforce the mother in case of deficiency and reduce the child in case of excess. This forms the foundation of the therapy advocated by this school.

Following this principle, they selected acupoints for reinforcing or reducing, based on the identification of conditions of deficiency or excess in certain channels. This may take either the form of selecting acupoints for reinforcing or reducing conditions of deficiency or excess in a single channel and reinforcing or reducing multiple deficiencies, or excessive channels. A summarization of the acupoints for reinforcing or reducing of a single channel is presented below.

< Table 1 >

Acupoints used for reinforcing or reducing in case of deficiency or excess of the various channels

	Excess / Deficiency
Hand Tai Yin Lung Channel:	LU5 / LU9
Hand Yang Ming Large Intestine Channel:	L12 / LI11
Leg Yang Ming Stomach Channel:	ST45 / ST41
Hand Tai Yin Spleen Channel:	SP5 / SP2
Hand Shao Yin Heart Channel:	HT7 / HT9
Hand Tai Yang Small Intestine Channel:	HT3 / SI3
Leg Tai Yang Bladder Channel:	BL64 / BL67
Leg Sho Yin Kidney Channel:	KI1 / KI7
Hand Jue Yin Pericard Channel:	PC7 / PC9
Hand Shao Yang Tripple Warmer Channel:	TE10 / TE3
Hand Shao Yang Gallbladder Channel:	GB38 / GB43
Leg Jue Yin Liver Channel:	LR2 / LR8

This table provides only the principle. In actual clinical practice, suitable points are selected from among the listed ones, or depending on the conditions, additional points are used. Since the acupoints are sometimes selected depending on symptoms, the therapy becomes quite complex and requires experience to achieve good results.

Various forms of channel therapy

Individuals involved in the research and establishment of channel therapy were also trying to reach even deeper levels of understanding. The result was the development of forms different for each individual.

The basic form of channel therapy is to identify any imbalances there might be of the channels, carefully placing one needle at a time and applying either reinforcement or reduction in order to correct the imbalance. The needling techniques applied here have been handed down since the time of the Yellow Emperor's Classic of Internal Medicine (*Huang Di Nei Jing*). For example, a needle had to be inserted at a particular point to specified tenths of an inch (fen), retained for respiratory cycles and various techniques had to be applied for either the reinforcement or reduction. Even today, this procedure is carried on and has not changed its place as the “mainstream of channel therapy”.

Sodo Okabe’s new method

Sodo Okabe (1907-1984) is one of the founders of the above mentioned channel therapy and had been a distinguished person in command of the most outstanding technical skills. In the latter half of the 1960, he suddenly developed a new system and introduced it into his therapy. This was characterized by inserting needles at various key acupoints distributed over the entire body. Moreover, he also needled some of the five transporting points on the four extremities to achieve reinforcement or reduction. Okabe himself did not elaborate on this method, and while neither his family nor his students received any explanation they used this method for their treatment. An explanation of the method is presented below:

Initially the patient assumes a dorsal position for the treatment. The therapist starts then needling from the head. GV20, BL2, GB6, ST5, CV12, ST25, CV4. Depending on the status of repletion or deficiency of the channels, essential points on the arms and legs are also needled. At this point, the question arises, which of the channels is deficient, whereas it is not really of any concern as to which channel is replete (rare). Accordingly, assuming that the kidney channel has been diagnosed as deficient, LU5 on the arms, KI10

and KI7 on the legs are needled. Other points are needled similarly and the needles retained. On the legs ST36 and SP6 are added.

After retaining the needles for 15 to 20 minutes they are removed and the patient is instructed to assume a prone position. The therapist then stands next to the back of the patient and starts needling from the head downwards. GB20, BL10, GB21, several (for example BL13, BL15, BL17, BL23, BL52 and under certain circumstances BL32) as well as BL40 are needled and the needles retained for 15 to 20 minutes.

The treatment is then completed by removing the needles. Treatment duration is a little less than one hour. The patients should relax mind and body regardless of the kind of disease treated, returning home with a feeling of exhilaration.

For this treatment the patient rests while the needles are retained, which has relaxing effects on both mind and body. Moreover, during the treatment period, the conditions of excess and deficiency are either reduced or reinforced by needling important points on the arms and legs and thus allow the balance to be restored. Since the therapeutic points appropriate for the condition at hand are not used too much or too little, after the treatment, the satisfaction of the patient is very great.

2. Schools originating from the Taikyoku Therapy (Tai-ji Therapy)

Ken Sawada (1877-1938) had extraordinary skills, but was an unknown acupuncturist. His rise to fame was the result of a journalist introducing him in the mass media. Mr. Sawada was a master of inspection. Apparently he could often identify the symptoms of the patients who entered his consultation room without asking them any questions. Yet, he did not just vaguely stare at the patients, but rather inspected and palpated the condition of specific back shu points to examine which organs and viscera or channels were disturbed and then applied moxibustion to the necessary points distributed over the entire body. This was called his Taikyoku Therapy (Tai-ji Therapy).

Bunshi Shirota (1900-1974) observed Mr. Sawada perform his treatment at his place and wished he were able to perform a similar treatment himself. Sawada systemized a number of acupoints as commonly used points and thus established a holistic therapy. Based on this concept, the various parts of the body cannot be considered apart from the whole and their very presence necessitated that they have some correlation with the whole. Sawada used the following basic points.

* abdomen: CV12
* back: GV12
* low back: BL20, BL23, BL32
* arms: LI11, left TE4
* legs: KI3

Shirota made some minor revisions, omitting the left TE4 and K13 points, often adding GV20 on the head and among the back shu points (BL15, BL17) and similar points. Currently, Shirota's method is still frequently used. While Sawada applied moxibustion to all points, Shirota used acupuncture and moxibustion as required by the circumstances. Moreover, by adding or removing points to or from the set of basic points, he described the application of his holistic treatment for a number of representative diseases (Bunshi Shirota: Clinical Practice of Acupuncture and Moxibustion Based Mainly on Case Studies Vol I, pp. 60-66, Sogensha Inc., 1966).

These concepts gained wide acceptance, but currently more scientific methods have become the mainstream, so that they ceased to be the central topic of academic conferences. Yet, when thinking about the real nature of acupuncture and moxibustion, they are still important.

3. Scientific schools

Among the scientific schools there are numerous schools which differ slightly from each other. Western scientific elements were introduced in Japan to acupuncture and moxibustion in the 1930s. Professor of physiology Hidetsurumaru Ishikawa at the medical faculty of Kyoto University, started to study acupuncture and moxibustion via his research into autonomous nervous function until he died in 1947. Individuals like his students Kazuo Komai and Yoshio

Nakatani, who had developed the Ryodo Raku system, were also outstanding researchers in the field of acupuncture and moxibustion. In Tokyo, Takeshi Itakura conducted research at the Toho Research Laboratory with content that could be comprehended by western scientists too.

After World War II, the GHQ ruling Japan tried to eradicate acupuncture and moxibustion, but at this time Ishikawa and Itakura used scientific evidence to oppose that movement. Ishikawa's son, Tachio, who was a professor of pathology at Kanazawa University, continued the research into acupuncture and moxibustion according to his father's dying wish. He investigated the correlation between acupoints and the electrical resistance of the skin and subsequently called points of low electrical resistance "electrodermal points". Through a detailed examination of the electrodermal point patterns associated with various disease, he was able to develop a map.

Bunshi Shirota practiced the Taikyoku Therapy of Ken Sawada which he developed himself into a holistic therapy, yet sought in addition to his practice scientific explanations. For this he was intrigued by Ishikawa electrodermal points, so that he started commuting to Kanazawa to conduct joint research with Dr. Ishikawa. As a result, he found that the electrodermal points often also represent therapeutic points and therefore used them for his treatments. On his way back from his trip to Kanazawa he frequently stopped at the house of Shiro Hosono in Kyoto. Hosono was a physician noted for his skilled use of Kampo medicine and the first pioneer promoting the establishment of the scientific foundation of Kampo. Simultaneously he also used acupuncture. They frequently spent the night discussing acupuncture and moxibustion related topics and gained a lot from each other. The most famous discovery of these two people is probably "carotid sinus needling". This is a technique where the needles are inserted so that they come in contact with the carotid sinus, retained in this position for approximately ten seconds and then removed. Recently, progress has been made in research on the carotid sinus in which sympathetic nerves have surgically been removed from its vicinity. This provided the observation, that this procedure may be particularly beneficial for patients with asthma. They found that inserting a needle here could achieve similar effects as the surgical procedure, and it became clear, that the maneuver had other effects too.

Among the channel therapy schools were also scientifically orientated schools. Masao Maruyama observed in certain patients that a specific sensation occurred, that followed upon needling the courses of the channels as they are described in the classics. He then needled the source points of each channel and recorded the resulting feeling in the form of a map. This proved to coincide almost completely with the descriptions in the classics. This treatise was later translated into Chinese. The phenomenon he had discovered was called the "Xun jing gan chuan phenomenon".

Attempts to apply western science to acupuncture were made in the field of research as well as in clinics. The use of additional electrical stimulation may be cited here as an example. The technique has also been used in acupuncture anesthesia and could successfully be applied to various neurological diseases and diseases associated with pain. It is still widely used today. However, in Japan many acupuncturists consider it to be the wrong course and do not appraise it at all.

From the latter half of the 1990s, the concept of EBM became established in the medical world which affected acupuncture and moxibustion. Evaluations of therapies were not acknowledged any longer as they had in the past based on subjective views, but had to be based on evidence. This resulted in a situation, where preference is given to therapies anybody can perform by following certain protocols and a tendency toward disregard of mastership.

Yet, something should be noted here. Many Japanese acupuncturists generally do not insert the needles very deep, so that this depth often is about the same used with sham acupuncture. Regarding research into acupuncture, controlled studies are used, in particular, comparing ordinary treatment with sham acupuncture. Yet, sham acupuncture itself may be a valuable treatment, so that some Japanese acupuncturists consider this research method as rather meaningless.

4. Chinese medical schools

Since the latter half of the 1960s, the new Chinese medicine has been introduced to Japan from China in the form of books. During the 1970s American President, Richard Nixon, visited China His news about acupuncture anesthesia amazed the world. Since then the number of people starting to study Chinese medicine has been increasing in Japan and study groups were established everywhere. Some of the researchers of Japanese acupuncture and moxibustion went to China to study Chinese acupuncture. When they returned to Japan they used the Chinese style for their treatment and made efforts to spread those methods. In 1990 Chinese medicine was included in the standardized teaching material of Japanese schools for acupuncture and moxibustion and students had to become familiar with this knowledge before their graduation.

Not all new acupuncturists are familiar with Chinese medicine based acupuncture and moxibustion therapy, but the relevant knowledge built up during their training will in some form or other be integrated into their clinical practice. Naturally, there is also a substantial number of acupuncturists who specialize in Chinese medicine. This Chinese medicine has already become established in Japan and may be said to have formed one particular school.

5. Other schools

In Japan, there are also several other concepts and therapies. For example, "pediatric acupuncture" has spread mainly in the area around Osaka and is characterized in that the needles here do not penetrate into the body, but stimulate specific acupoints on the surface of the skin. Or else the skin is stroked along the channels in this therapy. This is a special skill and not a school, but represents one of Japan's unique acupuncture techniques.

Micropuncture to let blood has been in wide use in Japan for about 250 years. Recent research has been conducted by the "Nihon Shiraku Gakkai" (Japanese Blood Letting Society) and actively announced during relevant conferences. Many conditions can dramatically improve through this "Shiraku" (blood letting). Moreover, the "Dashin" method, that had its origin about 400 years ago, seems to have experienced a revival and there is currently a group of practitioners who use it.

Since acupuncture and moxibustion treatment is largely influenced by the technical skills of the practitioner, it may be stated that there are as many styles as there are practitioners of acupuncture and moxibustion.