Invitation to Japanese Acupuncture

(ver.5)

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The Japan Society of Acupuncture and Moxibustion

Dear friends,

Ⅰ About the academy called The Japan Society of Acupuncture and Moxibustion

The Society is the single and leading academic organization of acupuncture and moxibustion in Japan that has been authorized corporate status (approved on April 1, 1980 under the jurisdiction of the Ministry of Education, Culture, Sports, Science and Technology). The present number of members of the Society is about 4,700 (student members included) consisting of practitioners of acupuncture and moxibustion (official national accreditation naming is “acupuncturists (harishi)” or ”moxibustionist (kyushi)” respectively) and persons who are interested in Acupuncture & Moxibustion Medicine such as physicians, dentists, nurses, physical therapists, and medical or scientific researchers.

Ⅱ Accessible and low-impact medicine

Apropos, our surroundings are filled with conceptions of Oriental Medicine (philosophy) that provide a backdrop of Acupuncture & Moxibustion Medicine. Be in a good shape (qi is active), feel fine (qi is fine), be ingenuous (qi is free of bad vibes), be compatible (qi is compatible), have a good positive energy (yang qi), high-spirited (qi is elated) and get distracted (qi is distracted) – these are originated from the basic philosophy of “qi” of Oriental Medicine. “Qi” may be considered to be life energy and this qi circulates throughout the body through the “system of meridian points or holes” for sustaining life. Obviously, “qi” is not a single element to support vital phenomenon but the bad circulation or stagnation of qi is considered to cause diseases. Oriental Medicine is an empirical traditional medicine established on the conceptions of “humans exist with nature”, “the balance of the way the body functions is important” and “the holistic thought that mind and body are indivisible parts”. Unlike the modern medicine that uses chemical dugs and surgeries to aggressively struggle with illness, Acupuncture & Moxibustion Medicine is a gentle medical procedure that vitalizes the curative power of nature that humans inherently have and thus enables homeostasis to appropriately work for treating diseases. And this medicine may be said to be a medical care kind to the body that produces almost no adverse effects as often seen in the use of drugs.

Ⅲ Five contributions to mankind

I categorize contributions that Acupuncture & Moxibustion Medicine makes to mankind into the following five fields:

1. Field of Therapeutic Medicine

1) Areas that have relatively substantial evidences of effectiveness

(1) Application of pain-relieving action

① Action of pain-relieving substances in the body

② Application of pain-relieving mechanism

(2) Application of the improving action of dynamic states of peripheral circulation and micro circulation

① Local action: Improvement in the circulation in the stimulated region

② Remote action: Improvement in the circulation in the region distant from the stimulated region

③ Improvement in the circulation in deep regions:

Improvement in the circulation in the deep layer of the stimulated region

(3) Application of the easing action of tensed muscles

(4) Application of the regulating action of autonomous nerves

① Action to balance sympathetic nerves and parasympathetic nerves

(5) Application of the activating action of immunological capacity

2) Areas that seem to be effective.

Acupuncture & Moxibustion Medicine is being applied for various diseases and pathological conditions in various clinical departments such as internal medicine, obstetrics and gynecology, urology, and otolaryngology as well as surgical anesthesia and orthopedics. For some cases, however, sufficient scientific bases have not been shown yet.

3) Areas that are useful.

(1) QOL enhancement by improving complaints.

Main subjects are ① elderly persons, ② persons with a chronicle disease, and ③ intractable illness, etc.

(2) Utilization for home medical care, terminal care and palliative care

(3) Action to reduce adverse effects of drugs and the amount of the medicine to be taken.

(4) Complementary action for treatments of external injuries for reduced periods

(5) Application to motivations in the field of Rehabilitation Medicine

—— Decreasing pains and spasticity has more incentive for rehabilitation.

(6) Complementary action to withdraw from addiction (drugs, alcohol, etc.)

(7) Prevention of excessive responses from stresses

Complementary action to release stresses

Complementary action to stabilized emotions (children included)

(8) Complementary action for keeping and improving muscle strength

(9) Complementary action for hypnosis

(10) Complementary action for feeding deterrence

(11) Improvement in life amenities: beauty effects, etc.

2. Field of Preventive Medicine

1) This is the medicine that places the first principle on “to cure mibyo (un-ill)” and that essentially prevents and maintains health. “To cure mibyo” is “to cure the middling state in which the body is neither fully healthy nor completely ill”. Prevention of diseases in order to die a natural death, prevention of secondary lesions, prevention of dementia, and prevention of bedridden state fall into this category.

3. Field of Social Medicine

1) Contribution to medical economics: A reduction in medical costs can be expected.

(1) High cost performance

(2) Positive economic effects through disease prevention

(3) Expectation of complementary effects for reducing drug costs

2) Contribution to the way of how the medical system should be.

(1) Have a perspective of self-care:

The basic is to bring out the maximum curative power of nature.

(2) A perspective of holistic medicine:

The basic is mind-body unity.

The basic is the concept of the whole body is the system of signals (meridian points or holes).

(3) A perspective of tender medicine that puts importance on physical contacts.

4. Field of Science: Possibility of a new concept generation from looking into the acupuncture and moxibustion clinical practice itself.

1) Contribution to developments in a science of the unknown realms

(1) Breakthrough of immune functions: Curative power of nature that Acupuncture & Moxibustion Medicine brings out is greatly linked to the immune functions.

(2) Breakthrough of homeostasis maintaining functions: Acupuncture & Moxibustion Medicine emphasizes the maintenance of homeostasis.

(3) Breakthrough of mind-body correlation: Acupuncture & Moxibustion Medicine emphasizes the concept of mind-body unity.

2) Contribution to the establishment of a new science: There is a possibility that some methodology of a new science, rather than the conventional sciences, could be generated since Acupuncture & Moxibustion Medicine is based on the Oriental Medicine intended for the entirety of the complex system of humans.

5. Influence on life-style

1) There is a possibility of bringing self-awareness.

・Self-awareness by the concept of “qi” circulating throughout the body.

・Awakening of “body-mind unity”, etc.

2) There is a possibility of awakening of balance and coordination are important.

・Acupuncture & Moxibustion Medicine is based on the philosophies of the theory of positive qi (yang) and negative qi (yin) and the theory of five elements that emphasize balance and coordination.

3) There is a possibility of having the thinking of ecology.

・Acupuncture & Moxibustion Medicine based on “the theory of universe-man unity” has the thinking of living with nature and caring about nature.

Acupuncture & Moxibustion Medicine contains a great potentiality. I do hope you can arrange to visit the Academy.

Prof. Shuji Goto Ph.D.

President

The Japan Society of Acupuncture and Moxibustion (JSAM)

History of Japanese Acupuncture

1. Early history of acupuncture in Japan

[B.C.]

Archeological evidence has revealed that in ancient times, stone-gimlets, stone-needles, bone-needles, etc., were used in medical treatment for the same purposes as acupuncture needles today.

[6th Century]

Due to improved transportation and communication with the Asian Continent, Chinese medicine was introduced to Japan together with Buddhism and came to be used as a form of religious medicine. Medicine of Japanese origin gradually lost its popularity.

[8th Century]

The TAIHO RITSURYO (大宝律令: Taiho Code) was enacted, revising the Japanese medical system and defining the status of professors, doctors, students, etc.

[10th Century]

Japan's first medical text, the ISHINPO (医心方), was written by Yasuyori TAMBA (丹波康頼). The contents of this book were based on Chinese medical texts compiled during the Sui (隋) and Tang (唐) dynasties.

[16th Century]

Due to the influence of Dosan MANASE (曲直瀬道三), Buddhist ethics, which had until this time played an important role in medical philosophy, were replaced by Confucianism. It was from this time that Japanese acupuncture began to develop in directions independent of China.

[17th Century]

Up until this time, needles had been made of iron. During the seventeenth century, silver and gold needles came into use for the first time in Japan. Also during this era, the "hammer" insertion method was developed by Isai MISONO (御薗意斎). Waichi SUGIYAMA (杉山和一), in search of a simple and speedy insertion method, developed the insertion tube, a small cylindrical tube through which the needle is inserted. This insertion method is still used today in Japan by over 90% of acupuncturists.

During this era, Oriental medicine was very popular and various schools of thought on the subject began to appear. Roughly, the schools could be divided into two groups, the theoretical group, which based its practices on ancient Oriental medical teachings, and the practical group, which regarded the practical clinic as very important.

Hammer and Needle

Needle (40 x 0.16 mm) and Insertion tube

[19th Century]

Dutch and German medicines were introduced and became popular in Japan. A new system of medicine was established; however, acupuncture and moxibustion, considered types of folk medicine, were not included within the realm of this medical system. Thus, Oriental medicine did not prosper during this era.

2. First half of the 20th Century

People had another look at the effectiveness of acupuncture and moxibustion, and these became a professional field. Research and experimentation were conducted in the manner of Western medicine. Kinnosuke MIURA (三浦謹之助) discovered that acupuncture-moxibustion therapy improved blood circulation. Research concerning the conformity between acupuncture meridian points and Head's zones was conducted during this period by Michio GOTO (後藤道雄).

Influenced by Western medical practices, acupuncture-moxibustion experiments and research were conducted on animals. The existence of meridians was ignored in the treatment of individual diseases, as diagnoses by Western medical methods became popular, and treatment was practiced by Shingo YAMAMOTO (山本新梧), Bunryu TATSUI (辰井文隆), and Ryosai YAMAZAKI (山崎良斎).

Some of the major discoveries made during this period were: increase in leukocyte and erythrocyte counts (Seikoku AOCHI (青地正皓), Simetaro HARA (原志免太郎), Joichi NAGATOYA (長門谷丈一), Hideji FUJII (藤井秀二), Bunjiro TERADA (寺田文次郎)); increase in the number of complements and antibodies (Seikoku AOCHI, Kaoru TOKIEDA (時枝薫)); alkalosis change in bone and blood (Hisashi KUROZUMI (黒住久) and Shigemoto MIZUNO (水野重元)); intensification of intestinal peristalsis (Michio GOTO (後藤道雄)); and acceleration of liver functions (Kazuo KOMAI (駒井一雄)).

Pharmacological studies reported by Masaru OSAWA (大沢勝), indicated that the results mentioned above occurred as a result of the histotoxin formed when moxibustion was administered. Hidezurumaru ISHIKAWA (石川日出鶴丸) reported that experiments on animals proved that the acupuncture-moxibustion mechanism was effected through the autonomic nervous system. On the other hand, interest in the almost forgotten meridians of Oriental medicine was revived and Sorei YANAGIYA (柳谷素霊), Sodo OKABE (岡部素道), Keiri INOUE (井上恵理), and Shinichiro TAKEYAMA (竹山晋一郎) created the meridian treatment methods.

3. Acupuncture in Japan in the 1940s, after the Second World War

In 1945, when Japan was occupied by the Allied Forces, Douglas McArthur's General Headquarters (GHQ) ordered the Japanese Government to ban acupuncture and moxibustion as a barbarous and unscientific therapy. This was due to the fact that some Japanese soldiers used acupuncture or moxibustion on Allied Forces prisoners of war (POWs), with utterly good intentions because of the medical supply shortage, but the POWs took it as a form of torture, and some of those Japanese soldiers were subsequently indicted as war criminals.

That was a period of real crisis for acupuncture and moxibustion. First of all, a number of acupuncturist guilds got together and started to launch a big campaign against the decree. Also, some scientists in Western medicine who were interested in the scientific phase of the therapy, although numbering very few, were successfully able to prove certain scientific facts on the efficacy of acupuncture and moxibustion. Thanks to those enthusiastic movements, McArthur's GHQ rescinded the ominous order.

Under the guidance of the GHQ, democratization, modernization, and scientification in every social aspect became the number one priority. In order to cope with such demands, acupuncture guilds started to enhance both

the educational level of new students and the qualitative level of those already licensed. And for the purpose of scientification, the "Institute of Oriental Therapy" was established, financially supported by the guilds and headed by the then most prominent scientists in the field —Dr. Hidezurumaru ISHIKAWA (石川日出鶴丸) M.D., Ph.D. and Dr. Kyugo SASAGAWA (笹川久吾) M.D., Ph.D..

The Japan Society of Acupuncture and Moxibustion

1. JSMA and JAMS during the 1940s–1970s

Thence forward, many institutes or scientific groups have assembled and disassembled, and by around 1950, two groups became the most outstanding in size and quality: Nihon Shinkyu Igaku Kai (日本鍼灸医学会, Japan Society of Medical Acupuncture: JSMA), established in 1948, and the Nihon Shinkyu Chiryo Gakkai (日本鍼灸治療学会, Japan Acupuncture and Moxibustion Society: JAMS), established in 1951. JSMA, chaired by Dr. Kyugo SASAGAWA (笹川久吾) M.D., Ph.D., had as its main objective scientific research on the medical mechanism of acupuncture and moxibustion. Its centers of activities were medical colleges in western Japan, i.e., Osaka, Kyoto, Nagoya, etc., and its members consisted mainly of medical doctors, medical students, and some acupuncturists.

JAMS, chaired by Dr. Etsunosuke HIGUCHI (樋口越之助) Ph.D., dealt with scientific research on the therapeutical art of acupuncture and moxibustion. Its centers of activities were medical and acupuncture colleges in eastern Japan, i.e., Tokyo, Tohoku etc., and members consisted mainly of acupuncturists, acupuncture students, and some medical doctors and students.

In 1977, when the two societies cooperated in organizing the Fifth World Conference of Acupuncture of SIA (International Society of Acupuncture, with its head office in Paris), staff members of both societies realized that it would be more beneficial to merge the two groups for the progress of acupuncture science. The Ministry of Health and Welfare (MHW) of Japan also felt that the two should be merged for the better administration and control of NGO researchers.

2. JSA (then JSAM) during the 1980s–2000s

Thus, in 1980, the two societies were dissolved and a new organization, the Zen Nihon Shinkyu Gakkai (全日本鍼灸学会, Japan Society of Acupuncture: JSA) was established, with the late Dr. Kentaro TAKAGI (高木健太郎) M.D., Ph.D. as President and Dr. Hideo YAMAMURA (山村秀夫) M.D., Ph.D. as Vice-President. JSA’s objective is to enhance the progress of the art and science of acupuncture and moxibustion through such activities as research, study, education, and exchange of knowledge nationally, as well as internationally. Since 1999, the Society’s English name has been changed to the Japan Society of Acupuncture and Moxibustion (JSAM).

Today, JSAM actively works on the Annual Scientific Congress, with the different Regional Divisions taking turns in hosting it. Many local small and medium-size lecture/study meetings, publication of a quarterly magazine and a bimonthly newspaper, scientific research and study, and national and international exchanges of scientific news are just some of the many varied activities of the Society. It encourages and subsidizes scientific activities of educational institutions and any other activity deemed to meet its objective. Its quarterly publication,

the Zen Nippon Shinkyu Gakkai Zasshi (全日本鍼灸学会雑誌, Journal of the Japan Society of Acupuncture and Moxibustion: JJSAM) is widely disseminated.

JSAM has provided services to WHO for the development of acupuncture science. It played a key role in the development of the WHO Standard Acupuncture Nomenclature for 1981-1989 (Standard Acupuncture Nomenclature, Second Edition. WHO Regional Office for the Western Pacific, Manila, 1993). The publication is now widely used in the world. During the First Meeting of the Working Group on Standardization of Acupuncture Nomenclature in Manila, Philippines, in 1982, Dr. Yukio KUROSU (黒須幸男) proposed the establishment of the World Federation of Acupuncture-Moxibustion Societies (WFAS), which was finally set up in 1987 after much debate and discussion. JSA hosted the WFAS Third World Conference on Acupuncture (WCA'93) in Kyoto in 1993 with more than 3,000 participants. During WCA'93, the Workshop on Clinical Research Methodology on Acupuncture was held. It paved the way for the organization of the WHO Working Group on Clinical Research Methodology, which met in Aomori, Japan, in 1994 and developed "Guidelines for Clinical Research on Acupuncture" (WHO Regional Publication, Western Pacific Series No.15, 1995). The guidelines served as a springboard for the development of evidence-based acupuncture.

Japan had ca 50,000 licensed acupuncturists in 2000. The present number of registered members of JSAM is approximately 3,400, composed of medical doctors/researchers, acupuncturists, and acupuncture students. The Executive Board of JSAM consists of 20 Directors, among whom one President and two Vice-Presidents are elected. The Board of Counselors has 100 elected members from all Regional Divisions. Dr. Hideo YAMAMURA (山村秀夫) was the second president of JSAM (1989 – 1998), Dr. Shohachi TANZAWA (丹沢章八) M.D., Ph.D. was the third president (1998 - 2004). Now, Prof. Tadashi YANO（矢野忠）Ph. D. succeeds as the president of the society.

3. Increasing academic exchange in the East Asian area

JSAM, along with the global movement of evidence-based medicine (EBM), adopted a new policy in 1998 to strengthen research activities in the field and several randomized controlled trials (RCT) are now ongoing, under the support of the academic department.

To facilitate the academic exchange of scientific acupuncture research in the East Asian area, JSAM signed an agreement with the "Korean Acupuncture and Moxibustion Society (KAMS)" and "Korean Oriental Medical Society (KOMS)" on 14th February, 2004. According to this agreement, JSAM formally started collaborating in a research program, "Japan-Korea Workshop on Acupuncture and EBM", with KAMS in Chiba in 2004. An actual preparatory meeting was held at Takamatsu in 2003. Since then, the "Japan-Korea Workshop on Acupuncture and EBM" was held in the annual Scientific Congress of JSAM and 13th ICOM (International Congress of Oriental Medicine) at Daegu in 2005.

From 2003, the WHO Regional Office for the Western Pacific (WHO/WPRO) promotes the standardization of traditional medicine in the Western Pacific region. Several standardization projects are now ongoing and JSAM supports 3 projects: "Informal Consultation on Development of International Acupuncture Points Locations" (from 31st October, 2003), "Informal Consultation on Development of International Standard Terminology in Traditional Medicine" (from 20th October, 2004), and "Informal Consultation on Information Standardization in Traditional Medicine". With the aim of collaborating in these WHO/WPRO projects, JSAM set up 2 committees: "Standardization of Acupuncture Point Location Committee" and "Task Force for Standardization of Acupuncture".

Now, JSAM is making every efforts to contribute to the scientific development of acupuncture/moxibustion medicine. We welcome all academic societies who share the same goal.

Current Status of Licensing and Education for Acupuncturists in Japan

1. Licensing system

Only licensed physicians, licensed acupuncturists, and licensed moxibustionists may provide acupuncture and moxibustion treatment in Japan.
The license of an acupuncturist or moxibustionist is specific to that person and to that field of practice. (Legislation No. 217, Article 1, December 20, 1947)

2. License requirements

Applicants must have graduated from an acupuncture and moxibustion school recognized by the Japanese Ministry for Health, Labor, and Welfare (MHLW) or from a university or college (or in the case of the visually impaired, from a school for the blind or a center for the visually impaired) recognized by the Ministry of Education, Culture, Sports, Science, and Technology. These graduates must also pass an examination by the MHLW.

3. Current status of the national examination

At present the national examination is given under the auspices of the MHLW, and is administered by the Foundation for Training and Licensing Examination in Amma Massage-Acupressure, Acupuncture, and Moxibustion. (Foundation for Training and Licensing Examination in Amma Massage-Acupressure, Acupuncture, and Moxibustion) **http://www15.ocn.ne.jp/~ahaki/index.html**

The first national examination was given in 1993, and examinations have been offered annually since then. The examination, which is given at 50 locations throughout Japan, consists of 160 multiple-choice questions. A score of 60 is required to pass.

The national examination does not include any practicum testing, which is left to the discretion of each school. A number of provisions are made to increase the fairness of this examination for visually impaired applicants, who are permitted the use of Braille and tape recordings, and who are allowed extra time to complete the examination (1.5 times longer than for sighted students). The ratio of sighted to visually impaired examinees is approximately 9:1.

The examination covers the following areas.

Topics for the acupuncturist examination (general medical treatment, sanitation, public health, related legislation, anatomy, physiology, general pathology, introduction to clinical medicine, particulars of clinical medicine, rehabilitation medicine, general theory of Eastern medicine, general theory of the meridians and

acupuncture points, clinical theory in Eastern medicine, acupuncture theory)

Topics for the moxibustionist examination (general medical treatment, sanitation, public health, related legislation, anatomy, physiology, general pathology, introduction to clinical medicine, particulars of clinical medicine, rehabilitation medicine, general theory of Eastern medicine, general theory of the meridians and acupuncture points, clinical theory in Eastern medicine, moxibustion theory)

Recent pass rates are shown below (Table 1)

Table 1. Recent pass rates of national examination

year		No. Examinee	No. Passed	Pass rate (%)
2003	Acupuncture	3179	2663	83.8
	Moxibustion	3136	2627	83.8
2004	Acupuncture	3753	2998	79.9
	Moxibustion	3739	2958	79.1
2005	Acupuncture	4271	3396	79.5
	Moxibustion	4271	3382	79.2
2006	Acupuncture	4707	3789	80.5
	Moxibustion	4704	3785	80.5
2007	Acupuncture	5275	4068	77.1
	Moxibustion	5261	4072	77.4

4. Current status of education

In April 2005 there were 71 acupuncture schools for the sighted in Japan, of which 43 (2 universities and 41 private vocational schools) were members of the Oriental Medicine College Association and 28 were unaffiliated. In 1999 there were only 28 schools throughout Japan, but this number has increased since the system was reformed in 2000.

There are 69 schools in Japan for the visually impaired (1 junior college and 68 publicly funded schools for the blind or centers for the visually impaired), with approximately 300 students. These schools offer a 3-year program in preparation for the acupuncturist/moxibustionist examination, with the option of also studying simultaneously for the examination for Amma massage/shiatsu massage therapist. Students also have the option of enrolling in the program preparing for the Amma massage/shiatsu massage therapist examination only.

The schools for sighted students have an enrollment capacity of approximately 8000 students in programs preparing for the acupuncturist/moxibustionist examination.

Required courses and credits (hours) in the 3-year-course acupuncture school is shown in Table 2. Credits are calculated on the basis of specifications established for Japanese universities (1 lecture credit = 15 to 30 hours, 1 seminar credit = 30 to 45 hours, 1 practicum credit = 45 hours).

The current curriculum was expanded in 2004, and at the same time the credit system was introduced and the former lists of categories and detailed descriptions of course contents were eliminated. These changes were made in order to encourage original thinking, creativity, and independence in each school.

The Oriental Medicine College Association and the National Association of Presidents of Schools for the Blind are working together to develop educational guidelines, publish standard textbooks, standardize educational content, and maintain high standards of quality.

[Oriental Medicine College Association http://www.toyoryoho.or.jp/index.php**]**

Table 2. Courses and credits in 3-year-course acupuncture school

		Credits
Basic studies	Basics of scientific thought, social studies	14
Foundation for field-specific studies	Structure and function of the human body (anatomy, physiology)	13
	Advances in disease prevention and recovery (pathology, sanitation, rehabilitation medicine, introduction to clinical medicine, particulars of clinical medicine)	12
	Philosophy of acupuncture and moxibustion in relation to health, medical treatment, and welfare (general medical treatment, related legislation)	2
Field-specific studies	Basic acupuncture	8
	Clinical acupuncture	12
	Acupuncture in society	2
	Practicum (including hands-on clinical experience)	16
	General studies	10
Total		86 (equivalent to approximately 2800 hours)

5. Current status of students and graduates

Two surveys were performed by the Oriental Medicine College Association. First survey was performed in 1998 and second survey in 2001

1) The ratio of women students rose in 2001 (male-female ratio 1.67:1, in comparison to 1.97:1 in 1998). The most common age range for male students was 25 to 29 (61.4% in 2001, down from 72.8% in 1998). The ratio of male students was lower for all age groups in the 2001 survey. The most common age range for female students was 21 to 24 (43.1% in 2001, in comparison to 36.1% in 1998). The ratio of women also rose in the group 25 to 29 years of age (from 26.6% in 1998 to 30.9% in 2001), while decreasing in all other age brackets. The largest number of students was in the group 25 to 29 years of age, with the largest number of men in their late 20s and the largest number of women in their early 20s. Mean age of students was 32.9 years in the second study, nearly the same as the first study (32.6).

2) The 2001 survey showed 84.5% of graduates practicing professionally, nearly the same as the 1998 study (84.2%). A higher percentage of male graduates (87.3%) were in professional practice than their female counterparts (80.4%). The most common age group represented was 40 to 44 years of age (87.2%).
Graduates not in professional practice accounted for 14.7% of the total, down slightly from the first survey (15.1%). A major change was noted in working circumstances. Considerably more graduates were running their own practice in 2001 (32.4%) than in 1998 (21.4%). Those working alone accounted for 71.5% of the total in

2001, down from 86% in 1998, while the percentage with 1 employee rose from 5.6% in 1998 to 12.3% in 2001. The average number of patients treated per day by self-employed practitioners was 9.6, down from 11.1 patients per day in 1998.

Graduates who were employed by a clinic or hospital accounted for 30.4% of the total, up significantly from 19.4% in 1998. A total of 27.8% worked in acupuncture-related treatment clinics, up from 18.9% in 1998. Those employed in a treatment facility with a judo-orthopedist numbered 27.7%, up from 18.9% in 1998.

Employed acupuncturists saw on average 16.1 patients per day in 2001, down from 18.6 patients per day in 1998. Thus there was a clear trend toward seeing fewer patients per day, both for those acupuncturists in private practice and for those employed in hospitals and clinics. Although detailed information was not available on the exact nature of responsibilities for the acupuncturists working in these medical institutions, it seems quite possible that this trend may continue.

3）A survey of earnings or salary showed an average monthly income of ¥201,000 in 2001, about the same as findings of ¥204,000 in 1998. Even considering the fact that many of these practitioners only graduated 1 to 5 years ago, and are still learning their art, at an average age of 32.9 years, this monthly income is still quite low. There is a clear need for effective measures to address problems with national health insurance coverage, and to take advantage of the current booming interest in health care, healing, and alternative medicine.

4）Conditions of patients who came for acupuncture treatments are summarized in Table 3. Back pain was the most common complaint, followed by shoulder stiffness, knee joint problems leg pain, shoulder joint problems, cervicobrachial syndrome, indefinite complaints and symptoms of autonomic imbalance, general health maintenance, headache, sports injuries, and obstetric-gynecological conditions. There was little change between the two surveys except for the increase in indefinite complaints and symptoms of autonomic imbalance.

5) Membership in professional associations was low, both for academic organizations (19.6%) and business-related groups (21.3%).

Table 3. Conditions of patients who came for acupuncture treatment (%)

Complaints	Survey 1998	Survey 2001
Back pain	93.4	92.7
Shoulder stiffness	81.7	80.4
Knee joint problems	62.4	63.2
Leg pain	60.6	60.4
Shoulder joint problems	42.5	48.8
Cervicobrachial syndrome	41.2	29.3
Indefinite complaints and symptoms of autonomic imbalance	17.3	26.9
General health maintenance	15.4	15.2
Headache	12.5	14.6
Sports injuries	14.2	13.9
Obstetric-gynecological conditions	6.8	6.6

6. Number of licensed practitioners and number in actual practice

After passing the national examination, acupuncturists must register with the MHLW in order to apply for a license. As of April 2004, the MHLW rolls showed 123,740 registered acupuncturists and 122,612 registered moxibustionists in Japan. However, these numbers are considerably inflated because of overlap from the earlier system of local (prefectural) registration, and because not all deaths have been recorded. A survey by the MHLW indicates that there are approximately 72,000 acupuncturists and moxibustionists working in Japan today. However, it is likely that this figure is also inaccurate. The actual number of working practitioners is probably closer to 40,000.

7. Acupuncture in relation to Social Security policies

Acupuncture is almost never covered by health insurance, but instead is considered as discretionary treatment. The cost varies considerably by region and practitioner, but is generally in the range of ¥2500 to ¥6000 per session. The market is considered to be approximately ¥200 billion per year.

Some acupuncture care is eligible for payment under the present Social Security system, but this accounts for only ¥10 billion.

[The original version of this text was drafted by Mr. Masayuki YOSHIKAWA (吉川正行), vice Director, Department of International Affairs, JSA, in 1995. Ver. 2: revised on the 1st Nov., 1999 by Dr. Kiichiro TSUTANI (津谷喜一郎), Director, Department of International Affairs, JSAM, Mr. Takashi KITAGAWA (北川毅), and Mr. Kazuhiko HORIGUCHI (堀口和彦), members, Department of International Affairs, JSAM. Ver. 3: revised by Dr. TSUTANI and Mr. HORIGUCHI on the 1st Nov., 2000, with merging the text of "The development of acupuncture and moxibustion in Japan" written by Mr. Yukio KUROSU (黒須幸男) of the Japan Acupuncture and Moxibustion society (JAMS) in 1975. Ver.4: relation with WHO was included on the 10th Oct., 2002. Ver. 4.4: revised on the 5th Mar., 2006. Ver.4.5: revised on the 20th Oct., 2006]. In 2007, the new chapter regarding the licensing and education system was added by Dr. Shuji GOTO (Ver.5). Part of the new chapter was reprinted from The Journal of Kampo, Acupuncture and Integrative Medicine (KAIM) Vol.1 Special edition: 12-13, with a permission from the executive editor of the journal.

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