

## Current Status of Acupuncture in Japan

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### 1. Introduction

The history of acupuncture therapy in Japan dates back to the year 562 CE, when the physician/monk Zhi Cong brought books on Buddhism and acupuncture from China. This was the beginning of the acupuncture tradition in Japan.

Chinese traditional medicine was changed over time in Japan to adapt to the physical characteristics of the Japanese people while also incorporating some elements of Western medicine and native Kampo medicine. It developed gradually into a uniquely Japanese approach to traditional medicine. However, in the Meiji Era, the government abolished Kampo medicine and established German medicine as the basis for Japanese mainstream medical practice. Acupuncture education continued to be permitted, but only as employment training for the visually impaired, and acupuncture was positioned well outside the medical mainstream. That positioning and educational system has continued into the present day.

This article will provide a short overview of the history and current status of acupuncture in Japan, in hopes that the information provided here will lead to improved understanding of Japanese acupuncture therapy.

### 2. The position of acupuncture therapy

In Japan today, the use of acupuncture within a medical institution is prohibited. This means that acupuncture is effectively positioned outside the primary medical system as "unorthodox" medicine. Acupuncture is considered to be "free" treatment meaning that it does not come under the jurisdiction of national health insurance, and therefore the services and fees are not regulated by the government. Generally, acupuncture must be paid for directly by the patient, rather than being covered by health

insurance. The only exceptions are cases of: low back pain, age-related shoulder pain or stiffness, neuralgia, rheumatoid arthritis, cervicobrachial syndrome, and cervical sprain, where mainstream modern medicine provides little hope of relief. Those conditions can be covered by national health insurance if the doctor signs a form certifying that the condition cannot be cured by orthodox medicine. However, since only a few Japanese physicians understand the acupuncture system, it can be quite difficult to obtain acupuncture therapy under national health insurance even for patients who have these approved conditions.

### 3. The licensing system for acupuncturists and moxibustionists

A license is required in order to perform acupuncture or moxibustion therapy. This is because acupuncturists and moxibustionists have legislated status in Japan. The professional status of acupuncturists and moxibustionists is legally protected, and since their right to independently operate a business is assured, they are able to open an acupuncture clinic. However, legislation assures that no one other than a physician can perform moxibustion and acupuncture therapy [in such a facility], which means that moxibustion and acupuncture may not be performed by non-physician health care practitioners.

Thus, licensed acupuncturists and moxibustionists are free to start a business. However, they are strictly prohibited from performing moxibustion or acupuncture within a medical facility alongside orthodox mainstream medicine, and their access to national health insurance coverage for their patients is strictly limited.

Acupuncturists and moxibustionists are credentialed by the national government. Those students who qualify for college entrance examinations must study at a designated school for three years (four years for university students) and earn specific credits in order to qualify for the national examination. Those

students who pass the national examination and receive a license are permitted to perform acupuncture and moxibustion therapy. Nearly all examinees apply simultaneously for both the acupuncturist license and the moxibustionist license, and the successful candidate is designated as an "acupunctorea/moxibustionist" (or simply "acupuncturist") in Japan.

**4. Number of acupuncturists and moxibustionists**

The register of enrolled (licensed) acupuncturists and moxibustionists showed 127,018 acupuncturists and 125,868 moxibustionists in Japan as of September 2005. However, these figures represent the number of persons in the enrollment register, and do not indicate the number of acupuncturists and moxibustionists who are actually working in the industry. The true number of acupuncturists and moxibustionists currently employed in clinical moxibustion and acupuncture is unknown, but a 2004 report on health and sanitation administrative operations by the Ministry of Health, Labor, and Welfare showed a total of 76,643 acupuncturists and 75,100 moxibustionists at that time (Table 1).

	1992	1994	1996	1998	2000	2002	2004
Acupuncture, moxibustion	12055	12481	13166	13455	14216	14008	14993
Amma, shiatsu, acupuncture, moxibustion	28624	29451	30850	31434	32024	32722	33601

Table 1 Annual trends in working acupuncturists and moxibustionists

(2004 report on health and sanitation administrative operations by the Ministry of Health, Labor, and Welfare)

The totals from the Ministry of Health, Labor, and Welfare are for all acupuncturists and moxibustionists who registered with their public health center, and

may include some acupuncturists and moxibustionists who are not currently practicing. According to a survey by Fujii and colleagues<sup>1)</sup>, approximately 26.5% of that number are not actually engaged in the practice of acupuncture/moxibustion. Investigation into the number of acupuncture clinics providing related forms of alternative medicine showed 14,993 clinics offering moxibustion and acupuncture, and 33,601 clinics offering traditional amma massage and shiatsu pressure-point massage as well as moxibustion and acupuncture in Japan (2004 report on health and sanitation administrative operations by the Ministry of Health, Labor, and Welfare)<sup>2)</sup>, for a total of 48,594 clinics providing moxibustion and acupuncture.

Based on these findings, we can estimate a total of approximately 55,000 acupuncture/moxibustionists actively practicing in Japan today.

**5. Clients seeking moxibustion and acupuncture therapy**

Table 2 shows the frequency with which people who had medical complaints ("yusosha") selected

various types of treatment options for their symptoms, according to a 2001 basic national health survey in Japan. Forms of treatment such as amma, massage, shiatsu, and acupuncture/moxibustion accounted for 7.4% of the total. The term "yusosha", meaning people who had subjective symptoms, was introduced as an index for health status among the Japanese people. The 2001 survey found 4,0552,000 yusosha, 322 out of every 1000 individuals. It was estimated that approximately 300,000 of these patients received treatment at an

acupuncture/moxibustion/massage clinic. It was also reported that approximately 7% of all sick and injured persons sought out such alternative clinics for their treatment.

Hospital or mainstream medical clinic	Over-the-counter drugs or poultices	Amma, acupuncture, moxibustion, etc.	Other therapies	No treatment
49.7%	19.9%	7.4%	3.7%	21.8%

Table 2 Treatment options selected by yusosha (2001 survey of health status in Japan)

These indicators in all cases relate to the situation for patients receiving treatment. However, since judo therapy was included in the category of "Amma, acupuncture, moxibustion, etc.", these figures do not provide an accurate picture of the status of acupuncture/moxibustion therapy.

A nationwide survey of the use of complementary and alternative medicine (CAM), including moxibustion and acupuncture, was initiated by Yamashita <sup>3)</sup> in April 2001. For their survey, Yamashita and colleagues used RDD (Random Digit Dialing) and a telephone questionnaire. Their subjects were persons 20 to 79 years of age who were not residing in a hospital or extended care facility. The survey was continued until 1000 subjects had been contacted. Even though the response rate was only 23%, this survey was notable because it was the first such survey of CAM to be performed in Japan. The results of the survey showed nutritional drinks and supplements to be in first place, used by 43% of respondents while moxibustion and acupuncture were reportedly used by 6.7%.

Because the survey by Yamashita and colleagues

did not focus specifically on the situation regarding moxibustion and acupuncture therapy, the author and colleagues performed an annual interview survey during March in each of the four years from 2003 through 2006. This nationwide survey used a random sampling of 2000 men and women 20 years of age or older (2000 names collected from 157 regions across Japan, including 122 cities or municipal wards and 35 towns or villages). This survey also excluded patients in hospitals and extended-care facilities. The response rate differed somewhat from year to year, but was approximately 68%. The primary reasons for non-response included change of residence, long-term absence, short-term absence, unknown address, and refusal to respond.

The results of this survey clearly showed that 6% to 7% of Japanese persons 20 years of age or older visited an acupuncture/moxibustion clinic during the year (Table 3). Results for the March 2004 survey showed a lower level of such clinic visits, but still within the range of significant error for the March 2003 figures.

	March 2003	March 2004	March 2005	March 2006
No. of responses	1,420	1,338	1,337	1,346
Consultation rate	6.4%	4.7%	6.4%	6.7%
Response rate	71%	66.9%	66.9%	67.3%

Table 3 Moxibustion and acupuncture consultation rates and response rates

Both the findings by Yamashita and colleagues and those from our own studies, showed that moxibustion and acupuncture therapy accounted for approximately 6% to 7% of the annual response to medical complaints.

If we can determine the mean number of treatments per patient, then we can also calculate the

total number of patient treatments given. Assuming a treatment rate of 6% gives us an estimated 6 million patients treated. If we also assume an average of 5 treatments per patient, then the total number of patient treatments would be 6 million  $\times$  5 times, or total of 30 million treatments. A treatment rate of 6.5% would be 32.5 million treatments, and a treatment rate of 7.0% would indicate 3.5 million treatments.

Acupuncture/moxibustion clinics can provide a broad spectrum of care, from health maintenance and wellness care to the treatment of presymptomatic illness, treatment of disease, and improvement of quality of life for chronic disease patients. However, unfortunately acupuncture/moxibustion therapy is currently used in only 6% to 7% of cases. If we can determine why this use rate remains so low, and then remedy at least some of the reasons for that low use, acupuncture/moxibustion therapy could experience a new spurt of growth and development in Japan.

## 6. Health status in those patients who seek out acupuncture/moxibustion therapy, and their reasons for seeking such treatment

In a survey of health status in patients seeking acupuncture/moxibustion therapy, Takano and colleagues<sup>4)</sup> performed a survey based on the Euro-Qol measure of quality of life (a measure of health indicators developed in Europe). The survey was designed as a random sampling of 2210 patients across Japan, performed through 101 clinics operated by graduates of Meiji University of Oriental Medicine. From the 1230 valid responses obtained, the mean functional value (Tariff Score) was reported to be 0.782  $\pm$  0.22 (mean  $\pm$  SD). Using these materials, Ishizaki and colleagues<sup>5)</sup> reviewed the Euro-Qol EQ-5D domains (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression). They found that "pain/discomfort" was a significant factor for a high percentage of patients seeking acupuncture/moxibustion therapy (Table 4).

Table 4: EQ-5D	Men	Women
Mobility	(%)	(%)
No problems	81.5	76.4
Some problems	18.5	23.6
Self-care		
No problems	93.0	95.2
Some problems	7.0	4.8
Usual activities		
No problems	77.3	77.4
Some problems	22.7	22.6
Pain/discomfort		
None	39.9	31.2
Moderate or above	60.1	68.8
Anxiety/depression		
None	79.4	73.2
Moderate or above	20.6	26.8

Euro-Qol expresses health status as a numerical value (the functional value or Tariff Score), providing a health indicator that is used internationally. Health status is assessed on a scale from +1.00 to -0.594, with perfect health scored as 1.0, death as 0.0, and "worse than death" as -0.594. In addition, since the survey sheet consists of the 5 separate categories of mobility, self-care, usual activities, pain/discomfort, and anxiety/depression, patient responses can give an insight into health status in each of these different categories.

The surveys by Takano et al.<sup>4)</sup> and by Ishizaki et al.<sup>5)</sup> show that pain and discomfort play a major role in the health status of many patients who seek out acupuncture and/or moxibustion treatment. This suggests that a primary use of acupuncture and moxibustion in Japan is for relief from pain and discomfort.

A review of the patient's objectives in acupuncture/moxibustion treatment showed that 81.6% of complaints involve the musculoskeletal system. The next most common reasons for seeking treatment were malaise (6.9%), relaxation/wellness (5.1%), and headache (4.8%). The review by Yamashita

et al.<sup>3)</sup> showed musculoskeletal complaints accounting for 79.1% of the total. The review by Takano et al. also showed a preponderance of musculoskeletal complaints, particularly low back pain (59.8%), shoulder stiffness (59.1%), neck stiffness (43.3%), leg pain (24.8%), shoulder pain (22.7%), and knee pain (20.7%).

Most of the patients visiting acupuncture/moxibustion clinics were seeking relief from musculoskeletal complaints, or improvement in musculoskeletal symptoms. There were very few visits for other reasons. These findings suggest that awareness of the potential benefits of acupuncture/moxibustion is generally somewhat restricted in Japan. There are a number of factors that may contribute to this situation, including the fact that most of the current patients turn to acupuncture/moxibustion specifically for the complaints of low back pain, shoulder stiffness, and arthralgia, and the fact that all of the six conditions for which acupuncture/moxibustion therapy is covered by national health insurance fall under the category of musculoskeletal disease.

However, this is not all that acupuncture patients hope for when they seek out acupuncture/moxibustion therapy. According to a report by Yano and colleagues (based on the same materials as the Takano and Ishizaki reports)<sup>6)</sup>, the largest number of acupuncture/moxibustion patients hoped for "relief from symptoms" (70.4%), followed by "disease cure" (49.2%), "disease prevention (health maintenance)" (49.2%), "greater wellness" (32.5%), and "relaxation" (24.5%). These results suggest that, in addition to a desire for symptomatic relief and human from disease, many acupuncture/moxibustion patients are also interested in preventative medicine (health maintenance), wellness, and relaxation.

Goals such as these can be achieved in the process of acupuncture/moxibustion therapy. For example, there are reports that approximately 80% of patients "feel in a better mood" after treatment with acupuncture/moxibustion<sup>7)</sup>. This suggests that acupuncture/moxibustion patients experience a range of beneficial effects from treatment, and that those

effects can be expected to provide benefits in disease prevention (health maintenance), wellness, and relaxation.

However, regardless of these potential benefits, the situation remains that acupuncture/moxibustion is currently used in Japan almost exclusively for the treatment of chronic musculoskeletal complaints. In contrast, there are countries overseas where acupuncture is being used relatively widely in the treatment of allergic rhinitis and psychiatric complaints<sup>8)</sup>. In the United States, acupuncture clinics report that musculoskeletal complaints account for only 33.9% of treatments<sup>9)</sup>. This suggests that the focus primarily on musculoskeletal disorders may be specific to Japan.

## 7. New developments in acupuncture/moxibustion therapy

As noted above, in Japan the use of acupuncture/moxibustion tends to be limited to the treatment of musculoskeletal diseases that are characterized by regressive changes. However, a broad range of recent developments promises to add new life and direction to acupuncture/moxibustion therapy (Fig. 1).

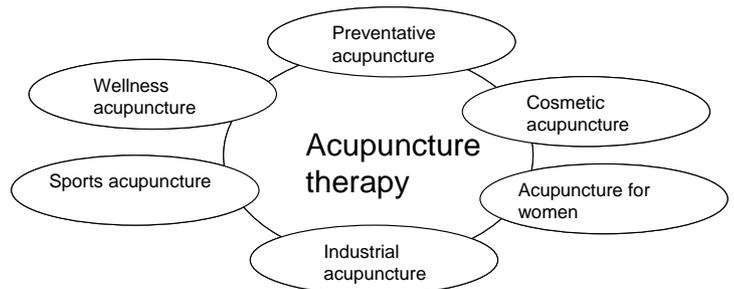


Fig. 1 Areas of Specialization for Acupuncture Therapy

Acupuncture and moxibustion use a holistic approach based on patient-centered medicine. The treatment does not involve drugs, but instead utilizes healing principles that encourage the body's innate power to heal itself. We are now approaching a point where applications based on acupuncture/moxibustion therapy could produce major developments in a variety of medical fields. Current areas of activity include sports acupuncture and acupuncture specifically addressing

women's health issues. Other areas with strong potential for development include pediatric acupuncture, industrial acupuncture (health keeper), cosmetic acupuncture, and acupuncture for presymptomatic conditions.

Sports acupuncture is a specialized field that focuses on preventing injuries and improving athletic performance through conditioning. There is currently a movement underway, in cooperation with regional health clubs and educational institutions, for Japan to establish its own "trainer system" to provide health management for competitive athletes through acupuncture/moxibustion therapy. Also, recent advances in gender-specific medicine have brought into sharp relief the need for treatment methods designed specifically to match the various stages of a woman's life cycle. This includes child-rearing, and the need for robust mental and physical development of the child along with good health for the mother.

Other areas where we expect to see development are industrial acupuncture (health keeper), cosmetic acupuncture, and presymptomatic medicine acupuncture. Industrial acupuncture (health keeper), still in the testing stage at present, will be a specialized field focusing on the maintenance and promotion of good health and the prevention of disease in working populations. This is a newly developing area intended to complement industrial medicine and traditional mainstream medicine. The specialized area of cosmetic acupuncture, now being developed in collaboration with esthetic treatment, is based on healing and health management, in conjunction with the long-standing interest in the promotion of good health in this area, and is designed to be incorporated into a complete program. An area of particular interest is presymptomatic acupuncture. This area, which focuses on the prevention of lifestyle diseases and the maintenance and promotion of good health, is potentially the most important of all of the new areas.

There is thus great potential for growth in acupuncture/moxibustion therapy. It is to be hoped that these developments will occur in specialized fields and will be securely grounded in evidence-based medicine (EBM), and that further research to provide such evidence will be actively pursued.

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