

The Characteristics of Japanese Acupuncture

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Abstract

Objectives: The purpose of this ethnographic study was to describe the philosophy and practice of acupuncture practitioners in Japan and to explain philosophical concepts, diagnostic methods and treatment principles. This article summarizes the characteristics of Japanese acupuncture.

Methods: Between August 2012 and October 2018, ethnographic fieldwork was conducted in Japan. Thirty eight participants were recruited by chain referral and emergent sampling. Data was collected through participant observation, interviews and by collecting documents. Twenty two participants agreed to clinical observation; 225 treatments were observed with 175 patients. Seventeen participants consented to formal interviews and 28 to informal interviews. Thematic analysis was used to critically evaluate data.

Results: Japanese acupuncture can be described in terms of philosophical concepts, diagnostic methods and treatment principles. Regarding Traditional East Asian Medicine knowledge, Ki, channels and the 8 principles are emphasised in Japanese acupuncture. Inquiry and palpation are the most significant diagnostic methods. These diagnostic methods often result in simple patterns of disharmony or the location of abnormal body tissue. In treatment, tool manipulation and stimulation is performed in small amounts over many treatment locations. Needle and moxibustion methods are minimally intrusive and dependent on immediate feedback to gauge treatment success.

Conclusion: Japanese acupuncture is a unique system of traditional medicine that stands apart from Chinese acupuncture. An enhanced understanding of Japanese acupuncture could benefit acupuncture at government, research, education and clinical levels, with the goal of providing better care for individual patients all over the world.

Keywords : Japanese acupuncture, philosophy, diagnosis, treatment

1. Introduction

Acupuncture from Traditional Chinese Medicine (TCM) is taught through university courses, and is practiced professionally in many parts of the world.^{1,2} Alongside TCM acupuncture, the awareness of acupuncture from other East Asian countries is expanding. Acupuncture from Traditional Japanese Medicine (TJM) is gaining recognition as an alternative to TCM acupuncture in Western countries.¹⁻³ However, TJM acupuncture is described in a variety of ways in published English language literature. There are sources which although acknowledge TCM and Traditional Korean Medicine (TKM) acupuncture, disregard TJM acupuncture as a distinct style, including World Health Organization (WHO) publications.⁴⁻⁶ TJM acupuncture appears to be an internationally misunderstood and under recognized health service. Part of the reason for this is the classification and clarification of TJM acupuncture through scientific research is insufficient, and there appears to be contradictions and misconceptions about TJM

acupuncture in published English language literature.⁷⁻¹¹ This article describes the practice of TJM acupuncture and summarizes the characteristics of philosophy, diagnosis and treatment in TJM acupuncture.

2. Materials and Methods

2.1 Setting, recruitment and practitioners

This study aimed to describe the philosophy and practice of TJM acupuncture in Japan. Ethnography was selected as the methodology to address the descriptive and explorative aims of this study. The research project was approved by the University of New England Research Ethics Committee (approval number: HE-12-142).

Study participants were eligible for recruitment if they held acupuncture qualifications obtained from a Japanese educational institution and had passed the national registration exam for practice in Japan. Practitioners were recruited through chain referral^{12, 13} and emergent sampling¹⁴ which is common in ethnographic research when targeting members of a difficult to reach population.¹⁵⁻¹⁷

Fieldwork began in August 2012 and concluded in October 2018. The study was based in Osaka, and fieldwork was conducted at a variety of prefectures (n=7) across Japan. A total of 38 practitioners were recruited. This included males (n=24) and females (n=14) with an age range of young adults (≤ 35) to seniors (≤ 60). Most practitioners were qualified in acupuncture and moxibustion only (n=28). In addition to being qualified in acupuncture and moxibustion, several of the practitioners also held other qualifications related to TJM acupuncture including massage (n=5), judo therapy (n=4) and chiropractic (n=2). Some practitioners agreed to be formally interviewed and recorded (n=18). Other practitioners agreed to informal interviews (n=28), sometimes in addition to a formal interview. Almost half of the interviewed practitioners (n=18) participated in follow up interviews. Additionally, some practitioners consented to allow observations of treatments (n=22). Some of the practitioners were observed on multiple occasions (n=4). In total, 175 patients were observed during 225 treatments over six years of ethnographic fieldwork.

2.2 Data collection

A single researcher carried out all data collection. This was accomplished according to the principles of ethnographic fieldwork¹⁸⁻²⁰ and involved participant observation, semi-structured interviews and collecting documents. Participant observation involved shadowing the practitioner, watching them, asking questions and recording what was seen and heard. Recordings in participant observation were informed by the observation guidelines developed for this study, which were revised iteratively. The guidelines included prompts for what should be observed in relation to the clinical environment, clinical procedures, patient-practitioner interaction, tools and techniques. Interviews were conducted according to the interview schedule. Interviews were recorded in notebooks and digitally in audio recordings. Additionally, relevant documents were acquired for analyses.

2.3 Data analysis

As is common in ethnographic research,²¹ thematic analysis was the key analytical method. Thematic analysis was conducted after every data collection opportunity and involved translation and transcription of data. Data was analyzed using theoretic and inductive analysis.^{22, 23}

3. Results

This section summarizes the characteristics of TJM acupuncture through the key themes of

philosophical concepts, diagnostic methods and treatment principles.

3.1 Philosophical concepts

Philosophical concepts is the branch of medicine dealing with basic concepts, theories, rules and principles. Two major sub-themes were included in the philosophical concepts of TJM acupuncture: *knowledge* and, *beliefs and values*. Knowledge refers mainly to academic and clinical knowledge concerned with anatomy, physiology, aetiology, differential diagnosis, pathophysiology, prognosis and treatment. Beliefs and values reflect the socio-cultural aspects of health, illness and health care.

3.1.1 Knowledge

Although this article primarily reports on knowledge from Traditional East Asian Medicine (TEAM), it is important to understand that there are probably many TJM acupuncture practitioners that ignore TEAM knowledge and only use modern medical science to inform their practice.

In TEAM, there are three basic categories of knowledge: Structure and function of the body, order, balance and movement and the identification of illness and disease. Table 1 summarizes the emphasized TEAM knowledge in TJM acupuncture.

Table 1 Summary of Emphasised TEAM Knowledge in TJM acupuncture

| Structure and Function | Order, Balance and Movement | Identification of Illness and Location of Disease |
|-------------------------------|------------------------------------|--|
| 12 Primary Channels | Yin/Yang | Simple and Multiple Patterns |
| 8 Extra Channels | 8 Principles | Evil Ki and Balance of Ki |
| Yin/Yang Point Connections | 5 Phases | Pathogenic Factors: Heat/Cold |
| 5 Phase Point Connections | Stems and Branches | |
| Ki | | |

3.1.2 Beliefs and values

Beliefs and values link cultural practices with acupuncture styles and influence the way in which knowledge is used. Figure 1 shows the main beliefs and values that were demonstrated in clinic routines and in general practitioner attitudes.

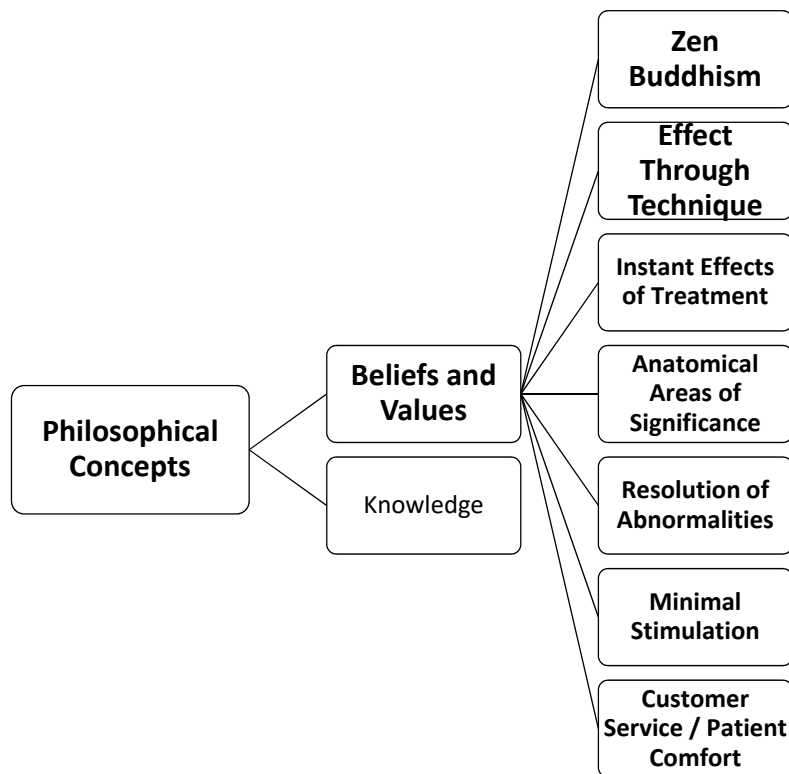


Figure 1 Thematic categories related to beliefs and values

These values are a kind of Japanese cultural expression that give TJM acupuncture some of its unique characteristics. Specifically, TJM acupuncture has a strong practice-based approach that emphasizes instant effects of treatment, specific techniques and minimal stimulation.

3.2 Diagnostic methods

Data relating to diagnostic methods was obtained from 89% (n=34) of participants. Two major themes were interpreted from the data: *diagnostic procedures* and *diagnostic outcomes*. Diagnostic procedures are the methods used by TJM acupuncture practitioners to obtain diagnostic information. Diagnostic outcomes reflect how diagnostic information was interpreted and organized into specific conclusions about the nature and location of illness as well as the general rules which appeared to influence how treatment could be facilitated. Themes found in relation to diagnostic procedures and outcomes are shown in Figure 2.

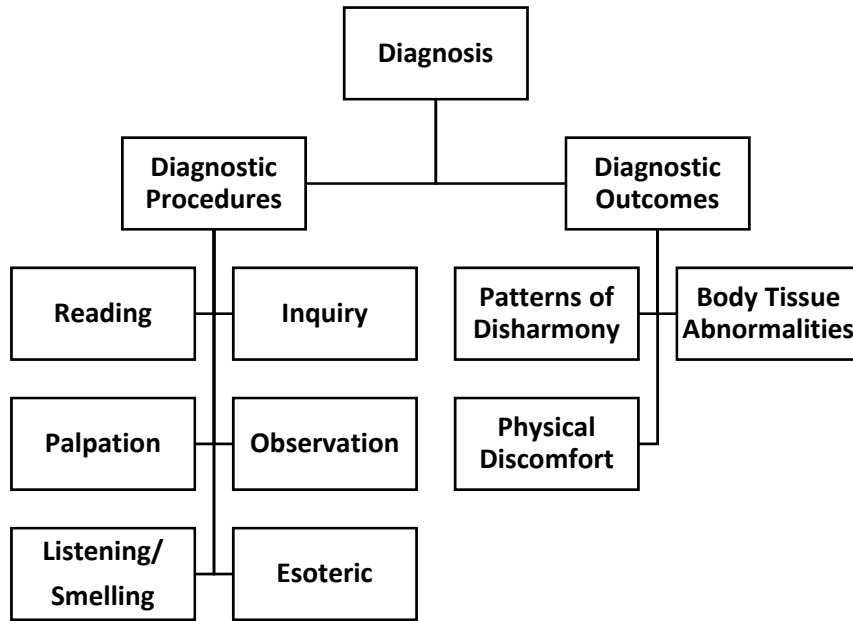


Figure 2 Themes found in relation to diagnostic methods

3.2.1 Diagnostic procedures

TJM acupuncture seems to emphasize inquiry and body tissue palpation as diagnostic procedures. Palpation can be divided into pulse palpation and body tissue palpation. With pulse palpation, TJM acupuncture practitioners tend to feel both wrists at the same time. However, practitioners in Japan may feel the radial pulse of only one hand and sometimes the pulse is not felt at all. About 62% (n=21) of practitioners who contributed to data relating to diagnostic methods included pulse palpation in their diagnostic methods.

In general, all practitioners in this study used body tissue palpation. Quality of body shape and alignment, tension, temperature, swelling, indurations, tenderness, comfort, texture, range of movement, strength, reflex response and pulsations were diagnostically significant. Body tissues were palpated to understand the condition of, or for locating abnormalities within the tissue itself or for locating abnormalities within the tissue which represent the condition of other areas of the body. Information from body tissue palpation was used to determine treatment locations, patterns of disharmony, or “root treatment”. Table 2 shows what number of practitioners used which diagnostic procedures.

Table 2 Diagnostic procedures and percentage of participants

| Diagnostic procedure | Reading | Inquiry | Observation | Pulse palpation | Body palpation | Listening | Esoteric |
|---------------------------------------|---------|---------|-------------|-----------------|----------------|-----------|----------|
| Percentage of practitioners using the | 50% | 100% | 100% | 65% | 100% | 12% | 12% |

3.2.2 Diagnostic outcomes

Diagnostic methods result in three major kinds of diagnostic outcomes: patterns of disharmony, body tissue abnormalities and physical discomfort. Patterns of disharmony were found to be diagnosed by $\approx 62\%$ ($n=21$) of practitioners who contributed data to diagnostic methods. Patterns of disharmony tend to be described in terms of the 8 principles, internal organs, or Ki.

There are many potential treatment locations on the body. Diagnosed patterns of disharmony can assist in determining at which locations are appropriate to apply interventions. However, patterns which include a limited amount of information do not provide much logical support in deducing appropriate treatment locations. All practitioners who were found to apply patterns of disharmony, diagnosed minimally detailed patterns, and managed treatment point options by placing importance in locating the correct treatment site by observation and palpation. This may be an important feature of TJM acupuncture. Additionally, practitioners utilizing pattern differentiation seemed to manage large numbers of treatment point options by relying on predetermined treatment locations.

Diagnostic methods which resulted in a pattern of disharmony were found to be complimented with, or ignored in preference for methods which identified abnormal body tissue. The diagnosis of a body tissue abnormality, as an independent manifestation of disease itself, without any correlation or causation being drawn to any disorder or disease, was found to be a valid diagnostic outcome for every practitioner who contributed data to diagnostic methods. This may be a feature of TJM acupuncture.

3.3 Treatment Principles

Data relating to treatment principles was obtained from 92% ($n=35$) of the total 38 practitioners who were recruited into the study. In relation to treatment principles, five major themes were interpreted: treatment tools, pre-intervention preparation, needling, moxibustion and confirmation of treatment effects. This article primarily reports on the treatment principles related to needles, needle like tools, and moxa.

3.3.1 Tools

Table 3 shows the kinds of needles, moxa and other tools which practitioners possessed and indicates how many practitioners possessed and used the tools. 'X' indicates that no practitioners stated they used a particular tool or were observed doing so.

Table 3 Direct Application Tools

| Needles | Possessed | Used |
|------------------------------------|------------------|-------------|
| Filiform | 33 | 31 |
| Thumbtack | 4 | 4 |
| Hinaishin | 1 | 1 |
| Press Studs | 1 | 1 |
| Lancing | 3 | 2 |
| Fire | 2 | 1 |
| Plumb blossom | 2 | X |
| Moxa | | |
| Floss | 20 | 16 |
| Stick-on | 11 | 11 |
| Stick | 5 | 3 |
| Other tools | | |
| Contact Tools | 22 | 13 |
| Electronic Equipment | 22 | 6 |
| Magnets | 2 | 2 |
| Creams/Pastes/Extracts | 4 | 4 |
| Cupping tools (Cups) | 9 | 3 |
| Heat & Cold Applicators | 5 | X |
| Supports for Structural Physiology | 4 | X |

The smallest diameter filiform needles found to be used by practitioners were 0.12 mm, and the largest 0.30 mm. Most practitioners used a variety of needle diameters, with the most common including 0.14 to 0.20 mm. The shortest needle length was found to be 15 mm and the longest 200 mm. Most practitioners were found to use a range of different lengths with the most common including from 30 to 40 mm.

Guide tubes were found to come in disposable plastic or reusable metal varieties. When inserting needles, 77% (n=27) of practitioners who contributed data to treatment principles used disposable plastic guide tubes as their preferred tool to assist needle insertion. Reusable metal guide tubes were also found in clinics; 14% (n=5) of practitioners who contributed data to treatment principles were found to prefer to use these kind of guide tubes. Of practitioners who contributed data to treatment principles, 9% (n=3) did not use guide tubes when inserting needles.

Contact tools are instruments that are used on the skin surface and are not designed for skin insertion. Contact tools were found in every clinic. However, only 34% (n=13) of participants were found to use contact tools on patients. Many kinds of contact tools are found in TJM acupuncture. The types that are similar in shape to needles with blunt ends, were the

most used by practitioners in this study; these are described as *teishin*. Additionally, other tools which were applied to a patient's skin, but were not shaped like a needle are described as friction tools, such as the dermal roller.

Data related to treatment principles was collected from 35 practitioners, 74% (n=26) were found to use moxibustion. Only 11% (n=4) of practitioners who contributed data related to treatment principles stated they did not use moxibustion.

3.3.2 Pre-Intervention Preparation

Pre-Intervention preparation includes five sub-themes: point selection, sterilization, point location, pre-needling and contact and pre-moxibustion.

Point selection

“Point selection” is the term applied to the cognitive analysis that considers differential diagnosis or formulaic philosophies and creates a strategy for treatment about where to apply interventions. Some practitioners (20%, n=7 of those who contributed data related to treatment principles) seemed to have preferences for point selection methods based on human anatomy/physiology. This included the selection of points based on the physical location of the main complaint and the knowledge of what body tissues might have been involved in the pathology, as well as how that pathology was related anatomically and physiologically to the patients' condition. Other practitioners (40%, n=14 of those who contributed data related to treatment principles) seemed to favour systematic point selection based on TEAM philosophical concepts. This included selecting points based on the five phases and correspondences of channels. However, there were also practitioners (40%, n=14 of those who contributed data related to treatment principles) who seemed to use biomedical and TEAM knowledge interchangeably depending on patients and presenting conditions.

A formulaic approach was sometimes found to be applied when selecting treatment sites. This involved using the same combination of points, or treating the same area of anatomic significance on every patient no matter what their condition. Practitioners who always incorporated this method of selecting treatment locations (34%, n=12 of those who contributed data related to treatment principles) believed that treatment at those sites would be therapeutically beneficial for any condition. Sometimes this was called “root treatment”.

Points were also found to be selected for treatment during location. Most of the practitioners observed in clinic (73%, n=16 of practitioners observed in clinic: n=22) considered body tissue abnormalities as treatment site locations and selected points for treatment as they found them during the location process. This may be a feature of TJM acupuncture. However, practitioners were not found to systematically search the entire body for abnormalities; they had a guiding principle about where to search for points. This was based on areas of significant anatomy, theoretical connections of the search area to the signs and symptoms of the patient, or at predetermined and formulaic sites.

Sterilization

Every practitioner observed was found to sterilize the patient's skin with a cotton swab and antiseptic solution before needle insertion. Practitioners were found to sterilize entire sections of the body at once. Only 9% (n=2) of practitioners who were observed in clinic were seen to sterilize treatment locations individually. Sterilizing the entire area where a needle may be inserted appears to complement needling techniques employed by practitioners. Such instances included when point selection, point location and needle insertion occurred consecutively at individual treatment locations. Practitioners applying interventions over

anatomical areas by locating abnormalities by palpation did not always know which points they were going to apply interventions at in advance. In addition, such practitioners were found to apply many interventions over an entire area. It was more convenient for such practitioners to sterilize an entire anatomical area in advance so that interventions could be applied smoothly in a consecutive manner, without having to break treatment rhythm by constantly having to sterilize every treatment location individually. This is a unique feature of TJM acupuncture.

Point location

“Point location” is the process of physically locating the treatment site to administer an intervention. Although on some occasions practitioners found treatment locations by applying textbook locations through anthropometric measurement, more often the standardized channel points were viewed as an idea attached to a descriptive yet transient location on the body. The concept that point locations are transient seems to be an important feature of TJM acupuncture.

Points could be located at sites of observed or palpated abnormality. Observed abnormalities included anatomical irregularities of shape or the colour of the skin. Palpable abnormalities included what could be felt on the skin or in any underlying tissues. The most important marker for a treatment site was a palpated hollow or an area of increased tension either on the skin or in the muscle.

Pre-needling and contact

Proficiently using both the pressing and needling hands was found to be an important technical aspect of treatment. The pressing hand (*oshide*) typically conducted palpation while the needling hand (*sashide*) held the tool. Once the treatment location had been located by the tip of the index finger of the pressing hand, it was rolled to the ulnar edge, and the thumb was brought into contact with the tip of the index finger. This was a common hand technique for preparing the treatment site for an intervention with a needle or teishin and was found to be performed by every practitioner who inserted needles with guide tubes. Reportedly, this pre-needling contact maintained the accuracy of the treatment location, facilitated smooth insertion and manipulation of needles, was used to sense the condition of the body tissues at the site of treatment (thus assisting in confirming treatment effects), and assisted needle withdrawal. The precise use of the pressing hand is probably a unique feature of TJM acupuncture.

Regarding the application of moxibustion, after sterilization and point location, it was found that practitioners sometimes applied insulating material, or marked the skin prior to administering moxibustion with cones. Insulation and marks assisted the practitioner in relocating the exact treatment site in the time between locating the site and preparing moxa cones. It also helped maintain the placement of moxa cones once put on the body (because the marker material, usually charcoal, is somewhat sticky), and sometimes assisted in preventing accidental burns (in the case of insulation stickers). The pre-moxibustion routines may be a unique feature of TJM acupuncture.

Needle techniques

The main needling routines of TJM acupuncture include insertion, manipulation, retention and withdrawal. The insertion of needles into the body for therapeutic purposes is an important element of acupuncture. However, it was found that needle insertion was not a prerequisite for treatment. Non-inserted needles and contact tools are not inserted into the

body; they were placed at the treatment site and then manipulated. This is a unique feature of TJM acupuncture.

After insertion, needles were sometimes manipulated. Manipulation means how the tool is adjusted once it has been inserted or placed at the treatment location. The purpose of manipulation was to stimulate the treatment site to cause a reaction that assisted in achieving the treatment objectives. During treatment, practitioners tended to purposely avoid producing the obtaining of Ki sensation (*hibiki*) because many believed it caused patient discomfort and was unnecessary to facilitate a therapeutic result. However, there were practitioners (18%, n=4 of practitioners observed in clinic) found to on occasion make attempts to achieve this sensation deliberately.

Needles were sometimes inserted more deeply after initial skin penetration. Insertion depth varied from less than one millimeter to around four centimeters. Most practitioners inserted to a consistent depth; those who reliably needed to only a few millimeters were rarely observed to insert deeper, while those who reliably needed up to a few centimeters rarely inserted shallowly.

Needle retention

Needle retention is the maintaining of an inserted needle in a treatment location for a period. When needles were found to be retained, the torso (abdomen and back) or head were preferred areas of needle retention. The fewest number of needles retained in a patient was found to be one and the most, 11. The mode was six needles at any one time. Needle retention times were commonly around 10 to 15 minutes (Table 4).

Table 4 Needle Retention Times

| | Retention Time (approximate minutes) |
|----------|--------------------------------------|
| Shortest | 3 |
| Longest | 30 |
| Mode | 10 -15 |

Withdrawal

Needle withdrawal is the removal of an inserted needle from the body. Withdrawal occurred directly after manipulation or after needle retention time was over. Needles were sometimes found to be reinserted at a different location after withdrawal. Needle withdrawal directly following manipulation with subsequent application of the same needle at a different location is called *tanshi*. Of the practitioners observed in clinic, 47% (n=9) were found to perform the *tanshi* needling method.

The *tanshi* method was usually accomplished by singlehandedly reloading the needle back into the guide tube. *Tanshi* and singlehandedly reloading the guide tube is a unique feature of TJM acupuncture. *Tanshi* also demonstrates the value of treating many locations with minimal stimulation and reflects the belief in the instantaneous effects of acupuncture. Skillful reloading of the guide tube with a withdrawn needle is exemplary of consideration for economical use of time, resources and use of both the needling and pressing hand.

Moxa techniques

A diversity of moxibustion tools and methods were found in this study. Although needles are

probably used in every acupuncture clinic, moxa is not as commonly used. However, there are moxibustion only clinics in Japan and this is a unique feature of TJM acupuncture. Table 5 shows how many practitioners used which moxibustion methods.

Table 5 Use of Moxa Methods

| Moxa Method | Number of Using Practitioners | Percentage |
|----------------------|--------------------------------------|-------------------|
| Indirect Moxa | | |
| Stick-on | 11 | 31% |
| Warm needling | 6 | 17% |
| Insulated | 4 | 11% |
| Moxa burner | 3 | 9% |
| Stick | 3 | 9% |
| Direct Moxa | | |
| Penetrating heat | 11 | 31% |
| Incomplete | 10 | 29% |
| Cautery | X | 0% |
| Blistering | X | 0% |
| Unspecified | 3 | 9% |
| Unknown | 4 | 11% |
| Did Not Use | 4 | 11% |

Practitioners who used penetrating heat moxibustion almost always included incomplete moxibustion as part of their moxibustion methods too. No acupuncture/judo therapy practitioners were found to use any direct moxibustion methods. However, they were found to use indirect methods such as stick-on moxibustion.

One of the most common types of moxa tool in TJM acupuncture in the stick-on moxa products. Regarding direct moxibustion, that several small cones made from higher grade moxa floss are used to produce mild stimulation is probably a unique feature of TJM acupuncture. Like needling in TJM acupuncture, moxibustion seems to be applied at many different treatment sites with minimal stimulation until an effect is confirmed. Aspects of moxibustion were interpreted as showing a commitment to patient comfort.

Confirmation of treatment effects

Confirmation of effects means establishing the results of an intervention at a specific treatment location or by a measure believed to be significant and representative of the patient's general condition. Confirmation was interpreted to occur at different levels of timing and treatment areas during the clinical encounter: micro, meso and macro.

Micro level confirmation was performed during the application of interventions. It includes a constant assessment of the effects of the currently performed intervention at the local treatment site. Meso level confirmation occurred over functional areas of body tissue or areas of anatomic significance. Confirmation at the meso level was found to be performed after a series of successive interventions within or around significant or functional areas and was usually the central indicator of whether the patient's main complaint had improved. Macro

level confirmation was found to be applied when practitioners considered that ensuring the body as a whole was in a state of good health was important, both to the main complaint of the patient and the maintenance of their health in general. Palpation and observation of significant anatomical areas including the pulse, abdomen, back, tongue, skin and body structure (bone and muscle alignment), were used to confirm treatment effects at the macro level. Micro level confirmation was found in data from 54% (n=19) of practitioners, meso from 63% (n=22) and macro from 51% (n=18).

The final aspect of treatment is consultation time. Total consultation time includes the time from when patients were invited into the treatment space from the reception area, to when they left the treatment space and exited back to the reception area. The consultation time includes diagnosis, treatment and any other required procedures. Data related to consultation time was obtained from 97% (n=34) of practitioners who contributed to data concerning treatment principles. The shortest consultation time was found to be 10 minutes and the longest stated to be 120 minutes. The mode for consultation time was 40 minutes or under.

4. Discussion

This section summarizes the characteristics of TJM acupuncture by comparing the findings of this study with the extant literature. It also makes comparisons between TJM acupuncture and TCM acupuncture to highlight differences in both styles.

4.1 Philosophical concepts

Philosophical concepts as an analytical category has been used by commentators to compare, contrast and describe acupuncture styles.²⁴⁻²⁷ However, the category itself was found to be insufficient to account for the complexity and cultural diversity that influences priorities and preferences in TJM acupuncture. In this study, data analysis resulted in the interpretation of two separate themes which constitute philosophical concepts: knowledge, beliefs and values.

4.1.1 Beliefs and values

Beliefs and values were found to be identifiable with Japanese nationality in general and somewhat bound to the socioeconomic, political and religious actions and beliefs prevalent in Japan and the Japanese people as a society. Table 5 summarizes the beliefs and values emphasized in TCM and TJM acupuncture

Table 6 Summary of Differences: Beliefs and Values in TCM and TJM acupuncture

| | TCM Acupuncture | TJM Acupuncture |
|-----------------------------|-------------------------------|--------------------------------------|
| Beliefs & Values | Confucianism | Zen Buddhism |
| | Taoism | Effect through technique |
| | Buddhism | Instant effects of treatment |
| | Modern science and technology | Anatomical areas of significance |
| | Western politics | Resolution of abnormalities |
| | Sustainable development | Minimal stimulation |
| | Herbal based methods | Patient comfort and customer service |

4.1.2 Knowledge

This study confirms discussion^{5, 28-34} suggesting that TJM acupuncture seems to be based on the same fundamental pool of TEAM knowledge as TCM acupuncture. TCM acupuncture is largely practiced according to pattern identification and syndrome differentiation, and appears to emphasize the philosophical concepts of Yin-Yang, viscera and bowels, six excesses, six meridian theory, warm disease theory, triple energizer theory, channels and collaterals, and the fundamental substances.^{32, 35-46}

Consistent with others,⁴⁷⁻⁵⁸ this study found that knowledge of the five phases and channels and collaterals are some of the emphasized elements of TEAM knowledge in TJM acupuncture. Although TCM and TJM acupuncture are based on the same fundamental pool of knowledge, there are elements of that knowledge which seem to be emphasized or undervalued in each style (Table 7).

Table 7 Summary of Preferences: Knowledge in TCM and TJM acupuncture

| | TCM Acupuncture | TJM Acupuncture |
|------------------|-------------------------|------------------------|
| Knowledge | Viscera & Bowels | 5 Phases |
| | 6 Excesses | Primacy of Heat & Cold |
| | 6 Meridian Theory | 8 Extra Channels |
| | Warm Disease Theory | Primacy of Ki |
| | Triple Energizer Theory | 8 Principles |

4.2 Diagnostic Methods

In relation to diagnostic methods, the literature describes TCM acupuncture as relying on the four examinations with an emphasis on pulse palpation, observation of the tongue, and the clinical interview which result in a detailed pattern of disharmony.^{32, 37, 38, 41, 45, 46, 59} In comparison, results from this study indicate that TJM acupuncture highlights the clinical inquiry and body tissue palpation, which may result in simple and multiple patterns of disharmony.

Findings from this study complement the literature which discusses the importance of body tissue palpation in TJM acupuncture.⁶⁰⁻⁶⁵ This research corresponds with that of Kawakita, Okada and Kawamura⁶⁶ who state that palpation of the skin, especially for abnormally hard areas of tissue, is important in TJM acupuncture. Except for one notable exception,⁶⁷ this kind of palpation does not seem to be highlighted in the literature as a feature of TCM acupuncture. Table 8 shows probable main points of difference in diagnostic methods between TCM and TJM acupuncture.

Table 8 Summary of Preferences: Diagnosis in TCM and TJM Acupuncture

| | TCM Acupuncture | TJM Acupuncture |
|---------------------------|---------------------------------|---|
| Diagnostic Methods | Primacy of the 10 Questions | 6 Position Pulse Palpation |
| | Tongue Observation | Single/No Pulse Palpation |
| | Pulse palpation | Skin Palpation |
| | Detailed Patterns of Disharmony | Simplified or No Patterns of Disharmony |
| | | Diagnosis of Abnormality |
| | | Abdominal Palpation & Percussion |

4.3 Treatment Principles

4.3.1 Treatment tools

In relation to needles, the literature describes TCM acupuncture as utilizing thick needles which are inserted deeply and manipulated so that a strong stimulation is solicited.^{24, 25, 33, 36-38, 41, 42, 45, 48, 56, 59, 68-70} It could be assumed that needles used in a non-TJM acupuncture setting should be larger and longer in order to cause greater stimulation and be inserted deeper. Although it was found that needles up to 0.30 mm in diameter and 50 mm long were, on occasion, employed by TJM acupuncture practitioners (similar to reported needle sizes in China^{24, 69}) participants in this study generally used relatively thinner and longer filiform needles.

This study confirms literature^{24, 25, 33, 69, 71} that discusses how the needles generally used in Japan are inserted with the assistance of guide tubes. From the literature, it is difficult to know how prevalent guide tube use is in TCM acupuncture in China. However, in Western countries such as Australia, Britain and the USA, it appears that plastic guide tubes are gaining popularity to assist needle insertion. Despite the emerging popularity of disposable plastic guide tubes internationally, the use of metal guide tubes to not only assist insertion, but also have therapeutic treatment effects, is a unique feature of TJM acupuncture in Japan.

Discussion surrounding moxibustion tools and techniques in TCM acupuncture is not as fully explored in the literature as that of needling tools and techniques. However, it appears that in TCM acupuncture, more use is made of larger amounts of lower grade moxa floss and raw floss moxa sticks compared to TJM acupuncture.⁷²⁻⁷⁴ This study agrees with other authors^{10, 75-86} who state that TJM acupuncture practitioners tend to use small amounts of higher grade moxa floss when applying moxa. Additionally, this study reports that stick-on moxa was also commonly used in TJM acupuncture clinics. Table 9 summarizes differences in tools between TCM and TJM acupuncture.

Table 9 Summary of Preferences: Tools in TCM and TJM Acupuncture

| | TCM Acupuncture | TJM Acupuncture |
|--------------|------------------------|-------------------------|
| Tools | Thicker needles | Thinner needles |
| | Lower grade moxa floss | Longer needles |
| | | Guide tubes |
| | | Higher grade moxa floss |
| | | Contact tools |

4.3.2 Pre-intervention preparation

In general, the actions and indications of points seem to be devalued in TJM acupuncture in favour of finding points which appear abnormal. Compiling point formulas based on the actions and indications of individual points is similar to creating a herbal medicine formula by combining the actions and indications of certain plants to produce desired effects. TJM acupuncture practitioners are more distanced from the philosophy and practice of herbal medicine in comparison to TEAM acupuncture practitioners in countries which combine the education and regulation of acupuncture and herbal medicine.

Point location in TCM acupuncture is generally conducted by performing anthropometric measurements according to traditional knowledge.^{87, 88} TJM acupuncture practitioners did not tend to perform point location according to anthropometric measurements; they generally marked the location of points by the presence of observed or palpated body tissue abnormalities.

One of the most unique aspects of TJM acupuncture is the deliberate and specific use of the pressing hand during pre-needling patient contact. This study is consistent with literature discussing the importance of the pressing hand in TJM acupuncture.^{51, 89-96} Table 10 shows apparent preferences in pre-intervention preparation between TCM and TJM acupuncture.

Table 10 Summary of Preferences: Pre-intervention Preparation in TCM and TJM Acupuncture

| | TCM Acupuncture | TJM Acupuncture |
|------------------------|-------------------------------|---------------------------|
| Point Selection | Actions/Indications of points | Point/Channel connections |
| | Viscera/Bowels | 8 Principles |
| | Pathogenic Factors | 5 Phases |
| | 6 Levels | Point by point needling |
| | Point formulas | |
| Point Location | Anthropometric measurements | Abnormalities are points |
| Pre-needling | | Pressing hand |

4.3.3 Needling

This study agrees with the literature^{24, 25, 33, 69, 71, 97, 98} which reports that in general, TJM acupuncture makes use of thin needles that tend to be inserted shallowly, with less emphasis on achieving a needle sensation and that needles are retained for short periods of time. This study also confirms that TJM acupuncture includes very superficial needle insertion and that there are practitioners who consistently only needle superficially. However, not all TJM acupuncture needling is performed superficially; this study found that TJM acupuncture can also include consistent deeper needle insertion (up to four and five centimeters).

TJM acupuncture is described as painless and applies minimal needle stimulation.⁹⁹⁻¹⁰⁶ This study supports observations that describe some TJM acupuncture practitioners as providing mild stimulation during insertion and manipulation. However, findings from this study are to some extent, in contrast with these opinions. Although TJM acupuncture practitioners appeared very careful not to cause accidental pain or discomfort to patients when performing interventions (there were many inherent qualities of tools and techniques which supported the value of patient comfort and customer service), there were times when purposeful solicitation of a needle sensation was desired. In contrast, TCM acupuncture seems to value the sustained Ki obtaining feeling almost all the time.¹⁰⁷⁻¹¹⁰ Table 11 shows preferences in needling technique in TCM and TJM acupuncture.

Table 11 Summary of Preferences: Needling in TCM and TJM Acupuncture

| | TCM Acupuncture | TJM Acupuncture |
|-----------------|--------------------------------|----------------------------------|
| Needling | Strong/sustained manipulation | Minimal stimulation |
| | Deep insertion | Superficial insertion |
| | Obtaining of Ki | Arrival of Ki |
| | Sending Ki obtaining sensation | Obtaining Ki is non-essential |
| | Circulation of Ki | Short retention time |
| | | Hand skill and technical ability |
| | | Single hand needle reloading |
| | | Tanshi |
| | | Small manipulation movement |
| | | Many treatment locations |

4.3.4 Moxibustion

TCM acupuncture seems to include both indirect and direct moxibustion methods.¹¹¹ Generally, TCM acupuncture seems to use larger cones of moxa and can include larger doses of heat stimulation than moxibustion in TJM. This study suggests that TJM acupuncture practitioners probably do not use stick or insulated moxa as much as TCM acupuncture practitioners. However, the presence of moxibustion only practitioners in Japan is likely a unique feature of TJM acupuncture. Table 12 outlines some likely differences in preferences between moxibustion practice in TCM and TJM acupuncture.

Table 12 Summary of Preferences: Moxibustion in TCM and TJM Acupuncture

| | TCM Acupuncture | TJM Acupuncture |
|--------------------|--------------------------|-------------------------|
| Moxibustion | Large doses of moxa | Direct moxibustion |
| | Provision of heat | Rice grain sized cones |
| | Stick and insulated moxa | Hand skill |
| | | Patient comfort |
| | | Higher grade moxa floss |

4.3.5 Confirmation of effects

During and after the application of interventions, TJM acupuncture practitioners tended to confirm the effects of treatment. There is limited discussion outlining the realization of a therapeutic end point in TJM acupuncture,^{59, 112} although the idea of immediate effects of treatment and confirmation are implicitly implied by some authors.^{97, 98, 113-117} The findings from this study suggest that the confirmation of treatment effects is a significant aspect of TJM acupuncture.

Regarding TCM acupuncture, discourse surrounding the confirmation of treatment effects is limited. The topic is absent from descriptions of TCM in published English language literature that attempts to clarify, classify or compare TCM acupuncture.⁷² The absence of a strategy to confirm effects during a treatment in TCM acupuncture may mean that treatment effects are assessed the next time the patient presents at the clinic; this is similar to how herbal medicine is practiced.

TJM acupuncture practitioners seem to regularly place emphasis on achieving a therapeutic effect at a treatment site immediately. TJM acupuncture practitioners also seem to focus on achieving a therapeutic reaction at abnormal treatment locations and in the patient’s condition in general during, and immediately after treatment. Table 13 shows probable differences in preferences for confirming treatment effects in TCM and TJM acupuncture.

Table 13 Summary of Preferences: Effect Confirmation in TCM and TJM Acupuncture

| | TCM Acupuncture | TJM Acupuncture |
|----------------------------|------------------------------|------------------------------------|
| Effect Confirmation | Effects peak after treatment | Immediate effect confirmation |
| | Confirmation next treatment | Trial and error |
| | | Avoiding overtreatment |
| | | Micro, meso and macro confirmation |

5. Limitations

That this study relied only on willing and available practitioners that could be recruited warrants limited generalization. The consequence of Osaka as the primary research site, as well as the length of time spent in the field, resources available to perform fieldwork and visit off-site locations, as well as who the patients were and with what conditions they presented,

are factors to consider when contextualizing this project in relation to TJM acupuncture at large, and the future of research into TJM acupuncture in Japan.

Data collection generally involved the triangulation of three methods: participant observation, interviews, and document analysis. However, there were instances where data collection relied entirely on a single method. The probability that the single method produced a valid account of the actions, experiences, values and beliefs of a participant is unlikely. Therefore, these single instances were triangulated across the entirety of the data to add to the depth of interpretation. The analysis of data collected in this study may vary between different researchers. The entire research project is subject to the processes and interpretations developed by the individual researcher.

6. Conclusion

In many Western countries, the study, practice and research of acupuncture is dominated by the approach based on TCM. By comparison, acupuncture from TJM remain largely overlooked by academics and practitioners. TJM acupuncture is gradually gaining popularity in Western countries; however, the absence of in-depth investigation describing TJM acupuncture, an overreliance on low levels of documentation and informal discussions, remains an obstacle in fully understanding the philosophical concepts, diagnostic methods and treatment principles of the practice. It also limits the integration of the methods and knowledge of TJM acupuncture into current medical, educational, research and business settings globally. Future research must confirm the results of this study on a larger scale in Japan; use of surveys or the Delphi method may assist in further defining the characteristics of TJM acupuncture.

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