Japanese Acupuncture and Moxibustion: What's So Unique?

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Oran Kivity is a British acupuncturist and trainer, living in Malaysia. He first studied Manaka style acupuncture in 1997 and went on to learn Shonishin and Toyohari. As part of an exploration of what makes Japanese acupuncture distinctive, he interviewed Stephen Birch, Junji Mizutani and Brenda Loew, three well-known exponents of Japanese acupuncture, for his YouTube chat show, Sayoshi TV.[1] The interview informed much of this article.

CONTEXT

Acupuncture first developed in China, but in 562 CE knowledge of this and other technical subjects was brought to Japan by a Buddhist monk called Chiso, who arrived bearing 164 books on acupuncture and herbal medicine, truly an immense cultural gift.[2] With written references to acupuncture in *Ishitsu-ryo*, medical law established as early as 701 CE, it is clear that acupuncture immediately thrived in Japan, becoming an important pillar of public healthcare over the following 1,200 years.[3] At first there were active exchanges of information between China and Japan but for political reasons, such as piracy and wars, these exchanges with China were curtailed, finally coming to an absolute stop in 1635, when Japan closed its borders to foreign influences for more than two hundred years till 1853.

At about the same time that Japan ended its isolation, in another part of the world, the Galápagos Islands became famous after the publication of *The Origin of Species* in 1859, as the place where Darwin developed his theory of evolution. This isolated archipelago, surrounded by ocean, led him to one of his central ideas, which is that species differentiate when separated by natural barriers, such as mountains or oceans. The same process of differentiation can happen to memes, languages and technologies and that is exactly what happened to acupuncture when it spread from China to Japan – it became isolated from its original source and differentiated.

In evolutionary terms, the physical isolation of Japan from China, compounded by its political isolation, meant that Japanese acupuncture and moxibustion (JAM) was able to develop in quite different directions from Chinese acupuncture. Moreover, when talking about JAM, it is important to emphasise that it has had a thriving tradition for over 1,400 years, a longevity unparalleled by any medical tradition in the West and almost on a par with that of Chinese acupuncture itself.

WHAT IS JAM?

"When I say Japanese acupuncture, I'm using that as shorthand for a palpation-based, generally gentle, non-stimulatory or lightly stimulatory effect..." Brenda Loew

Acupuncture education in Japan is different to acupuncture education in China, not least in that there is no one unifying style taught in universities and colleges nationwide. Rather, there is a huge diversity of styles, both old and new, including medical acupuncture and traditional acupuncture methods, as well as new or original styles, and these styles are in constant evolution and competition. For example, it is estimated that 'there are more than fifty Western medical subspecialities having physician-members who research and practice acupuncture and moxibustion. In addition, there are easily one hundred or more non-physician associations of acupuncture and moxibustion in Japan.' [4]

"In Japan there's also a lot of other acupuncture that's done that's not based on traditional ideas it's more based on anatomical thinking or other scientific models of the body and I think that in China you see less of this kind of diversity." Stephen Birch

So while one of the greatest cultural exports from China to the world is Traditional Chinese Medicine (TCM), Japan has no single cultural equivalent. Instead, knowledge of different Japanese acupuncture styles is being transmitted to the West through a small group of Japanese emigrant teachers and other Western teachers who have trained in Japan or with emigrant teachers.

This huge diversity of acupuncture styles in Japan, which includes medical acupuncture, electroacupuncture and TCM acupuncture, could lead us to the position that there is no such thing as 'Japanese acupuncture' unless perhaps, you are a Japanese national with a needle.[5] We could equally well argue about Japanese cuisine: there is so much diversity and adaptation in Japanese cooking styles that we can't really generalise about them, yet clearly there are internationally recognised dishes that are Japanese and they look and feel very different to fish and chips. Thus we can say that within the diversity of Japanese acupuncture styles, there are distinguishing features, for example, the historic invention and use of guide tubes that enabled the insertion of extremely fine filiform needles.

Although within Japan there are many kinds of acupuncture styles, by 'Japanese acupuncture and moxibustion' (JAM), we are talking about those styles that have these distinguishing Japanese themes in common. It is these themes and commonalities that are the subject of this article. Some of these themes came up in discussion with the panel during the Sayoshi TV interview, others derived from two papers written in 2017 by Chant, Madison, Coop and Dieberg who, through ethnographic fieldwork over a four-year period, researched beliefs and attitudes of acupuncture practitioners in Japan.[6] As will be clear from the rest of the article, these themes overlap considerably.

SHALLOW NEEDLING AND CONTACT TOOLS

One feature in particular distinguishes JAM from other styles. Japanese acupuncture needles are much finer than those typically used in Chinese acupuncture. Moreover, even though the needles are much finer, insertion depths are much more shallow, often between 1-4mm, as opposed to 1-2 *cun* in TCM.

Even more remarkably, in many styles, such as Meridian Therapy, Toyohari and Shakuju, non-insertive needle techniques have been developed so that the needles or similar tools such as *teishin* are merely touched to or held on the skin. No needle insertion takes place. These techniques are difficult to master and yet cause dynamic changes in the pulse and in the soft tissues that are being needled.

In China, I was taught to needle with mechanical techniques such as twirling, lifting and thrusting that were designed to cause strong needle sensation, sometimes by entwining the tissues around the needle. When I told a teacher in China in 1995 that there was a method in Japan called touch needling, he roared with laughter and told me not to be so gullible. Japanese touch needing is so different from Chinese needling that it is only recognisable as needling because a needle is being used.

In addition to non-insertive needling, the Japanese have also maintained and developed a range of other tools for treating at the level of the skin surface. These derive from the first three of the nine classical needles in the Ling Shu Chapter 1.[7]

English	Chinese	Japanese
Sagittal (arrowhead) needle	*Chan zhen*	*Zanshin*
Ovoid tip (roundhead) needle	*Yuan zhen*	*Enshin*
Blunt tip needle	*Shi zhen*	*Teishin*

Chant et al divide these contact tools into two categories: *teishin*, and friction tools, meaning tools that are used for stroking or pressing. *Teishin* look like short knitting needles, usually with a tiny ball at one end and a blunt taper at the other. Rubbing and pressing tools such as *enshin* and *zanshin* can come in all sorts of shapes. *Enshin* usually look like a child's lollipop, but are made of various metals, including stainless steel, copper and silver and cost considerably more.

Fig 1: *Teishin* are blunt tipped 'needles' that are used for non-insertive stimulation of acupuncture points.

Of course, rubbing the skin is not unique to JAM, as the Chinese also use *gua sha* rubbing tools, blunt tipped rollers, etc but in JAM these tools are used in the same energetic way as for touch needling: with the intention to move *qi* in the channels by applying a bare minimum of stimulation. In Toyohari, for example, if the skin turns red, it is considered to be too much stimulation.

Fig 2: *Enshin* look like metallic lollipops and are used for very light rubbing of the channels.

Fig 3: This contemporary silver *zanshin* has kept the 'arrowhead' of its classical antecedent but has been modified into a rounded conical shape. It is used for tapping and pressing.

ZEN BUDDHISM

As we can see from the present day designs of the classical needle shapes, the Japanese have always been good at refining things and making them simple and elegant. This is in part due to the influence of Zen Buddhism, where simplicity and minimalism are highly regarded.

Fig 4: Refinement and simplicity in design are much influenced by Zen Buddhism.

'Zen concepts are so embedded in nonreligious beliefs and behaviors (including the practice of acupuncture) that they no longer retain religious meaning in these contexts.' [9]

Japanese history has been hugely influenced by concepts and beliefs in Zen Buddhism, so understanding this, first and foremost, is the key to understanding Japanese acupuncture.

The truly Zen legend of Waichi Sugiyama, regarded as the 'Father of Japanese Acupuncture', also illustrates how these beliefs are core to what is practised today. Sugiyama, a blind acupuncture student in the 17th century, was sacked by one teacher, and then a second, who after years of trying to train him, despaired of him for being 'too dull' and 'without talent'. His needling was apparently clumsy and painful.[10] Eventually after much struggle and meditation on the island of Enoshima, he tripped and fell, grasping a piece of bamboo in which lay a pine needle. From this he was led, perhaps by divine inspiration or maybe by pure Zen pragmatism, to invent the guide tube, which led to a transformation of Japanese acupuncture, enabling the insertion of very fine needles, and needles made from soft metals such as gold and silver. Sugiyama's guide tube, in its plastic, disposable version, is still used worldwide today.

He also became hugely influential in other ways, by setting up many schools for blind acupuncturists and transposing all the complexity of Chinese acupuncture into simpler, practical concepts that he could teach.[11] Part of this was because he was blind, and had to have the classics read to him by a student, so he needed to disencumber himself from excessive theorising and make things simple. But this emphasis on practicality over theory is itself very Zen, and this influence continues not just in the blind acupuncture communities, such as the Toyohari Association, but as a general direction within Japanese acupuncture as a whole. Practical concerns overrule theoretical expectations.[12]

"I asked (Dr Manaka) this question about this incredibly complicated, theoretical thing, something to do with the *I-Ching* and all kinds of strange things I was interpreting, and he stood very politely, and he nodded, and he nodded, and when I'd finished he turned to one of his assistants - he said 'Toshi, lie down. Steve, show me your theory on Toshi!' and it was impossible!" Stephen Birch

Theory is often discarded for practical concerns. For example, the tonification point of Spleen channel should, according to *Nan Jing* theory, be SP 2 *da du* but the Toyohari Association has discarded this point for SP 3 *tai bai*, because SP 3 gets a better change on the pulse.

Moreover, the emphasis placed on mindful practice and striving to mastery in Zen Buddhism is reflected in the teaching methods of Japanese acupuncture. In the Toyohari Association, for example,

everyone in a group study session needs to practise basic needling techniques, even at the highest levels of the instructor core such as the president and vice president. Everyone has to practise the basics, time and again.

PALPATION

Palpation is part of the Four Examinations but has evolved very differently in China and Japan. Palpation in Japanese acupuncture can be seen as another legacy from Sugiyama, who made acupuncture a profession that blind people could enter. By necessity, blind practitioners need to depend on their other senses for diagnosis and have therefore elevated palpation to a fine art. For example, in the Toyohari Association, the blind practitioners talk about the lustre of the skin as something that can be palpated, rather than seen, often using the skin of the anterior forearm as an indicator of vitality. Reliance on palpatory findings for diagnosis and feedback, before and after treatment, is paramount.

Although *hara* diagnosis is mentioned in the *Nei Jing*, it plays no part in modern TCM diagnosis, where tongue diagnosis is prioritised. In Japanese acupuncture, palpation of the *hara* is of paramount importance. Light stroking is used in some styles, for example Toyohari, and deeper palpation looking for pressure pain reactions is used in others such as Nagano, Kiiko Matsumoto and Manaka styles.

Channel palpation is also important. In China this has been virtually ignored with the exception of the late Wang Ju Yi, though outside of TCM it is certainly true that other renowned Chinese practitioners such as Master Tung and Dr Tan palpated the channels. In Japanese acupuncture, channel palpation is very common.

"My treatment always starts from palpation. Why do I do that? I touch the skin right away... it's very easy to feel energy: you can feel cold and heat or depression or induration but through this information… you feel the energy very, very quickly. So then once I've assessed the energy level of the patient, then I decide how I can treat the patient… I don't think... like a diagnosis in my brain, my diagnosis is always from touch, then I decide how to treat the patient and then including qi or whatever... blood... everything comes from the touch." Junji Mizutani

"Junji said he immediately starts touching his patients – patients immediately relax – we're not robots, we're designed to respond to touch and so that is an immediate part of the healing process as well." Brenda Loew

INDURATION OR ABNORMAL TISSUE FINDINGS

Chant et al identified a theme in JAM that they called abnormal tissue findings.[13] Following on from palpation, it is natural to consider what you might find with it. If you are stroking the belly or the channels, what might you be looking for?

Our panel discussed these ideas, focusing on indurations and painful points but the concept of abnormal tissue findings is even broader. In some cases, the skin and channels feel excess and in others they feel deficient. These feelings of deficiency could be a lack of elasticity of the skin, feelings of roughness, coolness, cold, moisture, stickiness, dryness, coolness, softness or puffiness, whereas excess could feel hot, tight, hard, swollen or painful on palpation. What is critical to understand about JAM is that when these findings are observed, treatment is given with the intention of changing them right away. This means that if the belly feels cool, by the end of the session it should feel warm. If the skin on the anterior forearm feels rough, it should end up feeling smoother. If a muscle feels hard and swollen, it should relax by the end of the treatment.

In other words, an important part of the treatment in JAM is not just about diagnosis at the level of *zang fu* or channel differentiation, such as deciding to treat the Liver and Kidney channels, it is also about identifying and rectifying abnormal findings on a tactile, palpatory level. These might be very specific findings, for example that certain points on the belly feel painful or tight, or very general findings, such as the skin on the back feeling smoother or warmer. When applying moxibustion, the feeling of a point should change after the application of heat. For example, when treating Fukaya's anxiety points in the intervertebral spaces with small cone moxibustion, the points should go from tender to not tender, or the treatment has not been successful.

What is more, these palpatory findings take precedence over theory. If theory indicates one thing but there are no reactions at the points, then the diagnosis may be wrong.

"So, I may have a very good diagnosis… and the diagnosis says 'Needle these points with these techniques', so I go to the point and there's no reaction in the point! I can't find anything at the point! I don't doubt the theory, I (think) 'Oh my diagnosis is probably wrong, I better go back and re-examine the patient'. ... Maybe I've missed something or misjudged something because the theory (is) that the palpable reaction at the point must be present, otherwise that point isn't relevant and if I touch the same meridian and I still don't feel any reasonably good palpable reactions that indicate I need to tonify this meridian or I need to drain this meridian then I have to go back and say… I must have

missed something in the diagnosis. So, the palpable reactions in the patient actually play a very important part of bringing the theory to life." Stephen Birch

FEEDBACK MECHANISMS OR INSTANT CHANGES

In many traditions of acupuncture, there is an expectation of rapid change. For example, after putting in the needles, many practitioners will expect the pulse to change. Most Japanese acupuncture styles, relying as they do on palpation to such a high degree, make predictions about these rapid changes, not just on the pulse, but in the soft tissues of the body, and specific reaction points, with each needle or point that is treated. For example, in Manaka style acupuncture, if you needle Ki 7 *fu liu*, it should release tightness at Ki 16 *huang shu*. In Kiiko Matsumoto style, if you find tenderness at left St 25-27 *tian shu*, *wai ling* and *da ju*, you can release it by needling Liv 4 *zhong feng* and Lu 5 *chi ze*.

Many of these reactions following needling take place on the abdomen but many others will be noted in reflex areas in other parts of the body. These reactions are predictable and repeatable, and thus many protocols in JAM will include reflex areas to check before and after treating certain points.

MINIMAL STIMULATION, DOSAGE AND SENSITIVITY

We have seen already that JAM is influenced by Zen Buddhist concepts of minimal intervention with maximum effect. The needles are finer, insertion depths are reduced and non-insertive techniques have been developed. This concern with minimising stimulation is applied to all modalities, including cupping, moxibustion and bloodletting. Cupping retention times are short, moxa cones are very small in size, moxa punk is manufactured to burn at lower temperatures, bloodletting is researched so that numbers of drops squeezed out are matched to the patient's strength.[14]

Dr Manaka wrote at length about dosage and about how to assess the sensitivity of a patient, adapting treatment to their needs, paying especial attention to sensitive patients.

Finally, there was some discussion among the panel about changes in patient sensitivity over recent years. Patients seem to be more sensitive than they were thirty years ago.

"I use insertive needling but my technique is getting lighter and lighter and when I was, you know, very young, there were no allergies but today there are many allergy patients. That means… people have become more sensitive so that we have to use lighter and lighter stimulation for sensitive people… probably a hundred years ago, two hundred years ago, people were more tough, so we could use more stimulation and then they changed but today even adults... have a light sensitivity, like a child, so I can use a child needle for adults now… in my 35 years of experience my stimulation has become lighter and lighter." Junji Mizutani

"People's sensitivity, as I said, is changing, so that you know, less heat works better now. (In the past) people burned the skin very severely, they made big scar tissue and keloid, but you don't need that today. If you use a tiny, tiny *shijohkyu*,[a] it's a string-type moxa, just one cone can change the condition very quickly, and with *chinetsukyu*,[b] you don't burn the skin. As soon as you feel the heat then you take it off – then that works. So, moxibustion is changing… same as needling. Needles are becoming much smaller and smaller, smaller and very thin now and then finally we don't have to insert the needle, we just touch the metal on the skin or even you don't touch, you just use quartz or whatever... Then it works. So that people's sensitivity is changing. Moxibustion heat sensitivity is changing." Junji Mizutani

ROOT TREATMENT OR WHOLE BODY REGULATION

JAM makes important distinctions between treating the root, i.e. regulating and harmonising the qi flow in the whole body and treating the branch, i.e. bringing various techniques to bear on the presenting symptoms.

"The root treatment is more general. I say it is a 'ground levelling'. You know, if you have some rough ground then you have to make it flat. Then you will find some important part, some important point to dig to find something, so my idea is just ground levelling and then I find a good, good point to dig deeper and deeper and get some treasure from there. That's my idea of branch treatment. So it varies: two steps: first step just general treatment then second step you focus on the very important point." Junji Mizutani

[a] *Shijohkyu* (thread moxa): a moxa cone about the width of a piece of cotton thread placed vertically on the skin and burnt all the way down.
[b] *Chinetsukyu* (cone moxa): sensing warmth moxibustion. A moxa cone is placed on the skin and allowed to burn until the patient feels the very first signs of warmth, then quickly removed, before the sensations feel hot. In Toyohari, the cone is removed when the pulse changes, usually before the patient has felt any warmth at all.

"When we're doing acupuncture we're not keeping biological or chemical systems in mind and we're not limited to symptom control, we're trying to regulate and harmonise the *qi* of the body." Brenda Loew

"The Japanese traditional (treatments) are based on regulation or harmonisation of *qi*… (JAM) is essentially a wellness model versus the Western scientific model which is a disease model – it's focusing on symptoms." Brenda Loew
Root treatment, or whole-body regulation is prioritised. It may be that to do effective root treatment, lighter techniques are more appropriate.

"(Manaka) suggested that the body has many different levels of regulatory systems involved and there are certain kinds of regulatory systems that operate at very low energy levels in the body, sort of in the background. …I think that maybe gentle needling techniques allow us to trigger this kind of regulatory effect in a more easy way." Stephen Birch

MOXIBUSTION

Specialisation in different techniques is another feature of JAM. For example, one of the most renowned practitioners of moxibustion, Isaburo Fukaya, was not licensed to do acupuncture and treated with moxibustion alone.[15] Two other practitioners, Kudo and Murayama, practised for many years using *shiraku* (microbleeding) as their primary therapy.[16] This trend in specialisation has allowed very sophisticated methodologies to develop in modalities such as cupping, microbleeding and moxibustion, which in TCM training, particularly in the West, have been seen as more adjunctive or secondary.

Moxibustion is one area where this specialised knowledge has fed back into the acupuncture community and hugely elevated the role of moxibustion in clinical practice. It may also be true that moxibustion in Japan started and continued to be a 'people's medicine', something anyone could do at home with the family, whereas acupuncture first found its role with the wealthier classes.[17] Thus, in JAM moxibustion plays a very important role, in parallel to needling, adding to the range and effectiveness of techniques available to the practitioner.

"Moxibustion and acupuncture needle treatment are totally different kinds of stimulation. When we use a needle, the needle is metal and we insert it into your skin, with the contact of the metal to your skin, but moxibustion is heat and heat basically burns your skin and it's a totally different stimulation. If you combine two different kinds of stimulation like that, if you have two different tools and if you connect two tools, two very good methods, you can make more efficiency. So needle stimulation and moxa/heat stimulation don't conflict with each other, they help." Junji Mizutani

"When you burn moxa down to the skin and cause small tissue damage, it triggers these immunological changes which happen on a larger scale and more diversely than you tend to see with simple needling alone, and if you understand how to use these… it gives you a very broad ranging set of tools." Stephen Birch

However, it is important to define here what we mean by moxibustion. If you search 'benefits of moxibustion' on the internet, you will find all kinds of references to 'improving immunity and boosting white blood cell counts', but these references are misleading because they confuse different kinds of moxibustion, for example indirect moxa with a moxa stick, indirect moxa on the end of the needle and Japanese small cone moxibustion. These are three totally different therapies with very different effects. Moreover, even small cone direct moxibustion in Japan is very different from direct moxibustion with small cones in China.

"This is kind of a specialty of moxibustion practice in Japan that you don't tend to see outside of Japan, except among other Japanese acupuncture practitioners… that the moxa is very different than the way it's done in China. I have seen a book... from modern China, describing the modern use of direct moxa but they were making really large cones of moxa... and... the place the burns that were produced were quite large. When we do Japanese-style *okyu*, as it's called, we don't create those kinds of burns, the burns we produce are very small." Stephen Birch

My own observations of small cone moxibustion in China is that although the tip of the cone may be thread-like, the surface area of the base is relatively broad, and thus delivers much more heat than what would be considered acceptable among practitioners in Japan. Moreover, the material used to make the cones is less refined and therefore burns hotter. Finally, my teachers in China used very tight rolling techniques that compressed the moxa, making it burn hotter.

[c] On a recent visit to the Yamasho moxa factory in Japan, I was told that it takes 100 kg of artemisia leaves to make 4 kg of refined moxa.

Compared with this method, Japanese *okyu* rolling principles are very different. The base is narrow, delivering less heat, the material is super-refined,[c] also delivering less heat and the method of rolling leaves the moxa wool uncompressed, resulting in less heat. Thus minimal stimulation is emphasised at all stages of the moxa process, from manufacture to rolling technique to the shape of the cone.

"The Japanese are very good at taking somebody's idea and kind of playing with it to make it better and more functional, so instead of making a round ball of moxa, you make your moxa shape like a grain of rice, so that the contact point on the skin is much smaller… and you don't roll it hard, you roll it softly, so it burns slowly, it's moulded softly to shape, so when it burns down – yes there's a pinch of heat but it's not the same kind of burning sensation or really, really hot sensations." Stephen Birch

SUMMARY

In summary, because of geographical and political isolation, JAM evolved very differently from acupuncture and moxibustion in China, most notably because of the twin influences from Zen Buddhism, which encouraged both minimalism and theoretical simplicity and from the blind practitioners, who became a significant segment of the acupuncture community and elevated palpation to a fine art.

Palpation led to more importance being placed on abnormal tissue findings such as indurations, and an expectation that these abnormalities could and should resolve quickly with treatment. JAM makes very clear distinctions between whole body regulation and the treatment of symptoms, as well as making allowances for different levels of sensitivity in patients. As a result, very light techniques developed, including touch needling and stroking and pressing with contact tools.

Other modalities such as moxibustion, cupping and bloodletting became very significant, not just as adjunctive therapies, but because of a cultural trend to specialisation, as primary therapies in their own right and these therapies too, trended to minimal levels of stimulation.

Putting all these factors together, this long and vibrant tradition of acupuncture has created not just one cultural export, like TCM, but many different styles of acupuncture and moxibustion that share common themes of regulating the *qi* of the whole body with minimal intervention and a respect for the increased levels of sensitivity in contemporary urban patient groups.

ON SPECIATION AND ORTHODOXY

A few years ago I treated a patient in Kuala Lumpur with Toyohari. Treatment consisted of touch needling and stroking the channels with an *enshin*. At the end of the session, she felt great but she said, "That's not acupuncture, that's *qi gong*!" I disagreed with her, explaining that Toyohari is acupuncture: it uses a needle, although no insertion with the needle is performed. It uses the same acupuncture points on the twelve channels and the same pulses described in the same classics that inform TCM. Her reaction was more to do with the fact that it felt entirely different to any acupuncture she had had before.

Darwin's theory of evolution states that when separated by physical barriers, such as in the Galápagos Islands, a single species can differentiate. If this process of differentiation continues long enough, the two lines, evolving in different locations will become unable to mate. This process is called speciation.

Could there come a point where something that is so subtle compared with something that is relatively forceful, will not be recognisable as the same thing? Could it be that Japanese acupuncture and Chinese acupuncture will become so different that we won't be able to call them both acupuncture?

In political terms, this is already happening. This is because, whether we like to admit it or not, Chinese soft power is being extended worldwide. 'Efforts have been made on several fronts to establish standards that can be used to pressure governments to allow the Chinese to dictate and redefine standards within our field.'[18] TCM is a valuable cultural export and is increasingly becoming the orthodoxy, not just in the world of acupuncture regulation but even in East Asian therapies where it really does not belong such as Shiatsu. Shiatsu textbooks and courses, which originally were concerned with channel theory and channel stimulation have increasingly started to teach TCM *zang fu* theory and acupoint theory.[19]

In Malaysia, where I practise, TCM has become so enshrined politically that I can no longer advertise what I do as Japanese acupuncture.[20] I am required to promote my ancient TCM credentials and pretend, in marketing material at least, that I am

something I no longer am. In Singapore, no one may practise acupuncture unless they have graduated from a local Singapore acupuncture training (in Chinese) or from one of only eight universities in China.[21] When I discussed this with the head of the Ministry of Health in 2005, she said that when they were framing the regulatory Act, it never occurred to them that there would be practitioners applying to work in Singapore from countries other than China. When I asked her what if an acupuncturist from Japan with fifty years of experience such as Mr Yanagishita, the late president of the Toyohari association, wanted to move to Singapore, she said he would be given the same terms offered to me: he could open an acupuncture clinic and hire TCM practitioners but he would not be allowed to needle. This was astonishing. A blind master from Japan would not be allowed to practise in his own clinic in Singapore.

The same orthodoxy has become established in Australia: 'acupuncturist' is now a registered title with all kinds of academic requirements attached to it. To qualify for registration you have to complete a course in Australia that is recognised by the Chinese Registration Board and these courses, whether from university or private colleges, are heavily weighted with a TCM curriculum.

If you have not completed such a course or you come from another country you would have to first satisfy the Board with your training and then do a practical with an examiner. The examiner would need to see that you can diagnose TCM syndromes and that you can needle in TCM style. This means that practitioners of JAM who are not already registered and cannot or choose not to fulfil those conditions can no longer say that they are an acupuncturist, as this is a registered title: instead they have to describe what they do as something other than acupuncture, such as 'Japanese Needle Therapy' or 'Meridian Therapy'.[22] Once again, a blind master from Japan would be prevented from practising 'acupuncture'.

These academic conditions and strictures on how we practise do not take into account the 1,400-year-old tradition of acupuncture in Japan, or of any other country, for that matter. Surely the point of acupuncture regulation should not be protectionism of one style but the regulation and promotion of safe practice of all styles?

"I appeal to my colleagues to protect the diversity of our tradition and prevent the industrialised 'Monsanto-ization' of East Asian Medicine." Brenda Loew

The United Kingdom, on the other hand, like Japan itself, is blessedly pluralistic. The British Acupuncture Council was a coming together of rival traditions and associations that basically chose to bury the hatchet with each other and accept the value of other perspectives on acupuncture. There is nothing wrong with TCM and for my part I am glad I learnt it first, as a kind of ABC of acupuncture, but it is wrong to imagine it is the only way to practise, or even the best way for the kind of people I treat in my practice. Japanese acupuncture, whether it uses contact needling and contact tools or fine Japanese needles for insertion, is eminently suitable for an increasingly sensitive urban based population.

"As Junji says, people have become much, much, more sensitive for various cultural and various other reasons and I think Japanese acupuncture is already well adapted to suit that, so it's more a matter of overcoming this kind of cultural bias that the Chinese model must be real because they invented it, and of letting people become gradually more aware that actually, yes they did invent it a long time ago, and yes they're doing a great job in China, but it's not really the most suitable for all of our patients in the West, and I think Japanese acupuncture is going to be able to fill that gap or create a big niche for itself and to that purpose I think research is going to play an important role.

"We have – if you look at the thousands of clinical trials that have been done on acupuncture that are available in the English language today, almost all of them have tested some kind of Chinese needling technique but now we have enough clinical trials testing Japanese needling techniques, including non-penetrating needling for chemotherapy-induced peripheral neuropathy with high success rate, including the use of the Pyonex 0.6-millimetre-long, and I'll repeat that for the reader – for the viewer – who didn't understand that; the needle is about half a millimetre long, inserted through the skin producing very clear treatment effects in well placebo-controlled clinical trials – I think that the evidence that shallow needling and even non-inserted needling can be highly effective is now – it's beginning to grow. I think Japanese acupuncture has a big rosy future." Stephen Birch

This article wouldn't be complete without a glossary of JAM styles and methods. The following A-Z of Japanese acupuncture and moxibustion is taken from my own project, Sayoshi.com, an online directory of Japanese acupuncture practitioners worldwide. Many of these styles and descriptions were first submitted by members.

STYLE NAME	DESCRIPTION
Akabane method	The Akabane technique is an acumoxa method for assessing and treating the autonomic nervous system, most known for testing heat reactions at the *jing-well* points.
Fukaya style	Isaburu Fukaya was a master practitioner of moxibustion who developed many innovations in the field of moxibustion, most famously using very small cones and a bamboo tube to reduce the perception of heat during treatment.
Ikeda style traditional Japanese acupuncture	Masakazu Ikeda is a contemporary practitioner, in practice for over forty-five years. His theories and techniques are based on the Chinese medical classics, incorporating ideas from *Nan Jing* 69, 75 and 81, Meridian Therapy, *zang fu* theory and his own ideas on syndrome pattern identification.
Kiiko Matsumoto style	A renowned international contemporary author, trainer and clinician based in the USA, Kiiko Matsumoto has developed an integrated approach incorporating the work of Master Nagano, Master Kawai and Dr Manaka. Her style emphasises palpation to adapt each treatment to the needs of the individual and shallow needling with very fine needles.
Kinseikyu	Developed in recent years by Spanish moxibustion practitioner Felip Caudet, Kinseikyu is a postural moxa bodywork method – a soft and gentle whole-body treatment that treats pain and functional structural problems.
Koshi Balancing	A Japanese style of structural acupuncture, with a focus on the lumbar pelvic area. It uses touch needling, superficial needling, and deeper needle techniques, integrated with Japanese bodywork, moxibustion, and movement therapy.
M-Test	Developed by Dr Yoshito Mukaino, the M-Test is a simple diagnostic and treatment protocol that provides the practitioner with a comprehensive overview of the patient's body, quickly illuminating areas of pain, imbalance and restriction by assessing quality of movement with the potential of immediately resolving them.
Meridian Therapy	Meridian Therapy is a classical and influential style of acupuncture based on Five Phase theory that involves very light needling to balance the root and a broad variety of symptom control treatments, including moxibustion.
Miki Shima style	A systematised method of using the Eight Extras and the divergent channels, developed by contemporary practitioner Miki Shima and Charles Chace.
Mizutani moxibustion	An integrated approach to moxibustion developed by contemporary practitioner Junji Mizutani, combining elements of Sawada style together with other pragmatic approaches.

Nagano style	Kiyoshi Nagano was a blind acupuncturist who developed a new and very individual style, based on his own unique palpation and diagnostic skills. His approach informed and shaped the way other Japanese acupuncture styles have developed, particularly that of Kiiko Matsumoto.
Ontake Warm Bamboo	More a method than a style, Ontake is an adjunctive moxibustion technique that uses a short piece of bamboo filled with moxa. When the moxa is lit the bamboo becomes a warm rolling and pressing tool. Some practitioners use this on its own, others use it with Manaka's meridian frequencies.
Ryodoraku	A treatment method developed in the 1950s by Professor Nakatani in Osaka. It makes correlations between variations in electrical resistance on the skin and the functional state of the inner organs and includes using metal probes to measure electrical resistance before and after, and to treat the points.
Sawada moxibustion	A whole body moxibustion treatment using a combination of standard points and other special effects points based on the unique approach of Ken Sawada (1877-1938). Sawada had a huge influence on Japanese moxibustion, devising his own whole-body routines and successfully treating many diseases.
Setai Shinpo	Seitai Shinpo, meaning 'Correct Posture Acupuncture Method', is a modern system of acupuncture created in the 1970s by Daiichi Sorimachi. Seitai Shinpo has been most influenced by the acupuncture-moxibustion style of Ken Sawada and the structural therapy of Sotai Ho developed by Dr Keizo Hashimoto.
Shakuju	Shakuju Chiryo is a popular system of Japanese Meridian Therapy. Administered with non-insertive techniques, it emphasises treating the root or core energy of the body to fight off disease, focusing in particular on the abdomen and back.
Shonishin	Shonishin is a very gentle style of acupuncture for children. It usually does not involve any needling. Instead the channels are stroked, pressed or rubbed with rounded, blunt tools such as *enshin*. Children usually love it!
Sotai	Movement therapy and postural realignment, developed by Dr Keizo Hashimoto in the 1970s. Uses pain-free movements to restore chronically shortened muscles. Often integrated into acupuncture sessions, and in Manaka style, performed together with moxa.
Toyohari	Toyohari is a very gentle style of Meridian Therapy developed by blind practitioners. It is typified by very delicate, pain-free, non-insertive needling techniques called 'touch needling'.

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