

# **2011 Tokyo Declaration on Japanese Acupuncture**

**— Toward Better Healthcare in Japan and the World in the 21st Century —**

June 19, 2011

## **I. Preface**

The Tokyo Declaration on Japanese Acupuncture was adopted after due deliberation in the 60th Annual Congress of the Japan Society of Acupuncture and Moxibustion and the 39th Annual Congress of the Japan Traditional Acupuncture and Moxibustion Society, both held on June 19, 2011, under the theme “Wisdom of Japanese Acupuncture and Moxibustion Concerning the Mind and Body.” The Congresses were sponsored by the Ministry of Health, Labor, and Welfare; the Japan Medical Association; the Foundation for Training and Licensure Examination in Anma-Massage-Acupressure, Acupuncture, and Moxibustion; the Japan Acupuncture and Moxibustion Association; Zen Nihon Shinkyu Massage Shikai; the Japan College Association of Oriental Medicine; the Japan Society for Oriental Medicine; The National Society of the Principals of the School for the Blind; Japan Association of Massage & Acupuncture Teachers; All Nippon Hospital Physical Therapy Association; the Japanese Society of Oriental Physiotherapy; the Japanese Society of Ryodoraku Medicine, and the Japan Conference of Clinical Acupuncture Moxibustion.

The Declaration was prepared by the Drafting Committee of the Tokyo Declaration on Japanese Acupuncture composed of twenty Japanese scientists in related fields. The committee's deliberations began in early 2010 and the first draft was published on the website of the Japan Society of Acupuncture and Moxibustion in May 2011 for collecting public comments. The second draft prepared by the Drafting Committee was presented at the above-mentioned Congresses.

The Declaration was addressed to national governments of the world, related associations and academic societies, and the general public, and presents the current distinctive characteristics of Japanese acupuncture and moxibustion based on their historical background. It aims to promote

the further advancement of acupuncture and moxibustion as a component of medicine (or healthcare) in the world.

## II. Background

Acupuncture and moxibustion began almost 2000 years ago when the first comprehensive ancient Chinese medical text “*Huangdi Neijing* (Yellow Emperor's Classic of Internal Medicine)” was written. The theoretical system of “*Huangdi Neijing*” is followed by the basic theories underlying current Japanese acupuncture and moxibustion practices: yin-yang theory, five phase theory, viscera and bowels, meridians, pathogenesis, and the principle of treatment. The system of medicine practiced by the Han people who lived in the Yellow River basin in China has been pervasive in cultures using Chinese characters and has long played an important role in health maintenance and treatment of diseases in East Asian countries.

Although acupuncture and moxibustion were formally introduced into Japan in the 6th century, Chinese medicine probably came to Japan via the Korean Peninsula earlier, since people in Japan and the Peninsula had been interacting with each other prior to the 6th century. Acupuncture and moxibustion as a branch of Chinese medicine was officially adopted in Japan before the Nara Period (AD 710 – 784) as evidenced by the presence of the medical system *Ishitsuryo* in the *Taiho Ritsuryo* (Taiho Code), which was enacted in AD 701. The *Ishitsuryo* at that time stipulated a 7-year period of training to qualify as an Acupuncturist or doctor of Acupuncture.

Subsequently Japanese acupuncture and moxibustion were repeatedly devised, improved and adapted to the Japanese climate and culture as well as characteristics and thought of the Japanese people, thereby evolving into the classic form of medicine in Japan known as Kampo medicine by the Edo era (AD 1603 – 1868). Moreover, it persisted to the present time as part of the cultural heritage of Japan. In the Meiji era (AD 1868 – 1912), inspired by the slogan *fukoku*

*kyohei* (rich country, strong army), various measures and policies were implemented in all sectors of society. In the medical care sector, with the advent of Western medicine, there was a decline in the esteem with which Japanese acupuncture and moxibustion medicine was held as the classic form of medicine. However, Japan has preserved its unique form of acupuncture and moxibustion medicine by eclectically assimilating the principles of Oriental medicine and Western medicine and systematically organizing the both. In recent years, Japanese acupuncture and moxibustion medicine has developed further into a comprehensive form of medicine by incorporating new findings in modern Chinese and Korean medicine as well as modern Western medicine (Footnote 1).

Diversity is a distinctive characteristic of Japanese acupuncture and moxibustion medicine, owing to the willingness of Japanese practitioners to provide healthcare that utilizes various theories according to the complex structure of the human body. Currently in clinical settings, acupuncture and moxibustion are available as medical care that aims to enhance the natural healing ability of the human body as well as takes advantage of examination techniques used in both Oriental and Western medicine for individualizing treatment.

Because of these diverse characteristics, acupuncture and moxibustion medicine has been attracting the attention of medical institutions in Japan, and then opportunities to cooperate with Western medicine are increasing. Underlying this trend could be the recognition and acceptance of acupuncture and moxibustion treatment by practitioners of Western medicine.

Kampo medicine and acupuncture and moxibustion, which had played a pivotal role in Japanese medicine until the end of the Edo Period, were supplanted by Western medicine during the Meiji Period. Consequently acupuncture and moxibustion were placed outside the national healthcare system and laws applying to them were developed separately. In the late Meiji Period, a license system for acupuncture and moxibustion practice was instituted. After World War II, the Japanese government ordered a ban on acupuncture and moxibustion in accordance with recommendations of the General Headquarters of the Allied Forces (GHQ). However, the order was withdrawn in the wake of intensive opposition by scholars and practitioners of acupuncture and moxibustion, resulting in enactment of the law which led to the present Act for Practitioners of Massage, Finger Pressure, Acupuncture and Moxacauterization, etc. Since 1988,

acupuncturists and moxibustionists have been licensed by the Minister of Health, Labor, and Welfare (Footnote 2).

Acupuncture and moxibustion education was based on an apprenticeship system before the Meiji era and an institutionalized school system during and after the Meiji era. Specifically since 1947, the laws have undergone multiple changes. Today acupuncture and moxibustion training is provided at vocational colleges and 4-year colleges to those who graduate from senior high schools. Licenses are granted to those who finish the required college course and pass the national examinations for acupuncturists and moxibustionists (Footnote 3).

The current curriculum for acupuncture and moxibustion in Japan is based on a Western medicine model and includes specialized subjects such as acupuncture and moxibustion. Thus, the mentality and thought of the Japanese people are combined with those of Western medicine to serve as a basis not only for the diversification of medical practice which is characteristic of Japanese acupuncture and moxibustion, but also for the promotion of complementary medicine and integrated medicine.

A number of basic studies on acupuncture and moxibustion medicine have been published in Japan. These elucidate the mechanism of action as well as provide a certain amount of evidence of efficacy. These findings should be disseminated through international academic exchanges, thereby contributing to the advancement of basic research on acupuncture and moxibustion on a global scale. In clinical research, rather than randomized controlled trials to assess the efficacy of acupuncture and moxibustion are performed. Moreover it is recommended that clinical studies be designed in accordance with the innate characteristics of acupuncture and moxibustion to explore the unique clinical efficacy of acupuncture and moxibustion, and their results should be published.

### **III. Current Status**

The medical care system in Japan is modeled solely on Western medicine. Although acupuncture and moxibustion and medicine are separate systems, acupuncturists and moxibustionists have the same right to practice as physicians and dentists. Hence acupuncturists and moxibustionists may privately practice acupuncture and moxibustion for purposes of health maintenance and promotion and the treatment of disease, and play a distinctive role in the healthcare system of the Japanese people.

Even though the Western medicine-based healthcare system is well established in Japan, acupuncture and moxibustion have a unique role because they are practiced from both an Oriental and Western medicine perspective. Thus, Japanese acupuncture and moxibustion are widely used to treat a range of diseases and symptoms<sup>1-10)</sup> (Footnote 4).

Because therapeutic measures do not require sophisticated equipment, acupuncture and moxibustion can be performed in rural areas with inadequate medical facilities as well as in situations where medical facilities have become nonoperational. For instance, after the devastating Great East Japan Earthquake on March 11, 2011, acupuncture and moxibustion treatment was offered to victims to maintain and improve their health.

Even in a society where highly sophisticated medical technologies are widely available, medical care that is familiar and readily available to people is still necessary. In this regard, acupuncture and moxibustion can perfectly fulfill this need, provided that their usefulness is well supported by mounting academic evidence.

Today in Japan, acupuncture and moxibustion are actively studied and the number and quality of research papers is increasing.<sup>11-15)</sup> Areas of research have also been expanded to include medical education, classical diseases, gynecological diseases, geriatric diseases, and cancers. Acupuncture and moxibustion research in Japan has thus been advancing; however, research findings have not been adequately disseminated. Hence international exchanges of

information will be needed to advance the practice of acupuncture and moxibustion medicine as well as promote research. In addition, improved systems of education, training, and the like should be implemented to improve practical techniques and the quality of acupuncture and moxibustion medicine available to the people of Japan.

In clinical practice in Japan, many acupuncturists are using minimal invasive methods involving soft and tender stimulation such as thin needles, shallow insertion, and stimulation to skin without needle insertion, which have been well received by patients. Such acupuncture techniques have been appreciated globally.

Diagnostically, palpation is valued; most acupuncturists touch the skin and select acupuncture points and treatment sites on the basis of the responses of patients. Consequently acupuncture and moxibustion are increasingly thought of as individualized treatments.

On the other hand, in Europe and the U.S., large-scale clinical studies that are not clarify individualized treatment have been conducted in recent years.<sup>16, 17)</sup> Although the efficacy of individualized treatment has been demonstrated in some Japanese studies,<sup>18, 19)</sup> the evidence remains inadequate. Unlike Western medicine which has an emphasis on etiology, acupuncture and moxibustion treatment takes various entangled factors into account. Hence it is not easy to find specific efficacy in current clinical research settings.

Consequently, a methodology of clinical research which focuses on characteristics of acupuncture and moxibustion is needed. Specifically for Japanese acupuncture and moxibustion which use soft and tender stimulation, it is critical to develop study designs as well as new technical methods to evaluate the efficacy of interventions involving individualized treatment as a main component. Such efforts should academically contribute to modern medicine focus on individualized medicine. Thus, there is an urgent need to publish highly detailed results of clinical research on acupuncture and moxibustion.

## **IV. Future Issues and Proposals**

### **1. Future Issues**

Japanese acupuncture and moxibustion date back more than 1000 years when the acupuncture and moxibustion therapy of ancient China migrated to Japan via the Korean Peninsula. Devising unique techniques to suit the Japanese climate and the individual needs of the Japanese people and even integrating Japanese acupuncture and moxibustion with the newly introduced methods of modern Western medicine have resulted in distinctive practices. With globalization of acupuncture and moxibustion, all professionals responsible for Japanese acupuncture and moxibustion should deepen their knowledge of Japanese acupuncture and moxibustion as well as share their knowledge and experience globally.

In clinical settings, commonalities of diversity should be clearly identified. To this end, focus should be placed not only on techniques of diagnosis and treatment but also on body view, philosophy, professionalism, mission and sense of ethics which underlie acupuncture and moxibustion, so as to establish a consensus view of the entity of Japanese acupuncture and moxibustion.

As a matter of course, acupuncture and moxibustion should contribute to prevention and treatment of disease. In addition, if death is the consequence of life, Japanese acupuncture and moxibustion should address not only the quality of health, but also the quality of processes leading to death (i.e., quality of life) in an aging society. Data must be gathered on demerits of medical care without acupuncture and moxibustion and merits of medical care with acupuncture and moxibustion.

With regard to research, approaches that not only focus on some local responses to acupuncture and moxibustion stimuli, but also evaluate holistic responses occurring in mind and body should be promoted. Besides, efforts should be made to improve the quality of evidence (i.e., by conducting randomized controlled studies), and research using epidemiological techniques should also be conducted to demonstrate that acupuncture and moxibustion contribute to the treatment of *mibyō* (the presymptomatic state).

Meanwhile, with respect to research methodologies including control group selection, interindividual differences, and difficulties arising out of the clinical trial environment should be actively discussed. In the past, a press report on acupuncture anesthesia triggered intensive research on pain, resulting in a quantum leap forward in that area. Likewise, it is expected that there will be more discussion about reactions to weak Japanese acupuncture and moxibustion stimuli and the placebo effect. The Japan Society of Acupuncture and Moxibustion along with individual researchers are obliged to disseminate these new findings and concepts.

In the area of education, a core curriculum should be drawn up for human resource development. However, not only knowledge and technique, but also following the philosophy of Japanese acupuncture and moxibustion needs to be clarified. And the quality of instructors needs to be enhanced to ensure the quality of education. To this end, postgraduate and continuous education for instructors and clinicians should be more actively carried out.

Finally, a database which offers the general public and healthcare professionals easy access to basic knowledge and clinical evidence of Japanese acupuncture and moxibustion should also be maintained. Such a database should help promote the understanding that acupuncture and moxibustion are a very promising part of not only primary healthcare but also other areas of care including rehabilitation and palliative care.

## 2. Proposals



The historical background and current social status of Japanese acupuncture and moxibustion were analyzed prior to preparing this Declaration. The great significance of this Declaration will be recognized by promoting an understanding of the characteristics and future issues of Japanese acupuncture and moxibustion among professionals in acupuncture and moxibustion medicine, and in healthcare and healthcare administration. We hope that such an understanding would influence the development of acupuncture and moxibustion throughout the world in the future.

We hereby declare the following:

- 1. We shall extensively publish new findings in acupuncture and moxibustion to the medical community and the general public for further comprehension and appraisal of acupuncture and moxibustion.**
- 2. We shall establish a study design capable of demonstrating the clinical significance of acupuncture and moxibustion in order to contribute to the advancement of research worldwide on the clinical efficacy and safety of acupuncture and moxibustion.**
- 3. We shall secure the appropriate position of acupuncture and moxibustion in the Japanese healthcare system.**
- 4. We shall promote understanding of acupuncture and moxibustion as part of Japan's precious cultural heritage and familiarize the public with the therapy.**
- 5. We shall facilitate exchanges among the acupuncture and moxibustion communities of Japan and other countries, regard for their characteristics and make deeper understandings of acupuncture and moxibustion one another, and endeavor to maintain and inherit the diversity of acupuncture and moxibustion practices globally.**
- 6. We shall take a holistic approach in offering acupuncture and moxibustion therapy, thereby further contributing to maintenance and improvement of health as well as prevention and treatment of disease.**

Contents of the Tokyo Declaration shall be subject to change over time as acupuncture and moxibustion develop and evolve in the future.

## **Description of the Declaration**

Items 1 and 2: Further expanded use of acupuncture and moxibustion treatment as complementary care for chronic pain diseases and age-related locomotive diseases and disorders — that do not respond adequately to modern Western medical treatment — will improve quality of medical care and bring great benefits to patients. The specific of acupuncture and moxibustion treatment can also be adequately utilized in primary healthcare and primary care settings because of its diagnostic and treatment methods. Moreover contributing to improvement of quality of life (QOL) will be necessary by demonstrating the value of these methods in diverse areas including palliative care of cancer patients,. To this end, high quality evidence showing the clinical value of acupuncture and moxibustion in Japan and other countries needs to be collected and presented to healthcare professionals and the general public in order to promote the use of acupuncture and moxibustion. A number of papers reporting results of basic medical research on acupuncture and moxibustion in Japan have been published. These elucidate the mechanism of action as well as provide some evidence of efficacy. These findings should be disseminated through international academic exchanges, thereby contributing to the advancement of basic research in acupuncture and moxibustion. Meanwhile in clinical research, randomized controlled trials to evaluate efficacy of acupuncture and moxibustion should be performed as well. It is recommended that clinical studies be designed in accordance with innate characteristics of acupuncture and moxibustion to explore their unique clinical efficacy, and that the results be published. It is also necessary to promote the understanding that acupuncture and moxibustion treatment is reliable and safe which is the accepted fact.<sup>20-22)</sup> Particularly use of disposable needles and clean needle technique should be actively promoted. Accumulation of evidence is continued for the safety of equipment used in treatment and development of safer equipment is also continued; thereby Japan is playing a leading role in the world in improving equipment safety.

Items 3 and 4: Acupuncture and moxibustion are branches of traditional Japanese medicine. At the same time they are part of the precious cultural heritage of Japan and have been identified with Japan. These facts should be publicized to facilitate advancement of Japanese acupuncture and moxibustion. In China and Korea, acupuncture and moxibustion medicine has been duly regarded as traditional forms of medical practice. Likewise acupuncture and moxibustion should be appropriately incorporated into the Japanese healthcare system.

Item 5: Owing to globalization, acupuncture and moxibustion are no longer traditional medical practices limited to East Asia. Under the circumstances, there is a push for international standards of acupuncture and moxibustion. However, countries where acupuncture and moxibustion have been practiced as traditional medicine have established their own standards of acupuncture and moxibustion in the course of history. Therefore it is critical to promote exchanges with other countries including China and Korea and to respect the standards of each country. As acupuncture and moxibustion medicine progresses in each country, the diversity of practice will be both maintained and developed throughout the world.

## **Appendix**

### **Footnote 1**

In the Edo era, the Gosei school continued to play a leading role, although the Koho school came to the forefront in and after the middle of this era. Throughout the Edo era, Western medicine was brought to Japan from the Netherlands, which influenced Kampo medicine as well as gave rise to the Sechu school which blended traditions of Kampo medicine and Dutch medicine in the later Edo era. It was after the Meiji Restoration in 1868 that Western medicine became mainstream.

In the development of acupuncture between the Azuchi Momoyama era (AD 1568 – 1600) and the early Edo era, *kanshinho* (a method of needling using a guide tube) was devised, which brought about a distinct shift to soft and tender stimulation methods involving the use of fine needles and guide tubes. Meanwhile, highly refined moxa was produced by using stone mills and winnowers. This development facilitated utilization of moxibustion because stimulation could now be carried out with less heat.

During the Edo era, Japan was closed off from the outside world to avoid pressure from Western European countries. However, Japan voluntarily adopted customs not only from China and Korea but also the Netherlands. Conversely Japanese acupuncture and moxibustion techniques including *kanshin-ho* (needling with tube method) and *dashin-ho* (needling-tapping method) were introduced to Europe via the Netherlands.<sup>23)</sup> As a result, Japan was able to develop its unique culture and civilization without being totally isolated from the world and even achieved landmark success in medicine and developed innovative treatment methods. These circumstances brought about qualitative changes in Japanese acupuncture and moxibustion (i.e., adaptation to the culture and climate of Japan). Such qualitative changes may have led to the modernization of Japanese acupuncture and moxibustion based on the *Huangdi Neijing* system after the Meiji era.

Today there are many acupuncture and moxibustion practices in Japan: classic acupuncture and moxibustion following the *Huangdi Neijing* system which is based on the yin-yang and five element theories, modern Chinese medical acupuncture and moxibustion influenced by modern Chinese medicine, modern medical acupuncture and moxibustion based on modern medicine, treatment on the basis of tenderness and response, and specialized acupuncture and moxibustion including sports and cosmetic acupuncture and moxibustion. Although current Japanese acupuncture and moxibustion practices vary widely, they also seem to reflect past practices and are assumed to play similar roles in treatment.

## Footnote 2

The first law governing acupuncture and moxibustion was stated in Article 53 of the *Isei (medical system)* which was promulgated in 1874. Although Article 53 stipulated that acupuncture and moxibustion should be put under the control of Western medicine, the Article was never executed. However, the ethos of the law has been incorporated into subsequent laws and is presently still apparent. With the adoption of *Harijyutsu Kyujyutsu Eigyo Sashiyurushikata* (an act controlling acupuncture and moxibustion practice) in 1885, the practices of acupuncture and moxibustion were formally accepted. In 1911, a license system was introduced upon adoption of the regulation of Acupuncture and Moxibustion Practice.

A major turning point was 1945 when the Department of Health and Welfare of the Occupation Forces, the GHQ recommended a total ban on medical practice other than that by qualified medical doctors. An active nationwide campaign for continuing the practice of acupuncture and moxibustion was carried out and led to adoption of the Practice of Anma-Massage-Acupressure, Acupuncture, Moxibustion, Judo Therapy, etc. Act in 1947 and introduction of the practitioner licensing system. However, acupuncture and moxibustion were not incorporated into the healthcare system. The law has undergone multiple changes and the Act for Practitioners of Massage, Finger Pressure, Acupuncture and Moxacauterization, etc. was enacted in 1970. In 1988 a major revision of the law was carried out and administrative authority for licensing was transferred from the prefectural governor to the Minister of Health and Welfare (presently the Minister of Health, Labor, and Welfare).

### **Footnote 3**

Modern acupuncture and moxibustion education was started early after the Meiji Restoration. In 1903, the Tokyo vocational training school for the Visually and Hearing Impaired was established to initiate a training program for teachers of acupuncture, moxibustion, and massage

at schools for the visually impaired. This training is now conducted at the Acupuncture and Physical Therapy Teacher Training School, University of Tsukuba (authorized by the Ministry of Education, Culture, Sports, Science, and Technology). On passage of the Regulation for Control of Acupuncture and Moxibustion Practice in 1911, licenses to practice were granted to those who graduated from elementary school and completed a 4-year training program at a designated school. Thus, a parallel apprenticeship system to meet the training needs of student acupuncturists was started. Subsequently, enactment of the Practice of Anma-Massage-Acupressure, Acupuncture, Moxibustion, Judo Therapy, etc. Act in 1947 brought about a major change; training of all acupuncturists and moxibustionists was transferred to specialized schools, special-needs schools, etc. The Act underwent minor and major revisions in 1970 and 1988, respectively, and the latter revision introduced a credit system and matriculation for 3 years (earning of 86 or more credits [basic courses, 14 credits; pre-requisite field-specific courses, 27 credits; field-specific courses, 45 credits]) for senior high school graduates. Higher education began with the establishment of the Meiji College of Acupuncture and Moxibustion in 1978, which subsequently became a university with a graduate school of acupuncture and moxibustion (offering masters and doctoral degree courses). Meanwhile Tsukuba College of Technology, Tsukuba University of Technology, and Tsukuba University of Technology Graduate School of Health Sciences (offering masters degree programs in Acupuncture and Moxibustion) were established in 1987, 2005, and 2009, respectively. Thus acupuncture and moxibustion training in higher education facilities is now available to people with or without visual impairment.

#### **Footnote 4**

Japanese acupuncture and moxibustion are characterized by six distinctive features. The first is that “touch” is the most important concept. Diagnostically, palpation is valued; especially pulse diagnosis has been emphasized. The typical example is “meridian treatment” that resulted from the development of a pulse diagnosis of six-position pulse diagnosis based on a unique interpretation of pulse diagnosis. Besides, a variety of palpatory techniques including abdominal diagnosis beyond the Chinese classic medical book “*Nanjing* (Classic of Difficult Issues)”, Chapter 16 have been newly developed and have evolved gradually. In clinical settings, emphasis has been placed on touching the skin and selecting acupuncture points on the basis of

responses of the points as well as practicing treatments frequently on the sites of cutaneous and subcutaneous indications such as tenderness and induration.

The second is that the development of acupuncture and moxibustion treatment along with diagnostic devices is advanced from the Western medicine perspective. Actually, tools for objective diagnoses — such as meridian patterns of *Ryodo-raku* (*Ryodo meridian therapy*, *Ryodoraku Medicine*), electro-dermal points, and *sadenten* (potential difference point) — and acupuncture point detector have been developed in parallel to the development of therapies. Particularly to the diagnosis of locomotive disorders, manual test (physical examination) has been applied, suggesting the emphasis of objectivity. In addition, scientific clinical and basic researches have progressed into practical utilization in Japan. Given these facts and a very large number of patients with locomotive disorders, which are more likely to be treated with acupuncture and moxibustion (rather originated from Western medicine), valuable needle insertion method for local regions have evolved.

Third, promoted development of acupuncture and moxibustion treatment using less burdened and soft and tender stimulation has resulted in realization of *kanshin-ho* (needling method using a guide tube), thin and shallow tender needling, contact needling, infant needle, intradermal needle, thumbtack needle, laser acupuncture and electro-moxibustion.

Fourth, acupuncture and moxibustion practitioners in Japan are most commonly taking a middle course between Western medicine and classical medicine (based on the Chinese classic books “*Suwen* [*Plain Questions*]” and “*Lingshu* [*Miraculous Pivot*]”) in diagnosis, therapy, technique, and philosophy. The reason may be the flexibility of Japanese people. In fact, tool-assisted treatment such as hyperthermia and electrotherapy, massage, chiropractic, judo therapy, and combination therapy with Western medicine are very popular.

Fifth, moxibustion treatment is highly thriving. Particularly the practice of *tonetsu-kyu* (diathermic moxibustion) is quite unique technique in the world. This may be attributed to

excellent moxa with low burning temperature that has been developed with delicate technology capability.

Finally, the treatment of the presymptomatic state referred to as '*mibyō*' follows. At any acupuncture and moxibustion clinic, practitioners treat not only affected patients but also a considerable proportion of healthy or apparently healthy people with *mibyō* for health control and promotion, as is known by *yojo no kyu* (moxibustion for life nurturing) and *sanri no kyu* (moxibustion to legs, ST 36).

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