Travels in Japan

Michael Curtin

Summary
Following his attendance at the ICMART meeting, in Miyazaki in 1988, the author, a BMAS member, resolved to revisit Japan. He found that acupuncture was widely practised throughout the country; although the patients were in the main elderly. The range of techniques used ranged from TCM to western, and broadly mirrored the styles practised in the West. Most young people in Japan considered acupuncture to be rather old fashioned, and it is postulated that this contrasts with the population seeking complementary medicine in the West.

Keywords
Acupuncture, Japan.

Report
As I stepped off the aeroplane, it was immediately apparent that I was in another country. Not a speck of dust, not a cigarette butt to be seen on the brand-new looking carpet. My suitcase was waiting in an orderly line for me on the carousel. Welcome to Narita airport; welcome to Japan.

Having been a delegate at the ICMART conference in Miyazaki in October 1998, I had resolved to return to Japan and explore how the ancient art of acupuncture fitted into the medical system of this most advanced and efficient country. Had the proverbial baby been thrown out with the bathwater, as the gleaming new hospitals and clinics of Tokyo eagerly embraced the latest medical advances? I was soon to find out.

My first appointment was for that very afternoon, so punctually at 3pm I tapped at the door of Dr Tsutomu Imai, whose name I had very kindly been given by Dr Yamamoto of Miyazaki. Fumbling to take off my shoes I was taken into the front parlour of the house, where business cards were ceremoniously exchanged, studied, commented upon, and carefully placed in an inside pocket to show mutual respect. The Tea Ceremony quickly followed, and I was then taken to the clinic at the back of the house where patients were beginning to arrive for the afternoon session. Each patient was tested on the Ryodoraku machine; a reading of the electrical potential taken at a number of acupuncture points in the hands and feet. Mine showed that my energy levels were low and that my digestive system was in crisis. Probably a combination of jet lag and complimentary airline drinks, I told myself! Patients were then ushered through to the consultation rooms, where they were duly needled at pre-selected points based on their Ryodoraku readings. A brief needling technique was used, with the guide tube staying on, the needle tapped in, and immediately withdrawn. Thus one needle was used to treat each patient, stimulating between ten and twenty points. Each session took about ten minutes. The patients were mostly old, and amazed to see a Gaijin in the clinic. Even more amazed to hear that the Gaijin was also a ‘Hari’ doctor. Initial suspicions overcome, most patients were happy to be treated by a western doctor.

My next contact was in Takayama. A three-hour train ride from Tokyo on the gleaming Shinkansen or Bullet Train. Punctual to the second, the train pulled out of the station. Inside, the carriage was spotless. Uniformed staff bowed respectfully as they entered each carriage, pushing trolleys of delicacies such as rice crackers, and
cold baby fish wrapped in cellophane. As I finished my drink I was faced with a further dilemma. No bins! It quickly became clear that the done thing was to take your rubbish with you off the train.

Takayama is a town set high in the mountains with a hot spring spa. The clinic here was much more simple and probably more traditional in the Chinese style. No fancy Ryodoraku machines. Pulse and tongue diagnosis was an important part of the assessment, and the needles were left in for about twenty minutes at a time, with little stimulation. Peripheral points were used in a TCM fashion and the clients again were mostly elderly.

My last assignation was in Okinawa, a two-hour flight from Tokyo. This southernmost Japanese island was occupied by the Americans during World War 2, and there were a large number of US bases along either side of the main roads, interspersed with Kentucky Fried Chicken and Macdonald’s. Okinawa had recently played host to the G8 summit, and for a modest sum one could purchase ‘The President Clinton Dinner’ at my hotel. (No raw chicken gizzards for him I noticed). Acupuncture in Okinawa was much more along western lines, using a musculoskeletal trigger point approach, often combined with chiropractic. Here a number of the patients were American, and communication didn’t seem to be a problem as most of the doctors spoke good English, all be it with a distinct American twang.

Sitting on the Virgin flight back to London, I reflected on my experiences. Despite the fact that Japanese youth eagerly follow western trends in fashion and music, the majority of the patients I had seen and treated were elderly. Very few young Japanese seemed to be using acupuncture. This was almost the reverse of my own practice in the UK, where the typical patient is young and looking for alternatives to conventional medicine. Perhaps, as acupuncture becomes more mainstream in the west, the wheel will turn full circle, and the Japanese youth will rediscover the medicine of their ancestors?

And so my 11-day whistle stop tour ended back at Heathrow airport, where I was faced with missing baggage, rude taxi drivers, and a two-hour delay on my train journey. Welcome home.
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