Medical History in Japan

Japanese Acupuncture and Moxibustion under the Rule of GHQ after World War II

Recommendation by the Public Health and Welfare Section for the prohibition of acupuncture and moxibustion, and the response of the acupuncture industry in Japan

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Acupuncture and moxibustion were first introduced to Japan in the 5th Century AD from the Korean peninsula and mainland China. These therapeutic techniques subsequently developed into an independent system for Japanese health care based on the Chinese view of medicine. In the 16th Century, communication between Japan and China entered a new stage, and as interaction between the two cultures increased, acupuncture and moxibustion came into wider use. When the Tokugawa Shogunate came into power in Japan, acupuncture and moxibustion played a major role in government policies regarding medical treatment. However, after the Meiji Restoration in 1868, German medicine became the norm, and traditional methods such as acupuncture and moxibustion were placed under specialized and restrictive regulations in Japan.

The new Meiji government began to issue licenses to acupuncture and moxibustion practitioners who could demonstrate a uniform and standard level of technical expertise. Acupuncture also gained protected status as an occupation for the blind, a practice begun under the Tokugawa Shogunate. For this reason, acupuncture and moxibustion came to be considered as an important pillar in the education of the blind. The attitudes and decisions regarding acupuncture at that time derived in great part from the outstanding medical and political contributions to the Shogunate that were made by Waichi Sugiyama, the gifted 16th Century blind acupuncturist.

Under the old system of small private classes and apprenticeships that was still in place in prewar Japan, it was difficult to guarantee the level of acupuncturist training. It was not uncommon for acupuncturists to focus on old ideas and to base their practice on limited knowledge and experience. However, in the 1920s a few talented acupuncturists who were exceptions to this norm began a revolutionary movement that led to the rapid modernization and systematization of Japanese acupuncture and moxibustion during the 1930s and 1940s.

In 1937, Japan began a war of aggression that developed into World War II and that ended with the unconditional surrender of Japan in 1945. During the war a number of medical schools were established to provide short-term intensive training for physicians who were then dispatched to the battlefields as military surgeons. However, the growing shortage of supplies both at home and at the front created an increasing demand for acupuncture and moxibustion, which did not require drugs as part of the treatment process.

The war ended in 1945, and the rebirth of Japan began under the direction of the Supreme Commander for the Allied Powers (GHQ). The GHQ undertook the democratization of all areas of Japanese life, including medicine.

The department that was charged with reforming the Japanese medical system was the Public Health and Welfare Section (PHW). Headed by Brigadier General C. F. Sams, the medical specialists of the PHW performed detailed surveys of every region in Japan. Their efforts were aimed at implementing a medical system based on public health principles and at reforming the educational system to improve the quality of medical practitioners. This overall reform would be highly respected later by the Japanese people, who feel a deep debt of gratitude toward Brigadier General (later Colonel) Sams.

Crawford F. Sams (1902 to 1994)

Military surgeon, American Armed Forces. Stationed in Japan from 1945 to 1951 as the director of the PHW (Public Health and Welfare Section) of the GHQ (General Headquarters), which was established in Japan in 1945. He carried out a full reform of the postwar Japanese medical system, and in later years was credited with protecting the defeated Japanese nation from starvation and disease. Retired in 1955, but continued to be active in research. Died in San Francisco in 1994 at the age of 92.

(This photo was supplied by Mainichi Newspapers.)
Among its many responsibilities, the PHW examined numerous forms of unorthodox "folk" medicine, and recommended the elimination of those that were found to be questionable. Acupuncture and moxibustion fell into that "questionable" category. The PHW pointed to a number of problems in the field of acupuncture, and suggested that, in light of those problems, such treatment should be prohibited. This recommendation came as a great shock to acupuncturists as well as to people with impaired vision and those responsible for their education. Several well-known physicians and acupuncturists spoke out on behalf of acupuncture and moxibustion, justifying the therapeutic value of this form of treatment. Protests were lodged by trade associations, including acupuncturists' associations and a federation of schools for the blind. Because of this public outcry and the dedicated efforts of some Japanese bureaucrats, traditional acupuncture mix techniques were not abolished, but were allowed to continue. Those involved with this movement to protect acupuncture and moxibustion then began to re-examine the status of this system in Japan, and to think carefully about improvements that were needed, which has led to the modernization of acupuncture and moxibustion in Japan.

This article describes the path of developments between the time when the PHW published its Recommendations for the Prohibition of Acupuncture, Moxibustion and Massage and the time when Law No. 217, the Law for Business of Massage, Acupuncture, Moxa-Cautery, Judo-Orthopedics etc., which formally established the position of Japanese acupuncturists, went into effect. Background research has been based on source documents from the period. The effects of PHW policies on the current status of acupuncture and moxibustion in Japan have also been investigated.

Named the "GHQ whirlwind" by Japanese acupuncturists, the PHW recommendation described above was a major and unforgettable landmark in the post-World War II history of acupuncture moxibustion in Japan.

**Recommendations of the PHW**

In Japan immediately after WWII, the field of acupuncture moxibustion was held in high regard. This was partly because that system provided medical treatment without drugs, which were in very short supply during and immediately after the war. The therapeutic techniques of acupuncture and moxibustion were not inferior to drug therapy, and since treatments could provide substantial therapeutic benefits, they gained widespread acceptance first at the upper levels of government and then throughout the country. Practitioners who earned a place for themselves within the acupuncture and moxibustion community were self-confident and proud of their jobs.

However, acupuncturists at that time were regulated under the "Regulation for the Control of Trade in acupuncture and moxibustion Businesses" (1911). This placed them outside of the ordinary medical system, and acupuncturists were generally considered to be a part of the service industry rather than the medical profession. Partly as a result, no educational system had been established for acupuncturists. Although there were some small private schools that provided a very high-level curriculum, the certification examination was open to anyone who could provide proof of having worked as a trainee for at least four years in an acupuncture moxibustion facility. The apprenticeship system was still widely practiced, and acupuncturists did not hold a prestigious position in Japanese society.

In order to move forward from that situation and to improve the social status of acupuncturists as medical practitioners, it was necessary to establish legislation for the regulation of acupuncture and moxibustion practitioners, and to reform the educational system. Meanwhile, with Japan still under occupation by the Allied Forces, the Constitution of Japan was proclaimed in 1947 to replace the Constitution of the Empire of Japan (the Meiji Constitution of 1889). Under the new constitution, the old regulations governing business became null and void as of December 31, 1947, and it was necessary to establish new laws in their place.
Those leaders in the acupuncture and moxibustion industry who had been working to improve the status of acupuncturists saw this as a golden opportunity, and began a movement toward establishing legal status for acupuncture and moxibustion practitioners.

At the same time, as part of its independent survey of Japanese folk medicine, the PHW had completed a detailed survey of acupuncture and moxibustion, and was summarizing its findings unrelated to Japanese thoughts and opinions. The PHW concluded that the traditional therapeutic system of acupuncture and moxibustion should be prohibited for reasons including "inadequate disinfecting procedures," "lack of an established educational system," and "barbaric treatment methods." These conclusions were conveyed to the Ministry of Health and Welfare as a recommendation for the Prohibition of Acupuncture, Moxibustion and Massage.

Those who were affected by this recommendation remember it as a dash of cold water in the face of Japanese acupuncture. It came as a major shock to the acupuncture industry, which had expected a bright future for acupuncture and moxibustion after the war. This directive was prepared by the GHQ staff, whose point of view was based on Western medicine. Staff members had little knowledge of Japanese traditions, and no understanding of the theories of Eastern medicine upon which acupuncture and moxibustion are based. From the Western perspective at that time, Japan was an exotic country of the Far East, and the medical traditions of acupuncture and moxibustion seemed strange and difficult to understand, both medically and culturally. It is natural for countries and peoples to have different viewpoints, and seen in that light, it was also quite natural for the GHQ to perceive problems with acupuncture and moxibustion.

However, at that time the GHQ had absolute authority in Japan. The GHQ directive was strongly worded, apparently denying the theoretical basis and techniques of acupuncture and moxibustion and devaluing traditional elements of Japanese customs, and the Japanese government and the acupuncture industry interpreted it as an "Order for the Prohibition of Moxibustion and Acupuncture."

Those involved with acupuncture and moxibustion felt that the future of traditional medicine in Japan was at risk, and a movement arose to prevent the loss of this medical resource. The Japanese government, caught between the requirements of working with the GHQ and the need to respond to the acupuncture industry, concluded that "Without changes in the laws that provide the basis for the acupuncturist system, it will be difficult for acupuncture and moxibustion to continue." From that point on, governmental efforts focused on legislative reform.

Predictions and strategy of Professor Ishikawa

Professor Hidetsurumaru Ishikawa, Professor Emeritus of Kyoto Imperial University and President of Mie Prefectural Medical School (now Mie University School of Medicine), was one of the first to recognize the risk to acupuncture. At Kyoto University School of Medicine, Professor Ishikawa had taught physiology, and at Mie Prefectural Medical School, he continued his study of the autonomic nervous system, which led him to acupuncture research. As a young man, Professor Ishikawa had studied in Germany and Russia, and from his perspective as a physician, he predicted early on that "Acupuncture is far removed from Western medicine, and includes procedures that will be seen as barbaric," and that the GHQ would raise questions regarding "inadequate disinfection procedures," "lack of uniformity in acupuncturists' knowledge base and technical proficiency due to the lack of an established educational system," and "ambiguity and vagueness of the method's scientific foundations, which are considered to be the most important element of Western medicine." He also predicted that the future of acupuncture and moxibustion could be at risk, depending on how the Japanese government and the acupuncture industry responded to these issues.

Immediately after the war ended, Professor
Ishikawa began to tell the acupuncturists with whom he worked, "With Japan's defeat, there is a risk that acupuncture and moxibustion may be prohibited. However, fortunately the American people have a particularly high regard for science. Acupuncture has a much better chance of surviving if we can show that it has a scientific basis. We need to begin preparing for that now. So if you are interviewed or investigated by any of the Occupation forces (GHQ), I want you to say, Ask Dr. Ishikawa at Mie Prefectural Medical School."

With this, he began to build a rational strategy for responding to the GHQ.

Professor Ishikawa’s statements appear to have been founded on two premises. First, was his rather egotistical view that, with his mastery of both Western medicine and acupuncture, he was the only person who could protect acupuncture and moxibustion from the GHQ. The second was the very real fear that acupuncture and moxibustion could be prohibited immediately by the GHQ because of some naïve demonstration or explanation of techniques by a practitioner who was not versed in Western medical thought.

Professor Ishikawa’s Demonstration to the Mie Military Government

On July 1, 1947, Professor Ishikawa was called in by the Mie Military Government of the GHQ, and was handed a list of 15 acupuncture-related questions. On the following day, he responded to those questions before First Lieutenant P. A. Weizmann, a military surgeon, and concluded his presentation by outlining “plans for the reeducation of current practitioners and the raising of quality standards, to culminate in college-level training.”

The Military Government started that day by citing acupuncture-related issues regarding “inadequate disinfection procedures,” “the lack of an established educational system,” and “barbaric treatment methods”, and announced that regulations and restrictions would be applied to current practitioners of acupuncture and moxibustion. However, after the conversation with Professor Ishikawa, they asked him to pursue further research and to quickly provide them with a comparison of acupuncture and modern medicine.

On July 7, Professor Ishikawa and one of his most talented acupuncturist assistants, Mr. Higuchi, provided the Mie Military Government with a demonstration of an actual acupuncture treatment. In front of six military personnel led by Surgeon Lieutenant Weizmann, Ishikawa and Higuchi scrubbed and disinfected as if they were preparing for surgery. During the actual demonstration of moxibustion, they explained that treatment was performed with extremely small amounts of moxibustion, and that burns from moxibustion could be avoided by using the combustion ash.

Ishikawa and Higuchi then suggested that Surgeon Lieutenant Weizmann try an acupuncture treatment. The lieutenant agreed, and confirmed that the treatment was painless and that he experienced changes in sensory perception. Acupuncture was then performed on other members of the audience, some of whom reported with considerable enthusiasm that "It didn’t hurt, and the tension in my shoulders is gone!"

That day’s demonstrations achieved Professor Ishikawa’s objectives quite successfully.
Next, on September 7, Professor Ishikawa took Mr. Higuchi and other acupuncturists to Tokyo, where they met with the Medical Affairs Office of the Ministry of Health and Welfare (now the Ministry of Health, Labor, and Welfare). Professor Ishikawa explained that the office would soon need to respond to queries from the GHQ. He bolstered the confidence of individual staff members by describing the data from his years of acupuncture research, which provided a scientific basis for acupuncture. He also demonstrated the safety and effectiveness of acupuncture treatment, using Ministry staff members as his subjects.

This was how physicians, acupuncturists, and those involved with acupuncture kicked off their "defensive war" against the "GHQ whirlwind." (To be continued)

References
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