

Inheritance and Progress of Traditional Japanese Acupuncture and Moxibustion: From Mubun school to Renpu style dashin

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Key words

Mental attitude, Mubun school dashin, reality of the unchanged, Renpu style dashin, Saninseigi (adjustment by 3 causes)

Objectives

Acupuncture and moxibustion were introduced to Japan from the Asian continent about 500 years ago, and later became established as a Japanese healthcare system, and then progressed in a uniquely Japanese way. The most striking characteristic is dashin, tapping needle with mallet, which is confined to the abdomen. The use of Mubun school acupuncture declined for a while, but later revived in the modern era in the form of Hokushinkai's Renpu style dashin. This paper will review the legacy and progress of traditional Japanese acupuncture and moxibustion, as represented by Renpu acupuncture, which has shown clinical efficacy against many diseases.

Methods

The contents of the representative monograph on Mubun school acupuncture, titled "Shindo Hiketsushu" (first published in 1772 by Koto Shorin), were compared with the features of Renpu style dashin currently applied clinically by Hokushinkai.

Results and Discussion

This comparison revealed concepts and principles that remained unchanged as well as those that needed to undergo change over time.

(1) The importance of the mental attitude of the practitioner remains unchanged. The mental attitude of disregarding both oneself and others while performing acupuncture is described by Tomoyuki Mori in his monograph "Ichu Gen-oh," as: "An essential attitude in abdominal and pulse diagnoses has been reached by Tomoyuki at his old age after many years of training."

(2) The methods of assessing strained, cold, deficient or other abnormal areas in the abdomen and the tools and methods of dashin for addressing such abnormalities have changed over time. These are now selected in a manner tailored to the features of patients by means of Saninseigi, adjustment by 3 causes such as time, location and individual constitutions.

Conclusions

Traditional medicine should be passed on in a way that stimulates its evolution and progression to meet the demands of patients, while still retaining its essence, rather than simply copying a historical style.