

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

Shinpu Fujimoto

Acupuncture and moxibustion were introduced to Japan from the Asian continent about 1500 years ago. And about 500 years ago, it 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 abdominal dashin.

We 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.

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 abdominal dashin currently applied clinically by Hokushinkai.

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.

## Mubun school dashin

the viscera and bowels are allocated as shown in this Figure.



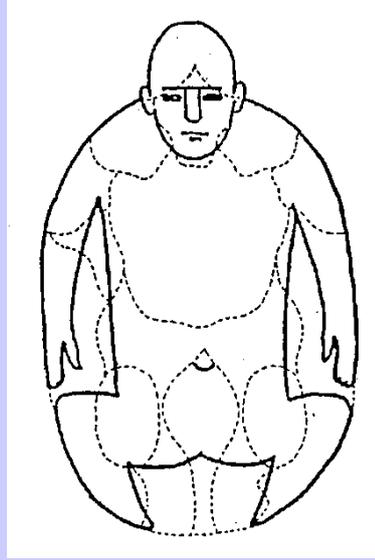
The sharp-tip needle was inserted by tapping with a mallet (occasionally causing bleeding).



“Hibiki no Hari”  
 “Sanzuru Hari”  
 “Kachibiki no Hari”  
 “Makebiki no Hari”  
 “Aibiki no Hari” etc.

## Renpu style dashin

left Figure + the entire abdomen represents a miniature of the entire body.



The needle was improved by making the tip rounded (it was not designed for insertion, unlikely to cause bleeding, and more hygienic).



“Hibiki no Hari”  
 “Sanzuru Hari”  
 “Kachibiki no Hari”  
 is commonly used clinically,  
 or  
**Needling of Touching Alone**

<p>Needle tapping was applied to all patients and diseases.</p>	<p>can be applied to patients with seriously weakened qi and blood or too sensitive for needle insertions or to treating pediatric patients.</p>
<p>Needle tapping is applied in a way tailored to the abdominal conditions of the patient.</p>	<p>With the Hokushinkai style, the findings from abdominal palpation are also used as factors of dialectic diagnosis, thus enabling more sophisticated diagnosis and treatment.</p>
<p><b>The “importance of mental attitude” is emphasized before arguing about techniques/skills.</b></p>	

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.

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