

## INTRODUCTION OF TRADITIONAL JAPANESE MASSAGE, ANMA, AND ITS EDUCATION FOR THE VISUALLY IMPAIRED, THE PAST AND THE PRESENT

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**Abstract:** This contribution is an extract of the presentation in the first International Symposium on the Science of Touch (ISST) in Canada in 2002. The objective of the presentation was to introduce the past and present condition of touch therapy in Japan to foreign therapists. Recently complementary and alternative medicine (CAM) has become popular in Western countries because of increasing medical expenses and people's changing thoughts of health and medicine. CAM, referred to as Oriental medicine, includes acupuncture, moxibustion, touch therapy, and Chinese Herbs has long been popular in Japan. Oriental medicine, originated in ancient China, was transported to Japan in the 6th century and has developed to the present original style of therapies. In the Edo Era, touch therapy and acupuncture developed extensively and was actively practiced by a number of visually impaired therapists who managed to train a new breed of therapists. This practice made touch therapy and acupuncture gained recognition as a suitable occupation for them. In the beginning of the last century three therapies were taught in schools for the visually impaired as vocational education and it has continued being practiced. In 1991, the Japanese Association of Manual Therapy was established and touch therapists and researchers began to study how they can legitimize touch therapy scientifically and prove its effectiveness at present.

**Key Words:** *Anma*, education, the visually impaired, traditional Japanese massage, touch therapy

### INTRODUCTION

Complementary and alternative medicine (CAM) has been thought of better since the increasing medical expenses and changes of clients' thoughts for cure and care, and the bastions of medicine have become interested in CAM at an amazing pace in Western countries. Events have moved far more rapidly than most of us were predicting a few short years ago. And as the medical community has become more open-minded about CAM, talk of integrative medicine has also increased<sup>1)</sup>. Receiving the tidal stream of CAM in Western countries like this, therapies which make individuals important has remarked in Japan, too. CAM includes acupuncture, moxibustion, and kinds of touch therapies such as *Anma*, massage, and *Shiatsu*. These therapies have had a long history in Japan. They have been known to release shoulder stiffness, low back pain, and other chronic pain syndromes which are outside of

treatment by conventional medicine<sup>2)</sup>.

In Japan there is another important aspect in CAM. It is that acupuncture, moxibustion, and touch therapy including *Anma*, massage, and *Shiatsu*, which are included in CAM, had been established as an occupation for the visually impaired for a long time. These therapies were recognized as a suitable profession for the visually impaired because therapists make use of their tactile sensibility. Coming over from the Meiji Era (the end of the 19th century), they were established as vocational education in the school for the visually impaired<sup>3)</sup> and have remained to the present. A lot of the visually impaired work in hospitals or clinics, or they practice in their own therapy clinics. Owing to this condition, the economic independent rate of the visually impaired is the highest in the entire world.

The First International Symposium on the Science of Touch was held in Montreal, Canada on May 2002. The author joined this symposium and introduced touch therapy in Japan. *Shiatsu* became very famous in the world, but it is one of the schools of Japanese touch therapy, established only about 50 years ago. The author hoped to let Western people understand the field of touch therapy in Japan, what was done, who does it, how long the tradition has existed, and how the people were educated as therapists.

Before beginning this article, be aware that this contribution is an extract of the author's presentation in the above-mentioned symposium. In addition, some parts of the presentation, for example, the theory of Oriental medicine, introduction of recent research on touch in Japan, and explanation of techniques were omitted. People who are engaged in the field related to the visually impaired in Japan know these facts, however, for the purpose of introducing to the Western countries the traditional Japanese massage, *Anma*, and its education for the visually impaired, the following topics are discussed.

## **WHAT IS ANMA?**

*Anma* is traditional Japanese massage and manual therapy based on principles of traditional Chinese medicine. It is one of the Hands-on healing systems, such as Western massage, Chiropractic, and other manual therapies. Traditional *Anma* aims to rebalance the flow of vital energy through the meridians to promote good health. Modern *Anma* has come to have a wider concern for Western medicine, such as in anatomy and physiology, and also for the integration of Chinese and Western medicine<sup>4)</sup>.

## **THE ORIGIN AND THE DEVELOPMENT OF ANMA**

Oriental touch therapy originated in ancient China and was carried to Japan with *the Analects of Confucius*, acupuncture, and some books on Chinese medicine via the Korean Peninsula around the 6th century. The first law on medical policy was enacted in 701, during the Nara Era. The medical policy included acupuncture and touch therapy, *Anma*, as well as Chinese medicine and herbs. Status was established by law; Ph.D. in acupuncture, acupuncture therapist, and student of acupuncture, and also Ph.D. in *Anma*, *Anma* therapist, and student of *Anma*. Trainees studied medicine and acupuncture for seven years each and *Anma* for three years.

In 984 the first medical text, "*Ishinpo*" or *Heart of Medicine* was edited by Tanba Yasuyori, where the art of *Anma* was recorded. However, after that, until the Edo Era,

therapeutic *Anma* was disregarded as a folk medicine, and hardly written in medical books<sup>3)</sup>.

*Anma*, which spread among people as a folk medicine, again entered medical books in the Edo Era (1600's). In this time, *Anma* developed extensively. Ten guides and technical books of *Anma*, written between 1648 to 1827 are still in existence. Moreover, characteristics of traditional Japanese massage, *Anma* were established in this period<sup>5)</sup>. This topic will be discussed separately in this article.

In books on *Anma* written in the Edo Era, it is said that *Anma* is effective for many symptoms; respiratory, circulatory, digestive, obstetrics and gynecological, urological, musculo-skeletal, ophthalmological, otorhinolaryngological, and dental disorders. *Anma* was used to cure these illnesses<sup>6)</sup>.

In the Edo Era, there were seven subjects of medical care; Internal Medicine, Surgery, Acupuncture, Dentistry, Ophthalmology, Pediatrics, and Obstetrics. Acupuncture was included and treated as one part of medicine, so an acupuncturist was considered a medical doctor and was called "acupuncture doctor". The visually impaired worked as acupuncture doctors with non-visually impaired acupuncture doctors<sup>6)</sup>.

From the early Edo period, the visually impaired made a living at acupuncture or singing with a lute. These two occupations were established as professions for the visually impaired. Private physicians of the general, or *Shogun*, were recruited from among all of the doctors according to ability of medical knowledge and techniques. Acupuncture doctors were also engaged in the same way, so the visually impaired who had good skills were recruited. One third of the acupuncture doctors who were employed by the *Shogun* were visually impaired<sup>6)</sup>. One of the most honorable visually impaired persons in Japan was Waichi Sugiyama (1610~1694). He was an acupuncture doctor and the world's first educator for the visually impaired<sup>7)</sup>.

Waichi Sugiyama was born in 1610 in Mie Prefecture. When he was 10 years old, he went blind because of an illness. At the age of 18, he went to the City of Edo all alone to learn acupuncture at Takuichi Yamase (who was also visually impaired), but failed to master his subject. After 5 years of apprenticeship, he was dismissed by his Master. The frustrated young man visited Enoshima and engaged in a 21 day fast at the shrine of the Benzaiten Goddess, begging for her patronage. Finally, he came up with a new way of manipulating the needle for acupuncture, known as *Kanshinohoh*, or tube method. This method has been generally and widely used by acupuncturists in Japan. When Tokugawa Tsunayoshi, the fifth Tokugawa *Shogun* became sick, outstanding doctors were called to the castle but couldn't help him to recover. Finally Waichi was called and practiced acupuncture, and the *Shogun* got better and better. The *Shogun* then gave an estate of Edo named Hitotsume which meant one eye in Japanese as a reward to Waichi. When Waichi was 72 years old, he opened Acupuncture Academy on the rewarded place, received visually impaired students, and began to teach them his own method officially. Some of his students became court physicians. At present, the place where the Acupuncture Academy was built is located in the central part of Tokyo. There, Sugiyama Shrine was dedicated and Waichi SUGIYAMA was enshrined. People who study acupuncture often visit to ask for his encouragement<sup>7)</sup>.

Although *Anma* was developed in the Edo Era, the Meiji Restoration broke out in 1868 and many things were changed. The Meiji government rushed toward Western countries. They thought Japan was inferior and more backward than European

countries, so they decided to abandon their traditional culture, including *Anma*, acupuncture, and moxibustion. The law on medical policy was also changed in 1883; only medical doctors were able to practice medicine, and medical students were taught only Western style medicine in universities. This excluded Oriental medicine, including *Anma*, acupuncture, moxibustion, and Chinese herbs. Thus, touch therapy was separated from medical education and was inherited as a folk medicine<sup>3)</sup>.

Prof. Hashimoto brought western massage from Europe to Japan in 1885. Prof. Hashimoto studied Western medicine in Germany and returned to the University of Tokyo with a book on Western massage. He gave it to his subordinate, Nagase, who was an army medical officer. He studied massage from the book. The book was translated into Japanese in 1895 and clinical Western massage was taught in lectures of orthopedics and physical therapy at the University of Tokyo. Massage was then practiced in hospitals. The first massage therapist working in a hospital was Heikichi Tomioka, who graduated from Tokyo School for the Blind, and he was taught Western massage by Sansaku Okumura. Sansaku Okumura was teaching *Anma* and acupuncture in Tokyo School for the Blind. He had been totally blind since three years old; however, he managed to study medicine at the University of Tokyo in order to investigate his field, *Anma* and acupuncture. In the university, he happened to get the book on Western massage and introduced it to his students in the School for the visually impaired. One of them was Heikichi Tomioka. Following Tomioka, many therapists who were visually impaired worked in hospitals<sup>9)</sup>.

After World War II, in occupied Japan, the GHQ (General Headquarters) of the U.S. Military began to change Japanese society. As one improvement, they tried to ban *Anma*, massage, acupuncture, and moxibustion in Japan. It was because the GHQ doubted that these therapies had scientific evidence and if they were suitable professions for the visually impaired. The GHQ thought these therapies were uncivilized and appeared to be like a kind of bullying, maltreatment, or superstition. At that time, a big movement broke out among visually impaired therapists and teachers for the visually impaired. They let the GHQ understand the importance of these therapies to the public in Japan and to the visually impaired therapists. These professions were the only way that the visually impaired could make a living and it had a long history of contribution to the society in Japan. Finally, the GHQ recognized their opinion and allowed them to practice as they had done. Without their efforts, touch therapy, acupuncture and moxibustion would have disappeared in Japan by now<sup>3)</sup>.

## **CHARACTERISTICS OF TRADITIONAL JAPANESE MASSAGE, ANMA**

1. *Anma* is practiced with clothes on, not directly on the skin.  
cf. Western massage is practiced directly on the skin.
2. Lubricants (oil, powder, etc.) are not needed during *Anma*.  
cf. Lubricants are needed during western massage.
3. *Anma* is practiced centrifugally, from the heart toward the tip of the limbs.  
cf. Western massage is practiced centripetally, from the tip of the limbs toward the center of the body.
4. There are seven basic techniques in *Anma*; Stroking, Kneading, Pressing, Vibration, Tapotement, Movement, and Kyokude.  
cf. In western massage, there are six techniques; Stroking, Kneading, Pressing,

### Vibration, Tapotement, and Friction.

In Western massage, techniques of stroking and friction are frequently used<sup>9</sup>. On the other hand, in *Anma*, kneading and pressing are mostly used. *Anma* derived its name from its two techniques; “An” means the applying the pressure and “Ma” means stroking. *Anma* utilizes these two important arts of Oriental touch therapy.

### LAWS AND EDUCATION

In Japan the only people who may practice touch therapy which includes *Anma*, massage, and *Shiatsu*, are those who have passed the national examination of touch therapy and get the license issued by the Minister of Health, Labor and Welfare. To take the national examination, applicants are required to have studied in a school for three years after graduating from high school and completed about 77 Units. 1 Unit includes 15 to 30 lecture hours or 30 to 45 practical training hours<sup>10</sup>. Non-visually impaired go to an institute. As for the visually impaired, there are advanced courses in high school for the visually impaired in each prefecture, five national rehabilitation centers, and one national college, Tsukuba College of Technology.

### LAW AND LEGISLATION OF ANMA

In 1911, prefectures offered credentials to professionals in *Anma* and massage -- licensing, certification, and registration. The prefectural examination began at that time. After World War II, Japan became a democratic country and the postwar system produced educational reforms and amendments. In 1947, the touch therapy-oriented law and education were changed. To take the prefectural examination, applicants were required to have studied in a school which the Government approved for more than 2 years. In 1973, the Educational program was changed and applicants were required to have studied for more than three years<sup>3</sup>. In 1993, the prefectural examinations were converted into a national one in order to improve the ability and quality of therapists.

### EDUCATION FOR THE VISUALLY IMPAIRED AND ANMA

The first school for the visually impaired was built in Kyoto in 1878, and *Anma* and education of *Anma* and acupuncture was started in 1880. In the same year, in Tokyo, the second school was also built, and education of *Anma* and acupuncture was started in 1881<sup>11</sup>. Physiology, meridian theory and meridian points, and the practice of *Anma* and acupuncture were taught using a book written by Waichi Sugiyama in the Edo Era. In 1887 *Anma* and acupuncture were established as an occupation for the visually impaired and anatomy was incorporated into their curriculum. In the 1900's, schools for the visually impaired were built all over Japan, teachers who taught *Anma* and acupuncture were needed, so a teacher training school was built by the Ministry of Education in 1903. At present, it has been converted into School for Teachers of Acupuncture and Physical Therapy<sup>3</sup>.

Students take 77 Units, about 2300 hours during three years. They learn not only Oriental medicine but also Western medicine. If they hope to get the national license of acupuncture and moxibustion, they are required to take more subjects related to the two therapies<sup>10</sup>. In Tsukuba College of Technology students also have to take cultural subjects since they are given a sub-bachelor's degree.

Becoming a credentialed practitioner, they are employed as touch therapists in clinics or hospitals. Some of the graduates have their own clinics. Recently some are employed by big companies to manage and promote health for employees by practicing *Anma*. *Anma* has long been popular. At present, touch therapists treat many kinds of disorders; low back pain, shoulder stiffness, pain from osteoarthritis and rheumatism, disorders of autonomic nerve system, discomfort associated with menopause, headache, and fatigue, etc. *Anma* is also used for keeping good health and well-being, prevention of disease, and preventing relapse of bad condition<sup>2)</sup>.

The Japanese Association of Manual Therapy was established in 1991. Therapists and researchers are burdened by how they can legitimize touch therapy scientifically; how they can prove that touch therapy is effective, and how they can make evidence.

### FINAL WORD FROM THE AUTHOR

In the International Symposium, the author met Dr. David M. Eisenberg of Harvard Medical School, the director of the Division for Research and Education in Complementary and Integrative Medical Therapies, and fortunately had an occasion to talk with him. He had already known that the visually impaired had made a living at CAM and contributed to the society in Japan, and it delighted him. He encouraged the author to keep the glimmer of education of CAM by the visually impaired and develop it. The author thinks that providing good education for the visually impaired is a very important and noble work.

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