

## Volunteer Acupuncture in Nepal

by Kumaki Tsuguo

Yomogi No Kai, a non-governmental organization headed by Dr. Minae Hata, has been running health camps in Nepal since 1998. They have been traveling primarily to villages without medical facilities to provide free healthcare. Although the health camps were suspended for a period of time, they were revived in 2009 with help from the Nepalese Red Cross, boosted by better treatment locales and more local volunteer staff, leading to a significant increase in patients.

The health camps are among a number of Yomogi No Kai projects, including an Oriental Treatment Training Centre (OTTC) and a moxibustion factory and clinic. With its lack of healthcare facilities, Nepal greatly relies on Yomogi No Kai's activities, and there are already offers for next year from Nepalese Red Cross branch offices.

This past year, the camp was set up in the southern part of the country, near Chitwan National Park. This marked my fifth time as a volunteer. A report of my activities thus far follows.



PHOTO 1: Yomogi No Kai President Hata

### More Participants and Cooperation of Nepalese Staff

The first health camp I participated in was on the outskirts of Kathmandu, in Durding, in 2004. There was only one other Japanese person there then, but this year there were 17 Japanese people. First timers, as well as those in their second or third health camps, coordinate their own jobs, studies, and expenses as they eagerly desire to participate. I am convinced that these foreign healthcare volunteers greatly help younger participants as role models. Most volunteers are in their early 30s and come from various backgrounds, some studying at acupuncture schools, some in private practice, and others in healthcare jobs. What caught my attention were the volunteers licensed in fields

other than acupuncture: nurses, pharmacists, and physical therapists. This leads me to think there is a growing number of people who believe expert knowledge in various areas is needed when considering the health of patients.

Indispensable to the health camps are graduates of Nepal's first Oriental medicine school founded by Dr. Hata: they go on to comprise the Yomogi No Kai Nepalese staff and support Dr. Hata as collaborators. Notable among them is Mr. Ishwar Raj Balami, Dr. Hata's partner and a graduate of OTTC's first class – a “superman” capable of doing anything. Having travelled to Japan many times, he has accumulated much expertise from moxibustion manufacturers. He played a major role in the construction of a moxibustion factory in Nepal, one of Yomogi No Kai's main projects, and its subsequent operation. Iswal also always accompanies Dr. Hata to the health camps, provides treatment, helps prepare the treatment facility, and performs such administrative work as patient reception. There are also four or five Nepalese staff members, mainly Dr. Hata's former students, who take time off from their jobs to join him in the health camp. This year, there was also a female acupuncturist dispatched by JICA to work in Nepal for two years.

With cooperation from the Nepalese Red Cross for the past three years, the number of patients being treated at the health camp now averages 500 a day, with over 3,000 people treated over the entire course of the camp. This year, the number of patients was particularly large, with over 900 patients being seen in one day and the total exceeding 3,500 patients. There is a notable majority of female patients.



PHOTO 2: Patients waiting in line for treatment starting at 6 AM.

### Communication with Patients

The patient interview is important even when treating patients in Japan, so of course it is important in Nepal, but communicating with patients in Nepal was difficult. Many of the patients are self-sufficient but poor farmers. With our limited Nepalese, it was a struggle to conduct patient interviews. Nepal's second language is English, so we were finally able communicate via the Nepalese

students with relatively advanced English training. It was obvious that patients unfamiliar with acupuncture felt nervous, wondering exactly what acupuncture was, and if it might be painful. Yet by greeting patients with our palms together and a “*Namaste*,” their expressions would instantly soften and they would respond in kind. For the Nepalese, “*Namaste*” is a greeting delivered with a sense of reverence. The patients immediately relaxed, their expressions brightened and reflected a sense of respect. I believe their health problems actually improved with just this communication.

### Nepalese Constitutions: Coldness and Obesity

Although Nepal has a long rainy season, the Nepalese walk around in bare feet, do not use umbrellas, and have no custom of bathing. Thus they have a foundational problem with cold and damp that results in various disease presentations.

Needle-head, stick, and cone moxibustion as warming therapy are frequently part of the unique treatment style at the health camps. Therapeutic equipment is often packaged as a needle set, moxibustion, and tray for used needles.



PHOTO 3: Therapy equipment set

The factory where Nepalese-style moxa sticks are produced is one of the Yomogi No Kai projects. These sticks are thicker than normal, 30mm in diameter; the outer wrapping is like Japanese paper so that it can be used to directly heat up the skin as with Pipaye leaf moxa. The head of a Nepalese-style moxa stick is pressed momentarily onto the top of a towel placed on the affected area, and the practitioner's hand applies shiatsu pressure so that heat and Qi are directed into the patient's body. This is done numerous times until the affected area is warmed. This, plus the fact that the moxa and the outer layer of Japanese paper burn as one, produces superb results. This is particularly useful for problems in the low back, shoulder, and knee, but also for patients suffering sciatic pain radiating from the low back to the toes – so much so that patients will let out a sound when the warmth travels all the way to the toes as the low back is treated.



PHOTO 4: Nepalese style moxa stick therapy

Another characteristic of the Nepalese people, particularly of women in their late 30s or older, is obesity. Although I think their nutrition may be inadequate, whether it is due to a large intake of oil or carbohydrates such as rice, there are many obese people, as in Europe and North America. Perhaps because of this, there are a relatively large number of people with gastritis and diabetes.

### Common Complaints

Breaking down the number of patients by health problem, lumbar pain and sciatica were the most common complaints, accounting for almost 40 percent of all treatments. Next was joint pain, primarily of the knee, at about 20 percent, followed by upper and lower limb numbness at about 7 percent. Other conditions treated were shoulder pain, headache, hemiplegia, gastritis, and gynecological issues. There are also many people with conditions often seen in Japan as well, such as diabetes, Parkinson's, rheumatism, facial neuralgia, heart disease, dizziness, insomnia, poor appetite, and fatigue. In Japan these are diagnosed as autonomic ataxia or menopause, but this is probably due to an increase in modern diseases. A trend observed among patients at recent health camps is an increase in chronic internal diseases. Occasionally there will be patients with conditions not often seen in Japanese clinics, such as polio, complications from surgery, and paresthesia of the limbs; but overall, the ratio of conditions is similar to what I see at my own clinic, with presentations ranging widely. However, even for a common condition such as lumbar pain, many Nepalese patients will point to the area of GV-3, suggesting that they have a different location of deformity compared to Japanese people, due to the effects of farm work, sitting style, and posture. Table 1 is a break down of conditions treated.

In Japan, I treat patients with meridian therapy. I had predicted there would be a significant difference in the major patterns in comparing delicate Japanese patients and Nepalese patients who primarily do farm work. When categorizing their presentations into the four major pattern types, a difference emerges. At my clinic in Tokyo, over 90 percent of patients are Liver deficient. In Nepal,

TABLE: Breakdown of Conditions Treated by Category

No.	CONDITION	%	MERIDIANS AND ACUPOINTS TREATED
1	Lumbar pain	20	Painful points primarily on Urinary Bladder, Gall Bladder, and Du meridians. UB23, UB25, Yaoyan, GV1, UB39, UB40, UB56, UB57, UB60
2	Arthritis	18	Primarily knee pain. Acupoints around the patella. Inner Xiyan, Outer Xiyan, Heding, points lateral to Heding, ST35
3	Sciatica	17	Meridians traveling along sciatic nerve through lumbar, buttocks, and posterior and lateral thigh regions. UB23, UB25, UB37, UB53, UB52, UB39, UB40, UB56, UB57, UB60.
4	Pain/numbness upper/lower extremities	7	Ll4, Ll11, Ll15, Liv3, Liv2, St36, Sp6, GB34
5	Gastritis	7	Stomach and Spleen meridians. St19, St24, St25, Ren13, Ren12, Ren10, St36, Sp6, UB17, UB18, UB20, UB21.
6	Migraine headache	5	Du20, Du23, St8, GB4, GB5, UB10, GB20, GB21. For stiff shoulders: GB21, Sl9, Sl11, Sl12, Sl15, Sl14.
7	Hemiplegia	5	Du20, Ll15, Ll11, GB31, GB39, GB30, St36.
8	Menstrual disorder	5	Spleen and Liver meridians. Ren3, Ren6, St25, St28, Sp10, Sp6, Sp8, Sp9, UB28, UB27.
9	Diabetes	3	Spleen and Stomach meridians. Sp6, Sp8, St36, Ren12, St25, Ren4, Ren6.
10	Other	16	Parkinson's (Liver meridian), heart disease (Liver, GB, Pericardium, and Heart meridians), atopic dermatitis (Lung and Large Intestine meridians) hypertension, pediatric conditions, sinusitis.
		103%	

there are also many patients with Liver deficiency – about 40 percent – and there is a similar percentage with Spleen deficiency. The remainder is about 10 percent each of Lung deficiency and Kidney deficiency.

Overall, compared to treatment in Japan, the effects are much more noticeable in Nepalese patients receiving acupuncture treatment for the first time. Treatment relies heavily on the trust relationship between patients, and the Nepalese really put their trust into us as practitioners. The patients have a strong will as they ask for treatment again the next day in an effort to cure their problem during the one-week health camp.

### Conditions Treated

For example, sciatica (pain that travels along the UB channel from the buttocks down the back of the leg to the UB-60 area) is a difficult condition to treat even in Japan. One example was of a 39-year-old obese woman whose pain was relieved by three consecutive days of needle-head moxa on the affected area.



PHOTO 5: Treatment with needle-top moxa for sciatic pain.

There were also many cases of a frozen shoulder-like condition, in which the arm cannot be raised up, which also responded well.

Another case study was of a 12-year-old fifth-grade boy who displayed imbalance in upper limb development. I was told it was due to a fall, but it is probably a congenital condition in which there was a clear difference in musculature between right and left arms and shoulders, with the right upper limb undeveloped. He was unable to lift his arm and had little finger strength. Starting treatment with exercise, Dr. Hata earnestly tried all types of therapy including acupuncture kinesitherapy, through-and-through needling between P-6 and SJ-5, moxibustion on the five fingertips (Shi Xuan), and needling on the entire hand. After treatment, the boy's face would brighten up. After three days of treatment, his fingers began to gain strength and he could raise his arm.



PHOTO 6: Boy receiving acupuncture treatment



PHOTO 7: Boy joyous at being able to lift his right arm.

Because of his poor muscle development, he was instructed to use the inner tube of a tire and perform exercise therapy with his family everyday at home. With tears in his eyes, the young boy would withstand the passionate treatment performed by Dr. Hata. This case study is an example of how much relief a patient experiences and the trust placed in the practitioner. This episode led to my strong conviction that a personable practitioner with a warm heart can earn the trust of patients.

## What is True Wealth?

The people in Japan were thrust into a situation of living without electricity or water in March due to the Tohoku Earthquake, a major event that unexpectedly forced people to reconsider the nature of true wealth. In Nepal, one of the poorest countries in the world, the lack of infrastructure for electricity and water defies imagination. But Nepal has something that has been forgotten in Japan. In this country where the system of extended family still remains, people have far greater wealth of spirit than the Japanese. People will approach you to talk. In Japan, I will quickly deal with people who do, so thinking they are approaching for some ulterior motive, but it appears this is not the case with the Nepalese. I can't tell whether for them it is just to kill time or out of kindness, but I have not been tricked or met with danger. If you become acquainted with Nepalese people, they will immediately want to invite you to their house. Perhaps the Nepalese are at heart very friendly and kind. This year marked my fifth year as an acupuncture volunteer but I didn't feel like a volunteer as I learned so much and received so much Qi from the Nepalese people and their land. This experience revitalizes my work in Japan and makes me want to come back again. Among the many things I have learned from the Nepalese, is how rooted their religion is in daily life.

This year's health camp is at the B.P. Koirala Memorial Cancer Hospital, a modern cancer hospital built by former Nepalese Prime Minister Koirala. There are 48 doctors there, including Chinese doctors treating patients in an acupuncture department. The hospital also has daycare and hospice centers. The hospital director has a doctorate from Tohoku University. He says the greatest number of cancer patients are women with uterine cancer and men with lung cancer. There are also patients that have come from India and Bhutan. I didn't think such a modern hospital existed in Nepal, but I suspect that the Nepalese patients are probably a very small segment of the population.

## Final Words

In the 10 years since my first trip here, I feel little has changed in the lives of the common people. Sure, in Kathmandu, fancy new stores and supermarkets have opened up; there is a greater abundance of products. But for a country that cannot depend on natural resources or industry, education is important, and the education system and training of people is key. The monarchy in Nepal was abolished in 2008 and the country has become a republic, but the political confusion still has not been resolved. The day I left Nepal was the deadline for establishing a new constitution, but there was no prospect for it being established, as various ethnic groups were frequently holding strikes. Because it is a poor country, you would think that they would quickly come together politically and address many issues such as the standard of living and healthcare, but unfortunately things move forward very slowly.

Nevertheless, Yomogi No Kai president Dr. Hata, who has lived and worked in Nepal for over 20

years, is making acupuncture a word people understand in this country. Her passion for helping the Nepalese is changing healthcare here. Due to her efforts, there is now a national exam for acupuncture overseen by the Education Ministry. Most of the acupuncture clinics operating in Nepal are run by graduates of the Oriental Therapy Training Centre (OTTC) established by Dr. Hata.

Staff from Television Asahi accompanied this year's health camp to film a documentary entitled "Japanese Women Successful Overseas." They will follow Dr. Hata and report on the health camp.

*Translated by Eugene Iwasa*

*Kumaki Tsuguo was born in Sapporo in 1947. He graduated in 1971 from Hokkaido University's Electrical Engineering Department and in 2003 retired from Toshiba.*

*In 2006, he graduated from the Acupuncture and Massage Department of the Toyo Shinkyu College of Oriental Medicine and subsequently opened the Kuma Care Clinic in Inagi City, Tokyo.*

## Introduction of New Members

**Melanie Biddle** (Kamuela, HI)

**Praxis Sascha Borg** (Viernsen, Germany)

**Amichay Saller-Fischbach** (Karlsruhe, Germany)

**Acazia Gilmore** (Santa Fe NM)

**Hamano Eitaro** (London, UK)

Graduated from Japan Central Acupuncture College (Hanada Gakuen) and has been practicing acupuncture and shiatsu for 15 years. Now he practices in London, UK.

**Ditiorr Hofit** (Israel)

**Lavinia McKinney** (Brixey, MO)

**Julie B. Moore** (Ontario, Canada)

She is an internationally trained and accomplished Shiatsu Therapist. She offers Zen Shiatsu, Ashiatsu Barefoot Massage, Bamboo-Fusion Massage, Organic Facial Massage and other hybrid treatments. She is one of the very few therapists in Canada to be fully accredited in the practice of Ashiatsu Oriental Bar Therapy, the profound barefoot massage. She is a certified Bamboo-Fusion Therapist, the newest trend in the spa industry, as well as the top Canadian Bamboo-Fusion Instructor. She has been featured on Canadian television and in print including the Boston Globe and Massage

Magazine. She has been featured as Guest Zen Therapist in high-end, luxurious spas in Toronto, Chicago and West Hollywood in California. Her Zen studio is on the shores of Lake Ontario in Whitby, just 20 minutes east of Toronto.

**Shaun Price** (Brisbane Queensland, Australia)

**Seki Fumiko** (Chiba, Japan)

**Paula Steele** (East Meadow, NY)

**Takehisa Michiko** (Toronto, Canada)

Graduated from Yukioka Acupuncture School, Osaka, Japan in 1997. She has been practicing acupuncture and shiatsu in Toronto for 11 years.

**Pascale Widmer** (Meilen, Switzerland)

**Joseph Wollen** (Lincoln, NE)

Graduated from Colorado School of Traditional Chinese Medicine in 2009. Joe has been fortunate enough to apprentice with the late Ron "Doc" Rosen LAc, Jeffrey Dann PhD LAc and Master Craig Carpenter of Tien Tao Meditations. He currently maintains practice in his hometown of Lincoln, NE where he works with Musculoskeletal disorders, Digestive disorders and Fibromyalgia.

**Robert V. Ziemanis** (Red Bank, NJ)

Graduated from Eastern School of Acupuncture in Montclair, New Jersey and initially concentrated his study in Meridian Therapy. He has been in practice for 3 years and currently maintains a practice in Rumson, NJ, and continues his study in Shakuju Therapy with Shoji Kobayashi.