

Traditional Medicine of Japan - Overview of Judo Therapy

Katsuhiko Nakagawa

PhD Scholar, Azteca University, Mexico

Corresponding author: izumisano-dojou@sensyu.zaq.jp

Received: 12 Mar., 2023

Revised: 24 May, 2023

Accepted: 04 Jun., 2023

ABSTRACT

This study is an excerpt and summary of a doctoral dissertation submitted to the doctoral program at Azteca University international program. This study examines the origin and history of Judo therapy, which is a Traditional Medicine of Japan, and compares it with qualifications similar to Judo therapy in Chiropractic, Osteopathic, and Naprapathy in the United States, and questions its effectiveness and significance. In addition, Traditional Medicine that exists in the world, such as Judo therapy, basically does not require many medical resources, and it can be said that it is an identity rooted in the country or region. As CAM (alternative medicine) is rapidly gaining traction in the business world, reviewing Traditional Medicine and applying it to the present will lead to a reduction in healthcare costs, which is currently a global problem, and to improve the quality of care in countries with few medical resources and fewer doctors.

Keywords: Judo-therapy, Jujutsu, Traditional Medicine, Healthcare costs

Judo-therapy of Traditional Japanese Medicine

From this point on, the history of the traditional Japanese medical practice of “Judo-therapy” shall be unraveled and its contemporary significance shall be discussed. The term “Judo-therapist” is a national medical license in Japan for those who treat musculoskeletal injuries such as fractures, dislocations, sprains, contusions, and sprains. Judo-therapists are also called “Bone setters” or “Honetsugi” and are currently working in “Setsukotsuin” and “Seikotsuin” clinics in Japan. In February 2001, WHO released a report titled “The Legal Status of Traditional and Complementary/Alternative Medicine: A Worldwide Review” and on p. 158, Judo-therapy “Judo-therapists” are introduced. The treatment performed by Judo-therapists is called “Judo-therapy” and is said to have its origins a thousand years ago, and is a traditional Japanese medicine that has been handed down from ancient times to the present day. However, despite its long history as a traditional Japanese

How to cite this article: Nakagawa, K. (2023). Traditional Medicine of Japan - Overview of Judo Therapy. *IJASE*, 11(01): 27-38.

Source of Support: None; **Conflict of Interest:** None



medical treatment and the fact that it is rooted in the local community and has gained the support of patients, awareness of its place in society is very low. To begin with, there are still very few people who are aware that those engaged in Setsukotsuin and Seikotsuin have the qualification name “Judo-therapist” and that it is a Japanese national qualification. First, an explanation of the origins and history of Judo-therapists is in order.

Origin and History of Judo Therapists

In 1619, Chin-genping, a master of Kenpo who defected from the Ming, is said to have stayed in Edo from Nagasaki and taught him the fighting technique “Jujutsu”. In Nagasaki, Chin-genping taught jujutsu to Shiraibe Tokiyoshiakiyama, physician Miura Yonobu, and samurai Yoshikawa Gentao, and in Edo, he taught Miura Yojiemon Masakatsu, Fukuno Shichiroemon, and the samurai Isogai Jirōzaemon. In Edo, he taught jujutsu to samurai Miura Yojiroemon Masakatsu, Fukuno Shichiroemon Masakatsu, and Isogai Jirozaemon. At the same time as the instruction of Jujutsu, “Judo-therapy”, which is a first aid for injured on the battlefield, was also handed down. This is the origin of the two opposing techniques of Jujutsu and Judo-therapy, and the close relationship between Jujutsu and Traditional Medicine in Japan.

The origins of “Jujutsu,” “bone setting,” and “Judo-therapy” are based on the Traditional Medicine of “bone setting” developed in the Edo period of Japan, and the fact that Jujutsu, an ancient martial art of Japan, has preserved and passed down bone setting techniques to the present day is a major reason for the existence of the current traditional medicine called “Judo-therapy”.

Those who were taught Jujutsu by Chin-genping studied and improved it, created their own Jujutsu and therapy, and later founded more than 130 schools in Japan (Fig. 1).

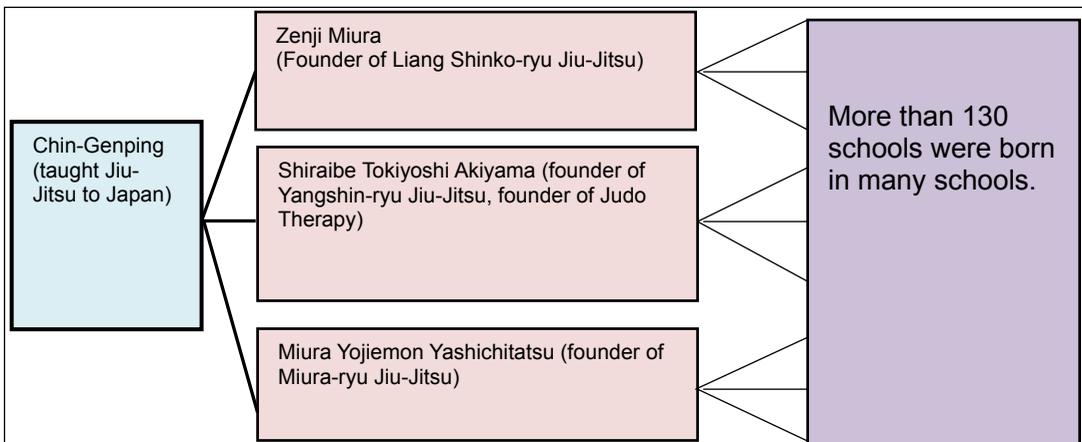


Fig. 1: How Jiu-Jitsu Spreads in Japan

Many Japan schools of Jujutsu combined “killing” (Jujutsu) and “recovery “, and “Judo” originated from jujutsu and “Judo-therapy” based on Jujutsu were combined. From the end of the Edo period to the Meiji period, when bone setting became popular, Judo-master who taught Jujutsu at dojos in towns and villages made jiu-jitsu take root among local residents. While they popularized and passed on Jujutsu, they also made it a side job as a means of dojo management.

However, a law enacted in 1911 strictly regulated judo therapy, and many Judo-master who made Judo-therapy a side or main business suffered a major economic blow. Along with that, local dojos and Judo-therapy clinics were on the verge of decline. In response to the crisis of the disappearance of Judo-therapy and the stagnation of judo promotion activities, Judo-master belonging to the three schools of Yoshin-ryu, Shinnoshindo-ryu, and Tenjin Shin-in-ryu took the initiative to revive Judo-therapy. With the support of Jigoro Kano (president of the Kodokan-Judo), the founder of modern judo, an organization of judo therapy was established. With the support of Jigoro Kano, the founder of modern Judo and the director of the Kodokan-Judo, the organizational power of Judo-therapy expanded, and then in 1914 a petition was submitted to the government requesting the recognition of Judo -therapy, and then, as a result of the petition movement in 1920, a partial revision of the “Regulations on the Business of Judo” specified the name and content of the “Judo-Therapy”, It has been recognized as a national qualification and continues to this day.

Current Status of Judo Therapists in Japan

Currently, according to a survey by the Ministry of Health, Labour and Welfare in Japan, from 1998 to 2014, the number of qualified judo therapists and the number of “bone clinics” that perform their duties has been increasing.

Judo-therapists are now nationally qualified in Japan, and many people think that if they obtain a qualification, they can open a manipulative clinic and earn a stable income. However, the reality surrounding Judo-therapists is not sweet, and it is not easy to survive by opening a bone clinic. The number of qualified Judo-therapists is increasing year by year. The main reason for this is the increase in the number of vocational schools that train Judo-therapists. In 1998, the Ministry of Health, Labour and Welfare deregulated the establishment of Judo-therapist training schools. As a result, the number of training schools increased from 14 in 1998 to 104 in 2013. As a result, the number of qualified Judo-therapists has increased dramatically. However, since the Ministry of Health, Labour and Welfare enforced the “Ministerial Ordinance to Partially Revise the Regulations on the Designation of Judo-therapist Training Facilities” in 2018, there is a view that the number of training schools may decrease in the future. If that happens, the number of Judo-therapists may change, but for the time being, the number of qualified Judo-therapists is expected to continue to increase. In addition, due to the increase in the number of bone clinics run by Judo-therapists, the coverage of the abulatory health insurance, that is, medical care expenses, is increasing year by year, and fraudulent and unreasonable claims for health insurance are also increasing, so the government is strengthening the monitoring of the system. Due to the tight financial resources of health insurance in Japan, management that relies on health insurance is expected to become increasingly difficult in the future, but according to the government statistical survey released by the Ministry of Health, Labour and Welfare in Japan in 2017, the number of bone clinics continued to increase from 2000 to 2020, and there are currently more than 50,000 bone clinics mainly in large cities such as Tokyo and Osaka has been opened (Fig. 2).

If the number increases this much, competition will naturally become fierce. Even if the skills of a Judo-therapist are excellent, if advertising does not go well or customers are not found, sales will not increase and the possibility of bankruptcy will increase. In addition, very few students go on to graduate school from the training school where they obtained the qualification, and while medical information is updated year by year, there are few Judo-therapists who obtain a doctorate. The number of qualified Judo-

therapists who graduated from training schools without a foundation to continue research as evidence-based medicine, such as an internship system, membership in academic societies, and participation in academic societies, is increasing dramatically. The number of qualified Judo-therapists who can talk to doctors and other specialists on an equal footing is decreasing. Currently, there are about 63,000 Judo-therapists in Japan, who work in various places such as bone clinics and orthopedic surgery as specialists who can perform manual therapy for fractures, dislocations, bruises, sprains, etc. They do not prescribe medicines, perform surgeries, or use X-rays or other testing equipment, but use their knowledge, hands, and experience about the human body. As a healer, a solid familiarity with judo therapy will eventually lead to a wider range of options and prospects for the future.

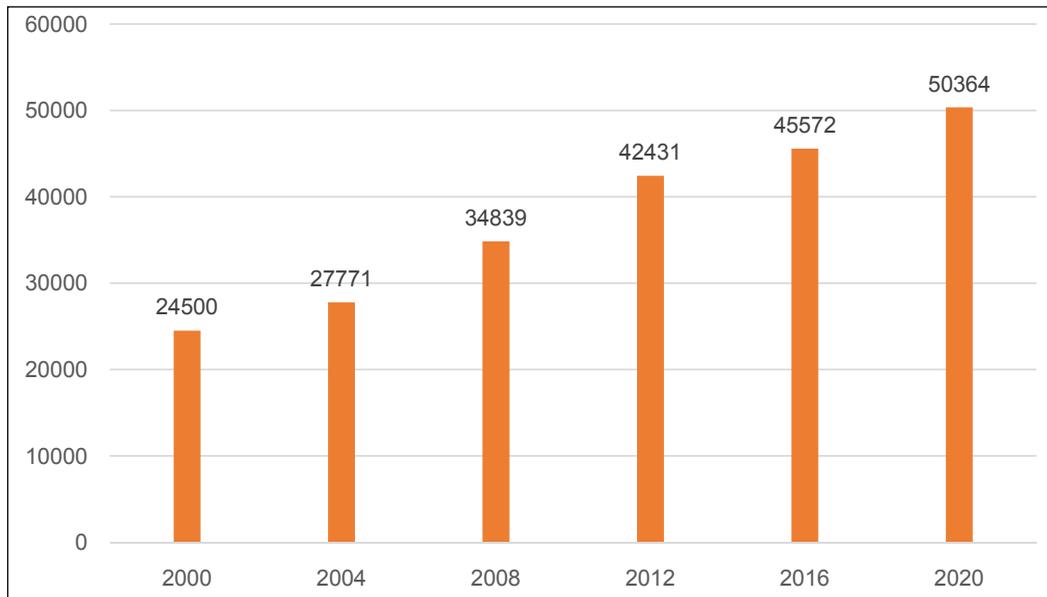


Fig. 2: “Japan Ministry of Health, Labor and Welfare “Health Administration Report Example 2020”

Japan is an aging society in which more than 32 million people aged 65 and over make up more than 25% of the total population. As the proportion of the geriatric population increases, the demand for long-term care is also increasing more and more. Currently, in the welfare industry, in addition to caring for the personal care of the elderly, we aim to restore to a state that does not require nursing care for those who need nursing care for some reason, and provide functional training (rehabilitation) to prevent people who do not need nursing care from being bedridden in the future. For those who do not need nursing care, there are initiatives to ensure that they are not bedridden in the future. One of the major problems faced by the elderly is the decline in physical functions due to aging and illness. There are many cases where people are bedridden due to injury or illness, or they stop exercising due to deterioration of physical function and remain bedridden. The approach to physical function and exercise is the specialty of Judo-therapists who are familiar with physical functions, and the number of Judo-therapists who are active in the welfare industry is increasing. In recent years, in the medical field, attention has been focused not only on the treatment of diseases but also on early detection and prevention. By focusing on early detection and prevention from the perspective of a Judo-therapist is can prevent the worsening of injuries

and the occurrence of lifestyle-related diseases. For example, there may be a slight pain when moving the shoulder, aggravated due to not going to the examination, and the shoulder does not rise. Judo therapists are prohibited by law, so they cannot prescribe medication or take x-rays, but they do have the skills to identify the cause to some extent. That way, you can stop the pain before it gets worse and causes serious dysfunction. In addition, regarding the prevention of lifestyle-related diseases, we can provide not only dietary advice, but also advice on appropriate exercise and exercise therapy, and if necessary, guidance on exercise menus. Since lifestyle-related diseases are expected to increase worldwide in the future, Judo-therapists are expected to contribute to the health promotion of local-residents.

Judo-therapists can also play an active role in disaster relief. According to Harasawa et al., during the Great East Japan Earthquake in 2011 in Japan, judo therapists treated injuries and performed massages at disaster bases set up by the earthquake (Harasawa, 2016). In addition, judo therapists were dispatched as a medical support team Japan to support the earthquakes that occurred in Turkey and Syria in 2023. A skilled Judo-therapist with clinical experience can provide not only first aid for fractures and dislocations, but also the same pain due to injury, it is possible to accurately determine whether it is due to illness and respond appropriately, such as transporting the patient to an emergency medical institution as soon as necessary. Since there are not enough medical facilities at disaster sites, judo therapists who can handle everything with their own knowledge and skills are a great help to disaster victims. Judo-therapists are also in demand in the sports industry, and there are many Judo-therapists who are involved in the training and treatment of athletes. In Japan, in order to become a sports trainer who can perform medical-like activities such as Judo-therapist, acupuncture, and moxibustion, it is premised on obtaining such a national qualification, and many judo therapists are active as sports trainers, but athletes often involve injuries, so judo therapists are expected to play an active role as professionals in the treatment of injuries and first aid in the sports field. With the 2020 Olympic Games held in Tokyo and the Japan where many world competitions are still being held, judo therapists will need to develop and support future Olympic athletes, not only professional athletes but also current youth Athletes.

Qualifications similar of Judo-therapist (Chiropractic)

Chiropractic is a manual therapy founded in 1895 by Daniel David Palmer, an American Chiropractor. WHO considers Chiropractic as complementary and alternative medicine, and currently includes the United States, the United Kingdom, Canada, Australia, and the European Union About 40 countries, including several countries, have legislated as a profession of spine treatment, which mainly deals with musculoskeletal disorders.

The WHO defines Chiropractic as “a profession that diagnoses, treats, and prevents musculoskeletal disorders and their effects on overall health.” The basic principles of Chiropractic are as follows: The basic principle of Chiropractic is that the source of vitality is normal nerve flow. It is the flow of nerves that the organs of the whole body move smoothly and control all their movements. If the cells and organs are healthy and work well in the first place, then unpleasant symptoms and diseases will not occur. The characteristic of Chiropractic is that it removes “nerve blockage” only by procedure without using drugs or injections, and maximizes the natural healing power by smoothing the flow of nerves. The genes of our tiny cells contain not only the blueprint of our body, but also all the information about the body, including the aftercare mechanisms that repair it when it breaks. This mechanism is what we usually call

“natural healing power”, and health is a state in which such natural healing power is fully exerted, and Chiropractic calls this natural healing power “innate intelligence”.

Life energy comes from space, and then from Earth. This energy is called “cosmic intelligence. “Life energy enters from the pineal gland of the brain, and under the influence of light, a hormone called melatonin, which is involved in the human biological clock, is secreted. Nerve adaptation refers to a condition in which the center of the head rests on the center of the pelvis and the center of the head and pelvis are vertical, that is, the flow of nerves adapts to the body, even with scoliosis. Chiropractic adjustment is said to re-educate the brain. When the brain remembers this state, the body naturally adjusts in that direction, and the flow of nerves becomes smoother. Chiropractic adjustment is a re-education of the brain. In our human body, there are more than 200 joints with 206 bones such as the skull, spine, pelvis, etc., plus 108 bones of the upper limb (shoulder joint complex, elbow joint, wrist joint) and lower limb (hip, knee, ankle). Therefore, in addition to the adjustment of the spinal column, it is also essential to adjust the joints of the upper and lower limb. Joint relaxation (joint play), which causes pain, is a condition in which one millimeter of play in the joint capsule is lost, and it is said that the presence or absence of this joint relaxation has a very large impact on the body. The basic theory of Chiropractic is that there are a total of 31 pairs of nerves in the spine, and that body distortions and habits cause distortions in various parts of the body and dull nerve function. The treatment method is mainly “adjustment” of joints and “spinal manipulation” by procedure, and is characterized by a particular focus on “subluxation”. According to the website of the Ministry of Health, Labour and Welfare of Japan, Chiropractic is a specialized medical treatment that focuses on the structure and function of the body (especially the spine), and the treatment method is mainly to adjust (correct) the distortion of the body such as the spine to reduce pain, improve function, and promote the body’s natural healing power. The main purpose of the procedure is to correct distortion, reduce pain, improve function, and increase the body’s natural healing power. The definition of Chiropractic often varies between organizations and educational institutions. In the past, there was a theory that abnormalities (subluxation) in the structure and function of the vertebrae (motor nodes) such as the spine were the direct cause of the disease. Definitions and interpretations vary, but are based on the current laws of each country and state.

In the United States, where chiropractic was born, the American Chiropractic Association (ACA) defines Chiropractic as “medical care specializing in disorders of the musculoskeletal and nervous systems.” Chiropractors (also called chiropractic doctors) do not use drugs or surgical treatments, but use their own manual therapy as the main means of treatment, examinations such as X-rays, diagnostics (“You are ...”, It has the authority to diagnose) and perform treatments approved as medical practices. Chiropractors have extensive diagnostic knowledge and provide guidance on nutrition, diet, and lifestyle in addition to manual therapy, physical therapy, and rehabilitation. Training schools in the United States require at least 4,200 hours (300 credits) of study in four years at an accredited university, followed by national examinations and, depending on the state, physical therapy and radiology exams. In the case of a Japan Judo-therapist, it is necessary to pass the national examination after studying at least 2480 hours (85 credits), but it can be obtained in a minimum of 3 years, which is different from the standard for obtaining Doctor of Chiropractic (D.C.) in the United States. We may also refer patients to other health care organizations if they require treatment or testing outside the scope of practice set out by state law. As of 2003, there were 20,660 chiropractors in the United States, most of whom are private or group practitioners, and there are about 100,000 Chiropractors in about 40 countries around the world where Chiropractic is widely used. The main difference between Chiropractic and Judo-therapists is that Chiropractic is a method of

improving the mind and body by correcting the spine with procedures, while Judo-therapists specialize in treating trauma such as fractures and dislocations.

Qualifications similar of Judo-therapist (Osteopathy)

Osteopathic was founded by Dr. Andrew Taylor Still in the United States Japan and was introduced along with chiropractic from the United States during the Taisho era, and was called “medical treatment” (Shiatsu, Judo-therapy, etc) it. Is said to have had a great influence on the manual therapy of Japan. Osteopathy is derived from the Greek words Osteon (bone) and Pathos (treatment), and was once called “manipulative therapy” in Japan, However, according to the Kansai Chiropractic Association, it is a different treatment than bone and muscle alone. A wide range of medical anatomy or physiology, such as the musculoskeletal system, the circulatory system such as arteries, veins, and lymph, and the cranial nervous system including cerebrospinal fluid circulation Based on knowledge, the treatment is performed using hands. That is why the senses of the hands and fingers of osteopaths are sharpened. Osteopathy is a unique system of medicine, a philosophy that considers the whole body as a unit, considers the functions and structure of the body as part of it, and focuses on inspiring the body’s natural healing powers. Osteopathy is not a word for therapy, but a system of medical philosophy called osteopathic medicine, just as acupuncture is a part of Oriental medicine, for example. Therefore, osteopathic therapy is not correct in that sense. Complementary alternatives by the former National Center for Complementary and Alternative Medicine (now the National Center for Complementary and Integrative Medicine) in the United States The medical classification “Manipulative and Body-Based Practices” includes spinal manipulations and massage therapy. They are based on the concepts of chiropractic and osteopathy and have had a significant impact on modern manual therapy, including Japan.

In osteopathy, treatment is carried out on the basis of the following basic theories: —

1. The body is a unit, and various organs and tissues of the body are functioning. In a relationship.
2. The functions and structures of the body are interrelated.
3. The body has self-healing power.
4. Illness occurs when some external force or internal change occurs that exceeds the self-healing power.

By comprehensively observing muscles, joints, ligaments, nerves, blood (arteries and veins), lymph, cerebrospinal fluid, internal organs, etc., and correcting them (somatic dysfunction), we draw out the body’s natural healing power and lead to health.

In addition, treatment methods are roughly divided into the following two —

1. “Direct method” When a part of the body malfunctions, a certain barrier occurs that hinders its movement. In other words, the physiological limit point changes abnormally and becomes closer to the center point. The direct method attempts to bring physiological limits closer to normal conditions by applying mechanical action beyond such pathological limits.
2. “indirect method” Contrary to the direct method, it is a method of exaggerating the force in a direction farther away from the central point of the physiological limit, that is, in a more mobile direction. Directions far from physiological limits are called dysfunction in osteopathy. For example, in kyphosis anomaly to the right of the bone, the bone moves easily to the right but difficult to the left. Ease of movement is a pathological direction, so it is called impaired right-sided function. The

indirect method is a method of making the brain recognize an abnormal state by adding movement in the direction of dysfunction, exerting healing power, returning it to a normal state, and curing it.

Each method has different techniques, some of which are a combination of both.

In any case, treatment requires detailed knowledge of anatomical and physiological matters, as well as delicate techniques to accurately judge them by palpation and administer appropriate treatment based on the results. Therefore, it is difficult to master in a short period of time, and without at least several thousand hours of medical education and technical mastery, as well as learning in training institutions, it is difficult to carry out the correct osteopathic treatment. In the United States, the American Association of Osteopathic Medicine has 50,000 members, rigorous education and qualification systems at state universities. However, in Japan, osteopathy is not regulated by law, and some schools claim to be “osteopathy” based on scarce knowledge and skills, sometimes erroneous theories and misunderstandings, or advertise that it can be learned in a short period of time.

The concept of osteopathy is closer to judo therapists than to the aforementioned chiropractic, but Japan judo therapists are prohibited from X-ray diagnosis and medication, and their activities are more limited than overseas osteopathic practitioners. However, Judo-therapists in Japan are prohibited by law from radiography and drug treatment, and their activities are restricted compared to Osteopathic therapists other countries.

Qualifications similar of Judo-therapist (Naprapathy)

Oakley Smith was the first healer of Naprapathy, and the process of its birth dates to Smith’s study abroad in Europe, where he encountered Napravit, a traditional Czechoslovak (Bohemia) manual therapy, and was fascinated by the technique and returned to the United States, where he collaborated with Bohemians. By discussing and studying immigrants, combining his knowledge of Napravit with his Chiropractic expertise, Smith laid the groundwork for Naprapathy. After devising systematic treatments to evaluate and heal damaged connective tissue, he established the Oakley Smith Naprapathy School in Chicago, USA, in 1907, formally establishing the medical branch of Naprapathy. Smith found that “the cause of pain and dysfunction in our muscles, nervous system, bone structure, and joints (neuromusculoskeletal system) lies in changes in the tone of connective and soft tissues,” and that structural imbalances (often in the spine) gradually accumulate, causing pain that spreads throughout the body. I discovered that it was the cause of pain that spread throughout the body. Causes of this connective tissue suppleness imbalance include poor posture, trauma (whiplash and sports injuries), and general wear and tear. Smith also teaches that “over time, rigidity can pinch the nerves as a result.” These can cause or cause chronic conditions such as arthritis, migraine, carpal tunnel syndrome, temporomandibular joint disorders, herniated discs, bursitis, tendinitis, fibromyalgia, sciatica, chronic low back pain, arthritis, stiff shoulders, and stress-related pain. The word Naprapathy originally comes from the Czech Napravit (correction) and the Greek word Workpathos (suffering). When these are combined, they can be translated as “correcting the cause of pain.” Such a type of therapy as Naprapathy has many similarities to chiropractic therapy and physical therapy. Although there is no scientific basis to show that Naprapathy differs from physiotherapy and other rehabilitation therapies such as Chiropractic and Osteopathy, the core concept of Naprapathy lies in manual therapy, which involves treatment with joint movements, stretching, massage, etc. Naprapathy-therapists are professionals protected by law, as well as physiotherapists and chiropractors, who are supervised

by Sweden's National Health and Welfare Board. Naprapathy-therapists focus on treating people who have joint and muscle problems. They can diagnose, treat and rehabilitate this type of musculoskeletal disorders. Naprapathy-therapists can find the cause of these pains and relieve them by manipulating joints and stretching and massaging areas of the body that feel pain. The order of treatment begins by answering questions about the current situation, after which a diagnosis is made and treatment begins. It consists of manual therapy, what you mean, nerve mobilization, spinal mobilization and manipulation, muscle stretching, massage, trigger point therapy, and acupuncture. This is done to release tension in the muscles and other parts of the body that are responsible for the pain. Also, a Naprapathy-therapist, like a physiotherapist, can advise you on different exercises that can be continued at home. Another similarity and difference between naprapathy and chiropractic care is that the major difference in treatment is that Naprapathy involves more joint manipulation than Chiropractic care. While Chiropractic focuses on the spine, Naprapathy treats a wider range of muscles and joints comprehensively. However, Naprapathy does not exclude other treatments, and depending on the location of the pain and the type of problem, both treatments can be helpful. Naprapathy and similar to Chiropractic therapy is "joint manipulation", in which when a joint hurts, many of the causes are in the back, and both Naprapathy and Chiropractic professionals correct this. The therapist does this by sharply compressing the affected area with his hand, often forming snaps in the joints, and sometimes sounds are made when thrusting up (correcting). Connective tissue disorders commonly treated with Naprapathy include: —

1. Limb pain
2. Sciatica
3. Shoulder pain
4. Tennis elbow
5. Carpal tunnel syndrome
6. Headache
7. Knee failure
8. Back pain
9. Neck pain

The connective tissue of the body supports the spine and all joints and joints of the body. Connective tissue disorders are characterized by abnormally stiff or contraction (tension) of ligaments, tendons and muscles. These disorders interfere with nerve conduction and blood and lymph circulation, which can cause pain and inflammation in the affected areas of the body. Causes of connective tissue disorders include trauma (e.g., car accidents, sports injuries, falls), RMS (repetitive motion syndrome, excessive use of work-related computers and machines), heavy lifting, and improper posture. Studies showing the therapeutic benefits of naprapathy have shown that Naprapathy-treatment is more effective for lower back and neck problems than the effective advice recommended by doctors. In this study of 409 patients, the researchers compared and tested two groups with back and neck problems. After a physical examination to rule out serious diseases, patients were randomly assigned to two treatments. Half of the patients were treated by Naprapathy-therapists and half received advice and support from doctors. The advice from the doctor urged the patient to move even in pain and lead a normal life as much as possible. As a result, 57% of the group that received Naprapathy said they were "very well" 12 weeks after the start of the study, compared with 13% of the group that received medical advice.

It was also shown that 69% of the Naprapathy-treatment group and 42% of the physician-advised group showed clinically significant pain reduction, and 19% of the Naprapathy-treatment group and 7% of the physician-advised group had fully recovered from hip and neck problems 12 weeks after the study began. It has been analyzed that similar results were obtained in patients with low back pain. The results of this study prove that Naprapathy has a therapeutic effect on pain. However, in the United States, Illinois and New Mexico acknowledge the existence of Naprapathy, while others do not. Currently, Naprapathy is widespread in Sweden and other Nordic countries.

Naprapathy is not well known in Japan and probably will not become widespread, as there are many similar qualifications such as physical therapist, Judo-therapist, Acupuncturist, masseur, etc.

Differences and similarities between judo therapists and similar qualifications

The above qualifications are relatively similar to the Japan Judo Therapist, Chiropractic, Osteopath, and Naprapathy certifications, except that they do not provide traumatic treatments such as fractures and dislocations. The word “correction” is often used to treat Chiropractic, Osteopathy, and Naprapathy, but it heals relatively small distortions in the spine, pelvis, muscles, and joints, not the trauma such as fractures and dislocations that a Judo-therapist does. This difference may be the difference between Judo-therapists, a technique born from the fight of “Jujutsu”, and other qualifications born from the medical practice of “saving patients”. Even today, in order to qualify as a Judo-therapist, Judo is built into the curriculum, and you must learn how to destroy your opponent along with the treatment technique. All qualifications are the same in terms of “curing physical ailments,” but like judo therapists and chiropractic, there may be differences in their origins and philosophies. The difference is that chiropractic, osteopathy, and naprapathy are recognized in countries such as the United States, and there are training institutions in each country where you can take x-rays and prescribe medicines just like doctors. Judo therapists are currently only licensed in Japan countries, cannot take X-rays or prescribe medication, and treatment of trauma requires the consent of a doctor except in emergencies. Compared to similar qualifications overseas, the scope of work is quite limited. The following table (Table 1) compares Judo-therapists to Chiropractors, Osteopaths, and Naprapathy.

	Judo Therapist	Chiropractic	Osteopathic	Naprapathy
Treatment	Repair by procedure for fractures and dislocations	Manual correction (adjustment)	Direct and indirect treatment methods	Manual correction (joint movement)
Treatment Philosophy	Recovery to anatomical limb position and functional restoration	Unclog the flow of nerves,	Considering the whole body as one unit and arousing natural healing power	Improvement of nerve conduction and circulatory failure due to disorders of connective tissue in the body
Use of X-rays	Impossible	Possible	Possible	Impossible
Prescription of medicines	Impossible	Possible	Possible	Impossible
Training time	3 years at a training institute	4 years at an accredited university	4 years at an accredited university	4 years at an accredited university
Main target countries	Japan	Approximately 40 countries, mainly in the United States	Approximately 50 countries, mainly in the United States	Sweden, Scandinavian countries

CONCLUDING REMARKS

For this reason, the qualifications and professions of Judo-therapists in Japan are required in many workplaces, albeit with numerous restrictions, and various studies and verifications are still being conducted to gather evidence for their effectiveness. Injuries and pain are common to all humankind, and in a world where everyone is subject to them regardless of race, and various things are diversifying, it is expected that the fields in which Judo-therapists can play an active role will also diversify. In addition, Judo-therapists can provide high-quality trauma treatment on the spot without the need for special equipment and materials in the treatment of minor injuries other than serious injuries that require emergency medical care such as orthopedic surgery, in developing countries where medical equipment is insufficient, in areas with insufficient medical resources, and in emergencies such as disasters.

According to Yuasa *et al.*, the Japan Judo-therapists' Association has concluded an academic exchange with Mongolia and is working to popularize Judo-therapy in Mongolia (Yuasa, 2016). In addition to Mongolia, international seminars on Judo-therapy have been held in Cambodia in recent years, and the Federated States of Micronesia and Vietnam have also expressed interest in Judo-therapy. The spread of Judo-therapy in countries with underdeveloped medical infrastructure and chronic doctor shortages is considered to be necessary to widely communicate the value of Judo-therapy to the world and make it a universal value. It is also very important to preserve and pass on the traditional medical techniques of Japan so as not to lose not only the Japan but also the traditions and identity of the country.

Rather than dismissing traditional medicine as a “product of the past,” we must accept its significance and remember that current medicine is built on the traditions of the past.

REFERENCES

1. A Study to Understand the Influence of Integrated Medicine on National Health Care Expenditure. Health, Labour and Welfare Science Research Grant (Comprehensive Research Project for Medical Safety and Technology Assessment), FY2008 Comprehensive Research Report, 2009.
2. Alexander S. Nicholas and Evan A. Nicholas, 2010. *Atlas of Osteopathic Techniques*.
3. Bodeker, G., Ong, C.K., Grundy, C., Burford, G. and Shein, K. 2000. “Produced by the WHO Kobe Centre. The World Health Report 2000 - Health Systems: Improving-Performance –“ THE WORK OF WHO. World Health Organization.
4. Bodeker, G., Ong, C.K., Grundy, C., Burford, G. and Shein, K. 2005. “Produced by the WHO Kobe Centre Text and Map Volumes Who Global Atlas: of Traditional Complementary and Alternative Medicine.” Text volume [Illustrated] World Health Organization.
5. Callender, A. 1995. “Buckeye chiropractic “turbulence in a limited branch of Medicine 1915~1975” Chiropractic history: the archive and journal of the Association for The history of chiropractic 1995.
6. Communication with WHO. Chandler, Arizona, World Chiropractic Alliance, January 2001
7. Greenman, P.E. 1980. “*Osteopathic medicine origins and outlook*” postgraduate medicine.
8. Harasawa, Kensuke, 2013. Role of judo therapists in mass disasters, *Japanese Journal of Disaster Medicine*, **21**(1): 68-72.

9. Kawasaki, Ichiro, 2003. Introduction to Judo Therapy I: Origins and History of Judo Therapists, *Health and Behavior Science*, **2**(1): 13-18.
10. Long Term effects of naprapathic manual therapy on back and neck pain-results, 2010. Heard Jhon T. and Degenhardt Brian F. 2018. "A Focus on Research at the First School Osteopathic Medicine" *The Journal of the American Osteopathic Association*.
11. History of Osteopathic Medicine, Japan Judo Therapy Association, 1983.
12. Meng Kai, 2006. "China's Health Care System, Health Service Market and Industry Trend Research Report," Health Service Industry Promotion Organization.
13. Meeker William C. and Haldeman Scott. 2002. "Chiropractic a profession at the crossroads of mainstream and alternative medicine" *Annals of internal medicine*.
14. Nippon Judo Therapy Association, "Nichisei 60-nen-nen-history," Nippon Judo Therapy Association, 1998, p. 55. Nakayama, Kiyoshi, Judo and Clinical Practice of Judo Therapist, Buiin Dojutsu, Iwho Shobo, 1984.
15. Okuda, Insuke, 1985. Tokyo Judo Therapists' Association Sixty Year History, Tokyo Judo Therapists' Association.
16. Skillgate Eva, Bohman Tony, Holm Lena W, Vingard Eva, Alfredsson Lars 2010. "the Long Term effects of Naprapathic manual therapy on back and neck pain-results from A pragmatic randomized controlled trial" *BMC musculoskeletal disorders (BMC Musculoskelet Disord)*.
17. Sundberg Tobias, Leach Matthew J, Lilje Stina, Thomson Oliver, P, Fryer Gary, Palmgren Per J. 2023. Adams Jon Skillgte Eva Attitudes skills and implementation of evidence-based practice: a national cross-selection survey of licensed Naprapaths in Sweden." *Chiropractic&manual therapies (Chiropr ManTherap)*.
18. The World Health Report 2000 - Health Systems: Improving Performance - THE WORK OF WHO. World Health Organization, 2000.
19. Yuasa, Yukiko, 2013. Judo Osteoporosis: The Westernization of Osteotomy and the Steps Toward National Certification, Waseda University Academic Joint Book Series, p.8, p.230.
20. Yuta Miura, 1995. "History of Judo Therapists," *Journal of the Japanese Society of Clinical Orthopedic Surgeons*, **30**(1).