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Introduction

Worldwide, modern healthcare systems increasingly spotlight integrative healthcare modalities that incorporate ancient wisdom. This movement started in both the United Kingdom and the United States as "alternative medicine." As alternative healthcare modalities became more prevalent, the descriptive term changed to "complementary medicine" or "complementary and alternative medicine" (CAM). Now, due to the further incorporation of such practices, the more frequently used term is "integrative medicine." Kampo medicine, or Japanese traditional medicine, is integrative as it has been used by Western physicians in addition to conventional medicine.

Whole Medical Systems

In the U.S., the National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as "a group of diverse medical and healthcare systems, practices, and products that are not presently considered to be part of conventional medicine."[1] NCCAM interprets "complementary" medicine as those treatments that are used together with conventional medicine, and "alternative" medicine as those treatments that are used in place of conventional medicine. It classifies CAM into four categories or "domains": biologically-based practices, energy therapies, manipulative and body-based methods, and mind-body medicine. A fifth domain, "alternative medical systems," is now referred to as *whole medical systems*.

Whole medical systems involve "complete systems of theory and practice that have evolved independently from or parallel to allopathic (conventional) medicine."[2] These may reflect individual cultural systems, such as Kampo medicine, traditional Chinese medicine (TCM),[3] traditional Korean medicine (Han medicine), and Ayurvedic medicine. Some elements common to whole medical systems are a belief that the body has the power to heal itself, and that healing may involve techniques that use the mind, body, and spirit.

History of Kampo Medicine

Ancient Chinese medicine was recorded in two medical texts, the Huangdi Neijing (黄帝内経) and Shan Hang Lung (傷寒論), during the Han Dynasty (202 BC to 220 AD). Medicines were transmitted from ancient China to Japan via the Korean Peninsula in the 5th or 6th century.

Although Japanese medicine initially followed the ancient Chinese medicine, soon Japan started to modify the Chinese medicine, mainly because the materials were unique to China and needed to be adjusted to conditions in Japan. The first Japanese medical book (Daidoruijuhou 大同類聚方) was written in 808. Kampo medicine became established during the Edo period (1603–1867). At the beginning of the Edo period, the medicine of Ming-China was introduced and widely spread. In the 17th and 18th centuries, Japanese doctors advocated the exclusion of Ming Chinese medicine and followed the basic concept of Chinese medicine written in the Shan Hang Lung (傷寒論) and Chin Gui Yao Liu (金匱要略) during the Han Dynasty. This

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school of thought was called the KOHO school. Medicine under the KOHO School followed the simple ancient Chinese formula and excluded the expanded medical theory of Ming-China. Abdominal diagnosis was also established. This started in the Muromachi period (14th to 15th century) as a treatment method and later came to be regarded as a useful diagnostic procedure. Abdominal diagnosis became a major force and led to the establishment of the Japanese tradition.

With the Meiji Restoration in 1867, the new government changed gear to follow Western countries and adopted only Western medicine. Thereafter, the practice of Kampo medicine drastically declined. However, it persisted in private practice until finally being rediscovered by mainstream medical practitioners. Kampo products (mainly herbal extract formulations) were first covered under the public health insurance system in Japan in 1976. Today, 148 kinds of Kampo formulas are prescribed under the Japanese national health insurance system.[4]

Characteristics of Kampo Medicine

Kampo medicine differs from TCM in many respects.[5] Although TCM derives its theories mainly from the Huangdi Neijing (黄帝内経), Shennong Bencao Jing (神農本草経), and Shan Hang Lung (傷寒論) medical texts, all of which were written during the Han Dynasty, these theories were expanded broadly. As mentioned above, Japan decided to follow the Shan Hang Lung (傷寒論) faithfully. Thus, although many of the original features of TCM and Kampo were the same, the two forms of medicine have diverged more and more over the years, especially after World War II. In China, TCM was molded and regulated by the government after the People's Republic of China was founded.

There are three major differences between TCM and Kampo. First, TCM prescription is individualized at the herbal level, while Kampo medicine is individualized at the formula level; second, the prescription pattern is simplified in Kampo medicine; and third, abdominal findings are important for making diagnoses in Kampo medicine. Although abdominal diagnosis was described in the Shan Hang Lung (傷寒論), it is not valued in Chinese and Korean traditional medicine. In Japan, abdominal diagnosis was uniquely developed and used widely.

Use of Kampo Drugs in Daily Clinical Practice

Because the Meiji Government adopted a one-license system for medical practitioners in Japan, there is no separate medical license for traditional medicine in Japan. This differentiates Kampo from the use of traditional medicine in China and Korea, where there are two distinct licenses. Only Western-style physicians are allowed to prescribe Kampo drugs, and currently more than 70% of Japanese physicians (including nearly 100% of Japanese Ob/Gyns) use Kampo medicine in daily practice, even in university hospitals, together with high-tech medical treatments such as organ transplantation and robotic operations.[6,7] Most practitioners use extract formulas. Kampo medicines are government-regulated prescription drugs and currently 148 formulas are listed under the Japanese insurance program. Kampo practitioners are also able to use decoction, selecting several herbs from among 243 kinds of herbs available under the insurance system.[8]

In 2001, the Ministry of Education, Culture, Sports, Science and Technology decided to incorporate Kampo medical education into the core curriculum of medical schools. Although a national survey in 1998 reported that only 18 Japanese medical schools had either elective or required classes on Kampo medicine,[9] currently all 80 medical schools provide Kampo medical education.

Conclusion

All Kampo medicines are made by Japanese pharmaceutical companies whose manufacturing is governed by the Pharmaceutical Affairs Law and strictly controlled by other government regulations, including Good Manufacturing Practice. As a result, product quality and safety of the highest level are assured.[10] Because of the high quality and safety of Kampo formulas, clinical studies using Kampo formulas, including randomized controlled studies,[11–15] can be organized more easily than clinical studies using Kampo decocted from several herbs. Some may think there is little clinical evidence for the effectiveness of Kampo and that the medicines are based only on historical knowledge, but compared to traditional medicines of other countries,

Kampo medicine is a model integrative medicine in many aspects.[16,17] Moreover, Kampo medicines are the only ancient medical products covered under the Japanese universal health insurance system. We should make an effort to inform the world of our experience with Kampo medicine in Japan.[18,19]

References

1. NCCAM. Get the FACTS—What Is Complementary and Alternative Medicine (CAM)? Available at http://nccam.nih.gov/health/whatiscam (accessed on November 22, 2005)
2. NCCAM. BACKGROUNDER: Whole Medical Systems—An Overview" (October 2004). page 1. Available at http://nccam.nih.gov/health/backgrounds/wholemed.pdf (accessed on November 22, 2005)
3. NCCAM. NCCAM Funding: Appropriations History. Available at http://nccam.nih.gov/about/appropriations/index.htm
4. Ono N. Medical insurance in Japan. The Journal of Kampo, Acupuncture and Integrative Medicine. 2005;1:70–84.
5. Yu F, Takahashi T, Moriya J, et al. Traditional Chinese medicine and kampo: a review from the distant past for the future. J Int Med Res. 2006;34:231–239.
6. Watanabe K. General Practitioner Should Use Kampo Medicine. Available at http://mric.tanaka.md/2008/10/22/_vol_148.html (accessed on October 22, 2008).
7. Nikkei Medical No. 479 Supplement Oct. 2007
8. Sahashi Y. Herbs covered by health insurance in Japan. The Journal of Kampo, Acupuncture and Integrative Medicine. 2005; 1:58–62.
9. Tsuruoka K, Tsuruoka Y, Kajii E. Complementary medicine education in Japanese medical schools: a survey. Complement Ther Med. 2001;9:28–33.
10. International Institute of Health and Human Services. Quality evaluation of kampo medical extracts. The Journal of Kampo, Acupuncture and Integrative Medicine. 2005:1:56–57.
11. Mizukami K, Asada T, Kinoshita T, et al. A randomized crossover study of a traditional Japanese medicine (kampo), yokukansan, in the treatment of the behavioural and psychological symptoms of dementia. Int J Neuropsychopharmacol. 2008;11:1–9.
12. Odaguchi H, Wakasugi A, Ito H, et al. The efficacy of goshuyuto, a typical kampo (Japanese herbal medicine) formula, in preventing episodes of headache. Curr Med Res Opin. 2006;8:1587–1597.
13. Arakawa K, Saruta T, Abe K, et al. Improvement of accessory symptoms of hypertension by TSUMURA Orengedokuto Extract, a four herbal drugs containing Kampo-Medicine Granules for ethical use: a double-blind, placebo-controlled study. Phytomedicine. 2006;3:1–10.
14. Urata Y, Yoshida S, Irie Y, et al. Treatment of asthma patients with herbal medicine TJ-96: a randomized controlled trial. Respir Med. 2002;6:469–474.
15. Terasawa K, Shimada Y, Kita S, et al. Choto-san in the treatment of vascular dementia: a double-blind, placebo-controlled study. Phytomedicine. 1997;4:15–22.
16. Horiguchi K, Tsutani K. A cultural perspective: conceptual similarities and differences between traditional Chinese medicine and traditional Japanese medicine. In: Eskinazi D ed. What Will Influence the Future of Alternative Medicine?: A World Perspective. Singapore: World Scientific; 2001:41–55.
17. Kenner D. The role of traditional herbal medicine in modern Japan. Acupunct Today. 2001;2:1–5.
18. Ogihara Y, Aburada M. Sho-Saiko-To: Scientific Evaluation and Clinical Applications (Traditional Herbal Medicines for Modern Times). London: Taylor & Francis; 2003.
19. The Japan Society for Oriental Medicine. Introduction to KAMPO Japanese Traditional Medicine. Tokyo: Elsevier Japan K.K.; 2005.

Editor's Comment

For reference, I would like to add some information regarding Japanese Kampo medicine. In July 1967, four kinds of Kampo formulas were adopted for prescription under the universal health insurance system in Japan. In September 1976, this number was increased to 41 and finally to the 148 kinds of Kampo that are currently covered under the health insurance system. Credit for this expansion belongs to Dr. Taro Takemi, the 11th President of the JMA, who promoted Kampo medicine as an original Japanese medical product because previously more than 70% of the medicines prescribed in Japan had been imported. As a result, many Kampo formulas came to be covered by health insurance. Kampo medicine is also unique compared to other kinds of alternative medicines in terms of being prescribed by Western-style medical professionals, sometimes in combination with Western-style medicine.

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Editor-in-Chief

Report

Do We Have Enough Obstetricians?— A survey by the Japan Medical Association in 15 countries

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Abstract

Purpose The purpose of this questionnaire survey was to examine the supply of obstetricians and the policies and measures adopted by various countries to secure obstetricians. Based on the survey results, we discuss measures appropriate for the situation in Japan.

Methods The targets were the 17 member medical associations in the WMA. Questionnaires were sent by E-mail and answers were obtained from 14 associations (Canada, Denmark, Finland, France, Germany, Iceland, Israel, Korea, New Zealand, Singapore, Taiwan, Thailand, U.K. and U.S.). We added JMA's answers to the survey results. The survey was conducted between January and August 2008.

Results (summary) The difficulty in securing a sufficient supply of obstetricians is an international challenge, despite the differences in healthcare systems among countries. We found Japan and other countries share a remarkably similar situation characterized by the increase in the percentage of female obstetricians, the increase in the number of legal disputes, and the changes in physicians' attitude toward work. While every country is taking multiple measures to cope with the problem, many expect a shortage and disparity of obstetricians for the future.

Some countries have a system that allocates residents/interns by regions and medical specialties. However, because the final decision of work location is made by the free will of physicians, a shortage of physicians in local areas occurs even with such quotas. A good work environment and the popularity of obstetrics contribute to a stable supply of obstetricians in some countries, but obstetricians in Japan were found to be working the longest hours among the surveyed countries. Improvement of the work environment seems to be one of the requirements for solving the problem.

Key words Shortage and disparity of obstetricians, Supply and demand of physicians, International survey, Measures to secure physicians

Introduction

The shortage and disparity of obstetricians has become an issue of grave public concern in Japan. This problem most typically manifests in the incidences where an emergency patient with an obstetrical condition in a large city is refused admission after repeated attempts to find available hospital care, not infrequently resulting in the death of the patient. While the government is taking steps to alleviate this problem, the Japan Medical Association (JMA) conducted a survey to find out whether other World Medical Association (WMA) member countries are experiencing similar problems and what measures are being taken to ensure a stable supply of obstetricians. The following outlines the results of this unique study.

Survey Results

Age, gender, working hours of obstetricians

The percentage of female obstetricians was in the

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