

## Foreword

### *Kampo Medicine: A System Approach*

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In Japan, the national health insurance program covers the use of 148 types of Kampo extract formulations. More than half of these prescriptions are formulated as described in the classic medical texts *Shang Han Lun* (On Cold Damage) and *Jin Gui Yao Lue* (Synopsis of Prescriptions of the Golden Chamber).

The Japanese people have traditionally used these prescriptions to treat a wide range of diseases. In contrast to Chinese TCM, which provides specific prescriptions for individual conditions, Japanese Kampo medicine has always used the classical prescriptions as the basis for treating a wide range of diseases, and then adjusted that treatment for specific situations. This pattern is still being followed today. Conditions that did not respond to these prescriptions have been handled by using prescriptions that were developed or augmented later. Experience with this model of medical treatment has been highly influential in Japan, and is well-documented through research and case reports.

One of the most predominant characteristics of Kampo medicine is the Japanese system that includes this accumulated experience, centering around the classic prescriptions. This paradigm is very different from specific instances or series of instances. For example, the effectiveness of ginkgo in preventing and treating cerebrovascular disease by improving peripheral blood flow. A variety of physical abnormalities are recognized under Kampo medicine, and appropriate treatment methods have been developed in response. But although the methodology of this approach differs from that of Chinese or Korean medicine, Kampo medicine operates within the same system as these two other forms of Asian medicine.

Research into the preparation of extracts of Kampo drug formulations began in Japan in the 1940s. This research was completed in 1950, and sales in the general marketplace began in 1957. Products include the sources for some of the extract formulations sold at present in the US. Extracts for medical use were subsequently developed in Japan in 1976, and qualified for health insurance coverage. Such Kampo extract formulations are prescribed by physicians in Japan today.

All Japanese physicians are currently educated under a system based on Western medicine and they provide medical treatment within that context. In terms of the practice of Kampo medicine, this situation has both advantages and drawbacks. One advantage is that by viewing the patient and disease from the perspective of Western medicine, we can verify the position of Kampo therapy in comparison to Western medical standards. A drawback is that actual clinical practice may not adhere closely enough to the traditional philosophy of this very traditional form of medicine. Thus, Japanese physicians who practice Integrative Medicine must be proficient in both Western and Asian medical systems.

It is not necessary for the U.S. to take a path identical to the one followed in Japan. However, I believe that the Japanese model can create a useful new perspective for U.S. practitioners who choose not to limit themselves to traditional Chinese and Korean medicine. This broader perspective can result in more effective medical treatment in this country.

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