

## Conference Report 2

*A Letter from the 68th General Assembly of The Japan  
Society for Oriental Medicine*

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### 1. Foreword

Japanese traditional medicine, known as *Kampo*, originates from Chinese traditional medicine but has developed independently since the 17th century. There are several reasons for this. Firstly, regarding the crude drugs used for *Kampo* preparations, their origins vary due to differences in regional characteristics, vegetation, and ethnicities. As a result, crude drugs with the same name but of different origins may be found on the market. Secondly, regarding diagnostic and prescription theories, differences arose due to the interruption of transport imposed by Japan's isolation policy and the differences in each country's basic concept of traditional medicine. Take the example of the difference in the basic concept between Chinese and Japanese traditional medicine. Chinese traditional medicine depends on reductionism, such as the theory of the Five Elements, whereas Japanese *Kampo* is based on the relationship between diagnosis and formula. In selecting each *Kampo* preparation, an abdominal examination is more influential than a pulse examination that Chinese traditional medicine regards as important. In addition, intuition "derived from the expert opinions" of each school as well as tacit knowledge, a way to prolong the understanding of pathophysiology, is taken seriously. Modern Japanese *Kampo*, retaining the characteristics of traditional medicine in the

diagnosis and selection of *Kampo* preparations, is mostly covered by the National Health Insurance system under a singular medical license system that is based on Western medicine, thus contributing to the promotion of patient health. China and Korea on the other hand, have a dual medical system in which the medical license for Western (modern) medicine is separate from that of traditional medicine.

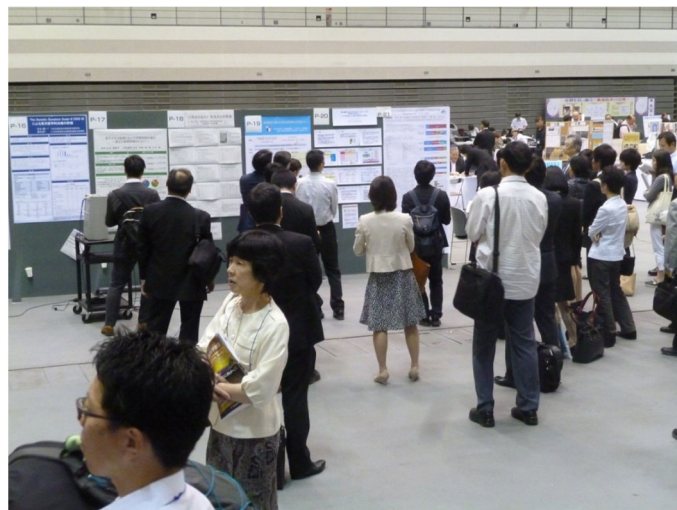
The Japan Society for Oriental Medicine (JSOM) is the largest society of *Kampo* medicine and traditional medicine, and is one of the most active medical societies in Japan. As of June 2017, the JSOM has more than 9,000 members, mainly comprising physicians, pharmacists, and practitioners of traditional medical techniques (massagers, acupuncturists, and practitioners of moxibustion). To achieve the purpose of improving the quality of life (QOL) of the people, the JSOM was established to organize a global network that shares information on medicine, health, and welfare. The JSOM joined the Japanese Association of Medical Sciences in 1991 (1). This fact is considered to signify that traditional medicine plays an indispensable role even for Western medicine.

The 68th General Assembly of the JSOM was held at the Nagoya Congress Center from June 2 to 4, 2017 (2) (3). More than 3,000 participants including researchers, physicians, pharmacists, practitioners of traditional medical techniques, and ordinary citizens, some of whom came from abroad, gathered in this assembly. The participants were able to acquire credits to maintain various professional qualifications, such as lifelong education credits from the Japan Medical Association, a seal (credit) for the Japan Pharmacists Education Center (JPEC) certified pharmacist or JPEC certified pharmacist in *Kampo* and crude drugs, and a point of designated course for certification from the Japan Society of Acupuncture and Moxibustion.



## 2. Sessions

The main theme of this general assembly was the “Establishment of *Kampo* Medicine: Toward Cooperation and Evolution.” Since the 17th century, the main stream of Japanese *Kampo* medicine has been the *Koho-ha* (or the antiquity school). At present, diagnostic and therapeutic methods that differ from those of the *Koho-ha*, such as the *Goseiho-ha* (or the latter day school), Chinese traditional medicine, and EBM *Kampo*, are also included. It seemed that the basis of the above theme was the idea that various schools should “cooperate” in the establishment and “evolution” of new Japanese *Kampo* medicine and integrative medicine.



Nearly 300 events such as lectures and poster presentations were held, including lectures based on clinical practice and research on *Kampo* prescriptions (*Kampo* extract formulations for prescriptions and *Kampo* decoctions) and acupuncture/moxibustion. Some lecture rooms were packed to overflowing, standing room only. Educational seminars for clinicians, practitioners of acupuncture/moxibustion, and pharmacists were also held, as well as open lectures for citizens and many company and book exhibitions. Summaries of the main lectures are shown below in chronological order.

### 3. Highlights of the Conference

Among the sessions on the afternoon of June 2, titled “The Impact of Traditional Medicine on the Treatment of Olfactory Disturbance,” included the following lectures: “The Mechanism and Treatment of Olfactory Disturbance” by Keiichi Ichimura (Ishibashi General Hospital), “The Treatment of Olfactory Disturbance by *Kampo*” by Keiko Ogawa (Kanazawa University), and “The Treatment of Olfactory Disturbance with *Kampo* Prescriptions: Current State and Future Prospects” by Takaki Miwa (Kanazawa University).

Among the sessions on the morning of June 3 was a lecture by the head of the assembly, Yukio Kaneko (Kaneko Clinic), titled “Learning *Shanghan Zabing Lun* [Treatise on Cold Pathogenic and Miscellaneous Diseases]: From Zhang Zhong Jing to Ye Tian Shi,” that discussed and introduced the difference between the Keiho and the study of warm diseases. The former is a set of formulas specified in *Shang Han Lun* [Treatise On Cold Pathogenic Disease] and *Jin Gui Yao Lue* [Treatise On Essential Prescriptions of the Golden Casket] by Zhang Zhongjing. The latter is a study on the treatment of disorders resulting from warmness and infectious diseases, founded by Wu Youke, author of *Wenyi Lun* [Treatise On Warm Epidemic Disease], which was established by Ye Tian Shi and propagated by Wu Ju Tong.)

A joint symposium of the international and terminology committees was held on the afternoon of June 3, comprising seven lectures. First, Keiko Ogawa (Kanazawa University) delivered a lecture titled “Realities of *Kampo* Medicine in Europe,” which reported the realities of traditional medicine in Europe, as observed mainly from Germany. Next, Yuji Miyauchi (Tokyo University) delivered a lecture titled “The Current State of China,” which reported the abundance of human resources, especially in the younger generation, and the social evolution in China. Next, Yasuyuki Hirose (University of the Ryukyus) delivered a lecture titled “The Movement

of Standardization of Traditional Medicine by the International Organization for Standardization (ISO),” which explained the movement of ISO, the movement of China at Technical Committees 215 and 249 in particular, as well as the nature of international standardization and related movements of traditional medicine. Next, Takao Namiki (Chiba University) delivered a lecture titled “Details of the Introduction of East Asian Traditional Medicine Classification into International Statistical Classification of Diseases and Related Health Problems (ICD)-11,” which explained the details of the introduction of diseases in traditional medicine into the revision of the ICD-10 (editing of the ICD-11) by the WHO. The lecturer emphasized that the publication of this new edition, signifying the introduction of traditional medicine into the ICD, will be a revolutionary event for the ICD because its range has been limited to diseases in Western medicine since 1900. Next, Michiho Ito (Kyoto University) delivered a lecture titled “Meeting of Managing Editors: Their Struggle,” which disclosed the hardships experienced by the managing editors during editing of the ICD-11 by the WHO. According to this lecture, one idea in introducing traditional medicine into the ICD was to incorporate knowledge of Chinese, Korean, and Japanese traditional medicines. These medicines have gone through ample clinical tests and are scientifically well studied. With their introduction, financial support can be expected. However, the editors are aiming to publish a comprehensive edition (“Mickey Mouse model”) that incorporates not only what the three medicines have in common, but also that which distinguishes them from one another. Tadashi Watsuji (Meiji University of Integrative Medicine) and Toshihiro Togo (Tokyo Ariake University of Medical and Health Sciences) presented “Clinical Manifestations for Acupuncture and Moxibustion in ICD-11: a Proposal of Meridian Manifestations,” which explained how clinical manifestations of 12 main meridians and eight

extraordinary meridians came to be presented in the ICD-11B in September 2016, as well as their current state.

Symposium 17, “Current State and Future Prospect of *Kampo* Education,” was a session on the morning of June 4 in which five lectures were delivered. First, Juichi Sato (Nagoya University) delivered a lecture titled “Draft Core Curriculum for Pre-graduate Education of *Kampo* Medicine: Aiming at an Introduction into the State Examination,” followed by a lecture by Makoto Arai (Tokai University) titled “Current State and Problems of Pre-graduate Education of *Kampo* Medicine.” The latter reported that “in 98% of Japanese medical colleges, *Kampo* medicine has been incorporated into pre-graduate education and that in 84% of them, four or more classes are held before graduation.” Next, Shin Takayama (Tohoku University) et al. presented “Education of Early-phase Residents in *Kampo* Medicine: A View Derived from Our Questionnaire Survey.” In their survey, 121 early-phase residents from the following six hospitals answered the questionnaire (response rate, 74%): Tohoku University Hospital, Japanese Red Cross Ishinomaki Hospital, Yamagata Prefectural Central Hospital, Aomori Prefectural Central Hospital, Yamagata University Hospital, and Sendai Red Cross Hospital. The result showed that 96% of the respondents “had experienced pre-graduate *Kampo* education” and 41% felt that “their pre-graduate *Kampo* education was instrumental in their clinical practice.” In addition, 74% thought that “*Kampo* education is needed during the early phases of residency.” Takayama et al. concluded that in future, early-phase residents should be taught how to use *Kampo* formulas in general practice, and that the development of a consistent educational program that covers the pre-graduate and post-graduate phases, will be necessary. Next, Denichiro Yamaoka (Ehime Prefectural Central Hospital) presented “Aiming at Becoming a World-class *Kampo*

Specialist: A Report from Shikoku.” The presentation proposed “the following four points as the grounding required for *Kampo* specialists: (1) Do not lose sight of the forest for the trees; (2) Acquire detailed knowledge on crude drugs; (3) A deepened understanding of acupuncture and moxibustion; (4) Support junior colleagues and aim to undertake global activities with them in the future.” Next, Norio Iizuka (Hiroshima University) et al. presented “*Kampo* Education in the Era of the Internet,” which showed that “standardization of the evaluation system in *Kampo* education details will be possible by pooling questions evaluating achievement and profiling contents of the questions on the basis of difficulty.

On the afternoon of June 4, five students made a presentation in a “student session.” I had the impression that together with the sessions in Symposium 17 in the morning, presentations on *Kampo* education have become popular. The same evening, there was an open lecture for citizens titled “Happy Living by the Wisdom of *Kampo*, Acupuncture, and Moxibustion: the Blessing of Oxytocin, Pre-symptomatic States, and Healthcare.” With a large audience in attendance, I felt that the propagation of *Kampo* knowledge to citizens is successfully progressing.

#### 4. Concluding remarks and about the upcoming congresses

All the participants agreed that the General Assembly was an academic event of *Kampo* medicine with high level and standard. The researchers and physicians of the *Kampo* medicine have obligation to improve the quality of life (QOL) of people all over the world by sharing study results on health, welfare, and medical science. There will be the 69th General Assembly of The Japan Society for Oriental Medicine in Osaka, Japan (June 8-10, 2018)<sup>(4)</sup> The theme of this future conference will be “To display *Kampo*’s ability: Clinical Importance and Healing Power.” In view of JSOM’s long experience in organizing key

events and of the city's main congress facilities, the 69th General Assembly of the Japan Society for Oriental Medicine 2018 will be sure not to dissatisfy.

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<sup>1</sup> Homepage of the Japanese Association of Medical Sciences. <http://jams.med.or.jp/members-s/87.html> [the last date of access August 1, 2017]

<sup>2</sup> Homepage of the 68th General Assembly of the Japan Society for Oriental Medicine. <http://www.pcojapan.jp/jsom68/> [the last date of access August 1, 2017]

<sup>3</sup> Abstracts of the 68th General Assembly of the Japan Society for Oriental Medicine. Kampo Medicine (extra issue), 2017; 68: 1-451. (第68回日本東洋医学会学術総会 講演要旨集. 日本東洋医学雑誌, 2017; 68 別冊号: 1-451.)

<sup>4</sup> Homepage of the 69th General Assembly of The Japan Society for Oriental Medicine <http://convention.jtbcom.co.jp/69jsom/index.html> (the last date of access Oct.30,2017) KANPO IYAKU SHINBUN for the photographs she has donated to the paper.<http://convention.jtbcom.co.jp/69jsom/index.html> (the last date of access Oct.30,2017)