

Editorial

Application of European Herbal Medicine to Kampo Medicine

Europe has a long history of herbal studies. In ancient Greece, Theophrastus (371–287 BC) wrote *Enquiry into Plants*, and built the foundation of pharmaceutical botany. In ancient Rome, Dioscorides (40? – 90 AD) wrote *Materia Medica*, which contains descriptions of some 600 species of medicinal plants and their effects, and laid the foundation of pharmaceutical botany in Europe thereafter. In the 16th century, O. Brunfels, L. Fuchs, C. de Clusius, J.D. Tabernaemontanus and others published content-rich books that widely spread the knowledge of pharmaceutical botany in society.

Among the medicinal plants described in these books, more than a few share the same origin as medicinal plants in China. For example, peony exists not only in Japan and China, but also in Europe and North America, although the species that exist in Europe is *Paeonia officinalis*, and that in Japan is *Paeonia lactiflora*. With regard to licorice, *Glycyrrhiza uralensis* is commonly used in Japan, while *Glycyrrhiza glabra* is mainly used in Europe.

Ginseng (*Panax ginseng*) is a plant that grows wild in China and the Korean Peninsula (and is also cultivated in Japan today), but an extremely similar plant (American ginseng, or *Panax quinquefolius*) is also found in North America, and was exported in large amounts to China in the 19th to 20th centuries. Called *Huāqí* ginseng, American ginseng, and Cantonese ginseng, it is highly valued in China as a complementary drug that has cooling properties.

Herbs that are similar to medicinal plants used in kampo medicine are also found in Europe and North America. The above are simply a few examples; there are many other closely related plants that offer not exactly the same but similar medicinal effects.

There are two methods for applying European herbal medicine to kampo medicine. One is to use European herbs that are botanically similar to their kampo versions and that provide similar effects as defined in books, as substitutes for the original herbs in kampo medicine. The other is to use herbs that display completely different effects to create prescriptions that provide completely new medicinal effects. In China, from around the beginning of the first century, herbs from the West were included in the pharmacological collection of drugs in the country and were actually clinically applied to establish their medicinal effects. This is clearly apparent by looking at the content of successive pharmacological books in China, beginning with the *Shennong Ben Cao Jing*. When medicine not only of Europe, but also the American continent, African continent and Oceania could be incorporated into the system of kampo medicine will kampo medicine become a worldwide medicine in the true sense of the word.

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