

The Road to Recovery:
A Translation and Analysis of Excerpts from Wada Keijūrō's
Ikai-no-Tettsui, The Iron Hammer of the Medical World

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A MAN AND HIS HAMMER: WADA KEIJŪRŌ AND *IKAI-NO-TETTSUI*

In 1910, Wada Keijūrō 和田啓十郎 self-published his *Ikai-no-tettsui* 醫界之鐵椎 (*The Iron Hammer of the Medical World*), and although more than a century has elapsed since its debut, it continues to be regarded as one of the most monumental works of its kind. Despite its value, though, the text has yet to be translated into English, and so the knowledge it contains remains inaccessible to the majority of the Western world. However, by providing analyses of the historical setting in which the text was originally published and the effects it has had on the Japanese medical world in the century that followed as well as providing an English translation of a selection of some of the text's most representative chapters, this thesis seeks to introduce Western scholars to the text and the history of Japanese medicine.

Born in 1872 in the Nagano Prefecture of Japan, Wada Keijūrō was a child of the Meiji era (1868 – 1912) and was raised in a time in which the country was experiencing a great influx of foreign culture from the West. While this era of change surely shaped numerous aspects of Wada's young life, one of the most life-altering ways in which he crossed paths with the modernity of the Meiji era can be seen in an encounter he had with medicine at the age of six. At that time, Wada frequently traveled from one doctor to the next with his family in search of one who could cure his relative who had fallen ill with a seemingly intractable disease. It was because of this experience that Wada was exposed to the fundamental idea that would later serve as the basis of the studies to which he devoted his entire life. Namely, it was the idea that effective medicine can be discovered not by turning to any particular type of physician who practices medicine from the East or from the West, but by evaluating all options, regardless of how unpromising they may appear, and making use of the one that best fits a patient's needs.

In spite of such clear foreshadowing, Wada's path to becoming a physician was far from simple and direct. Because he was not the eldest son, Wada was not expected to inherit any particular duties or obligations from his family, so he was sent away to become a merchant after the completion of his elementary education. Even so, he maintained an interest in the pursuit of knowledge, and later resigned from this position and enrolled in junior high school. He graduated some years later, and after spending a short amount of time studying Buddhist scriptures, he finally enrolled in Saisei Gakusha, a private medical college in Tokyo, at the age of

20. While Wada's years here were spent studying the government-mandated curriculum in Western medical science and techniques, the fact that the college was located in the capital allowed Wada to surround himself with people and texts that helped him begin his extracurricular foray into the field of Eastern medicine. Wada completed his education in 1896 at the young age of 24 after passing the required examinations and proving his knowledge of Western subjects such as the German language, physiology, and pharmacology, as well as demonstrating his aptitude for Western medical procedures through various field tests. Over the next 14 years, Wada opened a number of medical practices both in Tokyo and elsewhere, and published many lesser-known texts related to his research in the field of comparative medicine, such as his *Tōzai-i-hō hikaku-kenkyū hasu oyobi ōkyū san-zai* 東西医法比較研究巴豆及応急三劑 (*A Comparative Study of the Oriental and Occidental Methods of Medicine: Croton tiglium and Three First-aid Agents*) in 1902. Finally, at the age of 38, Wada compiled the knowledge he gained from all his years of study into a single text and self-published his *Ikai-no-tettsui* in 1910. Seven years later and just one year after the publication of the text's second edition, Wada passed away at the age of 45.

As a physician who was trained to practice both Eastern and Western forms of medicine, Wada writes with the authority of a true expert in the medical field and uses his comprehensive knowledge of both branches of medicine to craft a well-informed argument for his cause. Furthermore, because he was familiar with both Japan's historically-rooted form of medicine and the benefits of the novel medical techniques that were being imported from the West in 20th-century Japan, Wada sought to use his *Ikai-no-Tettsui* to enlighten his audience and introduce an opinion that was initially supported by proponents of neither branch of medicine. That is, in the preface to his text, Wada writes that his "iron hammer" must be used to demolish the barrier between Eastern and Western medical practices that was erected in the Meiji era—just as an iron hammer-wielding-assassin once attempted to end the reign of the overpowering Qin Emperor of ancient China. Because this analogous attempt to bring an end to the Qin Emperor's reign was ultimately unsuccessful, Wada likely understood that his text may have been a futile attempt to initiate a revolution. Nevertheless, he recognized the necessity of putting forth an effort, for he knew it was only after the barrier had been broken that society

could produce an ideal medical paradigm using a combination of the best aspects of both forms of medicine.

To this end, the first edition of *Ikai-no-tettsui* consisted of 20 chapters and served as Wada's platform for sharing the fundamentals of Eastern medicine with his readers. While these 20 chapters cover a variety of topics, such as Wada's opinions regarding the tendency of Japanese medical texts to harbor falsifications, the causes of diseases, and the body's natural healing abilities, Wada devotes a significant portion of the text to writing about experiences he has had in treating a variety of diseases using traditional therapies. Subsequent editions of the text came to include more material, and the most recent version is presented in three parts: the "Main Discourse," "Various Musings," and "Readers' Reactions." While the "Main Discourse" is comprised only of the original 20 chapters that were included in the first edition, Wada included his thoughts on additional topics, such as the value of palliative treatments and his beliefs regarding how medicine should be taught, in his section of "Various Musings." The book ends with a section of "Readers' Reactions," a collection of critiques and writings by other prominent physicians, such as Hirade Ryūken 平出隆軒¹ and Baron Ishiguro 石黒男爵,² that Wada likely included to further his attempt to initiate a dialogue regarding the controversial topic of Eastern medicine. While a number of medical historians agree that Wada was a pioneer in the *kanpō* revival and his *Ikai-no-tettsui* played a valuable role in reminding the public of the importance of traditional Japanese medicine,^{3, 4} to understand the full value of Wada's text, one must examine the historical setting in which it was written.

¹ Hirade Ryūken was a leader of the medical world in Nagoya and is known for his publication of a scathing review of Wada's *Ikai-no-tettsui*. In his rebuttal, Hirade argues for the superiority of a reductionist theory that is typical of Western medicine. However, rather than refuting everything contained in Wada's text, he acknowledges that some aspects of *kanpō* may be beneficial, but points out that there still remain a number of issues that must be addressed.

² Baron Ishiguro, also known as Ishiguro Tadanori, lived from 1845 to 1941, and served as Japan's Surgeon General when Wada served in the Russo-Japanese War. Although he was a staunch opponent of the *kanpō* revival, a writing from the later years of his life, *Kaikyū Kyūjū-nen (Ninety Years of Remembrance)*, reveals his regret for fighting the revival and proves that Wada was eventually successful in converting him into a *kanpō* supporter.

³ Terasawa Katsutoshi 寺澤捷年. "Ikai-no-tettsui kara isseiki tatte" in *Nihon tōyō igaku zasshi* 日本東洋医学雑誌 63:2 (2012), pp. 89-97.

⁴ Michael D. Fetters and Yokoyama Izumi. "A Brief History of Japanese Medicine" in *The SAGE Handbook of Modern Japanese Studies* ed. James D. Babb, pp. 269-286. SAGE Publications Inc., 2015.

INVASIVE SPECIES: *KANPŌ*, WESTERN MEDICINE, AND THE LOSS OF TRADITIONS

As long as mankind has existed, his place on this earth has been threatened by the dangers associated with poor health and an ailing body, and civilizations from all corners of the globe and from all periods of time, at some point during their existences, have inevitably developed the desire to delay the advent of death. It is from this desire that the art of medicine sprouted, rooting itself all around the world and taking upon unique forms in each place it landed. In this regard, ancient Japan was no anomaly; from thousands of years ago up until the 5th century AD, it is thought that the inhabitants of the archipelago we now call Japan turned to shamanic rituals in their attempts to exorcise the evils of illness from their societies.⁵ However, these ancient practices fell out of favor following the discovery of a more potent form of herbal medicine that originated in China and came to Japan via Korea. One of the earliest references to this new form of medicine appears in the *Kojiki* 古事記 (The Record of Ancient Matters),⁶ where it is noted that prior to ascending to the throne in approximately 412, Sovereign Ingyō suffered from a prolonged illness that was cured by a physician from the Korean peninsula's royal house of Silla.⁷ Later, in 459, a physician named Te Lai emigrated from the Korean kingdom of Koguryō and permanently settled in Japan, leaving behind a number of descendants who continued to practice the medicine he brought with him from Korea.⁸ However, it was in 553 that the Yamato court crafted a policy of sending and receiving medical specialists to and from Paekche on a rotational basis, thus officiating the steady importation of Chinese medical practices into Japan, and it is this form of medicine that took root and left a lasting impact on the Japanese practice of medicine in the modern era.⁹

Because of its place of origin, the Japanese people referred to this form of medicine as *kanpō* 漢方, a phrase which can literally be translated to “the Chinese (Han) method.” Even so,

⁵ Encyclopedia Britannica, s.v. “History of Medicine: Japan,” *Encyclopedia Britannica Online*, <https://www.britannica.com/topic/history-of-medicine/Japan> (accessed February 18, 2017).

⁶ Ō no Yasumaro's 太安万侶 *Kojiki* is the oldest extant chronicle of the history of Japan and dates back to the early 8th century.

⁷ Ō no Yasumaro, *The Kojiki*, trans. Gustav Heldt (New York: Columbia University Press, 2014), 151.

⁸ Sugimoto Masayoshi and David L. Swain. *Science and Culture in Traditional Japan*, (Massachusetts Institute of Technology Press, 1989), p. 44.

⁹ Ibid.

one would be wrong to conclude that *kanpō* is synonymous with the same Traditional Chinese Medicine (TCM) that is now becoming increasingly popular in the West. Although *kanpō* is rooted in beliefs and practices that can be traced back to the Chinese medical traditions of thousands of years ago, it has existed in Japan for a period of time that spans more than a millennium. Moreover, during the Tokugawa period's policy of national isolationism (1641 – 1853), *kanpō* remained largely guarded from outside influences, both from China and from the rest of the world, and began to take on characteristics that made it distinctly Japanese. Indeed, while the TCM practitioners of today continue to rely on abstract and philosophical interpretations of Yin and Yang and the five elements, the *kanpō* of Japan may be considered a “simplified, positivistic, and pragmatic version of Chinese herbal medicine”¹⁰ because it “favors diagnostic methods that directly relate the symptoms to the therapy, bypassing speculative concepts.”¹¹ In fact, the writings of Yoshimasu Tōdō 吉益東洞, a prominent Japanese physician of the 18th century, reflect this sentiment through his proclamation that “in clinical medicine, we should only rely on what we actually have observed by examination of the patient.”¹² Taking this into consideration, it follows that *kanpō* came to be founded upon a “thorough investigation of the complaints and symptoms of the patient, including taking their temperature, examining sensation, weakness, or sweating” to develop holistic treatment regimens of herbal prescriptions that aim to “relieve symptoms and to restore harmony in bodily functions.”¹³

In hindsight, this Japanese history of embracing new medical customs and modifying these customs to fit Japanese ideals foreshadowed the drastic changes Japanese *kanpō* physicians would later face during the decades following the Meiji Restoration (1868). After all, the Japanese people disregarded their own ancient traditions in favor of the adoption of a foreign form of medicine once before in 522 and subsequently moved away from the more

¹⁰ Katsutoshi Terasawa. “Evidence-based Reconstruction of Kampo Medicine: Part I—Is Kampo CAM?” in *Evidence-Based Complementary and Alternative Medicine* 1:1 (June 2004), p. 13.

¹¹ Watanabe Kenji et al. “Traditional Japanese Kampo Medicine: Clinical Research between Modernity and Traditional Medicine—The State of Research and Methodological Suggestions for the Future” in *Evidence-Based Complementary and Alternative Medicine* (February 2011), pp. 1-2.

¹² Ibid.

¹³ Ibid.

theoretical methods that were originally associated with *kanpō* in its earliest stages in an attempt to develop a form of *kanpō* that placed a greater emphasis on experimental inquiry and concrete observations. So when presented with the promise of a more modern form of medicine that was even more empirically-based than *kanpō*, the Japanese government was more than willing to abandon their centuries-old traditions once again.

This time, however, the potential for medical advancements came not from China but from the West. In fact, it was because of a number of Dutch physicians-turned-translators and -merchants who introduced the Japanese public to a wide variety of medical texts, such as those pertaining to the studies of pathology, surgical techniques, and vaccinations, that the Japanese developed a certain degree of familiarity with and reverence for such revolutionary and foreign branches of medicine throughout the course of the Tokugawa period.¹⁴ Even so, if it could be said that the seeds of medical modernization had been sown during the years of the Tokugawa period, then it would follow that the Meiji period (1868 – 1912) was the springtime in which those seeds were allowed to flourish, and so one must turn to this era to understand how the introduction of such a beneficial field of science led to radical changes that a number of prominent physicians of the time, especially Wada, found to be both unwanted and unwise.

Just as is the case with an invasive species that is introduced to a new environment and allowed to thrive to such an extent that the indigenous species are unable to put up a fight for survival, so too did the presence of Western medical techniques in Meiji Japan cause the near-extinction of the *kanpō* tradition. In 1869, just one year after the beginning of the Meiji reign, the government officially declared the Japanese country as a whole would subscribe to the German medical teachings under the assumption that such a change would help usher in an era of modernization, and thus all aspects of the Japanese medical system began to be founded upon German (i.e. Western) medicine.¹⁵ Going along with this trajectory, it was later decided in 1875 that those who sought to obtain medical licenses and legally practice medicine in Japan would first be required to pass an examination on Western medical topics, and while the

¹⁴ Gordon E. Mestler. "Introduction to Western Influences in Pre-Meiji Japanese Medicine" in *Proceedings of the Royal Society of Medicine* 50:12 (December 1957), pp. 1005-13.

¹⁵ Adachi Toshitaka. "Significance and Potential Adaptability of Western Medical Humanities Programs to the Postgraduate Medical Education in Japan." Doctor of Medical Humanities dissertation, Drew University, 2008, p. 16.

repercussions of this decision were not immediate due to the fact that those who had already established *kanpō* practices before 1875 were not subjected to this law, this prerequisite examination became required of all physicians in 1883.¹⁶ In the years that followed, proponents of *kanpō* made numerous attempts to resist the changes the government had imposed upon them, but their final attempt to persuade the government to rescind their decision was vetoed by the Imperial Diet of 1895.^{17, 18} Even though this licensure law may not have explicitly denied physicians the right to study and practice *kanpō*, being forced to devote time and effort to the study of Western medical methods surely decreased the extent to which anyone could immerse himself in the study of *kanpō* and initiated a decline in the number of *kanpō* practitioners, nearly obliterating the study of *kanpō*. Indeed, this shift in composition is remarkably visible upon investigation of official reports from the Japanese Ministry of Education. These reports show that in 1874, 81% of physicians in Japan studied *kanpō* while only 19% were students of Western medicine. By 1896, merely one year after the Imperial Diet's decree, the number of students of *kanpō* had dropped to 64%, and by 1925 this number had plummeted to approximately only 10% of all physicians in Japan.¹⁹

¹⁶ Otsuka Yasuo. "Traditional Medicine in Japan" in *Asian Medical Systems: A Comparative Study* ed. Charles M. Leslie, p. 334. University of California Press, 1976.

¹⁷ Ibid.

¹⁸ Ushiroyama Takahisa. "The role of traditional Japanese medicine (Kampo) in the practice of psychosomatic medicine: the usefulness of Kampo in the treatment of the stress-related symptoms of women, especially those with peri-menopausal disorder" in *Biopsychosocial Medicine* 7:16 (2013), p. 2.

¹⁹ Yamagishi Takakazu. *War and Health Insurance Policy in Japan and the United States: World War II to Postwar Reconstruction*, (Baltimore: The Johns Hopkins University Press, 2011), p. 21.

STRIKING THE HAMMER: THE CASE FOR *KANPŌ*

Although Wada's poor health brought his life to an untimely end in 1916 and prevented him from seeing the full decline of *kanpō*, he was certainly able to sense the impending dangers of the changes that occurred in the years prior to his death. Rather than following in the footsteps of his contemporaries and abandoning both hope and tradition, however, Wada remained firm in his belief in the necessity of preserving and reviving the *kanpō* customs and allowed this sense of urgency to serve as the impetus for his publication of *Ikai-no-tettsui*. Though his book spans many chapters, Wada's main points can be gleaned from an examination of the following four sections of the text: the preface, the introduction, the first chapter, and the conclusion.

In "The Author's Preface to *Ikai-no-tettsui*," Wada opens by explaining the need to re-evaluate the validity of the claim that Western medicine is unquestionably superior to *kanpō* in all regards, a belief that was pervasive among his contemporaries. He notes that we "refer to 'modern' medicine vis-à-vis 'old' medicine, and likewise, we refer to 'Occidental' medical techniques vis-à-vis 'Oriental' medical techniques. Consequently, we must compare the new with the old and the Occident with the Orient, and, in doing so, weigh the strong and weak points of each" (pp. 20-21).²⁰ It is in this field of comparative medical studies that Wada spent 19 years conducting the research he needed to publish his book, and it is here that he lays the foundation for the entirety of his forthcoming arguments.

In the final paragraph of the preface, Wada provides readers with insight into what he hoped to achieve through the publication of his text by writing of his inspiration for its title. He begins by likening the adoption of Western science in the Japanese medical world to the rise of the Qin dynasty (221 – 207 BC) in China in which, according to Wada, "the people cowered silently under the Emperor's reign to the extent that none but his voice could be heard" (p. 21). Although he provides few details regarding the similarities between the two cases, other historians have noted that the Qin Emperor unified China through the use of domineering displays of power that included burning books and executing scholars who dared to reference

²⁰ Parenthetical page citations represent references to the subsequent translation of excerpts from *Ikai-no-Tettsui* that are contained in this manuscript.

the past to criticize the present.²¹ As such, Wada's decision to compare Meiji Japan to the Qin dynasty illustrates his sentiment that the overpowering presence of Western modernity in Japan was stifling the advancement of medical knowledge, particularly in the field of *kanpō*. He then goes on to make a connection between his text and the iron hammer which was used in an attempt to assassinate the Qin Emperor. In this way, he reveals his hope that points mentioned in his text would shatter the stifling framework of Western medicine and allow the voice of *kanpō* to be heard once more, just as the iron hammer used in the assassination attempt sought to bring the Qin Emperor's oppressive reign to an end. However, in accordance with his disdain for the Meiji era's trend of blindly accepting Western ideals, Wada ends his preface not by begging his readers to ignorantly echo his own beliefs regarding *kanpō*'s necessity, but instead closes with a plea for his readers to make efforts to engage in true intellectual observation and use comparisons of the two fields of medicine to reach their own conclusions.

In his introduction, Wada primes his readers for his fundamental claim that neither Western medicine nor *kanpō* is a "good" medicine without flaws by recounting a tale from his youth. That is, he recalls visiting numerous practitioners of both forms of medicine who tried and failed to treat one of his ailing relatives, and he specifically notes the similarities between the treatments provided in Western clinics and the Western technique of using bandages to only temporarily conceal the signs of injury. With this metaphor, he begins to manipulate his readers' general perceptions of "good" and "bad" medicines by associating what many view as a positive example of Western medical techniques with a practice that is detrimental to the patient. In the end, although each of the doctors they visited ultimately declared her illness to be intractable, Wada goes on to explain that, as a last resort, the family deigned to seek the help of a *kanpō* physician who appeared to belong to the dregs of society—a decision that eventually brought the patient to a full recovery. Wada then continues his attempt to alter his readers' presumptions regarding "good" and "bad" medicines by explaining his subsequent realization that "a 'good' medicine is not one that is necessarily rooted in either the Occidental

²¹ Lois M. Chan. "The Burning of the Books in China, 213 B.C." in *The Journal of Library History* 7:2 (April 1972), p. 104.

or *kanpō* traditions” (p. 23). Moreover, he notes that a “good” medicine is neither one that is prescribed by any particular type of physician, nor is it one that follows any particular type of regimen. Instead, he claims a “good” medicine is merely whatever form of medicine best fits each patient’s unique clinical situation.

After detailing the events that followed this experience and brought him to his current position, Wada continues his introduction by explaining that one of the greatest lessons he learned over the many years he spent studying and practicing both Western and *kanpō* techniques was that the theories of *kanpō* are not ones that should be cast aside. However, because he also acknowledges that there are instances in which Western medicine provides something of value to the medical world (such as in the fields of etiology and understanding drug efficacies), he does not argue for the rejection of Western medical practices. On the contrary, he recognizes that these two distinct forms of medicine should exist in harmony with one another. Even so, he contends that there are five branches of science that need to advance in order to improve the quality of medicine (i.e. basic medical science, medical chemistry, microbiology, diagnostic medicine, and curative medicine), and while the introduction of Western medicine has led to remarkable discoveries in the first four, few advancements have been made in the field of curative medicine. Because it is this field that translates the scientific theories of the others into practices that actually affect patients, Wada concludes that “although this so-called advanced medicine may lead to the laying of a foundation that will serve a purpose at some point in the future, in regards to its current value, it is nothing more than a logic that is divorced from actuality” (p. 27).

Noting this flaw and the inability of Western medical practices to progress towards the principal goal of all medicine, Wada turned to *kanpō* in hopes that it would succeed where Western medicine had fallen short. In fact, he was successful in developing *kanpō* treatments for diseases that Western-trained physicians had deemed untreatable as well as *kanpō* treatments that took effect more rapidly than their Western counterparts, but in the final paragraph of his introduction, he laments the fact that he and his contemporary proponents of *kanpō* were continuing to receive ridicule from all corners of society in spite of such achievements. Upon further investigation, Wada found that those who fervently opposed his

endorsement of *kanpō* actually had very little knowledge about the subject and were merely regurgitating a variety of opposing arguments they had heard from their equally uninformed peers. With this in mind, he ends his introduction by explaining that his hope is not necessarily that this text will immediately convince all of his readers to join together for a grandiose nationwide resurgence of *kanpō*; instead it is his hope that his readers will become well-informed and that this text will destroy their indoctrinated perspectives on medicine and give rise to the thought that perhaps *kanpō* is worth reviving.

In the first chapter of the text, “Chapter 1: The Distinction Between the *Kanpō* and the Occidental Methods of Healing,” Wada attempts to appeal to his readers who are proponents of Western medicine by introducing the idea that although the general public at the time viewed *kanpō* and Western medicine as two distinct fields of study, they are actually quite similar. To convince his readers of such a radical claim, Wada gives two brief accounts of the history of medicine: one that follows the trajectory of medical advancements in the West from the ancient Greeks in 400 BC to 18th-century Europe and one that follows those in the East from the Zhou dynasty of China in 600 BC to 17th-century Japan. In doing so, he notes a number of parallels between the two histories, such as the fact that just as Hippocrates’ believed in the use of emetic and laxative drugs and bloodletting techniques as means of expelling illness-causing substances from the body in 400 BC, doctors from the Zhou dynasty started making use of drugs that similarly sought to cleanse the body as early as 600 BC. In this way, he illustrates that despite their current differences, in terms of their beginnings and the sequences of changes they underwent before arriving in the present, there are no great distinctions.

While an explanation of these similarities may have been successful in assuaging some readers’ aversions to *kanpō* by linking it to Western medicine, Wada subsequently acknowledges that the two have drifted apart in the modern era. Whereas, according to Wada, physicians of Western medicine had come to view sickness through a mechanistic and reductionist lens that viewed the human body as a machine of chemical and biological processes that can be maintained through the treatment of its constituent parts, the art of *kanpō* views the body as a single being that must be treated as such. He then proceeds to provide a number of specific instances in which they differ, such as in terms of their diagnostic

methods and their approaches to producing pharmaceuticals. Rather than viewing these differences as the factors that caused the two forms to diverge, Wada sees the situation in a different light. That is, he believes it is because of their differences that a harmonization of the two that makes use of only the best features of both would lead to the creation of a more perfect form of medicine. For example, he notes that although practitioners of *kanpō* medicine are essentially incapable of contemplating the intricacies of surgery at which Western physicians are so adept, their knowledge of the ways in which the human body functions with each of its parts acting together as one living organism grants them profound expertise in the field of internal medicine, a field which he claims to be the Achilles heel of Western medicine. In summation, Wada concludes this Chapter 1 with a claim that “in regards to the theoretical aspects of medicine, nothing can compare to the order and logic of Occidental medicine, and in regards to therapeutic drugs, nothing can compare to the nuanced and thorough nature of *kanpō* medicine” (p. 40).

19 chapters later, Wada begins his brief conclusion by stating once again that *kanpō* is not without imperfections. Even so, he remains firm in his belief that *kanpō* offers a unique perspective from which one can view the study of medicine and that to knowingly reject benefits of this perspective would be to make light of human life, which Wada views as a gift that heaven has bestowed upon mankind. However, rather than placing the blame entirely on those who adhere to the teachings of Western medicine, Wada acknowledges that their inability to accept *kanpō* is linked to *kanpō* practitioners’ extreme assertions of superiority and beliefs that *kanpō* can and should exist without having to depend on any other forms of medicine for support. If the Western physicians could set such strong claims aside, however, Wada believes they will be able to study *kanpō* techniques more closely and, upon realizing its numerous advantages, they will be unable to deny its value any longer.

Although Wada is keenly aware that Western physicians must be willing to overlook such extreme claims, he also knows it is the duty of *kanpō* supporters to attempt to enlighten their so-called opponents so the two may begin to work together towards the integration of the best aspects of their respective fields into one cohesive form of medicine. While the importance of informing the general public is clear to Wada, he notes the unfortunate state of

affairs in which “the men who are truly knowledgeable about the healing art of *kanpō* remain quietly hidden and withdrawn from society, and, living in reticence, they remain completely silent on the matter” (p. 42). However, Wada explains that it was this void that compelled him to publish his *Ikai-no-tettsui*. He then closes with a final declaration of his hope that his book will be successful in initiating the alteration of at least a single man’s impression of *kanpō* and ultimately result in a paradigm shift that shatters the Western-dominated medical world.

EARTH-SHATTERING: *KANPŌ* IN THE YEARS FOLLOWING THE PUBLICATION OF *IKAI-NO-TETTSUI*

Regardless of how passionately Wada believed in the claims and recommendations he asserted in the culmination of his life's work, only time would tell if his text would go on to accomplish all he hoped it would. While a simple glance at the medical system of 21st-century Japan reveals that *kanpō* did eventually manage to recover from the setbacks it encountered during the Meiji era, to understand how such a feat was accomplished requires a closer look at the public's reaction to Wada's text and the effects of other momentous events that occurred in the years following its publication.

Although Wada published the second edition of *Ikai-no-tettsui* in 1915, just five years after the initial publication, by then the text had already prompted enough of a reaction from the public to warrant the addition of what Wada calls "The Public's Evaluation of the First Edition." Here, Wada presents a compilation of six book reviews taken from *Jiji shinpō*, *Tokyo asahi shinbun*, *Nihon oyobi nihonjin*, *Yorozu chōhō*, *Niroku shinbun*, and *Yamato shinbun*, a collection of some of the most influential periodicals of his time. Regardless of whether the writers' opinions were in praise or in criticism of Wada's text, the mere fact that *Ikai-no-tettsui* was circulated so extensively that it elicited recognition in such highly visible publications illustrates the extent to which he was successful in rekindling the public's interest in *kanpō*. In fact, the reviews are largely positive and commend Wada's remarkably comprehensive comparison between *kanpō* and Western medical practices, admire his ability to muster the courage to come forward as the sole proponent of *kanpō* in the public sphere, and attest to his credibility as both a writer and a researcher. As a result of such publicity, Wada's text continued to rise in popularity and went on to inspire the next generation of physicians who would continue his fight for the revival of *kanpō* long after his passing in 1916.

While there were many such physicians who studied this text, its largest impact on the medical world came about as a result of one reader in particular: a physician by the name of

Yumoto Kyūshin 湯本求真.²² Coupling his personal experiences in which Western medicine had failed him with the insight he gained from Wada's text, Yumoto began to study and practice the teachings of Yoshimasu Tōdō, the physician who similarly inspired Wada's decision to study *kanpō* many years earlier. However, because Yumoto had the benefit of having access to the conclusions drawn in Wada's *Ikai-no-tettsui*, he understood that *kanpō* must co-exist with Western medicine if it is to exist at all, so his attempt to revive *kanpō* did not focus on merely mimicking the old teachings. Instead, he made efforts to combine the theories of *kanpō* and the West into one cohesive form of medicine. For example, in 1927 he self-published his *Kōkan igaku* 皇漢医学 (*Sino-Japanese Medicine*) and asserted that the "new" discovery of Western-trained physicians of the late 19th century termed autointoxication could be likened to the centuries-old *kanpō* concept of *doku* 毒, an innate poison in a patient's blood.²³ By doing so, he was able to reintroduce an ancient *kanpō* belief to the public and, in this manner, he continued to revise many of the old theories of *kanpō*. In the end, he validated Wada's belief that *kanpō* could be saved by merging it with popular Western medical concepts and earned his current title of "Father of the *Kanpō* Revival."

Though the beginnings of the *kanpō* revival can indeed be partially attributed to concrete actions that were taken by prominent physicians such as Wada and Yumoto, one would be remiss to fail to also acknowledge the equally influential nature of the historical setting in which these physicians acted. In fact, it is perhaps because Wada's publication of the second edition of his text and Yumoto's attempts to put Wada's teachings into practice took place in a time period when the world was plagued with political turmoil that their efforts were successful. In particular, the year before Wada's publication of his second edition, 1914, was the year in which the First World War (1914-1918) began and, in some ways, the effects of the war primed the public for Wada's promotion of *kanpō* medicine. Because the Japanese

²² Yumoto Kyūshin lived from 1876 to 1941 and gained popularity after he self-published his *Kōkan igaku* 皇漢医学 (*Sino-Japanese Medicine*) in 1927. Today, he is known as "the Father of the *Kanpō* Revival." In addition to being influenced by the teachings of Wada because of his encounter with *Ikai-no-tettsui*, he also became an apprentice of sorts through a number of letters he subsequently exchanged with Wada.

²³ Daidoji Keiko. "Treating Emotion-Related Disorders in Japanese Traditional Medicine: Language, Patients and Doctors" in *Culture, Medicine, and Psychiatry* 37:1 (March 2013), pp. 59-80

developed a close relationship with the Germans in the Meiji era and had become dependent upon Germany for the importation of the majority of their medical supplies and knowledge, Japan's decision to join Britain in its fight against Germany made it difficult for Western-trained physicians in Japan to obtain the goods that were central to their practices. As a result, many physicians had no choice but to turn away from the Western medicine they had grown to regard as superior to *kanpō* and reexamine the potential utility of the crude drugs that could be found in their own land (i.e. *kanpō*).²⁴ So it followed that when Wada proceeded to republish his text in 1915, his readers likely viewed the idea of returning to *kanpō* from a less harsh perspective than they would have if Western medical supplies were still abundant.

Though this initial resurgence of national interest in *kanpō* certainly initiated a change in the practice of medicine in Japan, this change came only out of necessity and the Western-trained physicians likely would have reverted back to their old habits of condemning *kanpō* if it were not for the political and social changes that came shortly thereafter. Specifically, the end of the war in 1918 and Japan's emergence as a formidable modern nation allowed the Japanese to secure their nation's position among the world's great powers. In the years that followed, the Japanese began to harbor an increased sense of nationalism and pride in their country's ability to rapidly modernize. As such, they soon came to feel that looking to the past and applying the fundamentals of modern science to their investigations of *kanpō* was not as detrimental to the nation's ability to modernize as the Meiji leaders once thought.²⁵

Considering these two major shifts in the public's perception of *kanpō* and Western medicine in the years surrounding the publications of the second edition of Wada's *Ikai-no-tettsui* and Yumoto's *Kōkan igaku*, one can see that their efforts to spark a *kanpō* revival received support from the changing times. However, the proponents of *kanpō* who celebrated its return to popularity in the years following the First World War failed to realize that while changes in the political and social settings could sway the public in *kanpō*'s favor, they could just as easily usher in feelings of distaste for a field as distinctly Japanese as *kanpō*. This is not to

²⁴ Terasawa Katsutoshi 寺澤捷年. "Ikai-no-tettsui kara isseiki tatte" in *Nihon tōyō igaku zasshi* 日本東洋医学雑誌 63:2 (2012), pp. 89-97.

²⁵ Bridie Andrews. "The Significance of Medical Reforms in Japan" in *The Making of Modern Chinese Medicine, 1850-1960*. (Vancouver: University of British Columbia Press, 2014), pp. 79-81.

say that the 1930s saw no notable advances in the fight for *kanpō*'s acceptance; in fact, in contrast to the turn of the century when Wada was one of the few who dared to voice his support for *kanpō*, by 1938 there were six national organizations that promoted the study of *kanpō* and served as platforms for *kanpō* publications.²⁶ However, such advancements came to a halt in the wake of the Second World War (1939 – 1945) as a result of the atrocities Japan committed, the Western influence from the subsequent American Occupation (1945 – 1952), and the associated blows to Japanese national pride that caused the people of Japan to turn their backs on *kanpō* once again.²⁷

Years later, national support for *kanpō* resumed in the early 1970s when—following Japan's admittance to the United Nations (1956), achievement of the "economic miracle" (1960s), and the resulting renewal of a sense of nationalism—Japan's first universities and research institutes devoted to the advancement of *kanpō* were founded.^{28, 29} In addition to merely receiving support from the public, *kanpō* also received approval from the Japanese government in 1971 when a number of herbal prescriptions were officially added to the Japanese National Health Insurance drug list.³⁰ Since then, *kanpō* has come to be highly regarded among the people of modern Japan to such an extent that there are now a total of 148 *kanpō* prescriptions included on the drug list, more than 70% of physicians in Japan report that they prescribe *kanpō* drugs to their patients, and the Japanese Ministry of Education, Culture, Sports, Science and Technology has mandated that *kanpō* must be incorporated into the core curriculum for all of Japan's medical students.³¹

Looking back towards the state of *kanpō* during the dawn of the Meiji era and the turn of the 20th century when the introduction of Western medicine nearly led to the eradication of *kanpō* practices across Japan, one can understand just how remarkable it is that *kanpō* has

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Emiko Ohnuki-Tierney. *Illness and Culture in Contemporary Japan: An Anthropological View*. (Cambridge University Press, 1984), p. 106.

³⁰ Watanabe Kenji et al. "Traditional Japanese Kampo Medicine: Clinical Research between Modernity and Traditional Medicine—The State of Research and Methodological Suggestions for the Future" in *Evidence Based Complementary and Alternative Medicine* (February 2011), pp. 1-2.

³¹ Ibid.

managed to flourish once again in present times. Certainly, rather than being the undertaking of a single man, this road to recovery required a mix of favorable socio-political conditions and radical thinkers working towards the same goal. Nevertheless, the reverberations that followed Wada's decision to risk his reputation as one of the first of his generation to take a stand against the West and publish his *Ikai-no-tettsui* were so earth-shattering that many of the changes in the Japanese public's perceptions regarding *kanpō* and its role in a Western-dominated world can be directly or indirectly traced back to Wada. Although the assertions made in Wada's text are based on his understanding of the relationship between Japanese and Western forms of medicine, his philosophy of attempting to uncover ways in which two seemingly distinct practices can be conflated to produce an ideal medical model can be extended to a number of different scenarios. So given the prevalence of cross-cultural exchanges in modern times, the importance of the teachings in Wada Keijūrō's *Ikai-no-tettsui* should not be underestimated.

ABOUT THE TRANSLATION

The following translation consists of four sections from Wada Keijūrō's *Ikai-no-tettsui*: "The Author's Preface to *Ikai-no-tettsui*," "Introduction," "Chapter 1: The Distinction Between the *Kanpō* and the Occidental Methods of Healing," and "Chapter 20: Conclusion." Due to the length of the text, a complete translation could not be included here, but this selection of excerpts provides both introductory material as well as the first and last chapters of "Part One" of the text. Although the second edition of this book and all subsequent editions were comprised of additional content beyond that of "Part One," it was only this first part that was included in Wada's initial publication. As such, it may be said that his principal argument is flanked by these excerpts, so readers may gain a basic understanding of his overarching claims by examining these passages. While Wada wrote this book using the classical style of Japanese writing, it is important to note that the following translations of these chapters are not based on the text in its original form; instead, they are based on a version of the text that was translated into modern Japanese by Terasawa Katsutoshi and Watanabe Tetsurō.

Accompanying these translations are a number of explanatory footnotes and endnotes, and it is important for readers to recognize the distinction between these two types of commentary and how they are used throughout this document. Namely, the footnotes, which are noted using Arabic numerals, serve as a way for the translator of these texts to provide additional information regarding concepts that the original author regarded as common knowledge among his Meiji-era audience but are nonetheless unfamiliar to many modern readers (e.g. the names and works of prominent physicians, *kanpō* medical terminology, etc.). On the other hand, the endnotes, which appear at the end of each chapter and are noted using lowercase Roman numerals, represent annotations that were present in the author's original publication. These two types of commentary were kept separate in an attempt to preserve the essence of the author's original formatting while also providing modern readers with the background information they may need in order to fully grasp the concepts under discussion.

As for the presentation of foreign terminology, Japanese names are presented in accordance with the Japanese convention of providing the individual's family name first and given name second, and Chinese names, texts, and terms have been Romanized using pinyin.

For all such instances, the Romanization is accompanied by the original rendering of the term in its native script for its first appearance in the text; all subsequent appearances make use of only the Romanized term.

A TRANSLATION OF EXCERPTS FROM *IKAI-NO-TETTSUI*

“The Author’s Preface to *Ikai-no-tettsui*”

As Zhuangzi once said, “Though the sage is praised throughout the world, he is not proud. Though scorned, he is not disheartened.” Perhaps the true meaning behind this saying is that one should strive to transcend the boundaries of this world, distance oneself from the critical eye of society, and act freely according to one’s own ideas and beliefs. Further, Zhuangzi laments the fact that merely being constantly aware of this truth does not make one a sage. Nowadays, the ever-present medical techniques of the Occident are praised as those which have been used to bring about advancements that have been unparalleled throughout all of history. Consequently, to side with scientifically uninformed practitioners of medicine who make use of ill-grounded *kanpō* techniques is ridiculed as a shameful act. However, one must analyze the validity of this claim. As of yet, we cannot say for sure that one form of medicine is entirely superior to another. That is to say, before claiming *kanpō*’s inferiority, one must first take a step back from the matter under discussion and view it in light of the actual results of *kanpō* treatments. From here, one should then further investigate those treatments that are deemed considerably efficacious. While at first it may seem that recent progress in the study of medicine stems from the introduction of Occidental medical methods, could it not also be said that these very advancements have caused a decline in our standards of medical treatment? Although there have been gradual improvements, one may wonder: Why are there such great numbers of people who cannot receive these treatments? In spite of this, the general public has yet to express any feelings of doubt towards modern medical science in this regard. It is for this reason that I have personally dared to voice my doubts.

As a rule, to explain growth one must also explain decay, and to explain strengths one must also explain weaknesses. In the end, this simply points to the use of a mutual comparison of two objects to judge all arguments for and against those two objects. Therefore, those who preach the advancements in a given field must also take care to elucidate any traces of regression. Similarly, those who preach the advantages of a given object would be remiss to fail to also enumerate its disadvantages. We refer to “modern” medicine vis-à-vis “old” medicine, and likewise, we refer to “Occidental” medical techniques vis-à-vis “Oriental” medical

techniques. Consequently, we must compare the new with the old and the Occident with the Orient, and, in doing so, weigh the strong and weak points of each. It is here that I have spent the past 19 years conducting comparative studies regarding the advantages and disadvantages of both types of medicine. With this text, I hope to share a small portion of my research with the world, and I humbly await the opinions of society's intellectuals.

Some have said that long ago, the Qin Dynasty was unified, and the people cowered silently under the Emperor's reign to the extent that none but his voice could be heard. The story goes on to say that at that time, there was a man known as Zhang Liang who acquired a great warrior from the Eastern Sea, and, with his help, attempted to assassinate the Emperor with a hammer. It is because our current state of affairs so closely resembles this tale that I have ventured to produce this work and have decided to title it *The Iron Hammer of the Medical World*. To the gentlemen who take the time to peruse this book: Begin by thinking beyond what is considered normal and proceed with an unbiased outlook. In doing so, you will surely be able to produce an impartial judgment. I admit that I am no sage, but let us work to guarantee that we carry out true intellectual observation in this field. I beseech you to see true value in this practice and treat it as though it were the wisdom of a sage.

July, Meiji 43

Wada Keijūrō

“Introduction”

When I was about six or seven years old, one of my family members developed an incurable disease. As it was believed to be a disease of a chronically malignant nature, the disease was left untreated for a span of nearly five or six years, and during these years we changed doctors more than 10 times. On some occasions we entrusted the patient to *kanpō* physicians, and on others we relinquished her care over to the doctors of Occidental medicine. We travelled both near and far, sometimes covering only a few miles and other times trekking more than a few dozen, to see these doctors who were the so-called excellent physicians of their respective locales. Naturally, she took the medications these doctors prescribed, which included regimens lasting from as little as five or six months to those exceeding a year. Because orally administered medications failed to produce adequate results, doctors resorted to using a trocar designed to puncture the ascites of her abdomen to release the fluid that had built up in her peritoneal cavity four or five times. However, such a treatment amounted to nothing more than a bandage that was used to offer a temporary fix and cover the signs of illness. In the end, there was not a single form of treatment that we could expect to provide sound results.ⁱ

One day, we were approached by someone who came to recommend a particular doctor to us. “This doctor is a practitioner of *kanpō*,” he said. “He comes from a destitute household and hardly ever has patients visit him, but his medical techniques transcend this world and extend into the realm of the divine, producing a great number of miraculous results. I imagine he would certainly help cure someone such as the patient in your family.” However, upon seeing this doctor’s terribly disheveled hair, tattered clothing, and frayed straw sandals, my family decided against paying him a visit. Following this, we cycled through a dozen more doctors, and in this manner, more than six years passed, but not a single treatment was effective. Over time, the patient grew exhausted and continually lost weight. Soon, the tension in her abdomen grew even more intense, and as a result, it seemed she had reached the point where she could no longer recover from this ailment. Preparing for her death, they at last began discussing the possibility of entrusting her medical treatment to the doctor they had refused the previous year. At this point, my family’s dispute was finally settled, and in the end she received treatment from that doctor. About six months after taking his prescribed

medication, her illness was, for the most part, cured; about a year after that, she had completely recovered.ⁱⁱ

At that time, I was only a little over 10 years old, and of course, I knew nothing of the relative good and bad points of a particular doctor, not to mention the fact that there was no way I could have known anything about medicine. However, there *was* one thing that was etched deep into my childhood mind. Namely, that a “good” doctor is neither one who drives an extravagant car nor one who charges such large sums of money as five or ten yen for examination fees, and whether he uses medical devices made of rubber and metal is of no importance. Instead, a “good” doctor is one who, despite perhaps having to rely on his own two feet for transportation to the point where his sandals become ridden with holes that give him the appearance of an impoverished doctor, is able to cure an intractable disease with great ease, thereby allowing his patient to return to a sound state of health as quickly as possible. Furthermore, I realized that a “good” medicine is not one that is necessarily rooted in either the Occidental or *kanpō* traditions, just as it is not something that is derived from either precious stones or gold leaves, and it is neither a force that trickles lightly nor one that is prolonged and powerful. Surely, rather than any of these things, a “good” medicine can be thought of as any medical compound that precisely fits the mold of the given state and conditions of the particular illnesses it is designed to treat.ⁱⁱⁱ

Under such circumstances, I began to think to myself that if I were ever to become a physician in the future, my desire would be to embark on a quest to uncover the wondrous aspects of the healing art of *kanpō*. Many years passed after this, and when I was 21 years old I began studying under the guidance of a *kanpō* physician, an opportunity which allowed me to listen in on a few theories of *kanpō*. I later moved to the capital to study in Tokyo at the age of 22, and it was at that time that I happened to stumble across the *Iji Wakumon* 医事或問 by Yoshimasu Tōdō 吉益東洞³² in an antique bookstore. Realizing that my teacher was now in fact

³² Yoshimasu Tōdō lived from 1702 to 1773 and is known for his theory claiming that all diseases, regardless of their origins, produce a single type of poison. His *Iji Wakumon* (*Answers to Questions in Medicine*) was published by Kagaya Zenzō-shi 加賀屋善藏梓 in 1812.

the book itself, I perused the text a number of times and developed an ever-increasing burning desire to cultivate my understanding of the former ways of medicine.^{iv} Now, roughly 19 years have passed and brought me to where I am today. There were times when I read every *kanpō* medical text I could possibly find, served as an apprentice for a *kanpō* physician, and practiced the healing art of *kanpō*, and yet there were other times when I turned to texts pertaining to Occidental medical science, studied under the direction of a physician of Occidental medicine, and experimented with the Occidental methods of healing. Comparing each method's respective advantages and disadvantages, I came to understand a great deal. In particular, I came to believe firmly in the fact that abiding by the rules of Occidental medicine is not necessarily a perfect plan, nor is *kanpō* necessarily something we should cast away.

Nowadays, there is no way of knowing the great extent to which the advancements of Occidental medicine will progress. There have been instances of both the development of new understandings regarding the origins of diseases as well as elucidations of the efficacies of various drugs. Additionally, reports noting the presence of various novel discoveries are being published all the time, causing such an incessant influx of telegrams and letters that the publishers have no time to correspond with each one individually. In this way, we are certainly currently working towards a state that may be likened to the zenith of medical advancements. However, in reality, these are nothing more than material advancements in the field of etiology. In other words, these modern advancements belong only to fields that follow a reductionist approach to science. Consequently, although such a discussion would surely be full of complexities, one cannot say that this increase in medical discoveries has necessarily been accompanied by similar improvements in the effects of medical treatments. Although it is said that the field of medicine is advancing more and more each day, rather than living in a time in which patients are provided with peace of mind and cures to their ailments, we live in one in which we hear nothing but cries of grief and regret regarding the treatments patients are currently receiving across the land.

In his *Gyōga San'nen* 仰臥三年, Kondō Ensho 近藤燕處³³ writes: “In the present world of medicine, more than merely failing to devote ourselves to a search for laws governing the causes and effects of illnesses, we know as little about human life as did the ancient peoples of the world. Amongst the physicians of our times, modern medicine is thought of as being at the pinnacle of progress, but really, such thinking is nothing more than a misguided belief. This belief that we have progressed with such great strides in the field of medicine is merely a result of the frequent use of convincing rhetoric. So of course, one would indeed be surprised to hear of how slowly advancements are being made in regards to the actual treatment of illnesses.”

In his *Aa Ihei* 噫医弊, En'urō Shujin 煙雨樓主人³⁴ writes: “For a form of medicine that has spanned so many years, endured a great number of hardships, and developed an exceedingly vast foundation of knowledge, is it not true that, in regards to the advancements of medical treatments, one cannot help but feel that its results are unexpectedly uncertain? Surely these would be the natural impressions of any physician who possesses even the slightest bit of a conscience.” He also writes to say that “the unfortunate fact that developments in the search for the origins of disease and those in the study of medical treatments have an inverse relationship with one another comes about as a result of a shortcoming in the latter. That is, there exists no major variation between today's science of medical treatments and that of 10 years ago, and so it has continued to exist as it has been, in the benighted corners of society. Of course, a few traces of progression are evident, but overall there are no great differences.”

In his *Igaku Hensenshi Kō* 医学変遷史稿, Hirade Ryūken 平出隆軒³⁵ writes: “Although present-day medicine is now advancing in a direction of objectivity, it seems to me that when it

³³Kondō Ensho, also known as Kondō Tsunejirō 近藤常次郎, lived from 1864 to 1904. He was a graduate of the Imperial University (present-day University of Tokyo) and a physician during the Meiji period. His *Gyōga San'nen* (*Three Years Abed*) was published by Hakubunkan 博文館 in 1904.

³⁴En'urō Shujin, also known as Nagao Sōjō 長尾藻城, lived from 1866 to 1936. He was born in present-day Kagawa Prefecture in Shikoku and was the eldest son of Nagao Tokusai, the chief medical doctor for the Takamatsu domain. In addition to writing, he also worked as a medical literature publicist. His *Aa Ihei* (*Oh, the Vices of Medicine*) was published by Tohōdō 吐鳳堂 in 1908.

³⁵Hirade Ryūken, also known as Hirade Kenkichi 平出謙吉, was born in 1866. In 1887, he graduated from Aichi School of Medicine (present-day Nagoya University's Department of Medicine) and later became an influential

comes to the ultimate goal of medicine—treating illnesses—to progress only in this direction and allow the relevant subjective areas of study to be completely neglected would be to tarnish this so-called pearl and damage its precious worth that we have taken such great pains to cultivate.”³⁶

In other words, regarding the science of therapeutic medicine in modern times, we can see either an expression of great dissatisfaction, a declaration that it is—just as it always has been—a disreputable pursuit, or the idea that it may be likened to a tiny blemish on an otherwise pristine pearl. However, regardless of how it is viewed, it is evident that Mr. Hirade appeals to the public’s sense of anxiety towards major deficiencies in the therapeutic aspects of medicine. Nevertheless, considering that there are, for the time being, cures that are safer and more fully equipped to treat diseases than there were before, I wonder if they will no longer refuse even the slightest affiliation with such a non-Occidental art of healing. Or perhaps they will be satisfied to continue accepting such proclamations of inadequacy and deficiency and be compelled to follow in blind obedience. Then I begin to wonder where in the world one could find a logic that disregards a truth such as this one, and I am left with absolutely no choice but to denounce it as an illogical view.

In his *Enchiridion Medicum; oder Anleitung zur Medizinischen Praxis*, Christoph Wilhelm Hufeland³⁷ writes: “The point at which the art of healing will reach a level of complete certainty remains far off in the distance. It is for this reason that one is unable to draw any conclusions

pediatrician. His *Igaku Hensenshi Kō* (*A History of the Changes in Medicine*) was published by Handaya Iseki 半田屋医籍 in 1901.

³⁶ Hirade’s quote regarding the various objective and subjective areas of medicine does little to explain what he believes each of these areas to include. However, it may be assumed that objective medicine is linked to his perception of the Occident and subjective medicine is linked to that of the Orient. In particular, Occidental medicine’s perceived objectivity may stem from its more scientific nature where doctors must follow a predetermined protocol for all patients, and he may deem *kanpō* traditions to be subjective because a *kanpō* physician will treat each patient differently, in accordance with his own observations.

³⁷ Christoph Wilhelm Hufeland was born in 1762 and earned his medical degree from the University of Göttingen in Germany in 1783. He subsequently served as a professor of pathology and a member of the Royal Swedish Academy of Sciences. Though his *Enchiridion Medicum; oder Anleitung zur Medizinischen Praxis: Vermächtniß einer Fünfzigjährigen Erfahrung* (*Medical Manual; or The Practice of Medicine: Legacy of Fifty Years of Experience*) was originally published in German by Jonas Verlagsbuchhandlung in 1836, a Japanese translation written by Sugita Seikei 杉田成卿 was published by Tenshinrō Zōhan 天真楼蔵版 in 1849 as *Fushi Ikai* 扶氏医戒 (*Hufeland’s Medical Commandments*).

regarding the validity of the various different methods of treatment. Additionally, in the field of medical treatments, there exist no books in which the author proves his extensive understanding of the matter or provides an invariable set of guidelines for this subject. As such, every man must logically develop his own understanding of the mechanisms behind life's vital functions according to his own perceptions, and it should go without saying that each man may construct his own method of medical treatment as he pleases. However, under such circumstances, it is important to require one's wisdom, forethought, and personal experiences to follow in accordance with reason."

In the preface to his *Shang Han Lun* 傷寒論, Zhang Zhongjing 張仲景³⁸ writes: "I have put forth my best effort in investigating the teachings of our predecessors and gathering various medicinal compounds from a wide range of sources." In a case such as this, no matter the angle from which one approaches it and which methods one selects, in short, if the treatment exhibits high levels of efficacy, what reason would there be to hinder its use?

How can one define medical science? To put it quite simply, it is a form of scholarship for the treatment of diseases.^v In order to produce reliable treatment methods for illnesses, there is basic medical science, medical chemistry, microbiology, diagnostic medicine, and even more than this, there is curative medicine. It is said that we have, for the most part, reached a level of complete understanding in the field of basic medical science, and we are approaching this same level in many of the other areas of study. However, when it comes to thinking about the fact that such advancements in basic medical science have been accompanied by advancements in all other fields except the field of curative medicine, one can see that although this so-called advanced medicine may lead to the laying of a foundation that will serve a purpose at some point in the future, in regards to its current value, it is nothing more than a logic that is divorced from actuality. As such, one could certainly say we have advanced in the development of a useless theory.

³⁸ Zhang Zhongjing, also known formally as Zhang Ji 張机, was a physician of the Eastern Han dynasty who lived from approximately 150 to 219 CE. After being destroyed in the wars that plagued China during the period of the Three Kingdoms (220 to 280), his *Shanghan Zabing Lun* 傷寒雜病論 (*Treatise on Cold Diseases and Miscellaneous Diseases*) was later recompiled and republished as two separate works. The first of these works was the *Shanghan Lun* (*Treatise on Cold Damage Disorders*), which was published in 1065.

Making use of remedies listed in *kanpō* medical texts, I have achieved significant results in the treatment of a variety of illnesses for which Occidental physicians have claimed there are no specific medicines that elicit a recovery. On the other hand, there are two or three illnesses for which Occidental physicians have alleged that such medicines *do* exist, but I have seen instances in which patients who did not use such treatments were able to make a complete recovery much more rapidly than those patients who did use these treatments that are said to be effective. Whenever I speak of such personal experiences with medical treatments, either my words are deemed rash and exaggerated or it is said that I have wrongfully diagnosed a minor ailment as something major. What a sad state of affairs this is! Furthermore, if ever I proceed to speak of the fact that the remedies I use are those of the *kanpō* tradition, I am met with callous verbal abuse and words reminiscent of a scornful sneer to the extent that I can no longer bear to be in such a position. Even in the case of those who make somewhat gentler judgments, the brunt of their attacks gradually appear and their remarks grow increasingly pointed until they propose arguments such as the following:

- “*Kanpō* is a medicine that is old-fashioned and useless.”
- “*Kanpō* medical texts are completely unsubstantiated nonsense.”
- “There is no way the roots of herbs and barks of trees used in *kanpō* could have any therapeutic value.”
- “There is not even any basic medical science underlying *kanpō* medical techniques.”
- “*Kanpō* medical techniques make use of nothing but symptomatic treatments, and by no means do they offer any radical treatments that target the source of an illness.
- “*Kanpō* medical techniques are indirect, ineffective, are unfit for use.”
- “*Kanpō* physicians refer to secondary reactions that should be absent from medicine as ‘*menken* 瞑眩,’³⁹ burden their patients with this unnecessary pain, and believe their medical practices are validated by the presence of these *menken*.”

³⁹ *Menken, mengēn*, lit. “sleeping dizziness,” is a term that initially appears to be synonymous with the “side effects” of Occidental medicine. However, although the two terms are similar in that they both refer patients’ reactions to medications (e.g. rash, diarrhea, perspiration), *menken* differ from side effects in that *kanpō* physicians believe that *menken* serve as a means through which the body can rid itself of the unnecessary

As can be seen in the examples listed above, my detractors offer all sorts of criticisms and, for the most part, they show no signs of ceasing their arguments. However, upon returning to ask my critics questions regarding concepts such as the development, organization, operations, and theories of the healing art of *kanpō*, it can be seen that, quite frankly, the very people who made these remarks lack a clear understanding of *kanpō*. Essentially, their critiques are nothing more than ignorant remarks from people who have gathered a smattering of knowledge from the words of others who similarly have no great knowledge of the subject. Indeed, this could also be likened to a situation in which a single dog releases a false bark and the voices of 10,000 other dogs echo in unison.^{vi}

Needless to say, I will be unable to fully explain all the particulars of *kanpō* medical theories in this single book of mine. Even so, by singling out aspects of the basic framework and noting them here, I hope this book will inform society of even a few of the baseless criticisms that have been hurled at the healing art of *kanpō*, allow patients to proceed to the form of treatment that is most suitable for them, and teach readers about the medical methods that have come to rely on that basic framework. My hope for the future is that the specialized and detailed theories of *kanpō* medical techniques will be widely publicized throughout society and I will have the opportunity to humbly accept any criticisms. Because of this, I did not provide thoroughly detailed descriptions of such theories in this text. My intention is not for this book to produce a situation such as the one with 10,000 dogs all earnestly barking in concert with one another. Rather, it is that one single dog would, with all his might, consider the pros and cons of the other dogs' cries and be diligently doubtful. Following this, it is my sincere hope that there would exist some who, from the bottom of their hearts, stand in agreement with this one fragile voice and proceed to proclaim it on a grander scale.^{vii}

ⁱ Reflecting upon this situation, it seems the patient was suffering from cirrhosis of the liver accompanied by ascites. The patient lived to be more than 50 years old and later died from ovarian cysts.

ⁱⁱ It is not uncommon to find experts with unknown names who have withdrawn from society. Even so, the people of the world are dazzled by fame and, being deceived by physicians' outward appearances, there are many instances in which they abandon the true physicians.

ⁱⁱⁱ As a great man once said, even if there are one hundred theories, one must bow before a single fact.

components that lead to ailments. Thus, *menken* signify the efficacy of a medication and indicate that the body is in the process of recovery.

^{iv} Even if the spirit of the venerable Yoshimasu Tōdō has traveled many years to reach me, still he sufficiently excites a cowardly and weak man such as myself.

^v While they regard medical science as a theoretical discipline, society's physicians often fail to recognize the importance of actual medical treatments.

^{vi} If one eats and comes to understand a food's flavor through personal experiences, there is no room for discussion regarding that flavor. Moreover, it goes without saying that even if they are the words of knowledgeable men, arguments regarding the food's flavor are worthless if these men speak without tasting the food for themselves.

^{vii} Is there still not a single being that might be called one of these dogs? For a long time, I have waited for one of these dogs to appear.

“Chapter 1: The Distinction Between the *Kanpō* and the Occidental Methods of Healing”

I have made constant efforts to study both the Orient and the Occident and the past, the present, and even the future. In any of these cases, surely universal truths do not distinguish between the ancient and modern times, much less between the Oriental and Occidental medical techniques. In regards to these medical practices, the reason for the perceived differences between those of the Orient and those of the Occident is due to the fact that we have come to a standstill in a time in which the current observations of truth are insufficient. So, going forward, let us take a brief glance back to the past and summarize the analogous components of Oriental and Occidental medical theories.

In approximately 400 BC (a marker for years in the Gregorian calendar that will be used throughout the remainder of this text), a sage physician from Italy known as Hippocrates⁴⁰ called for a close examination of the human body’s innate abilities (i.e. natural healing powers) through the use of astute observations as well as the establishment of a foundation for the treatment of illnesses through the use of clinical trials. In addition to this, he also published a work known as *Epidemiai* Ἐπιδημίας.⁴¹ In those days, people were already making use of concoctions composed of complex combinations of ingredients, elixirs of honey, and other such mixtures, and in general, there were a great number of such drugs that acted by inducing vomiting or diarrhea. Along with the prescription of medications that used such drastic means came the implementation of bloodletting techniques that were used to withdraw the “bad blood” from the body.^{viii}

⁴⁰ Hippocrates lived from 460 to 370 BC. Though the text claims he was from Italy, he was actually from Greece. The editor of the most current edition of the text notes this mistake in the original text.

⁴¹ The title of *Epidemiai* (*On Epidemics*) may be somewhat misleading to modern readers, as the word “epidemic” has taken on a new meaning in the modern context. However, at the time of its publication, it is more plausible that the word was used to refer to the lengthy sojourns of physicians who traveled to attend to patients in various localities. As such, this text details the experiences Hippocrates had in treating various patients he encountered during these journeys.

In the third century BC, Erasistratus⁴² emerged as Hippocrates' successor and, along with Herophilus,⁴³ conducted analyses of the human body. His main point of contention was that the methods of inducing natural healing powers through the use of emetics and laxatives should be regarded as extreme. Further, he argued that rather than these conventional medications, physicians should make use of only a small number of the emetic drugs and take care to not overuse laxatives. In regards to the prescription of medicines, he accepted the simple and rejected the complex. In opposition to these beliefs, Philinus⁴⁴ and Serapion⁴⁵ asserted that we should adhere to the methods of treatment the ancient sages bequeathed to us and thus formed what is now called the Empiric school of medicine. As such, they emphasized that it is only after observing pathological phenomena, frankly and accurately studying the symptoms exhibited by patients, and ensuring consistency between any two experiences with the disease that one will discover a treatment for the illness. There were a great number of such drugs that were created by combining objects such as the viscera, flesh, and blood of animals, and in effect, it could be said that these medical practices were quite similar to the methodologies of *kanpō* medical techniques that are so common in Japan today.

With the second century AD came the arrival of Asclepiades,⁴⁶ one of the sage physicians of Rome. In addition to preaching anew practices such as massage therapy and balneotherapy, he rejected the use of emetics and laxatives, and instead practiced methods of cupping and bloodletting.

⁴² Erasistratus lived from 304 to 250 BC and is known for his belief in *pneuma*, the "animal spirit" he believed to be carried through the arteries. Working with Herophilus, he founded a school for anatomical research in Alexandria.

⁴³ Herophilus lived from 335 to 280 BC and is considered to be the first anatomist. Many of his works have been lost, but his teachings were often quoted by Claudius Galenus (see footnote 15)

⁴⁴ The dates of birth and death for Philinus of Cos are unknown, but it is thought that he was most active around 250 BC. He was a student of Herophilus, but severed these ties as he founded the Empiric school of medicine, which sought to derive knowledge only from experiences (as opposed to the Dogmatic school)

⁴⁵ Serapion of Alexandria lived during the third century BC and while it is known that he was firmly against the teachings of Hippocrates, none of his works have survived. As a member of the Empiric school, he extended and improved the system to such a great extent that he is often regarded as one of the founders of the school.

⁴⁶ The author states that Asclepiades of Bithynia, also known as Asclepiades of Prusa) was active during the second century AD, but modern historians agree that he actually lived from approximately 124 to 40 BC. He proclaimed the treatments of his predecessors to be ineffective (e.g. the humoral doctrine of Hippocrates) and made use of treatments that sought to restore harmony in the body via diet, exercise, and bathing.

Claudius Galenus⁴⁷ made his appearance around the time of the third century AD, and in addition to serving as a court physician for the Roman emperor, he was highly regarded as an esteemed symbol of authority by the people of his time. Believing that the basis of medicine was rooted in human anatomy, he made fervent efforts to study this field. Based on these studies, he advocated the use of temperature preservation therapy—the practice of maintaining a mild temperature in the entire body—as a means for the treatment of febrile ailments and claimed that one could achieve great progress in the treatment of these illnesses by using products such as foodstuffs and medications to adjust the temperature of the body until it reaches that of a comfortable living environment.

After some time came Paracelsus⁴⁸ in the 15th century AD. Viewing the human body as a single microcosm in relation to the cosmos, he theorized that by researching the phenomena that occur within our universe and putting this knowledge to use, one could fundamentally understand all of the changes taking place in in the human body.

Arriving at the 18th century AD, we see the appearance of John Brown⁴⁹ and his classification of the conditions of one's disease as either excessive or deficient. In the case of immoderate levels of stimulation, the disease that follows would be defined as one of excessive excitability, which he claimed should be treated through the use of negative mechanisms of change (e.g. laxatives, bloodletting, and simple diet) On the other hand, in the case of the lack of a response to a stimulus, the disease that follows would be defined as one of deficient excitability, which he claimed called for the use of positive mechanisms of change (e.g. arousal and nourishment). Furthermore, in hopes of transforming the power of each individual

⁴⁷ Claudius Galenus, also known as Aelius Galenus, Galen, or Galen of Pergamon, lived from 129 to 216 AD and is known for the advancements he made in the fields of anatomy, physiology, pathology, pharmacology, and neurology. His understanding of anatomy was influenced by the theory of humorism, and his theories remained in the Occidental sphere of medicine until 1543.

⁴⁸ Paracelsus, also known as Philippus Aureolus Theophrastus Bombastus von Hohenheim, lived from 1493 to 1541 and is known as the founder of toxicology. His idea of maintaining harmony between the microcosm of Man and the macrocosm of Nature differed from the views of his predecessors who argued for the purification of souls and instead argued for a balance of minerals in the body. As a result, he believed chemical remedies could cure certain illnesses caused by imbalances.

⁴⁹ John Brown lived from 1735 to 1788. He published his *Elementa Medicinae* in 1780 and it is here that he outlined his Brunonian system of medicine. The influence of this system continues to be reflected in the idea of German medical thought that posits that pathology is a departure from the normal rhythms of physiology.

medicine into something even mightier, Brown advocated the use of complex mixtures of a great variety of medications.^{ix}

In 600 BC, there already existed four divisions of medicine in the Zhou dynasty of China: internal, external, dietary, and veterinary. Internal medicine clearly served as the basis for Japan's former ways of medicine and is indeed an important ingredient in authentic *kanpō* methods of healing. Practitioners of external medicine specialized in the treatment of swelling caused by conditions such as the presence of abscesses or inflammation. In dietary medicine, advantages and disadvantages of various foods were investigated. Finally, veterinary medicine sought to provide medical treatments for domesticated animals.⁵⁰ Looking to the so-called internal medicine (i.e. that which led to the establishment of Japan's former ways of medicine) one can see the establishment of the three methods of diaphoresis, emesis, and purgation and the appearance of a great number of notable doctors, such as Yi Huan 医緩,⁵¹ Yi He 医和,⁵² Chang Sang 長桑,⁵³ and Bian Que 扁鵲.⁵⁴ However, because biographies of these physicians are few and far between and no written accounts of the contents of their medical practices have been preserved, the truth of the matter is that we have no way of knowing what kinds of treatment methods they might have used. Nevertheless, aside from elixirs made of complex compounds, it seems to be true that they also made use of fierce treatments such as bloodletting, the fire needle method,⁵⁵ the iron steam method,⁵⁶ and enemas.

At the beginning of the third century AD, Zhang Zhongjing emerged as the governor-general of Changsha in the Later Han dynasty.^x As a result of his publication of the 16-volume

⁵⁰ These animals included horses, cattle, sheep, dogs, pigs, and chickens

⁵¹ Yi Huan was a famous physician of the Qin state in the Spring and Autumn period who appeared in the *Zuozhuan* 春秋左傳 (*The Chronology of the State of Lu*).

⁵² Yi He was another notable physician of the Qin state in the Spring and Autumn period.

⁵³ Chang Sang lived during the Warring States period (475 to 221 BCE) and is acclaimed as the forefather of Daoist medicine

⁵⁴ Bian Que, also known as Qin Yueren 秦越人, was born in the State of Qi and lived from approximately 401 to 310 BCE. He is often regarded as the first known Chinese physician.

⁵⁵ *Shōshin-hō* 燒針法, It is thought this method made use of something similar to a soldering iron to apply thermal stimulation, but it is no longer practiced in modern times.

⁵⁶ *Utsujō-hō* 熨蒸法, Using an iron from the olden days, it is thought this method was used as a form of thermotherapy.

Shanghan Zabing Lun 傷寒雜病論,⁵⁷ he came to be known as a sage physician in the centuries that followed. It is presumed that this work of his was a compilation of the medical compounds that were developed in the Zhou dynasty. Indeed, as a textbook that detailed medical methods, it was the first of its kind, and the flawlessness of the treatments it contained made it a work that surpassed ordinary talent beyond measure. More than a millennium later, the so-called Former Method School described themselves as a body that succeeded Zhongjing and advocated his methods, and building upon this, now I too wish to explain the essential features of genuine *kanpō* methods.

During the years following the end of the fifth century and leading up to the eighth century, physicians such as Ge Hong 葛洪⁵⁸ of the Jin dynasty, Tao Hongjing 陶弘景⁵⁹ of the Qi dynasty, and both Sun Simiao 孫思邈⁶⁰ and Wang Tao 王燾⁶¹ of the Tang dynasty appeared in great numbers one after another and advocated medical treatments that made use of some sort of nutritional tonic. Additionally, they made use of a variety of purification methods, such as sufficiently singling out certain components of drugs, heating ingredients, removing their skins, and steeping them in salt water, thereby giving rise to a new trend of working to reduce the number of active ingredients in a given drug. As such, this era saw a great decline in the use of various aggressive treatment methods.

⁵⁷ See “Introduction” footnote 8.

⁵⁸Ge Hong was both a physician and a proponent of immortality who lived from 283 to 343. He produced many writings under his pen name Baopuzi 抱朴子 (“The Master Who Embraces Simplicity”), but he is most known for his self-titled *Baopuzi*, a classical text about Taoist ideals, and his *Zhou Hou Bei Ji Fang* 肘後備急方 (*Handy Therapies for Emergencies*).

⁵⁹Tao Hongjing was a child prodigy who studied Taoism, alchemy, and pharmacology and lived from 456 to 536. He is known for compiling and editing the *Shennong Ben Cao Jing* 神農本草經 (*Materia Medica of the Divine Husbandman*) and writing his *Shennong Ben Cao Jing Jizhu* 神農本草經集注 (*Collected Commentaries on the Materia Medica of the Divine Husbandman*).

⁶⁰Sun Simiao lived from 581 to 682. He is China’s so-called King of Medicine and is known for his *Qian Jin Yao Fang* 千金要方 (*Prescriptions Worth a Thousand in Gold*) and his *Qian Jin Yi Fang* 千金翼方 (*Supplement to the Prescriptions Worth a Thousand in Gold*). The first volume of the former is his *Da Yi Jing Cheng* 大醫精誠 (*On the Absolute Sincerity of Great Physicians*), which is regarded as the “Chinese Hippocratic Oath.” Combined, these two texts contain a total of 7,300 recipes for medicines.

⁶¹Wang Tao lived from 670 to 755 and is known for compiling medical texts from the Imperial Library into his 40-volume *Wai Tai Mi Yao Fang* 外台秘要方 (*Arcane Essentials from the Imperial Library*).

With the unceasing appearance of the likes of Liu Hejian 劉河間,⁶² Zhang Yuansu 張元素,⁶³ Zhang Cong Zheng 張從正,⁶⁴ Li Gao 李杲,⁶⁵ and Zhu Zhengheng 朱震亨⁶⁶ in the years of the Song, Jin, and Yuan dynasties that ranged from the 10th century to the 12th century came the rejection of the former ways of medicine and the assertion of new theories. In turn, it was stated that “physicians should work to lower the patient’s body heat, supplement the spleen’s *qi*, and nourish the patient’s vitality” and chemical substances that supplement the *qi* and provide nourishment were produced. Such compounds were extremely complex, containing anywhere from a dozen ingredients to as many as twenty or thirty. Under such circumstances, all forms of aggressive treatments completely vanished and the idea of using supplements to balance the forces of yin and yang was the only theory that prospered.^{xi}

From the end of the 16th century and extending into the 17th century, theories advocating the restoration of the art of medicine flourished in Japan. Gotō Konzan 後藤良山,⁶⁷ Yamawaki Tōyō 山脇東洋,⁶⁸ Yoshimasu Tōdō, and other such master physicians turned out in great numbers and the methods of Zhang Zhongjing once again blossomed throughout society.

⁶² Liu Hejian, also known as Liu Wansu 劉完素, lived from 1120 to 1200 and founded the Cold and Cooling School of medicine that sought to use herbal remedies to cool an ailing body. His theories corresponded to and preceded the Occidental concept of febrile contagious diseases. He is known for his *Su Wen Xuan Ji Yuan Bing Shi* 素問玄機原病式 (*On the Application of Su Wen Theory in Investigating Diseases*) and *Xuanming Lun* 宣明論

⁶³ Zhang Yuansu lived from 1151 to 1234. In his *Yixue Qiyan* 醫學啓源 (*Explanation of Medicine*) that he published in 1186, he argued that ancient medical practices were no longer applicable to modern illnesses. He believed illnesses were caused by imbalances within the organs of the body.

⁶⁴ Zhang Cong Zheng lived from 1150 to 1228 and also believed that ancient medical practices were no longer relevant. He believed that illnesses came from the heavens, the earth, and man’s behaviors (e.g. his diet), so he often made use of treatments that induced vomiting and sweating.

⁶⁵ Li Gao lived from 1180 to 1251. In his *Piweilun* 脾胃論 (*Treatise on the Spleen and the Stomach*), he shared his studies regarding the effects lifestyle has on the body’s organs. In particular, he believed an imbalance of *qi* in a patient’s stomach and spleen caused illnesses.

⁶⁶ Zhu Zhengheng, also known as Danxi 丹溪, lived from 1281 to 1358. In his *Gezhi Yulun* 格致餘論 (*Theories of In-depth Research*), he explained his belief that there exists a fire within the body that is present during physiological and pathological changes

⁶⁷ Gotō Konzan lived from 1659 to 1733 and was a self-educated physician of the Edo period. He studied both medicine and Confucianism and had more than 200 pupils. He is known for studying the causes of diseases.

⁶⁸ Yamawaki Tōyō lived from 1705 to 1762 and was a pupil of Gotō Konzan. The publication of his *Zōshi* 藏志 (*Notes on the Viscera*) in 1759 made him the first person in Japan to publish a record of an autopsy of the human body.

Those who subscribed to these teachings were said to be members of the Kohō School 古方学派,⁶⁹ while those who instead followed the post-Tang and -Song methods were referred to as members of the Gosei School 後世学派.⁷⁰ Shortly thereafter came the appearance of those such as Taki Rankei 多紀藍溪⁷¹ and Taki Keizan 多紀桂山⁷² and the formation of the so-called Kōshō School 考証学派,⁷³ which sought to combine the teachings of the Kohō and Gosei Schools and maintain impartiality. On the contrary, though, they ended up descending into a realm of medicine that deals with form rather than substance. Here, not only did they fail to develop new knowledge of medicine as a result of exerting all of their efforts towards investigating phenomena that were not yet understood (e.g. the causes of disease, the changes that occur in an ailing body, etc.) and fail to adequately demonstrate the true aims of the methods the ancient sages bequeathed to us, but they also turned away from Occidental medicine and turned into an unfortunate encounter that now pushes us to the verge of extinction.

Examining the history of changes in the Oriental and Occidental studies of medicine from such a perspective, one can see the remarkable resemblance between the two and easily conclude that no distinction can be made between the healing art of *kanpō* and that of the Occident. However, upon seeing the current situation in which the modern practices that have been established by so-called Occidental medicine and the assertions of genuine *kanpō* medicine have become divorced from one another, I feel I have no choice but to devote a few pages of this text to treating the Orient and the Occident as two separate objects and discussing this distinction.

⁶⁹ The Kohō School, lit. 'Former Method School' was founded by Nagoya Gen'i 名古屋玄医 and its members believed in the use of the medical science that was established in the later Han dynasty of China.

⁷⁰ The Gosei School, lit. 'Later School' was founded by 田代三喜・曲直瀬まなせ道三 and others. It was based on the teachings that appeared in the years following the Jin-Yuan period of China

⁷¹ Taki Rankei, also known as Taki Motonori 多紀元徳, lived from 1732 to 1801 and served as court physician to Tokugawa Ienari, one of the shoguns of the Tokugawa shogunate.

⁷² Taki Keizan, also known as Taki Motoyasu 多紀元簡, lived from 1755 to 1810 and was the eldest son of Taki Rankei. He is known as the founder of the Kōshō School

⁷³ Kōshō School, lit. 'Investigation School'

To begin with, regardless of location and era, one need look no further than animals, plants, and minerals for the raw materials used in medications. As for *kanpō* compounds, there are relatively many drugs that are derived from the roots of herbs and the barks of trees—that is, those that are harvested from the plant kingdom. Combining these with animal- as well as mineral-derived drugs, attempts are made to enhance the overall qualities of the medicinal compounds. On the other hand, the medicinal compounds used in Occidental medicine are often comprised of ingredients that are derived from metals, stones, liquids, and soil—that is, those found in the world of minerals—and combined with plant-based drugs. However, when it comes to animal-derived products, aside from being used to target one or two particular diseases, they are generally not included in compounds. The table below roughly demonstrates this comparison:

Type of Medicine	Plant-based	Animal-based	Mineral-based
Oriental	70%	10%	20%
Occidental	60%	0%	40%

In the healing art of *kanpō*, the nature of one's disease is diagnosed through the use of techniques such as the examination of a patient's pulse and abdomen, while those of the Occident make diagnoses via methods of percussion, auscultation, biological analysis, and microscopic examination. Whereas the efficacy of *kanpō* medications lies in the cooperative effects of a large number of crude drugs that have been combined into one compound, those of the Occident rely on the action of one principal agent. It is these differences that are thought to serve as the greatest distinctions between the Oriental and Occidental healing arts.

As such, the healing art of the Occident is one that progresses along with scientific developments. Because it is founded on modern science, the most remarkable advancements in Occidental medicine are those that are physicochemical and instrumental in nature, and consequently, its strong points lie primarily in the art of surgery. Meanwhile, *kanpō* physicians fail to even dream of such theories, techniques, and other aspects of surgery. Rooting it in the ideals of Oriental medicine and using this as its starting point, the practitioners of *kanpō* do nothing more than state the actual outcomes of their experiences with medical treatments and

lack a history of conducting scientific research. As a result, because *kanpō* theories are functional and comprehensive rather than mechanistic and reductionist, there are a great number of excellent things to be found in the field of internal medicine that strives to understand the human body as a whole. However, it is also true that in the healing art of *kanpō* there is no set standard on which one can rely. Therefore, although I write only of the theories and methods behind *kanpō*, if one were to also make use of the latest developments in science rather than relying solely on the logic of *kanpō*, I imagine one would find a sound form of medicine in which not even the slightest mistakes could be found.

By using areas of research such as morbid anatomy and etiology to create methods of observation that make distinctions based on objectivity and reductionist theory, the Occidental medicine that is being practiced today is one that, figuratively speaking, may be likened to a psychotic patient who is fully equipped with all of his extremities and senses, but is lacking in terms being in a unified mental state. Although *kanpō* does not align with fields such as physiology, anatomy, pathology, and etiology, by being founded on experience alone and making use of functional and comprehensive observation, the *kanpō* medicine that is being practiced today is one that may be likened to a healthy handicapped patient who lacks one or two of his essential body parts, such as an extremity or sense organ, but maintains a unified mental state and is able to live a normal life.

For this reason, although Occidental medicine's theories and explanations present it as a logical form of medicine, in practice, its therapeutic techniques of internal medicine yield results in which there are few things worth seeing. On the other hand, surely one finds it remarkably odd that there are indeed many cases in which *kanpō* medicine greatly surpasses Occidental medicine in its ability to produce sound results by actually applying the seemingly incoherent theories, explanations, and other such aspects of *kanpō* to its techniques of internal medicine. Whether one speaks of scientific theories or of learned experiences, by nature, these are not two separate concepts. Surely they present no conflicting opinions and exist in perfect harmony with one another, and I have no doubt that not even the slightest difference exists between them. The fact that they are presently viewed as being separate is nothing more than evidence that the advancement of medicine is not yet complete.

For this reason, my personal opinion is that in regards to the theoretical aspects of medicine, nothing can compare to the order and logic of Occidental medicine, and in regards to therapeutic drugs, nothing can compare to the nuanced and thorough nature of *kanpō* medicine. As such, I have based my understanding of biological findings and pathological symptoms on the theories of Occidental medicine, and making use of these ideas, I have chosen to rely on *kanpō* for therapeutic treatments.

A note for this chapter: In the text, the healing art of the Occident (from ancient to modern times) is said to bear a close resemblance to the theories of the healing art of *kanpō*. At the same time, I included a brief explanation of the development and rise of *kanpō* medical treatments, as well as the process through which *kanpō* lost its momentum. Even if it cannot be said that *kanpō* medicine still resembles Occidental medicine in its current state of affairs, I believe the two to be sufficiently similar.

^{viii} These treatments are extremely consistent with those of Japan's former way of medicine.

^{ix} This theory of deficiency and excess is quite different from the so-called theory of deficiency and excess of *kanpō* medicine.

^x Although Zhang Zhongjing is a man whose history is not well documented, the reference here is in accordance with traditional theories.

^{xi} Liu Hejian, Li Gao, and Zhu Zhengheng are regarded as the three great physicians of the Jin-Yuan period. However, in reality, they were poison to the medical world.

“Chapter 20: Conclusion”

As a result of the points I have discussed above, I imagine my readers have come to understand my true intentions. Although it goes without saying that there exist inadequacies in *kanpō* medicine and that its theories are vague, I feel its functional and comprehensive treatment policies are, in contrast with the mechanistic and reductionist practices of Occidental medicine, concepts that do not exist in the Occident and serve as yet another angle from which it can be said that it is *kanpō* that harnesses the truth.^{xii} If it were not so, then how could one possibly explain why, even today when Occidental medicine is so firmly established in terms of its scientifically validated treatment results, there are still times when the very same *kanpō* that is regarded as a thing of futility is conversely viewed as a form of reason that brings about even greater results than Occidental medicine? If my argument is correct, then by rejecting *kanpō* as a whole and deeming it completely unnecessary and useless, one is not only being unfaithful to the true nature of medical studies but is indeed also denigrating the profound academic theories and fundamental truths of the Orient while similarly slighting himself. Moreover, to do so is surely to tarnish the gift of life which heaven has granted to mankind, and we have no choice but to say that those who act in this manner have failed to reflect upon these consequences.

Japan has always been an island empire of the Orient, and ever since early times we have imported cultures from the eastern side of the Eurasian continent, and in thinking these cultures to be good, we came to regard them as our own. Moreover, we have also seen the importation of cultures from the western side of this continent (i.e. Europe), and after reflecting upon their significance, we are now attempting to make them our own. Generally speaking, the introduction of both advantages and disadvantages that follows the adoption of new cultures is an inevitable occurrence and demonstrates a major weakness in which one cannot escape from the bilateral nature of this process. However, just because this is the case, must one abandon the strengths he already has in his possession and go so far as to take on the other party's weaknesses? How could such a thing be true? In fact, there is no way it could be true! Yes, there are surely more than just a few advantages to be found in Occidental medicine, but at the same time, the benefits of *kanpō* medicine are far from insignificant. In other words,

by combining these two great forms of medicine from both the Orient and the Occident, I pray that we will be able to look forward to the perfection of this healing art that is known as medical science. It is for this reason I feel that for the adherents of *kanpō* to deem Occidental medicine to be beyond the scope of their considerations and to think of *kanpō* as a self-sufficient form of medicine that upholds an educational foundation in which physicians are trained in this method alone is to severely overestimate the abilities of *kanpō* medicine. Naturally, although many proponents of Western medicine may be unable to approve of such opinions, if they set these extreme assertions aside and remain unperturbed while examining *kanpō*, they will be able to maintain a humble attitude in which they will adopt the practice and make it the object of their research if there appears to be evidence for its efficacy in even a single case. Needless to say, once they realize that there are a great number of advantages to *kanpō*, such as its comprehensive perspective, it will become impossible for them to disregard it any longer. As one who has knowledge of these merits, how could I possibly bear to remain silent and watch its extinction?

As Laozi once said, “Those who speak do not know. Those who know do not speak.” By nature, I am a man with a slow and inferior disposition who is lacking in wit and intelligence, but this does not mean that I fail to realize the fact that my assertions of such major issues regarding the true nature of medicine are audacious. While all of the current experts of the *kanpō* world will gradually pass away and the relevant literature they leave behind will similarly vanish as the world attempts to destroy this form of medicine, the men who are truly knowledgeable about the healing art of *kanpō* remain quietly hidden and withdrawn from society, and, living in reticence, they remain completely silent on the matter. Therefore, I had no choice but to put together a collection of my uninformed thoughts in words which will appeal to only the select few members of society who are well aware of the matters of this world. Although my words may carry as little significance as the bones of a dead horse,⁷⁴ if my argument is even slightly effective in bringing about a great horse that runs long distances,

⁷⁴ 死んだ馬の骨 literally translates to “the bones of a dead horse,” but is used to represent something useless, i.e. an animal that was once superior to all others, but has since deteriorated into nothing.

though it be no more than a single creature or even half of a single creature, then my wishes will have come true.

^{xii} This is because the functional and comprehensive treatment policies of *kanpō* (i.e. pathological diagnoses, prescriptions drugs, etc.) inevitably yield results that are distinct from those discovered through the mechanistic and reductionist methods of the Occident.

