

Current Situation of Kampo Medicine in Japan

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After ancient Chinese medicine was introduced to Japan about 1,500 years ago, it was combined with the natural features and culture of Japan, traced a unique course of development that was free of interference from other countries, and became accepted among the people of Japan as Kampo medicine (Japanese oriental medicine). This medical approach has been systematized for the treatment of infectious diseases. The host-parasite relationship is an important factor under the treatment of infectious diseases. But in the age when parasites were unknown, concepts systematizing diverse symptoms exhibited by the host in terms of disease stages and the host's biological reactions were used to determine the methods of treatment in contraposition to the right treatment drugs. This host-centered approach is characterized by the ability to treat maladies ranging from acute infectious diseases to chronic conditions.

A unique kind of integrated medicine has been developed in Japan since the Meiji era, using Kampo medicine in combination with Western medicine under the contemporary medical education. At present in Japan, Kampo medicine is covered under the national health insurance system. More than 148 Kampo herbal extracts are utilized in daily medical practices, and the International Classification Diseases (ICD) is used for disease classification as well as claim for medical treatment fees in both Western and Kampo medicine.

The Alma-Ata Declaration on primary care proposed that the national governments of the world should incorporate traditional medicine as a part of primary health care. Now, more than 30 years later, traditional medicine is widely available in Africa, Asia, and Latin America, and it is generally accessible in terms of costs as well.

In some Asian and African nations, for example, 80% of the population uses traditional medicine in primary care.

Under these circumstances, a variety of international issues have rapidly emerged. WHO and other organizations have begun studies concerning the international standardization of traditional medicine around the world, based on considerations such as the following:

- 1) Traditional medicine has the potential to handle a significant portion of health care, and there are global commonalities.
- 2) The present medical information systems concerning traditional medicine are inadequate.
- 3) Individual countries have outstanding knowledge concerning traditional medicine, but there is a lack of international coordination.
- 4) There is a need for information on traditional medicine based on international standards.
- 5) Efficiency would be improved by the integration of traditional medicine with existing information systems.
- 6) The digitization of medical information is an opportunity for traditional medicine.

Because the Japanese government had no office in charge of traditional medicine, the Japan Liaison of Oriental Medicine (JLOM) was established in 2005 by four academic associations (the Japan Society for Oriental Medicine, the Japanese Society of Pharmacognosy, the Medical and Pharmaceutical Society for Wakan-Yaku, and the Japan Society of Acupuncture and Moxibustion) and two WHO Collaborating Centers for Traditional Medicine (Kitasato University's Oriental Medicine Research Center and University of Toyama's Department of Japanese Oriental Medicine), for the purpose of developing a cooperative framework for involvement in the WHO project for the international standardiza-

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tion terminologies on traditional medicine.

The area of international standardization of traditional medicine includes not only terminology, but also standardization of natural pharmacological materials. Even when the same herbal medicine is used in the pharmacopoeia of different countries, it is problematic that the ingredients may differ in some countries although the same name is used. In Japan, JLOM is playing a leading role in promoting mutual understanding across national borders. In addition, regarding the domestic situation of traditional medicine, the Ministry of Health, Labour and Welfare of Japan has established a project team on integrated medicine, and this team has commenced studies to understand the current situation of integrated medicine in Japan and develop policies for future efforts.

Meanwhile, studies of the international standardization of traditional medicine have begun under the Standards for Traditional Chinese Medicine (TC249) of the International Organization for Standardization (ISO), and the Chinese government is the key player behind a move to promote Chinese medicine as the international standard. It is reported that China has issued proposals under ISO/TC249 concerning matters such as education in traditional medicine and physician licensing issues. If an international standard is adopted for practitioners of traditional Chinese medicine (international TCM physicians), it is possible that Japanese practitioners who became licensed as international TCM physicians would be able to perform medical procedures in other countries without getting medical education in Japan and obtaining physician's license. There is concern that international standardization in this area could have a major impact not only on Kampo medicine but also on Japan's physician licensing and health care systems. This problem affects not only Japan, but Korea as well.

In China, there appears to be a desire for international standardization of overall TCM, including medical institutions where traditional medicine is practiced as well as medical instruments, terminology, and education. On the other hand, Japan, especially JLOM, takes adequate and deliberate approaches, which include the advocacy of standards in which Japan's outstanding traditional medicine, such as Kampo, acupuncture, and moxibustion, can contribute to

medical care not only in Japan but worldwide.

China has been pursuing every means for the international standardization of TCM. Many of the issues raised by China will have a significant impact on traditional medicine in other countries, and there is an urgent need to develop a response concerning these matters. Caution is needed as these issues of international standardization will affect even the health care systems of other countries. Their scope is beyond the capacity of the Japan Society for Oriental Medicine and JLOM to handle on their own, and the entire Japanese medical field must cooperate to address this critical situation. This has the potential to become a global problem.

Additionally, there are problems with the supply of raw materials for herbal medicines, which is becoming more challenging every year. Most herbal medicines used in Japan are imported from China, but a large proportion of China's rural population has been moving to urban regions because of differences in economic opportunities. The volume of herbal medicine production has been declining, while domestic demand has grown rapidly as treatment with herbal medicines is now covered by health insurance in China. Because the overall supply is falling short of demand, problems such as limited shipment quantities and soaring prices have begun to emerge.

The Japanese national health insurance system includes drug price standards which determine the prices of medicines, and herbal medicines cannot be used when their import prices are higher than these standards. This will make it essentially impossible to use Kampo treatment under the national health insurance, and this is the most serious problem. If the prices covered by insurance diverge too widely from the actual costs of herbal medicines, distributors will naturally be unwilling to sell them at a loss. However, clinical practitioners of Kampo medicine will be unable to treat patients as prescribed if even one herbal medicine is unavailable. Practitioners of Kampo medicine in Japan have requested the government to improve this situation, but there are no prospects for easy realization of a system that would ensure a stable supply.

If practitioners use only inexpensive herbal medicine, there will be quality problems. Medicinal effect worsens as quality declines, and the effectiveness of treatment will be impacted as

well. As a result, it could become impossible to maintain an adequate level of treatment with herbal medicines for the people of Japan. The

question of how to grow herbal medicines for domestic production in Japan will be an important future issue.