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Traditions Crossing Borders, Enhancing Different Cultures History of Medicine in the Cultural Sphere of Chinese Characters



越境する伝統、飛翔する文化 漢字文化圏の医史

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Traditions Crossing Borders, Enhancing Different Cultures
History of Medicine in the Cultural Sphere of Chinese Characters

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The Development of Traditional Korean Medicine

– The Formation and Development of TKM Schools –

Kim Namil

In this paper, the writer would like to classify TKM schools into 15 kinds. Although in some cases clear relations could not be established between teachers and their successors, cases where 1) same theory, 2) same inclination toward publishing medical texts, and 3) original body of theory were found were classified as same schools in transition period.

First, the School of Indigenous Medicine (鄉藥學派) includes medical publications related to indigenous medicine, books regarding materia medica, and those regarding everyday-life medicine. Second, the School of *Dongueui-bogam* (東醫寶鑑學派) refers to a school that succeeds “Treasured Mirror of Eastern Medicine (東醫寶鑑)”. Third, the School of the Four Constitutions (四象體質學派) is a school based on the Four-Constitution Theory of Lee Jema. Fourth, Yu Seongryong is a representative figure of the School of *Euihak-ipmun* (醫學入門學派). Among this school, Kim Younghun is someone who should be treated with importance. During his lifetime, he wrote “The Black Book of Life Longevity (壽世玄書)”, and posthumously, Lee Jonghyoung, one of his disciples, compiled his prescriptions and theories and published “Medicinal Mirror of *Cheonggang-euigam* (晴崗醫鑑)”. Fifth, the School of *Gyounghak-jeonseo* (景岳全書學派) is a school based on “Complete Works of *Jingyue* (景岳全書)”. Based on the fact there are many medical books published during the Chosun Dynasty that quote “Complete Works of *Jingyue*”, a close examination on the existence of this school should be made. Sixth, the School of Medical Divination (醫易學派) has been discussed in three aspects: an approach to medical divination according to the perspective of the Book of Changes, of the five circuits and the six qi, and of the study of fortune. Seventh, the Korea School of East-West Medicinal Eclecticism (東西醫學折衷學派) is composed of Oriental Medical scholars who had tried to compromise between TKM

and Western Medicine. Eighth, the School of Yang Replenishment (扶陽學派) is a school lead by Lee Gyujun (1855-1923), who had established his own medical theory by claiming the Yang-replenishing theory. Ninth, the School of Experiential Medicine (經驗醫學派) refers to a school that refuses speculative medical theories and records only the most necessary symptoms and treatments. In addition, they had tried to convey the most important points by means of using descriptive techniques that reveal their experiences. Tenth, the Korea School of Acupuncture and Moxibustion (東醫鍼灸學派) is a school composed of individuals who had tried to embody Korea's original acupuncture and moxibustion techniques. Twelfth, the Korea School of Cold Damage (東醫傷寒學派) refers to a school that had tried to spread the Theory of Cold Damage that is well adapted to Korea. Thirteenth, the School of Emergency Medicine (救急醫學派) is a school that has succeeded the tradition of Korean emergency medicine. Fourteenth, the School of Pediatrics (小兒學派) is a school succeeded by Oriental medical individuals who have specialized in treating pediatric diseases. Fifteenth, the School of Surgery (外科學派) is a school specializing in surgical treatments. Lim Eonguk and Baek Gwanhyun are members of this school.



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“*Dongueui-bogam*” and Tracking Down the Formation of Traditional Korean Medicine

Ahn Sangwoo

“*Dongueui-bogam* (Treasured Mirror of Eastern Medicine, 東醫寶鑑)”, which has been registered as a Memory of the World by the UNESCO, consists of 25 books, and is a medical publication in which Oriental Medicine is compiled and summarized. The publication of “*Dongueui-bogam*” would not have been possible if it had not been for the basis of Traditional Korean Medicine, which has developed through a long time in history. Also, “*Dongueui-bogam*” is the result of an effort to accept Oriental Medical theories, study them, and to apply them to Korean Medicine.

TKM had begun with Korean history, which has lasted over 5000 years, but remaining records trace its origin back to the era of the Three Kingdoms. During the era of the Three Kingdoms, traditional medical knowledge of the era of Gojoseon was handed down, and the foundation for unique development was developed by incorporating Traditional Chinese Medicine and Traditional Indian Medicine. Thereafter, medicine of United Shilla, Balhae, and Goryeo developed respectively. Goryeo medicine had developed in a rather unique fashion, for transmission of the medical knowledge of Yuan-China had not been active.

The tradition of independence that had prospered in late Goryeo was continued in Chosun, and was put together as “*Hyangyak-jipseongbang* (Compendium of Prescriptions of Indigenous Medicine, 鄉藥集成方)”, thanks to the strong promotion measures of prescriptions of indigenous medicine carried out in early Chosun. Various Chinese medical prescriptions are compiled in “*Dongueui-bogam*”, but on the other hand, books on indigenous herbal medicine, such as “*Hyangyak-jipseongbang*”, were separately gathered and quoted, accomplishing Experiential Korean Medicine by adding and omitting herbs grown in Chosun and prescriptions written in the Chosun Dynasty. Moreover, “*Euibang-yoochui* (Classified Assemblage of Medical Prescriptions, 醫方類聚)”, which had been published in order to promote medicine, has its

significance in that it is an encyclopedia of Korean, Chinese, and Japanese Medicine. “*Euibang-yoochui*” was the most important reference when Heo Jun wrote “*Donggeui-bogam*”.

“*Donggeui-bogam*”, written by Heo-jun, is a medical book that has absorbed basic Chinese medical theories and added clinical medicine from the Jin, Yuan, and Ming Dynasties and Korean medicine and herbs to them, thoroughly compiling Oriental Medicine. Korean medical history has been influenced and changed by a single book, “*Donggeui-bogam*”, and the aspect of 'application of practical medicine' has been continued by Oriental Medical books published afterwards. “*Jejoong-shinpyeon* (New Edition on Universal Relief, 濟衆新編)”, “*Bubang-pyeonram* (Attached Prescriptions for Convenient Perusal, 附方便覽)”, “*Euijong sonic* (Gains and Losses of Medical Orthodoxy, 醫宗損益)”, “*Bangyak-happyeon* (Compilation of Formulas and Medicinals, 方藥合編)” are those. Moreover, Lee Je-ma introduced the Four Constitutional Medicine in his book “*Donggeui-soose-bowon* (Longevity and Life Preservation in Eastern Medicine, 東醫壽世保元)”, promoting independence of Korean Medicine.

The registration of “*Donggeui-bogam*” as the Memory of the World and this international seminar being the opportunity, the writer hopes the exchange of traditional medicine among Asian countries such as Korea, China, and Japan, leading to the cooperation of countries that practice Oriental Medicine. The writer wishes that this seminar become an opportunity to combine the three countries, offering a chance to strengthen the influence of Oriental Medicine in the world.



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1994 - present: Director of Traditional Medical Research Lab, Center for Medical History and Literature, Korea Institute of Oriental Medicine

Some Thoughts on Reading South Korea Scholars' Papers on Traditional Korean Medicine (TKM)

LIANG Yongxuan

Translated by HUANG Zhigao

After I finished the read of the two papers, *Treasured Mirror of Eastern Medicine* 東醫寶鑑 and the *Tracking Down of the Formation of TKM* by Dr. Ahn and *The Development of TKM--the Formation and Development of TKM Schools* by Dr. Kim, they provided me insights into the history of TKM.

1. The influence of *Treasured Mirror of Eastern Medicine* on the development of TKM system

Before and after Song Dynasty, TKM was significantly influenced by Chinese medicine. *Taiping Holy Prescriptions for Universal Relief* 太平聖惠方 brought, for instance, profound impact on TKM. Thereafter more medical works like *Compendium of Prescriptions of Indigenous Medicine* 鄉藥集成方 published in 1431 came out and *Classified Assemblage of Medical Prescriptions* 醫方類聚 went to press in 1477 as well. It incorporated a myriad of precious literatures from ancient China, which at the same time implied that TKM started catching up with Chinese medicine. From then on Korea took a giant leap forward in TKM. Authored by Chosun and completed in 1610, *Treasured Mirror of Eastern Medicine* was a landmark achievement in the history of TKM. Around the turn of the twentieth century, from the standpoint of TKM, *the Huangdi's Inner Classic of Medicine* 黃帝內經 was interpreted. Thus that gave birth to Lee Jema's 李濟馬 Four-Constitution Theory detailed in *Longevity and Life Preservation in Eastern Medicine* 東醫壽世保元. The work, *Compendium of Prescriptions of Indigenous Medicine*, and *Treasured Mirror of Eastern Medicine* were once equally highly appreciated. Nevertheless, turning out to be more vital later on, *Treasured Mirror of Eastern Medicine* was recognized as the top achievement in TKM.

In 2009, Korea successfully had *Treasured Mirror of Eastern Medicine* inscribed on the Memory of the World register of UNESCO, which was a great accomplishment of TKM. Now that TKM, with its typical oriental features, took a place on the grand stage of the world. The success reflected the study features of Korean scholars in medical history. Not only did Dr. Ahn's paper elaborate on *Treasured Mirror of Eastern Medicine*, but was able to more fully display the entire level of TKM. This will make publicizing TKM more effective throughout the world.

2. The classification of schools in TKM

Professor Namil Kim categorized the schools of TKM into 15 groups. It was a comprehensive and audacious attempt. His new and multi-angle perspective was well worth revering.

In China, the infancy of Chinese medicine schools was initially documented by *the Biographies of Bianque and of Taicang in the Records of the Grand Historian* 史記·扁鵲倉公列傳, *the Treatise on Literature in the History of the Former Han Dynasty* 漢書·藝文志, and *Plain Questions of Huangdi's Inner Classic of Medicine* 黃帝內經素問. The guideline on schools' classification with genuine significance for subsequent generations was outlined by Wang Lun 王綸 in Ming Dynasty. He proposed four major schools. They were Zhang zhongjing's 張仲景 School of External Contraction, Li gao's 李杲 School of Internal Damage, Liu Wansu's 劉完素 School of Heat Diseases, and Zhu Zhenheng's 朱震亨 School of Miscellaneous Diseases. Today, Fan Xinghuai 范行淮, Ren Yingqiu 任應秋, Qiu Peiran 裘沛然, and Lu Zhaolin 魯兆麟 do not agree with him. So they define a school in alternative ways. It can be done based on disease's name or on the therapeutic principles and methods or on the name of a figure who was the pioneer. I myself fully support Meng Qingyun 孟慶雲, an eminent scholar devoting to the study of the basic theory of Chinese medicine. In order to become a school, in light of his viewpoints, it ought to meet three requirements: 1. Having academic leaders; 2. There are masterworks handed down; 3. Having disciples. In China the times of Jin and Yuan Dynasties served as the watershed for the formation of schools in Chinese medicine. Prior to the period, a school was defined with academic subjects. After that however, it was defined with theoretic view points instead.

In order to reduce the inconsistency for classifying academic schools, my advice is that a rule of thumb should be established without losing any features and characters of TKM. Moreover, the classification of schools in Japanese-Chinese Medicine may be taken advantage of as well.



LIANG Yongxuan

Ph D., Professor of medical bibliography, Beijing University of Chinese Medicine. Research scholar, Oriental Medicine Research Center of the Kitasato Institute Tokyo & Tokyo University of Science (1995--1996); Ibaraki University (working with Professor MAYANAGI Makoto, 1999--2000, 2007--2009). Research interests: the history of Zhang Zhongjing's literatures; the history of medical exchanges among China, Korea, and Japan.

Tracing the Formation of Kanpō Medicine in Japan

Hiroshi KOSOTO

Translated by Andrew Edmund GOBLE

Prior to the Nara Period: Prior to the sixth century, continental medical culture was introduced to Korea via the Korean peninsula. From the seventh century, concomitant with the commencement of formal diplomatic relations with China that were conducted by Japanese ambassadors to the Sui and Tang dynasties, medical culture was imported directly and in significant quantity. Among the Chinese medical works that were closely studied were such classic texts as the *Maijing* Pulse Classic, *Jiayi jing* Classic of Acupuncture, *Bencaojing Jizhu* Annotated Herbal, *Xiaopin fang* Brief Guide to Formulas, *Jiyan fang* Collected Effective Formulas, *Suwen* Basic Questions, and *Zhenjing* Classic of Acupuncture.

Heian Period: In the Heian era we see the compilation of distinct Japanese medical works. The oldest extant work is the *Ishinpō* of Tanba Yasuyori, which was compiled in 984. Organized into thirty volumes, it provides comprehensive coverage of medicine. While all of the entries are citations from Chinese medical works, the selection of the material reflects conditions and interests that are specifically Japanese.

Kamakura and Nanbokuchō Periods: In the Kamakura period Song medical works were transmitted from China. The period witnessed the rise of the warrior class to political power, and also the transfer of medical authority from the court physicians in the aristocracy to Buddhist priest physicians (many of whom were affiliated with the Zen sect). Two medical works which reflect the character of the era are the *Ton'ishō* Book of the Simple Physician and the *Man'anjō* Myriad Relief Formulas, both written by Kajiwara Shōzen.

Muromachi through early Edo Periods: The Muromachi era witnessed extensive Japanese trade with the Ming dynasty. Many physicians went to China to study, and upon their return became leaders in the medical world. Among them were such figures as Takeda Shōkei, Gekko, Tashiro Sanki, Saka Jōun, Nakarai Akichika, and Yoshida Ian. The medicine that was introduced at this time originated from revolutionary medical theories that had newly surged forth in the Qin and Yuan periods, and which had been particularly influenced by Li Dongyuan and Zhu Danxi. The core of Qin and Yuan medical theory was based on the notions of Yin and Yang and the Five Evolutive Phases. One famous physician that we should mention is Manase Dōsan who was active from the late Muromachi period through the Azuchi-Momoyama period. Dōsan was the author of a large number of medical works, starting with the highly regarded *Keitekishū* Keiteki Collection. He is also noted for devoting great efforts to the training

and education of his followers and successors. His medical lineage was referred to as the *Goseihō-ha* Later School, in contrast to the *Kohō-ha* Classicist School (which actually arose later than the Manase school).

Mid through Late Edo Period: In the later part of the 17th century a new wave arose in the world of Japanese Kanpō medicine. From the middle of the Edo period the Kanpō world was dominated by the *Kohō-ha* Classicist School, which venerated the Han era *Shanghan lun* Treatise on Cold Damage as its key text. Among the famous physicians associated with the Ancient School are Nagoya Gen'i, Gotō Konzan, Kagawa Shūan, Naitō Kitetsu, Yamawaki Tōyō, and Yoshimasu Tōdō. Apart from the Classicist School, we also find a number of lineages (schools) that placed primary emphasis on the effectiveness and utility of formulas, and incorporated the best of these irrespective of the school in which they might be found, provided that they were useful in clinical treatment. People involved in this were referred to as the *Setchū-ha* Eclectic School. Among the noted physicians associated with this school were Wada Tokaku, Hanaoka Seishū, and Asada Sōhaku. In the later part of the Edo period another school came into prominence, the *Kōshōgaku-ha* Verificationist School. This was centered on the official medical college the Igakukan, and reached its high point at the very end of the Edo period. A number of leading physicians are associated with this school, among them Taki Motoyasu and his son Motokata, Izawa Ranken, Shibue Chūsai, Kojima Hōso, and Mori Tatsuyuki.

From Meiji to the Present: The Meiji government adopted the policy of abolition of Kanpō medicine, in 1895 at the eighth session of the National Diet (Parliament) a petition for the continued survival of Kanpō was rejected, and Kanpō declined precipitously. However Kanpō remained alive at the popular level through the efforts of a small number of people, and as a result of such writings as Wada Keijūrō's *Ikai no Tettsui* The Iron Drumstick of the Medical World and Yumoto Kyūshin's *Kōkan Igaku* Imperial Chinese Medicine, in the Shōwa era Kanpō gradually came to be bathed in a more favorable light. In the present Heisei era, Kanpō is practiced as an officially recognized component of modern medical treatment.

Brief Biography of KOSOTO Hiroshi: Born in 1950. Graduated from Tokyo Pharmaceutical University. Having taught at the Oriental Medical Research Department of Kinki University, and the Medical Department of Kagoshima University, he received his degree of Doctor of Medicine from Nihon University. Currently, he is Head of the Department of the History of Medicine of the Joint Research Center of Oriental Medicine of the Kitasato Institute. Member of the Standing Committee of the Japanese Society for Medical History, and Member of the Standing Committee of the Japanese Oriental Medicine Society.

Keiteki Shu and the Autonomy of Japanese Medicine

Jiro ENDO

Translated by Teruyuki KUBO

Dōsan MANASE 曲直瀬道三 (1507–1594) is well known as the person who introduced Chinese Jin-Yuan 金元 medicine to Japan. He was particularly devoted to the ZHU Danxi's 朱丹溪 medical theories, themselves a major constituent of the Jin-Yuan medicine system, and regarded his medicine as belonging to the ZHU Danxi medical tradition. In what is considered the most representative medical book in his oeuvre, the *Keiteki Shu* 啟迪集, he organized his medicine on the basis of '*Sassho Benchi* 察證辯治', and drew much information from forty-six contemporary Chinese medical works that had been recently introduced to Japan. The primary difference between Manase's '*Sassho Benchi*' and the original '*Sassho Benchi*' which had circulated in China was that Manase's work is a more compact compilation. Dōsan Manase adopted the method of logically selecting drug materials one by one, rather than relying upon standardized and fixed drug prescriptions. In this he adopted a quite different approach from that of his own teacher, Sanki Tashiro 田代三喜. Sanki had practiced '*Bensho Haizai* 辯證配劑' based on the Jin-Yuan medicine system. However, Sanki's '*Bensho Haizai*' was constructed using '*basic prescription*' that were then '*modified by adding or removing medicines*,' which is why it was different from the '*Sassho Benchi*.' Sanki occasionally invented '*basic prescriptions*' based on his own theory, but frequently worked with pre-existing and established prescriptions as well.

However, the '*Sassho Benchi*' methodology established by Dōsan Manase did not last long. His successor Gensaku MANASE 曲直瀬玄朔 worked with '*basic and modified prescriptions*', adding liberally his own adjustments to pre-existing prescriptions. Then Gensaku's own successor, Gen'ya OKAMOTO 岡本玄治, wrote *Shuho Kiku* 衆方規矩, a body of work that contained one hundred and twenty kinds of prescriptions along with instructions for adjustments. This book became a best seller throughout the Edo period. The most frequently quoted prescriptions in *Shuho Kiku* are from the *Wanbing Huichun* 萬病回春 by GONG Tingxian 龔廷賢. There was another best seller medical

book during the Edo period: this was the *Jutei Kokonhoi* 重訂古今方彙 (1733), which had been written by Tsugen KOGA 甲賀通元. The main difference between this book and the *Shuho Kiku* was that the author of the former did not resort to employing ‘*basic and modified prescriptions*’ but selected experiential prescriptions based on their suitability for the Japanese constitution etc.; he went on to record eighteen hundred kinds of experiential prescriptions.

In sum, the Gosei-ha 後世派 school of the Japanese Kanpo medicine had its beginning in the *Sassho Benchi* system of Dosan the first, and through the application of ‘*basic and modified prescriptions*’ went on to eventually become a way of ‘*selecting experiential prescriptions*.’ This is the historical turn of events that led to the Gosei-ha school accomplishing a certain ‘localisation to the Japan context’ before the Koho-ha 古方派 school was established. The transition from the ‘*Sassho Benchi*’ or the use of ‘*basic and modified prescriptions*’ to the prevalence and use of experiential prescriptions was based on some perceived defects in the former approach. Namely, it was felt that deleting or adding only a few new drug materials can sometimes bring about entirely different effects than those intended, and that therefore newly invented prescriptions cannot be applied to patients safely unless they practically verified beforehand.



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Book: 癒す力をさぐる 東の医学と西の医学 (Tokyo, Rural Culture Association Japan, 2006)

**Follow the Vertical and Horizontal View:
after Reading the Papers Written by Prof. Kosoto and Prof. Endo**

LIAO Yuqun

It is said that: “If you want to know a picture clearly, you must first observe every part of it.” Therefore detailed case study should be the necessary foundation for holistically obtaining a historical image at anytime. Prof. Kosoto’s article reflects this thoughtful approach; and at the same time he has provided an instructive guide to the overall development of a number of important schools in Japanese “*Kanpo*” (漢方, Traditional Japanese Medicine from ancient China) .

I would like to offer my own reflections on the papers by Professors Kosoto and Endō, and on my understanding of “*Kanpo*”.

1, Regarding the medical schools which followed Chinese Song and Ming dynasties

It is commonly thought that this school merely copied the knowledge of T.C.M.. But Prof. Endo has mentioned that it was already different from T.C.M.. The difference lay largely appeared in how medicines were used in constructing a prescription. Namely while there were a lot of standard prescriptions from among which the doctors of T.C.M. might choose, but these were not used by the doctors of this school. In this section, I pointed that : If the discussing touched a fact--the earliest book on the especial diagnostic method (腹診) was appeared in the headquarters of this school, then the viewpoint--when and how the change from T.C.M. to T.J.M. happened--may be more abundant and more powerful.

2, about the medical school which only approved the Zhang’s medical system

A lot of Japanese scholars focus its strong animadverting on all of the theories of T.C.M., and regarded it as a symbol of that T.J.M. had been going self-existent way. However, the important value on study was who could historically explain the developing course of T.C.M., and which was still very insufficiency in modern China. But it must restrict to use other good medical arts and which also was the reason why the treatment seems like snack (medical snack) in modern Japan, if strictly abiding the Zhang’s doctrine which they embraced. On the other hand, the situation in China was that most doctors only known how the Zhang’s book and doctrine embraced but did not

know how the all traditional theories was negated by them.

3, two eclectic medical school between Old and New, or East and West

Amalgamation would be very natural for two correlative but different knowledge system when they have being existed some times together. Thus the phenomenon actually included two: whither between Old and New, or between East and West medical arts. It was very veracious for famous Japanese doctor who was mentioned by Prof. Kosoto as a typical spokesman in this field. But it however is a pity without sufficient discussion. In this paper, he was compared with the same kind of Chinese doctor Hua Tuo at five sides.

4, about the medical school of textual research

The common opinion maybe regarded they were only interested in the work of textual research just as its name implied. Nevertheless in fact, this collectivity was not only focus the textual research. Their rich and colorful activity in medical practice and education even built up the last beautiful sun glow.

Finally, in the conclusion, there were two points to think. Firstly, if it is right as Prof. Endo said, then the characteristics both of the school and second one seem no different. Though the same characteristics, we are able to find the common thinking type of Japanese. Secondly, the question was what was value was of each form of research, and how both might best promote each other. However, ceaselessly doing the elaborate case study what was the only way to approach the real features of history; contrarily, no other than constantly to absorb the fruit of case study could gives the coming study a new jumping-off point or foundation. If no, the holistic level could not improve; case study would be started from primary place forever.



LIAO Yuqun A professor, working in the Institute for the History of Natural Science, Chinese Academy of Sciences. Graduated in the Medical university, major of T.C.M..Published bookmaking including *Qi Huang Yi Dao* (《岐黃醫道》, 1991), *Ayur veda: the traditional Indian Medicine* (《阿輸吠陀——印度傳統醫學》, 2002), *Yi Zhe Yi Ye* (《醫者意也》, 2003), *Overlooking Kanpo the Japanese traditional medicine* (《遠眺皇漢醫學》, 2007) etc. and some papers related to the traditional medicine in East Asia.

Tracing the Development of Medicine in Vietnam

MAYANAGI Makoto

Translated by KUBO Teruyuki

In Vietnam, medical texts became scarce until the 13th century because the highly humid climate and perpetual war resulted in the loss of books. Therefore, I have explored the existing medical texts from the Tran 陳 Dynasty (1225–1413) and the Hau Le 後黎 dynasty (1428–1789) to document the characteristics of and the developments in Vietnamese medicine in more than 500 years of history.

Firstly, the Vietnamese developed medicine suitable for their environment, disease structures, and their constitutions. The earliest existing book, *Yhoc YeuGiai TapChu DiBian* 醫學要解集註遺篇 from the 14th century, includes unique formularies for fevers and chills. One of the characteristics of Vietnamese medical books is the focus on treating acute diseases such as malaria, food poisoning, summer cold, influenza, and cerebral apoplexy. In *YTong TamLinh* 醫宗心領 (compiled 1770–1780), the author discusses about the Vietnamese environment and its constitutional predisposition and concludes that Ephedra Herb and Cassia Bark should not be used for Shanghan 傷寒. This book also contains many unique formularies for compensating a loss of body fluid in patients with the application of Vietnamese local herbs or *Nam Duoc* 南藥 advocated by Tue Tinh 慧靖 (1330–1385–?). Moreover, his influence on local herb application is found in several other medical books. This type of expansion, in which the influence of an author is found in several books, can be considered as another characteristic of Vietnamese herbal medicine. The development and application of *Nam Duoc*, which is extended to acknowledge medical benefits of peculiar Vietnamese food, promote *Nam Duoc* Materia Medica and food Materia Medica. Vietnamese physicians not only expanded the development of the treatment for various endemic diseases, such as malaria and fever epidemics, but also wrote books that elaborated on the treatment methods for domestic animals. Literature on military medicine also emerged. As a measure against a successor problem, they developed fertility improvement, gynaecology, and paediatrics. Even the empirical collections of formulae were compiled by the court officials. The third characteristic is the epic poem style of writing, which began with Tue Tinh's *NamDuoc QuocNgu Phu* 南藥國語賦 and *TrucGiai ChiNam DuocTinh Phu* 直解指南藥性賦. This style of writing spread in China in the Yuan dynasty and was propagated in the Ming dynasty; it influenced Korea and Japan as well. However, the fact that this style was adopted in a large number of medical books in Vietnam is

remarkable; this was probably the result of the oral tradition of recitation and narration. In Vietnam, it is presumed that commercial publications of medical books did not appear until the end of the 19th century. The background that this writing style was widely accepted and is associated with the characteristics of the social economy and the oral culture of this country. The fourth characteristic is that the oldest medical books, which are being transcribed until today, were compiled by metropolitan graduates (進士) or their families, in line with the metropolitan graduate system. However, although China and Korea also implemented a similar system, medical books written by Chinese and Korean graduates were not spread or passed down from generations as widely as in Vietnam. This suggests the unique relationship between Confucianism and medicine. For writing books in Vietnam, authors referred to vast and expensive Chinese medical books, which were not available as references for ordinary physicians. Moreover, they were able to refer to the relatively smaller medical books, which ordinary physicians find difficult to access, without big time lag. This factor indicates that their medical books were passed on and quoted from the earlier generations. The fifth characteristic is the appearance of Le HuuTrac's 黎有倬 *YTong TamLinh* with 28 chapters in 66 volumes (1770–1780). The contents of his book cover all the above-mentioned characteristics. On top of that, he has systematically and logically organized these characteristics. It would not be an exaggeration to say that the system described in this book forms the distinct identity of Vietnamese medicine. Consequently, Le HuuTrac is regarded as the person with greatest medical achievements in Vietnamese history. On the basis of the above-mentioned description, it can be confirmed that Vietnamese medicine had already achieved its localization in the 14th century under the influence of Chinese medicine and in the 18th century, it had formed its own identical system with various distinct characteristics.



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Traditional Medicine in the Nguyen Dynasty in Vietnam

NGUYEN THI Duong

Translated by KUBO Teruyuki

The medical system of the Nguyen 阮 dynasty (1802–1945) can be divided into two areas, namely, the central area and the local area. The central area had a higher level of medical institution in the Nguyen kingdom; however, its actual aim was the treatment of the emperor, the royal family, nobles, and governmental officials as well as training court physicians. This institution had neither developed a medical research institute nor a medical institution for other nations. On the other hand, because of the regional gap between healthcare organizations in the central and local areas, at times, the physicians in the central area had to rush to local areas to prevent the spread of an epidemic and assist the local authorities. This occurred because there was no political measure aimed to promote medical services for the ordinary society. Because of this lack of a nationwide network for medical service, the medical services did not work effectively. Further, although the local healthcare at that time partially dealt with demands from the society, it was the main resource for providing medical staff to the government as well. Thus, traditional medicine was popular with the ordinary society and people engaged in medical services were respected by the common man. Perhaps, in a field as confined as traditional Vietnamese medicine, such a local healthcare system played a significant role in many aspects of traditional medicine. During those times, physicians in different regions or levels compiled medical books including highly theoretical books because they recognized the necessity for the prevalence of medicine in the society. Another reason for the compilation of books was the change in the circumstances in traditional Vietnamese medicine in the first half of the 19th century. The circumstances provided ideal conditions for the people to import their ancestors' medical books and texts from China, and thus those books and texts became available as new resources for compiling other books. In the 1880s, under the French policy, the South Vietnam abolished the imperial examination and accordingly the number of people who could read Chinese characters decreased, whereas traditional medicine gradually shifted to the private sector. Meanwhile, in the middle and northern parts of Vietnam, traditional medicine fell into tense situation. because people continuously used Chinese characters until the 20th century. As previously described, it is evident that traditional medicine actively prevailed or was popular in the Nguyen dynasty despite its limitations.

In general, traditional medicine in the feudal ages could not be included in the social healthcare system, which included prevention and treatment for illnesses for the entire nations, because it was unviable to use traditional medicine due to various social and economical factors. With such a background, Vietnamese medicine, including that in the Nguyen dynasty, fell into the situation that each of the two sides traditional medicine and healthcare developed independently. Even in case of some high-level accomplishments, the commensurate healthcare facility was not provided. Thus, in the Nguyen dynasty traditional Vietnamese medicine gradually diversified, expanded, and was domesticated. In the medical system under colonization until 1945, achievements largely contributed to the development of traditional medicine. Despite the limitations and accomplishments described above, the healthcare system in the Nguyen dynasty of Vietnam changed under the French colonization. During this process, traditional Vietnamese medicine was ‘passively modernized’ with defects. The history of traditional Vietnamese medicine until the Nguyen dynasty needs to be investigated in all the aspects of future studies because Chinese characters and *Chu Nom* in Vietnamese language have been abandoned and Roman alphabets have been adopted since the end of the 19th century. This development has had both positive and negative effects on the development of traditional Vietnamese cultures, including traditional medicine.



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Duong graduated from the University of Social Sciences and Humanities, Vietnam National University. She completed her masters at the *Institut National des Langues et Civilisations Orientales* (INALCO, Paris) and is currently employed as a lecturer at the institute of Han Nom studies, Vietnam Academy of Social Sciences. She has specialized in the history of traditional Vietnamese medicine and bibliography of old medical books. She has also published the following academic papers: ‘Two cases of pulse diagnosis for the emperor Gio Long 嘉隆 by Nguyen Quang-luong 阮光量’ in the bulletin of Han Nom (2009); ‘Bui thuc-trinh 裴叔貞 and his book in medicine’ in the Journal of Han Non (2007); introduction to emperor Gio Long’s 嘉隆帝 healthcare based on the Nguyen dynasty’s book in the Journal of Han Non (2007); ‘Study on the effects of Vietnamese medicine by the famous physician Hong Tingxina’ in the Journal of Han Non (2005), etc.

A Discussion About “The Traces of Vietnamese Traditional Medicine and Medicine of the Nguyen (阮朝) Era”

- Regarding the similarities between Korean and Vietnamese medicine -

Kang YeonSeok, 강연석, 姜延錫

In Korea, historic records of medical fields have been made, and an indigenous form of medicine based on materia medica indigenous to Korea has simultaneously formed over the years. Later in history, through sharing East Asian medicine with neighboring countries like China or Japan and incorporating them to indigenous medicine, Korean medicine has developed overtime.

Vietnam and Korea share many similarities: one, have both maintained a sophisticated indigenous culture for a long time. Second, both had significantly different geological and climatic conditions from those of China. Third, both share boundaries with China. Fourth, both have participated in a China-centered standardization amidst tense or cooperative relations with China.

First, historic records of Korean medicine have been lost.

Second, just as Vietnamese medicine did, Korea developed a body of indigenous medicine that prescribes medicine by analyzing the climatic conditions, disease, and body type. The prescriptions are centered around indigenous materia medica (鄉藥), which are herbs with medicinal properties that are indigenous to, or can be cultivated in Korea.

Third, indigenous medicine, with its various distinctions, have formed an axis of Korean medicine.

Fourth, as 18th century *YTong TamLinh* (醫宗心領) established new grounds in the Vietnamese medical field, Korean medicine greeted a new phase with the publication of 85 volumes of *Hyangyak jipseongbang*

(鄉藥集成方) published in 1433 and 365 volumes of *Euibang yoochui* (醫方類聚) published in the same year.

Fifth, as was true in Vietnam, Chosun dynasty suffered from epidemics, and dealt with it in a variety of ways.

Sixth, just as 19th century Vietnamese medicine rivaled against the French colonial medical system, early 20th century Korea experienced something very similar.

I hope the history of East Asian be enriched in the future through close collaboration between the traditional medicines Korea and Vietnam.

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The Interaction and Mutual Stimulation of Medical Traditions in China, Japan, Korea, and Vietnam

ZHENG Jinsheng

The medical traditions in China, Japan, Korea and Vietnam have interacted with each other since ancient times to the present, and in this process of interaction they have benefited and stimulated each other. The papers from all these countries presented at this conference represent only the latest phase of this interaction. They demonstrate the latest advances in a most versatile research program. A review of the different time periods in the development of traditional medicine in Vietnam offers many new ideas and fills numerous blanks in Vietnamese medical historiography. Korean and Japanese scholars present broad overviews of the development of traditional medicine in their countries, and at the same time they look at detailed issues, such as the *Keitekishu* 啟迪集, and they explore new fields, such as the schools of medical technology in Korea.

Facilitated by the geographical features, as well as by their culture, modes of production and lifestyles, the medical and pharmaceutical interaction between the countries of East Asia met few difficulties. Still, given the cultural peculiarities of each of the countries involved, over time each of them developed its own characteristic features. The influence exerted by a foreign medicine on an indigenous culture, though, manifested itself not only in the aftermath of its introduction. In fact, the very beginning of such introduction is marked by a selective process that is a function of each country's culture. Given differences in the time periods during which interactions occurred between various countries, it so happened that medical progress in each country followed its own pace and led to idiosyncratic forms. In this paper, I shall address this issue with a focus on the Japanese dosage form of 'decoction powder'.

Medical interaction between the countries of East Asia has always been

bi-directional. In ancient times already, Japan, Korea and Vietnam benefited from the introduction of Chinese medicine. At the same time, China benefited from the medical knowledge of its neighboring countries. Chinese pharmaceutical science incorporated pharmaceutical substances and experience from its neighboring countries. It was influenced by medical literature of its neighboring countries, and it incorporated new achievements of the healing arts of its neighboring countries. My paper will offer examples to elucidate these three aspects as contributing to the advancement of Chinese medicine. These historical facts may indicate that the interaction between the traditional medicines of East Asian countries should be further strengthened in future with the aim of promoting research that will further improve traditional medicine and thereby raising its standards.



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