Introduction

When preparing the first issue of *Acta Asiatica* on medicine and medical treatment, I chose "Medical Treatment and Its Indigenization in the Sinographic Cultural Sphere" as the topic. This was because traditional Chinese medical treatment based on herbal medicines and acu-moxibustion continues to be used in present-day China, Japan, South Korea, North Korea, and Vietnam in conjunction with contemporary Western-style medical treatment. Whereas traditional mathematics, calendrical science, and similar fields of study in the Sinographic cultural sphere have today lost their practical utility, the field of medicine alone could be regarded as an exception.

But because in each of the above countries traditional medicine has its main theoretical basis in Chinese classics and other old texts, one sometimes encounters the view that would on this ground alone deem traditional Chinese medicine as practiced outside China to be in some way inferior, which is a rather lamentable state of affairs. For example, can the diet of people in these countries, the quality of which has an influence on people's life span and also has aspects shared with medical treatment, really be described as inferior to that of China? Although miso, soy sauce, tofu, noodles, and chopsticks, all of Chinese origin, are used in each of these countries, their cuisines are enjoyed around the world as being separate from that of China. This is because they are underpinned by undeniable differences in taste, aesthetics, technique, and so on that are rooted in aspects of human geography, such as climatic conditions, history, and culture.

Sometimes Chinese medicine is likened to the trunk of a tree and medicine in other countries of the Sinographic cultural sphere to its branches. But the medicine that was born in the vast expanses of China cannot really be compared to a single large tree. I prefer the following analogy: the fruit of diverse trees growing in the forest of Chinese medicine (i.e., classics and other old texts) was also conveyed to surrounding regions, where only seeds suited to the conditions selectively sprouted and fused with native species, creating different forests with the nutrients of different soils. This is the prime reason that even today traditional medical treatment in each of these countries has not lost its practical utility.

In other words, by focusing on medical treatment rather than medical science, it

should be possible to survey the history of how medicine in each country became indigenized. Naturally, underlying factors of human geography and connections with temperament and different aspects of diseases will also become a subject of inquiry. By comparing the results of these inquiries, hitherto unknown historical facts may come to light. Such were the objectives and expectations when planning this issue. However, the history of medical treatment and its indigenization in each country are wide-ranging subjects, and the influence of China during different periods also needs to be considered. Therefore, more wide-ranging studies have been left for the future, and for a start in this issue each of the contributors was asked to take up a characteristic tendency in one country and discuss it as they pleased.

As far as can be confirmed, the indigenization of medicine in Japan began during the Heian 平安 period, typical of which were the emphasis in the *Honzō wamyō* 本草和名 (918) of drugs produced in Japan and the rejection of pulse diagnosis and meridians in the *Ishinpō* 醫心方 (984). But it was during the Edo 江戸 period that indigenization advanced in the most diverse manner, and therefore two articles focus on this period, one dealing with acumoxa and the other with another topic.

The latter has been contributed by Suzuki Noriko 鈴木則子 (1959–), professor at Nara Women's University and a delegate of the Japanese Society for the History of Medicine, who has published many articles and books that consistently approach medical treatment from the perspective of those who receive it. In her article, entitled "Developments in Balneology in Early Modern Japan and the Transformation of Hot Springs," she examines the process whereby Japanese balneology underwent some distinctive developments during the Edo period and the influence that these had on the contemporary culture of hot-spring therapy (*tōji* 湯治) and ordinary people. Theories about hot springs based on quotations from the Ming-period *Pen-ts'ao kang-mu* 本草綱目 and their augmentation, the prevalence of syphilis, and connections with the Kohō 古方 school of medicine all had an influence even on the rise and fall of particular hot springs. Japan has the largest number of hot springs used for bathing in the world, and one reason for this can be understood from this article.

The article on acumoxa, "The Transformation of Japanese Acumoxa Brought About by the Adaptation of Passages from Chinese Medical Works of the Ming Period," is by Nagano Hitoshi 長野仁 (1968–), professor at Morinomiya University of Medical Sciences and board member of the Japanese Society for the History of Medicine, who has been researching the history of acumoxa in Japan with great drive and is also a clinician. He elucidates the history of the evolution of needle tapping (*dashin* 打鍼), abdominal diagnosis (*fukushin* 腹診), and pediatric acupuncture (*shōnishin* 小兒鍼), techniques distinctive of Japan, and concludes that they were each rooted in the proclivities of the Japanese and were given authority chiefly by

fragmentary quotations from Ming-period medical treatises. Nagano presents much new information, and in particular his elucidation of the circumstances in which in the early stages of the development of the art of abdominal diagnosis Chinese diagrams of pulse diagnosis were modified for use in abdominal diagnosis, and later the superiority of abdominal diagnosis over pulse diagnosis was asserted, is epoch-making and will no doubt come to be generally accepted.

On the subject of the history of medicine in Korea, Shin Dongwon 申東源 (1960–), president of the Korean History of Science Society and professor at Chonbuk National University, has contributed "The Development of Self-Awareness in Indigenous Medical Traditions in Premodern Korean Medical History." Shin is editor-in-chief of the 37-volume *Science and Civilization in Korea* and has also published books on the history of medical treatment, illnesses, and drugs in Korea. In this article, he discusses how self-awareness was acquired in the medical traditions of Korea, from perceptions of "local drugs" (*hyangyak* 鄕藥) starting in the late fourteenth century to the composition of the *Tongŭi pogam* 東醫寶鑑 in the early seventeenth century and through to the nineteenth century. He examines links with China in relation to representative texts of each period, and it is thus possible to gain an overview of the history of Korean medicine and medical treatment. Shin also points out that the *Tongŭi pogam* includes many quotations from Ming-period medical treatises, a tendency that can also be seen in Japan and Vietnam.

Lastly, I (Mayanagi Makoto 眞柳誠 [1950–]; professor emeritus of Ibaraki University and executive director of the Japanese Society for the History of Medicine) survey "The Traditions and Characteristics of Vietnamese Medicine" on the basis of extant texts from the Trần 陳, Lê 黎, and Nguyễn 阮 dynasties, which were independent of China. From the fourteenth century, Vietnamese called their own drugs "Southern drugs" (*nam dược* 南藥), and from the eighteenth century there began to appear medical treatments suited to Vietnam's climatic conditions and the structure of illnesses to which its people were susceptible. These were brought together in the *Y tông tâm lĩnh* 醫宗心領, and it is interesting to note that, as was the case in Japan and Korea, quotations from Ming-period medical treatises are the most numerous in this work.

This is probably the first attempt in the field of East Asian studies to consider simultaneously the history of medical treatment in several countries neighboring on China, especially its indigenization. Although the four articles in this issue deal with only a small part of this subject, some common phenomena can be observed, namely, an emphasis on drugs produced in each country and quotations from Ming medical treatises in Japan's balneotherapy and acupuncture and in the *Tongŭi pogam* and *Y*

tông tâm lĩnh. It is to be hoped that more multifaceted investigations will be conducted in the future.

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