

***Ishimpô* and the Japanese Reception of Chinese Medicine**

Today, I will mainly give a talk about the Japanese medical work called *Ishimpô*. It is divided into 3 parts: firstly, I survey the historical background and significance of *Ishimpô*, and its features will be explained in the respect of acupuncture and moxibustion. Secondly, in order to reveal the fundamental understanding of the human body, I will enter into the theory of “nurture of life.” At last, I will mention the further development of medicine in Japan and attempt to attain a perspective of the general characteristic of the Japanese reception of Chinese medicine.

From the beginning of its history, Japan has been much influenced by China in the fields of science and has assimilated them to a considerable extent. On this point, traditional Japanese medicine (*Kampô*) might rightly be said to be a kind of Chinese medicine. But the relation between them is more complicated than it appears. The various conditions in Japan have led to differences in the development of science between the two countries. Sometimes, strong reactions of “Japo-centricism” or “Japanization” have changed and restructured the Chinese concepts or methods. So, the full scope of Chinese science has remained more or less unfamiliar to the Japanese. In the present day, in terms of the estimate and application of the Chinese science, which is quite different from the modern Western science, it would be contributory to consider how Japan has received Chinese medicine.

1. The Historical Significance of *Ishimpô*

Ishimpô means “The Central Method of Medicine.” It consists of 30 volumes and is the oldest medical work in Japan that has survived to the present day in complete form. For a long time, it was regarded as the most important basis of Japanese medicine. It was written by a court physician Yasuyori Tamba (912-995) in the year 984. As the background of the birth of *Ishimpô*, we

can notice the following situation: in terms of culture in general, medicine in Japan was strongly influenced and promoted by Chinese thought, as can be seen here in the case of ancient Chinese medicine. Through the diplomatic relationship with China, which had been kept since 607, a many and various works of Chinese literature were brought into Japan. In the Heian period (794-1192), when the movement of “Japanization” occurred, especially after the interruption of the diplomatic relationship with China in 894, Japan very much needed to synthesize and to reconstruct the scientific knowledge which had been received and gathered from China until then. It was important to adapt the Chinese knowledge to the distinct conditions in Japan, for example, climate, flora, fauna, customs and mentality, and this must have been particularly indispensable in such a practical field as medicine. *Ishimpô* can be regarded as one of the first great products of such attempts. It compiles systematically citations or excerpts from classical Chinese texts of over 200 titles, not only of medicine but also of Taoism, Confucianism, Buddhism and history. Most of them are already lost in China as well as in Japan. This makes *Ishimpô* one of the most important sources for a study of ancient Chinese medicine.

Though *Ishimpô* consists of excerpts, this does not mean that it is a mere copy of Chinese originals. Tamba’s intention, or what he accepted and rejected, can be known by the construction and selection of cited texts. He seems to have kept a certain distance from the complicated system of Chinese medical theory. For example, he excluded from acupuncture and moxibustion the theory of “energy-channels” (*jingluo*) connecting the “acupoints” (*jingxue*) on the body, without which medicine was inconceivable in China. In the introduction of the 2nd volume dealing with acupuncture and moxibustion, he states as follows: “The teachings of acupuncture and moxibustion by the ancient masters are complicated and ambiguous. In our days, it has already become too difficult to understand and is not practical for urgent treatment.” So instead of energy channels, he placed and classified the acupoints according to the parts of body, and connected them directly with symptoms. – Correspondingly, he seems to have refused the fundamental diagnostics of Chinese medicine, that is, taking the pulse. As a result, he also kept a distance from the theory of “Five Evolutive Phases”

(*wuxing*) and of the “Five Viscera and Six Storing Organs” (*zangfu*). In such radical changes, you can find a strong orientation to the visible (or tangible) and the tendency to simplification. In this way, Tamba represents pedagogic-therapeutic pragmatism and skepticism to the theoretical constructions.

In my opinion, such a modification has its deeper root in the variation of the fundamental image of human body. This must be found most clearly in the idea of “nurture of life” (*yangsheng*).

2. The Understanding of the Body

Chinese medicine puts a special emphasis on prevention. This comes from efforts to keep the harmony between the macro- and microcosm, and also in a human being himself. Therefore “nurture of life” composes the essential part of Chinese medicine. Tamba accepted this concept, too. *Ishimpô* has the following points in common with the general Chinese understanding of human beings: “nurture of life” is primarily nurture of natural dispositions which are granted from heaven in the form of *qi*. Further, human beings consists of *qi* that spreads throughout all circumstances and comes in and out through breathing and eating.

However, in the idea of the “nurture of life” in *Ishimpô*, Tamba’s pedagogic-therapeutic pragmatism and skepticism to the theoretical constructions can once again be found. He does not amplify the theory of “Yin and Yang” or “Five Evolutive Phases,” although they are, needless to say, the fundamental principle of Chinese medicine. In each chapter, he first gives the general principles and then concentrates on concrete indications. To consider what he follows in such a reconstruction, it is necessary to explain the idea of “nurture of life” with a view to revealing the fundamental understanding of body.

“Nurture of life” is roughly divided into two different types: one makes much of nourishing the spiritual energy (*yangshen*), and methods for this purpose are breathing, meditation and cultivation of personality. The other makes more of a point of nourishing the body (*yangxing*), and utilizes diet, alchemical medicament and gymnastics. *Ishimpô* is of the former type, so Tamba sets the nurture of spiritual energy above that of body.

However, generally in China and Japan, the body is not something divided from the mind. Because of the ontological fundamentality of *qi*, which presents itself in various forms according to every particular condition, body and mind penetrate each other. Moreover, the body is not understood as an object which consists of many parts. In order to explain this difference, it is helpful to introduce briefly the phenomenological conception of Hermann Schmitz. He distinguishes the living body (*Leib*) from the physical body or body as an object (*Körper*). The former is what we experience by the direct feeling of our own body without confirmation through the five senses, for instance in the perception of hunger, thirst, pain, comfort or discomfort. I will call this spontaneous “self-feeling”. The living body does not have any sharp outline or boundary, and is felt as a vague unity. The latter is what is accessible through seeing or touching, and has a sharp outline or boundary. Thus, it can be measured and divided into many parts, including internal organs that can be laid open by dissection. We usually experience our body in a mixed way, but these two forms of body are completely different.

As long as we recognize our physical condition primarily through the direct feeling of our own body, this spontaneous “self-feeling” is the most primitive empirical basis for the realization of health and illness. And from the phenomenological point of view, what is taken into account in the nourishing spiritual energy is rather this “self-feeling” of the own living body than an object of seeing or touching. Now we can also see why the methods like breathing, meditation and cultivation of personality are important to nourishing spiritual energy: The air (or *qi*) we breathe and breath itself can be felt on our own body. In meditation we aim for a mental – above all emotional – stability which is to be felt only on the own body. Therefore, it is quite reasonable that mind and body are grasped in a continuous relation, and the indications for mental attitudes and cultivation of personality play a significant role in the “nurture of life.”

Moreover, it is very suggestive to see how Tamba introduces the chapter of nourishing the spiritual energy. At its beginning, he takes a passage from the *Dao-de-jing* (Chapter 6) of Laozi, one of the most classical texts of Taoism that has been deeply concerned with nourishing life, and there he depends upon the commentary of a Taoist He-shang Gong. He-shang Gong

2. *Ishimpô* and the Japanese Reception of Chinese Medicine

does not interpret the thought of Laozi as a profound metaphysics but as a practical theory of nurturing life and immortality, and this passage is read as a method of breath. This once again presents Tamba's stand against abstract speculation and inclination to be very practical.

In my opinion, while modern Western medicine is based on the concept of body as an object (namely *Körper*), Chinese medicine rests upon the understanding of spontaneous "self-feeling" of the body as a microcosm. And it is the scheme of "Yin and Yang" and "Five Evolutive Phases" that structures and brings the body into correspondence with the environment as a macrocosm. When Tamba distanced himself from Chinese theoretical schemes and tried to be practical, the "self-feeling" of the living body (namely *Leib*) should have remained as a result. And this must have been another principle of Tamba's construction of the text, and such an understanding of the body was widely accepted in Japanese culture. On the other hand, though Tamba introduced the new image of the body as an object by his orientation to the visible, that does not seem to have influenced the later generations very much in the field of medicine.

3. The Characteristic of the Development of Japanese Medicine

Ishimpô had been such a standard work in Japan that it produced many reprints and extracts and seems to have had a considerable effect upon the later development of Japanese medicine. On the other hand, Japan accepted the newer theories and knowledge of Chinese medicine in each age and developed different medical schools. Among those schools, there were also ones which adopted the complicated conceptual structures of Chinese medicine. But in the Edo period (1603-1867), under the so-called "national isolation", when the Japanizing trend parallel to the Heian period occurred, the radical simplification and rejection of Chinese medical conceptual systems was performed by the "School of Classical Method" (*Kohôha*). The representatives of this school like Gen'i Nagoya (1628-96), Konzan Gotô (1659-1733) and Tôdô Yoshimasu (1702-73) criticized the speculative character of the then contemporary medicine and extended a strong influence. As a result, *Kohôha* became a direct source of the today's

Japanese *Kampô* medicine.

For example, Tōdō Yoshimasu, who took the most radical position, completely rejected the theoretical aspect of Chinese medicine. Namely, he denied the classification, diagnostics, etiology and treatment of disease according to the Chinese concepts of “Yin-Yang,” “Five Evolutive Phases” “Viscera” and “Energy Channels”. He simplified the theory and therapeutic method so radically that he insisted: “All of disease comes from only one poison in the body, and treatment means the attack on this poison with strong medicament. Medicine is none other than an expulsion of the poison from the body.” Therefore, Yoshimasu excluded “nurture of life” from the role of medicine. And his motto was: “We should not believe in what we cannot see with our eyes.” Consequently, he regarded the theoretical system as useless to treatments and connected symptoms directly with prescriptions. Moreover, as with other physicians of *Kohôha*, for the diagnosis of disease, he did not adopt the “taking the pulse,” but advocated “touching the stomach” (*Fukushin*), which had been developed by *Kohôha*. Although Yoshimasu can not have been influenced by Tamba, here is to be found a similarity with Tamba. That is a strong orientation to the visible and tangible, simplification and therapeutic pragmatism.

Yoshimasu’s position was extreme and revised by later generations so that the Japanese *Kampô* accepted more or less the Chinese theory again. But his attempt and the movement of *Kohôha* was significant on the following two points: firstly, they promoted the establishment of Chinese medicine in Japan and contributed to build their own theory of *Kampô* medicine. Secondly, their pragmatism and radical simplification released Japanese medicine from the Chinese medical system so that Japan could receive the modern Western medicine more smoothly. So the rise of *Kohôha* contributed to the change of the Japanese understanding of the body and finally put forward the potential of Tamba’s pioneering attempt. It spread the conception of the physical body as an object (*Körper*) which is near to the Western concept, and enabled the quick reception of the Western modern medicine in the following age. In terms of the understanding of the body, Japan seems to stand between China and Europe.

It is true that Japanese medicine could develop only through the

2. *Ishimpô* and the Japanese Reception of Chinese Medicine

reception and the continuous influence of Chinese medicine on both the theoretical and practical levels, but it also has had other characteristics. In general, different cultural conditions bring differences into the apparently same science and can produce two different paradigms. Then their concepts and theory are incommensurable with each other, as Thomas Kuhn says. Nevertheless, the one system can accept the other, especially in such a practical field as medicine.

The same problem should be generally discussed concerning the reception of modern European medicine. We cannot assume that European medicine is the same in each country. For this purpose, it is necessary to research from a wide viewpoint, not only in respect of the understanding concepts, but also the politics and institutions concerned with this.

