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HERBCLIPTM

FILE: · Kampo — Traditional Japanese Herbal Medicine

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RE: Kampo — Traditional Herbal Medicine of Japan

Matsumoto, M., K. Inoue, E. Kajii. Integrating traditional medicine in Japan: the case of Kampo medicines. *Complementary Therapies in Medicine*, Vol. 7, No. 4, December 1999, pp. 254–255.

Kampo, a traditional system of Japanese herbal medicine, is among the most widely used complementary therapies there, and is uniquely practiced alongside Western medicine. Japanese doctors use kampo in their regular practice, and it is covered by national health insurance.

The authors recap the origins of kampo, noting that it developed from Chinese medicine over 2000 years ago and imported to Japan in the late 14th century. Historians, however generally hold that TCM was first transmitted to Japan in the late 4th or 5th century through Korea. Kampo comprises a diagnostic system (syou, or more conventionally written as sho) and a regimen of herbal medicines (houzai, more conventionally expressed as hozai). Each syou, determined as a combination of specific symptoms, has its own houzai. Syou may be revised as symptoms change, and houzai may vary over the course of treatment.

During the Meiji era (1868–1911), the government restricted the practice of medicine to licensed, Western-style practitioners, and kampo declined. However, it remained a major component of folk medicine. The current national health insurance system was established in 1961 as part of the national social security system. In 1976, 42 kampo formulas were approved for reimbursement by the national health insurance, and a new chapter dedicated to kampo formulas was added to the national drug price tariff. Sales of kampo drugs have increased steadily since then, reaching a level of US\$1.3 billion by 1994.

Recent efforts to rationalize health care costs have led to a re-examination of whether kampo drugs should be covered by insurance. The authors seem to attribute this to their supposed great popularity, which would make them difficult to exclude, despite reports that at least one kampo formulation used for chronic hepatitis can cause interstitial pneumonia. HerbClip has been informed that attributing the continued reimbursement of kampo to its popularity is unfair and misleading. While it is very popular, the strongest reason to continue its inclusion in national health insurance derives from clinical evidence. Several years ago the Japanese Ministry of Health and Welfare designated eight kampo formulas for re-evaluation. In response, manufacturers conducted more than a dozen randomized double-blind trials

on those formulas. So far, six studies have been completed and published, demonstrating the safety and efficacy of these formulas, which were approved again for reimbursement. The re-evaluation process continues for those formulas still under study.

The authors report that most medical education in Japan does not include kampo. This detail is disputed by our Japanese sources here at HerbClip. While they write that only six of 80 medical schools provide kampo training, this has been clarified to note that about half of the medical education institutes also provide introductory courses in kampo. Doctors learn kampo from books or informal courses. The authors do not report any controlled trials of kampo medicines. Their popularity is based on the deep roots of kampo in Japanese culture and the fact that many doctors and patients believe them to be safe and effective. Also, since 148 (not the more than 160 reported in this paper) kampo formulas are covered by insurance. To further clarify the article, these formulas are ready-made preparations, and account for the majority of kampo medicine in Japan. Further, the Japanese Pharmacopoeia lists 165 ingredient herbs that could be covered by insurance. These herbs are raw materials to be combined and cooked by consumers at home; almost negligible in terms of sales in the kampo market. The authors also attribute the financial merits of using kampo medicines to its popularity. While not precisely inaccurate, it is somewhat misleading. In Japan, most physicians have close financial ties to particular pharmacies. The more they prescribe drugs, the more those pharmacies profit from the margin between purchase price and reimbursed price. The incentive is to prescribe more drugs in general, not specifically kampo formulas.

Despite the clarifications added herein, the article under discussion serves to provide a preliminary and general view of Japanese medical practice that integrates traditional herbal medicine with western conventional medicine. We have learned of a useful website for additional information on kampo: www.tsumura.co.jp/english/wik/kampo.htm. This site is produced by Tsumura & Co., which is headquartered in Tokyo. Founded in 1893, Tsumura describes itself as the world's largest producer of herbal medicines, bringing 139 kampo prescription formulas to market, as well as 42 over-the-counter kampo products. —*Mariann Garner-Wizard*

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