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**KANPO CONSUMPTION AMONG JAPANESE STUDENTS
AT WESTERN MICHIGAN UNIVERSITY: CASE
STUDIES IN MEDICAL PLURALISM**

by

Joseph Paul Siuda

**A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Anthropology**

**Western Michigan University
Kalamazoo, Michigan
April 1997**

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KANPO CONSUMPTION AMONG JAPANESE STUDENTS
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STUDIES IN MEDICAL PLURALISM

Joseph Paul Siuda, M.A.

Western Michigan University, 1997

Many societies have pluralistic medical systems in which biomedicine and alternative therapies coexist. Some anthropologists view medical pluralism adaptively, where the strengths of various therapies complement each other. Others highlight the hegemonic power of biomedicine and its tendency to suppress or co-opt alternative therapies. To understand medical pluralism, one must examine alternative therapies in particular cultural contexts.

Kanpo, or Japanese herbalism, has survived political and legal suppression resulting from Japan's 19th century attempts at westernization and now poses a challenge to the biomedical model of health and illness. Since the 1970's more Japanese are turning to kanpo rather than biomedicine for chronic illness.

This article reports on three case studies of the usage of kanpo herbs by Japanese students at Western Michigan University. Interviews of Japanese students reveal a remarkable degree of consensus regarding attitudes toward Western medicine and kanpo. The article contributes to understanding Japanese perceptions of health and illness and how these impact treatment choices.

TABLE OF CONTENTS

INTRODUCTION	1
STATEMENT OF THE PROBLEM	2
Relevance to Existing Literature	2
OVERVIEW OF KANPO MEDICINE	6
KANPO DIAGNOSIS AND TREATMENT	8
Kanpo and Shinto	9
Kanpo and Diet	10
Where Kanpo Is Acquired	12
Problems With Acquisition	12
My Experience With Chinese-derived Martial and Healing Arts in Japan	13
Japanese Students at Western Michigan University: A Profile	15
METHODS AND POPULATION STUDIED	17
CASE STUDIES	19
Noriko	19
Kazue	22
Ai	26
Other Informants	29
RESULTS	31
CONCLUSION	36
Medical Pluralism	37
Assessment of the Utility of the Extended Case Study Method	38

Table of Contents—Continued

RECOMMENDATIONS FOR FURTHER RESEARCH	39
APPENDICES	
A. Approval Letter From the Human Subjects Institutional Review Board	40
B. History of Kanpo: From Chinese Origins to Contemporary Practice	42
BIBLIOGRAPHY	51

INTRODUCTION

Chinese-derived herbal medicine (*kanpo*) has been practiced in Japan for centuries. Existing alongside biomedicine in contemporary Japan, *kanpo* is an effective treatment for many chronic ailments. The increasing awareness of the potential health hazards associated with synthetic drugs has led to *kanpo* usage becoming even more widespread among the Japanese since 1970. Little until now has been written about *kanpo* usage outside of Japanese borders.

I selected for study six Japanese students at Western Michigan University who use *kanpo* medicine. I obtained information about informants' diet, lifestyle, attitudes toward health and illness, and how these affected choice of treatment. Informants were preselected for *kanpo* usage; they are not intended to be a representative sample of the Japanese student population at Western Michigan University. I also obtained specific descriptions of actual episodes of illness, the informants' choice of treatment, and the treatment outcomes. These latter case studies provide a vivid, micro-scale illustration of the dynamics of medical pluralism. This article provides the reader with a brief sketch of the contemporary practice of *kanpo* medicine, reports on three case studies of *kanpo* consumption among Japanese students, and compares the results of these studies with published accounts of *kanpo* consumption patterns in Japan. In addition, the article contributes to the theoretical understanding of medical pluralism¹ and demonstrates the utility of case studies in anthropological research.

¹ Medical pluralism is a case in which different options for medical treatment coexist in a particular society.

STATEMENT OF THE PROBLEM

Most research on kanpo has focused on issues of efficacy in the narrowest sense: the analysis of kanpo herb mixtures for pharmaceutically active chemical compounds, and the isolation and concentration of these substances for use in a biomedical setting. More recently, some medical anthropologists have studied kanpo holistically, as a viable indigenous medical system. Comparatively little has been published detailing the transformation of indigenous Japanese models of illness after a sustained period abroad. I hypothesized that the use of kanpo by Japanese students at Western Michigan University reflects a fear of biomedical iatrogenesis (physician-caused disease) resulting from their experience of biomedicine in the context of the Japanese Health Care System. To test this hypothesis, I used the Extended Case Study method (Van Velsion 1967) to elicit information about Japanese student use of kanpo herbs and to uncover the network of values related to perceptions of health and illness (i.e., an Explanatory Model of Illness [Young 1982]). This article contributes to the scant anthropological literature regarding the use of indigenous Japanese medicine in a foreign context.

Relevance to Existing Literature

To undertake any ethnomedical study in a pluralistic society entails some understanding of the interrelationships between a medical system and the cultural values of those who administer and use its health-promoting practices (Worsely 1982:316). In the treatment of mental illness for example, the Japanese therapist

(Morita therapy) reinforces the sense of duty a patient feels toward social relations, enabling the patient to better accommodate him/herself to society. That illness is viewed as a kind of selfishness (Ohnuki-Tierney 1984:212) is understandable only in the context of a culture without an essentialized conception of Self where identity is a dynamic state composed of an ever-changing complex of social roles (Kondo 1990).

Ohnuki-Tierney (1984:212) attributes the success of medical pluralism in Japan to the way each therapeutic option (including biomedicine) has become thoroughly embedded in Japanese culture and society. While Ohnuki-Tierney (1984) and Lock (1987) agree that the Japanese have the option of biomedical, Chinese-derived [herbal, acupuncture, moxibustion, massage], or magico-religious treatment for illness, Lock's later work (1990) highlights the cultural hegemonic power of biomedicine and attempts on the part of the biomedical establishment to co-opt kanpo herbs into their own medical system. I agree with Lock (1990) that the divorcing of the content of kanpo treatment [i.e., herbs] from the form [e.g., active participation of patient in his or her own diagnosis and treatment] threatens the integrity and efficacy of kanpo drugs and the continued practice of Chinese-derived medicine in Japan. Herbs are merely one facet of this medical system. The piecemeal study of herbs neglects the potential synergistic effects among combinations of herbs commonly prescribed. Moreover, kanpo diagnosis (detailed in a later section) and extended patient-practitioner interaction are integral parts of the practice of kanpo. It is the efficacy of this holistic medical system rather than one isolated component of it which needs to be evaluated.

An example of the artificial separation of the content of kanpo treatment from the traditional context in which the treatment takes place is biomedicine's attempt to isolate the medically efficacious substances in kanpo herbs (Ohnuki-Tierney

1984:222). Biomedicine has come under attack for its narrow definition of efficacy (Hare 1993; Lock 1990; Ohnuki-Tierney 1984). Results of these studies have been inconclusive as the gradual nature of kanpo treatments and the structural (chemical) similarity of the herb mixtures to food makes it difficult to factor out psychosomatic components of kanpo therapy. I argue that the placebo effect and the way in which a treatment is administered are not variables to be factored out, but phenomena worthy of study in their own right and tools to be employed by the healer. Moreover, the simple isolation of active compounds for study neglects potentially significant synergistic effects of herbal mixtures (it is common for a mixture to contain ten or more herbs) and ignores the interaction of separate compounds within a single drug. For example, both *Mua Huang* (from which ephedrine is derived) and ephedrine are indicated for similar symptoms but the latter has the undesired side effect of increasing heart rate and blood pressure (Chin and Keng 1992; Ohnuki-Tierney 1984). Hare (1993:40), in her study of Chinese medicine in New York City, noted that a patient's own bodily-sensed experience was of primary importance in understanding the healing process. Since Chinese medicine has few accepted biomedical theories of how it works on the body, I agree with Hare that "the strategy of literally referring to one's own body of knowledge makes a great deal of sense." From the patient's perspective, factors such as empathy and rapport are legitimate considerations in the broader evaluation of efficacy in a given treatment as are the physiological consequences (e.g., measure of the therapeutic level of a drug in the bloodstream) of therapeutic intervention.

Ironically, biomedicine in its effort to combat disease has itself created a host of illnesses which Illich, author of *Medical Nemesis*, refers to as iatrogenic illness (cf. Worsely 1982:316). This is particularly true in Japan where the health insurance

system provides pharmaceuticals at little or no cost to the patient and where doctors are given financial incentives to over prescribe. For example, SMON's disease (Subacute-myelo-optalomo-neuropathy) is practically endemic among patients with chronic stomach ailments (Lock 1987:51, 53–54). The recent disenchantment with biomedicine and the discovery of its limitations has led many to seek other avenues of treatment.

Although Ohnuki-Tierney (1984) and Lock (1987, 1990) have each listed a number of factors influencing Japan's kanpo revival. My research indicates that Japan's renewed interest in kanpo stems in part from a fear of biomedical iatrogenesis. No research has been undertaken until now regarding the use of kanpo by Japanese living abroad. In 1984 Ohnuki-Tierney was skeptical about the possibility of adoption of kanpo in the United States. She saw a fundamental difference in the way the Japanese and Americans conceive of illness (1984:213). While I generally agree with Ohnuki-Tierney's depiction of Japanese and American attitudes toward illness and dependency, her characterization is, out of necessity, a generalization which does not take into account the conflicting norms present in any society, particularly in a society as pluralistic as is the United States. Hare's recent (1993) publication of her fieldwork in 1989 and 1990 among consumers (non-Asian) and practitioners (Chinese and Korean) of Chinese medicine in New York City showed consumption of Chinese medicine by non-Asians to be a grass-roots phenomenon resulting from consumer dissatisfaction with biomedicine. Hare's fieldwork was undertaken in order to study the process by which a medical system developed elsewhere is adopted [and transformed] in an area of extreme biomedical dominance. An ethnomedical study of conceptions of health and illness among Japanese students at Western Michigan University and their use of kanpo contributes to Hare's pioneering efforts.

OVERVIEW OF KANPO MEDICINE

There are two medical systems in Japan, biomedicine and kanpo. Both systems are recognized institutions which have certified health practitioners. The traditional system, kanpo, was introduced from China around the sixth century A.D. “Kan” refers to the Han dynasty, “po” means method. Kanpo consists of plant and animal medicine as well as acupuncture (*hari*) and moxibustion (*okyu*) (Ohnuki-Tierney 1984:91). The word “herb” as used in Chinese medicine can refer to animals and minerals as well as plants (Lu 1994a:14). My informants, however, generally think of kanpo as only plant medicine taken as a powdered tea, tincture, tablet, or pellet. Kanpo was the dominant medical system in Japan for centuries and has become inseparable from Japanese culture (Ohnuki-Tierney 1984:92). Kanpo’s influence waned when vaccinations were introduced from Europe. In line with the Meiji Restoration’s focus on westernizing Japan, there was a proclamation in 1875 which required that kanpo physicians pass seven subjects of a Western medical examination before practicing kanpo medicine. Although there were fewer than 100 practicing kanpo physicians in Japan at the turn of the century, kanpo was never suppressed (Lock 1980). The practice of kanpo was modified to accommodate the new laws. Families with knowledge of kanpo medicine opened pharmacies. Pharmacists could not give their customers physical examinations but could prescribe herbs based on customer responses to a lengthy questionnaire (Ohnuki-Tierney 1984:119). I concur with Ohnuki-Tierney’s suggestion that kanpo was able to survive because the principles of diagnosis and treatment peculiar to East Asian

medicine were very compatible with the indigenous views of the Japanese regarding health and the natural world (Ohnuki-Tierney 1984:92). Kanpo medicine's emphasis on balance and harmony are mirrored in my informant's attitudes toward diet and lifestyle as well as in the indigenous Shinto religion. East Asian medicine operates within a conceptual framework unknown to biomedicine. Different conceptions of the nature of the human body are reflected in kanpo diagnosis and treatment which are discussed in the following section.

KANPO DIAGNOSIS AND TREATMENT

Kanpo diagnosis differs from biomedical diagnosis in that it is more interested in collecting a list of symptoms than attributing a particular causal agent (e.g., a pathogen) to an illness (Ohnuki-Tierney 1984:92; Tsumura 1991:23). The patient's subjective experience of the illness is very important in kanpo diagnosis. The patient's reporting of symptoms together with the doctor's findings in the physical examination together make up the cluster of symptoms known as "shokugun."

There are four types of examination employed during a traditional kanpo examination: observation/looking, listening, questioning, and touching. Observation includes looking at the tongue, eyes, hair, nails, or skin. Each sense organ is seen as a window to a corresponding internal organ. For example, the ear is viewed as an outlet for the kidneys (Lu 1994b:29). The tongue is particularly important, students of East Asian medicine must memorize a chart picturing types of tongues with various colorings, coatings, textures which indicate certain types of illness (Lu 1990). Listening diagnosis includes attention to qualities of the voice, breathing and cough. Questioning diagnosis elicits the patient's experience of the symptoms as well as a generalized personal history including personality type. Touching diagnosis includes taking a pulse (Chinese medicine recognizes nine distinct pulses) and palpitation of the abdomen.

The cluster of symptoms elicited from the four types of diagnosis combined with inherent characteristics such as age, sex and contextual information such as the kind of environment the patient lives and works in determine the class of herbs

prescribed. Two patients with the identical symptoms might be prescribed entirely different herbal combinations depending on constitutional and environmental factors (Tsumura 1991:22, 37). For example, a yang treatment given to an already yang patient could be potentially harmful to the patient.

Kanpo treatments are also radically different from those of Western medicine. Unlike Western-style drugs, kanpo herbs act on the entire body. Specific herbs are not prescribed for a particular pathogen since kanpo diagnosis is not concerned with the immediate cause of the disease. Kanpo herbs are multipurpose, and their effect is more gradual/gentle than that of Western pharmaceuticals. One thing common to all traditional kanpo treatment (in theory at least) is the regulation of daily habits (e.g., sleeping and dietary patterns) and the avoidance of excess. These practices are in accordance with the Taoist goal of acting in harmony with nature as well as certain Buddhist tendencies toward moderation in all things. Indeed, Chinese philosophy underlies many of the Japanese martial and healing arts which were themselves adapted from Chinese forms.

Kanpo and Shinto

Ohnuki-Tierney (1984:92) points out that despite the fact that kanpo is not indigenous to Japan, it has been practiced in Japan for centuries and has become embedded in Japanese culture because of its compatibility with Japanese beliefs about purity and danger. Nowhere are these beliefs more evident than in the Shinto religion which grew out of native beliefs and practices of ancient times. Shinto (the Way of the Kami) is an animistic religion which celebrates and seeks to make use of the power in natural objects (Earhart 1984:16). Shinto posits a close harmonious relationship between humans and the natural world. Shinto rituals, many of which are

seasonally or agriculturally based, allow the practitioner to participate in natural processes to augment the abundance of life. Nature is considered divine and Shinto deities are said to reside in nature (Earhart 1984:51, 53).

Just as in Shinto, the goal of kanpo is to restore harmony, purity, and balance. Whereas Shinto acts on and with universal natural processes, kanpo acts on the microcosmic level, gently restoring the human body to balance. The treatments employed in kanpo herbal therapy are derived directly from nature. Kanpo was always described as natural by informants in contrast to Western medicine which was considered foreign, artificial and potentially dangerous. In East Asian medicine, radical health intervention techniques such as surgery are seen as disruptive to bodily energy flow (chi) and hence potentially harmful in the long term. Even relatively minor surgery can be hazardous in this framework. One informant was warned by a kanpo physician that ear piercing could disrupt the proper functioning of the kidneys since different points on the ear (tsubo) correspond to specific internal organs. In Shinto, any disruption of the integrity of the body is seen as spiritually and physically polluting.

The compatibility of kanpo medicine with the tenets of Shinto probably stems from the assimilation of many [Chinese] Taoist elements into Japanese society, though religious Taoism never existed as a separate tradition in Japan (Earhart 1984:18). Though Chinese medicine and Chinese religion were to a degree adopted independently of one another, they appear to have dovetailed nicely once again in their modified Japanese form.

Kanpo and Diet

The way in which kanpo herbs are taken is analogous to Japanese dietary

practices. I do not believe that this parallel is accidental since the traditional Japanese diet is seen as essential for health maintenance (Ohnuki-Tierney 1984:96). Moreover, digestion is seen as central to health in East Asian medicine. The Japanese mother is responsible for her family's nutrition and was usually my informants' first exposure to kanpo. Kanpo herbs are taken in combination with the hope that each herb will balance the other out, limiting side-effects. Most kanpo preparations contain between four and eighteen different crude drug extracts (Tsumura 1991:45). It is also thought that the combination of herbs will have a synergistic affect on the human body superior to any affect a single herb can produce. The traditional Japanese diet emphasizes eating a wide variety of foods in small quantities. Foods of different colors are thought to have different nutritional qualities (see Appendix B). As a result the Japanese meal is ideally both healthful and pleasing to look at.

Certain elements of the Japanese diet have had a negative impact on health. Stomach cancer is a leading killer of men in Japan. High rates of this cancer as well as less serious complaints of indigestion are correlated with the high consumption of salty and pickled foods among the Japanese and the high consumption of alcohol among men in particular (Powel and Anesaki 1990:71). As early as 1977 Japanese doctors were noting the correlation between the higher concentrations of animal products consumed by the newly affluent Japanese at the expense of grains and vegetables, and the higher incidence of disease commonly associated with the Western world (Lu 1990:24). Kanpo is used for digestive complaints more than for any other type of health problem. I believe that this consumption pattern not only reflects the high incidence of digestive disorders among the Japanese but also points to the focus of kanpo medicine on what my informants refer to as the "internal organs" (intestines).

Where Kanpo Is Acquired

Students who are using kanpo herbs have usually brought them from their home in Japan. These herbs are most commonly taken in a pellet form, though kanpo is also taken in powdered form as a tea or in a tincture with alcohol. Two informants complained of the taste of Kanpo which in part could explain its popularity in the pill form. Pills can also be mass-produced and allows the potency of the herbs to be standardized. These pellets would also probably have a longer shelf life than would dried herbs in their natural form.

Kanpo is also shared among friends at the University. After hearing of a friend's health complaint, the Japanese student might share a particular kanpo remedy in her possession with the admonition, "Take this. It's good for you, it's kanpo." Sharing kanpo may be a way of expressing affection for a person as the preferred way of expressing love in Japan is through actions such as being solicitous of another's health (Doi 1973; Ohnuki-Tierney 1984:52). The Japanese mother is the caretaker of the family and it is probably no accident that my informants were educated about kanpo by their mothers who were also the chief supply of the Chinese herbs.

Problems With Acquisition

To my surprise, Japanese students at Western Michigan University do not make use of the kanpo resources available to them in Chicago or even in Kalamazoo. Some informants were not even aware that the resources were available to them. Yao Han's is a Japanese shopping center with a grocery store, Japanese restaurants, gift shops and bookstore. There is also a pharmacy there called Superhealth which sells a large number of kanpo products. Though some of my informants go grocery

shopping at Yao Hans, none of them have purchased kanpo from the pharmacy. They were surprised when I told them kanpo was sold there. Secondly, although it is possible to acquire some of the herbs used in kanpo right here in Kalamazoo (e.g., The Food Co-Op), these herbs are packaged in boxes with Chinese labels, making it difficult for the student to know what is available to him/her. Finally, Chinese herbs are very expensive whether obtained from Japan or the United States. In Japan the herbs are even more expensive in the relative sense because Western medical treatment is covered by the Japanese insurance system while kanpo treatment is not. Japan must depend on the importation of the herbs from elsewhere since their climate precludes them from growing their own. Malaysia is an abundant source of kanpo herbs (Tsumura 1991:34). Increased demand for the herbs has led the Chinese to inflate prices even further. Japan has recently experimented with growing all kinds of plants in underground artificially controlled climates (Frost 1994). Perhaps one day this type of horticulture or hydroponic technology will allow medicinal herbs to be grown for domestic use.

My Experience With Chinese-derived Martial and Healing Arts in Japan

My first exposure to Japanese culture came through participation in the Japan Center for Michigan Universities (JCMU) in Hikone, Japan. JCMU was a cooperative effort between the "Sister States" of Michigan and Shiga which would enable Michigan students to affordably live in a dormitory setting with Japanese students and take classes in the same building. Michigan students took classes in Japanese language, culture, and art history while Japanese students studied English. The Japan Center was not yet built the first year of the program so I was placed in a

two-bedroom apartment owned by Kirin Beer with three Michigan roommates. We took classes in the neighboring city of Maibara, accessible by train or bicycle. With the aid of the bicycle graciously donated to Michigan students by Shiga, I was able to freely explore the city.

Hikone is a beautiful castle-town just off the coast of Lake Biwa, the largest lake in Japan. Hikone castle was built in 1603 by the ruling Li family. With its walls of pure white and retaining much of its original wood construction, the castle is justly one of Japan's National Treasures. Hikone boasts two lovely gardens. The Genkuen is a famous garden on the castle grounds which has a pond of colorful Carp (the Carp is a Samurai symbol for courage and perseverance). Ryotanji, a Zen temple also related to the Li clan, has a dry landscaped garden of rock and groomed sand, and a "borrowed" natural background.

Hikone is part of the Kansai region which is the home of the Goseiha school of kanpo medicine. It was in Hikone that I was first exposed to kanpo medicine. On a corner near the main shopping district was a pharmacy with a window which always caught my eye. Among other exotic medical items, the window displayed a white statue of a man no more than two feet tall with dark lines running the length of his body and long slender needles protruding from it. Although I knew it to be an acupuncture model I was captivated all the same.

I knew I had less than five months in Japan and wanted to get as much as possible out of the experience. With three other Michigan students I took classes in Shorinji Kempo two evenings a week. Unlike Kendo, Judo, and Karate which have all been thoroughly "japanized," Shorinji Kempo is a martial art and a registered sect of Buddhism which still retains many elements of Chinese martial arts from which it was derived. Shorinji Kempo is analogous to Kanpo in that both systems are

Chinese-Japanese hybrids deeply rooted in Chinese philosophy and religion. Through my practice of Shorinji Kempo, I learned that the martial arts and the healing arts were two sides of the same coin. Massage and elementary acupuncture were taught together in class. In one instance when intestinal cramping caused me to double over in pain (I was still adjusting to the rice-heavy diet), the head instructor massaged my abdomen. He stretched me out on my back and pressed down firmly in certain places with his finger tips. The burning the pressure caused was excruciating but astoundingly I was able to resume practice several minutes after the massage.

Japanese Students at Western Michigan University: A Profile

It is my contention that cultural identity can influence a person's choice of medical treatment. In order to understand why the Japanese students at Western Michigan University are using kanpo medicine, it is important to know something about the students themselves.

The Japanese student population is the second largest international student population at Western Michigan University. In the Winter of 1995, 157 Japanese students were enrolled in the university. Of those enrolled, 105 students were female and only 56 were male. Although Japanese student enrollment is down by 10 from the same time last year, the population has remained relatively stable for the last five years. About half of undergraduates are Arts and Sciences majors.

Western Michigan University has a thriving Japan Club which meets every Friday evening for Japanese and English conversation. Other than this social activity, the Japanese students are socially segregated. Awkwardness with the language may be part of the problem. Japanese students (especially women) are more introverted than their American counterparts and making social contacts is difficult for them.

Since many Japanese require at least one term in the CELCIS program (a remedial English language program for international students), often their first social contacts at the university are not Americans but other Japanese students. This was the case for three of my six informants who all knew each other through the CELCIS program.

METHODS AND POPULATION STUDIED

Methods for this study included open-ended, informal interviews which were informed by four months of social and academic interaction with Japanese students in Hikone, Japan; three months of participant observation in the Chinese-derived martial and healing art of *Shorinji Kempo*; and two and a half years of social and academic interaction with Japanese students at Western Michigan University. Through my social and academic contacts at Western Michigan University, I selected a sample of six female Japanese undergraduates who are periodic consumers of kanpo medicine. These students participated in multiple, informal, open-ended interviews conducted in coffee shops in Kalamazoo, Michigan and in the Wesley Foundation cafeteria located on the campus of Western Michigan University.

Initial interviews were from one to three hours in duration. Interviews focused on past and present “episodes of illness” (Young 1982) and traced the individuals’ illness-related behavior from the onset of the illness through the treatment outcome. I also asked questions regarding their attitudes toward kanpo and biomedicine, the cost and availability of treatment options, family and religious background, diet, and daily activities. Through these lines of questioning and direct observation, I was able to discover some of the factors which may influence a Japanese student’s choice of treatment.

I recorded some of the interviews of three informants on audiotape. From the audio tapes, I constructed a list of common themes in student responses. These themes served as the basis for shorter “follow up” interviews with all six informants.

This article draws primarily from information obtained through these interviews.

Finally, the results of my study of kanpo usage among Japanese students at Western Michigan University are compared with previous studies related to health and illness in Japan, especially the works of Lock (1980, 1987) and Ohnuki-Tierney (1984).

CASE STUDIES

Noriko

Of the six informants selected for this study, I was closest to Noriko. I was a teaching assistant for an introductory anthropology class she was taking, and she often came to my office hours. Because she was from Hikone and knew some of the people from the Japan Center, we had a lot to talk about outside of academics. At the end of the semester we continued to meet about once a week to practice Shorinji Kempo. After one interview with her, Noriko evened the score by interviewing me for a class assignment of her own!

Noriko is a twenty-six-year-old Arts and Sciences major. She lives in an apartment complex with her cat, Smokey, and an American roommate. Noriko has been attending Western Michigan University for three years and is expecting to graduate in another two. She is not working while in Kalamazoo and relies on her mother for financial and emotional support. Noriko likes children very much and would like to have several of her own. She plans to be an elementary school teacher when she returns to Japan.

Noriko herself is from a small family with just a grandmother, mother and an older brother left in Hikone. Six years ago, Noriko's father died in a car accident where he drove off the road for unknown reasons. A doctor asked if he had any illness which could have explained the accident. Although he did have asthma, Noriko does not think that his condition was serious enough to cause his death.

Her entire family currently uses kanpo although the women in her family are

more enthusiastic about it. Noriko doesn't remember her father ever taking kanpo. Like many older men in Japan he was a smoker and drank alcohol occasionally. Her brother sometimes takes kanpo on his mother's urging but "doesn't care what kind of medicine he takes." He does have a strong dislike for the hospital and avoids going when he can.

Noriko remembers a man would periodically come by the house selling kanpo out of a large suitcase. Her mother would always buy some. Noriko heard from her mother that the traveling kanpo salesman has not been visiting her house recently. Now her mother will borrow some kanpo from a neighbor if she runs out of something. For whatever reason, the kanpo salesman still comes to her neighbor's house.

In addition to kanpo herbs, Noriko's family sometimes uses folk remedies for minor illness. These include a poultice of minced green onion wrapped in a towel and worn around the neck for chest colds. For sore throats her family will gargle salt water or drink a mixture of honey and green tea or water. Noriko once had a stomachache as a child which was relieved by her grandmother who massaged her abdomen in small circles. Her grandmother said it was a Buddhist remedy.

Noriko describes her family as very religious. Their house in Hikone has a place of Shinto and Buddhist worship. As in the case of kanpo usage, the women take more of an active role in religion. Noriko's mother prays every day. Although Noriko has not prayed very often since she has been in the United States, she prays about twice a week when in Japan. Like many Japanese students (including those who deny being religious) Noriko has at least one Buddhist amulet with her in the United States. In her case the amulet is for protection when driving a car.

Like all my informants, Noriko does enjoy reasonably good health but

occasionally suffers from minor illness. She believes that she has a “weak stomach” and has had more than her share of digestive problems including cramping, vomiting, constipation and diarrhea. While in Japan, Noriko took kanpo on a daily basis for these complaints. After two months of taking the herbs she felt significantly better. She also uses kanpo for colds and low fevers. For high fevers or serious illness she will usually go to the hospital (in Japan) or the health center on campus where she sees a biomedical doctor. Noriko visits the doctor about once a year for “serious” illness. Biomedicine is resorted to when kanpo treatments fail or when she “needs to get better fast.”

On one occasion in Japan, Noriko’s alternating bouts of constipation and diarrhea worried her enough that she went to see a biomedical doctor. At the hospital, they gave her a white liquid to drink which “tasted really bad.” Presumably this was a radioactive concoction which enabled the doctor to photograph her digestive tract. After tests the doctor told her that she had abnormally long intestines which move very slowly. He explained that irregular bowel movements were normal for her and that she shouldn’t worry about it. The explanation seemed to satisfy Noriko.

Last summer, chest pains brought Noriko to a doctor in Japan.² She did have a history of chest pains in Japan but they had not bothered her for two months. In her last visit to Japan she had a recurrence of the chest pain. Her mother advised her to see a doctor there but she never got around to it before she returned to the United States. Then one morning back in Kalamazoo the pains were so bad that she felt as

² Noriko’s interview (see Appendix B) indicates that she was treated for her chest pain in the United States. When I showed her a transcript of the interview she informed me that she was in fact treated in Japan.

though she couldn't breathe and she broke into a sweat. Fearing something was terribly wrong with her, she finally went to see a doctor in Hikone. They gave her a stress test at the clinic but couldn't find anything wrong. The doctor suggested she chew on ice cubes the next time she felt pain, which she said worked very well. Although she was giving the option of having further tests (wearing a heart monitor for a few days) she refused. The doctor felt there was nothing seriously wrong with her and she could remain physically active without difficulty.

Noriko is quite active. In addition to Shorinji Kempo, she enjoys aerobics and tennis. Last time I talked with her about it she was considering buying a membership for the University's recreational facilities. She believes her lifestyle has a direct effect on her health and that she usually gets sick when she is over tired or "stressed" because of schoolwork. Surprisingly, Noriko does not believe that study abroad has affected her health significantly.

Her diet in America is slightly different from the food she was accustomed to in Japan. Noriko ate fish in Japan almost every day. She doesn't eat fish in Kalamazoo because it is not as fresh as it is in Japan. With the exception of fish, she eats a relatively traditional Japanese fare while here. She buys her groceries at Meijer but her mother also sends her food occasionally.

Kazue

Kazue is a thirty-one-year-old anthropology student who is currently pursuing a Master's degree in African Studies from another American University. At the time of the interview she was living in an off-campus apartment which she shared with an American undergraduate student. Unusually outgoing for a Japanese woman, Kazue knows many American students and felt that she was the target of some hostility for

not socializing more with Japanese students. She was also unusual in that she was the only Japanese student I knew who had a part-time job at the university. I am indebted to Kazue for introducing me to her Japanese friends and for taking me to Yao Han's for the first time.

Kazue's natal home is Himeji where her mother, father, and brother still reside. Like Hikone, Himeji is a city of moderate size with a castle (Hikone castle is nicknamed "Little Himeji"). Himeji is also part of the Kansai region where the Goseiha School of kanpo medicine was established. There is a kanpo pharmacy in town which is a twenty-minute drive from her house.

Kazue learned about kanpo from her mother who uses kanpo in tea form to lose weight. Her father is a smoker and heavy drinker who "doesn't live healthy so he doesn't care about kanpo at all." Aside from their usage of kanpo, Kazue's family employs a number of folk remedies for their ills. *Tamago sake* is taken for colds. It consists of a raw egg in a cup of hot sake (rice wine). Tamago sake seems to be popular throughout the Kansai region; a bar owner in Hikone and a junior college student from Nagahama both recommended I drink tamago sake for a cold I had while in Japan. Her family also drinks *ume boshi cha* for colds. Ume boshi cha is a mixture of pickled plums and hot water or green tea. Loufa is grown in their yard. Water from the plant is applied directly to the skin to keep it healthy.

While in Japan, Kazue took kanpo for her acne: She took the kanpo in tea form on a daily basis, boiling up a large batch and storing the unused portion in the freezer. At the pharmacy she did not fill out a questionnaire like Ohnuki-Tierney described but talked to the pharmacist directly. Her experience at the pharmacy illustrates the holistic nature of kanpo medicine:

I think I was taking kanpo tea for my (indicates intestines). That's my body

problem. That's why my skin is not clear...I remember at the drugstore they told me my skin problem is because of my intestines. That's why she (pharmacist) suggested taking tea to make my intestines stronger.

Kazue asked the pharmacist for something for her acne and was advised to tonify the intestines which the pharmacist thought to be the root of her problem. Even in the truncated form of traditional kanpo practiced by kanpo pharmacists in contemporary Japan, a single symptom (e.g., acne) is never treated in isolation. Curiously, Kazue could not subjectively evaluate the effectiveness of this kanpo treatment. When asked if the tea helped her skin she replied "I hope so." She explained:

Kanpo medicine is not so strong like Western medicine. Western medicine is too strong. It works very quickly and you feel like you are better than before. Kanpo does not work quickly. So you have to take it all the time, every day. It works gradually.

The gradual nature of the kanpo treatment made it difficult for her to attribute any visible improvement to the kanpo directly.

Kazue has also used habucha for her skin problem but with less desirable results. Habucha is a tea made from the *habu*, a poisonous snake found in Okinawa. It is a rare example of kanpo made from animal by-products.

(Habucha is for) your health and skin. If you drink a lot of habucha, it will take the toxins from your body. But when I took habucha I had many pimples on my face and a little bit somewhere else. That means it doesn't match my body so I quit it.

Kazue's adverse reaction to the habucha shows the need for kanpo treatments individually tailored to the patient. Kazue had to suffer side effects before she realized that this formula did "not match her body." In the traditional practice of kanpo, herbal preparations were modified to meet an individual patients needs. Contemporary Japanese usually have to settle for less effective generic prescriptions.

Kazue sometimes refers to Western medicine as "American medicine." Her mother took her to Western-style doctors in Japan for certain acute conditions when

kanpo was not indicated. The following remarks make this distinction between chronic and acute illness clear.

Kanpo is not too strong for your body. Your body isn't damaged (when you take kanpo). If you need something to get better quick you take Western medicine. Kanpo is good for gabbing (chronic minor body problem one is born with) or something which takes a long time.

In other words, sometimes the danger of harm from an illness outweighs the risk of harm from Western drugs. In these instances, Western medicine is indicated. Choice of treatment during the course of any given illness is made ad hoc on an individual basis. Since Kazue has been at Western Michigan University, the first signs of a cold were enough to send her to the health clinic on campus. She has been to the center more than six times for colds and minor injuries (e.g., twisted ankle).

Although Kazue's misgivings about Western medicine have not always deterred her from seeking treatment at a biomedical facility, she claims to have personally suffered from side effects of treatment. The following interview excerpt highlights Kazue's distrust of Western drugs:

Most American medicine is too strong. When I went to Pahang, Malaysia, I was sick. It was food poisoning. It was terrible and I couldn't walk. All my body numb, I couldn't hold anything. All my friends were (also) sick cause we ate the same thing, Hokimi- a very hot noodle...So I had to stay in the hospital for one night or more...They were trying to give me a shot but I told them I had an allergy to strong medicine. So I do not like Western medicine very much. When I left the hospital (the following day) they gave me a lot of medicine. And I took once and it was too strong for me. I had a headache and was kind of drowsy. And I felt it's not good for me so I stop (taking) the medicine.

The severity of Kazue's illness makes it impossible to determine whether the drowsiness and headache were indeed side effects from the medicine she was taking or simply aftereffects from the food poisoning itself. What is important however is that Kazue immediately attributed her symptoms to the drugs and stopped taking them once they were suspect.

When Kazue came to America from Japan, she brought with her not kanpo, but *kaigen*.³ For Kazue, kaigen represented the best of what Eastern and Western medicine had to offer: quick relief from symptoms without side effects. In her words, “When I use kaigen, the cold medicine, I never get sleepy. When I take Western cold medicine it makes me sleepy. So if you have a cold, better take kaigen.”

Kazue believes she was “born healthy” and does not take the active interest in prevention of illness that Noriko and Ai do. She agrees with the others that the traditional Japanese diet is healthy but usually eats “junk food” (e.g., McDonald’s) for the sake of convenience. Kazue also smokes occasionally at parties and drinks alcoholic beverages with friends on weekends. When she is tired she craves chocolate, but will sometimes take vitamins instead. She did not mention exercise as a requisite for staying healthy although she enjoys swimming and sometimes runs with her roommate at the field house which is within walking distance from her apartment. In sum, Kazue seems only to think of her health when it is somehow impaired. Kaigen, not a healthy lifestyle is her first line of defense against illness.

Ai

Ai is a twenty-one-year-old undergraduate from Chiba. Although Ai and Kazue know each other from CELCIS, I met Ai by chance. I met her and her friend Naoko while having lunch in Wesley Foundation’s cafeteria on campus. Ai and Naoko were happy to tell me what they knew about kanpo and gave me samples of kanpo medicine at our next meeting at Wesley. Naoko was returning to Japan shortly

³ *Kaigen* is a medicine which is a combination of kanpo herbs and synthetic drugs. According to Kazue, kaigen is peculiar to the Kansai region of Japan.

after we met. At the time they were roommates in Hoejke Hall, known as the international dorm. When Naoko returned to Japan, Ai moved to an off-campus apartment on Oak Street.

Ai is very healthy and lacks any *gabbying* (chronic mild bodily weakness) which would lend itself to regular kanpo usage. The last time Ai had taken kanpo was several months prior to the interview for “the flu.” On that occasion she used Seirogan (brand name), a kanpo mixture that is well known among all my informants. Ai brought Seirogan with her from Japan and suspected that all the Japanese students who come to Western Michigan University bring Seirogan with them. She was unaware that kanpo was sold at Yao Hans in Chicago, although she knew about the marketplace.

Ai has a great deal of faith in kanpo’s ability to cure illness though she herself has little first-hand experience with kanpo or biomedicine. By virtue of her good health, much of Ai’s knowledge about kanpo is anecdotal. She put it this way, “I know kanpo is good but I don’t always know how to get kanpo or take kanpo.” The following story is illustrative of both her source of knowledge and feelings for kanpo as a medical system:

I have a good example about kanpo. I went to South Hampton and met Naoko’s friend... She has trouble about- I forgot. About disease. I do not remember about what kind of disease but she and her mother went to the hospital. The disease was worse and worse and worse... Her mother was very interested in Western medicine but she changed her mind (and thought) maybe kanpo was better... Her mother said to her, “Stop going to the hospital and take this kanpo.” Suddenly her disease cured.

It is interesting that Ai did not remember any details about her friend’s illness. What seemed to be most important (i.e., worth remembering) to Ai was that in a case of severe illness, kanpo succeeded where Western medicine had failed. Also of note is the sudden cure in the story. My informants including Ai herself usually attribute

rapid, powerful, and dangerous cures to Western medicine and think of kanpo as gradual, gentle, and slow-acting.

Ai takes a very active role in the maintenance of her good health. If she feels ill, she assumes full responsibility for her condition as illustrated by her comments: “If I got sick, I think about my lifestyle. I can see what’s wrong...Eating and sleeping are my responsibility. Kanpo has the cure, fix some imbalance in body.”

For Ai, the key to prevention of illness (i.e., bodily imbalance) is a balanced diet. She thinks of the traditional Japanese diet as an ideal example of the “food pyramid” she just heard about from a friend who was taking a nutrition class. She explained, “In Japan there are many dishes (varieties of food served at each meal) but each dish has small amounts we can get all the nutrition.”

Ai considers the American diet to be imbalanced. She contrasted the traditional Japanese diet with the meals she was served in Pennsylvania during a home stay: “I was surprised when I went to Pennsylvania. They eat only one kind of food at each meal, bread or something (for example).”

Ai learned about what constitutes a “balanced diet” from helping her mother prepare meals for the family. Like many Japanese students at Western Michigan University, Ai does most of her grocery shopping at Meijer. She reports that she has not been eating as well since she has been in America and feels that she was healthier in Japan. When she was still living in Hoejke Hall she would often eat lunch at the Wesley Foundation or Sprau Tower’s cafeteria. At Sprau Tower she ate hot dogs and nachos which she concedes are unhealthy. She does like to prepare Japanese dinners for herself and has done so more frequently since she has lived off campus. These dinners could consist of any combination of beef, potato, rice, miso soup (miso is a fermented soy bean paste), or a noodle dish.

In addition to proper nutrition, Ai thinks that exercise and sufficient sleep are important for health. She likes to play tennis and soccer and uses a bicycle as her primary means of transportation. School work has prevented her from sleeping properly at times. She once tried to compensate for lack of rest by taking vitamins but stopped after she felt they were “too strong for her.”

Other Informants

Three of my informants returned to Japan before I was able to have a recorded interview with them. These students offered what little time they had to me freely for which I am grateful.

Hideko was probably the most traditional of my informants even though she was from cosmopolitan Tokyo. In her own words, Hideko likes traditional Japanese culture but is ambivalent about contemporary Japan. Hideko’s lifestyle is consistent with her attitudes. She ate Japanese food to the exclusion of all else while at the university, even if it meant carrying food to the Anthropology student lounge in plastic containers on busier days (it is a common Japanese practice to carry ones lunch in lacquered wooden boxes rather than in paper bags). Hideko usually consumed kanpo in the traditional tea form rather than the modern pellet or pill form. Among the kanpo she used was *Chujoto*, a tea for woman’s health; *Dokudamin* tea for healthy skin; and Reishi mushroom extract as a general body tonic.

Hideko gave me some dried kanpo herbs before she left. Among the herbs was *matcha*, a bitter powdered tea used in the Japanese tea ceremony. Hideko would drink *matcha* on special occasions such as the farewell *Sukiyaki* dinner she and Kazue prepared for their American friends. In the past Hideko had mentioned that green tea was good for health, and I took her gift of *matcha* to be an indication that she

associated (though not necessarily equated) the tea with kanpo.

Misuzu was probably more typical of many Japanese young people. She called traditional Japanese values “feudal” and criticized the rigid vertical hierarchy in Japanese society. At a second meeting at the Wesley Foundation’s cafeteria, Misuzu brought a sample of *Seirogan* and *Darasuke* (popular brands of kanpo taken in pellet form) for me to have. She and Ai were close friends and she echoed Ai’s attitudes about kanpo.

Yoko was a student I met in Archeology Field School who was from the fishing village of Nagoya. She agreed with other informants that illness is the result of stress and “bad living,” and that the human body will often heal without the aid of medicine if given time. While I would describe Yoko as physically active, she expressed concern that all the shoveling in field school would give her “Arnold Schwarzenegger muscles,” which she thought to be unattractive in women. Yoko has taken kanpo which she brought with her from Japan for toothaches and menstrual cramps.

RESULTS

1. Informants mistrust biomedicine. My research supports the hypothesis that Japanese student use of kanpo is to a large extent attributable to mistrust of biomedicine, the dominant medical system in Japan and in the world. Without exception, all informants expressed serious misgivings about the potential side-effects of Western medicine. Students differ in their particular misgivings about biomedicine and the synthetic drugs it employs. One informant specifically cited television as her major source of information about the dangers of biomedicine. Peter Tasker noted that the social influence of television is “probably greater in Japan than in any other developed country”(1988:125). This supports Lock’s contention that the media portrayal of side-effects dramatically alters public perception (Lock 1980:254). The same individual believes she has personally suffered from side effects; claiming a discoloration of a patch of skin on her upper arm is the result of a childhood vaccination. Also, she and her family distrust the biomedical establishment’s explanation for her father’s death.

All informants had at least some experience with biomedicine and experienced relief of symptoms with Western pharmaceuticals, but these synthetic drugs were the target of suspicion. Some variation of, “I don’t trust Western medicine but it sometimes cures me” was a typical informant response. Western drugs were “from chemicals” and “high tech” and were therefore unnatural and “bad” for the body. In contrast, kanpo was “from plants,” “natural,” and “trusted.” No explicit reference was made concerning the superiority of traditional things over modern. However, one

of the reasons cited for trusting kanpo was that “the Japanese have known about kanpo for a long time.” This seems to imply a contrast to “high-tech” Western medicine which is comparatively new to the Japanese.

Although it was not mentioned by any of my informants, I think the structure of the Japanese health care system has a direct impact on Japanese student perception of Western medicine and influences their choice of treatment. The fee reimbursement system of insurance makes non-kanpo pharmaceuticals available to the patient for little or no out of pocket cost. The physician is reimbursed by the insurance company for medication prescribed and as a result has a financial incentive to over prescribe (Powel and Anesaki 1990). Overmedication of Japanese patients has led to iatrogenic illness (drug-induced side effects) in a greater proportion of Japanese patients as compared with patients in other countries who are taking the same medication (Lock 1990).

2. Informants’ mistrust of biomedicine is rooted in Japanese cultural identity.

A further reason informants distrust biomedicine may be deeply rooted in the Japanese sense of identity. Case studies revealed a feeling of identification with all Japanese and a sense of homogeneity to a degree unexpected by the author. Asking a student about her personal opinion was likely to draw the response, “We Japanese...” Interviews further reveal a belief that the Japanese “race” is biologically unique; distinct from other Asians and especially from the West. Some variation of “Western medicine is too strong for us.” is common to all cases. After a mutual misunderstanding between myself and Japanese patrons of a bar in Hikone about the difference between chestnuts and *donburi*, the group was inclined to agree that while donburi are certainly poisonous to the Japanese body, Westerners may very well feast on them in winter time.

The structure of the Japanese health care system has a direct impact on Japanese student perception of Western medicine and influences their choice of treatment. The fee reimbursement system of insurance makes non-kanpo pharmaceuticals available to the patient for little or no out of pocket cost. The physician is reimbursed by the insurance company for medication prescribed and as a result has a financial incentive to over prescribe (Powel and Anesaki 1990). Overmedication of Japanese patients has led to iatrogenic illness (drug-induced side effects) in a greater proportion of Japanese patients as compared with patients in other countries who are taking the same medication (Lock 1990).

3. Kanpo as a “first-resort” treatment among informants. Although my informants made full use of both medical systems available to them in Japan, they preferred to be treated with kanpo medicine first, before resorting to biomedicine. This selectivity on the informant’s part supports the idea (Ohnuki-Tierney 1984:99) that kanpo is a medical system which complements biomedicine.

The most frequent complaint that informants reported using kanpo for were digestive disorders, including diarrhea, constipation, vomiting, and cramps. These types of illness are what my informants referred to as illnesses of their “internal organs.” In addition to stomach and intestinal disorders, the Japanese students will also take kanpo for chronic conditions (e.g., acne) or *jibyō*, an inborn constitutional weakness (Ohnuki-Tierney 1984:23). Biomedicine was taken mainly for respiratory illness, and headaches in which case several informants reported taking Bufferin. According to informants, biomedicine was usually a last resort, after traditional remedies have been tried, or one needed to get better in a hurry. Informants agreed that biomedicine was superior to kanpo for acute conditions since it worked on the body much faster than the more gradual kanpo. Chest pains and food poisoning are

examples of acute conditions which led informants to seek biomedical treatment.

4. The popularity of kanpo is leading to the disappearance of kanpo as a holistic medical system. My informants differed markedly from Ohnuki-Tierney's in their kanpo consumption patterns. Ohnuki-Tierney's informants use of kanpo seemed to be more complete and in line with the basic tenets of East Asian medicine (Ohnuki-Tierney 1984:96–99, 108–121). Ohnuki-Tierney described the traditional examination by a kanpo doctor which parallels the examination described above (see Overview of Kanpo Medicine). Ohnuki-Tierney's informants were “diagnosed” by means of a detailed questionnaire which asked a client to provide information about his/her symptoms, body constitution, temperament, etc. According to Ohnuki-Tierney, the Japanese culture's emphasis on body awareness allows the patient to answer these questions with ease and accuracy. Based on the questionnaire, the kanpo pharmacist would prescribe appropriate herbs which could be sold individually and mixed by the patient according to the pharmacist's directions or mixed in house by the pharmacist. Pre-mixed herbs in pellet or tablet form are beginning to replace in-house mixing as kanpo has become more popular. Unfortunately, this has resulted in more homogenized treatment and the patients unique circumstances are less likely to be taken into consideration by the pharmacist. Ohnuki-Tierney also noted the recent invention of kanpo computers which have replaced the pharmacists role in prescribing herbs (Ohnuki-Tierney 1984:121). In my understanding, this computer works like cosmetic computers in the U.S. The user is prescribed kanpo automatically based on his/her inputs.

My informant's use of kanpo demonstrates a further separation of the content of the treatment (herbs) from the form (traditional E. Asian diagnosis, treatment). My informants were unfamiliar with the type of questionnaire Ohnuki-Tierney described.

Their interaction with the pharmacist was even more circumscribed. After a giving the pharmacist a self-diagnosis (e.g., "I have a stomach ache") the pharmacist would sell the individual a (usually) mass-marketed herbal combination in pellet or tea form. Some informants had no intercourse with the pharmacist at all, pulling a pre-packaged medicine off the shelf of a general drugstore for simple purchase like any other over the counter drug. In these instances family (especially the mother) seems to be the most important influence in the students choice of treatment. As mentioned earlier, some students have no need to even go to the pharmacy since the kanpo can be procured directly from the family's medicine cabinet which is restocked by the mother. These practices on the part of my informants seem to confirm Lock's suggestion that kanpo is disappearing as a discrete medical system (Lock 1990). Ironically, its very popularity has resulted in the mass-marketing homogenization strategies which have hastened its disappearance.

CONCLUSION

The Japanese students I interviewed preferred to use kanpo herbs rather than Western medicine for minor physical complaints. My interviews suggest that the preference for kanpo not only indicates the high compatibility of the Chinese-derived system of medicine with Japanese culture as Ohnuki-Tierney has noted; it is also a symptom of a deep mistrust if not outright fear of Western medicine. Even in cases of acute illness where the Japanese students opted for Western treatments, they were often skeptical about the safety of the course of treatment or even the credibility of the doctor.

Margaret Lock has attributed the Japanese mistrust of biomedicine to a health care system which encourages overmedication and media coverage of the resulting side effects. My research suggests a third reason for mistrust rooted in Japanese identity. My informants seemed to have a high degree of identification with “We Japanese,” offering to speak for their entire culture when asked about personal preferences. Informants were remarkably homogenous in their attitudes about kanpo and Western medicine alike. The identification with other Japanese seems to extend at times to a sense of biological uniqueness. According to informants, Japanese bodies are more sensitive than those non-Japanese; drugs are safe for consumption by other humans might be harmful to the Japanese constitution. Identification with the group seems to have translated into a particular fear of *gaijin* (outsider) medicine.

Medical Pluralism

My informants used kanpo for minor chronic conditions and “internal” complaints (i.e., problems associated with the digestive system). They used Western medicine for acute conditions (e.g., food poisoning), as a last resort, or at times when they felt they needed to recover quickly. These findings generally correspond to Ohnuki-Tierney’s discussion of the relative importance of treatment options at different stages of illness (1984:220). Since my sample informants were preselected for use of kanpo, their consumption of kanpo herbs is not representative of the entire Japanese student population at Western Michigan University. Biomedicine is used more frequently at every stage of illness by the Japanese in Japan (Ohnuki-Tierney 1984:220).

On the surface, informant preference for kanpo in cases of chronic illness and preference for biomedicine in cases of acute illness seems to support Ohnuki-Tierney’s complementary model of medical pluralism where indigenous or “alternative” medical approaches supplement biomedicine in areas where it is less effective (e.g., chronic conditions). But my informants are not using kanpo as an integral system of medicine as Ohnuki-Tierney described. Kanpo to my informants were simply herb mixtures usually purchased over the counter without any physical examination or questionnaire and taken in convenient tablet form. I believe the way in which Japanese students I interviewed use kanpo supports Lock’s “conflict model” of medical pluralism where biomedicine first competes with and then co-opts alternative therapies. Historically this is precisely what happened with biomedicine and kanpo. Kanpo survived years of political and legal suppression. Today it enjoys new popularity among the Japanese but its primary grounds to legitimacy are numerous

biomedical studies which reductionistically seek the active ingredients in the thousands of documented Chinese herbs.

Assessment of the Utility of the Extended Case Study Method

The informal interview structure I used for my research was ideal for my purposes. The students I interviewed were quite willing to discuss their health practices and share their attitudes about kanpo and biomedicine with me. While Ohnuki-Tierney has already discussed Japanese eagerness to talk about their illness, I believe the conversational tone of the interviews made my informants even more comfortable. Not only were my questions answered to my satisfaction but I also received useful information I had not anticipated. The face to face casual nature of our discussions enabled me to encourage informants to elaborate on points that were of interest to me or to clarify if I thought I misunderstood something they said the first time around. The immediate feedback afforded by these interviews was particularly important considering the language barrier that was present on occasion. My informants were more skilled in English than I was in Japanese so most of each of the interviews were conducted in English. Sometimes we would use Japanese words or phrases when information was not being adequately conveyed in English. Clarification was sometimes essential since neither the informants nor I were able to communicate as effectively in another language as we were in our own. If I were to have used a more structured interview format or a written questionnaire I would at most get answers to questions I had in mind before the interview and there would have been a greater chance of misunderstanding a response.

RECOMMENDATIONS FOR FURTHER RESEARCH

Very little has been written by anthropologists about kanpo medicine. To my knowledge nothing has been written about kanpo usage in the United States until now and my research yielded many more questions than answers. One of the most interesting questions is the nature of the relationship between Japanese cultural identity and health practices. While much has been written about each of these aspects of Japanese culture (see Kondo 1990 and Doi 1973 for Japanese identity), they tended to be treated in isolation.

Ohnuki-Tierney was skeptical about the success of kanpo medicine outside of Japan but Hare's study of Chinese medicine in New York suggests that Americans are looking for alternatives to Western treatments like never before. With an aging population, America is already experiencing an increase of chronic degenerative illness. Even without traditional kanpo examination and diagnosis, kanpo herbs seem to be better suited to treating chronic conditions than are synthetic drugs because of their gentle nature and self-limiting action. Kanpo herbs also seem to have some promise in the treatment of the plagues of contemporary Americans like cancer and auto-immune disorders, especially if used in conjunction with western therapies (Tsumura 1991:59). Western drugs often act by inhibiting disease directly and weaken the body in the process, whereas kanpo herbs act on the body, tonifying organs and bolstering the immune system. Only time will tell if the United States can successfully incorporate alternative therapies like kanpo with traditional biomedical approaches.

Appendix A

Approval Letter From the Human Subjects
Institutional Review Board

Human Subjects Institutional Review Board




Kalamazoo, Michigan 49008-3899

616 387-8293

WESTERN MICHIGAN UNIVERSITY

Date: September 27, 1994

To: Joe Siuda

From: Christine Bahr, Acting Chair 

Re: HSIRB Project Number 94-08-06

This letter will serve as confirmation that your research project entitled "Kanpo consumption among Japanese students at WMU" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you must seek specific approval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date. In addition if there are any unanticipated adverse or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: Sept. 27, 1995

xc: Helweg, ANTH

Appendix B

History of Kanpo: From Chinese Origins to Contemporary Practice

Kanpo, though thoroughly “Japanized” in current practice, has deep roots in China. The earliest extant Chinese text on medicine was the *Huang-ti Nei Ching* (*The Yellow Emperor’s Classic of Traditional Medicine*), printed around 2 BC. The book included description of anatomy and physiology, hygiene, acupuncture (Japanese: *hari*), and moxibustion (the burning of mugwort on the body to stimulate energy flow). The text was very philosophical and heavily influenced by the “Yin and Yang”⁴ and “Five Evolutive Phases”⁵ theories. The synthesis of these two concepts allows for a detailed classification of illness (defined by the cluster of symptoms) and points to the appropriate treatment. In contemporary Japan, kanpo is prescribed primarily in accordance with symptoms (in pharmacies, kanpo preparations are usually premixed and packaged with a list of indications) though the patients basic yin or yang constitution is also considered.

In 200 AD Chang Chung-ching wrote *Shang Han Lun* (*Treatise on Shang han*). The book described the progression of a typhoid-like febrile disease through six stages. The stages of the disease were classified according a Hot-Cold dichotomy and location of symptoms (i.e., inside, outside, or “half inside, half outside” the body).

⁴ “Yin” and “Yang” are labels used by Taoist philosophers to describe how things function in relation to each other and the rest of the universe. The designation “Yin” or “Yang” is not absolute; something can only be called “Yin” or “Yang” in relation to something else. Yin and Yang act in dialectical opposition to each other in such a way that a dynamic equilibrium is achieved (Kaptchuk 1983).

⁵ The Five Elements in Taoist philosophy—Earth, Water, Metal, Fire, and Wood—were thought to be the fundamental substances with which both humans and the entire universe were composed. Changes in nature (e.g., birth, growth, maturity, decline, and death) can be described in terms of the interaction of these elements. The five elements are used metaphorically in Traditional Chinese medicine to understand the harmonious functioning of the five Yin organs: the heart, lungs, kidneys, spleen, and liver. Kaptchuk (1983) uses the word “phase” rather than “element” to emphasize the processual and transformative nature of the theory of the Five Phases.

The book also includes 113 prescriptions. *Chin Kuei Yao Leh (Important Prescriptions Worth Treasuring in the Golden Chamber)* was anonymously written shortly thereafter. This latter book also classified disease according to symptoms and contained 262 prescriptions, some of which are still used. In 220 AD the *Materia Medica* of Sheng-nung was printed (also anonymously). In the *Materia Medica*, 365 drugs were classified into three ranks. The “Upper 120” were the most valuable because they were considered to be life nourishing. The Middle 120 nourished nature, and the Lower 125 were considered least important because they (merely) cured disease. The herbal hierarchy reflects the (contemporary) kanpo practitioner’s goal of trying to gently bring a persons energy back into harmony with the Cosmos.

Reformation of Chinese Medicine

Efforts were made to systematize Chinese medical knowledge during the Sung, Chin, and Yuan Dynasties (960–1368 A.D.). The Yin-Yang theory and the Five Evolutive Phase theory were combined forming the Yin-Yang Five Evolutive Phase Theory, a comprehensive philosophy of physiology (Tsumura 1991:17)

Che’eng Wu-I tried to combine the *Shang Han Lun* and the *Huang-ti Nei Ching*, rearranging extensive medical thought and integrating these disparate treatises through inductive reasoning. The result was too speculative to enhance the medical practice of the day (Otsuka 1976:325). Nevertheless, the school of Che’eng wu-I prospered during the 12th and 13th centuries and greatly influenced Japanese medicine after the 16th century. The Manchu Dynasty (1662–1911 A.D.) was a conservative period in which no new medical texts were written. Scholars of this time tried to recover pre-Sung medical knowledge. Surprisingly, the Manchu’s also studied various aspects of Japanese medicine, particularly *Fukushin*, the examination

of the abdomen by palpitation (Tsumura 1991:17).

Japan

Chinese medicine was introduced to the Japanese indirectly through Korea. In 593 A.D., Empress Suiko invaded Korea and was so impressed by reports of the practice of Chinese medicine there that she sent representatives to study in China (Tsumura 1991:17).

Otsuka divides the history of traditional Chinese medicine in Japan into five periods (1976:326). In the Early Period (6th–15th century), the Japanese health system was patterned after that of the Chinese. From this period until the present day, it was difficult to obtain the drugs prescribed in the Chinese medical texts outlined above, since most of the herbs from which the prescriptions are decocted had to be imported. Between the 8th and 10th century, 60 kinds of drugs were dedicated to Emperor Shomu at the Todaiji temple. All of these drugs are known to be indigenous to China (Otsuka 1976:327). However, the *Engshiki* (Japanese medical treatise) lists 209 drugs mainly indigenous to Japan used during the Engi period. In 984 AD, Tanba Yasuyori wrote a 30-volume medical encyclopedia titled *Ishinpo*, dedicated to the Emperor which contained prescriptions and herbal lore. All descriptions of the drugs were direct quotations from Chinese medical texts.

In 1211 AD Eisai wrote *Healthy Life Through Tea Drinking*. Tea itself was introduced into Japan from China during the 12th century. It was believed to have life nourishing properties and its consumption was originally restricted to the ruling class. The tea ceremony was married to the ideals of Zen Buddhism, which emphasize perfection and elegance in simplicity. The tea ceremony popularized tea consumption in the 15th and 16th centuries. In contemporary Japan, tea is commonly served to

restaurant patrons as a matter of course. A person who lacks subtle taste is said to have “no tea in him.” Because of its life-nourishing properties and status as “food,” green tea could be considered the ultimate kanpo based on its generalized effect on the body and on its gentleness.

The Goseiha school, or the “school of latter days medicine” was founded by Tashiro Sanki (1465–1537) who studied medicine in China for 12 years. The most influential member of the Goseiha school was Manase Dosan. After his mentor Tashiro’s death, he built a private medical school in Kyoto. Though the Goseiha school was founded on Neo-Confucianist ideals, practitioners drew from their own experience in treatment of patients (Otsuka 1976:328).

The Kohoha school (17C to 19C) was a reformist movement unique to Japan which advocated a “return to *Shang Han Lun*.” Nagoya Geni (1628–1696) opposed the Neo-Confucianism of the Goseiha school. This opposition was characteristic of the general return to classicism of the period. Goto Gonzan is credited with the theory of Chi⁶ stagnation. The blockage of Chi was postulated as the ultimate cause of all illness. This theory was first put forth by Chen Yen, a Chinese physician of the Sung Dynasty. Chi is similar to the classic Greek conception of Pneuma. Chi literally means “air” but it is also considered the most important substance for both the maintenance of the microcosm of the human body and the macrocosm of the universe as a whole. Gonzan employed bathing, moxibustion (the burning of mugwort cones at acupuncture meridians on the body), and the internal use of bear gall in his

⁶ “Chi” is probably the single most important concept in Chinese medicine since all forms of treatment seek to regulate chi flow. Chi is only known by its effects. It is usually defined by its function as vital or bioelectric energy. Chi is said to animate all living things.

treatments designed to simulate Chi flow.

Gonzan's student Kagawa (a.k.a. Ippondo) further developed his teacher's theories. Taking an extreme stance, Kagawa accepted only the *Shang han lun* as valid and even criticized its speculative portions. He wrote books on drugs and medicine as a whole in which he postulated a connection among all organs within the body (organs of biomedicine and traditional Chinese medicine are reckoned differently) because the entire body was filled with Chi, which is itself inseparable. According to Otsuka, "Kagawa depended on his own clinical experiences and nothing else" (1976:330).

Yoshimasu Todo (1702–1773) echoed Kagawa's distrust of all authority except *Shang han lun*, and added that the speculative parts of this treatise must not have been part of the original. For Yoshimasu, the origin of all disease was one and the same and its origin was in the belly. Therefore, abdominal examinations were critical in his practice.

Competition with Western Medicine (16C to 19C)

The Portuguese and Spanish physicians introduced biomedicine to Japan after the Portuguese accidentally landed there for the first time in 1543. This new system called "Southern barbarian medicine" by the Japanese thrived in Japan until isolationist policies were implemented in 1639. After the isolationist policies, the Dutch were the only Europeans allowed to trade with Japan. The Dutch were the only group at this time who did not try to convert the Japanese to Christianity. In the absence of competition, the Dutch medical system gained a foothold in Japan. The resulting school was dubbed *Ranpo-igaku*, "the school of Dutch medicine." In 1771 several Japanese witnessed the dissection of an executed criminal. They were

impressed by the accuracy of Western anatomical diagrams and the *New Book of Anatomy* was translated in 1774. In comparison, the Chinese knowledge of human anatomy seemed to be “primitive and inaccurate” (Otsuka 1976:334). The new knowledge of anatomy and physiology acquired by the Japanese reinforced the importance of direct clinical experience first argued for by the Kohoha school. The introduction of Jenner’s vaccination in the mid 1800’s marked the end of kanpo predominance. A vaccination center was established in 1849 in Osaka, and in 1858 in Edo (Tokyo), which was to be the predecessor of Tokyo University Medical School (Otsuka 1976:334).

The Meiji Restoration in 1868 represented a complete rejection of traditional ways in an effort to modernize and “westernize.” The German system of medical education was adopted nationally in 1869. Persons wishing to study kanpo medicine had to pass a state examination in seven subjects of Western medicine (Otsuka 1976:334). Although the clinical practice of kanpo was discontinued, the herbal derivatives used in its practice continued to be studied for pharmacologically active substances by botanists and pharmacologists. In 1885 Nagai Nagayoshi discovered ephedrine in the Chinese herb Ma Huang. Physiologists and pathologists turned their attention to the meridian system outlined in Chinese medicine. Some of these studies were conducted by scholars who were interested in the kanpo tradition but were unable to publish their attitudes because of the political climate of the time (Otsuka 1976:335).

The seeds of the present day kanpo revival are found in Wada Kenjiro’s comparison of traditional Chinese medicine and Western medicine which was entitled *The Iron Hammer to the Medical World*, published in 1910. Internist Yumoto Kyushin, influenced by Kenjiro’s work, studied kanpo and published his own treatise,

Japanese-Chinese Medicine in 1927 (Otsuka 1976:335). These publications led to a renewal of interest in the last 50 years or so, especially since World War II. Otsuka writes:

Especially in the last two decades, kanpo medicine has gained increasing approval from the Japanese people. In 1950 the Society for Oriental Medicine was founded, and it is now the central organization for research on kanpo medicine. The Society, which now has nearly 1,500 members, publishes a scholarly journal and holds a general convention once a year, as well as many small meetings in local branches (1976:336).

Formation of societies for the study of East Asian medicine as early as the 1920's marked the beginning of clinical studies of kanpo medicine. For example, the East Asian Medical Organization has been publishing the monthly article, "Clinical Kanpo" since its inception in 1938 (Tsumura 1991:20). Associations such as these produced the clinical studies which eventually led to a wide acceptance of the efficacy of kanpo by Japanese biomedical doctors and the Japanese public at large. The kanpo "revival" was in full swing in 1976, the year in which some kanpo medications were first covered under Japan's national health insurance (Tsumura 1991:20).

The official acceptance of Kanpo has been a mixed blessing for Kanpo practitioners and consumers of kanpo alike since the study of kanpo pharmacology has been separated from clinical studies of this medical system. Medical students study the history of kanpo, but have no knowledge of the properties of the herbs employed. In 1963, The Institute for Japanese-Chinese Drugs was founded, but it deals "only with the chemical and pharmaceutical part of kanpo medicine, not the clinical part" (Otsuka 1976:337). Since Otsuka's publication, Lock has noted the continued popularity of kanpo through the eighties as well as a national attempt to employ the pharmacological aspects of kanpo within a biomedical framework (1990:43). Unfortunately, the separation of the content of treatment (e.g., herbal

derivatives) from the form (traditional Chinese physical examinations diagnosis, extended doctor-patient interaction) has led to some of the very side effects consumers of kanpo sought to avoid.

Kanpo medicine is usually composed of several different herbs in their raw form. The herbal mixture is combined with water and boiled until the volume of water is reduced by half (Ohnuki-Tierney 1984:96). The raw herbs as well as their specific combination has been shown to limit the action of any single pharmacologically active substance and lessen "side effects." For instance, the drug ephedrine which is sometimes used to treat asthma has the "side" (i.e., undesired effect) of accelerating the heartbeat and raising blood pressure (Lock 1990:43, Etkin 1992:100). The Chinese herb from which it is derived, Ma Huang, also dilates the bronchial airways but does so without increasing blood pressure or heart rate. The derivation and concentration of drugs from herbal formulas violates the principles of gentleness and balance central to the practice of kanpo.

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