**Setting the Stage for Kampo in Modern Japanese Society, 1976-present:**

**Different Actors, Varied Motivations, One Goal**

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**ABSTRACT**

Kampo, a form of medicine that originated from ancient China, is now used by 83.5% of Japanese physicians in daily practice. This project explores how Kampo medicine, or traditional Japanese medicine, came to be integrated into Japan’s current biomedical system. We examine the different roles physicians, pharmaceutical companies, patients, and the government have played in transforming Kampo to allow for this integration, focusing on events from 1976 until the present. We argue that physicians played the main role in advocating for Kampo’s acceptance as an official component of the national medical system. In 1976, physician activity culminated in the government’s inclusion of Kampo formulas for coverage under national insurance. Continued physician support for Kampo along with patient interest and pharmaceutical industry efforts to research and standardize Kampo products, led to the conceptual, material, and clinical transformations that allowed for Kampo’s gradual integration into Japanese allopathic medicine.

**BACKGROUND**

Kampo, literally meaning “way of the Han,” is a form of medicine that originated from ancient China, but has developed uniquely in Japan, especially during the Edo Period (1603-1868) when Japan closed itself off from the world. Kampo was the main form of medicine practiced until 1874, when Japan adopted the German model for healthcare and abruptly stopped all systematic Kampo-related education and research. However, in the last fifty years, there has been a revival in the use of Kampo. Today, Japan can be seen as a unique case in the world where traditional medicine is successfully integrated into a centralized western medical system.

**METHODS**

- Oral narratives and primary literature were obtained at the Keio University School of Medicine Center for Kampo Medicine and the Central Research Laboratories of Tsumura & Co. Primary literature included publicity materials from Japan’s leading Kampo-manufacturing pharmaceutical company, medical textbooks, educational materials, and Kampo-related scientific journal articles.
- Data analysis involved the use of two sociological concepts, “boundary objects” and “social re-networking.” Boundary objects explain how, despite divergent interests and interpretations, different social actors could cooperate together for the shared goal of integrating Kampo into the current Japanese medical system. The four boundary objects are: repositories (i.e., museums, libraries, research centers), ideal types (i.e., species, formulas), coincident boundaries (i.e., Japan as a nation), and standardized forms (i.e., percentages, weights, chemical components). Social re-networking was used to understand the elements of Kampo that were lost and those retained during this process of integration.

**RESULTS**

- All four types of boundary objects were utilized by the different social actors, which helps explain how Kampo was successfully integrated into Japan’s otherwise modern biomedical system.
- Physicians were the main advocates of Kampo. The ability to practice Kampo represented their autonomy in the clinic.
- For the pharmaceutical industry, business incentives fueled company efforts to research and standardize Kampo products.
- For patients, Kampo provided more options for care.
- The government’s relationship with Kampo is more complex: although there is government support for preserving Kampo as a cultural tradition, it is also seen as a costly part of the medical system leading to conflict over integrating Kampo into the Japanese healthcare system.
- Through the interaction amongst these groups, Kampo underwent conceptual, material, and clinical transformations by being placed within a biomedical framework, and standardizing use in patient care and manufacturing practices.

**CONCLUSIONS**

Kampo’s revival and integration into the current Japanese medical system was in large part due to the fact that all four types of boundary objects were utilized. This maximized the range of people who could cooperate to integrate Kampo into Japanese allopathic medicine. Despite differences in motivation amongst the social groups, the intersection of activity these boundary objects facilitated created an environment in which the knowledge and practice of Kampo could spread, allowing for its successful integration.