

# Integration of traditional medicine in the health system of Japan – Policy lessons and challenges

Unnikrishnan Payyappallimana<sup>a,1</sup>, Mihaela Serbulea<sup>b,\*</sup>

<sup>a</sup> United Nations University – Institute of Advanced Studies, 6F, International Organizations Center, Pacifico-Yokohama, 1-1-1, Minato Mirai, Nishi-ku, Yokohama 220-8502, Japan

<sup>b</sup> University of Tokyo, Graduate School of Pharmaceutical Sciences, Department of Drug Policy and Management, Bunkyo-ku, Hongo 7-3-1, Tokyo, Japan

Received 3 December 2012; received in revised form 30 April 2013; accepted 23 May 2013

## Abstract

**Objectives:** Japan's health system is proud of its excellent indicators, such as the highest life expectancy at a relative low cost compared to other OECD countries. Whereas two important foundations have been the universal insurance coverage and focus on preventive care, it is noteworthy that traditional medical systems (TRM) are also well integrated, representing an exceptional model of health system integration. This approach can provide interesting policy insights for other countries. The study critically examines the relevance and experience of integration of traditional medical methods in the Japanese health care system.

**Methods:** The study used methods like comprehensive literature review, as well as key informant interviews from various sectors of TRM. A qualitative analytical approach was used to classify and analyze the data.

**Results:** Inclusion of major formulations and therapies in national health insurance; introduction of industrial production methods; quality standardization; assuring of a good demand–supply balance for resources; systematic training of doctors, pharmacists and therapists have increased availability and access of traditional medical knowledge, products and services. High interest among physicians, practitioners and the public indicate an increasing demand. In the process of modernization a positivist approach is followed and limited elements have been integrated in the health system.

**Conclusion:** TRM products and services form only a small percentage of the overall Japanese healthcare system. Yet there is good awareness among doctors and general public on the relevance of traditional medicine. TRM has been well standardized and integrated. However TRM's potential is not yet fully explored and utilized.

© 2013 Elsevier GmbH. All rights reserved.

**Keywords:** Traditional medicine; Complementary and alternative medicine; Kampo; Health system integration; Integrative medicine; Japan

## Traditional medical systems in Japan – a brief introduction

Japan's health system is proud of its excellent indicators, such as the highest life expectancy at a relative low cost compared to other OECD countries. Whereas two important foundations have been the universal insurance coverage and focus on preventive care, it is noteworthy that traditional medical systems (TRM) are

also well integrated, representing an exceptional model of health system integration of TRM. This approach provides interesting policy insights which are outlined in the article.

The officially recognized traditional medical systems in Japan can be categorized into (1) Herbal therapies such as indigenous Japanese medicine (*wayaku*, *minkanyaku*) and *kampo* medicine and (2) Physical therapies which consist of acupuncture, moxibustion, Japanese traditional massage (*An-ma*), finger pressure (*shiatsu*) and judo *seifuku* therapy (judo therapy). Even though there are several such health management approaches, *kampo* medicine is considered as Japan's mainstream traditional medicine system [1].

Kampo medicine entered Japan as early as the 6th century AD from China through Korea and underwent continuous

\* Corresponding author. Tel.: +81 03 5841 4828; fax: +81 03 5841 4829.

E-mail addresses: [payyappalli@ias.unu.edu](mailto:payyappalli@ias.unu.edu), [unnipm@yahoo.com](mailto:unnipm@yahoo.com) (U. Payyappallimana), [traditional@hotmail.co.jp](mailto:traditional@hotmail.co.jp) (M. Serbulea).

<sup>1</sup> Tel.: +81 45 221 2374; fax: +81 45 221 2303.

development. In the early Meiji restoration period traditional practitioners outnumbered the modern medicine doctors by at least five times [2]. Though during the Meiji era the societal reorganization and modernization wave changed medical education and practice to the Western school leading to a decline of TRM, several elements of traditional medicine were adopted subsequently. From a profoundly ideological and philosophical classical Chinese medical system, a more pragmatic and informal medical system evolved in the country following modernization [3].<sup>2</sup> The diverse knowledge of many classical treatises and the vast pharmacopeia were abridged to around 300 herbal drugs and selected physical procedures [4].

## Current status

### *Kampo medicine (Kampo)*

In Japan, Kampo medicine is practiced only by licensed allopathic doctors and licensed pharmacists. Various studies suggest that between 70 and 80 percent of the 260,000 physicians use Kampo medicine in their clinical practice [5,13]. It is especially used by physicians in chronic conditions which are of syndromic nature. It is popular among patients especially in certain infectious conditions such as hepatitis; chronic diseases such as asthma, eczema, allergic respiratory conditions, bronchitis, nephritis, rheumatism, irritable bowel syndrome, hypertension, diabetes, sciatic conditions, degenerative joint diseases; psychosomatic disorders such as neurosis; aging related problems especially multi-organ impairment; and for improving physical strength and immunity.

Since 1974, 210 Kampo medicine formulations were designated as over the counter drugs based on historical and clinical experiences without clinical trials [6]. By 1976, 43 kampo drugs were in the National Health Insurance Drug Price Tariff. Today, 148 Kampo medicine formulae are available for ethical use under the insurance system. Apart from these, interestingly, Kampo medicine practitioners can tailor-make own cocktails selecting several herbs from among 243 kinds of herbs available under the insurance system [7]. Today Kampo medicine ethical drugs (excluding over the counter drugs) constitute 1.5 percent of the total drug expenditure of 70 billion dollars in the country. Unlike many other Asian countries such as China, Korea or India there is no separate license or university level degree for Kampo medicine practitioners and medicine can only be practiced by those trained in western medicine [8].

### *Acupuncture*

The Acupuncture and Moxibustion Practitioners' Law was enacted in 1998. A national qualifying examination and licensing procedure is in place for practitioners who undergo training

in an accredited institution. In 2013 a total of 136 schools are working all over Japan.<sup>3</sup> Nearly 30 percent of the licensed acupuncturists and *an-ma* therapists are visually handicapped. They work in hospitals and clinics along with therapists without visual handicap [9]. Involvement of visually impaired for the vocation has a long history since the first such school in 1693.

In 1988, following the reform of Acupuncture, Moxibustion, *An-ma* and Judo Therapy Law, the licensing authority for acupuncture was shifted from prefectural or metropolitan governments to the national government [10]. Acupuncture today is mainly used in musculo-skeletal disorders, pain management, and certain chronic diseases. It is covered under health insurance system for conditions such as low back pain, frozen shoulder, neuralgia, rheumatoid arthritis, cervico-brachial syndrome, neck pain provided the treatment is advised or approved by a qualified medical doctor [11]. Acupuncturists and moxibustionists are allowed to have their own clinics unlike physiotherapists or occupational therapists. Most of the practitioners are qualified to practice both acupuncture and moxibustion. The national license is separately given for the two forms although courses are offered in the same schools. As per the statistics of *Toyo Ryoho Kensyu Shiken Zaidan* (Foundation for Training and Licensure Examination in *An-ma*–Massage–Acupressure, Acupuncture and Moxibustion), in March 2012, there were 145,958 licensed acupuncturists, 142,384 moxibustionists and 181,149 *An-ma* practitioners. However, the exact number of practicing specialists is not known as there is no statistics as to how many have retired, and deceased.<sup>4</sup> The number of facilities for acupuncture and moxibustion are 14,451 and for *an-ma*, massage and shiatsu along with acupuncture and moxibustion are 35,808 as of December 2008, the most recent data available at the Ministry of Health, Labor and Welfare.<sup>5</sup>

### *Massage therapies – An-ma, Shiatsu*

Massage therapies in different regions have relationship with martial arts or other physical theater art forms. In Japan *Nihon Kaifuku An-ma* is a massage technique linked to martial arts. Having roots in classical Chinese medical methods, *An-ma* was called '*Do-in and Ankyo*' *An* (kneading) *ma* (stroking) therapy [12]. It is a deep tissue massage without using oil to stimulate body energy. Similar to acupuncture, a three year education and a national board examination for license is in place. The schools are authorized either by the Ministry of Health or by the Ministry of Education.<sup>6</sup> Another massage method called *Shiatsu* (which is related to *an-ma*) was recognized independent from *an-ma* in 1964 [1]. *Shiatsu* (*shi*-finger and *atsu*-pressure) is a finger

<sup>3</sup> See <http://www.goukakuten.com/sjmgz.html>, last accessed 26th March 2013 – (Hokkaido 5, Tohoku 7, Kanto 50, Shinshu 6, Hokuriku 2, Tokai 16, Kinki 27, Chugoku 6, Shikoku 2, Kyushu 13, Okinawa 2).

<sup>4</sup> See [http://www.zensin.or.jp/01\\_zensin/zensin.html](http://www.zensin.or.jp/01_zensin/zensin.html), last accessed 7th April 2013.

<sup>5</sup> Based on an interview with Mr. Fujimoto of Ministry of Health, Labor and Welfare.

<sup>6</sup> Professional schools are under the Ministry of Health, Labor and Welfare, while university level schools are under the Ministry of Education.

<sup>2</sup> Though Japanese traditional medical methods trace their roots to classical Chinese medicine there are considerable differences in the way they are practiced today. Classical Chinese medicine is highly ideological or philosophical while, Japanese TRM is more pragmatic and informal in its approach.

Download English Version:

<https://daneshyari.com/en/article/5808090>

Download Persian Version:

<https://daneshyari.com/article/5808090>

[Daneshyari.com](https://daneshyari.com)