

Speech 1 Introduction to Traditional Korean Medicine 韓医学への招待

Seung-hoon CHOI (Kyung Hee University; Korea)

1. History of traditional medicine in Korea

@ Ancient (BC 2333 - AD 935)

The history of traditional medicine in Korea traces its history back to the "Myths of Dangoon" which mentioned the usage of mugwort and garlic about 5,000 years ago.

During the Three Kingdoms period, the ancient traditional Chinese medicine (TCM) was introduced into Korea.

@ Koryo dynasty (918-1392)

In the Koryo dynasty, TCM became the popular and then the dominant treatment method among the Korean people.

@ Choseon dynasty (1392-1894)

At the beginning of Choseon dynasty, a huge amount of information in Northeast Asian medicine books was compiled into 醫方類聚 which consists of 266 volumes based on the themes. It became the background/foundation for 東醫寶鑑 which was published in 1613.

At the end of Choseon dynasty, Lee Je-ma wrote 東醫壽世保元, and founded 'Sasang Constitutional Medicine (四象醫學)' which provided the grounding/basis for differentiating traditional Korean medicine from TCM.

2. Current situation of traditional medicine in Korea

The laws and regulations on traditional medicine were put into action from 1951. The first school of Oriental medicine (OM) was established in 1945. Currently, there are 11 colleges of OM (6-year program) and one post-baccalaureate course (4-year program) in Pusan National University. The government-run medical insurance system, covering a limited number of herbal extracts, acupuncture and moxibustion, was launched in 1987.

As for the governmental unit relevant to OM, the Office of traditional Korean medicine (TKM) was established in 1993 and it became the Bureau of TKM in 1996. The Korea Institute for Oriental Medicine (KIOM) was founded by the government for promoting research in the field of traditional medicine in Korea.

3. Difference with TCM

When the ancient Chinese medicine was introduced into Korea during the Three Kingdom, it was dominant until the Koryo dynasty. Later, 鄉藥論 relevant to an independent trend started to rise gradually. Its main idea is that Korean diseases should be treated by Korean medicinal plants. Such an indigenous trend has risen gradually, and it led to the compilation of 東醫寶鑑, and eventually the creation of Sasang Constitutional Medicine (SCM) by Lee Je-ma who wrote 東醫壽世保元 in 1894.

4. Campaign for the standardization of traditional medicine (TM)

In recent years, WHO/WPRO has achieved the successful standardization of TM. From the WHO/WPRO experience, we could gain some valuable points. International standardization should be:

- loyal to its original roles
- evidence-based
- conducted in accordance with regulations in each country
- respecting the views of all interests.
- undertaken in democratic, transparent and mutually respectful manners
- harmonized with other international organizations, such as the ISO and WHO

CURRICULUM VITAE

1989年	Ph.D, Graduate School of Kyung Hee University	2008年-	Dean, College of Oriental Medicine,
1988年-2003年	Assistant Professor, Kyung Hee University		Kyung Hee University
2004年-2008年	Regional Adviser in Traditional Medicine, WHO Regional Office for the Western Pacific.		

Speech 2 Current Situation and View for Standardization of Traditional Vietnamese Medicine

ベトナム伝統医学の現状と標準化

Tran Quoc Binh (National Hospital of Traditional Medicine; Vietnam)

1. History of traditional medicine of Vietnam

Traditional Vietnamese Medicine (TVM) originated from the Hung Vuong dynasty, having a long history of more than four thousands of years. Vietnamese Traditional Medicine is composed of 2 main parts: the Oriental Medicine with Vietnamese style modification and ethnic medicine of 54 ethnic groups and it played great importance role on the protection, care and promotion of people's health.

The process of productive labour and the struggle of 54 ethnic groups for setting and keeping up independence, along with the process of enduring exchange relations with China, India, Cambodia and Laos, etc., form TVM and make it plentiful.

Many medicinal utilization experiences, non-medication simply effective methods (e.g., acupuncture, massage, acupressure, qi gong...) used for prevention and treatment of a disease existed from thousands of years ago, but nowadays, they are still handed down among the people. For example: a custom of chewing betel for teeth protection; eating galingale for prevention of digestive disorders; etc...

Before the nineteenth century, Vietnam already had a system of diagnosis and treatment including many specialties, a system of competitive examination and training for traditional physicians. The knowledge of traditional medicine is not only transmitted within the community but also collected and recorded mostly in writings by famous physician as Tue Tinh (the 14th Century), Hai Thuong Lan Ong (the 18th Century), Nguyen Dai Nang (the 15th Century), Hoang Don Hoa (the 18th Century), etc.

Traditional Vietnamese medicine, with a beneficially working system, has played a great role in health protection and has become an important part that forms the Vietnamese culture.

With the coming of many traders, Portugal, Spanish, and French missionaries in the late 19th century in Vietnam, modern medicine started penetrating into Vietnam ever since.

In the early 19th century, Hanoi medical college (1905) came into being, leading the wide extent of modern medicine covered in the whole country. However, the small number of staffs with poor equipment was only equal to demand of a minor part of the population in the city. The greatest part of Vietnamese people, especially those in the countryside or mountainous areas, still prefer to use traditional methods for prevention and treatment of a disease and health improvement.

Today, modern medicine in the world as well as in Vietnam has made great advances in the developmental process, owing to inheritance of bio-medical and other scientific progress. Modern medicine with the application of advances in molecular pathology and modern pharmacological technique has significantly contributed to an eradication of epidemic and contagious diseases, saving the life and health of the human.

President Ho Chi Minh, the Vietnamese government's leader, stated: "Medicine should be based on the national, scientific, popular principles. Our forefathers had many good experiences of curative care by traditional medicines, Chinese medicinal herbs. To develop the medical scale, integration of traditional medicine with western medicines should be focused upon".

2. Current situation of traditional medicine in Vietnam

The Government has promulgated a variety of policies and detailed measures to inherit TRM knowledge; preserve the people's precious experiences in TRM; develop and modernize TRM; combine TRM with MM, aiming to build up a modern, scientific, and popular Vietnamese medicine.

Vietnam has a system of management, diagnosis and treatment and scientific research in traditional medicine, including department of TRM at the ministry level, 3 research institutes of TRM, 57 provincial TRM hospitals, departments of TRM in 100% of general hospitals. Examination and treatment by traditional medicine unit is available in more than 60% of commune health stations. 6,659 Pharmacies and 6,414 traditional medicine clinics were licensed for practice. Together with the development of the public traditional medicine system is the Vietnam Oriental Medicine Association. It is available at 4 levels: central, provincial, district and commune levels and it works on a vertical manner with unified direction from the central to the commune level.

TRM plays an important role in healthcare for the people, especially people living in rural and mountainous areas, with low living conditions and income that limit the possibility to access to health services. The population of these areas makes up 80% of general population in Vietnam. Every year, over 30% of the patients are treated by TRM and this number is more and more increased.

Nowadays, the integration of both medicines is an indispensable tendency in the process of development. The combination of traditional and modern medicine in Vietnam has significantly contribute towards achievements of the Vietnam health care, whose construction is followed the orientation: to consider the health as target and the most precious thing; to attach importance to prevention health; and to popularize and increase variety of health services

3. Difference between Traditional Vietnamese Medicine (TVM) and TCM

Vietnam lies in the South-East Inter-tropical monsoon zone, having a long coast-line of over 3000 km. Its weather is marked by high humidity and annual rainfall. Vietnam has a rich natural resource of flora and fauna, containing 3,850 plant species, 406 animal species and 70 mineral classes, which are known to be useful for medicines.

Although the theoretical system on traditional medicine of Vietnam is originated from Oriental medicine (Yin-Yang theory, Five element theory, Meridians...) Vietnamese Traditional Medicine is a combination of modified classical Chinese medicine (as a result of a millennium of Chinese domination until the 12th century) and the indigenous practices of its diverse ethnic minorities. In addition, differences in the illness patterns and plant species of warmer and more humid Vietnam necessitated different emphases in diagnosis and treatment. Traditional practice is further influenced by the medicines of the ethnic minorities who number about 7 million in a national population of about 80 million.

Vietnamese traditional medicine was heavily influenced by theoretical background of Oriental philosophy and then developed its own variation. Its national character has been developed and maintained owing to the mix with a gigantic mass of healing experiences of many ethnic groups living in different geographical areas with their own rich natural resources of raw material.

4. View for standardization of traditional medicine

Traditional medicine is a comprehensive system of medicine characterized by its own theoretical basis and practical experience. It includes herbal medicine, acupuncture and other non-medication therapies. Owing to its unique paradigm and remarkable efficacy with fewer adverse effects, this system of medicine has been attracting more and more interest internationally. In recent years the demand of study, practice and exchange in TRM becomes more and more in Vietnam and in the world. This is leading to a pressing need for standardization of traditional medicine in respect of TRM terminologies, clinical manipulation, classical TRM formulae, herbal medicine, acupuncture needle... It is also the first step towards the globalization of traditional medicine.

In Vietnam, National Hospital of Traditional Medicine (NHTM) is the leading hospital for TRM, which works as the WHO Collaborating center for TRM. The Hospital actively participated in the activities proposed by WHO such as: attending the international meeting on standardization of TRM, compiling the WHO international standard terminologies on TRM in the western pacific region, ... The following are some more solutions we recommend to continue the aim to bring out the meaning of TRM terminology

- Promoting research work to bring out the meaning of TRM terminology using modern, understandable and quantitative indicators
Promot- Selecting and developing standards for diagnosis using quantified score-boards or scales, aimed to limit the subjective errors (Score-boards for diagnoses: Yin and Yang deficiencies, cold and heat syndromes, blood stagnation ...)

- Exchanging information and experiences (e.g., application of the results of study on score-board used for diagnosis of blood stagnation and its severity classifications)
- Enhance the efficacy and safety in treatment and the economical effect of integration. Integration of both medicines is to standardize the indications for treatment in terms of time, dosage, and instructions for use (medicaments, non-medicaments), aiming at the development of guidelines for clinical practice.

- Standardization and modernization of traditional pharmaceuticals (GAP, GMP...) research work: Promoting research work to bring out the meaning of TRM terminology using modern,

+ Spleen deficiency
+ Blood deficiency
+ Blood stagnation and micro-circulation)
+ Cold and heat syndromes
+ Meridians and points system and its mathematical basics
+ Animal, mineral and herbal medicines (pharmacology, pharmaceutical chemistry...)
+ Yang deficiency and micro-elements
+ Spleen deficiency
+ Blood deficiency
+ Blood stagnation and micro-circulation)

+ Cold and heat syndromes
+ Meridians and points system and its mathematical basics
+ Animal, mineral and herbal medicines (pharmacology, pharmaceutical chemistry...)
+ material basics of syndromes:
+ Yang deficiency and micro-elements
+ Spleen deficiency
+ Blood deficiency
+ Blood stagnation and micro-circulation)
+ Cold and heat syndromes
+ Meridians and points system and its mathematical basics
+ Animal, mineral and herbal medicines (pharmacology, pharmaceutical chemistry...)

CURRICULUM VITAE

EDUCATION

1983: Graduated as Medical Doctor. Military Medical Academy, Hanoi, Vietnam
2005: Graduated as Philosophy of Doctor of Traditional Medicine
2008: Graduated as Specialized Doctor - level II, Hanoi Medical University, Hanoi, Vietnam

POSITIONS

6/2008 - 7/2009: - Therapist and researcher - Deputy Director of National Hospital of Traditional Medicine, Vietnam
8/2009 to Present: Acting Director National Hospital of Traditional Medicine, Vietnam
- Director of WHO Collaborating Centre for Traditional Medicine in the Western Pacific Region

Speech 3 Current Situation and Future Trends of Traditional Medicine in Mongolia

モンゴル伝統医学の現状と将来

Molor ERDENE (Health Sciences University of Mongolia; Mongolia)

History: Traditional Mongolian Medicine (TMM) has a history of more than 5000 years. Mongols managed to establish the complete Mongolian medical system based on their original treatment with adoption of Indian Ayurveda, and theory and methodology of the Tibetan medicine. There was a stagnant period when traditional medicine was officially neglected during 1937-1989 because of conflicts of ideology.

Current situation: The head organization of traditional medicine in Mongolia is the Scientific and Technological Corporation of Traditional Medicine, which serves as the national research institute for traditional medicine. Every province has a traditional medical center and small units in their rural areas. About 40 traditional hospitals and 160 outpatient clinics are operating in Mongolia. Eight traditional medicine-manufacturing units produce 250 kinds of medicines using about 220 kinds of domestic herbal, animal and mineral originated raw materials and over 80 imported materials. In 1990, the Department of Traditional Medicine was established at the Mongolian National Medical University and it later transformed to School of Traditional Medicine. Every year 35-45 students graduate as a doctor of traditional medicine with the bachelor degrees and 5-10 graduate students with the master or PhD degrees. Among them are students from Russia, China, Bhutan, and Korea. Medical doctors also receive short-term courses. There are one private traditional medical school and four other private schools with a department of traditional medicine.

Difference between TMM and TCM: TMM has its own unique theory, the theory of Three Energy, namely 'khii, shar, badgan'.

View for standardization: In 1999, Mongolian parliament issued its national policy on traditional medicine. The basic guidelines focus on staff-training, standardizing the training curriculum, improving research and applying it to medical practice, translating ancient medical literature from old Mongolian script and Tibetan, and increasing the number of pharmaceutical production enterprises. No national laws or regulations specifically for traditional medicine have been issued or are in development; however, all health related aspects are regulated under the health and drug laws. Regulations on traditional drugs were issued in 1998 and 2001; the laws are the same for traditional drugs as for conventional pharmaceuticals.

CURRICULUM VITAE

Education

Medical School	Mongolian National Medical University, Ulaanbaatar, Mongolia, 1989-1996
Graduate	Kumamoto University Medical School, Kumamoto, Japan
Post Doctoral Training	MD Anderson Cancer Center, University of Texas, USA, 2005 -2007

Speech 4 Current Situation of Traditional Japanese Medicine (TJM) and View for Global Standardization of Traditional East Asian Medicine (TEAM)

日本の伝統医学の現状と東亜細亜伝統医学の国際標準化

Takashi SEKI (Tohoku University; Japan)

History: Medicine was imported from Ancient China via Korea before AD. 500. Taiho-Rituryo (大宝律令; AD. 700), the first law of Japan stipulated medical jurisprudence. Medical doctor used herbal medicine and acupuncture. Medicine developed in Japanese own way. Medical classics were re-forwarded from Edo Medical office (江戸医学館) to China in Meiji era, and China could maintain and develop their traditional medicine in 20th century. Japanese Herbal Medicine (Kampo) has two main streams so called Gosei School (後世派) and Koho School (古方派). The first vocational college for blind person in the world was established by Waichi Sugiyama (杉山和一) in 1693. It was a college for acupuncture. Many Schools and varieties in acupuncture have been developed.

Current situation: There is no Traditional medicine (TM) doctor system in Japan. Medical doctor is allowed to prescribe herbal medicine and to practice acupuncture and moxibustion also. Japanese herbal medicine is called Kampo. 148 Kampo formulas and 241 crude herbs are covered by national insurance for only medical doctor. There are 260,000 Medical doctors (MDs) and more than 70% of them use Kampo medicine. 86% of medical school hospitals (80/120 university hospitals) have TJM (Traditional Japanese Medicine) outpatient department. TJM is taught in every medical school. There are 85,000 acupuncturists and 92 acupuncture vocational colleges / universities. Acupuncture is covered by national insurance for only acupuncturist. Judo therapy is covered by national insurance for Judo Therapist (Traditional Japanese Bone Setter). Acupuncturist, Moxibustionist and Judo Therapist are only allowed to practice acupuncture, moxibustion and Judo therapy respectively. Japanese people spent US\$ 35 bil for TM and CAM (Complementary and Alternative Medicine) in 2002. In 2006, total sales of herbal "drug" products in Japan was US\$ 1,169 mil. In 2010, project team for integrative medicine was established in MHLW (Ministry of Health, Labor and Welfare, 厚生労働省).

Difference between TJM and TCM: The theory of TJM was simplified. Abdominal Diagnosis (腹診) was developed in Japan. For Japanese acupuncture, Five element pulse diagnosis (五行脈診) is often used. Japanese style of acupuncture developed by Waichi Sugiyama use tube to insert needle (管針法). They use thin needle and superficial insertion (浅刺).

View for standardization: Traditional medicines in the East Asian countries have variation. Standardization is not to unification. We should keep variation in traditional medicines. To develop standards, we need consensus-building. Standardization of terminology should be handled by other organizations, i.e., WHO/WPRO. Standardization of classification and code of herbal medicine thru collaboration among East Asian countries is recommended. Those who plan to "standard" the education and licensing of TM have to recognize the difference of formal education system and difference of licensing system in each country.

In 2003, draft standard of acupuncture needle was developed by industry, using JIS T3209 and ISO 7864 in Japan. In 2004, formal committee was established. JIS T9301 (disposable acupuncture needle) was developed in 2005.

The Japan Liaison of Oriental Medicine (日本東洋医学Summit会議; JLOM) was established on 8 May 2005. JLOM is an academic representative in Japan in the field of standardization. Since its establishment in 2005, JLOM has sent its members as delegates to international standardization meetings on traditional medicine. JISC (Japanese Industrial Standards Committee, 日本工業標準調査会) assigned JLOM as a mirror committee of ISO/TC 249 (Traditional Chinese Medicine (provisional)). MHLW also supports JLOM in the delegation to the standardization meetings, and others.

CURRICULUM VITAE

Research areas : Traditional medicine, Integrative medicine, Geriatric medicine, Internal medicine	(Doctor of Medicine)
(Education)	2002年 Researcher at the Geriatric medicine, Tohoku University School of Medicine
1988年 Graduated from Tohoku University School of Medicine	2003年- Associate Professor at Center for Asian Traditional Medicine, Tohoku University School of Medicine
1997年 Director of Tohoku TCM clinic	
2002年 Graduated from Graduate School of Medicine, Tohoku University	

Speech 5 Variations on Traditional Chinese Acupuncture in Japan and Korea 日韓の鍼灸の多様性

Longxiang HUANG (China Academy of Chinese Medical Sciences; China)

In China, the practice of acupuncture can be probably traced as far back as the Stone Age, with the Bian shi, or sharpened stones. Its three important historical periods are: the Han and Tang Dynasties, Jin and Yuan Dynasties, and the past half a century when a lot of new acupuncture treatment appeared constantly.

Introduced from China to Korea, Japan, Vietnam and other countries of East Asia, Acupuncture and moxibustion got different development with the local social condition, folk custom and demand. Say roughly, in Japan its development concentrates mainly on modern education of acupuncture, modern research and treatment during the last one century, among which some changes have a certain impact back on China in a certain degree. And acupuncture and moxibustion development in Korea concentrate on ancient times (equivalent to Ming and Qing Dynasties in China), especially in the acupuncture and moxibustion methods.

On the other hand, acupuncture needles have difference too among china, Korea and Japan. In addition the same acupuncture treatment may be used in the different fields in different countries. Comparing the different development of acupuncture in China, Japan, Korea will give us important information to find out the correct developing direction of acupuncture in the future.

CURRICULUM VITAE

Deputy Director, Acupuncture Institute of Academy of Chinese Medicine Science, Beijing, China

I have been working painstakingly on the history, theory and standardization of acupuncture since the early 1980s. In the acupuncture field, he has been tirelessly doing his best to develop a 'business card' to let the world know what acupuncture is, where it is from, and what makes it so special that it facilitates the dialogue and understanding between people of different cultures and academic backgrounds.

My book "The historical development of acupuncture" was published in China at 2001. This book was immediately highly acclaimed by leading Chinese and international acupuncture authorities and awarded National First Prize of Chinese Association of TCM (2003). The historical development of acupuncture was translated into Korean (2005) and published in Taiwan (2002).

Altogether Prof. Huang has published 13 books, two of which are in the English language: Evidence-Based Surface Anatomy for Acupuncture, and the WHO Standard Wall Chart of Acupuncture Point Locations. Four of my books were awarded National Science Prize.