European Homeopathic Medicine and the Rise of Kanpo in Postwar Japan

Nanami Suzuki ed. Healing Alternatives: Care and Education as a Cultural Lifestyle
Senri Ethnological Reports 120: 17–52 (2014)

European Homeopathic Medicine and the Rise of *Kanpō* in Postwar Japan

Osamu Hattori
Doshisha University

This paper seeks to explore both the role of the homeopathic medical community in the rapid development of acupuncture practices within postwar Europe as well as the influence of the European successes of these practices on the development of the *kanpō* and acupuncture movements in postwar Japan. Sources examined include reports by Heribert Schmidt, a German physician who traveled to Japan from 1953 to 1954 to study *kanpō* and acupuncture, Hiroshi Sakaguchi, a Japanese *kanpō* physician and acupuncturist who, at Schmidt's invitation, traveled to Germany from 1954 to 1955 to both teach courses on *kanpō* and acupuncture and study German homeopathic practice, and Sorei Yanagiya, a Japanese acupuncturist who traveled through France and Germany for a brief period in 1955.

The rapid development of the acupuncture movement in postwar Europe can be attributed to a number of factors. First, the perceived similarities between homeopathy — which had already developed a significant network of practitioners within Europe — and Eastern medical theories such as acupuncture allowed for such practices to not only be easily understood but also quickly implemented on a wide scale. Furthermore, unlike *kanpō* in Japan, homeopathy in Europe was viewed not as a traditional practice but rather as a valid alternative to scientific medicine; as a result, European physicians who adopted acupuncture as a method of treatment sought to adapt its theories to confront a host of contemporary illnesses (most prominently lifestyle diseases), earning broad public support in the process. This wide acceptance and practice of homeopathy and acupuncture in Europe would serve as a catalyst for the modernization of the *kanpō* and acupuncture movements within Japan, a process led by Hiroshi Sakaguchi, whose experiences in Europe forced him to confront the image of such practices as outdated and ineffective within the Japanese medical community.

1 Introduction

The editorial postscript to the June, 1954 issue of *Idō no Nippon* ("The Japanese Journal of Acupuncture and Manual Therapies"), refers to a number of recent international exchanges, stating that "Dr. Schmidt's visit revived long-dormant passion for eastern medicine in Japan (and even in China). It is likely that Dr. Sakaguchi's upcoming trip to Germany will have a comparable effect on doctors throughout the civilized world[1)]."

Today in Japan there is no shortage of doctors practicing *kanpō* medicine. The Japan Society for Oriental Medicine boasts 2,150 certified *kanpō* specialists as March 2011 (Japan Society for Oriental Medicine s.a.), while the number of licensed acupuncturists and moxibustionists as 2011 are 152,049 and 150,812 respectively (Foundation for Training and Licensure Examination in Anma-Massage-Acupressure, Acupuncture and Moxibustion s.a.). While Chinese medicine and acupuncture are looked on with doubt by some and there is certainly room for debate as to whether or not these therapies are seen by most as viable means of treating serious illness, as an overall trend, current attitudes towards *kanpō* and acupuncture are perhaps more positive than any time since the Meiji period. In some cases, the national health insurance has even been known to cover *kanpō* and acupuncture treatments.

Research on the resurgence of *kanpō* in Japan has tended to examine its decline as a function of the push for modernization and westernization following the Meiji restoration and its subsequent reappraisal in popular society in terms of the *kanpō* revival that took place in later years (Yamada 1996). Such scholarship, however, only examines the *kanpō* movement and its history from the viewpoint of

contemporary clinical *kanpō* physicians. As of this writing, there is a lack of critical examination of the connection between the embrace of alternative medicine in the West and the resurgence of *kanpō* in the East — with the events alluded to in the opening paragraph having been largely forgotten.

This paper seeks to reconsider the relationship between the alternative medicine movement in 1950s Europe and the *kanpō* revival in postwar Japan with a focus on the international activities of German homeopathic physician Heribert Schmidt (1914–1995) and Hiroshi Sakaguchi (1921–2003). By recontextualizing the *kanpō* revival in terms of its relationship to similar movements across Europe, this paper hopes not only to shed new light on medical discourse in East Asia, but also to place such discourse within the larger context of alternative medicine movements across the globe.

2 *Kanpō* and Acupuncture in Modern Japan

Before analyzing the relationship between the acupuncture movements in postwar Europe and Japan, one first must accurately assess the state of these individual movements during this same time period. To this end, this paper will begin with an examination of the state of acupuncture and *kanpō* medicine in modern Japan.

Chinese medical theories, which had been transmitted to the Japanese archipelago since antiquity, constituted the foundation of Japanese medical theory and practice throughout the nation's early history. Towards the end of the Tokugawa period, the importation of European (specifically Dutch) knowledge regarding medicine led to an almost total abandonment of Chinese theories in favor of Western ones in the subsequent years.

This trend towards renouncement of Chinese medical theories reached its zenith during the Meiji period, during which the government actively promoted the complete eradication of *kanpō* theories within contemporary medical practice. Isei, Medical Act, were passed in 1874 (Kōseishō 1976: Shiryō 36ff.) mandating, for the first time in the nation's history, that physicians be required to receive training and pass a licensing exam before being allowed to legally practice medicine in the country; the education and licensing exam, of course, focused exclusively on Western medical theories. In 1883, these same educational and licensing requirements were imposed on all *kanpō* doctors as well (Kōseishō 1976: Shiryō 56ff.). The universal imposition of this system meant that only those who had been trained in Western medicine were able to practice in Japan — those students who had learned only *kanpō* through the traditional master-apprentice style system in place for centuries were left with no legal means of opening a practice (Kōseishō 1976: Kijyutsu 61ff.; Hashimoto 1992: 138–139; Oberländer 1995: 51–65). While it was technically possible for doctors who had been trained in Western medicine and

passed the licensing exam to then practice *kanpō*, the majority of new physicians opted to practice the Western medicine in which they had been trained. *Kanpō*, having been robbed of its traditional methods of imparting knowledge onto future generations, was left to fade out of practice and into the history books.

Of course *kanpō* physicians made a number of attempts to improve the licensing system and create viable means for training their successors. In 1890, when the national constitution mandated the establishment of a national legislature, the nation's *kanpō* doctors joined together and actively lobbied for revisions to be made to the licensing laws; the narrow defeat of a proposed licensing system for *kanpō* doctors in 1895, however, essentially brought these lobbying efforts to an end (Kamiya 1984: 153−169; Oberländer 1995: 173ff.). This defeat, coupled with the gradual but steady retirement of the *kanpō* movement's oldest and most prominent advocates led to its quick and sudden decline in subsequent years.

The 1910s, however, saw a revived interest in *kanpō* medicine among a new generation of doctors and thinkers. In 1910, Keijūrō Wada, a licensed physician and graduate of Saisei Gakusha who had become an advocate for the validity and relevance of *kanpō* theory and practice, published *Ikai no Tettsui* ("Hammer of the Medical World") following years of apprenticeship under a well-known *kanpō* practitioner. From 1927 to 1929, Kyūshin Yumoto, a graduate of the Kanazawa School of Medicine and licensed physician himself, was inspired by Wada to publish his own three-volume treatise on *kanpō* medicine entitled *Kōkan Igaku* ("Chinese Medicine"). Furthermore, in 1926, novelist Tadanao Nakayama published an article regarding the revival of *kanpō* medicine ("*Kanpō* igaku fukkō ron") in a nationalistic magazine, *Nippon oyobi Nipponjin* ("Japan and the Japanese"), prompting renewed interest in *kanpō* within Japanese society (Ōtsuka, K. 2001: 72−73).

This period also saw the introduction of *kanpō* classes and the formation of professional organizations and unions intended to increase the movement's visibility within popular society. It would be erroneous to state, however, that these developments resulted in the immediate restoration of *kanpō* in Japan to its pre-Meiji prestige. While it is true that the renewed interest in *kanpō* coincided with an overall cultural shift towards greater ethnic nationalism in the prewar era, preparations for war also resulted in increased interest and development in the medical sciences, particularly with respect to surgery. In 1933, "*Kanpō* Medicine" ceased to be recognized as a legitimate field, leaving its practitioners with no means of identifying themselves (Ōtsuka, Y. 1996: 207−208). In this sense, despite the apparent revival, political oppression of the *kanpō* movement, in fact, hit its peak during these years.

It was not until the years following the war the *kanpō* revival truly began to take shape. In 1950, leading *kanpō* physicians from throughout Japan formed the

Japan Society for Oriental Medicine which soon began publishing its professional journal, *Nihon Toyo Igakkaishi* ("The Journal of Japan Oriental Medical Society"). The scientific and scholarly approach to *kanpō* advocated by this magazine had decisive influence on the direction of contemporary *kanpō* research and paved the way for the reevaluation of *kanpō* in Japanese society, which had come to treat Western scientific medicine as the only viable form of medical science.

These *kanpō* movements, however, focused almost exclusively on the pharmacological aspects of *kanpō* and were largely passive with respect to the topic of acupuncture. During his stay in Germany, Hiroshi Sakaguchi noted that in Japan acupuncture had traditionally been a job for blind, meaning that many of its practitioners lacked even a basic knowledge of medical science[2)]. This remained true in the years after World War II. Post-war acupuncturists were largely classified into three groups: *kanpō* physicians, practitioners who had studied at acupuncture schools, and practitioners who had taken acupuncture courses in schools for the blind. With the exception of *kanpō* physicians — the smallest of these three groups — practitioners of acupuncture had no formal medical qualifications, and Japanese society on the whole did not view acupuncture as particularly effective. Although there was a professional organization of acupuncturists, it was not generally regarded as a genuine academic organization and its professional journal, *Idō no Nippon* lacked the qualities of a traditional academic journal.

Contemporary acupuncturists attempted to restore confidence in their trade by making efforts revise the popular image of acupuncture as an outmoded superstition and reestablish it as a legitimate scientific practice. But this movement soon engendered conflict between two schools of thought within the movement: those who ignored meridian and insisted on the radical scientification of acupuncture from a purely scientific and anatomical viewpoint, and those who were maintained obedience to the traditional Chinese methods of thought[3)]. In general, acupuncturists expected that the scientific approach to the modernization of acupuncture would prove their treatments effective, as their lack of medical education made them fearful of losing their social standing.

3 Alternative Medicine and Acupuncture in Europe

Although the birthplace of modern medicine, alternative medical schools critical of the supremacy of scientific medicine maintained significant social relevance even in the 20th century. In the years after the Renaissance, although knowledge regarding human anatomy increased at a great rate, with the exception of some advances in surgical medicine, this development did not yield meaningful advances in clinical practice — ineffective methods such as bloodletting continued to be practiced into the middle of 19th century.

Dissatisfaction with the state of scientific medicine led to the development of

a number of alternative medical theories which first materialized at the end of the 18th century and continued to develop throughout the first half of the 19th. Among the most well-known of these alternative medical theories are Franz Anton Mesmer's theory of animal magnetism (Ego 1991), Samuel Hahnemann's theory of homeopathy (Haehl, R. 1929), and Vincenz Prießnitz's naturopathy (von Walde 1898; Brauchle 1951). Of these, both Mesmer and Hahnemann were, in fact, university graduates with degrees in medical science who, through their own experiences and experiments had come to doubt the validity of orthodox medicine and branch out on their own paths. Prießnitz, on the other hand, was an illiterate peasant who synthesized a number of traditional cures that had existed in the countryside community, and his methods soon got the attention of local and national physicians and other members of the educated elite. It could be argued that during this period, these alternative medical theories were held in higher esteem that the traditionally dominant schools of orthodox medicine.

Rapid advances in medical theory and practice throughout the latter half of the 19th century, however, brought orthodox medicine back to a position of dominance. In particular, advances in anesthesia and sterilization allowed for sudden and unprecedented developments in surgical techniques and overall safety, while advances in hygiene, bacteriology, and immunology allowed doctors to effectively eradicate a number of infectious diseases that had spread so much as to threaten society as a whole. The net result of these developments is that the alternative medical theories that had managed to gain some prominence earlier in the century were once again dismissed while orthodox medicine regained its place as the "legitimate" form of medicine.

Even during these years, however, as the relationship between scientific and alternative medicine was growing increasingly adversarial, popular support for both homeopathy and the aforementioned naturopathy actually grew, particularly during the 1880s. While the introduction of the national health insurance system in Germany meant that more and more people were being treated with scientific medical practices, many "average" citizens were put off by what they perceived as an elitist attitude among medical professionals as well as the numerous side effects they experienced under "scientific" treatment regimes. Such people tended to avoid scientific medicine and instead sought relief for their ailments in homeopathy, naturopathy, and other alternative schools of medicine. Furthermore, practitioners of such alternative medical theories strove to prove the efficacy of their cures, often adopting the terminology and methodology of scientific medicine to do so. In particular the rise of lifestyle diseases at the turn of the century engendered a rise in alternative and Eastern-style medical theories, as scientific medicine proved itself largely incapable of treating these new illnesses.

Among the non-scientific theories that gained a foothold in this period was

acupuncture. The history of acupuncture in Europe is somewhat longer than most would expect. In 1682, Willem Ten Rhijne (1649−1700), a Dutch physician who had worked in the Dutch trading post in Dejima, Nagasaki, published a volume in London regarding Japanese acupuncture practices, effectively introducing acupuncture and moxibustion to the European public (Stiefvater 1955: 5). Interest in Eastern medicine, however, did not grow to meaningful levels until the 20th century.

The primary catalyst for the rise of acupuncture in postwar Germany was the pain-spot treatment developed by August Weihe (1840−1896), a famous homeopathic physician in the latter half of the 19th century. Weihe discovered that stimulating certain pain spots yielded virtually the same effect as certain homeopathic remedies. The authenticity of this discovery, however, was debated among German homeopathy circles where it was regarded as a deviation from homeopathic orthodoxy and thus rejected.

In the years that followed, however, Roger de la Fuye (1890−1961), a French doctor whose travels had exposed him to the pain-spot treatment methods of Native American Indians, would go on to establish the practice of homeosiniatry (Chinese homeopathy), which integrated Weihe's theories and traditional Chinese acupuncture and moxibustion treatments into a form that was readily understood by his European audience (Seiler 2002: 95−96).

Meanwhile, George Soulié de Morant (1878−1955), a Sinologist who served as the consul general to China in Shanghai, went on to formally introduce Chinese acupuncture to Western Europe following his repatriation. He would go on to be mentored by George Ohsawa (1893−1966) (né Yukikazu Sakurazawa), a Japanese citizen who had advocated advances in nutrition in the 1920s until 1929, when he was chased out of Japan by government officials for practicing medicine without a license, ultimately finding refuge in France. During his stay in Paris, he developed the so-called "Musō Principle" which laid the ideological foundation for what would ultimately become the macrobiotic food movement (Shimazono 2003: 183−186). During this period he also published a volume on acupuncture entitled *L'Acupuncture et la Médecine d'Extreme-Orient* ("Acupuncture and Medicine of the Far East," 1934).

De la Fuye joined together with a number of homeopathic doctors in Europe to create an international network. Soulié de Morant distanced himself from homeopathy in favor of "pure" Chinese acupuncture and moxibustion but took no steps to form a network of practitioners[4]. De la Fuye's movement enjoyed overwhelming dominance in Europe during the 1950s, overwhelming the smaller, less-focused Eastern-oriented groups[5].

In 1950, Heribert Schmidt, traveled to Paris, where he studied homeosiniatry under de la Fuye; two years later, he published German translations of his mentor's

works (de la Fuye 1952); that same year also marked the debut of the magazine German Acupuncture Society's professional journal, *Deutsche Zeitschrift für Akupunktur* ("German Journal of Acupuncture"), signifying acupuncture's gradual assimilation into the mainstream culture of Western Germany. Of note, however, is the fact that the first issue of this magazine was published as a special edition of the homeopathy journal *Allgemeine Homöopathische Zeitung für wissenschaftliche und praktische Homöopathie* ("General Homeopathic Newspaper for Scientific and Practical Homeopathy"), signifying both the strength of the homeopathic network in Germany and its role in promoting acupuncture there[6].

The increasing prominence of alternative medical theories such as homeopathy and naturopathy, however, made them a frequent target for criticism by the scientific medical establishment. In order to remain relevant in society, proponents of alternative medicine were forced to prove the validity of their theories using the principles of scientific rationalism. With respect to homeopathy, such efforts began in 1829 when a number of doctors had assembled to celebrate the 50th anniversary of Samuel Hahnemann's doctor degree. This group would later become the Deutsche Zentralverein homöopathischer Ärzte ("German Central Association of Homeopathic Doctors"). 1832, meanwhile, marked the debut of the *Allgemeine Homöopathische Zeitung* (Haehl, E. 1929: 1−3), which functioned as both a professional magazine and an academic journal (Jütte 1996: 210), creating a medium in which homeopathic doctors could both discuss effective cures and develop new methods of treatment. Furthermore, although few in number, a number of homeopathic doctors ascended to positions of influence within academia, such as Budapest University's Theodor von Bakody (1826−1911) or Berlin University's August Bier (1861−1949), originally a proponent of so-called school medicine before later changing his views in favor of homeopathy (Jütte 1996: 190).

As discussed earlier, de la Fuye's network of homeopathic doctors undoubtedly played a key role in the popularization of acupuncture in Europe, but it is safe to assume that European doctors who began to engage with acupuncture already operated under the assumption that their theories would need to be proved to be true in accordance with the principles of scientific rationalism.

4 Public Health in Germany and Japan

Schmidt and Sakaguchi visited each other's respective countries during the 1950s; the mortality statistics of which have been gathered in the attached tables. Table 1 features mortality rates per 100,000 people for a number of illnesses in German cities with a population of over 15,000 for the years 1877−1913. While the majority of deaths are due to infectious diseases, the number of deaths from each of these diseases decreases significantly over the course of the years surveyed.

Table 2, meanwhile, features mortality rates per 10,000 people, divided by sex,

Table 1 Mortality Statistics in Cities Larger than 15,000 (1877–1913) (Per 100,000 People)

	Puerperal Fever	Scarlet Fever	Measles	Diphtheria	Whooping Cough	Typhus*	Typhus	Tuberculosis**
1877	15.4	61.3	30.0			45.8	1.6	372.1
1880	13.0	56.5	35.0	93.1		43.3	2.6	345.8
1885	10.7	32.5	33.4	122.7		25.2	0.4	344.7
1890	7.2	20.3	31.5	100.5		16.2	0.1	298.2
1895	5.4	19.8	15.2	54.0		10.5	0.1	251.2
1900	4.9	24.0	22.9	27.7		11.3	0.1	222.6
1905	5.2	13.8	16.7	22.4	21.5	6.4		222.6
1910	5.4	11.3	16.8	23.9	16.0	4.4		177.8
1913	5.6	10.4	14.3	21.8	11.8	3.4		156.5

	Respiratory Diseases (Excluding Diphtheria, Whooping Cough, Tuberculosis)***	Catarrh, Vomiting****	Vomiting	Smallpox	Suicide	Murder, Violence, Execution	Accidental Death, Death under Mysterious Circumstances*****	Others
1877	303.5	137.5	113.7	0.6	30.1	2.1	41.0	1440.8
1880	308.5	165.4	133.3	1.7	30.8	1.6	34.9	1442.0
1885	267.5	88.4	114.8	0.6	28.0	1.6	33.7	1393.1
1890	317.6	119.2	131.1	0.3	24.8	1.7	33.4	1235.7
1895	253.1	139.6	161.3	0.1	25.1	1.9	32.6	1163.1
1900	278.4	145.3	161.4	0.1	24.1	1.9	36.7	1145.2
1905	251.7	282.5		0.0	25.9	2.1	37.0	947.9
1910	203.4	152.0		0.0	26.3	2.0	35.4	833.5
1913	178.4	122.0			29.0	2.3	38.9	807.3

*Intestinal Typhus before 1900
**Tuberculosis of lungs before 1900
***Respiratory diseases (excluding whooping cough) before 1900.
****Acute gastrointestinal disease, excluding vomiting before 1900.
*****Accidental death before 1900.

Compiled from the following statistics.
Statistisches Jahrbuch für das Deutsche Reich (1887), pp.156-157; (1897), pp. 195–196; (1903), pp. 247–248; (1908), pp. 360–361; (1913), pp. 432–433; (1915), pp. 444–445.

for the years 1913–1930. The attributed causes of death are considerably more diverse than in Table 1, having been expanded to include lifestyle diseases such as cancer and circulatory problems. There is an upward trend in deaths from certain infectious diseases during the First World War (1914–1918) and the years that followed, during which standards of both nutrition and hygiene were considerably lower than during years of stability; perhaps the most obvious manifestation of this trend is the influenza epidemic in the years after the war. However, deaths from tuberculosis, for example, which was the leading cause of death from the 19th century into the early 20th century, are down for both men and women, while deaths from cancer and circulatory diseases steadily increase throughout the same period, with the number of deaths from cancer and other neoplasms surpassing those caused by tuberculosis.

Table 2 Cause of death in Germany (1913–1930) (per 10,000)

	1		2		3a		3b		4		5		6		7		8		9		10a	
	Native Obstacles (less than 1 year old)		Senility (older tha 60 years old)		Puerperal fever		Miscarriage		Scarlet Fever		Measles		Diphtheria		Whooping cough		Typhus		Animal-Borne Diseases		Wound Rose	
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f
1913	11.6	8.8	13.1	17.5		15.9		17.8	0.9	0.9	1.8	1.6	1.9	1.8	1.7	1.8	0.3	0.3	0.0	0.0	0.3	0.3
1915	8.6	6.6	15.2	19.9		19.1		19.5	2.1	2.1	1.9	1.7	3.7	3.3	1.8	1.9	1.8	0.4	0.0	0.0	0.4	0.3
1920	12.0	8.4	13.7	18.8		27.6		20.2	0.3	0.3	0.6	0.5	1.4	1.2	1.1	1.1	0.4	0.5	0.0	0.0	0.4	0.2
1925	8.7	6.2	10.8	14.6		25.0		23.0	0.1	0.1	1.2	1.0	0.5	0.4	1.0	1.0	0.2	0.3	0.0	0.0	0.3	0.3
1930	7.4	5.3	8.6	11.9		26.6		25.4	0.1	0.2	0.5	0.4	0.9	0.8	0.6	0.6	0.1	0.1	0.0	0.0	0.5	0.4

	10b		11a		11b		11c		12		13		14		15		16		17a		17b	
	Other Wound Infections		Lungs Tuberculosis		Other Tuberculosis		Miliary Tuberculosis		Pneumonia		Influenza		Other Infections Diseases		Respiratory diseases*		Circulatory Organ Diseases		Stroke		Other Nervous System Diseases	
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f
1913	0.9	0.6	12.6	11.8	2.0	1.9	0.2	0.2	12.9	10.9	0.7	0.8	0.4	0.3	8.8	7.3	15.6	16.5	6.0	6.2	7.8	6.1
1915	1.7	0.6	13.4	12.2	1.9	1.8	0.2	0.2	13.9	10.9	0.9	1.0	2.0	0.5	9.7	7.8	16.5	16.5	6.2	6.2	8.2	6.1
1920	1.4	1.1	12.6	13.4	2.2	2.2	0.2	0.2	13.5	11.9	9.5	9.7	1.5	1.3	7.3	6.0	16.2	17.3	5.6	5.9	7.0	5.3
1925	1.3	0.9	9.0	8.9	1.6	1.5	0.2	0.2	10.2	8.6	2.2	2.3	0.7	0.5	5.1	4.0	17.3	17.9	6.4	6.7	5.3	4.2
1930	1.3	0.9	7.2	6.1	1.2	1.0	0.2	0.1	9.0	7.5	1.2	1.2	0.5	0.4	4.7	3.6	19.5	20.0	6.2	6.5	4.4	3.6

	18a		18b		18c		19		20a		20b		21a		21b		21c		22		23	
	Stomach and Intestines Diseases		Other Digestive Organ Diseases**		Appendicitis		Urinary Organ & Sex Organ Disease***		Cancer		Other Neoplasm		Suicide		Murder, Violence, Death from Penalty		Death by Accident & Unnatural Death		Others		Unclear	
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f
1913	14.3	11.5	4.7	4.4	0.7	0.5	3.5	2.8	7.4	8.9	0.9	1.0	3.5	1.2	0.3	0.1	6.1	1.6	13.3	11.5	2.5	2.2
1915	10.9	8.7	4.9	4.7	0.6	0.4	3.8	2.8	7.1	8.3	0.7	0.9	2.4	1.1	0.2	0.1	126.2	1.7	13.3	11.4	6.7	3.5
1920	8.0	6.6	4.4	4.6	0.6	0.4	3.4	2.7	7.9	9.5	0.9	1.0	2.9	1.5	0.5	0.2	7.8	1.9	10.1	8.6	1.7	1.4
1925	4.5	3.4	4.8	4.7	0.8	0.5	3.3	2.5	9.3	11.0	1.1	1.2	3.6	1.3	0.3	0.2	6.1	1.6	7.5	6.1	0.8	0.7
1930	2.6	2.0	4.9	4.5	1.0	0.7	4.0	2.9	11.0	12.8	1.5	1.5	4.1	1.6	0.2	0.2	6.3	1.8	5.8	5.0	0.3	0.2

*Excluding Diphtheria, Whooping Cough, Tuberculosis, Pneumonia, Cancer and Neoplsam
**Excluding Tuberculosis, Appendicitis, Cancer and Neoplasm
***Excluding Puerperal Fever, Miscarriage, Cancer, Neoplasm and Venereal Diseases
Compiled from following statistics.
Statistisches Jahrbuch für das Deutsche Reich (1928), pp. 48–51; (1932), pp. 38–41.

Table 3 Main Causes of Death in Germany (1938–1960)* (per 10,000)

		1938	1950	1955	1960
Tuberculosis Total	m	7.0	5.2	2.9	2.5
	f	5.5	2.9	1.2	0.8
Tuberculosis of Lungs	m	6.1	4.5	2.6	2.4
	f	4.6	2.2	1.0	0.7
Other	m	0.9	0.7	0.3	0.1
	f	0.9	0.7	0.2	0.1
Cancer/Neoplasm	m	13.8	16.8	18.4	20.5
	f	15.5	17.1	17.7	18.8
Stroke	m	9.8	11.6	14.2	13.9
	f	10.5	12.7	15.6	15.5
Heart Failure	m	15.0	17.5	23.3	25.7
	f	16.3	16.3	19.4	20.2
Other Circulatory Disease	m	4.8	4.7	5.8	7.0
	f	4.7	4.8	5.7	7.5
Pneumonia	m	9.5	5.1	4.3	4.2
	f	7.3	4.4	3.5	3.5
Congenital Defect (Death Within 1 Year of Birth)	m	7.1	7.0	5.7	
	f	5.0	4.6	3.9	
Old Age	m	8.2	6.5	5.9	4.8
	f	11.5	8.5	7.6	6.5
Suicide	m	4.0	2.7	2.6	2.6
	f	1.7	1.2	1.3	1.3
Accident	m	7.5	6.9	8.5	8.1
	f	2.6	2.3	3.3	3.5
Traffic Accident	m		2.1	4.0	4.3
	f		0.5	0.9	1.0

*1938 refers to the German Empire; Years after 1950 refer to the territory of the Federal Republic Germany
Compiled from the following statistics.
Statistisches Jahrbuch für die Bundesrepublik Deutschland (1956), p.76; (1957), p.78; (1962), p.86.

This trend is even more pronounced in Table 3, which shows mortality rates per 10,000 people in Germany from the years 1938–1960. During this period, deaths from cancer, neoplasm, stroke, and circulatory disease all increase while deaths from tuberculosis decrease.

Table 4 shows mortality statistics in Japan in terms of relative percentages. While the percentage of deaths from infectious diseases decreases overall, deaths from tuberculosis, for example, actually increase after World War II; it isn't until the 1950s that deaths from infectious diseases decrease in a meaningful way. During this same period, deaths from cancer, neoplasm, and circulatory diseases such as atherosclerosis increase proportionately, with cancer ultimately overtaking tuberculosis in 1955.

Both Germany and Japan evolved from so-called "infectious disease societies" in which infectious diseases such as tuberculosis were the leading cause of death among the citizenry, to "lifestyle disease societies" in which cancer and other such diseases constitute the primary threat to public health. This transition, however,

Table 4 Number of Deaths by cause in Percent in Japan (1902–1959)

	1902	1905	1910	1915	1920	1925	1930	1935	1951	1955	1959
Native Obstacles	4.57	3.97	5.77	5.89	5.47	6.96	6.41	7.3	0.08	5.84	3.99
Spasm	2.23	1.74	1.28	0.96	0.58						
Senility	5.5	6.49	5.55	5.43	5.17	5.79	6.54	6.82	7.05	8.58	6.6
Puerperal fever	0.2	0.19	0.24	0.24	0.19	0.02	0.14	0.12			
Disease in pregnancy and childbirth	0.48	0.43	0.35	0.35	0.31	0.35	0.34	0.37	0.44	0.44	0.03
Scarlet fever	0	0	0.05	0	0	0.02	0.03	0.04	0	0	0
Measles	0.35	0.41	0.25	0.75	0.53	1.28	0.51	0.84	1.07	0.32	0.24
Diphtheria	0.47	0.39	0.51	0.46	0.27	0.3	0.35	0.38	0.11	0.13	0.09
Whooping cough	0.17	0.28	0.39	0.45	0.56	0.7	0.64	1.05	0.46	0.06	0.02
Typhoid fever and paratyphoid	0.55	0.63	0.76	0.81	0.91	0.87	0.75	0.64	0.05	0.02	0
Typhus	0	0	0	0	0	0	0	0	0	0	0
Lungs Tuberculosis	6.88	7.57	7.77	7.61	6.12	6.74	7.35	8.38	9.05	5.74	3.72
Tuberculosis (other)	1.73	1.99	2.87	2.99	2.68	2.84	2.87	2.99	1.95	0.95	0.41
Pneumonia	5.58	5.96	6.57	7.86	12.35	10.67	8.63	9.04	5.97	4.91	4.29
Influenza	0.15	0.27	0.25	0.18	7.62	0.87	0.44	0.26	0.09	0.08	0.98
Cholera	0.85	0	0.16	0	0.24	0.03	0				
Dysentery			0.77	0.49	0.26	0.17	0.24	0.29			0.07
Dysentery and Children's dysentery	0.9	0.87						1.37	1.75	0.86	0.31
Pest		0.01	0	0	0	0	0	0	0	0	0
Hansen's Disease		0.2	0.15	0.12	0.08				0.01	0	0
Smallpox	0	0	0	0	0.05	0	0	0	0	0	0
Malaria	0.13	0.1	0.06	0.03	0.02	0.01	0	0	0	0	0
Other Infectious Diseases		0.64	1.09	1.3	1.32			1.18	1.27	1.01	0.59
Bronchitis	5.38	5.52	5.54	4.73	3.7	2.93	2.39	2.09	2.23	1.27	0.98
Other Respiratory Diseases	2.5	2.93	2.48	2.35	2.11	2.58	2.57	1.47			
Other Circulatory Organ Diseases			0.33	0.5	0.46			0.55	1.05	1.3	1.69
Cerebro-Vascular Diseases	7.81	7.58	5.92	6.19	6.19	7.94	8.95	9.86	12.48	17.39	17.89
Meningitis	7.43	6.86	6.56	6.27	4.87	4.83	4.06	3.24	0.64	0.36	0.17
Other Nervous System Diseases	1.8	1.6	3.25	2.61	1.96			1.22			
Heart Diseases	2.49	2.58	2.96	2.98	2.44	3.16	3.2	3.43	6.44	7.9	13.37
Mental disorder			0.02	0.02	0.03			0.29			
Stomach and Intestines Diseases	12.71	13.25	14.66	14.24	12.24	13.75	14.13	10.62	8.9	5.96	4.13
Hernia & Ileus	0.21	0.26	0.36	0.45	0.39	0.41	0.41	0.47	0.71	0.68	0.52
Peritonitis	2.35	2.36	1.74	1.65	1.47	1.63	1.73				
Cirrhosis	0.23	0.24	0.31	0.31	0.27	0.32	0.4	0.39	0.68	1.09	1.1
Nephritis	1.64	2	2.5	3.57	3.91	4.95	5.42	5.09	2.91	2.74	2.06
Appendicitis			0.19	0.2	0.18	0.22	0.22	0.21	0.28	0.2	0.14
Urinary Organ Diseases			0.34	0.23	0.19			0.14	0.03	0.04	0.06
Sex Organ Diseases (Women)	0.58	0.49	0.45	0.35	0.23	0.19	0.15				
Syphilis		0.85	0.95	0.93	0.63	0.58	0.51	0.48	0.55	0.41	0.28
Malignant Neoplasm	2.56	2.65	3.08	3.43	2.84	3.45	3.83	4.41	7.82	11.12	11.43
Cancer	2.52	2.6	3	3.36	2.78	3.35	3.72				
Benign Neoplasm								0.25	0.56	0.73	0.56
Internal Secretion & Metabolism Diseases		1.8	1.6	1.5	1.35	1.31	1.51	1.15	0.62	0.47	0.35
Sunstroke		0.04	0.08	0.03	0.01	0.01	0				
Beriberi	1.16	1.16	0.9	1.03	1	1.15	1.32	0.87	0.38	0.16	
Suicide	0.84	0.8	0.88	0.93	0.75	1.01	1.19	1.22	1.82	3.22	2.64
Unnatural Death	2.03	1.99	2.06	2.1	1.78	2.09	2.27	2.52	3.98	5.06	5.45
Poisoning	0.06	0.05	0.05	0.07	0.08						
Unclear	11.83	11.35	6.3	5.8	5.2	3.37	3.52	2.89	2.61	2.69	1.87
Others	3.97	3.45	1.59	1.49	1.2	7.46	8.28	5.05	8.52	8.24	13.72

Compiled from the following data base.
Kenichi Tomobe and Akihito Suzuki, Cause-Specified Death Statistics in Japanese Prefectures
http://www.rekishow.org/db/CSDS/index.php

occurred approximately 30 years earlier in Germany than it did in Japan. This change bespeaks the advances in medical science, coupled with the establishment of the modern medical system, and improvements in public hygiene and nutrition that took place during the early 20th century. However, while Germany was able to reduce deaths from tuberculosis before developing effective medicines, Japan was not able accomplish the same until it began administering concentrated doses of antibiotics.

In comparison to Japan, Germany began overcoming the threat of infectious diseases towards the end of the 19th century, with deaths from such disease decreasing sharply at the advent of the 20th century. While the effects of the first World War led to a brief resurgence in infectious diseases, this threat was completely overcome by the around 1930, around which time lifestyle diseases began to constitute the primary threat to public health.

Meanwhile, Japan was not able to reduce deaths from infectious diseases until later on, and the rise of lifestyle diseases was correspondingly later than in Germany. While infectious diseases were unseated by lifestyle diseases in the 1930s in Germany, the same transition did not take place until the 1950s in Japan.

When Schmidt and Sakaguchi visited Japan and Germany respectively in the mid-1950s, although tuberculosis had been overcome 20 years earlier in Germany, Japan was finally entering a period in which it would be possible to eradicate the threat posed by the disease. The medical needs of the two countries differed significantly; while Japan was still combating infectious diseases, Germany was confronting cancer, neoplasm, stroke, and circulatory diseases.

This discrepancy provides one of the key factors for the early embrace of alternative theories such as homeopathy and naturopathy in both Germany and Europe as a whole. From the end of the 19th century to the first half of the 20th century, scientific medicine was most successful in curing infectious diseases while techniques to confront other ailments, such as hypertension, had yet to be developed. While scientific medicine stressed the importance of lifestyle changes, practitioners of alternative medicine were able to offer cures for the illnesses with which scientific doctors were still struggling. Such demand, however, was less pronounced in Japan, where infectious diseases remained the principle threat to public health until the 1950s.

5 Heribert Schmidt's Visit to Japan

5.1 Schmidt's Study in Japan

The following section will examine carefully Heribert Schmidt's 1953 visit to Japan with a focus on his activities while there and the interpersonal connections he formed during his trip. Furthermore, this section will explore not only his

impact on Japanese acupuncture and Japanese society as whole, but also contemporary attitudes of German physicians studying Eastern medicine.

Heribert Schmidt[7] was born in Göttelborn in Saarland in 1914 and studied medicine in Rostock and Heidelberg. During World War II, he practiced medicine in Bad Königsdorff (now in Poland) in Oberschlesien. After taking a homeopathy course at Robert Bosch Hospital in Stuttgart in 1947[8], he practiced homeopathy in Schwäbisch Gmünd until 1952. He also studied homeosiniatry under de la Fuye in Paris but, perhaps driven by dissatisfaction with de la Fuye's brand of acupuncture based on homeopathic theory, Schmidt made a decision to study Eastern acupuncture himself and set off for Japan in 1953. The specific details of this trip are unknown, but he arranged to practice acupuncture under Yasumichi Okabe, who saw to his lodgings during his visit[9].

In the same year, Xu Mifu from Hong Kong was also in Japan, as well as Barat Dupont who had come from France to study. The presence of such visitors, as well as a conscious awareness of the process of "internationalization," led to a sudden revitalization of *kanpō* and acupuncture circles in Japan. The acupuncture magazine *Idō no Nippon* reported about Schmidt in almost every issue during his stay in Japan.

In the preface of his book, Schmidt claims to have studied acupuncture under Yoshio Manaka and Yasumichi Okabe, as well as *kanpō* herbal medicine under Yoshinori Ōtsuka and Shirō Hosono (Schmidt 1988: 11). He stayed with Manaka for a particularly long time to study acupuncture[10]. Schmidt seemed to trust Manaka, both because Manaka was a legitimate doctor who had graduated from medical school and because he spoke fluent German[11].

Yoshio Manaka was born in a family of medical doctors. A graduate of Kyoto Imperial University, Manaka was sent to Okinawa with the military during World War II. After the war, he went back to his hometown where he inherited the Manaka Surgery Clinic and later founded a hospital. In 1950, though already reputable surgeon, he became a founding member of the Japan Society for Oriental Medicine and devoted himself to the development of Eastern medicine. He would go on to hold important posts, such as the principal of the Oriental Acupuncture School, and the visiting manager of the Kitasato Institute for Oriental Medicine (Matsuoka s.a.).

Yasumichi Okabe, a pupil of acupuncture revivalist Sorei Yanagiya[12], was well known as an advocate of meridian treatment. Yoshinori Ōtsuka was from a family that had been practicing obstetrics and gynecology for generations in Kochi. Ōtsuka was expected to take over his family's clinic, but he found himself too clumsy for surgery and aimed to study internal medicine before determining to study *kanpō* after reading Tadanao Nakayama's *Kanpō Igaku no Shinkenkyū* ("The New Study of *Kanpō* Medicine"). Later he studied under Kyūshin Yumoto in

Tokyo, whose *Kōkan Igaku* he cited as a major influence (Ōtsuka, Y. 1996: 206−208).

Shirō Hosono, a graduate of the Kyoto Imperial University School of Medicine, is best known for his attempts to modernize *kanpō* after the war. His efforts were focused on pharmacological research and the development of extracts of the various medicinal herbs used in *kanpō* medicine. Hiroshi Sakaguchi, Hosono's pupil and also a graduate of Kyoto University, was invited to Germany by Schmidt between 1954−1955 to lecture on *kanpō* and acupuncture treatment. Schmidt met Hosono and Sakaguchi in Kyoto in May 1953 at the latest and it is likely that he used Manaka's connection to Kyoto University to contact them.

In addition, Schmidt stayed with Akimasa Shichijō in Nagano for approximately one month, and attended Shichijō's lecture about meridian. He also went and studied under acupuncturist Bunshi Shirota. In Nagano, Schmidt gave a lecture about "The Rise and the Future of the Modern Acupuncture Treatment in Europe[13]." He also went to Kanazawa to learn about studies of researchers who were interested in Eastern medicine, including Professors Tachio Ichikawa and Rokurō Fujita of Kanazawa University Medical School, Shichijō's alma mater[14].

On his return trip from Nagano and Kanazawa, Schmidt visited Kōbei Akabane's office in Isezaki (Gunma Prefecture) to learn more about Akabane's research. Furthermore, Schmidt delivered lectures on acupuncture at the request of the medical society in Isezaki[15]. In addition, Yanagiya gave him a private lecture about theories of classical Eastern medicine[16], and Schmidt mentioned at his farewell party in Tokyo that he had learned the Wu Xing (Five Steps) theory from Keiri Inoue and Shōhaku Honma[17].

Schmidt's instructors and mentors in Japan were considered among the best *kanpō* physicians or acupuncturists at the time. In other words, during his 10-months-stay in Japan, Schmidt was exposed to what was then considered the cutting-edge of medical theory and technology.

5.2 Schmidt's Lectures

Schmidt's time in Japan, however, was not spent merely assimilating contemporary Japanese *kanpō* and acupuncture theory; he also gave lectures, in which he introduced Japanese people to the new acupuncture treatments gaining popularity in Europe.

Before Schmidt came to Japan, Okabe and his circle were already planning to hold an international acupuncture conference with Xu and Schmidt[18]. In this conference, held in Tokyo on June 14th 1953, Schmidt and Xu spoke about the current situation of acupuncture in Germany and China respectively while Yanagiya delivered a report on acupuncture groups in Japan and Manaka spoke about the relationship between diagnosis and treatment. In addition Okabe and

Kazuo Tatsuno, a *kanpō* doctor at Keio University Hospital delivered on these reports. After a discussion with the audience, Schmidt, Xu, and Akabane gave demonstrations of acupuncture treatment[19].

The following is a summary of Schmidt's lecture at the conference: The seemingly narrow possibilities of modern medicine, such as Virchow's cellular pathology, have led to a trend towards holistic treatment in Europe. Medical doctors throughout Europe have grown increasingly familiar with holistic treatments — similar to Eastern acupuncture — but their treatments are comparatively imprecise due to their lack of familiarity with the concept of meridian.

In other words, European acupuncture has its roots not in Eastern medicine, but rather in homeopathy. August Weihe found that the medicine a patient needed to be correlated to specific pain spots. Weihe's idea was further developed by de la Fuye, who applied homeopathic medicines to Chinese acupuncture points. This was, however, an armchair theory, and not necessarily correct in terms of clinical process. In the postwar years, followers of de la Fuye founded the "German Acupuncture Society" for which a number of acupuncturists are already working. Schmidt believed that understanding meridian and acupuncture points would provide doctors with prospects for treatment.

In this way, Schmidt introduced the contemporary situation of German medicine, especially with regards to the original development of acupuncture treatment in Europe. In addition, Schmidt also gave lectures also at the Japan Acupuncture and Moxibustion Society and at the Japan Oriental Medicine Society. He was also asked to give lectures by regional medical societies at almost every place he visited, most likely because a lecture by a German doctor in and of itself was unusual at the time.

In January 1954, not long before his return to Germany, Schmidt made a tour of lectures around the Western Japan with Akabane, who had risen to fame due to his new acupuncture treatment. Their lectures were quite successful and drew sizeable crowds, particularly acupuncturists and moxibustians. About 200 people were present for their lectures at Rōdō-kaikan (Center for Labor Welfare) in Osaka on January 17th. The next day, 120 people attended their lecture at the Ishikaikan (Center of Medical Association) of Nobeoka City in Miyazaki Prefecture. 160 people were in attendance for their event at Kōkaidō (Public Hall) in Kumamoto on the 20th, 360 people at Shichōson-kaikan (Center for Community Union) in Nagasaki on the 22nd, 400 in Saga on the 24th, 50 at Institute for Pathology of Kyushu University in the morning of the 25th and another 150 at the public health center in Kokura that afternoon. Finally 120 people came to Kyōiku-kaikan (Center for Teacher Welfare) in Hiroshima on January 25th. In Nobeoka, Schmidt and Akabane paraded with an open car, and in Nagasaki even the governor gave a speech[20].

It is safe to assume, thus, that Schmidt was very popular throughout Japan. Japanese mass media also showed interest in him. According to *Idō no Nippon*, a magazine for acupuncturists which culled articles concerning about acupuncture from local newspapers, Schmidt was featured in a number of local newspapers at that time.

For example, during his stay with Shirota in Nagano, *Shinano Mainichi Shinbun,* the most important local paper in Nagano Prefecture, introduced him in its evening edition on August 29th, reporting: "Oriental Medicine, such as acupuncture or *kanpō* medicine has been superseded by Western medicine to the point that many people think that they are just a sort of family treatments. However, now a German doctor has journeyed to Nagano city all the way from Germany to study Japanese acupuncture and moxibustion in order to spread them in Europe…[21]."

In some regions people seemed to believe that Schmidt would visit their town. An acupuncturist in Shimo-Suwa informed Schmidt of a new acupuncture treatment that he had developed. Schmidt replied to him saying that he wanted to look at his treatment, prompting a local paper in Shimo-Suwa and Okaya area to run a story with the headline "Is Dr. Schmidt Coming?[22]"

In addition, some national papers reported on Schmidt as well. The evening edition of the *Asahi Shinbun* on November 17th, 1953, carried an article about Schmidt entitled "A German Doctor Learning *Kanpō*." The article reported that Schmidt was being lectured on *kanpō* theory and clinical practice by Ōtsuka. It also mentioned the increasing interest in acupuncture in France and its rapid spread caused by its combination with homeopathic medicine[23].

Schmidt presented his ideas in Japan through his lectures, mass media, and his remarks. In an interview with the *Asahi Shinbun,* he said, "*Kanpō* has 4000 years of history, and is characterized as a holistic treatment. There are many examples that patients who could not been cured by modern medicine, recovering after receiving *kanpō* treatment. I intend to explain such examples scientifically, using the language modern medicine[24]."

Schmidt also regarded the traditional Eastern view of human body as critically important. At the beginning of his stay in Japan, Schmidt criticized Shirota, an excellent acupuncturist, for his tendency to deny the existence of meridian and his attempts to accelerate the scientification of acupuncture[25]. In his speech at his farewell party, Schmidt stated that Eastern medicine has a general principle that is independent from the development of Western science, and it derives its virtue precisely from this independence[26]. Sakaguchi who had practiced Eastern medicine in Germany on Schmidt's invitation reported: "Schmidt applied the classic Wu Xing theory, which he studied in Japan, to all physiological phenomena[27]."

Schmidt, however, did not adhere exclusively to traditional ideas. He also endeavored to explain Eastern medicine in terms of modern science. At least in the

field of treatment, he made every effort to find a rational justification for his choice of a treatment. In doing so, he pointed out problems in those Japanese acupuncture treatments which lacked scientific rigor. For example in Japan, they stuck needles on so many points that they could not know which was the most effective. A careful observation of the effects at each point, Schmidt contended, would bring a scientific approach to acupuncture. Furthermore, collecting scientific data would help acupuncturist to better understand effects of their treatment. These practices were already common in Germany at that time[28].

6 Sakaguchi's Time in Germany

6.1 *Kanpō* Doctor Sakaguchi and The Hosono Clinic

Following his stay in Japan, Schmidt invited the young acupuncturist and *kanpō* physician Hiroshi Sakaguchi to Germany in 1954, when Sakaguchi was only 33 years old. Born in Kawagoe in Saitama Prefecture, Sakaguchi was raised in Tōkyō until the fourth grade, after which he moved to Shizuoka. Athletic as a child, Sakaguchi was already a junior record holder for swimming as an elementary school pupil — a fact that allowed him to enter the former Shizuoka Prefectural Middle School in Hamamatsu without having to take the entrance exam usually required of all students. In middle school, Sakaguchi shifted focus from the swimming team to the judo team and was able to skip grades in order to enter a high school in Nagoya at a younger age than usual. It was in high school that Sakaguchi became acquainted with Alexis Carrel's (1873−1944) *L'homme cet Inconnu* ("Man, the Unknown"), and was taken aback by the following passage: "In fact, our ignorance is profound. Most of the questions put to themselves by those who study human beings remain without answer (Nakata 2006: 2; Asahioka 1996: 55−56)." Alexis Carrel was a physician who had won a Nobel prize for his work in vascular surgery and organ transplantation, but in *L'homme cet Inconnu* he advocated for social Darwinism in education, a stance which many criticized as essentially justifying the ethnocentrism embraced by the Nazis (Eckart and Gradmann 1995: 88).

Sakaguchi then advanced to Tokyo Imperial University Department of Science before transferring to Tohoku University Department of Science upon learning of a highly qualified professor who taught there. Unfortunately, this is also when Sakaguchi began experiencing chronic ailments such as constipation and shoulder pain. During this period he reread Carrel's work, including George Ohsawa's translator's introduction, in which Ohsawa notes that he believes the key to reconciling Carrel's doubts about the human body can be found in Eastern medicine — a passage which prompted young Sakaguchi to begin reading Ohsawa's works as well. Sakaguchi was able to regain his health by adopting Ohsawa's principles

regarding nutrition and, finding himself in agreement with Ohsawa's beliefs regarding yin and yang, food and health, and *kanpō* and acupuncture, resolved to study medicine. In 1942, Sakaguchi entered the Kyoto Imperial University School of Medicine. Sakaguchi likely chose Kyoto for its location — Ohsawa had founded a center for research of his Musō principle in nearby Otsu; during his studies, Sakaguchi chose to live in the center, where he studied both yin/yang philosophy and *kanpō* theory (Asahioka 1996: 55−56).

In 1945, Sakaguchi became a pupil of Shirō Hosono, who was practicing in Kyoto as a *kanpō* doctor, and the following year graduated from Kyoto University and began in internal medicine (Sakaguchi 1998: 572), effectively studying both *kanpō* under Hosono and scientific medicine at Kyoto University. According to Dr. Seigō Akao, a later pupil of Sakaguchi, his education under Hosono was extremely traditional — for many years Sakaguchi was only permitted to watch as Hosono treated patients, and wasn't permitted to ask any questions — any issues or questions he might have had needed to be resolved by looking up relevant information in a *kanpō* volume. Sakaguchi watched Hosono perform acupuncture for eight years before Hosono allowed him to try for himself, at which point Sakaguchi was allegedly capable of inserting needles properly with no assistance.

This is not to say, however, that Hosono himself was a traditionalist; having been educated in scientific medicine at Kyoto University, Hosono was more than aware of the importance of Western methods of treatment. Furthermore, Hosono was displeased with the state of *kanpō* treatment, in which doctors administered specific medicines by virtue of empirical, rather than scientific, evidence. Thus, Hosono set up a laboratory to conduct experiments within the clinic and spent time working there in between daily appointments. He first attempted to study the effects of *shakuyakukanzōtō*, one of the most often prescribed medicines in *kanpō* treatments; the results of his research were presented at the 1952 conference of the Japan Society for Oriental Medicine — marking perhaps the first occasion in which the scientific method was applied to the study and research of *kanpō*[29].

Furthermore, Hosono's clinic was the birthplace of *kanpō* extracts, a now very common method of treatment. Although interest in *kanpō* was growing steadily throughout the 1950s, the traditional herbal decoctions used in treatment were difficult both to care for and to use properly. Thus, Hosono developed a process of developing extracts, using instant coffee — then new in Japan — as a model for his work. Hosono brought his ideas to the governing board of the Japan Society for Oriental Medicine but was forced to continue his research alone after finding them to be less than receptive to his ideas. As of this writing, a number of companies, most notably Tsumura, sell *kanpō* extracts — in fact, it would not be an exaggeration to say that these extracts, which Hosono developed[30], are at least partially responsible for the *kanpō* renaissance of the postwar era. Furthermore, Hosono

invested in medical equipment such as EKG and X-Ray machines for his practice, effectively combining contemporary scientific medicine with *kanpō* treatments[31]. This unique approach had the effect of breathing new life into the then stagnant field of *kanpō* research; Sakaguchi continued his work at Hosono's clinic until late in his life.

6.2 Sakaguchi's Activities in Germany

During his time in Japan, Heribert Schmidt met both Rokurō Fujita and Shirō Hosono at a conference in Osaka; for both, Sakaguchi served as interpreter[32]. Perhaps impressed by his knowledge of German, particularly with respect to *kanpō* and acupuncture, Schmidt invited Sakaguchi to Germany; Sakaguchi accepted this invitation and left from Haneda airport in August, 1954. After stopping in Hong Kong and Singapore, Sakaguchi finally arrived in Europe. Writing about his arrival, Sakaguchi commented that "I have come here to face off with the gleaming entity that is the Western spirit, bringing with me *kanpō* and the three thousand year history of Eastern medicine. People cry out now for a fusion of Eastern and Western philosophies, and that is also true of medicine. My chest thumps with excitement[33]." In other words, Sakaguchi undoubtedly felt a sense of duty to introduce Eastern medicine — which had been slowly but surely overtaken by European medicine — to Europe itself.

Sakaguchi began examining patients as soon as he arrived at Schmidt's clinic in Stuttgart. Sakaguchi commented on the sense of trust between doctor and patient, noting that this trust was less of personal intimacy than of a feeling that "the patient wants to be cured, and places his or her full trust in the doctor of his choosing in order to become cured. [Patients here] follow doctor's orders carefully and… are willing to state, without hesitation, even the more unpleasant aspects of their illnesses. Young women are comfortable stripping naked for examination[34]."

Sakaguchi's impression of Germany was positive from his first day. At some point, he took notice of the rather positive reputation of acupuncture within German society. He relates a story of visiting a barbershop where, after introducing himself as an acupuncture physician from Japan, he was treated with great respect by the owner[35].

His patients were also receptive to acupuncture therapy, with one patient praising his work as an art form. Although he could not fully understand the rather stubborn accent and dialect of his patients, Sakaguchi noted that "perhaps even more so because I made a somewhat difficult face while treating patients, but as I would investigate the legs and the back in treating a headache, my patients understood to what degree one had to consider harmony of the entire body when conducting treatment, a practice which they understood as sophisticated[36]."

One episode is particularly indicative of the favorable reputation held by

acupuncture in Germany at the time. In November of that year, German writer Werner Zimmermann and Hong Kong acupuncturist Leung Tit Sang held a lecture on acupuncture in Stuttgart's public hall[37]. Leung wrote volumes on acupuncture which Zimmermann translated into German for publication in the country that same year (Leung 1954). Upon sitting in on one such lecture, Sakaguchi was stunned by both the number of participants and their enthusiast; not even able to enter the sold-out hall, he was forced to listen only to the audio in a separate room. The large lecture hall was packed with men and women of all ages, listening eagerly to the presenters[38]. After the presentation, Sakaguchi went to approach the lecturers to offer greetings and was taken aback by the number of lecture-goers who had come up to ask questions, including some doctors who were hoping the presenters could look at their own patients[39]. The lecture was written up positively in the local newspaper, *Stuttgarter Zeitung*, a further indication of public enthusiasm for acupuncture[40].

There was also a growth in enthusiasm for acupuncture among doctors and other practitioners. Sakaguchi held a seminar on acupuncture running from the 14th to the 17th of November, immediately before the lecture described above. Held with Schmidt's cooperation, the seminar was aimed primarily at physicians and featured both Sakaguchi and Miyoji Miyake, a massage therapist working at Schmidt's clinic[41]. Approximately 60 physicians were in attendance, including some who had traveled from Switzerland and East Germany; two attendants habilitated. Some had just come from similar seminars in Munich and Freiburg.

The Seminar held in Munich was run by Gerhard Bachmann (1895−1967) and was about homeosiniatry, a fusion of homeopathy and Eastern practices such as acupuncture. The Seminar in Freiburg, meanwhile, was run by Erich Wilhelm Stiefvater, and focused on his brand of acupuncture which combined neurotheraputics with Eastern medical philosophies. Both of these seminars differed significantly from those held by Schmidt and Sakaguchi, which attempted to present pure Japanese acupuncture based on the principles of meridian[42].

After a brief introduction by Schmidt, Sakaguchi gave lectures regarding the principles of zang-fu, yin/yang, and xu-shi, before providing a guide to acupuncture points across each meridian. This was followed by a number of practical demonstrations as well as lectures on specific diseases and their best course of treatment. Sakaguchi was taken aback by the enthusiasm of his students who asked him pointed and sometimes difficult questions; following the lectures, he described himself as feeling complex emotions — at once excited by the future of acupuncture in Germany and worried about its decline in his native Japan[43].

Sakaguchi lamented that *kanpō*, after having been practiced for centuries in Japan, was outpaced by Western science in the years following the Meiji restoration, when scientific proof took precedence over empirical evidence. Acupuncture in

particular was viewed as a job for the blind — which led to the proliferation of unqualified acupuncturists with little to no academic background, leading to a rapid loss of trust in these therapies among the general public[44].

6.3 The Westernization of Eastern Medicine

Although he had traveled to Germany to teach *kanpō*, Sakaguchi was taken aback by the rapidly growth of Eastern medicine in German society. At long last accepted as legitimate in the postwar years, information about Eastern medicine was becoming rapidly more accessible through the publication of books — including some in French translation — regarding the principles of acupuncture and Eastern medical theories. Such books necessarily contained explanation of the theories of yin and yang or *neijing*; in other words, these manuals were not strictly for clinical use, they also contained explanations of the theories and philosophies that undergirded Eastern medical thought. Surprised by the depth of knowledge available, Sakaguchi commented that "while quite a bit of the comprehension conveyed in these materials is immature, it is impressive what has been accomplished in merely 4−5 years; one can only imagine where things will go in a few years from now[45]."

Furthermore, German acupuncture physicians did not limit themselves to merely replicating the practices of East Asia. Sakaguchi noted that Bachmann not only understood the Chinese classics, but by comparing them with the classics of holistic Western methods of healing such as those offered by Hippocrates and Paracelsus in terms of the philosophies of Hegel and Schopenhauer and the treatment methods of Hahnemann and others, attempted to overcome the limitations of modern medicine[46].

German acupuncture doctors, thus, did not merely learn about the Chinese classics, but rather, by incorporating their own medical philosophies, used them as a springboard to develop new medical theories and treatment methods. Their goal not merely to learn Chinese medicine, but to westernize it.

Academic conferences played an important role in the development of Eastern medicine in the West, a fact of which Sakaguchi took notice. Participating in a conference for German acupuncture physicians held in Bad Godesberg (located in modern-day Bonn), Sakaguchi offered a brief presentation, entitled "The Meaning of the Liver in East Asian Medicine[47]." Participation in the conference was not only limited to physicians; in addition to lectures on clinical treatment, there were also those on the history and ethnology of acupuncture, as well as those on Eastern thought and approaching Eastern thought from a Western perspective[48]. While this level of diversity demonstrates, to a degree, the immaturity of German acupuncture at the time, the level of fanfare which the conference received — reporters from the local broadcasting station came to report on the event, which received major

coverage on both radio and television — is indicative of the high levels of popular interest in acupuncture at the time[49].

Upon observing the attitudes of German participants in the conference, Sakaguchi became aware of the differences between *kanpō* doctors in Germany and those in his native Japan. While Japanese *kanpō* doctors revered the classics to the point of discouraging interpretation, German doctors not only read the classics, but also considered their meaning from a number of different angles, and conducted practical experiments that allowed them to understand the texts in terms of actual patients and illnesses[50].

Furthermore, while in Japan various schools of thought had trade secrets that were not made available to the outside world[51], German doctors revealed the results of their research at conferences where other doctors would voice their opinions and criticism. This community allowed for the quick sharing of knowledge which accelerated the development of newer and better clinical practices[52].

Sakaguchi also attended an international acupuncture conference held annually in Paris; the eighth such conference in as many years, this event drew attendees from 23 countries including Switzerland, Italy, Holland, Sweden, Brazil, Argentina, Mexico, and Vietnam. While in Japan acupuncture was thought of as "the bastard child of massage therapy, born in China but raised in Japan, suitable as work for the blind," in Paris it was treated with great reverence, a fact that surprised Sakaguchi[53]. Here, in a place entirely unknown to Chinese and Japanese doctors, an international European-style acupuncture conference was being held.

Sakaguchi noted, however, not only was style of research and methodology surrounding acupuncture being westernized, but also the method of referring to acupuncture points. While in Japan each individual point was assigned a name, in Europe and elsewhere, each point was referred to by its meridian and a number. Sakaguchi noted that "from an international perspective, it would probably be better to know these numbers. First one needs to know the order of the points and along which meridian they are located, since one cannot say only the number but must also provide the meridian. It would be useful to examine this international numbering system" and publish it in a Japanese acupuncture journal in the future[54].

In this sense, Sakaguchi observed European — specifically German — practices with regard to acupuncture therapy and used these to make suggestions regarding acupuncture and *kanpō* in Japan.

6.4 Sakaguchi's Encounter with Homeopathy

Sakaguchi believed that the sudden spread of acupuncture and *kanpō*, and the degree to which Europeans comprehended these practices, was due to the presence of homeopathy in Europe[55]. Like in homeopathy, in *kanpō* each individual medicine was believed to have a "*shō* (remedy picture)," which, if matched properly

would be effective in curing illness. These "*shō*" were not merely the product of intuition, but required careful study from a pathologic anatomical perspective[56]. This similar approach to medication in homeopathy and *kanpō* made the latter accessible to practitioners of the former.

From January to March of 1955, Sakaguchi took a course on homeopathy at the Robert Borsch Hospital in Stuttgart. Much like high-level medical education, the course included 30−40 doctors from throughout Europe and featured clinical rounds as well as treatment of patients on both an inpatient and outpatient basis (Sakaguchi 1961: 3).

The predecessor to the Robert Borsch Hospital, the Stuttgart Homeopathy Hospital, began offering courses in homeopathy in 1926, although these were not regularly scheduled[57]. These courses were suspended during the Nazi period, but in 1946, the Robert Borsch Hospital began offering weeklong lectures in homeopathy once again. Furthermore, in 1949 homeopathic doctor Otto Lesser returned from England, where he had sought refuge during the war, and took over control of the hospital. In 1952, under Lesser's supervision, the hospital began offering three-month long courses in homeopathy. Lesser resigned his position in 1955 due to conflicts with the Robert Borsch Company, who managed the hospital, but not before training approximately 600 homeopathic doctors, including Sakaguchi, over the course of his six-year term (Stübler 1988: 198−199).

Soon after returning to Japan Sakaguchi began publishing articles about homeopathy in *Kanpō no Rinshō* ("Clinical *Kanpō*"). In the first of these articles, he explains Hahnemann's theories in terms of the contemporary state of medical research[58]. In the next article, he discussed the work of Bering and others viewed as Hahnemann's successors, as well as the establishment of the Robert Borsch Hospital and homeopathic remedy manufacturers such as Schwab and Madras, while also tackling criticisms leveled at homeopathy by adherents to scientific medicine. However, he also positively indicates the future possibilities of homeopathy, which views the cells and the organs not merely as flesh like in scientific medicine, but in terms of spiritual individuality, worldview, lifestyle, and social/familial position. Furthermore, Sakaguchi noted that while *kanpō* practitioners seemed limited by their tendency to "search for 'the truth' as some sort of pre-existing entity," homeopathic doctors used new medical advances and concepts to develop new methods of treatment, which led to homeopathy being far more advanced from a pharmacological standpoint and providing a viable treatment method that would not risk being outdated[59].

After this article, Sakaguchi published an article entitled "Regarding Homeopathic Medicines," in which he explores the minerals, animal products, and plant products used in homeopathy, methods of potency (dilution), forms of administration, the process of administering multiple medications for a single

illness, and the methods used for potency with respect to specific illnesses[60]. In the following issue, he discussed how although the notion of the "*shō*" exists in both *kanpō* and homeopathy, in contrast to *kanpō* which often uses multiple medicines to treat a single illness, homeopaths general use only one remedy, meaning that the effects of each individual medicine were understood greater in homeopathy than in *kanpō*. He also discusses the homeopathic concept of modality that, under certain circumstances, can be responsible for a certain remedy having additional effects, positive or negative[61]. Following this general overview of homeopathic remedies, Sakaguchi begins a lengthy series discussing a large number of individual remedies, which runs through the July issue before being put on hiatus until the following January, after which it runs consecutively until the October/November issue for a grand total of fourteen editions[62]. Far from a purely homeopathic treatise, these articles consisted primarily of comparisons between homeopathy and *kanpō*.

In 1961 these articles were edited and compiled for publication as *Homeopathy Ryōhō* ("Homeopathic Treatment"). This edition features a brief introduction from Schmidt, who comments that the *kanpō* and homeopathic theory of the "*shō*" are nearly perfectly aligned. As examples, he offers the correlation between *kakkontō* and Aconitum, *daisaikotō* and Bryonia, *daijōkitō* and Nux vomica, *keishi-shakuyakutō* and Arsenicum album, *shinbutō* and Calcium phosphoricum, and finally *byakkōtō* and Acidum phosphorium. Furthermore, he discusses the importance of modality in administering homeopathic remedies. Patients may display a variety of symptoms, but when interpreting their illness, it is important to consider specific psychological and emotional mechanisms. These, more than anything, should guide the specific course of treatment. Although these methods of treatment are unknown in *kanpō*, Schmidt also offers up the example of pulse and abdominal diagnoses as practices common in *kanpō* but unknown in homeopathy[63].

Thus, although both practices share a similar view of illness, their respective methods of diagnosis and treatment differ significantly, and knowledge of both would increase one's abilities as a physician. Sakaguchi hoped that learning about homeopathy would introduce new possibilities into the field of *kanpō*; to Sakaguchi, the two fields were designed to complement, not replace, one another.

7 The Significance of Schmidt and Sakaguchi's Travels

7.1 The Inflow of Information about European Acupuncture

This chapter will discuss the ways in which Japanese acupuncture and its practitioners were influenced by Schmidt and Sakaguchi's respective trips to Japan and Germany.

Foreign visitors to Japan at that time, such as Schmidt, awakened an interest

among Japanese acupuncturists in the practices of foreign countries. While some information about European acupuncture had already made its way to Japan before Schmidt's visit, in the years after visit, however, Japanese acupuncturists began systematically following developments in European practices. Articles about conferences of the International Acupuncture Society became common in *Idō no Nippon*. For example, in the May 1954 issue, Kazuo Tatsuno introduced reports about the 7th Congress for International Acupuncture Association held in August 1953 in Munich from *Deutshe Zeitschrift für Akupunktur.* There were also a number of lectures concerning various studies about the acupuncture, such as a study of the electronic physics measurements of healthy persons and ill persons which tried to prove the effect of the acupuncture scientifically, various clinical studies about the acupunctural treatments, a study about the value of traditional Chinese meridian concept in acupuncture treatment, and a medical study about occult palmistry[64].

Moreover, *Idō no Nippon* also introduced articles from *Deutsche Zeitschrift für Akupunktur* to Japanese readers. In the August 1955 issue two abridged translations were inserted; "The Value of Chinese Pulse Diagnosis" by a French writer and "Childbirth and Acupuncture" by a German writer[65]. Such translations often appeared in the magazine. Sakaguchi also frequently contributed articles about European acupuncture medicine, after returning to Japan[66]. However, not all of the magazine's readers welcomed such introductions of European acupuncture. A letter appearing in the October 1956 issue said, "Recently, we see a lots of European languages in *Idō no Nippon*, but I wonder what percentage of readers can understand them. I ask you to translate European words into Japanese as much as possible[67]." Considering that the magazine was targeting acupuncturists and masseurs/masseuses, the internationalization and the scientification might have occurred too early for some, although many of the magazine's writers were intellectuals, including a number of medical doctors.

7.2 The Endeavor to Build an International Network

While the Japanese viewed the East as the focal point for acupuncture, Japanese learned about the unique practices of European acupuncture doctors through the works of Schmidt and Sakaguchi.

Visitors from Europe such as Schmidt or Dupont, unsatisfied with homeosiniatry, were interested in acupuncture as a purely Eastern medicine. Therefore, they were rather critical of de la Fuye's attempts to fuse East and West.

The basic underlying conflicts on this topic within Europe were introduced to Japan primarily through Schmidt's frequent references to the current state of European acupuncture. At the time, France was the center of European acupuncture. De la Fuye, who combined homeopathy with acupuncture, attracted people who

were interested in acupuncture and was able to build an international network. He was also responsible for the organization of the International Acupuncture Society. Thus, although they were enthusiastic about classical Chinese medicine, German acupuncture society was under the rule of de la Fuye's group. As such, Schmidt and his circles were isolated in Europe[68].

At a workshop in November 1953, Schmidt mentioned that he wished to establish a worldwide organization of acupuncture practitioners. He announced his plan to change the organization of German acupuncturists[69], and promised to organize a new international Eastern medicine association to bring up the younger generation[70]. Schmidt believed that he should lead of activities in Germany, while Dupont would be responsible for those in France. Schmidt and Dupont also requested an international unification of names for acupuncture points, which had theretofore been different in each country. In response to their proposed list, however, Sorei Yanagiya suggested that they compose a contrasting list under the leadership of Japan. Yanagiya said that, "it would be unfavorable for Japan, as 'marshal' of acupuncture in the world, to be subordinate to Europe. But Europe can play a central role to call the world widely to take part in the plan. Therefore, Japan and Europe will cooperate with each other on equal terms[71]."

The leaders of Japanese acupuncture society like Yanagiya, however, did not belive that Japan and Europe were equals in the field. At a discussion in June 1955, Yanagiya, who was going to France with invitation of Dupont, in attendance, Japanese members openly showed their superiority to Europe. The Japanese believed that it was impossible for acupuncturists in Europe with their thick needles to treat patients delicately like in Japanese acupuncture. The Japanese valued their own treatment very highly, and ignored European acupuncturists, believing that treatments without knowledge of yin/yang and xu/shi were impossible. Yanagiya's policy was to grind skill at first and then to teach theory[72]. This attitude implicitly criticized de la Fuye for his emphasis on theory, and indicated the consciousness of Japanese acupuncturists who had improved their skills as fine craftsmen.

In Japan, it was believed that de la Fuye was responsible for promulgating distorted views of acupuncture throughout Europe, while acupuncture doctors who studied under Soulié de Morant were closer to the orthodox view. Therefore, Yanagiya and his followers sought to help pupils of Soulié de Morant who intended to treat patients based on the Wu Xing theory.

On June 17th, 1955, Yanagiya arrived at Paris. He visited Dupont, who practiced in Verdun, and gave him practical instruction. He also visited Schmidt and his assistant Miyoji Shibata in Stuttgart, and gave lectures for German acupuncturists.

In addition, he gave de la Fuye and his pupils a demonstration of acupuncture treatment; he saw a young woman who had asthma, a man in his 50's who had

been hemiplegic for over 20 years, and a woman in her 40's who had a shoulder pain and also pain in her legs caused by sciatica. Among those, Yanagiya did not treat the hemiplegic man, in whom he saw no chance of recovery, but he did treat the two women, who both made remarkable recoveries[73]. In the meantime, there was a fierce argument between Yanagiya and de la Fuye. Yanagiya contended that de la Fuye and his pupils used specific acupuncture points exclusively either to restore or to eliminate. Yanagiya argued that in Eastern medicine, an acupuncturist could restore or eliminate at the same acupuncture point depending on the symptoms of the patient, saying "acupuncture comes originally from the Orient. If it is not so in the Orient, you are wrong."

The French, meanwhile, criticized Japanese acupuncture for using too many acupuncture points and for its overly long treatment periods. Yanagiya responded that needle sticking by acupuncture should take a long time. Furthermore, he insisted that he did not treat the hemiplegic because, in contrast to Europeans, Japanese acupuncturists were not bound by the profit motive and do not have any motivation to subject someone to treatment if there is no reason for them to believe it will be effective[74]. It is likely that Yanagiya misinterpreted the criticism of the Japanese using too many acupuncture points as criticism of their overly long treatment periods.

As mentioned before, Schmidt also claimed that too much needle sticking at the same time could obscure the effects of each acupuncture point. Although there was a conflict over the meridian between Schmidt and de la Fuye, they shared a common tendency to use a scientific approach to evaluate the effects of each acupuncture point.

Yanagiya was also brought to L'Hotel des Invalides, where he used acupuncture to treat wounded soldiers. A soldier, whose thigh had been cut off, experienced strong phantom pains where his leg had been. Another solder experienced phantom pains where his hand had once been. Nobody could cure their pain, but Yanagiya's was able to treat both of them. Such "studies", he described later, were a kind of examination to test his skills[75].

Thus, in Europe, Yanagiya tried to prove the dominance of Japanese acupuncture through demonstration. But Schmidt and Dupont's idea of establishing an organization for Eastern medicine did not make much progress. Shibata, who stayed in Germany as Schmidt's assistant and cared Yanagiya during his stay in Europe, wrote to Japan as follows; "…the influence of de la Fuye in the European acupuncture world is quite strong. Schmidt and Dupont's activities from the meridian treatment group based on the Wu Xing theory cannot make any progress with opposition of de la Fuye. Yanagiya's first visit to Europe promoted their activities, and was, at least, a good instruction for the people who adhere to the Western ways of thinking[76]."

Shibata's words indicate the failure of the Japanese-led efforts to create an international network of acupuncture practitioners. The effects of this were evident at the 1965 international acupuncture conference, held in Japan. The long-sought goal of creating an international standard system for referring to acupuncture pressure points remained unfulfilled, and Japan showed no signs of taking the initiative; instead, the system first introduced in France had become the de-facto standard and the Japanese were forced to adopt[77]. In this, as other things, the Japanese were forced to the sidelines by France and other European countries.

8 Conclusion

In Japan around 1953, the year of Schmidt's trip to Japan, most Japanese had no close contact with Europeans. Therefore, it was an amazing event for them when a German medical doctor suddenly came to Japan. They were equally surprised by his high evaluation *kanpō* and acupuncture, which most Japanese believed were already things of the past. During his tour, Schmidt was welcomed among many parts of Japan. Lots of people listened to his talks, and the media reported on his activities.

Schmidt's visit to Japan had three meanings to Japanese *kanpō* physicians and acupuncturists: first, Japanese *kanpō* and acupuncture were legitimized by the fact that a German medical doctor dared to come to the Far East to study *kanpō* and acupuncture. For Japanese, German medicine, which had been imported to Japan for a long time, was regarded as the authority. Second, before Schmidt's visit, *kanpō* physicians and acupuncturists had no international viewpoint. They learned that acupuncture was already being practiced in Europe by a number of medical doctors treated acupuncture, which was quite different from in Japan where acupuncture was practiced primarily acupuncturists. This discovery led them to recognize the necessity of applying scientific principles in their own practices. Furthermore, they learned that in Europe, *kanpō* and acupuncture could be applied to the treatment modern diseases like lifestyle diseases, and they requested scientific inspection to confirm its efficacy in treatment of these diseases. Finally, they felt a sense of crisis at the spread of acupuncture based on homeopathy, mainly in Europe in which a new international network was being built. They attempted to strengthen Japan's international influence by cooperating with medical doctors who were interested in classical acupuncture like Schmidt. Their attempt to build an international network headed by Japan, however, was a failure.

However, a number of Japanese acupuncturists did not quite understand the European situation. As discussed above, contemporary acupuncture magazines referred to Schmidt and his circles which emphasized the meridian theory as the "traditional group," and de la Fuye and his circles who denied meridian as superstition as the "scientific group." Although Schmidt treated acupuncture with

the traditional concept, he insisted, at the same time, that effects of its treatment should be scientifically proven. On the other hand, de la Fuye and his circles, within the range of European medicine, was viewed as unorthodox medicine, because it was not based in the scientific method. However, de la Fuye and his circles' attitudes regarding the importance of scientific inspection accorded with those of the Schmidt's group.

Furthermore, Japanese acupuncture leaders such as Yanagiya, were not yet able to explain their theories and principles in terms of scientific rationalism. Instead, when confronted by French and other groups with different beliefs, Japanese acupuncturists provided only egocentric assertions of their superiority without any supporting evidence.

Sakaguchi attempted to use his research on homeopathy while in Europe to increase *kanpō* and acupuncture doctors' knowledge of Eastern medicine in order to modernize it. His goal was to incorporate modern thought into *kanpō* in order to turn it into a viable method of treatment for subsequent generations. However, homeopathy itself did not take root in Japan during the 1950s or 1960s; in fact, it was not particularly well known in Japanese society until the homeopathy boom of the 1990s.

In contrast, acupuncture was quickly adopted throughout Europe in the 1950s and, moreover, advanced more rapidly as a rational form of treatment than during the same period in Japan. In some cases, Japanese acupuncturists were stimulated by European advances — and although these, to some degree, generated interest in acupuncture, it did was not widely re-adopted in Japanese society as a meaningful medical practice until the 1970s.

There are a number of reasons for these phenomena. First, Europeans, with their knowledge of homeopathy, had a base for understanding acupuncture, which allowed them to absorb it rapidly. As Schmidt and Sakaguchi pointed out, *kanpō* and homeopathy had a similar view of disease and, as such, it was relative easy for a homeopath to accept *kanpō* or acupuncture.

Second, in Europe, the number of patients or doctors who were dissatisfied with scientific medicine was increasing. In Europe around 1930, as the number of deaths by cancer exceeded those caused by tuberculosis and lifestyle diseases were gaining serious recognition as a threat to public health (Hattori 2008: 169). This led to a growth in interest in alternative medicine, as lifestyle diseases could not be treated exclusively with conventional medicine. Perhaps this was one of the reasons that the National Socialists showed an interest in homeopathy or naturopathy. On the other hand, in Japan, it was only after the 1950s that the number of dead by cancer exceeded that by tuberculosis and it wasn't until after the 1960s that lifestyle diseases became a grave issue. Within this an environment, the rise of consciousness in alternative medicine emerged slowly. In other words,

at that time, the basis for receiving acupuncture spread much widely and deeply in Europe than in Japan.

Thus, during the period of 1950s, conditions for the popularization of alternative medicine in European society had been much more sufficiently prepared than in East Asia.

Acknowledgement

This paper is based on my lecture presented in the international symposium, "Healing Alternatives: Care and Education as a Cultural Life-style" on November 11, 2012 at the National Museum of Ethnology (NME). The symposium was held to publicize the results of a core research project of NME for FY11−13: "The Anthropology of Care and Education for Life" and co-organized by Institute for the Study of Humanities and Social Sciences, Doshisha University.

Furthermore this research is supported by Grants-in-Aid for Scientific Research (C) of JSPS (April 2012−March 2016) (Research Project Number: 24520846).

Notes

1) *Idō no Nippon,* Vol.13 (1954), No.6, p.18.
2) Hiroshi Sakaguchi, "Doitsu tsūshin (6)," *Kanpō no Rinshō,* Vol.2 (1955), No.2, pp.48−49; Hiroshi Sakaguchi, "Yōroppa ryokō arekore (13)," *Seikōen News*, No.27 (1955), p.4.
3) "Kokusai shinkyū zadankai (2)," *Idō no Nippon*, Vol.12 (1953), No.10, pp.13−14.
4) "Kokusai shinkyū zadankai (3)," *Idō no Nippon*, Vol.12 (1953), No.11, pp.17−18.
5) Miyoji Shibata, "Doitsu tsūshin," *Idō no Nippon*, Vol.14 (1955), No.11, p.16.
6) Roger de la Fuye, "Vorwort", *Deutsche Zeitschrift für Akupunktur*, Vol.1 (1952), p.2.
7) For information regarding Schmidt's curriculum vitae, see the author's note in: Heribert Schmidt, *Konstitutionelle Akupunktur. Die chinesisch-japanische Typenlehre und ihre Anwendung*, Stuttgart 1988.
8) For the homeopathy course in this hospital, see, Thomas Faltin, *Homöopathie in der Klinik. Die Geschichte der Homöopathie am Stuttgarter Robert-Bosch-Krankenhaus von 1940−1973*, Stuttgart 2002, pp.183−197.
9) *Idō no Nippon*, Vol.12 (1953), No.4, p.18.
10) Manaka's Address was carried in *Idō no Nippon* as the contact address of Schmidt. See, *Idō no Nippon,* Vol.12 (1953), No.7, p.16.
11) Schmidt traveled with Akabane to lecture in Western Japan at the end of January in 1954. As Akabane could not speak German well, they managed to express themselves only by gestures. See, Kōbei Akabane, "Nishi Nippon junkōki (1)," *Idō no Nippon,* Vol.13 (1954), No.4, pp.14−15. When Manaka arrived at the Hotel in Nagasaki, where Schmidt and Akabane had waited, Schmidt jumped for joy. Kōbei Akabane, "Nishi Nippon junkōki (2)," *Idō no Nippon,* Vol.13 (1954), No.5, p.15. Schmidt and Manaka published jointly: Yoshio Manaka and Heribert Schmidt, *Ika no tame no Harijyutsu Nyūmon Kōza,* Yokosuka 1954.
12) One of Yanagiya's work was translated into German: Sorei Yanagiya, *Familiengeheime: Ein-Stich-Akupunktur*, Ulm 1956.

13) Akimasa Shichijō, “Schimdt shi no dōsei,” Bunshi Shirota, “Schmidt Hakase no shōsoku” in: *Idō no Nippon,* Vol.12 (1953), No.9, p.18.
14) Rokurō Fujita, “Kanazawa ni okeru Schmidt Hakase,” *Idō no Nippon,* Vol.12 (1953), No.10, p.22.
15) “Schimdt Hakase kinkyō,” *Idō no Nippon,* Vol.12 (1953), No.11, pp.19−20.
16) “Schimdt Hakase no kinkyō,” *Idō no Nippon,* Vol.12 (1953), No.12, pp.14−15.
17) Kōbei Akabane, “Nishi Nippon junkōki (2),” *Idō no Nippon,* Vol.13 (1954), No.3, p.16.
18) *Idō no Nippon,* Vol.12 (1953), No.4, p.18.
19) Shorthand notes of this meeting were carried by *Idō no Nippon*. See, “Kokusai shinkyū zadankai (1)−(3),” *Idō no Nippon,* Vol.12 (1953), No.9, pp.3−9; No.10, pp.13−21; No.11, pp.12−18.
20) “Kyushu, Chugoku, Kinki no kōen,” *Idō no Nippon,* Vol.13 (1954), No.3, p.18.
21) “Shinbun ni arawareta shinkyū no kiji,” *Idō no Nippon,* Vol.12 (1953), No.10, p.21.
22) *Idō no Nippon,* Vol.12 (1953), No.11, p.20.
23) *Asahi Shinbun*, (evening), 17. Nov. 1953.
24) Ibid.
25) Yoshio Manaka, “Schimdt san no hanashi,” *Idō no Nippon,* Vol.12 (1953), No.6, p.9. Shirota studied Anatomy at the Medical School of University of Tokyo. Afterwards he researched in cooperation with Hidetsurumaru Ishikawa, Professor for Physiology at Kyoto University and his son Tachio Ishikawa, Professor for Pathology at Kanazawa Medical College. Because of his knowledge for anatomy, I suppose, he denied the existence of meridian.
26) “Schimdt Hakase sōbetsukai,” *Idō no Nippon,* Vol.13 (1954), No.3, pp.15−16.
27) Hiroshi Sakaguchi, “Doitsu tsūshin,” *Idō no Nippon,* Vol.14 (1955), No.5, p.5.
28) “Kokusai shinkyū zadankai (2),” *Idō no Nippon,* Vol.12 (1953), No.10, pp.19−20.
29) Keigo Nakata, “Inchō shūnin no goaisatsu,” *Seikōen News*, No.555 (2003), p.2. For the result of this study, see, Shirō Hosono, Hiroshi Sakaguchi and Seiichi Uchizumi, “*Shakuyakukanzōtō* no kenkyū (1),” *Nihon Toyo Igakukaishi*, Vol.3 (1953), No.1, pp.1−9.
30) Nakata, “Inchō shūnin no goaisatsu,” *Seikōen News*, No.555 (2003), p.2.
31) Ibid, p.4.
32) “Fujita Schmidt ryōhakase gakujyutsu kōen narabini zadankai,” *Idō no Nippon,* Vol.12 (1953), No.7, p.19.
33) Hiroshi Sakaguchi, “Ōshū ryokō arekore,” *Seikōen News*, No.29 (1955), p.4.
34) Hiroshi Sakaguchi, “Ōshū ryokō arekore,” *Seikōen News*, No.30 (1956), p.4.
35) Hiroshi Sakaguchi, “Ōshū ryokō arekore,” *Seikōen News*, No.39 (1956), p.4.
36) Ibid, p.4.
37) *Stuttgarter Zeitung*, 19. Nov. 1954. An anthroposophist woman told the author that she took part in this lecture with her anthroposophist friends. I think that it is necessary to research the roll of anthroposophist to spread TCM in German society too. Anthroposophical medicine is similar to homeopathy.
38) Hiroshi Sakaguchi, “Doitsu tsūshin (5),” *Kanpō no Rinshō,* Vol.2 (1955), No.1, p.49.
39) Ibid, p.49.
40) *Stuttgarter Zeitung*, 22. Nov. 1954.
41) *Deutsche Zeitschrift für Akupunktur*, 1954, No.9/10, p.89.
42) Sakaguchi, “Doitsu tsūshin (5),” *Kanpō no Rinshō,* Vol.2 (1955), No.1, p.46.
43) Ibid, pp.47−49.

44) Ibid, pp.48−49.
45) Hiroshi Sakaguchi, "Doitsu tsūshin (3)," *Kanpō no Rinshō,* Vol.1 (1954), No.4, p.60.
46) Hiroshi Sakaguchi, "Doitsu tsūshin," *Kanpō no Rinshō,* Vol.2 (1955), No.2, p.61.
47) *Deutsche Zeitschrift für Akupunktur*, 1954, No.11/12, p.110.
48) Conclusion of the conference, see, *Deutsche Zeitschrift für Akupunktur*, 1954, Nr. 11/12, pp.107−110.
49) Hiroshi Sakaguchi, "1954nen doitsu hari igakukai nenji taikai shusseki ki," *Idō no Nippon,* Vol.13 (1954), No.11, p.3.
50) Sakaguchi, "Doitsu tsūshin (3)," *Kanpō no Rinshō*, Vol.1 (1954), No.4, p.61.
51) Ibid, p.62.
52) Sakaguchi, "1954nen doitsu hari igakukai nenji taikai shusseki ki," *Idō no Nippon,* Vol.13 (1954), No.11, pp.3−6.
53) Hiroshi Sakaguchi, "Yōroppa ryokō arekore," *Seikōen News*, No.44 (1957), p.4.
54) Sakaguchi, "Doitsu tsūshin (5)," *Kanpō no Rinshō,* Vol.2 (1955), No.1, p.48.
55) Sakaguchi, "Doitsu tsūshin (3)," *Kanpō no Rinshō*, Vol.1 (1954), No.4, p.60.
56) Sakaguchi, "Doitsu tsūshin (7)," *Kanpō no Rinshō.* Vol.2 (1955), No.5, p.57.
57) *Allgemeine Homöopathische Zeitung*, 1926, No.3, pp.209−210.
58) Hiroshi Sakaguchi, "Homeopashi kōza (1)," *Kanpō no Rinshō*, Vol.3 (1956), No.1, pp.57−61.
59) Hiroshi Sakaguchi, "Homeopashi kōza (2)," *Kanpō no Rinshō*, Vol.3 (1956), No.2, pp.28−34.
60) Hiroshi Sakaguchi, "Homeopashi no chiryōyaku ni tsuite," *Kanpō no Rinshō*, Vol.3 (1956), No.3, pp.17−20.
61) Hiroshi Sakaguchi, "Homeopashi kōza (3)," *Kanpō no Rinshō*, Vol.3 (1956), No.4, pp.38−42.
62) *Kanpō no Rinshō.* Vol.3 (1956), No.5, No.6, No.7; Vol.4 (1957), No.1, No.3, No.4, No.5, No.6, No.9, No.10/11.
63) Heribert Schmidt, "Jyo," In Sakaguchi, *Homeopashi Ryōhō,* pp.2−3.
64) Fumio Isobe, "Yōroppa no hari igaku no Dōkō," *Idō no Nippon,* Vol.13 (1954), No.5, pp.3−5. See, the following report, too. "Bericht über den 7. Internationalen Kongress für Akupunktur vom 23. bis 25. August 1953 in München" in *Deutsche Zeitschrift für Akupunktur*, Band 2 (1953), No.9/10, pp.72−79.
65) *Idō no Nippon,* Vol.14 (1955), No.8, pp.8−11.
66) Hiroshi Sakaguchi, "Ōshū no sinkyū-kai (1)−(4)," *Idō no Nippon,* Vol.15 (1956), No.3, pp.13−15; No.4, pp.3−9; No.9, pp.3−6; No.10, pp.3−7, 26.
67) *Idō no Nippon,* Vol.15(1956), No.10, p.26.
68) "Kokusai shinkyū zadankai (3)," *Idō no Nippon,* Vol.12 (1953), No.11, pp.17−18.
69) "Schimdt Hakase no kinkyō," *Idō no Nippon,* Vol.12 (1953), No.12, p.15.
70) "Hari-Jutsu ni Renaissance," *Idō no Nippon,* Vol.13 (1954), No.3, p.14.
71) "Shu-Hakase (Schmidt Hakase), Dyu-Hakase (Dupont Hakase)," *Idō no Nippon,* Vol.13 (1954), No.3, p.13.
72) "Yanagiya Sensei tofutsu wo mae ni shite," *Idō no Nippon,* Vol.14 (1955), No.8, pp.18−19.
73) Sorei Yanagiya, "Furansu tsūshin," *Idō no Nippon,* Vol.14 (1955), No.12, p.8; "Yanagiya Sorei shi jūgatsu futsuka kichō hōkokukai (2)," *Idō no Nippon,* Vol.15 (1956), No.1, p.21.
74) Ibid, pp.21−22.

75) Ibid, p.22.
76) Miyoji Shibata, "Doitsu tsūshin," *Idō no Nippon,* Vol.14 (1956), No.11, p.16.
77) Hidetarō Mori, "Kokusai shinkyū gakkai no uramado," *Idō no Nippon,* Vol.23 (1965), No.12, pp.23–29.

References

Asahioka, Koji
1996 *Tōyō Igaku no Meii 103nin*, Tokyo: Yuraku Shuppansha (in Japanese).

Brauchle, Alfred
1951 *Geschichte der Naturheilkunde in Lebensbildern* 2. erweiterte Auflage, Stuttgart: Reclam (in German).

Eckart, Wolfgang U. and Christoph Gradmann
1995 *Ärzte Lexikon*, München: C. H. Beck (in German).

Ego, Annelise
1991 *"Animalischer Magnetismus" oder "Aufklärung". Eine mentalitätgeschichteliche Studie zum Konflikt um ein Heilkonzept im 18. Jahrhundert*, Würzburg: Königshausen und Neumann (in German).

Faltin, Thomas
2002 *Homöopathie in der Klinik. Die Geschichte der Homöopathie am Stuttgarter Robert-Bosch-Krankenhaus von 1940–1973*, Stuttgart: Karl F. Haug (in German).

de la Fuye, Roger
1952 *Die moderne Akupunktur: Theorie und Praxis*, übersetzt von Heribert Schmidt, Stuttgart: Hippokrates (in German).

Haehl, Erich
1929 *Geschichte des deutschen Zentralvereins homöopathischer Ärzte*, Leipzig: Schwabe (in German).

Haehl, Richert
1929 *Samuel Hahnemann,* 2 volumes, Leipzig: Schwabe (in German).

Hashimoto, Kōichi
1992 Kindai Nihon ni okeru senmonshoku to shikaku shiken seido: Ijutsu kaigyō shiken wo chūshin to shite. *Kyōiku Shakaigaku Kenkyū* 51: 136–153 (in Japanese).

Hattori, Osamu
2008 Seiki tenkanki doitsu ni okeru byōki chiryō no tagensei. In Osamu Kawagoe and Akihito Suzuki (eds.) *Bunbetsu sareru Seimei*, pp.163–202, Tokyo: Hosei University Press (in Japanese).

Jütte, Robert
1996 *Geschichte der Alternativen Medizin*, München: C. H. Beck (in German).

Kamiya, Akinori
1984 *Nihon Kindai Igaku no Teiritsu*, Tokyo: Iryō Tosho Shuppansha (in Japanese).

Kōseishō
1976 *Isei Hyakunenshi*. Tokyo: Kōseishō Imukyoku (in Japanese).

Leung, Tit-Sang
1954 *Akupunktur und Räucherung mit Moxa*. übersetzt von Werner Zimmermann, München: Drei-Eichen (in German).

Nakata, Keigo
2006 Waga shi Sakaguch no *kanpō*. *Nihon Toyo Igaku Zasshi* 57(1): 1−14 (in Japanese).

Oberländer, Christian
1995 *Zwischen Tradition und Moderne: Die Bewegung für den Fortbestand der Kanpô-Medizin in Japan*. Stuttgart: F. Steiner (in German).

Ōtsuka, Keisetsu
2001 *Kanpō Igaku*, Osaka: Sogensha (in Japanese).

Ōtsuka, Yasuo
1996 *Toyo Igaku*, Tokyo: Iwanami Shoten (in Japanese).

Sakaguchi, Hiroshi
1961 *Homeopashi Ryōhō,* Tokyo: Ishiyaku Shuppan (in Japanese).
1998 Zaregoto Shū, Kyoto: Hosono Shirō Kinen Shuppansha (in Japanese).

Schmidt, Heribert
1988 *Konstitutionelle Akupunktur: Die chinesisch-japanische Typenlehre und ihre Anwendung*, Stuttgart: Hippokrates (in German).

Seiler, Hanspeter
2002 *Die Weiheschen Druckpunkte*, 2. überarbeitete Auflage, Stuttgart: Karl Haug (in German).

Shimazono, Susumu
2003 *"Iyasu Chi" no Keifu,* Tokyo: Yoshikawa Kobunkan (in Japanese).

Stiefvater, Erich W.
1955 *Die Akupunktur de Ten Rhyne,* 2. Auflage, Ulm: Karl Haug (in German).

Stübler, Martin
1988 Die Homöopathie 1948−1988. *Allgemeine Homöopathische Zeitung* 233(5): 198−205 (in German).

von Walde, Phil
1898 *Vinzenz Prießnitz. Sein Leben und sein Wirken. Zur Gedenkfeier seines hundertsten Geburtstages*, Berlin: Wilhelm Möller (in German).

Yamada, Terutane
1996 Nihon kanpōigaku no denshō to keifu. *Nihon Toyo Igaku Zasshi* 46(4): 505−518 (in Japanese).

Yanagiya, Sorei
1956 *Familiengeheime: Ein-Stich-Akupunktur*. Ulm: Karl Haug (in German).

News Papers and Magazines

Allgemeine Homöopathische Zeitung, 1926.
Asahi Shinbun, (evening), 17. Nov. 1953.
Deutsche Zeitschrift für Akupunktur, 1954.
Idō no Nippon, Vol. 12 (1953)–23 (1965).
Kanpō no Rinshō, Vol. 1 (1954)–4 (1957).
Seikōen News, No. 29 (1955)–555 (2003).
Stuttgarter Zeitung, 19 and 22, Nov. 1954.

Statistics

Statistisches Jahrbuch für das Deutsche Reich, 1887–1932.
Statistisches Jahrbuch für die Bundesrepublik Deutschland, 1956–1962.

Web-Sites

Foundation for Training and Licensure Examination in Anma-Massage-Acupressure, Acupunture and Moxibusion
s.a. Number of Resigtrated Practioners
http://www.ahaki.or.jp/registration/enrollment.html
Japan Society for Oriental Medicine [JSOM]
s.a. About JSOM
http://www.jsom.or.jp/english/index.html
Matsui, Hakusei
s.a. About Dr. Yoshio Manaka
http://www.hmatuoka.com/jp/manaka/manaka2.htm
Tomobe, Kenichi and Suzuki, Akihito
2006–2007 Cause-specified Death Statistics in Japanese Prefectures
http://www.rekishow.org/CSDS/index.php