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# The *I Ching* in Tokugawa Medical Thought

WAI-MING NG

Chinese medical philosophy has been strongly influenced by the *yin-yang* tradition and Confucianism. The *I Ching* (Book of Changes), a sacred book in both traditions, provided Chinese physicians in different periods with the point of departure from which they developed their medical principles.<sup>1</sup> The influence of the *I Ching* on medicine was enhanced during the Sung period (960–1279) following the rise of Neo-Confucianism, and reached its peak in the Chin (1115–1234) and Yüan (1279–1368) periods. Beginning in the seventeenth century, Western medicine was gradually introduced into China, but it did not challenge the hegemony of Chinese medicine until the last decades of the Ch'ing period (1644–1911).

In Japan, the challenge of Western medicine came earlier and was felt more strongly. Basic assumptions of the Chinese medical system were questioned and gradually replaced in the late eighteenth and early nineteenth centuries, when *rangaku* (Dutch learning) became influential.<sup>2</sup> This paper, through a critical reading of the rich Japanese literature on medicine, studies the role of the *I Ching* in Tokugawa medicine. The influence of the text reached its apex during the first half of the Tokugawa period when *goseiha* (school of latter-day medicine) was dominant and spread Neo-Confucian medical philosophy throughout Japan. Its influ-

ence declined dramatically when *goseiha* was challenged by two medical schools, *kohōha* (school of ancient medicine) and *ranpō-igaku* (school of Dutch medicine), in the latter half of the Tokugawa period. Although *kohōha* and *ranpō-igaku* were critical of Neo-Confucian medical ideas, they continued to use the *I Ching*. Physicians of *kohōha* and *ranpō-igaku* respected the text, and some even used it to explicate their medical views. This paper focuses on Neo-Confucian medical ideas of *goseiha* and other intellectual forces and investigates both the philosophy and divination of the *I Ching* in Tokugawa medicine. The last section surveys the decline of Neo-Confucian medical philosophy and the role of the *I Ching* in *kohōha* and Dutch medicine.

#### THE *I CHING* IN NEO-CONFUCIAN MEDICAL THOUGHT

The history of medicine in traditional Japan consists mainly of the history of Chinese medicine in Japan.<sup>3</sup> Chinese medicine was brought to Japan in the fifth century by Korean doctors, and as in China and Korea, in Japan too Chinese medicine and the *I Ching* were inseparable. The Taihō code of 702 established a bureau of medicine (*tenyakuryō*), which was staffed with *I Ching* diviners as well as physicians. In ancient Japan, Chinese medicine was studied primarily by the aristocracy, who produced only a handful of medical writings. The oldest and most important text was the *Ishinpō* (Essentials of Medicine, 984) compiled by Tanba Yasuyori (912–995). Early Japanese medical texts showed little originality; most quoted heavily from Chinese texts which used *yin-yang wu-hsing* (the two primal forces and the five agents) as their major interpretive framework.<sup>4</sup>

Medieval Japan brought two important changes to medical studies. First, Buddhist monks replaced aristocrats as the main authors of medical texts. Second, a sophisticated Neo-Confucian medical philosophy was introduced in the late fifteenth century, and eventually became the basis of a medical school, *goseiha*. Neo-Confucian medicine was dominant in the early Tokugawa period, until, as mentioned above, it was challenged by *kohōha* and *ranpō-igaku* in the eighteenth century.

*Goseiha* adopted Neo-Confucian medical ideas developed during the Chin and Yüan dynasties by physicians, like Li Kao (1180–1251) and Chu Chen-heng (1281–1358), who had put medicine into a sophisticated

metaphysical system derived primarily from the *I Ching*. Hence, *goseiha* was also called *ekiironha* (the school of *I Ching* medicine). Its medical system included a set of *I Ching*-related theories, such as *yin-yang wu-hsing*, *wu-tsang liu-fu* (the five viscera and the six bowels), *wu-yün liu-ch'i* (the five agents and the six climatic factors), *yüan-ch'i* (the inborn life-force), and *ching-lo* (main and collateral channels).

According to Neo-Confucian ontology, natural law is subject to the principle of *yin-yang wu-hsing*. Life begins when *yin* and *yang* meet and ends when they are separated. When they are in a state of dynamic balance, the five agents are in control, and thus health is guaranteed. Sometimes the movements and changes in nature destroy this equilibrium.<sup>5</sup> Thus, the ultimate aim of *goseiha* was not merely to fix the sick part of the body, but to restore the equilibrium of the whole system.

The theory of the five viscera and the six bowels applies the principle of *yin-yang wu-hsing* to human organs. The five viscera (heart, liver, spleen, lungs, and kidneys) are the five solid organs of storage, which serve as the centers of physiological activity in the human body. They are analogous to the five agents. The correlation between the five agents and the five viscera are summarized in table 1.<sup>6</sup>

Table 1

PROMOTION	CONTROL
Water promotes wood — the kidneys (water) store essence and nourish the liver (wood).	Water controls fire — the kidneys control the heart.
Wood promotes fire — the liver stores blood and supplies the heart (fire).	Wood controls earth — the liver controls the spleen.
Fire promotes earth — the heart produces heat and warms the spleen (earth).	Fire controls metal — the heart controls the lungs.
Earth promotes metal — the spleen transforms and conveys the essence of food to replenish the lungs (metal).	Earth controls water — the spleen controls the kidneys.
Metal promotes water — the lungs aid in providing the kidneys with water through their descending movement.	Metal controls wood — the lungs control the liver.

The six bowels (gall bladder, stomach, small intestine, large intestine, urinary bladder, and "triple burner") are the hollow organs of transfer. The relationship between the five viscera and the six bowels is governed by the principle of *yin* (viscera) and *yang* (bowels). They interact with each other in five pairs: heart and small intestine, liver and gall bladder, spleen and stomach, lungs and large intestine, and kidneys and urinary bladder. *Goseiha* medicine regards the spleen and stomach as the most important human organs because they belong to the agent of earth, the origin of the other four agents.<sup>7</sup>

*Wu-yün liu-ch'i* is a highly speculative theory that suggests climatic change is a major pathogenic factor. The five agents (*wu-yün*) and the six climatic factors (*liu-ch'i*: wind, cold, heat, dampness, dryness, and fire) become unbalanced under extreme seasonal change. The five agents have ten seasonal symbols, whereas the six climatic factors have twelve zodiac signs. The climatic changes of a year in the 240-year cycle can be designated by the sequential use of one of the ten seasonal and one of the twelve zodiac signs.<sup>8</sup>

*Yüan-ch'i* is an abstract concept that refers to the inborn life force. According to this theory, everyone is endowed with this life force from heaven. Its main functions are to activate growth of the body and adjust the balance between the *yin* and *yang* of the organs. *Yüan-ch'i* can be strengthened through medical care and moral education. When this force is vigorous, the body is healthy. Disease occurs when *yüan-ch'i* becomes weak or disordered. *Yüan-ch'i* departs the body when life is over. This theory links medicine with the supernatural and ethics.<sup>9</sup>

The theory of *ching-lo* (circulatory system) suggests that the human body has twelve channels and numerous collateral, either *yin* or *yang* in nature, through which *ch'i* and blood can reach the organs of the whole body. This theory has been widely applied in clinical treatments, like acupuncture, moxibustion, massage, and herbal prescriptions.

#### NEO-CONFUCIAN MEDICAL THOUGHT IN *GOSEIHA*

Neo-Confucian medical philosophy was introduced to Japan in the late fifteenth and early sixteenth centuries by two Zen Buddhist monks, Tashiro Sanki (1465–1537) and Manase Dōsan (1507–1594). Both were

from the Ashikaga School, the center of *I Ching* studies in the medieval period. Their educational background enabled them to study Neo-Confucian interpretations of the *I Ching* and other Confucian classics.

Sanki spent twelve years studying Chin-Yüan medicine in China before returning to Japan with many Chinese medical books in 1498. He is remembered for spreading Neo-Confucian medicine in the Kanto region. Of the Chin-Yüan masters, he admired Li Kao and Chu Chen-heng, whose medical theories suggested that mild medicine should be used to nourish *yin* (*yang-yin*) of the five organs, and to restore the balance of *yin-yang* in the human body.

Sanki was succeeded by his best student, Dōsan, who is commonly regarded as the founder of *goseiha*. Dōsan served the court, the shogun, and prominent warriors. He gained their sponsorship, and established a private school in Kyoto, Keitekiin, which attracted hundreds of students who came to study medicine and Neo-Confucianism. The branch of *goseiha* he founded, known as *Dōsanryū* (the Dōsan lineage), became influential in the early Tokugawa period.<sup>10</sup> Regarding the main idea of his teaching, Dōsan said: "Diseases are all caused by either excessive *yin* or excessive *yang*. Therapy simply balances these. This is the secret of our school."<sup>11</sup> He popularized the basic premises of Neo-Confucian medicine all over Japan.

The seventeenth century was the heyday of *goseiha*. Dōsan's medical views were developed by his students, many of whom served the bakufu, court, and daimyō as attending physicians.<sup>12</sup>

Tomiyama Michinao (1585-1634), a disciple of Gensaku (1545-1631), Dōsan's son, was the author of a best-selling *kanazōshi* (story book in the vernacular script), *Chiku sai* (Bamboo Hut, 1621). He suggested that every doctor should study the *I Ching* thoroughly and familiarize himself with the ideas of *yin-yang wu-hsing*, the five viscera and the six bowels.<sup>13</sup>

Nakayama Sanryū (1613-1684) was famous for having healed emperor Gomizunoo (r. 1611-1629). His major theoretical contribution was to apply the principle of *yin-yang wu-hsing* to prescriptions. He believed that mixtures of dozens of medicine were necessary to restore a patient's own resistance mechanism, because *yin-yang* and *wu-hsing* were delicately balanced in the human body.

Aeba Tōan (1615–1673) was a champion of the theory of *wu-yün liu-ch'i*. He was influenced by Liu Yüan-su (1120–1200) of the Chin dynasty who established a school of medical thought that explained pathogenesis in terms of the relationship between the agents of fire and water. Liu's idea was inspired by the hexagram *chi chi* (after completion). It reads: "Water over fire: the image of the condition in [the hexagram of] *after completion*. Thus the superior man takes thought of misfortune and arms himself against it in advance."<sup>14</sup> According to Liu, water over fire represents the ideal physical condition. Of the six climatic factors, fire is the most difficult to control, and tends to overpower the other factors. Illnesses occur when fire increases and releases heat which burns water. Thus, the function of medicine is to constrain fire in order to restore water over fire.<sup>15</sup> Tōan introduced this idea to Japan, and attempted to apply the principle of *wu-yün liu-ch'i* to the functions of the five viscera, the six bowels, and the main and collateral channels. He said: "There are six climatic factors in the universe from which everything is created. There are five viscera and six bowels in the human body from which the energy of life is formed. The increase and decrease of everything follow the impact of seasonal change on the five agents and the six climatic factors. Human illnesses begin in the organs and bowels."<sup>16</sup> Despite his efforts, the theory of *wu-yün liu-ch'i* was too abstract, and was never widely accepted in Tokugawa medical circles.

Okamoto Ippō (1654–1716), a student of the Tōan lineage of *goseiha*, attempted to simplify and popularize the ideas of *wu-yün liu-ch'i* and *ching-lo* in his *Unkiron genkai* (A Simple Explanation of the Theory of *Yün-ch'i*) and *Nankei genkai* (A Simple Explanation of the *Book of Difficult Medical Questions*). Ippō made a contribution to acupuncture and moxibustion; he discussed them in terms of *wu-yün liu-ch'i*, *wu-tsang liu-fu*, and *ching-lo*. He upheld the traditional view that Fu Hsi, the creator of the eight trigrams, invented acupuncture and moxibustion, and that there was a close relationship between acupuncture and moxibustion and the *I Ching*. He said: "We have the principle of three powers (*san-ts'ai*, heaven-earth-man) in human beings; acupuncture [and moxibustion] also have this principle."<sup>17</sup>

The map of the medical world changed in the eighteenth and nineteenth centuries. The hegemony of *goseiha* was followed by the

天地人男女ノ鍼法

人ニ天地人ノ三才ノ理アリ。鍼ニ天地人ノ三才アリ。人ニ天地  
人ノ三才ハ胸ヨリ上ヲ天トシ胸ヨリ脐ニテヲ入トシ脐ヨリ下ヲ  
地トス。天ニ六刺一輕ク淺シ。地ニ六刺一重ク深シ。人ニ六刺一中  
和ヲ用ユ。天ニ刺一深キ寸八入ヲ殺ス。誠ニ鍼ノ大事口傳アリ。  
是心俞魂ノ宿スル處ニ近クハナリ。天ニ刺トキハ鍼ヲ伏テ淺  
ク輕ク擦ベシ。若鍼刺ノ過アラバ其面ヲ袖ニテ覆ヒ口鼻ノ  
息ヲ温メ面ニ風ヲ當ヤウニメ男ハ足ノ三里崑崙女ハ三陰交  
サテ男女凡ニ脐ノ下一寸五分氣海ノ穴ヲ刺メ神浮ヲ成ヘシ  
必ズ蘇生ス。又鍼ニ天地人ノ三才ハ刺メ皮肉ノ分ニ至ルヲ天  
トイフ。肉ノ分ニ至ルヲ人トイフ。筋骨ノ分ニ至ルヲ地トイフ。

鍼灸大成

卷上之本

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1. From Okamoto Ippō, Shinkyū bassui taisei. Collection of the Gest Oriental Library.

coexistence of the three schools. *Goseiha*'s decline was obvious in both the material and ideological realms. Patrons were lost to other medical schools, and few figures of great stature defended Neo-Confucian medicine. While defending their own doctrines, practitioners nevertheless absorbed some influences from *kohōha* and *ranpō-igaku*. Hata Kōzan (1720–1804), an attending physician of the emperor and shogun, wrote *Seki idan* (A Critique of *Idan*, 1762) as a counterattack on *kohōha*. As the title suggests, the book attacked the *Idan*, an influential book written by the champion of *kohōha*, Yoshimasu Tōdō (1702–1773). Kōzan said: "His [Tōdō's] book categorically rebukes the medical classics, discards the theory of *yin-yang*, and wants to change what is unchangeable in the universe. It is a heresy."<sup>18</sup> He pointed out that even Pien Chüeh and Chang Chung-ching, the two most respected ancient Chinese physicians of *kohōha*, believed in the *yin-yang* doctrine. His most interesting defense of *goseiha* was perhaps his use of the *I Ching* to uphold the idea of *yüan-ch'i*:

Although the term *yüan-ch'i* cannot be found in the Six Classics, its meaning is there. . . . *Yüan* means the beginning of everything. In the teaching of the *I Ching*, *yüan* is very crucial. The *I Ching* reads: "Great indeed is the sublimity of the *ch'ien* (creation), to which all beings owe their beginning," and "Perfect indeed is the sublimity of the *k'un* (the receptive). All beings owe their birth to it." It is the great virtue of the universe. If the power which supports the everlasting movement of all creatures is not *ch'i*, then what would it be?<sup>19</sup>

*Goseiha* was further weakened in the last decades of the Tokugawa era. Abe Rōsai, a *goseiha* physician, regretted that the principle of *yin-yang wu-hsing* was no longer the core theory of the Tokugawa medical world. *Goseiha* physicians became more eclectic; they absorbed ideas from other schools of medicine, and discarded some of their far-fetched elements. For example, during the Kyōwa years (1801–1803), Kondō Takamasa, in his defense of *goseiha* in *Tōshi idan* (The Medical Discourses of the Kondō Family), did not completely deny the ideological contributions of *kohōha*, and even accepted some of its ideas. He wrote:

The theories of viscera-bowels and channels-collateral are the

essence of medicine and [spreading them is] the major responsibility of the physician. Today, the so-called students of the school of ancient medicine do not use the principles of *yin-yang* and *yüan-ch'i*, and also discard the use of the channels and collateral to correspond [to *yin* and *yang*], in order to establish their own theories. Some of their arguments are convincing enough to overthrow the useless, corrupted views, and therefore they are not without merits. . . . Using *yüan-ch'i* to correspond to *yin-yang wu-hsing* is too abstract an idea, and is no good for therapy. It is not for those physicians who aim to cure diseases. However, things like viscera-bowels and channels-collateral are unquestionable principles, and thus must not be discarded.<sup>20</sup>

Kaneko Keizan, in his *Byōkon seigi ben* (An Analysis of the Origins of Disease), attempted to narrow the differences between *goseiha* and *kohōha* by arguing that the favorite text of *kohōha*, *Shang han lun* (A Treatise on Fever, c. 200 C.E.), and the *I Ching* agreed on medical issues. He used the hexagrams to discuss the functions of the human organs, pathology, and therapy:

The *I Ching* and *Shang han lun* are two expressions of one truth. The sages, on the basis of the *Ho t'u* (Yellow River Map), the *Lo shu* (Writing from the River Lo), and the principles of *yin-yang*, created the teaching that could cure ten thousand diseases. The *Shang han lun* was based on the teaching of the sages. . . . One can understand the cause of the disease by looking at the change of the 64 hexagrams, and know the pathology and therapy by reading the text and commentary of the 384 hexagrams.<sup>21</sup>

During the nineteenth century, even the prestigious Tanba family, which had served the court and later the shogun as attending physicians for a thousand years, absorbed some elements from *kohōha* and Dutch medicine in their defense of *goseiha*. For example, Tanba Genkan did not believe in *wu-yün liu-ch'i*, and alleged that it was created by Sung scholars. Although he still used the ideas of *yin-yang wu-hsing* and *wu-tsang liu-fu*, he admitted that they were not directly related to medicine. Genkan attempted to provide textual proof that many Western medical

ideas could be found in ancient Chinese texts, and thus the study of human anatomy was not new to China. The same idea was echoed by Imamura Ryō in his *Iji keigen* (The Origins of the Medical Affair, 1862). Ikeda Zuisen (1733–1816), a smallpox and measles specialist, was a lecturer in the medical academy (*igakukan*) of the bakufu. Supplemented by Dutch and Japanese medical ideas, his medical thought was primarily based on Chin-Yüan medicine. In the *Tōka benyō* (A Critical Review of Medical Studies of Smallpox, 1821), he used the ideas of *yin-yang* and *wu-yün liu-ch'i* to explain the treatment of smallpox and measles. He wrote:

Heaven and earth use *yin-yang* and *wu-yün liu-ch'i* as principles. *Yün* [seasonal movement of the five elements] can be either big or small. A big movement takes every sixty years for one cycle, while a small movement takes one year for one cycle. *Yün* can be excessive or inadequate in a certain year. The changes in *ch'i* and *yün* are continual. Hence, the treatment of smallpox and measles, from ancient times to the present, varies according to the changes in *ch'i* and *yün*.<sup>22</sup>

#### NEO-CONFUCIAN MEDICAL THOUGHT OUTSIDE MEDICAL CIRCLES

Outside medical circles, Neo-Confucian medicine was widely accepted by different schools of thought and religion. Its most important and ardent intellectual ally was Neo-Confucianism. *Ju-i ippon* (unity of Confucianism and medicine) was a common belief in early Tokugawa times; many early Tokugawa Confucians engaged in the practice of medicine on the side. Although the majority of Chu Hsi and Wang Yang-ming scholars did not have a systematic medical philosophy, their medical views were similar to those of *goseiha*. Fujiwara Seika (1561–1619) alleged that one could find therapeutic references in the *I Ching*.<sup>23</sup> Hayashi Razan (1583–1657) was famous for his practice of *ken-pei*, which was a kind of *ch'i-kung* (exercise of the movement of *ch'i*) inspired by the hexagram *ken* (keeping still). It was widely practiced by Taoists and Buddhists, as well as Confucians in both China and Japan. Tokugawa Confucians were enthusiastic about this practice. Unlike Zen meditation (*zazen*), which was intended to help one attain spiritual enlightenment,

*ken-pei* aimed at strengthening the body. Nakae Tōju (1608–1648) used *yin-yang wu-hsing* as the basic framework in his *Igaku seisho* (A Comprehensive Book on Medicine), in which he emphasized the importance of the stomach and spleen. Yamazaki Ansai (1618–1682), in his *Gogyō jintai seijō zu* (The Diagram of the Relationship between *Wu Hsing* and the Human Body and Emotions), illustrated that human physical and emotional activities were controlled by *wu-hsing*. Kaibara Ekken (1630–1714) studied medicine under some *goseiha* physicians. In his *Yōjōkun* (Lectures on the Maintenance of Life), he stressed the importance of the stomach and spleen and the exercise of *ch'i*.

Buddhism played a crucial role in transplanting Neo-Confucianism and its medical theories to Japan in late medieval times. This historical link between Buddhism and Neo-Confucianism partly explains why most Tokugawa Buddhists accepted Neo-Confucian medicine. Two famous Zen monks provide good examples of this link.

Takuan Sōhō (1573–1645) identified himself as a follower of the *goseiha* tradition of medicine. In his *Isetsu* (Discourse on Medicine), he explained the relationship between the five viscera and *wu-hsing*. His interpretation was faithful to the original Chinese teaching: the five viscera represent *wu-hsing* of the universe, and are related to the processes of promotion and control. For example, he argued that if there was a heart (fire) problem, one should deal with the liver (wood). He explained: "The heart belongs to fire. Fire is derived from wood. Wood is the mother of fire. If the heart is weak, we should nourish the liver, because the liver belongs to wood."<sup>24</sup> Influenced by the thirteenth-century physician Li Kao, Takuan argued that the stomach was the most important organ because it represented the agent of earth, from which all other agents derived. He suggested specific ways to protect the stomach. For instance, he used the *wu-hsing* theory to explain why sour things were bad for the stomach: "We should refrain from eating too many sour things. Sour is the taste of the wood. The stomach and spleen belong to earth. Since earth is controlled by wood, [sour things] will hurt our stomach and spleen."<sup>25</sup>

Hakuin Ekaku (1685–1768) accepted all the major theories of *goseiha*, and believed that the health of a person hinged on the balance of *yin* and *yang*. He analyzed the function of *yin-yang* in the body:

The Great Way is divided into the two fundamental principles, the negative and positive, the *Yin* and the *Yang*. When these two are in harmony, men of character are produced. For then there is an innate vitality silently moving within the body, the five organs are so arranged that the correct rhythmical movements of the pulse are carried on. . . . The heart is then doing its work regularly and easily. It is fire which burns upwards. The lungs do not get tired or become heated with their constant effort to keep in tune with an excited heart. None of the elements which makes up the material of the body are worked to exhaustion. . . . But when these fundamental principles are out of harmony, then the structure of the body goes wrong, each part and all the agents of it become disordered and any or all of the hundred diseases may be produced.<sup>26</sup>

Hakuin used the hexagrams to illustrate his methods of maintaining and nourishing life:

Roughly speaking, for maintaining life, the upper parts of the body should be kept pure and cool, and the lower parts warm. Then the twelve pulses and the twelve branches [veins] will be in agreement and in accord with the twelve months and the twelve hours [of the day]. This is just the same as when the six lines of the system of divination [*Eki*, *I Ching*] complete the circuit and the year is completed. When the five negative lines are on top and one positive line is at the bottom [of the divination sign], this represents the winter solstice. This is what is meant perhaps, by breathing through the heels. When the three positive lines are on top and the three negative lines at the bottom [of the divination sign], this points to the beginning of spring, when all things are full of the spirit of growth and the hundred herbs receive the abundance of the growth of spring-time. . . . When the five negative lines of divination are underneath [in the divination sign] and one positive line is on top, this means deprivation. It is the season of the ninth month. When the sky receives this, the trees and gardens lose their colors, the hundred herbs wither away. This is the sign that the ordinary

man in breathing is breathing through his throat, and his looks become emaciated, and his teeth will fall out.<sup>27</sup>

The ideal state of having the upper body cold and lower body warm could be reached by a physical exercise of *ch'i*. Hakuin healed his diarrhea by practicing this exercise. He promised his students that if this exercise of *ch'i* could not cure any disease, he would cut his head off.<sup>28</sup>

In brief, the philosophy of the *I Ching* exerted its influence on Tokugawa medicine mainly through the Neo-Confucian system. *Goseiha* physicians, Chu Hsi scholars, Buddhists, and courtiers were champions of Neo-Confucian medicine, and made it the most influential medical school of thought in the Tokugawa period.

#### DIVINATION OF THE *I CHING* IN TOKUGAWA MEDICINE

In China, *I Ching* diviners and physicians were closely allied. The Chinese have a saying: "*shao pu lao i*" (work as a diviner when young; become a physician when old). In China and Japan, most *I Ching* diviners practiced medicine, and many physicians employed *I Ching* divination. The use of divination in medicine had a long tradition in Japan. In the sixteenth century, the use of *I Ching* oracles by physicians to determine the cause and treatment of illness was common, even among the attending physicians of the court and prominent warriors. This shamanistic medical practice survived into the Tokugawa period. Until the mid-Tokugawa period, most medical books in Japan included chapters on divination, cosmology, possession, and similar topics. We have numerous records in Tokugawa writings of physicians and Confucians from different backgrounds using divination for medical purposes. For example, in 1621 the daimyō of the Tsushima, Sō Yoshinari, suddenly began to suffer from a tumor while he was stopping over in Kyoto on the way to Edo to fulfill his *sankin kōtai* (alternative attendance) duty. He went to ask the Hino family, a prestigious family in the Kyoto court, for medical advice. The Hino family used the oracles of the *I Ching* to see how serious the problem was. The result was the hexagram *chun* (difficulty at the beginning), which has the line: "Bloody tears flow. How could one tarry long in this?"<sup>29</sup> Hence, Hino explained, this was a serious

problem and would require a long period of recovery.<sup>30</sup> Also, Shōji Kōki (1787–1857), a merchant-Confucian, consulted the *I Ching* whenever he was sick. Later he realized that this practice went against the true intention of the sages, and asked his family to desist.<sup>31</sup> One Tokugawa physician deplored the fact that even the attending physicians acted like *I Ching* diviners, and used the oracles frequently.<sup>32</sup>

In late Tokugawa times, a group of professional *I Ching* diviners, the Arai school, attempted to bring elements of mysticism and shamanism into *goseiha*. They had produced a considerable literature on *I Ching* medicine. Although many of these texts have not survived, we need only look at their titles for proof of this trend: Arai Hakuga's (1725–1792) *Koeki heidan* (The Diagnosis of Illness by the Ancient *I Ching*) and *Koeki satsuheiden* (The Observation of Illness by the Ancient *I Ching*), Mase Chūshū's *Ieki kōketsu* (An Oral Transmission of *I Ching* Medicine), and Tanigawa Ryūzan's (1831–1888) *Ieki hongī* (The Original Meaning of *I Ching* Medicine). The Arai school was very influential in the Osaka region, and some courtiers even went there to study it. However, its impact was only regional, and its teachings were not accepted by most late Tokugawa intellectuals.

#### THE *I CHING* AND *KOHŌHA*

*Kohōha* began as early as *goseiha*, but did not challenge it until the turn of the eighteenth century. *Kohōha* disapproved of Neo-Confucian medicine, and advocated a return to the medical classics of the Han period (206 B.C.E.–C.E. 220). In particular, Chang Chung-ching's *Shang han lun* was the "Bible" of the school; it put more emphasis on treatment than theory.<sup>33</sup> The main differences between *goseiha* and *kohōha* are summarized in table 2.

*Kohōha*, as a school of Chinese medicine, was not free from the influence of the *I Ching*. Although it discarded most Chin-Yüan medical doctrines, like *wu-hsing*, *wu-yün liu-ch'i*, *wu-tsang liu-fu*, *yüan-ch'i*, and *ching-lo*, it still upheld the *yin-yang* theory and respected the medical value of the *I Ching*.

Early students of *kohōha* were tolerant of *goseiha*. The founding father of *kohōha*, Nagoya Gen'i (1628–1696), used the theory of *yin-yang*

Table 2

	GOSEIHA	KOHÔHA
Nature of medicine	1. Medicine is a nutrient that can nourish <i>yin</i> . 2. Extensive use of herbal medicine.	1. Medicine is a poison that can kill the disease. 2. Preference for natural therapies, such as hot-spring baths and massage, over medicine.
Prescription	10–20 ingredients, each in small quantities; mild in nature.	Limited to 5 ingredients, each in substantial quantities; strong in nature.
Purpose of treatment	To restore the balance of the whole body and eliminate all symptoms.	To cure the disease where it appears, and to eliminate the principal symptom.
Medical theories	1. <i>yin-yang wu-hsing</i> , <i>wu-yün liu-ch'i</i> , and <i>wu-tsang liu-fu</i> . 2. Importation of Chinese medical theories with few changes.	1. First-hand observation, actual practice, clinical experience, and <i>yin-yang</i> . 2. Japanization of Chinese medicine.
Principal texts	<i>Su-wen</i> and <i>Ling-shu</i>	<i>Shang han lun</i>

extensively, and particularly stressed the importance of the harmony of *yin-yang*. Applying the *yin-yang* theory to sexual relationships, he remarked: "According to the way of strength and softness, the harmony of *yin* and *yang* in intercourse is very important. Neither a single *yang* nor a single *yin* can survive long. However, one should not fuse them too early. If they are fused too early, illness and fragility are unavoidable."<sup>34</sup> Gen'i did not regard the balance or harmony of *yin* and *yang* as an equality of *yin* and *yang*, and preferred *yang* to *yin*. He applied the same principle to acupuncture, and called it "*kiyô senin*" (respect *yang* and depreciate *yin*) and "*fuyô yokuin*" (uphold *yang* and suppress *yin*). Following the medieval tradition, Gen'i was skillful in using the oracles of the *I Ching*, and studied them under an *I Ching* master, Ushû Shōjun.

Gotō Konzan's (1659–1733) attitude toward *goseiha* was similar to that of his mentor, Gen'i. Konzan respected the *I Ching*, but rebuked later generations who created speculative medical theories derived from it. He wrote:

*Goseiha* physicians say Fu Hsi drew the trigrams, and Shen Nung tasted hundreds of herbal medicines. The eight trigrams show the *yin-yang wu-hsing* doctrine. Because it was the creation of the sages, [this world] cannot do without *yin-yang wu-hsing*. However, *goseiha* physicians apply this idea to identify human organs and bowels, and have developed different theories which have caused many arguments. [These theories] do not help present-day patients at all.<sup>35</sup>

Konzan nevertheless used the *yin-yang* theory extensively. In his explanation of pathology and therapy, he wrote:

Disease caused by the weakness of *yang* is easy to cure, but disease caused by the weakness of *yin* is difficult to cure. The ordinary people think the weakness of *yin* only means the weakening of *yin*. However, the fact is that when *yin* becomes weak, *yang* will gradually weaken and become incurable. Tuberculosis is a kind of weakness of *yin*. Therefore, it is the number one incurable disease. Heart disease is the next.<sup>36</sup>

He did not completely deny the medical philosophy of *goseiha*, and was himself influenced by Ch'en Yen (d. 1257), a Sung physician who contributed many theories of pathogenesis to Chin-Yüan medicine. He used some abstract Neo-Confucian medical ideas, such as *ch'i*, the six climatic factors, and the meridian, to construct his original concept that all diseases occur from the stagnation of *ch'i* (which has *yin* and *yang*). According to Konzan, the stagnation of *ch'i* could be caused by the change in the seven human emotions, the six climatic conditions, and other factors. The principle of his treatment was to remove the stagnation of *ch'i* by means of moxibustion, hot-springs baths, bear liver, and other natural therapies.<sup>37</sup> However, his notion of *ch'i* was different from the idea of *yüan ch'i* held by *goseiha*, and he did not identify *ch'i* with the *yin-yang wu-hsing* doctrine.

Konzan trained three brilliant students, Kagawa Shūan (1683–1755), Yoshimasu Tōdō, and Yamawaki Tōyō (1705–1762), who made *kohōha* into a distinct medical school. Unlike their predecessors, they were more critical of *goseiha*.

Kagawa Shūan had a critical mind, and refused to accept any medical knowledge without proof from clinical experience. Unlike Gen'i and Konzan, Shūan did not accept the idea of *yin-yang*, and even criticized his favorite medical text, *Shang han lun*, for using this concept.

Yoshimasu Tōdō was perhaps the most important figure in *kohōha*. He was an empiricist, and was skeptical of medical theory. He opposed virtually all Chin-Yüan medical theories including the ideas of *yin-yang* and *ch'i*, two concepts heretofore accepted by most *kohōha* followers. He defended the *Shang han lun* by arguing that its passages about *yin-yang wu-hsing* were added by later generations. Although he disagreed with others about the use of Neo-Confucian medical ideas, he did not deny the value of the *I Ching* itself. In his explanation of a key medical idea of *kohōha* stating that medicines are poisons, he quoted the hexagram *wu-wang* (innocence or the unexpected) to remind people to be cautious in taking medication, because medicines cannot nourish or supplement the human body. He wrote:

The nine in the fifth place [of the hexagram *wu-wang*] of the *I Ching* reads: "Use no medicine for an illness incurred through no fault of your own." The *Commentary on the Image* reads: "One should not try an unknown medicine." Tamenori [i.e., Yoshimasu] said: "If you become sick without having done anything wrong, like the situation in the nine in the fifth place, taking no medicine will bring you good fortune." Poisonous medicines are applied to the sick in order to restore the body to its normal state by attacking the virus. If you attack [your body by taking medicine] when you have no diseases, it will hurt your body and upset the normal condition. Therefore, [the *I Ching* said that] "the problem will be solved without taking medicine."<sup>38</sup>

Yamawaki Tōyō attacked the ideas of *yin-yang wu-hsing* and *wu-tsang liu-fu* from an empirical and positive perspective. Observing the dissection of the male body of an executed criminal in 1754, he found that the traditional Chinese knowledge of human organs was erroneous. As a result many of his students turned to Dutch medicine.

Thanks to the four masters of *kohōha* — Konzan, Tōdō, Shūan, and Tōyō — *kohōha* became very powerful in late Tokugawa times.

Ironically, the expansion of the school led to the dilution of its doctrines. Nineteenth-century *kohōha* was an eclectic doctrine with fewer distinctive features. It became less critical of *goseiha*, and even adopted some of the ideas that had been refuted by earlier *kohōha* masters. For example, Nakakawa Shigeaki, a student of Tōdō's, used *yin-yang* and the five viscera in his *Shōji tekiyō* (The Selected Records of Medical Treatment). Odai Chō, in his *Iyo* (Records on Medicine, 1863), used the *I Ching* in different places to explicate the medical views of *kohōha*. Like Tōdō, Chō quoted the hexagram *wu-wang* to assert that all medicines are poisons and should never be abused. He suggested two ways to acquire health and longevity. First, one needed to be emotionally stable. He quoted from a Han text, *Ch'un-ch'iu fan-lu* (Luxuriant Gems of the Spring and Autumn Annals, by Tung Chung-shu), to illustrate the ideal condition in terms of the hexagram *t'ai* (peace):

Moving and resting should follow the nature of life. Happiness and anger should stop in the middle level. Sorrow and fear disappear and things return to normal. Having internal harmony inside the body, one reaches the level of "peace of heaven and earth" (*t'ien-ti t'ai*) [from the hexagram *t'ai*]. Those who acquire the peace of heaven and earth will enjoy longevity.<sup>39</sup>

Second, one should be temperate in eating and drinking. He used the hexagram *hsü* (nourishment) to explain:

The *I Ching* says: "Contenting oneself with drinking and eating will bring good fortune" [nine in the fifth place of the hexagram *hsü*]. The *Commentary on the Image* says: "Contenting oneself with drinking and eating will bring good fortune, because it is central and correct." If a man can content himself with drinking and eating, it will bring him no loss naturally. Our lives take nourishment from eating and drinking in order to survive, but if we lose our constraint, it may cause more than disorder, and even lead to physical harm or death.<sup>40</sup>

In brief, the *I Ching* still played a considerable role in *kohōha*. Most *kohōha* physicians were Confucians themselves, and therefore they respected the *I Ching*, and even cited it to explicate their medical ideas. To

maintain the authority of their teachings and the *I Ching*, they separated the *I Ching* from Neo-Confucian medicine. My investigation also indicates that some *kohōha* physicians were not completely free from the influence of Neo-Confucian medical ideas.

#### THE I CHING AND DUTCH MEDICINE

Early scholars of Western learning did not necessarily reject Neo-Confucian medical ideas. Some of them attempted to accommodate these to Western learning. Sawano Chūan (1580–1652) trained a number of *nanbanryū* (Portuguese-style) physicians. His student Kobayashi Kentei (1601–1684) upheld the ideas of *wu-yün liu-ch'i* in his *Nigi ryakusetsu* (A Brief Explanation of Heaven and Earth, 1667). He said: "In medicine, if we do not give a prescription after taking *liu-ch'i* of heaven and *wu-yün* of earth into consideration, it will be very difficult to cure a human illness completely."<sup>41</sup> In the early eighteenth century, a maverick popularizer of Western astronomy, Baba Nobutake, emphasized that the *I Ching* and medicine share a natural principle, and that no one could understand medicine without the help of the *I Ching*.<sup>42</sup>

Western medicine became very influential in the late Tokugawa period. Historians tend to emphasize the modernity of the school of Dutch learning while overlooking its interaction with traditional knowledge. Western medicine supplemented rather than replaced Chinese medicine. Physicians of Dutch medicine were critical of the speculative mode of medical thought expounded by Neo-Confucians, but a closer investigation illustrates that their attitude toward traditional Chinese medical ideas and practices was indeed more complicated and ambivalent. Students of Western medicine reached a consensus on two conclusions. First, in the field of surgery and pathology, Western medicine was more advanced, whereas Chinese techniques enjoyed superiority in internal medicine and anesthesia. Second, Western medicine and Eastern medicine shared many features. Some *ranpō* physicians (such as Nagatomi Dokushōan, 1731–1766, and Ogata Korekatsu) suggested that Western medical ideas had existed in ancient China.

Most students of Western medicine attempted to fuse Dutch medicine with Chinese medicine. The *I Ching* played a role in this

process. Hirokawa Kai, a physician attendant to the court, studied Dutch medicine in Nagasaki. He translated and annotated some Dutch medical sources in a book entitled *Ranryōhō* (Dutch Medical Treatments, 1803). He still used the concepts of *yin-yang* and *wu-tsang liu-fu* in his analysis, and recommended Chinese herbal medicine for treatment. His translation was influenced by Chinese medical vocabularies which inevitably carried Chinese meanings with them. For example, he translated the word "distiller" as *inyō-kisei-ro*, literally, a furnace fusing *yin* and *yang*; both *inyō* and *kisei* were terms borrowed from the *I Ching*.<sup>43</sup> Ōtsuki Gentaku (1757–1827), one of the most important *rangaku* scholars, stressed the similarities between Western and Chinese medicine in his *Ranyaku teikō* (An Introduction to Translations from Dutch Sources). He pointed out that the ideas of *yin-yang wu-hsing* and *ching-lo* did not contradict theories of Western medicine.<sup>44</sup> Komori Tōu (1782–1843) strove to fuse Western and Chinese medicine. He used the *yin-yang wu-hsing* theory frequently in his medical writings. His student Ikeda Tōzō used the principles of the *I Ching* to explicate Western medical ideas in his *Igaku engen* (The Origins of Medicine).

#### CONCLUSION

*Goseiha*, *kohōha*, and *ranpō-igaku* represent three stages in the transformation from Chinese to Western medicine in early modern Japan. In a sense, medicine was a battlefield among the Chu Hsi school, *kogaku*, and *rangaku*, which supported these three medical schools respectively. The prevalence of Neo-Confucian medicine was a byproduct of the rise of the Chu Hsi school in the Tokugawa period. Neo-Confucian medicine included a set of *I Ching*-related theories. When the Chu Hsi school was challenged by *kogaku* and *rangaku* in mid-Tokugawa times, the power relations among these three medical schools also changed. The hegemony of *goseiha* was followed by the coexistence of the three schools. The *yin-yang wu-hsing* theory was no longer the core theory in the late Tokugawa medical world. Although *kohōha* and *ranpō-igaku* physicians were critical of some far-fetched medical ideas of *goseiha*, they did not deny the role of the *I Ching* in medicine. Some of their students used the *I Ching* to explain and justify their medical views.

The influence of the *I Ching* on medicine diminished gradually over the Tokugawa period. The text played a crucial role in *goseiha*, a lesser role in *kohōha*, and an unimportant role in *ranpō-igaku*. Its ideas served as the cornerstone of the Chinese medical system, and were less congenial to Western medicine. In the field of medicine, the *I Ching* played a less significant role in the adaptation of Western science in Tokugawa Japan than it did in astronomy, physics, and weaponry.

### NOTES

The author wishes to thank Martin Collcutt, Marius Jansen, and Sören Edgren for their comments.

1. The relationship between the *I Ching* and Chinese medicine has been a subject of interest to the general reader, but has provoked few scholarly discussions. A fine historical account is provided by Li Chün-ch'uan in *I-i hui-t'ung ching-i* (Peking: Jen-min wei-sheng ch'u-pan-she, 1991). For a basic analysis of the theoretical relationship between the *I Ching* and Chinese medicine, see Huang Tun-han, *I-hsüeh yü i-hsüeh chih tsung-ho yen-chiu* (Taipei: Palace Publishing Co., 1979), and T'an Wei-ch'ung, *[The] Five Element System of Traditional Chinese Medicine in [the] West* (Peking: Hsüeh Yüan Press, 1990).
2. Marius B. Jansen points out that the Confucian order was challenged by Western approaches to natural science in the 1770s, and regards the decision of the doctor Sugita Genpaku (1733-1817) to be present at a dissection as the epoch-making event. See Jansen's *Japan and Its World: Two Centuries of Changes* (Princeton, N.J.: Princeton University Press, 1980), pp. 7-8.
3. Some Buddhist and indigenous medical ideas and practices were incorporated into the Chinese medical system in traditional Japan.
4. *Yin* and *yang* denote the primal forces of the universe, which oppose and supplement each other. *Yin* and *yang* control the five basic agents (or phrases): wood, fire, earth, metal, and water. Among the five agents, there are two types of relationships: some agents work with each other, some oppose each other. This is called the *wu-hsing* theory of promotion and control.
5. For details on the medical implications of the theory of *yin-yang wu-hsing*, see Chang En-ch'in, ed., *Basic Theory of Traditional Chinese Medicine*, vol. 1 (Shanghai: Publishing House of Shanghai College of Traditional Chinese Medicine, 1989), pp. 22-165.
6. See Liu Yen-ch'ih, *The Essential Book of Traditional Chinese Medicine*, vol. 1, *Theory* (New York: Columbia University Press, 1988), pp. 58-59 and 63-93.
7. See Ōtsuka Yoshinori, "Kinsei zenki no igaku," in Hirose Hideo, Nakayama Shigeru, and Ōtsuka Yoshinori, collators and annotators, *Kinsei kagaku shisō*, pt. 2, *Nihon shisō taikai*, vol. 63 (Tokyo: Iwanami shoten, 1971), p. 512.

8. For details, see Huang, *I-hsüeh yü i-hsüeh chih tsung-ho yen-chiu*, pp. 345-374. Also, see Earl Miner, Hiroko Odagiri, and Robert E. Morrell, *The Princeton Companion to Classical Japanese Literature* (Princeton: Princeton University Press, 1985), pp. 399-408.
9. *Five Element System*, pp. 104-107.
10. There were several reasons for its popularity in that period. First, it was a byproduct of the rise of Neo-Confucianism. Second, the Chin-Yüan medical approach was more appropriate to people who suffered from malnutrition. Third, it was patronized by political leaders. Fourth, Dōsan and his students used simple language to explain difficult medical ideas and practices. See Sōda Hajime, *Nihon iryō bunka shi* (Kyoto: Shibunsha, 1989), pp. 106-108.
11. Ōtsuka, *Kirigami* (Cutting Paper), quoted in "Kinsei zenki no igaku," p. 514. See note 7.
12. *Goseiha* received political patronage from the shogunate and the court; both employed *goseiha* physicians from the Dōsan lineage as their attendant physicians in the early Tokugawa period. For instance, Hata Sōha (1550-1607), Hori Kyōan (1584-1642), Misono Isai (d. 1616), Okamoto Genya (1584-1645), Noma Gentaku (1587-1645), Inoue Gentetsu (1601-1686), and Iseki Gensetsu (1618-1699) served the shogun; Manase Gensaku, Manase Shōrin (1565-1611), Yamawaki Genshin (1598-1678), and Nakayama Sanryū (1613-1684) served the court.
13. See Hattori Toshirō, *Edo jidai igakushi no kenkyū* (Tokyo: Yoshikawa kōbunkan, 1978), p. 553.
14. Richard Wilhelm, trans., *The I Ching or Book of Changes* (Princeton: Princeton University Press, 1977), pp. 710-711.
15. Li, *I-i hui-t'ung ching-i*, pp. 162-174.
16. Quoted in Hattori Toshirō, *Igaku, Nihonshi shōhyakka*, vol. 20 (Tokyo: Kondō shuppansha, 1985), p. 76.
17. Okamoto Ippō, *Shinkyū bassui taisei* (A Collection of Major Discussions on Acupuncture and Moxibustion, 1699), Tokugawa edn. (Princeton University: Rare Book Collection of Gest Oriental Library), 1:22a. Another of Ippō's important works on acupuncture and moxibustion was the *Jūyonkei keiryaku shōkai* (A Comprehensive Explanation of the Systems of Main and Collateral Channels in the Fourteen Medical Classics). Terajima Ryōan, an Osaka physician of *goseiha*, expressed similar opinions in his famous *Wakan sansai zue* (An Illustrated Encyclopedia of the Three Powers in Japan, 1713).
18. In Saigusa Hiroto, ed., *Bukkyōka no shizenkan, igakuka no shizenkan, Nihon tetsugaku zensho*, vol. 7 (Tokyo: Daiichi shobō, 1936), p. 324.
19. *I-an, i-hua*, in *Huang han i-hsüeh ts'ung-shu*, vol. 13 (Peking: Ping-fang ch'u-pan-she, 1935), p. 18.
20. *Ibid.*, p. 10.
21. Quoted in Fujikawa Yū, *Nihon igakushi kōyō*, vol. 2 (Tokyo: Heibonsha, 1974), p. 59.
22. *Nü-k'o-hsüeh, erh-k'o-hsüeh*, in *Huang han i-hsüeh ts'ung-shu*, vol. 9 (Peking: Ping-fang ch'u-pan-she, 1935), p. 24.

23. He gave the example of Huang Tzu-hou, who found in the *I Ching* the source of a method to cure diarrhea. See *Nihon no Shushigaku*, pt. 2, *Shushigaku taikai*, vol. 13 (Tokyo: Meitoku shuppansha, 1975), p. 74.
24. Saigusa, ed., *Bukkyōka no shizenkan*, vol. 7, p. 159.
25. *Kottō roku* (Records on Antiquity, 1644), in *ibid.*, p. 174.
26. R. Shaw, trans., *The Embossed Tea Kettle and Other Works of Hakuin Zenji* (London: George Allen & Unwin, 1963), pp. 36–37.
27. *Ibid.*, pp. 38–39.
28. See Hattori, *Edo jidai igakushi no kenkyū*, pp. 85–87. This idea was also adopted by some Tokugawa Confucians and Hirata Atsutane (1776–1843).
29. Wilhelm, *The I Ching*, p. 403.
30. See Kumakura Isao, *Kan'ei bunka no kenkyū* (Tokyo: Yoshikawa kōbunkan, 1988), p. 102.
31. *Kashoku yōdō* (Major Ways of Managing the Family), in Takimoto Seiichi, ed., *Nihon keizai sōsho*, vol. 24 (Tokyo: Nihon keizai sōsho kankōkai, 1916), p. 113.
32. Ogata Korekatsu, *Kyōrin naisei roku* (Records of Self-Examination of Medical Matters, 1836), in Mori Senzō and Kiyagawa Hirokuni, eds., *Zoku zuihitsu taisei*, vol. 10 (Tokyo: Yoshikawa kōbunkan, 1979), p. 109. In the same text, it is recorded (pp. 109–110) that Takeda Shingen (1521–1573) asked his attendant physician to use *I Ching* divination to trace the whereabouts of a lost boy. It seems that the role of physician and *I Ching* diviner sometimes overlapped in pre-Tokugawa Japan.
33. The medical theory of the *Shang han lun* is rather simple. The main idea is based on the change of balance of *yin-yang* in the human body. The book suggests that diseases progress through six stages—great *yang*, middle *yang*, small *yang*, great *yin*, middle *yin*, and small *yin*—and that each stage has its own symptoms which require different treatments. In general, the natural resistance of a patient in the *yang* state is still strong, and the disease is not serious; thus a *yin* medicine should be used. When the patient reaches the *yin* state, a stronger *yang* medicine is necessary.
34. *Tansuishi*, in Saigusa, *Bukkyōka no shizenkan*, vol. 7, p. 247.
35. *Shisetsu hikki* (Notes from My Teacher's Lectures, 1780), in Hirose, Nakayama, and Ōtsuka, eds., *Kinsei kagaku shisō*, vol. 2, *Nihon shisō taikai*, pt. 63, p. 390.
36. *Ibid.*, p. 386.
37. See Otsuka Yasuo, "Chinese Traditional Medicine in Japan," in Charlies Leslie, ed., *Asian Medical Systems: A Comparative Study* (Berkeley and Los Angeles: University of California Press, 1976), pp. 328–329.
38. *Kosho igen* (Medical Discussions in Ancient Books, published 1813), *I-an, i-hua*, in *Huang han i-hsüeh ts'ung-shu*, vol. 13, p. 1.
39. *Iyo*, in *ibid.*, p. 9.
40. *Ibid.*, p. 6.
41. Hirose, Nakayama, and Ōtsuka, eds., *Kinsei kagaku shisō*, pt. 2, *Nihon shisō taikai*, vol. 63, p. 96.
42. *Shosetsu bendan* (Discourses on Different Theories, 1715), in Nagasawa Kikuya, ed., *Nihon zuihitsu shūsei*, vol. 2 (Tokyo: Kyūko shoin, 1978), pp. 47–48.

43. *Ranryōhō*, in Sōda Hajime, ed., *Ranryōhō, Ranryō yakukai, Edo kagaku koten sōsho*, vol. 27 (Tokyo: Kanwa shoten, 1980), p. 5.  
 44. See Yamazaki Akira, "Wakon yōsai teki shii kōzō no keisei to kokka ishiki," in Arisaka Takamichi, ed., *Nihon yōgakushi no kenkyū*, vol. 3 (Tokyo: Sōgensha, 1974), p. 141.

## GLOSSARY

- |                                      |                          |
|--------------------------------------|--------------------------|
| Abe Rōsai 阿部漏齋                       | Gomizunoo 後水尾            |
| Aeba Tōan 饗庭東庵                       | goseiha 後世派              |
| Arai Hakuga 新井白蛾                     | Gotō Konzan 後籐艮山         |
| Ashikaga 足利                          | Hakuin Ekaku 白隱慧鶴        |
| Baba Nobutake 馬場信武                   | Hata Kōzan 秦黃山           |
| bakufu 幕府                            | Hayashi Razan 林羅山        |
| <i>Byōkon seigi ben</i> 病根精義弁        | Hino 日野                  |
| Chang Chung-ching 張仲景                | Hirokawa Kai 広川獬         |
| Ch'en Yen 陳衍                         | <i>Ho t'u</i> 河圖         |
| ch'i 氣                               | hsü 需                    |
| chi chi 既濟                           | <i>I Ching</i> 易經        |
| ch'ien 乾                             | <i>Ieki hongī</i> 医易本義   |
| ch'i-kung 氣功                         | <i>Ieki kōketsu</i> 医易口訣 |
| <i>Chiku sai</i> 竹齋                  | <i>Igaku engen</i> 易学淵源  |
| ching-lo 經絡                          | Igakukan 易学館             |
| Chu Chen-heng 朱震亨                    | <i>Igaku seisho</i> 医学成書 |
| Chu Hsi 朱熹                           | <i>Iji keigen</i> 医事啓源   |
| chun 屯                               | Ikeda Tōzō 池田冬藏          |
| <i>Ch'un-ch'iu fan-lu</i> 春秋繁露       | Ikeda Zuisen 池田瑞仙        |
| daimyō 大名                            | Imamura Ryō 今村亮          |
| Dōsanryū 道三流                         | inyō-kisei-ro 陰陽既濟炉      |
| ekiironha 易医論派                       | <i>Isetsu</i> 医說         |
| Fu Hsi 伏羲                            | <i>Ishinpō</i> 医心方       |
| Fujiwara Seika 藤原惺窩                  | <i>Iyo</i> 医余            |
| fuyō yokuin 扶陽抑陰                     | jui-ippon 儒医一本           |
| <i>Gogyō jintai seijō zu</i> 五行人体性情図 | Kagawa Shūan 香川修庵        |

- Kaibara Ekken 貝原益軒  
 kanazōshi 仮名草子  
 Kaneko Keizan 金子景山  
 Keitekiin 啓迪院  
 ken 艮  
 ken-pei 良背  
 kiyō senin 貴陽賤陰  
 Kobayashi Kentei 小林謙貞  
 Koeki heidan 古易病断  
 Koeki satsuheiden 古易察病伝  
 kohōha 古方派  
 Komori Tōu 小森桃塢  
 Kondō Takamasa 近藤隆昌  
 k'un 坤  
 Kyōwa 享和  
 Li Kao 李杲  
 Liu Yüan-su 劉元素  
 Lo shu 洛書  
 Manase Dōsan 曲直瀬道三  
 Manase Gensaku 曲直瀬玄朔  
 Mase Chūshū 眞勢中州  
 Nagatomi Dokushōan 長富独嘯庵  
 Nagoya Gen'i 名古屋玄医  
 Nakae Tōju 中江藤樹  
 Nakakawa Shigeaki 中川成章  
 Nakayama Sanryū 中山三柳  
 nanbanryū 南蛮流  
 Nankei genkai 難經諺解  
 Nigi ryakusetsu 二儀略說  
 Odai Chō 尾台超  
 Ogata Korekatsu 緒方惟勝  
 Okamoto Ippō 岡本一抱  
 Ōtsuki Gentaku 大槻玄沢  
 Pien Chüeh 扁鵲  
 rangaku 蘭學  
 ranpō-igaku 蘭方医学  
 Ranryōhō 蘭療方  
 Ranyaku teikō 蘭訳梯航  
 sankin kōtai 參勤交代  
 san-ts'ai 三才  
 Sawano Chūan 沢野忠庵  
 Seki idan 斥医断  
 Shang han lun 傷寒論  
 shao pu lao i 少卜老医  
 Shen Nung 神農  
 Shōji Kōki 正司考棋  
 Shōji tekiyō 証治摘要  
 Sō Yoshinari 宗義成  
 t'ai 泰  
 Takuan Sōhō 沢庵宗彭  
 Tamenori 爲則  
 Tanba Genkan 丹波元簡  
 Tanba Yasuyori 丹波康頼  
 Tanigawa Ryūzan 谷川竜山  
 Tashiro Sanki 田代三喜  
 tenyakuryō 典薬寮  
 t'ien-ti t'ai 天地泰  
 Tōka benyō 痘科弁要  
 Tomiyama Michinao 富山道治  
 Tōshi idan 籐氏医談  
 Tsushima 津島  
 Tung Chung-shu 董仲舒  
 Unkiron genkai 運氣論諺解  
 Ushū Shōjun 羽州宗純  
 Wang Yang-ming 王陽明  
 wu-hsing 五行

wu-tsang liu-fu 五臟六腑  
 wu-wang 无妄  
 wu-yün liu-ch'i 五運六氣  
 Yamawaki Tōyō 山脇東洋  
 Yamazaki Ansai 山崎闇齋  
 yin-yang 陰陽  
 yin-yang wu-hsing 陰陽五行

Yōjōkun 養生訓  
 Yoshimasu Tōdō 吉益東洞  
 yüan 元  
 yüan-ch'i 元氣  
 yün 運  
 zazen 座禪