



Received: 10-12-2022
Accepted: 20-01-2023

International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

Regional Medicine and History and Culture in Japan

Hattori Keiko

Nihon Institute of Medical Science, Saitama, Japan

Corresponding Author: **Hattori Keiko**

Abstract

The town of Moroyama, where Japan University of Medical Science is located, is a region rich in nature located in the southwestern part of Saitama Prefecture, almost in the center of Musashi Province.

Today, medical institutions and medical research institutes are well established and community-based medical facilities support the health of the residents, but the path to the

development of medical care in Moroyama as we know it today was marked by people's desire for good health and various attempts to promote health.

In this lecture, we will read ancient documents and local customs from the early modern period from the perspective of medicine and nursing, and unravel how people in the Edo and Meiji periods thought about health.

Keywords: Community Nursing, Medical Development, Nursing in Japan, History of Nursing

1. Research Background

Regional medical care in Japan has developed uniquely in each region. The development of regional medical care is the result of the experience and years of effort of the residents living in the region. As an island nation, before the medical care and culture of foreign countries entered Japan, the mainstay of Japanese medicine was rooted in daily life, from treating injuries to nursing the sick. Infectious diseases, which still rage in modern society, have always been present throughout our Japanese history. Infectious diseases were the fear of local inhabitants and a threat to their daily lives. Infectious diseases were invisible and terrifying, affecting people's bodies, minds, and societies in many ways. At a time when scientific evidence was scarce, infectious diseases were believed to be brought by demons or plague gods, and diseases were deeply linked to religion. It is said that Buddhist priests used to be at the forefront of infectious diseases in the region. Prayer was the only way to save lives at a time when people were losing their lives to infection and there was nothing that could be done about it. The Japanese of old tried to stop the loss of life of local residents by praying. Many similar cases have been reported overseas. It is assumed that religion and human life, death, illness, and aging have always been inseparable in every age and in every country.

In this paper, we will explore the history of medical care in Japan and the history of one particular region within Japan, focusing on a person, and how community medicine has developed. In addition, we will read from old documents and introduce some of the ways in which infection control measures have been implemented in the region. Since there are not many documents from the pre-Edo period in a particular region, we will distinguish between the pre-Edo period and the post-Edo period, and compare them with the history of medical care in Japan, and pick up customs, medical practices, and even nursing events in a particular region. In particular, we will introduce people who contributed to the development of medical care in that period and region, and examine how they achieved the development of regional medical care in Japan.

2. Research Methods

Literature study.

3. History of Medical Care and Nursing in Japan

3.1 Before the 17th century: Medicine in Japan until the Edo period

Before the Edo period, medicine was influenced by Buddhism, but in the Edo period, it came to be influenced by Confucianism.

Especially in the Kamakura period, both medicine and nursing were developed based on Buddhist philosophy as a means of relieving human suffering. Facilities similar to what we now call hospitals were provided by temple priests.

During the Kamakura, Muromachi, and Azuchi-Momoyama periods, Buddhist medicine was flourishing and monks were relied upon more than doctors.

3.2 Community Medicine and Nursing in Japan in the 17th and 18th Centuries

The Edo period was a time when Ihara Saikaku published a series of genre literature with a strong popular flavor and Basho established haiku. Kaibara Ekiken, a native of Fukuoka Prefecture, published an eight-volume medical text for the general public titled "Yoseikun Yojokun" (1713), which helped improve medical knowledge and influenced home nursing during this period. The nursing topics, such as "Choiyo iyo," "Yakuyaku," "Nouroi," and "Ikko Kodomo," all seem to have been based on Kaibara's experiences in his daily life. The content was limited to personal hygiene. In the Edo period (1603-1867), measles and cholera were prevalent and a large number of people died. It was a time when infection control measures had not yet been developed, but such experiences led to the creation of books on infection control.

KATSUKI Gyuzan, "Geriatric Yoso - Yanaigusa" (1716), 5 vols.

Published medical treatises on geriatrics, environmental hygiene, food, clothing, and nursing care for the aged. He was a native of Fukuoka Prefecture.

Before the Edo period, medicine was influenced by Buddhism, but in the Edo period, it became influenced by Confucianism.

3.3 Japanese Medical Books of the 18th Century

In 1774, "Kaitai Shinsho," a translation of Western medical anatomy, was translated by Maeno Ryotaku (1774) and purified by Sugita Genpaku (1774), and was the first full-scale translation of Western medicine in Japan. In an era when there were no dictionaries, translating Dutch into Japanese was a daunting task. Needless to say, the influence of this translation led to the development of medicine.

3.4 Delivery in Japan in the 17th and 18th Centuries

Childbirth in the Edo period was still based on local superstitions and old customs. It was believed that childbirth should be done sitting down, and sleeping after childbirth was forbidden because it was said to be bad for the body. I was too tired to sleep after giving birth. It was also done to be bad for the body just by lore. Based on his own experience, Genetsu Kagawa, an obstetrician in the Edo period (1603-1867), eliminated superstitions and old bad practices. He spread the best method of childbirth to the world based on many cases and scientific evidence.

3.5 Japanese Nursing Books in the 18th Century

As Western medical books were translated and published one after another based on evidence and experience, nursing care for the sick, which had been practiced at home, also appeared in the form of books.

As Western medical books were translated and published one after another based on evidence and experience, nursing care for the sick, which had been practiced at home, also appeared in the form of books. Sasai Shigean's "Sanke Yoso Ubuya Nigusa" (1777), Kojima Naoyoshi's "Hozan Doshirube" (1781), and "Hoshikoso" (1796) were written about childbirth.

Hirano Shigemoto Hirano Juusei wrote Zaba hiken to shoukou kasuchi. In the late Edo period (1603-1868), Shigesei Hirano, a samurai-born doctor and director of the shogunate's medical school, wrote an eight-volume series on home nursing in general. It is the best nursing book in Japan

before the Meiji era. It is a nursing book for the general public, and conveys the heart and skill of nursing, not relying too much on medicine, choosing medical treatment well, and valuing daily regimen. It also writes about mental health nursing.

In the book. As a countermeasure for insomnia, the book describes how to place a tar filled with water under one's pillow and drop drops of water from it through a bamboo tube, making it look like the sound of raindrops to calm one's mind. Regarding health, it also stated that the secret of good health is to regulate eating, drinking, sleeping, breathing, and posture in one's daily life. It is written that by regulating the mind and body, recovery is accelerated.

It even describes nourishing life, improving health, and treating illness and post-illness.

For example, the book contained the originals of modern home medicine, nursing, and care, such as hot pepper compresses for numbness in the hands and feet, persimmons for poisonous snakes, and taro stems for bee stings!

3.6 Community Medicine and Nursing in the 19th Century

This was the era in which the influence of nightingales emerged in Japan. You all know Nightingale, who was born on May 12, 1820 (Italy), and is known as the Angel in White, etc., for her nursing of wounded soldiers in the Crimean War. It was a nightingale who nursed wounded soldiers in the Crimean War. She opened closed windows to improve ventilation, provided clean sheets and clothes, and prepared warm meals. They were the ones who stressed and documented the need for hygiene at a time when it was not taken for granted. Nightingale's changes to the environment drastically reduced the mortality rate of soldiers from 42.7% to 2.2%. This was widely known throughout the world as the establishment of the basis of nursing.

In Japan, there were no hospital facilities until the Meiji Era, when the new Western medicine was introduced by the Meiji government. The main users of hospitals were the poor and patients with infectious diseases. The mainstream of nursing care was provided by medical practitioners and dispatched nurses. This was until the establishment of modern nursing by Nightingale, who brought nursing to Japan as an academic discipline and began to provide full-fledged nurse training and education.

3.7 The Road to Modern Nursing

The concept of nursing, established in the Meiji era (1868-1912) as "activities that not only care for the sick but also actively maintain and promote health," has been carried over intact to the modern era.

Today, nurses in the community hold health classes to help local residents maintain and promote their health. They take blood pressure measurements, offer health consultations, and give advice on diet and lifestyle. We also organize exercises to improve the health of local residents.

Nursing, said Nightingale, is to work on all patients to minimize the drain on their vital energy.

3.8 Difference between Nursing and Nursing Care in Japan

Nursing is prevention and assistance (medical profession) for health problems. Nurses perform medical procedures such as giving medication, intravenous infusions, injections, blood sampling, etc., and monitoring the progress of patients

under the direction of a physician. In assisting the daily lives of those recuperating from illness or injury, nurses are responsible for feeding, excreting, bathing assistance, rehabilitation, and environmental maintenance. Nurses can also provide the same assistance as caregivers. They also give advice on how to improve health, such as dietary, nutritional, and exercise guidance. Caregivers, on the other hand, are primarily responsible for assisting with daily living (welfare work). Caregivers provide assistance in daily living, such as shopping for convalescents, preparing meals, assisting with meals, bathing, toileting, cleaning, and laundry.

4. History of Medical and Nursing Care in Specific Regions of Japan

4.1 Musashi Province Medical Practitioners: Tashiro Miki

He lived from 1465 to 1544. He was a medical practitioner involved in regional medical care during the Warring States period, and was a native of Furuike, Kosshu-cho, present-day Saitama Prefecture. He traveled to Ming Dynasty (present-day China), which was a leading medical country at that time, and studied medicine. After returning to Japan, he went back to Musashi in 1524 (Oei 4) and traveled around the Kanto region to treat the ailments of the people. For this reason, he was called the "Medical Sage."

4.2 Ando Fumizawa

He lived from the 4th year of Bunka (1807) to the 5th year of Meiji (1872). He was a medical man at the end of the Edo period who devoted himself to the spread of smallpox vaccination. He was from Asuwa, present-day Suwa, Moroyama-cho, Saitama Prefecture. When cowpox seedlings were introduced to Japan in 1845, he was one of the first to begin research. By providing smallpox to his family, he disseminated the results of smallpox and spread vaccination against smallpox to the local people.

4.3 Doctors active in Moroyama from the Meiji Period to the Showa Period

Those who were responsible for local medical care went from house to house in the village to treat patients and prevent the spread of infectious diseases such as cholera and dysentery when they broke out.

Among other things, they took measures similar to those used today to prevent the spread of new coronavirus infections, including "nursing instruction to reduce contact with patients in the home," "disinfection work at homes where infection had occurred," and "establishment of isolation facilities. In addition, interviews in the town confirmed that nurses, along with doctors, participated in infection control measures at the time of the spread of dysentery infection in the Taisho era.

4.4 Custom

While medical treatment has become increasingly widespread, the custom of praying for the healing of illnesses through traditional prayers for blessings and spells has long taken root. The following is a list of confirmed local customs for healing illnesses. For example, "tsunodaishi no o-fuda" (talisman of the monk Kakutaishi) is based on a legend concerning a prayer by Ryogen, a high priest active in the Heian period (794-1185), for the eradication of smallpox, and was used by common people as

a talisman for the eradication of illness. The talisman was a "spell" that is still used today as a prayer for family safety.

As for the "Gyoja's blessing prayer to ward off illness," it was confirmed through interviews that until around the 1975's, gyoja were invited to homes and blessing prayers were offered.

In addition, "sending off the god of pox" was a custom of paying a visit to a shrine and sending off the god of pox at the outskirts of the district after inoculation with chicken pox.

4.5 Enlightenment against disease conveyed by ancient documents

One of the "Seven Divine Names of Pox" was used to educate the public against "witchcraft" and smallpox. This was one of the "Sekine Family Documents," a cultural property designated by the town of Moroyama, Saitama Prefecture. These "Sekine Family Documents" were a group of administrative documents that conveyed the management of the village during the Edo period, managed by the Sekine family, the feudal lords of Shimokawara Village (present-day Shimokawara area). The first half of the document introduces seven deities who personified the appearance of pemphigus (smallpox). The second half of the document introduces foods that can be eaten when one develops pemphigus. The second half of the ancient document introduced specific foods suitable for recuperative diet.

Some of the early symptoms of smallpox and the efficacy of "foods that are good to eat" as described in the ancient document are introduced below. In the case of cough symptoms caused by droplet or contact infection, "lily bulb" and "lotus root" were written to be effective for cough suppression. Grated "ginseng" was also mentioned as a similar remedy. In cases of high fever (40° C) and loss of appetite, it is often recommended to eat "myoga" to promote intestinal regulation and decrease blood pressure. In addition, tangerines, which contain a lot of vitamin C, are good for the immune system, pickled plums and takuan (pickled radish) are good for moderate salt intake, and amazake (sweet sake) and yokan (sweetened red bean jelly) are good for energy conversion.

5. Figures who contributed to local medical care

Musashi Province produced figures who made a name for themselves in medicine during the Warring States Period. By the end of the Edo period, modern Western medical knowledge was brought to Musashi Province. In Saitama Prefecture, there are many doctors who were born at the end of the Edo period and were active in the Meiji and Taisho periods, and their achievements are praised as great persons in many places.

The following is a list of seven doctors who were active in Saitama Prefecture.

Naosuke Gonda: Born in Murohongo, present-day Muroyama-cho. Conducted research on ancient Japanese medical practices along with the activities of the reverend.

Kazumi Taguchi: Born in Onobukuro, present-day Kazo City. He trained many medical experts through anatomy.

Hitopei Okabe: Born in Minamikawa, present-day Hanno City. Performs Japan's first successful C-section surgery.

Ginko Ogino: Born in present-day Tawarase, Kumagaya City, Ogino became Japan's first female doctor. Becomes Japan's first female doctor.

Kuno Ikusawa: Born in Nakamachi, present-day Fukaya City. She became the second female doctor in Japan after Ginko Ogino.

Nakabayashi Tokutsune: Born in Oaza Honnokami, present-day Nagatoro-cho. As an educator, he promotes medical education in the region.

Yamakawa Yoan: Doctor born in Koiwai, Hanno City. He conducted research on febrile diseases and authored "Fever and Disease" (Fever and Disease in Japan).

These seven doctors were active in Saitama Prefecture, which is located next to Tokyo. There are more. After the Meiji period, many village doctors (local medical practitioners) appeared and treated villagers when infectious diseases spread.

6. Religion and Community Health Care

6.1 Beliefs that provided emotional support for health

Prayers for blessings and faith in medicine provided emotional support for people with health problems and their families. The magical talismans also provided emotional support for nurses.

6.2 Local Belief in Yakushi

The legend of Hojo Tokiyori's migration to Kaikoku is introduced here. Hojo Tokiyori (1227-1263), the fifth regent, suffered a stomachache near Mt. However, he recovered quickly after worshipping the Yakushi Nyorai Buddha at Oyaku-ji Temple (Oaza Oriu, Moroyama-cho). Tokiyori was so pleased with his recovery that he donated a large sum of money to the temple. His spiritual practice became widely known, and during the Edo period (1603-1867), the temple was named as one of the Yakushi Sacred Sites. Until the 1950s, prayers for recuperation and healing of illnesses using empirical treatment methods were performed on a daily basis. Some of the spells were not only prayers, but also incorporated enlightenment for illness.

7. Conclusion

In the future, nurses will play a more active role in the community. We would like to offer various projects to contribute to the community as nurses' role is also to promote the health of people living in the community and to prevent caregiving for people living in the community. This is how nurses are becoming more and more active in a wide range of fields. Nurses not only provide physical care, but also offer counseling and emotional support to convalescents and healthy people who are not ill.

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