Chapter 2
History

The evolution of Kampo from Chinese medicine and its diffusion in Japan are rich topics that bear examination in their own right. They have been described in greater detail by other authors.[1] The following brief historical overview is intended to lend some perspective to the Kampo practice introduced in this book.

I. Early period

Chinese medicine first came to Japan by way of Korea in the 5th century. Direct exchanges began in the 7th century. Emissaries were dispatched to study medicine in China, and medical books and crude drugs began to arrive in Japan in a steady flow. In the beginning of the 8th century, medical education and practice modeled on the Tang Dynasty system were established to serve the aristocracy.

Attempts were made to render the imported Chinese works more accessible to the Japanese. The year 984 marked the completion of *Ishinpo,* compiled from more than 100 Chinese sources from the Sui (581-618) and Tang (618-907) dynasties. Far from being a translation of randomly selected materials, it reflects the effort of the author to extract and organize information according to his own insight. For several hundred years it remained the most influential work.

II. 10th to 15th century

The main trend continued to be the introduction and diffusion of Chinese medicine, in which Buddhist monks played a major part. However, important developments in Chinese medicine between the 12th and 14th century remained virtually unknown, and Chinese medical theories in general failed to root in Japan.

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[1] *See, for example, "Chinese Traditional Medicine in Japan" by Y. Otsuka, in Leslie, Charles , ed. Asian Medical Systems, Berkeley: University of California Press, 1976, pp.322-340; and Lock, Margaret. East Asian Medicine in Urban Japan, Berkeley: University of California Press, 1980.*

III. 16th to mid-19th century

In the 16th century, due to the endeavors of Manase Dōsan (1507-1594), Kampo acquired a theoretical framework adapted from Chinese medicine of the Jin and Yuan periods, and developed into a comprehensive system of diagnosis and treatment based on disease pattern identification.

Dōsan's system spread throughout Japan[2] and was continually revised and simplified to suit the needs of local practitioners and to incorporate the influx of Ming period texts from China. In spite of the modifications, this system of medicine still contained elements that appeared too speculative for many leading physicians of the day. Deriving impetus from a restoration movement in Confucianism, a reform movement was launched in the medical circles in the second half of the 17th century. Reformers criticized the prevailing system for having lapsed into metaphysics and called for the restoration of a medicine grounded in clinical observation. The system was to be organized anew based upon Chinese medicine as revealed in original, more ancient texts.

The principal work extolled by the reformers was Zhang Zhong Jing's *Treatise on Cold Damage (Shang Han Lun),* a text from the later Han period (c.220 A.D.) which sets forth the treatment for cold-induced or febrile disorders; and *Essential Prescriptions of the Golden Coffer (Jin Gui Yao Lue),* its companion volume on miscellanous diseases. Discovered by the Japanese medical circle in 1659, this work became the object of intense research and study. On account of their emphasis on the classics, proponents of this movement were named the Classical School *(Kohōha),* and the medical order they spurned as corrupt came to be known as the Neoteric School *(Goseiha).*

The reform movement did not stop at the return to the classics. As the most radical embodiment of the movement's positivist leaning, Yoshimasu Tōdō (1702-1773) went so far as to advocate thoretical nihilism. For Tōdō, the answer was the creation of a therapeutic system anchored in empiricism, divested of all prevailing theories of physiology, pathology, and herbal medicine.

Principally from the aforementioned work of Zhang Zhong Jing, Tōdō distilled a system of lock-and-key correspondences between patterns of symptoms and signs and remedies to treat them. In Chinese medicine and the Neoteric tradition, diagnosis and determination of treatment are divided into distinct stages: Starting with a constellation of clinical findings, the practitioner identifies a pattern of pathologies, decides upon the proper method of treatment, and subsequently devises a suitable remedy. Tōdō's therapeutics forged a direct link between the observed pattern of symptoms and signs and the choice of remedy, eliminating the intermediate steps which relied on theories. It is in effect a return to the earlier days when Chinese medicine lacked a comprehensive theoretical structure. Tōdō also emphasized abdominal palpation over pulse palpation, an important departure from the parent Chinese system and a bias persisting to this day.[3]

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[2] *But mainly in the urban centers and among the elites, limited availability of the Chinese materia medica being one major barrier to its popularization until recent times.*

[3] *Tōdō's other extremist ideas and practices are evoked today only as medical curiosities and are not mentioned here.*

After Tōdō, many variations on his views appeared within the Classical School. Efforts were made to reinstate a limited number of traditional concepts in the theoretical vacuum left by the radical reformist. Contemporary Kampo is very much a progeny of this fortified version of Tōdō's therapeutic system, with remedies from Zhang Zhong Jing's work (little used nowadays in China) still forming the core of its therapeutics. It might be said that, because of the endeavors of the Classical School, Kampo first became distinctly and truly Japanese.

The Neoteric School, though eclipsed by the Classical School, did not phase out of existence. Its practices are carried on by unbroken generations of disciples. Today, it is still a significant current in Kampo.

From the late 18th century on, various eclectic sects (dubbed Setchūha, the Syncretic School) appeared on the scene. Each made free use of the perceived strengths of the two foregoing schools. As European medicine gradually became ascendant in Japan, a number of physicians also attempted to weld a global medicine out of Kampo and Western medicine.[4]

IV. Second half of 19th century to 1950

Kampo entered a period of rapid decline as the tide of modernization advanced under the Meiji government (1868-1912). Having decided to adopt the German medical system in 1874, the government enacted a series of measures that successively excluded traditional medicine from medical training and qualifying examinations, culminating in a law passed in 1883 which deprived existing Kampo practitioners of their legal standing as medical doctors.

In ever dwindling numbers, Kampo doctors continued to practice privately in response to popular demand. By the end of the 19th century, however, they had virtually disappeared from the medical scene. The tradition was kept alive at the grass-roots level primarily by pharmacists and sellers of traditional medicines.

A notable consequence of modernization was that traditional medicines as a potential source of modern drugs became one of the main topics of research at Japanese universities. Research into the chemistry and pharmacology of substances used in Kampo began to demonstrate the scientific basis underlying their use. The best known fruit of these early endeavors was the isolation of ephedrine from *Ephedra sinica.* Thus even as Kampo receded into twilight, a scientific foundation contributing to its revival was being laid.

In time, proponents of Kampo began to rise from the ranks of physicians trained under the Western system. 1934 marked the founding of the Japan Society for Kampo Medicine. Composed of physicians and pharmacists interested in Kampo research and practice, the society had as one of its primary goals the modernization of Kampo. A training program was established. Teaching materials in modern Japanese incorporating modern medical terminology were developed.

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[4] *This is also when the traditional medical system came to be called Kampō (the way or method of the Han), to distinguish it from Rampō (the way or method of the Ran, or Dutch).*

These laid the foundation for modern Kampo education. In 1941, the torch bearers of the extant schools collaborated in writing a text on Kampo therapy. Later revised extensively, it played an instrumental role in the spread of Kampo.[5]

World War II brought these first attempts at revival to a halt.

V. Modern period (1950 to date)

The revival movement resumed after the war. A number of organizations were formed to promote Kampo and other aspects of traditional Oriental medicine. Kampo medicine also entered a new era. Methods for large-scale production of herbal extracts at reduced pressure and temperature were developed. In the 1950s, several pharmaceutical companies began to manufacture and market modern extract preparations of traditional formulas. Availability of easy-to-administer extracts not only brought convenience for consumers but also facilitated research on Kampo medicine.

Yet it was not until the 1970s when Kampo succeeded in gaining a measure of recognition in the general medical community. Sensational publicity about acupuncture anesthesia performed in China created a surge in public interest in traditional medicine. In 1976, petitioning by patient groups and the political support of key physicians prompted the Ministry of Health and Welfare to approve a number of extract preparations of Kampo formulas for coverage by the national health insurance. The list of approved extracts has since grown to include about 150 formulas.[6]

This development proved to be a mixed blessing. On the one hand, it promoted the use of Kampo and turned out to be of pivotal importance to Kampo's entry into modern medical practice. Of all physicians who utilize some form of Kampo, the majority began after extracts were covered by national health insurance. On the other hand, inclusion in the national health insurance system slowed the impetus to carry out quality research on Kampo.

Since physicians in Japan can dispense drugs, one might suppose that economic incentive plays a part in physicians' use of Kampo. A 1986 survey conducted by the Japan Society for Oriental Medicine asked its physician members what motivated them to take up Kampo therapy. By far the most frequently cited reason was the quest for safe and effective new therapeutic methods (43% of the 1877 answers given by 1246 respondents). Some were motivated after attending lectures or seminars on Kampo (17%). Not infrequently, Kampo entered into physicians' practice after they themselves or members of their families tried the traditional remedies with favorable outcomes (18%). By contrast, wishes of the patient was low on the list (3%), following disappointment with modern medicine (8%) and learning about Kampo through colleagues or at meetings of medical society (4%).

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[5] *Ātsuka, Keisetsu, Y. Dōmei, S. Totaro et al. Kampo Dai Iten (A Comprehensive Textbook of Kampo Medicine). Tokyo: Kōdansha, 1975.*

[6] *That the majority of formulas approved for coverage come from the Treatise on Cold Damage and the Essential Prescriptions of the Golden Coffer reflects the relative dominance of the Classical school influence since the 1930's revival of Kampo medicine.*

Approximately half of all Japanese physicians practice some form of Kampo. The majority use Kampo extracts adjunctively to Western biomedicine. The disease profile of the patients they treat is similar to that of patients treated by physicians who practice biomedicine exclusively. A small minority (estimated to be less than 4%) specialize in Kampo. Patients they care for mainly suffer from allergic, autoimmune, or functional disorders.

Within the medical community, the use of Kampo is most conspicuous in obstetrics and gynecology. According to a 1985 study, about 70% of the 2479 gynecologists surveyed reported using Kampo medicines. The 10 top conditions cited were (in order of frequency):

1. climacteric syndrome/ovarian deficiency syndrome
2. nonspecific complaints
3. infertility
4. dysmenorrhea
5. ovulatory disorders
6. problems during pregnancy (such as influenza, constipation, vomiting, toxemia)
7. postoperative recovery
8. benign tumors
9. malignant tumors
10. infections

Perhaps nothing else gives a better indication of the spread of Kampo than the phenomenal growth of the Kampo pharmaceutical market itself. From 1976-89, sales of Kampo medicines grew more than 15-fold, while sales of other drugs increased only 2.6 fold. Kampo products now account for nearly 3% of total Japanese drug expenditure (about 166 billion yen in 1990).[7] The sale of over-the-counter Kampo medicines is no longer confined to traditional herbal pharmacies. It is estimated that approximately 3/4 of 74,000 pharmacies nationwide carry one or more brands of Kampo extract preparations.[8]

Research and education

Many societies are active in the promotion of Kampo medicine. They sponsor symposiums, conduct research, and publish periodicals and newsletters. The principal one is the Japan Society for Oriental Medicine, whose research activities encompass all fields of Oriental medicine. Its membership has multiplied from 94 in 1950 to 10,300 in 1991. Since the 1970's, a number of public and private Oriental medicine research centers have been established in Japan, some of which are part of noted schools of medicine or pharmacy. Research is also carried out at universities and privately by the pharmaceutical companies.

Since the medical reform law passed by the Meiji government remains in effect, only licensed biomedical doctors can legally practice Kampo.[9] Any who aspire to a career in Kampo medicine must go through a curriculum of studies

[7] *Statistics from the Official Bulletin of Pharmaceutical Affairs, published by the Pharmaceutical Affairs Bureau of the Japanese Ministry of Health and Welfare, 1992.*

[8] *Survey conducted in 1991 by the Yakkyoku Shinbun Sha.*

[9] *Pharmacists are allowed to prescribe and dispense Kampo medications, but not to perform diagnostic palpation.*

and training equivalent to Western medical education. As yet, no educational institution offers training and professional degrees in Kampo medicine, though it is gradually gaining a foothold in the curriculum of medical, dental, and pharmaceutical colleges throughout Japan. The trend is most pronounced among pharmaceutical colleges. Among the 80 medical colleges, a mere handful have introduced instruction in traditional medicine; and only one, the Toyama Medical and Pharmaceutical University, offers a course that includes clinical training. Consequently, interested students must depend on methods other than formal medical education. Many form study groups or clubs, or are self-taught.

The mainstay of Kampo education is conducted at a postgraduate level, in the form of hundreds of seminars held by various societies and local medical and pharmaceutical associations each year. Many of these seminars are sponsored by Kampo extract manufacturers, who also organize lectures and training courses of their own for physicians and pharmacists. In addition, programs for physicians are offered by a number of institutes promoting the research and use of Oriental medicine.

Books and journals are an important means of diffusion. More than 30 periodicals on Kampo medicine exist. Some 360 books were published between 1978-1983, a 1.7-fold increase over the previous 10-year span. The number of publications continues to rise. They range from books for the lay readership to erudite treatises directed at specialists.

Because of the lack of a standard course of training, there is wide disparity in the sophistication of Kampo practice among physicians. Some rely only on elementary-level handbooks or pamphlets distributed by Kampo extract makers. Many use extract preparations in the manner of biomedical drugs to counter specific disease entities, with little regard for traditional injunctions. Iatrogenic problems have arisen due to such unfortunate "rationalization" of traditional medicine.

That Kampo practitioners are themselves physicians is often held up as a desirable feature of traditional medical practice in Japan. Presumably, doctors can evaluate Kampo from the standpoint of biomedical science and make discriminating use of the two systems. However, this potential advantage cannot be realized to a significant extent until Kampo is integrated into regular medical education. Indeed, as long as Kampo remains subordinate, its very cooptation by the biomedical establishment may threaten its preservation.

Styles of Practice

Contemporary Kampo does not present a unified front, but is rather a spectrum formed by the interplay of several styles of practice. In addition to the Classical, Neoteric and Syncretic schools, a new movement based on the version of traditional Chinese medicine (TCM) presently sanctioned by the Chinese government has emerged and has been gathering momentum since the 1970's. TCM-motived development is perhaps the most active current in Kampo today. Distinctions between schools are only relative. In a sense, all Japanese physicians who utilize Kampo are Syncretists having various approaches to the combination

of Kampo and biomedicine. Nevertheless, in the absence of clear biomedical criteria for the application of Kampo remedies, orientation to a traditional style remains the most prudent course.

The legacy of the Classical School still distinguishes Japanese Kampo from branches of Chinese medicine elsewhere. To its critics, this legacy is marred by its lack of a coherent theoretical structure and heavy reliance on established remedies, thus representing an impediment to the advancement of Kampo medicine. Yet, in the interest of easing access to Oriental medicine, these defects can be considered to have a meritorious aspect. For as its apologists are quick to point out, the unique contribution of the Classical School consists in the flexible, maximal use of a small corpus of remedies to cover most ordinary therapeutic needs. Classical-style application of these remedies requires minimal knowledge of traditional theories and stresses a diagnostic technique that is relatively easy to learn. In sum, this style of Kampo can constitute a feasible as well as invaluable addition to the modern physician's practice; and despite its inadequacies, provide a heuristic point of entry into Oriental pharmacotherapy.

References for Chapter 2

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(3) Yasui, Hiromichi. "Kampō Igaku no Rekishi" (The History of Kampo Medicine). In Toyohiko Kikutani *et al.*, ed. *Kampō Hoken Shinryō Shishen.* Japan Society of Oriental Medicine, 1986. pp.7-12.

(4) Tanabe, Isao. "Kampōyaku wa Kiku Ka (Does Kampo Medicine Work?)". *Asahi Shinbunsha,* 1988, pp.12-17, 78-82, 226-227.

health insurance coverage in the 1970's, it became an increasing aspect of modern Japanese medical practice. Popular demand has been an important driving force behind this resurgence.

Presently, Japanese physicians are exploring the use of Kampo to deal with the consequences of an epidemiological shift from acute infectious diseases to chronic degenerative conditions, as well as the comorbidity that attends an aging population. Kampo medicine causes few adverse effects and is suitable for long-term administration. A single remedy can often address multiple diseases. In addition, Kampo's emphasis on a patient's subjective complaints makes it particularly relevant in today's health care, where quality of life has become an important issue.

The experience of the Japanese, as they grapple with the meaningful integration of traditional medicine, could be eminently instructive for the West. A dialogue of exchange has already begun between investigators in Japan and Europe. Yet Kampo remains virtually unknown in the US, save among a limited circle of acupuncturists who have access to training or information from Japan. This book was born out of the desire to introduce the contemporary applications of Kampo to our colleagues in the biomedical community, in hope of initiating a cross-fertilization that will promote humanistic and holistic medical practices.

Constrained by limited time and resources, we elected to focus our undertaking on the subject of climacteric or menopausal syndrome, a multi-faceted entity that bears upon many women's health issues as well as some common chronic conditions that affect the general population. As such, it affords a cross-sectional illustration of the Kampo approach. In effect, this text is a "slice" of Japanese medical practice in which Kampo plays a significant role.

It is also a timely topic. During the past thirty years we have witnessed a significant change in the status of menopause in the West. From a minor issue of nuisance complaints, it has become a vital concern in the care of older women.(1) Part of the reason for this revision is the development of a new medical model of the climacteric. This model interprets the transition from the childbearing to the nonchildbearing phase of a woman's life as an endocrinopathy, an estrogen deficiency disease with far-reaching deleterious effects.(2,3) Another reason for this conceptual evolution is demographic. The mean age of menopause is 50 years. About one-third (39 million) of women in the U.S. are 45 years old or older. They have an average life expectancy of 81 years. Perimenopausal women are thus an ever growing part of the population.(4,5) The sheer size of these numbers compels examination of issues around menopause and a search for safer, more effective treatment of the problems related to it.

Although medical opinion has undergone wide vacillations, estrogen replacement therapy is currently considered the treatment of choice for menopausal disorders. It is indicated for relief of neuroendocrine changes and for the prevention of urogenital atrophy, osteoporosis, and atherosclerotic cardiovascular disease. With an increasing focus on the latter long-term goals, many physicians are now advocating the routine use of estrogen.(6)

Yet hormone therapy is not the only solution. Nor is it the best choice in many cases. Nonhormonal measures can have a positive impact on the health and wellbeing of climacteric and postmenopausal women. Kampo is one such alternative. Its concern with individual variations is especially pertinent to climacteric disorders, where there is great variation of symptoms among patients. Many gynecologists in Japan consider it to be a good substitute or addition to a conventional treatment regimen. According to a recent survey, among 70% of Japanese gynecologists who utilize Kampo, 90% prescribe it for their climacteric patients.(7)

Regardless of Japanese practice, a critical look at Kampo and other nonhormonal measures is important for the following reasons:

1. Adverse effects of hormone replacement therapy.
2. Poor compliance with hormone replacement therapy.
3. Women's preferences.

1. Hormone replacement therapy (HRT): Side effects, risks, and contraindications

The common side effects of estrogen therapy include breast tenderness, irregular bleeding, edema and bloating, nausea, vomiting, and headaches. Progestogen, which is added to estrogen to prevent endometrial hyperplasia in women with an intact uterus, causes withdrawal bleeding and can induce premenstrual-like dysphoria, lower abdominal cramps, and dysmenorrhea. Some types of progestogen are androgenic, giving rise to acne, hirsutism, and deepening of voice.(8) It has also been suggested that certain progestogens can negate the beneficial impact of estrogen on lipid profiles.(9)

The risks of HRT outweigh its benefits for women with certain pre-existing conditions. Absolute contraindications include estrogen-dependent neoplasia, active or recurrent thromboembolic disease, acute liver disease; and recent myocardial infarction, cerebrovascular accident, or transient ischemic attack. Relative contraindications include a strong family history of breast cancer, chronic liver or gallbladder disease, diabetes mellitus, hypertension, hyperlipidemia, endometriosis, fibroids, and migraine headaches.(4) According to a survey of primary care providers, many physicians do not readily prescribe HRT for fear of inducing or aggravating cancer, hypertension, and thrombosis.(10)

2. Poor compliance

Poor patient compliance poses a serious problem in hormone therapy. Studies have shown that many women receiving oral HRT took the medication only sporadically. Some discontinued because of side effects. Others never had their prescriptions filled because they were not fully convinced of the benefits and safety of HRT.(8,11) Thus actual, anticipated, or feared side effects render HRT unacceptable to a significant number of women.

3. Women's preference for natural treatment options

The generation of women entering the climacteric phase of their lives today want to be actively involved in the decisions regarding their health. Reflecting the influence of the holistic health movement, many prefer alternative modes of therapy over HRT for alleviation of menopausal complaints. In a 1985 study undertaken to assess attitudes toward menopause, 64% of the 233 respondents endorsed agreement with the statement, "Natural approaches are better than estrogen replacement therapy." 30% were undecided, and only 6% disagreed.(12)

Kampo remedies may well answer women's demand for a safe natural medicine. They consist of natural substances whose therapeutic benefits have been explored and documented through 2000 years of human experiment in the Orient. The substances are blended into formulas, each with a distinct spectrum of actions. One formula can often ameliorate climacteric problems as well as pre-existing conditions. More than 40 are in common use for this purpose. Knowledgeable doctors may "fine-tune" a standard formula by adding or deleting component substances, or devise new combinations to tailor treatment to individual needs.

Lack of scientific evidence is the common barrier to acceptance faced by every therapeutic tradition outside of the modern orthodoxy. Kampo is no exception. Though theoretically possible, the application of modern standards of clinical investigation to the evaluation of Kampo therapies raises many unresolved methodological issues. Past policies and regulations in Japan have provided little incentive for the Kampo pharmaceutical industry to sponsor quality clinical studies. However, the situation has changed recently. New Kampo medications are now subjected to essentially the same regulations as are Western drugs. More importantly, re-evaluation of formulas that were approved in the past has been initiated by the Japanese Ministry of Health and Welfare. Both the quality and quantity of studies are expected to increase as a result but, thus far, good clinical studies are the exception rather than the rule.(13)

The lack of conclusive statistical proof is mitigated by basic research of numerous traditional medicinal materials employed in Kampo, which has demonstrated beyond a doubt that there is a sound scientific basis for their use. The test of time and the corpus of clinical case studies that have been accruing in modern Japan also weigh in Kampo's favor. As informal testimonies to Kampo's safety and efficacy, the latter may be dismissed as folkloric or anecdotal. However, together with basic research, historical and modern experience constitute a body of positive and provocative data that deserves more in-depth investigation.

It is not the purpose of this book to prove that Kampo works. Rather, within the modest scope of a handbook for practitioners, we have confined ourselves largely to a elementary presentation of the Classical style of Kampo *(Kohōha)* which has characterized mainstream practice in modern times. Its preparation drew directly from the more than four decades of Kampo practice of a physician author. In the spirit of consensus-seeking, we also consulted a selection of textbooks, manuals, and articles written by other Kampo physicians and medical and pharmaceutical researchers.

This work is thus more than a record of one physician's understanding and clinical experience. Although the content is necessarily shaped by the authors' judgement, what emerged from our efforts to exclude idiosyncrasies reflects a general consensus concerning current Classical-style practice; in particular, what physicians considered to be the responsible use of commercial extract preparations.

Our decision to portray the Classical practice in no way negates the importance or achievements of other currents of Kampo. We believe that several features of Classical Kampo render it more readily useful in the Western framework. One of these features is its practical clinical orientation. This means minimal theory, with a relatively small number of broad concepts guiding clinical thought. Though we have pared these theories further to a level appropriate for this work, there nonetheless remain several concepts that are useful for expanding the biomedical model. Thus this work should appeal to practitioners who find the existing literature of Oriental medicine too opaque in its theoretical orientation. In terms of diagnostic technique, the abdominal palpation favored in the Classical tradition is easier to learn than the pulse diagnosis emphasized in Chinese medicine and other schools of Kampo. Classical practice also centers on the application of a limited number of remedies, which are a manageable addition to the modern physician's therapeutic repertory.

In describing traditional medical concepts, we did not go back to the primary classical sources but took the generally accepted contemporary interpretations as given. Indications for the remedies were likewise based on a contemporary exegeses of traditional indications.

Formulas are the basic unit of Kampo therapy. The approximately 60 formulas appearing in this book mostly derive from the Classical tradition. Virtually all are common Kampo remedies for which extract preparations are readily available. The book does not explicate the properties of individual herbs, and deals with the adjustment of formulas to a very limited extent. To begin to understand why the formulas act as they do and how to modify them, readers must turn to a study of traditional materia medica and recent pharmacological research.

There is a dearth of information on Kampo practice in English. Unlike the few volumes that do exist, this book is specifically designed to make the subject more accessible to Western clinicians, and to facilitate the application of Kampo within the existing biomedical framework. In the choice of terminology, we adopted modern parlance whenever this made sense. In the description and interpretation of traditional medical concepts, we made frequent references to modern medicine. In general, we have noted links and differences between the two systems while implying no absolute equivalance.

Above all, we have taken great pains in the structure and organization of the material. Partly because unifying principles differ across time and culture and partly because Classical practice de-emphasizes systematic theory, the source material can at times resemble rambling lists. We have tried to capture such lists in categories where possible. Since intelligibility to Western readers is a primary concern, we