

Chapter 2

**Saam and Sasang, Treasured
Korean Healing Arts**

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INTRODUCTION

Characteristics of Traditional Korean Medicine

All humans aspire to a healthy life, which is a fundamental right. The definition of health has varied from age to age. In the past, health vaguely meant the state of not having a disease or illness, but the 1946 Constitution of the World Health Organization defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” In broad terms, however, today health can also mean a state of an individual coping with his or her inner and outer environmental changes to maintain complete well-being at all levels. More broadly, health can mean the optimal state in which an individual can effectively play his or her social roles and responsibilities.

The purpose of medicine, therefore, is for an individual to maintain a healthy condition. Currently there are two major branches of medicine in Korea: traditional Korean medicine (TKM) and Western medicine.

TKM is quite different from Western medicine in its origin and development. Western medicine tends to find the cause of a disease from external factors. For example, Western medicine sees germs and viruses as the cause of a disease so it tries to get rid of them to “cure” or “treat” the disease. TKM, however, thinks that a person gets a disease because his or her healthy qi (*jeonggi* in Korean) is weakened so much that it cannot resist the attacks of pathogenic qi (*sagi* in Korean).¹ Therefore, TKM rather focuses on reinforcing the weakened vitality.

In TKM, a person gets a disease mainly because his or her body’s resistance to germs is weakened. Take flu, for example. Even if flu viruses infiltrate into a human body, a healthy body and its strong resistance will prevent the body from getting flu. On the other hand, a weak body and its poor resistance are vulnerable to the invasion of even the slightest germs, which will eventually lead to a disease. In addition, TKM sees that getting a disease does not simply concern certain parts of a body. Rather, it considers that a disease comes from physiological disharmony of the body—that is, body’s yin and yang are not well balanced.

History of TKM Development

The origin of TKM derives from wormwoods and garlic in the Dangun myth.² The myth tells a story in which a tiger and a bear aspire to become human. Hwanwoong, the son of a god, recommended wormwood and garlic, rather than just casting a spell. This myth shows Korea has long established its unique tradition in medicinal herbs.

The unique TKM has its theoretic foundation in Korean-based medicine and Buddhist medicine from the period of the Three Kingdoms—Goguryeo, Baekje and Shilla—from around 57 BCE to 668 CE. During the period of King Pyongwon of Goguryeo (561 CE), a medicine book was imported from China, and in the Baekje period, medicine and pharmacy were separated for the first time. This development led to Baekje’s unique medicine, which in turn gave birth to the compilation of *Baekjeshinjipbang* (Baekje’s New Compilation of Prescription), the first Korean medical book.

TKM in the North–South States Period (698–926 CE) showed an original and a remarkable development characterised by the interaction with the medicine of the Sui and Tang Dynasties in China and that of India. This fact is evidenced by *Sillabeopsabang* (Prescriptions of Shilla Dynasty,

57 BCE–935 CE). Also in the North–South States Period, medical training and a development system were first established.

In addition to the medicine coming from the Tang Dynasty during the early Goryeo Dynasty (918–1392 CE), medical knowledge and drugs from the West and southern regions were introduced to Korea via the Arabians. By the middle of the Goryeo Dynasty, medicine from Song Dynasty (960–1279 CE) was introduced to Korea. Based on the medical knowledge from various countries, Korea developed its own medicine and put it in place in the later Goryeo Dynasty. In this period, medical institutions such as Jewibo (Endowments for Relief of the Poor), Dongseodaebiwon (East and West Infirmary), and Hyeminguk (Public Dispensary) were established for ordinary Korean people with limited access to medical service. This self-reliant trend gave birth to research into *hyangyak* (aboriginal medicine) which eventually led to the publishing of *Hyangyak-Googeupbang* (Emergency Aboriginal Medicine), the oldest medical book that exists in Korea at present.

In 1406, King Taejong of the Joseon Dynasty established *uinyeo*,³ the first female-doctor system. Under the reign of King Sejong, *Hyangyak-Jipseongbang* (Compendium of Aboriginal Medicine) and *Euibang-Yoochui* (Classified Collection of Medical Prescriptions) were compiled. In the middle of the Joseon period, Heo Jun compiled the widely popular book on medicine, *Dongui-Bogam* (Treasured Mirror of Eastern Medicine),⁴ which is regarded as a great accomplishment in oriental medicine. In addition, Heo Im's acupuncture and moxibustion, and Saamdoin's new *chimgubosabeop* (acupuncture and moxibustion supplementation and draining method) were also introduced. In the 19th century, more empirical and scientific ways of thinking helped create pragmatic schools of medicine. A stellar example is Lee Je-Ma's *dongui-susebowon* (longevity and life preservation in Eastern medicine), which was a breakthrough in TKM. He first proposed *sasangeuihak*⁵ and opened a new horizon of TKM.

However, the development of TKM stagnated during the Japanese colonial rule of Korea, as Japan exerted political pressure on TKM. After gaining independence, Korea once again faced the tragedy of the division of the peninsula. The division brought about discriminatory treatment of TKM, but TKM made strides in development nevertheless. As a result, the Center of Oriental Medicine was established in 1947. A TKM doctor system was revived in 1952, and the College of Oriental Medicine was founded in 1955.

Differences between TKM and Traditional Chinese Medicine

The first reference of a medical book on record is in *Ilbonseogi* (Chronicle of Japan). According to this book, in the third year of King Pyeongwon's reign during Goguryeo (561 CE), Jichong of China went to Japan via Goguryeo with 164 books, including *Naewejeon* and *Yakseo*.

In the Goryeo Dynasty (918–1392), people began to lay the groundwork for a new medicine for the Korean people. This was a move away from practices of Three Kingdoms period, when Korea simply imported foreign medicine. Although there was not much progress on the theoretical front, there was substantial progress in medicinal material and treatment, which contributed to remarkable development of TKM in the Joseon Dynasty.

The foundation for TKM's rapid progress was firmly established in the Joseon period (1392–1910), when medical theories that can be compared with Chinese theories were proposed. Representative examples

are *Hyangyak-Jipseongbang* and *Dongui-Bogam*. The latter, in particular, was compiled in a unique way of covering all the past books on medicine by, for example, adopting theories of *Geumweonsadaega* (Knowledge and Curative Method of Four Eminent Physicians in the Jin and Yuan Dynasties), the most advanced medical book at the time. When *Dongui-Bogam* was published in 1613, everybody praised it because it had great content and was also easy to read. The excellence of the book is evidenced by the fact that it was exported to other countries.

Dongui-Bogam is not just a medical book. Korean medicine before the book was more or less a copy of Chinese medicine or used Korean medicinal materials and techniques based on Chinese medical theories. Korean medicine after *Dongui-Bogam*, however, is regarded as indisputable “Korean” medicine. *Dongui*, the title of the book, meaning Joseon, shows the book was written from a very self-reliant perspective.

Dongui-Susebowon, published in 1900, deals with how the development of a disease varies from person to person, which is a unique theory. This book shed light on new phenomena regarding cause, occurrence, and developments of diseases, reaffirming the self-reliant characteristic of TKM.

Differences between TKM and Western Medicine

TKM is a range of traditional medical practices based on Asian natural philosophy, which studies undercurrent traits of natural phenomena. TKM sees a human body as a small universe and adopts the concept of yin and yang, which describes all the objects and phenomena in the universe with two opposing forces such as sun and moon, summer and winter, north and south, and male and female, and the concept of the five phases/elements comprising the universe—metal, water, wood, fire, and earth.

On the contrary, Western medicine focuses on a human body’s internal organs and is based on anatomy and cytology. It values apparent phenomena and treats patients on a statistical basis. It does not study the process of Six Autospheric Influences in the realm of natural science. TKM links physiologic changes in the human body to changes in natural phenomena, observes the phenomena of qi. For example, in spring when everything springs up with new energy, generation functions become active. During summer torrential seasons, the body is influenced by humidity. In dry autumn, the body lightened while in cold winter the body becomes solid due to the storage function, the tendency of sinking deeper. Western medicine, however, tends to find the cause of these phenomena by observing structure and function of human parts, not by linking the cause to phenomena in the natural world.

Likewise, TKM treats a disease on the assumption that the disease stems from the discrepancies between the natural phenomena and the state of the human body while western medicine treats a disease by identifying the germ that caused the disease.

TKM cures a patient by prescribing herbs in nature, which has the closest component to the human body, thus generating changes in conditions of the human body and strengthening resistance to the disease so that there is no room for malicious germs to harm the body. Some foreigners regard herbal medicine simply as health supplementary food, but this is a misconception stemming from poor understanding of TKM.

As is explained so far, TKM and Western medicine take very different approaches from each other in terms of physiology, pathology, diagnosis,

and treatment. Therefore, TKM and Western medicine should make an effort to better understand and respect each other, and different systems and nurturing plans would be necessary.⁶

REPRESENTATIVE INTANGIBLE CULTURAL HERITAGE OF TRADITIONAL KOREAN MEDICINE

Sasang Constitutional Medicine

Sasang Constitutional Medicine (SCM) of Korea started with diagnosis and treatment based on constitutions by Lee Je-Ma (1837-1900), the founder, and his disciples around Hamhung area in the late 19th and early 20th century. Thereafter, it gradually expanded around the country and has been specialized by many experts, led by the Society of Sasang Constitutional Medicine at present. According to the statistics of society of traditional Korean medicine in 2014, there are 134 SCM specialists admitted by the government or the society.

SCM is an indigenous Korean medicine originating from Lee's *Dongui-Susebowon* (東醫壽世保元). Lee's medicine is grounded on Sasang

Dongui-Susebowon published in 1901





Portrait of Lee Je-Ma

philosophy, and Lee's Sasang philosophy was built as an alternative to Neo-Confucianism, which lost influence, resulting in confusion in 19th century Joseon society. Although its way of perception is Confucianism, it is a different method of philosophy. While traditional Chinese medicine has the basic theory of Zangxiang and the meridian system based on yin-yang and five elements, SCM defines Sasang types—*taeyang*, *taeum*, *soyang*, and *soeum*—and explains physiology, pathology, treatment, and nurturing life (養生), grounded on Sasang philosophy. In SCM, every person is applicable to one of the four Sasang types. Since there are differences in appearance, mind, and symptom depending on constitutions, SCM has different approach to physiology, pathology, treatment, and preventive management for each person of different constitution.

The constitution is a comprehensive concept that combines one's innate physical, psychological, physiological, and pathological characteristics. Constitutional typology in Korean medicine synthesizes appearance, personality, mind, symptoms of disease, and response to acupuncture and herbs to make a diagnosis. Recently, to enhance scientific characteristics and objectivity, Questionnaires of Sasang Constitutional Classification (QSCC), facial shape measurement, trunk measurement, and voice analysis are used. In SCM, the constitution is inborn, irrelevant to one's will, so there is no right or wrong among constitutions. Still, one can maintain a healthy life if he or she keeps living morally, but a disease may occur due to the heart fire (心火) generated from greed. Currently, the constitutional typology is applied to actual clinical practice. Since Korean medical institutions have made and use the official textbook and Clinical Practice Guideline (CPG), it does not have a different classification system depending on origin or geography.

Principles and Clinical Use of SCM. In SCM, the four Sasang types vary in function of not only physical organs, but also of knowledge and conduct (知行) to adapt in social life; diseases and herbal treatment also vary depending on the constitution. Since responses to certain medication are different by each constitution, the way of detecting illness is also understandably different for each constitution. SCM is a self-adjusting medicine in a way that there is no such concept as the right medication but that it should be used considering the patient's reaction to it. In addition, SCM is a psychosomatic medicine that cures mind to treat disease (治心治病), and a preventative medicine that can prevent disease by managing daily life based on one's constitution. Currently, Korean medicine institutions apply SCM in clinical treatments of stroke, cancer, allergic disease, metabolic syndrome, and tonifying essence.

Succession. During the turbulent era of the 19th century, Lee Je-Ma's efforts to bring new medicine and philosophy resulted in the publication of *Dongui-Susebowon* in 1894. After Lee's death in 1900, with the lead of the Yuldong Union, which was formed in Hamhung, SCM was distributed and transmitted. During the Japanese occupation, *Dongui-Susebowon* kept being reissued steadily, and clinical publications related to SCM were issued, including *Dongui-Sasang-Shinpyun* (1929) and *Sasang-Geumge-Bibang* (1936). Thereafter, in the unstable periods of independence and the Korean War, SCM kept being inherited by disciples in Seoul, Hamhung, and Yeonbyeon until the mid-1960s, when its succession became more organized. The Society of Korean Medicine and the Association of Korean Medicine cosponsored SCM classes and lectures, colleges opened SCM courses as a major, and graduate schools

started publishing papers about SCM. At present, eleven colleges and a graduate school of Korean medicine are training students through systemic education, and the graduate course produces SCM specialists. The Korea Institute of Oriental Medicine (KIOM), founded as a public research institute funded by the government to promote and develop Korean medicine in 1994, also participates in fostering SCM specialists by advancing clinical research, development of instruments, and genetic research based on SCM and by offering graduate-level research institute collaboration courses with the Korea Institute of Science and Technology (KIST) and the College of Korean Medicine in Kyung Hee University. Besides, the Society of Sasang Constitutional Medicine yields research outcomes, publishes papers in academic journals, and runs video lectures on its website.

Social Responsibility. Sasang Constitutional Medicine is a nurturing life (養生) medicine that pursues health management in daily life, and preventative medicine through daily physical training. So far, the Korean medicine community has contributed to SCM expansion by producing SCM specialists through educating students. Doctors of Korean medicine have contributed to national health care by preventing and treating incurable diseases, such as cancer and stroke, based on SCM and to the distribution of medical knowledge and prevention of disease by nationwide SCM promotion. Knowing one's constitution helps not only to maintain physical health but also to keep amicable social and family life by letting a person know their competency, talent, and limit; one can keep mental and physical health by managing one's mind and behaviour according to constitutional guide; informed of what to be careful of in daily life, and thus, one can also be confident in everything. Besides, one is likely to be understanding and considerate by knowing others' characteristics.

Protective Actions. Eleven colleges and a graduate school of Korean medicine offer SCM courses as a major to foster specialists, and Korean teaching hospitals also employ SCM in diagnosis and treatment. KIOM conducts SCM research, and the Society of SCM (900 members in 2008) publishes an academic journal and many publications and holds national and international academic conferences.

Research in KIOM include a study on the objectification and clinical application of constitutional diagnosis (1996) and the development of constitutional health standards (2007), and it also published "Sasang Constitutional Medicine" in *Compendium of Korean Medicine Data II* (2010) and *Biography of Lee Je-Ma* (2002).

Saam Acupuncture

Saam acupuncture is a mysterious acupuncture method left by an ascetic, Saam, in the reign of Gwanghaegun of Joseon (1608–1623). The mysterious figure Saam, known as the best disciple of master Samyeongdang, is sometimes included in the three medical saints with Heo Jun and Lee Je-Ma. Saam (舍岩), meaning living in rocky caves, he had been in Zen meditation for thirteen years with his real name kept secret, until he achieved enlightenment about acupuncture. The effect of his medical treatment charity has been orally transmitted, and the book, *Saamdoin-Chimguyokyul*, was handed down. Saam acupuncture is a method based on the view of yin and yang to satisfy individual specificity in selecting

meridian and its characteristic with a distinctive theoretical structure, tracing the original cause of the disease. Unlike other acupuncture methods, Saam acupuncture applies acupuncture to extremities, which is Five Su Points (五輸穴) below the elbow and the knee. Saam acupuncture also treats spiritualistic imbalance through its distinctive hypothetical system of emphasizing spiritualistic aspect as well as the materialistic selection of the twelve meridians, which is the acupuncture regarding mind and targeting one's spiritual world. Its clinical effect is remarkable, so many doctors of Korean medicine now study Saam acupuncture to practice it in their clinics.

Saam acupuncture is a unique method that seeks for the logic of “抑其官,” a step forward from the principle of “in the case of a deficiency, tonify the Mother (acupoint), and in the case of an excess, purge the Child (acupoint)” (“虛者補其母，實者瀉其子”) in chapter 69, Nan Jing (難經·六十九難). It uses four acupoints, two acupoints from “self meridian” (自經) and “other meridian” (他經), respectively, or one or two acupoints in transformation for treatment. Currently, Saam acupuncture is studied from various perspectives depending on the differences in the way of diagnosing, differentiating, and treating. Kim Hong-kyung interpreted viscera and bowels and meridians emphasizing six qi, and Kim Kwang-ho applied Saam acupuncture as one-acupuncture therapy by finding the basis of differentiation of viscera and bowels and meridians in Dongui-Bogam. Kim Kyung Jo classified patient complaints according to meridian, and Choi Junao Bae interpreted viscera and bowels and meridians from the viewpoint of medical changes (醫易). Kim Kwan Woo used abdominal palpation in diagnosis, and Joo Hyun Wook analyzed diseases in the perspective of Western medicine to use Saam acupuncture. Kuan Dowon and Yom Tae-hwan created Eight Constitution Medicine (ECM) and 24 constitutions acupuncture, emphasizing constitutions.

Currently, the communities related to Saam acupuncture are Sa-Am Non-profit Acupuncture Service and the Society of Sa-Am Acupuncture. Sa-Am Non-Profit Acupuncture Service, a medical charity that studies and educates in Saam acupuncture and provides volunteer medical services, consisting of Korean doctors and students of the eleven Korean medical colleges, who studied Saam acupuncture. The Society of Sa-Am Acupuncture has held health lectures for the public and academics and conducts research on Saam acupuncture.

Principles and Clinical Use of Saam Acupuncture. Since Saam acupuncture applies acupuncture to Five Su Points below the elbow and the knee, its stimulus is strong but safe and effective with no damage to internal organs during the procedure. Saam acupuncture analyses the cause of disease focusing on viscera and bowels, and it may need near acupuncture point needling, but it is affected by *Dongui-Bogam* that uses remote acupuncture point needling. Unlike other acupuncture methods that use scores to hundreds of acupoints, Saam acupuncture selects four or fewer acupoints that are necessary and effective, thus it is a convenient method. Since it uses only distinctive acupoints with the utmost effect, its stimuli are strong, resulting in quick and excellent curative effect not only in acute disease but also in chronic disease.⁷

Succession. Saam acupuncture is influenced by Heo Jun's *Dongui-Bogam* and Heo Im's *Chimgu-Kyunghumbang*. Its original manuscript has been handed down and is available in Korean translation of *Saamdoin-Chimguyokyul* (國文譯註 舍岩道人鍼灸要訣), *Saam-Chimgujeongjeon* (舍巖鍼灸

First volume of the Journal of Constitutional Medicine, published in 1989.



正傳), *Chapter on Acupuncture of Taehan-Uihak* (太韓醫學鍼灸篇), and *Saam-Eumyangohaeng-chimbeopbigyeol* (舍巖陰陽五行鍼法秘訣). Later, in the era of Japanese occupation, Saam acupuncture was printed into books, paving the way for practitioners to study it. Books related to Saam acupuncture during the Japanese occupation include *Introduction to Study of Meridian System* (經絡學總論), *Saam-Chimgukyul* (舍岩鍼灸訣), *Kyungje-Yokyul* (經濟要訣), *Cheongnangkyul* (靑囊訣), *Chalbyeong-Yokyul* (察病要訣), *Jese-Bogam* (濟世寶鑑), *Kyungheom-Chimgupyeon* (經驗鍼灸編), and *Saam-Cheongnangkyul* (舍岩靑囊訣). Besides, *Hanbang-Uihak* (漢方醫藥), a journal of Korean medicine, contributed to the popularization of Saam acupuncture by publishing the original manuscript of Saam acupuncture added with the author's opinion. After the Independence of Korea, many doctors of Korean medicine tried to research Saam acupuncture and study the principles of it as a part of reviving Korean medicine.

Social Responsibility. Sa-Am Non-Profit Acupuncture Service consists of students of eleven colleges of Korean medicine and doctors of Korean medicine who study Saam acupuncture. It passes down the principles of Saam acupuncture and provides volunteer medical service. It runs a free clinic renting abandoned schools in rural areas to improve the local medical environment. Moving around the country, it regularly provides volunteer service in areas without any medical institutions and in disaster areas to improve public health care. Nonetheless, it participated in volunteer service during big sporting events such as the Olympics and the Asian Games, introducing the excellence of Korean medicine.

Protective Actions

1. Lectures: Since 1984, Kim Hong-kyung has held 30 40-day lectures on the principles of Saam acupuncture to Korean medicine students.
2. Activities of the Society of Sa-Am Acupuncture
 - Public Lectures on Health: Doctors belonging to the society have given lectures on health to the public since 1984.
 - National and International Academic Conferences: The society has been holding biennial academic conferences since 1984 with conferences held in the U.S. in 1984, New Zealand and Australia in 1996, and Canada in 2010 to hand down Saam acupuncture. In March 2010, it presented Saam acupuncture at a conference held by the Society for Acupuncture Research (SAR) in Chapel Hill, NC, USA.
3. Major Publications and Papers on Saam Acupuncture
 - *Saamdoin*, translated by Lee Tae-ho, *Saamdoin-Chimguyokyul* (國文譯註 舍岩道人鍼灸要訣), *Haenglim*, 1935 (reissued in 1996).
 - Kim Hong-kyung, "The Mystery of Meridian System Solved with Saam Acupuncture" (사암침법으로 풀 경락의 신비), *Shikmulchujang*, 2001.

RÉSUMÉ

La médecine coréenne traditionnelle (MCT) se fonde sur l'idée qu'une personne tombe malade parce que son *qi* « sain » (Jeongqi) est tellement affaibli qu'il ne peut résister aux attaques du *qi* « pathogène » (Sagi), de sorte qu'il se concentre sur le renforcement de la vitalité. La MCT trouve son origine dans l'absinthe et l'ail cités dans le mythe de Dangun. Ce mythe montre que la Corée a depuis longtemps élaboré cette

tradition unique dans le domaine des herbes médicinales. La fondation de la MCT et son progrès rapide remontent à la période Joseon, grâce à des publications majeures telles que *Hyangyak-Jipseongbang* (1433) et *Dongui-Bogam* (1613).

Par la suite, Dongui-Susebowon (1900) a officialisé la Médecine Constitutionnelle de Sasang (MCS), issue de la médecine indigène de Corée fondée par Je-Ma Lee. Cette typologie constitutionnelle se base sur l'apparence, la personnalité, l'esprit, les symptômes de la maladie et les réactions à l'acupuncture et aux herbes qu'elle synthétise pour établir un diagnostic. À l'heure actuelle, la typologie constitutionnelle est appliquée à la pratique clinique.

L'acupuncture Saam, une mystérieuse méthode d'acupuncture établie par un ascétique dénommé Saam, est une autre caractéristique de la MCT. Contrairement à d'autres, la méthode Saam s'applique aux extrémités, au niveau de cinq points (五 輸 穴) situés sous le coude et le genou. Pour cette raison, son stimulus est fort, mais sûr et efficace, sans dommage pour les organes internes pendant la procédure.

NOTES

- 1 Healthy *qi* refers to all normal functions of the human body and the ability to maintain health, including the ability of self-regulation, adaptation to the environment, resistance against pathogens and self-recovery from illness. On the other hand, pathogenic *qi* refers to an agent *qi* causing disease.
- 2 Dangun is the legendary founder of Gojoseon, the first kingdom of Korea, in present-day Liaoning, Manchuria, and the Korean Peninsula. He is said to be the grandson of the god of heaven, and to have founded kingdom in 2333 BCE.
- 3 Female physicians who specialized in the treatment of women.
- 4 *Dongui-Bogam* was registered as a UNESCO Memory of the World in 2009.
- 5 Lee Je-Ma initiated *sasangeuihak* as a branch of TKM, which is mainly affected by *Dongui-Bogam*, 16C. It stresses the theory of the four constitutions and is also called Sasang Constitutional Medicine (SCM) or four-constitution medicine
- 6 Sangwoo Ahn, Taewon Song, *Introduction to Traditional Korean Medicine*, KIOM (Korea Institute of Oriental Medicine), 2009.
- 7 Hong Kwon-eui, Park Yang-chun, "Effect of Sa-am Acupuncture Method for Chronic Tension-type Headache: A Randomized Controlled Trial," Department of Internal Medicine, College of Oriental Medicine, Daejeon University, 2007.