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Review

A study on the classification system of herbology

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SUMMARY

This paper reviews the historic origin and traits of the classification system used in current Korean herbology textbooks. By reassessing its value, it proposes the most relevant path for future revisions and supplementations. Through an evaluation of the history of the modern style of classification in terms of its efficacy and statistic analysis of the distribution of individual herbs in each category, this paper shows how the classification systems of Korean herbology textbooks were influenced by contemporary Chinese herbology, particularly that of the Cheong [淸] Dynasty. An examination of the academic background, strengths and weaknesses of each classification system demonstrates the need for future research on classification systems to concentrate on resolving the following issues: how well the setting and composition of each classification system reflects reality, and how closely it is connected to related sciences such as etiology and pathogenesis, prescriptionology, and diagnosis.

PREFACE

The most important factors to take into account when systematically categorizing the archives of a certain science are the clarity of the terms and the avoidance of overlapping within the system. If the meaning of the categoric terms were to be vague or redundant, the authority and significance of the archive as a classification system would suffer drastically. As Oriental Medicine has traditionally been drafted classification systems and coined new terms from a thoroughly practical perspective, namely the practice of medicine, the obscurity and equivocalness of the terms used within it have been tolerated to a certain extent. However, the recent shift in the intellectual climate calls for a system founded on precise definitions of conceptual terms for easy reference. With a system based on a philosophic theory rich in traditional background that allows for certain ambiguities, if too restrictive a rule were applied, this may inadvertently impede and digress from the original intent. Therefore, the most sensible line of action from a practical standpoint would be to find a balance between the concrete and the abstract by fashioning a structure of concise definitions that do not distort the original concept matter.

The categorization of current Korean herbology textbooks models itself after that of China, yet neither stands as the criterion nor provides the

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definitive meaning of the terms given, proving that it difficult to grasp the initial intention of the devisor. Furthermore, both the particulars of the discussions that likely took place during the decision-making process as well as the direction pointers for subsequent revisions and supplementations are left wanting. This state makes future adjustments following advances in knowledge as well as consequent changes in values demanding. This study briefly outlines the course that the classification system of herbology has taken and through a comparative analysis examines the most appropriate course for future revisions and supplementations. The distinctive qualities of herbology are given due consideration in this process.

SUMMARY OF THE HISTORY OF THE HERBAL CLASSIFICATION SYSTEM

The classification system of herbal drugs historically stretches from the three grades of drugs system of the natural properties system, the efficacy system, and the Jangbu [臟腑] organs and Meridian system [經絡], to the number of strokes in a single Chinese character system. The three-grade system originates from 『Sinnongbonchogyeong [神農本草經]』 (The earliest surviving monograph on materia medica. Its contents are preserved in 『Bonchogyeongjipju [本草經集註]』) as a primeval form of categorization continued in such works as 『Bonchogyeongjipju』 (a monograph on materia medica compiled by Hong-Gyeong Do [陶弘景] during the Yang Dynasty in China around the end of the 5th century), 『Sinsuboncho [新修本草]』 (an herbal monograph compiled by Gyeong So [蘇敬] et al. in 659 during the Dang [唐] Dynasty - the first pharmacopoeia in the world to be officially issued by the government) of the Dang Dynasty, and 『Jeungnyuboncho [證類本草]』 (a monograph on materia medica compiled toward the end of the 11th century by Sin-Mi Dang [唐愼微] during the Northern Song [宋] Dynasty) of the Song Dynasty. This classification set divides medicinal drugs broadly into the three categories of top grade, middle grade, and low grade according to the level of toxicity. As there are only three grades, it cannot be considered to be a practical system from a medical perspective. In addition, given that a large number of minerals are included in the first grade, this classification reflects the 'active substance in the body [內丹]' theory, as tinged with Taoism, which was popular during the late Han and North-South Jo Dynasties. It is, consequently, estranged somewhat from the mainstream practice of today. Therefore, its historic relevance is fairly limited as an early archetype of classification of works on materia medica.

Table 1. The ten prescriptions classification system as listed in 『Yoyakbunje 要藥分劑』

· Dispelling
· Obstruction-removing Tonifying
· Purgative
· Light, Heavy
· Astringent
· Lubricant
· Drying
· Moistening

The classification system of herbal drugs based on natural properties, or more specifically the natural attributes of the plant, its wood, or its mineral of origin, has long held a central position in the history of herbal classification. This classification has been widely used as it is just as readily accessible to non-specialists as it is to specialists owing to the fact that its criterion is clear and objective and that it has no danger of reiteration. Classification according to the number of strokes in a Chinese character is also a convenient system of easy reference for the same reasons.

Herbal classification according to efficacy was a relatively late development, as it is a system that has to be grounded on a sound and thorough knowledge of efficacies and through that, pathology. It therefore holds certain liabilities as it is difficult to sustain an exact, rigid categorization that goes hand in hand with the current understanding of pathology. Moreover, it is subject to change due to

Table 2. Classification system of 『Bonchogujin [本草求眞]』

Tonifying drugs	· warming the middle heater (WMH) · mildly benefiting (MB) · supplementing Fire (SF) · nourishing water (NW) · warming the Kidney (WK)
Astringent drugs	· warm astringent (WA) · cold astringent (CA) · astriction (AS) · replenishing deficiency (RD)
Dispersing drugs	· dispersing Cold (DC) · expelling Wind (EW) · dispersing Dampness (DPD) · dispersing Heat (DH) · emesis and dispersing (ED) · warm and dispersing (WD) · mildly dispersing (MDP)
Purgative drugs	· excreting Dampness using mild-flavored diuretics (EDMD) · discharging Dampness (DCD) · discharging water (DW) · dissolving and sending phlegm downward (DSPD) · draining Heat (DH) · draining Fire (DF) · checking upward perverted flow of Gi (CUG) · mildly discharging (MDC)
Blood-related drugs	· warming the blood (WB) · removing Heat from the blood (RHB) · discharging the blood (DB)
Miscellaneous drugs	· anthelmintic (AN) · detoxicating (DE) · poisonous (PO)

differences of opinions. Only someone fairly well-versed in herbology would be comfortable using this system for reference, and it remains flawed with the shortcoming of vague and overlapping terms.

Herbal classification based on efficacy became a mainstream theory as late as the Cheong Dynasty, at which time fragmented findings and unrelated medical knowledge started being pieced together into a cohesive collection. The reason why efficacy, which had played a minor role as a type of explanatory supplementation to the knowledge on individual drugs until then suddenly took center stage in materia medica classification, is directly related to the academic mood of the time. Under a foreign rule, the Cheong Dynasty was an age of introspection and self-examination. Accordingly, instead of adhering to speculative methods, scholars concentrated on reducing the number of errors in current theses by setting theory against stark reality. This reflective mood led to a wave of practicality, and this wave took shape in the standardization of long standing beliefs and principles and hence fueled bibliographical studies of conventional, orthodox methods. Standardization is an agreement between many persons, aiming for a collective opinion in form while seeking objectivity and logicalness in substance to the end of bettering the utilization and application of general public knowledge.

In addition, classification using the Jangbu organs [臟腑] and Meridian system [經絡] could also be broadly seen as a type of classification system by

Table 3. Classification system of『Uibangjiphae [醫方集解]』

· tonifying
· sudorifying
· vomit inducing
· purgative
· exterior and interior-related
· harmonizing
· regulating Gi
· regulating the blood
· dispelling Wind
· dispersing Cold
· clearing summer-Heat
· promoting diuresis to eliminate Dampness
· moistening the Dryness
· draining Fire
· removing phlegm
· promoting digestion and relieving stasis
· astringent
· anthelmintic
· improving eyesight
· carbuncle or cellulitis-related
· menstruation or pregnancy-related
· emergency rescue

efficacy. However, it did not reach the level of comprehensive understanding of materia medica as attained by classification by efficacy, and was unable to break with the conventional symptom-oriented classification used in prescriptionology. Classifying according to the number of strokes in each character does nothing to indicate the quality or characteristic of a drug; for this reason, it is difficult to be considered as a general categorization, and its raison d'être would be merely to function as an index-type inventory.

HISTORY OF CLASSIFICATION BY EFFICACY

Classification of ten types of prescriptions

The classification of herbal drugs has traditionally been associated with the classification of prescriptions in seven formulas and ten prescriptions. The seven formulas, which are basic principles for formula construction, are heavy [大], minor or mild [小], slow-acting [緩], quick-acting [急], with ingredients odd in number [奇], with ingredients even in number [偶], and compound [複]. They are recorded in『Hwangjenaegyeong [黃帝內經]』 (the earliest surviving Chinese medical classic, which is thought to have been written around the Warring States Period. It laid the foundation for Oriental Medicine). There are several theories related to how the ten prescriptions, dispelling [宣], obstruction-removing [通], tonifying [補], purgative [瀉], light [輕], heavy [重], astringent [澁], lubricant [滑], drying [燥], and moistening [濕], which allude to the nature of the drugs, originated. Records of the ten types of prescriptions can be traced back as far as 『Jeungnyuboncho [證類本草]』, where transcripts of the preface to『Gauboncho [嘉祐本草]』 (an herbal monograph compiled during the rule of Emperor Injong of the Song Dynasty in China) exist. After consulting works such as『Yakdae [藥對]』 (a now-lost monograph on materia medica written by Ji-Jae Seo during the North Je Dynasty),『Cheon-geumbang [千金方]』 (a text on medicine written by Sa-Mak Son [孫思邈] of the Dang Dynasty around the mid-7th century),『Bonchoseupyu [本草拾遺]』 (an herbal monograph written by Jang-Gi Jin [陳藏器] of the Dang Dynasty), the preface to 『Gauboncho』 states that there are ten types of prescriptions and that these are "the basic laws of pharmaceutics [藥之大體]". There was no mention of the term "prescription [劑]" at this time, and it was only in『Seongjegyeong [聖帝經]』 (a work of medicine written by Gil Jo [趙佶 ; 徽宗] of the Song Dynasty, annotated by Ji O [五禔], and published in 1118) that the word "prescription" was added and hailed the advent of the ten prescriptions theory. Mu-Gi Seong [成無己] of the Song Dynasty writes in『Sanghanmyeongniyakbangron [傷寒命理藥方論]』 (a study of medicine by Mu-gi Seong of the Song Dynasty around 1156) that "the basics of pharmaceutics [制方之體], are dispelling, obstruction-removing, tonifying, purgative, light, heavy, astringent, lubricant, drying, and moistening (宣通補瀉輕重澁滑燥濕); these are the ten types of prescriptions (十劑是也)". His contemporary Jong-Seok Gu [寇宗奭] asserts that Hong-Gyeong Do, who wrote『Bonchogyeongjipju』, was the first to

Table 4. Comparison of level of concurrence of drugs within corresponding categories in 『Bonchogujin』 and the first edition of the Herbology textbook

Bon-chogujin	Herbology textbook	tonifying drugs						astringent drugs					dispersing drugs								purgative drugs									blood-related drugs			
		WMH	MB	SF	NW	WK	total	WA	CA	AS	RD	total	DC	EW	DPD	DPH	ED	WD	MDP	total	EDMD	DCD	DW	DSPD	DRH	DF	CUG	MDC	total	WB	RHB	DB	total
YT	YT1	4	1	7		9	21	1				1						1	1	2	1								1	1			1
	YT2	3	5		4	4	16	1		2	1	4		1						1						1		4	5		1		1
AD	AD1						0	1		2		3							1	1				1					1	2	3	1	6
	AD2				1		1	1	3	5		9								0									0				0
DI	DI1						0					0	5	2		3				10									0		1		1
	DI2						0					0		3	1	1			2	7									0	1	1		2
	DI3						0					0		12					2	14									0				0
	DI4	1		1			2					0			2	1		1	3	7									0				0
MR	MR1				1		1					0								0		6	1						7				0
	MR2						0					0								0	3	5			1			1	10				0
PU	PU1				1		1					0								0				1	2				3			1	1
	PU2						0					0								0									0				0
	PU3						0					0								0		1	7		1				9				0
	PU4						0					0	1						2	3			1		2	1	2		6				0
PH	PH1			1			1					0		1				2	1	4									0				0
	PH2						0					0					1			1			1	4	2	1	2		10				0
	PH3		1	1			2					0						3	3	6					1			1	2				0
	PH4						0					0			1			8		9									0				0
	PH5						0					0		1				4		5									0			1	1
	PH6						0					0		2				4		6									0				0
	PH7		2		1	1	4					0		1						1									0	2	1	6	9
	PH8						0					0								0		1			1		1		3	1	3	4	8
AP	AP1						0				1	1		1					2	3				1	5	4		1	11				0
	AP2						0					0								0		3			3	5			11				0
	AP3						0					0								0					1				1		1		1
	AP4						0					0								0						5		3	8	1			1
EM	EM1						0					0		1			3			4									0				0
	EM2						0					0					1			1									0				0
	EM3	4	7	5	6	3	25	5	3		4	12	1	5			2	18	9	35	1	2	4	2	17	3	1	5	35	8	8	3	19
	total	12	16	15	14	17		9	6	9	6		7	30	4	5	7	41	26		5	18	14	9	36	20	6	15		16	19	16	

The abbreviation expressions are follws. YT=Yang tonics, YT1=tonifying Gi and assisting Yang, YT2=tonifying the blood and nourishing Eum, AD=astriction drugs, AD1=astricting the blood vessels. AD2=astricting Essence Gi, DI=diaphoretics, DI1=dispelling Wind and Cold, DI2=dispelling Wind and Heat , DI3= dispelling Wind and Dampness, DI4=dispelling Cold and Dampness, MR= mild-flavored diuretics that remove Dampness, MR1=diuretics and purgatives to treat stranguria with turbid discharge, MR2=excreting Dampness and water using mild-flavored diuretics, PU=purgatives, PU1=expelling Heat accumulation, PU2=expelling Cold accumulation, PU3=removing fluid retention by purgation, PU4=disseminating and moistening Lung Gi, PH=phlegm-transforming drugs. PH1=resolving Cold-phlegm, PH2=resolving Heat-phlegm, PH3=promoting the normal flow of Gi to abolish stagnation, PH4=warming and activating the central Gi, PH5=warming the blood phase, PH6=promoting the normal flow of Gi to open the orifices, PH7=promoting blood flow to remove obstruction in the collaterals, PH8=removing blood stasis with drastic drugs, AP=antipyretics, AP1=reducing Heat to lower Fire, AP2=eliminating Heat and Dampness, AP3=dissipating Heat and detoxifying, AP4=removing Heat from the blood, EM=emetics, EM1=emetics for congested fluids, EM2=emetics for poisonous substances, EM3=irrelevant.

Table 5. Comparison of level of similarity between categories and concurrence of drugs within corresponding categories in the first edition of Herbology and current textbooks

1st edition \ current edition	YT	AD	DI	MR	PU	PH	PH3	PH4	PH5	PH6	PH7	PH8	AP	EM
diaphoretics			26											
antipyretics	2	2	1	3		2					1	2	30	
purgatives					11									
antirheumatics	1	1	8		1						4			1
Dampness-resolving aromatic drugs			1				1	5						
diuretics for the elimination of Dampness	1			17									1	
Interior-warming drugs	1		2					6	1					
carminatives			1			3	8	1						
digestives						1	4							
hemostatics		8							1		1	1	2	
drugs for invigorating blood and dispelling blood stagnation									3		11	9		
phlegm-transforming antitussives and antiasthmatics				1	12	10							1	
sedatives and tranquillizers	2	2			0	1					1	1		
drugs that subdue hyperactivity of the Liver	1	1	4		1	1							5	
resuscitation drugs										6				
tonics	49	1	1				1				1		1	
astringents	3	13												
emetics														4

The abbreviation expressions are follws. YT=Yang tonics, AD=astriction drugs, DI=diaphoretics, MR=mild-flavored diuretics that remove Dampness, PU=purgatives, PH=phlegm-transforming drugs, PH3=promoting the normal flow of Gi to abolish stagnation, PH4=warming and activating the central Gi, PH5=warming the blood phase, PH6=promoting the normal flow of Gi to open the orifices, PH7=promoting blood flow to remove obstruction in the collaterals ,PH8=removing blood stasis with drastic drugs, AP=antipyretics, EM=emetics

mention the ten types of prescriptions. He proposed a total of twelve types of prescriptions with the addition of hot and cold in『Bonchoyeonui』(a work of medicine compiled by Jong-Seok Gu of the Song Dynasty published in 1116.). Additionally, Si-Jin I [李時珍] of the Myeong [明] Dynasty declared that Ji-Jae Seo first alluded to the ten types of prescriptions in『Bonchogangmok [本草綱目]』(an herbal monograph written by Si-Jin I of the Myeong Dynasty and published in 1590), while Won-Gan Danpa [丹波元簡] concluded that it had originated from Jang-Gi Jin's『Bonchoseupyu』after assaying the contents of 『Jeungnyubonchо』.

Thus, the theory of the ten types of prescriptions initially appears to have been a collection of ten types of materia medica originally, but became the setting for the classification of prescriptions with the addition of the affix "prescription" [劑]. On a different note, the ten types are somewhat deficient as an herbal categorization and were not actually used as such. For instance, only a few select herbs were cited as examples to exemplify the meaning of the different types, rather than as specific components of a definite sorting system. There is the exception of 『Yoyakbunje [要藥分劑]』 by Geum-O Sim [沈金鰲] of the Cheong Dynasty that was and published in 1773, in which the ten types are used as actual guiding principles of classifying individual drugs.

New efficacy-based classification systems after the appearance of the ten types of prescriptions

『Yakpumhwaui [藥品和義]』(an herbal monograph

written by Gu-Yeo Ga [賈九如] in the Myeong Dynasty, China) combines materia medica with Gi and blood, the location of the complaint among the five Jang organs, and the six pathogenic factors to form a 14-type medicine system for diseases of the Gi [氣], blood [血], Liver [肝], Heart [心], Spleen [脾], Lung [肺], Kidney [腎], Wind [風], Cold [寒], summer-Heat [暑], Dampness [濕], Dryness [燥], phlegm [痰], and Fire [火]. Whereas the ten types was a loose categorization of herbal functions using the juxtaposition of Eum and Yang,『Yakpumhwaui』 was a classification system of efficacy founded on solid pathologic theory. This classification by efficacy was succeeded by Seung U [尤乘]'s『Yakpumbyeonui』 (part of the three-volume compilation 『Bakmuljibon [博物知本]』 by Seung U) of the Cheong Dynasty, but was not widely accepted; although『Yakpumhwaui』 had brought forward the relevance that attaching importance to efficacy had in classifying drugs, it nevertheless fell short when it came to fashioning a new system that effectively bound the efficacy of separate drugs to pathologic mechanisms. It was『Bonchogujin [本草求眞]』 by Gung-Su Whang [黃宮綉] of the Cheong Dynasty (a herbal monograph in 1769) that put forth an efficacy-oriented classification model that consisted of the six primary categories of tonifying [補], astriction [收], occlusion [澁], dispersing [散], purgative [瀉], blood-related [血], and miscellaneous [雜] drugs, as well as 30 subdivisions, including warming the middle heater [溫中], mildly benefitting [平補], and dispersing Cold [散寒]. Additionally, it was prescriptionology that experimented with classification by efficacy from a stage earlier than herbology.『Uibangjiphae』(a prescription book [醫方書] written by Ang Wang [汪昂] in 1682 during the Cheong Dynasty), which was written prior to『Bonchogujin [本草求眞]』 by Ang Wang who lived during the early Cheong Dynasty, introduced a new classification style that gave priority to efficacy. It was to become highly influential in both the art of prescriptionology and herbology.

Current classification systems of materia medica

The current classification system of Chinese herbology models itself after that of Chinese prescriptionology, and the classification system of Chinese prescriptionology in turn derives its origin from『Uibangjiphae』, written by Ang Wang of the Cheong Dynasty. Current Korean herbology textbooks closely follow the Chinese classification style. However, the first edition patterns itself after the 18-type categorization system of China's 『Yakseongdaesajeon [藥性大辭典]』. While the first edition states that it derives its style from『Yakseongdaesajeon』, current textbooks give no indication of how their categorization system was determined. Though the exact publication date of 『Yakseongdaesajeon』 is unknown, it is estimated to have been written around the 1930s, and remains in existence in Korea. It is a small, 250-page book roughly the same size or slightly larger than a paperback book. From the fact that the prices of medicinal drugs are recorded alongside the main information, it was most likely issued as a manual for easy reference as opposed to an extensive encyclopedia.

History of prescriptionology classification

A brief look at the history of the ten types of prescriptions shows that the classification systems of herbal drugs and prescriptions have developed in close connection to one another. The classification system of prescriptions, which initially originated from the seven formulas of 『Hwangjenaegyeong』, adopted the theory of the ten types of prescriptions of herbology. The ten types of prescriptions came to be accepted and embraced as a classification of prescriptions through the annexation of the term "prescription" in『Seongjegyeong』, and the continual encompassing of various prescriptions. Mu-Gi Seong of the Song Dynasty also considered the ten types to be categories of prescriptions in『Sanghanmyeongniyakbangron』. Jong-Seok Gu's『Bonchoyeonui』, written around the same time as『Seongjegyeong』, presented a revised system consisting of 12 categories, adding hot [熱] and

cold [寒] to the original assortment, as mentioned earlier. Later, Hui-Ong Mok [繆希雍] of the Myeong Dynasty added ascending [昇] and descending [降] to the group in『Bonchogyeongso [本草經疏]』(an herbal monograph written in 1625), while Sa-Hak Seo of the Myeong Dynasty proposed a 24-category system with the addition of harmonizing [和], relieving [解], dysenteric [利], cooling [寒], warming [溫], intense heating [暑], heating with fire [火], mediation [平], with ingredients odd in number [奇], with ingredients even in number [偶], calming [安], mild and slow-acting [緩], mild-flavored [淡], and heat-reducing [清] to the ten types in『Uihakjeonseo [醫學全書]』. Around the same period, Gae-Bin Jang [張介賓] put forth a theory of eight principles – tonifying [補], harmonizing [和], invasive [攻], dispersing [散], cold [寒], hot [熱], consolidating [固], and related with the cause [因] - in『Gyeongakjeonseo [景岳全書]』(a comprehensive work on medicine written during the Myeong Dynasty). Later still, Ang Wang of the early Cheong Dynasty introduced a system of 22 types based on the efficacy of the remedy in『Uibangjiphae』that was comprised of invigorating [補養], diaphoretic [發表], emetic [湧吐], purgative [攻裏], exterior and interior-related [表裏], harmonizing [和解], regulating Gi [理氣], regulating the blood [理血], dispelling Wind [祛風], dispelling Cold [祛寒], clearing summer-Heat [清暑], promoting diuresis to eliminate Dampness [利濕], moistening the Dryness [潤燥], draining Fire [瀉火], removing phlegm [除痰], promoting digestion and relieving stasis [消導], astringent [收澁], anthelmintic [殺蟲], improving eyesight [明目], carbuncle or cellulitis-related [癰瘍], menstruation or pregnancy-related [經產], and emergency rescue [救急]. Guk-paeng Jeong [程國彭] in turn sorted the field of prescriptions into diaphoresis [汗], emesis [吐], purgation [下], harmonizing [和], warming [溫], heat-reducing [清], elimination [消], and tonification [補] in accordance with differentiation according to the eight guiding principles in 『Uihaksimo [醫學心悟]』(a book on medicine written by Guk-Paeng Jeong in 1732 during the Cheong Dynasty). The classification systems of current Chinese prescriptionology consist of primary categories that are loosely based on the categorification system of 『Uibangjiphae』 and secondary categories set within each superordinate. Though it has undergone numerous revisions and updates, the system has essentially adhered to its original form.

DISCUSSION

The theory of the ten types of prescriptions of 'dispelling, obstruction-removing, tonifying, purgative, light, heavy, astringent, lubricant, drying, and moistening' herbs is a classification system that stems from Eum [陰] and Yang [陽] principles, which are dominant in Oriental Medicine: it perceives the Essence Gi [精氣] of the Jangbu organs [臟腑] as Principle [本] aspects, and the defense and nutrient [營衛] of the Meridians and collaterals [經絡] as Secondary [標] aspects. It views primordial Gi [正氣] as Principle, and pathogenic Gi [邪氣] as Secondary in pathology. This is the first instance of herbal properties to be interpreted into the language of pathogenesis, which was a breakthrough as an innovative form of herbal classification by efficacy. However, it stops at a simple juxtaposition of Eum and Yang, and is insufficient in that it does not reflect specific changes in the six pathogenic factors [六淫] or the physiological functions [氣化] of the Jangbu organs. The classification system of『Bonchogujin』, a classification system that divides the diseases of the Jangbu organs and six pathogenic factors broadly into tonifying, astringent, dispersing, and purgative drugs, supplementing it with blood-related drugs and efficacy-oriented subcategories, provided momentum for the shift to categorization by efficacy as now seen in the first and in current editions of herbology textbooks. The general classification of『Bonchogujin』is such that it can cover the subcategories of the first and current editions of herbology textbooks. For instance, as

can be seen in the table below, the distribution of drugs within categories in『Bonchogujin』and the first edition of herbology show a significant resemblance to each other. Furthermore, the category headers of the first edition and the current editions of herbology textbooks, which represent efficacy-oriented subordinate categories, are nearly identical.

The classification system of current Korean herbology textbooks is analogous to that of Chinese herbology. Its source can be traced back to『Uibangjiphae』written by Ang Wang in the Cheong Dynasty. In the case of the first edition of Korean herbology textbooks, the categorization is unlike that of current editions and models itself after the classification system of『Yakseongdaesajeon』, which is presumed to have been published in China around the 1930s. However, it is also traceable to『Uibangjiphae』in that it is a system rooted in efficacy. Chinese prescriptionology embraced the classification system of『Uibangjiphae』and Chinese herbology in turn adopted the system of prescriptionology. During this process, the systems of herbology and prescriptionology both took a step forward towards standardization. When taking only the classifying terms into consideration, the terms of the first and current editions of herbology textbooks are more similar to those of『Uibangjiphae』than to『Bonchogujin』. This appears to be due to the fact that whereas『Bonchogujin』takes the primary categories into account in establishing the secondary categories to form a more interrelated system,『Uibangjiphae』discards the primary categories and classifies solely in terms of efficacy.

The four classes of tonifying, astringent, dispersing, and purgative drugs [補守散瀉] which become a set pattern through the superordinate categories of Bonchogujin, can likewise be perceived as a form of classification based on efficacy in the vein of『Uibangjiphae』in that its criteria are the relevant medicinal effect and properties. However, whereas the general classification of『Bonchogujin』separates diseases broadly into those of the Jangbu organs and the Meridian system in a juxtaposition of Eum and Yang,『Uibangjiphae』is more precise in settling the classification terms, deliberating on the specific etiology and pathogenesis of the Jangbu organs and six pathogenic factors. In this sense, the classification system of『Uibangjiphae』is the true precursor of modern classification styles based on efficacy.

Chinese herbology textbooks, which are the basis of the classification system used in current Korean herbology textbooks, also follow in the steps of『Uibangjiphae』, opting for a system based on etiology and pathogenesis. They differ, however, from the classification system of『Uibangjiphae』in that the classifications of diseases relating to the six pathogenic factors are placed at the front, the classifications of those diseases relating to the Jangbu organs are abridged and placed in the middle, new pathogenic terms are included, the classification of blood-related diseases are given comparatively more attention in the primary categories, and the secondary categories are more precise and detailed. This is explained by the fact that Chinese herbology took on various motifs from the classification system of acute infectious febrile diseases, which were prevalent following the time of『Uibangjiphae』.

A more detailed review of the classification system of Chinese herbology is as follows. The diaphoretics (drugs for dispelling superficial Wind-Cold pathogens, and dispelling superficial Wind-Heat pathogens), antipyretics (drugs for reducing intense internal Heat, eliminating Heat and Dampness, removing Heat from blood, eliminating toxic Heat, and reducing false Heat due to deficiency), purgatives (invasive purgatives, laxatives, and drastic purgatives for eliminating the retention of water) set at the beginning of the book are a fusion of treatments that induce diaphoresis, vomit, and diarrhea are mainly used in exogenous febrile diseases and in accordance with the principles of the Wi [衛] (superficial

defensive), the Gi [氣] (energy), the Yeong [營] (nutrient) and the Hyeol [血] (blood) system of acute infectious febrile diseases. The classifications relevant to epidemic febrile diseases are described in detail. The group of antirheumatics (drugs for dispelling Wind, eliminating Dampness and dispersing Cold, and dispelling Wind, eliminating Dampness and clearing away Heat), Dampness-resolving aromatic drugs, diuretics for the elimination of Dampness (diuretics to reduce edema or swelling, diuretics regulating water metabolism, and diuretics to treat jaundice) that follow, fall under the category of Damp-warm diseases and correspond neatly with the Upper, Middle, and Lower Cho of the triple warmer. This group is split into two groups, affection due to exogenous pathogenic factors and exogenous febrile diseases, of which acute infectious febrile diseases are divided once more into epidemic febrile diseases and Damp-warm diseases. This is the same manner in which exogenous diseases are viewed in the study of acute infectious febrile diseases.

Next are endogenous factors, which are internal injuries. Interior-warming herbs make way for various antipyretics, and carminatives and digestives are listed according to the conventional classification methodology of internal injuries. The parasiticides, hemostatics (drugs for dispelling Heat from blood to stop bleeding, elimination of stagnancy to stop bleeding, astricting to arrest bleeding, and warming the Meridian to stop bleeding), drugs for promoting blood circulation and dispelling blood stagnation (drugs for promoting blood flow to alleviate pain, promoting blood flow to regulate menstruation, promoting blood flow for the recovery of external injuries, and removing blood stasis to clear masses in the abdomen), phlegm-transforming antitussives and antiasthmatics (drugs resolving Cold-phlegm, resolving Heat-phlegm, and antitussives and antiasthmatics) that follow correspond to secondary etiological factors such as the retention of phlegm and fluid, blood stasis, retention of undigested food and internal parasitosis. The group of sedatives and tranquillizers (tranquilization with heavy materials, and drugs for calming and nourishing the heart to induce tranquilization), anticonvulsives (drugs for calming the Liver to check exuberance of Yang, and extinguishing Wind to relieve spasms), and resuscitation drugs reflect the development of the pathogenesis of the Jangbu organs such as the Heart and Kidney, Liver-Yang, Liver-Wind, and Heart confused by phlegm. Ensuing are tonifying recipes (Gi tonics, Yang tonics, blood tonics, and Eum tonics) and astringents (drugs for stabilizing the exterior to suppress sweating, astringing the Lungs and stopping coughing, relieving diarrhea with astringents, astringing spontaneous emission, and stopping metrorrhagia and reducing leukorragia). Last are miscellaneous types; emetics, and external remedies for detoxicating, destruction of intestinal parasites, drying up Dampness and relieving of spasms, detoxification, regeneration of decomposition and promoting tissue generation.

From the information above, it can be concluded that the present system of Chinese herbology has strived after a highly practical classification system based on careful comprehension of the etiology, pathogenesis and mechanism of diseases with the aim of assisting with diagnosis and treatment based on an overall analysis of the symptoms and signs of the disease.

The fields of herbology and prescriptionology have developed in close relation to one another. The early example of the seven formulas of 『Hwangjenaegyeong』 is a categorization based on a combination of the components, potency and efficaciousness of the formulas; it is not a system categorized solely on efficacy. Given that prescriptionology adopted the ten types of herbology and established a new system of ten types of prescriptions, prescriptionology was slower in progress than herbology. As 『Sanghallon [傷寒論]』 established the six Meridian diseases and prescriptions, advances in prescriptionology theory came to a halt until the end of the Song Dynasty.

Systematic classification was dismissed, and large-scale prescription books that merely arranged prescriptions according to the order of the main symptoms they treated instead became the predominant style. After the Song Dynasty and during the Geum and Won [金元] Dynasty, however, medicinal practice flourished and the tradition of treatment by principle [理法方藥] was greatly enriched. This boom led to a more advanced, systematic form of prescription classification in prescriptionology. Herbology maintained the classification system of drugs based on natural properties after『Bonchogangmok』, which followed『GyeongsaJeungnyubigeupboncho [經史證類備急本草]』and brought together the collective knowledge of the time. References to the efficacy of herbal drugs became richer and more detailed, but a classification system based solely on efficacy did not form until the Cheong Dynasty, which saw the publication of such books as『Bonchogujin』. There was also a revival of the traditional classification style, in which 『Yoyakbunje』attempted sorting individual drugs according to the ten types of prescriptions systems. The advancement in medical practice affected prescriptionology, which in turn led to the development of herbology and the proposal of a new classification system in the Cheong Dynasty. In this aspect, the classification system of materia medica currently in use can be considered the realization of medical knowledge up to the Cheong Dynasty.

Classification according to efficacy has been adapted well to medical practice and is regarded with growing regard in present-day medicine. The range of herbology is no longer confined to the limits of pharmacy, and it mediates abstract theory with common practice by combining diagnosis, pathology, and treatment in one comprehensive science. Therefore, in order to achieve a higher degree of efficiency in herbology education and practical use, cooperation with related sciences is vital. According to treatment by principle [理法方藥], the treatment method is determined in accordance with the principle of physiology and pathology; unless materia medica and prescriptions are categorized by the applied method of treatment, it will not be possible to attain a satisfying level of accuracy and proficiency in education or practice.

Voices calling for the standardization of Korean Medicine are becoming louder. Koreans are therefore faced with the difficulty of needing to maintain the current classification system as a window open for communication with China as an international standard and of allowing for new classification systems that can encompass the medical achievements of each field. Given the current situation of multifarious schools in practice, a new classification system is required that can comprehend the advancement and fortes of each academic school. In these complicated conditions, the focus should be on a classification system that can show the strengths of the different styles and make up for shortcomings that may arise during the process, as opposed to one that leans toward a particular style. It is also imperative that the system is renovated for easier collaboration and joint endeavors between fields.

CONCLUSION

The classification system of current herbology textbooks takes after that of 『Chinese herbology』, which was established through the evolution of the classifying system by efficacy which originated from the ten types of prescriptions and developed through publications such as 『Bonchogujin』and『Uibangjiphae』. The classification system of『Chinese herbology』is based on an exhaustive understanding of herbal drugs united with the etiology, pathogenesis, and symptoms of diseases. In spite of the meticulous structure based on extensive pathological knowledge and practicality of the Chinese herbology classification system, it nonetheless lacks consistency of categorization, in that different levels of etiology, pathogenesis, and symptoms are combined as a single level. For this reason, it is

necessary to procure fresh means that can help avoid redundancy in categorization terms and strengthen correlation between conceptual theories. It is also necessary for academic circles to reach a mutual agreement in order to draft a separate classification system that is in accordance with current Korean medicine. In other words, discussions and deliberation as to whether the view on major diseases and consequent etiology and pathogenesis of the present classification system of Chinese herbology is in synch with Korean circumstances are a prerequisite to the process. Only after a standard that comprehends the Korean standpoint on medicine is established will herbology be able to reach new heights through productive collaboration with physiology, pathology, diagnostics, and prescriptionology.

The questions to be answered by future studies regarding the classification of herbology should be as follows: 'What is the academic background of this classification? Do the components complement each other, and do the categories maintain a level of consistency? Is this system suited for the purpose of education, research and medical practice? How closely connected is it with related sciences such as etiology and pathogenesis, prescriptionology, and diagnosis?' Regulations that ensure the liberty of regular sessions in which academic circles can convene to discuss academic prowess and debate freely are also necessary.

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