

Chinese Medicine History and Contemporary Practice in the West

Mary Garvey

Faculty of Science, University of Technology, Sydney, 15 Broadway, Sydney NSW, Australia

Received: May 20, 2014 / Accepted: June 19, 2014 / Published: June 30, 2014.

Abstract: In the health care professions today, research guides best clinical practice. Yet, the methodological constraints required by the two main branches of research into Chinese medicine—bio-scientific and socio-historical—rarely assist Chinese medicine students, practitioners, or clinical researchers with treatment and practice issues. A great deal of bio-scientific research assumes that it must be possible to utilise and test Chinese medicine from within a biomedical framework. However, by isolating therapeutic techniques and substances and standardising treatment protocols, bio-scientific research removes Chinese medicine's inbuilt flexibility and responsiveness to clinical instances and changes. While researchers in the historical and social sciences can reveal the sophisticated discourses built around Chinese medicine's distinctive approach to knowing the world and the body–person, they normally do not discuss the implications of their work for contemporary clinical practice. The paper advocates a synthetic approach using multidisciplinary sources within and adjacent to the field of Chinese medicine. Multidisciplinary researchers contest the simplified and biomedicalised version of Chinese medicine generally available in English speaking countries today. They can assist English speakers to approach Chinese medicine's traditional perspectives, demonstrate their relevance for contemporary clinical practice and help restore the traditional connectedness between Chinese medicine's theoretical concepts and its treatment methods.

Keywords: Social science, bio-science, tradition, research, therapy, multidisciplinary scholarship.

1. Introduction

This paper contributes to a discussion of issues regarding the evolution of the Chinese medicine profession in the West. It specifically addresses questions for English-speakers who wish to study, research and practice traditional Chinese medicine, such as, how the profession can improve its understanding and transmission of the discipline, preserve the field as a distinct system of medicine, and evolve its practice methods within Western communities and health systems [1, 2]. The discussion shows how multidisciplinary scholarship and research can help deepen our understanding of traditional medical perspectives and methods, and why we should want to do that. It is not easy for contemporary English-speaking Westerners to learn Chinese medicine in the first place. While the lack of Chinese

language skills and access to textual sources is a significant obstacle for Westerners who want to research and practice Chinese medicine in a way that corresponds to its established frameworks and methods, language is by no means the only problem for Chinese medicine in the West today.

The depth of the Chinese medicine tradition in China and East Asia includes a level of maturity that is generally lacking in the West. In English-speaking countries Chinese medicine has only a few decades of marginalised practice, a very small senior practitioner population, difficult access to pre-modern texts and a relatively slight hold on the public mind. In the last one hundred years complex social and historical forces have changed Chinese medicine in China and worldwide [3-5]. These changes have altered Chinese medicine's traditional methods and practices, and affected its transmission in all places and languages.

Corresponding author: Mary Garvey, research field: clinical medicine. E-mail: mary.garvey@uts.edu.au.

Historically, the transmission of Chinese medicine has largely been possible due to its legacy of written texts that have recorded two thousand years of conceptual and therapeutic developments. Then, during the middle of the twentieth century TCM textbooks were created for the first time, and today, textbooks are the main route of Chinese medicine transmission globally. In China, textbook writing was part of a much larger program to modernise Chinese medicine. After the collapse of the Imperial Era, a new republican China had to consolidate its diverse and disparate medical currents and standardise their theoretical content. They had to develop structured frameworks for the learning and application of Chinese medical theories, and systematise its methods and practices [6-8]. The new textbooks encompassed all of these modernisation strategies. In so doing they revised and re-interpreted pre-modern texts to suit the contemporary reader and to align Chinese medicine with today's bio-scientific medical culture.

The global dominance of bio-scientific medicine itself of course is the most significant socio-historical factor of all—not only its authority in all healthcare delivery systems everywhere, but in all forms of medical and health education, information, practice and research. The changes that have taken place over the last one hundred years have raised questions concerning the relevance of Chinese medicine's traditional methods, and collectively they present a significant challenge for the preservation of Chinese medicine as a distinct medical discipline.

When the Chinese authorities decided to modernise and scientise Chinese medicine their revisions included a number of projects aimed at standardising its theoretical and therapeutic content. For instance, pattern identification (辨证 *biàn zhèng*) was redefined so that it could encompass conflicting pre-modern diagnostic methods. The great success of the new pattern identification model was its capacity to also incorporate biomedical diseases into TCM diagnostic analysis [9]. To facilitate the newly developed

centralised teaching curriculum, disease (病 *bìng*) and pattern (证 *zhèng*) analysis had to be standardised and so did therapeutic principles, the actions medicinal substances, acupoint features and locations, treatment methods and a raft of related terms.

On the positive side, projects that standardise the English translation of Chinese medical terms have given Westerners access to the breadth and complexity of its technical language. Standardising and scientising Chinese medicine created disease classifications and treatment strategies with clear lines of separation. Moreover, standardised terms and diagnostic criteria gave the discipline a firm foundation for learning and promised to improve communication, education and the inter-examiner reliability of clinical practice and research [10-12].

The alignment with biomedical thinking and the standardisation of terms is only one example of how modernisation has affected the transmission of Chinese medicine. Importantly for many of these kinds of content changes and for a great deal of bio-scientific research into Chinese medicine, lies the assumption that it must be possible to test and utilise Chinese medicine from within a biomedical framework. And if scientising means removing traditional principles and concepts, then surely Chinese medicine could be made more efficient and more effective in the process [13-15]. This is a very persuasive option for health care professionals and researchers today.

Yet standardising terms and their translations is not without problems. When traditional terms are translated into bio-scientific terms, this leads to a sense that Chinese medicine is essentially similar to bio-scientific medicine [16]. Furthermore, the study of the evolution of Chinese medical terms shows that many of them have been used in quite different ways depending on the historical context. On the one hand, some source-based translation projects try to preserve historical contexts and connections; while on the other hand, the purpose of bio-scientific translations is to align pre-modern concepts with contemporary

scientific understandings. Using biomedical translations for Chinese terms in particular removes their contexts and meanings. When Chinese medical terms are removed from their contexts and meanings, this decouples them from their clinical strategies and methods. When that happens, bits of the tradition's inbuilt flexibility disappear. Its internal logic broken, and thousands of years of diversity are erased [6, 17].

2. Bio-sciences vs Social Sciences

Generally speaking, contemporary research into Chinese medicine follows one of two main directions: bio-scientific and social-historical-cultural. However, rarely does either direction actually assist Chinese medicine professionals with issues of clinical practice. On one side, scholars and researchers in the humanities and social sciences use textual and qualitative methods and are reluctant to engage directly with the practice of science or medicine. For instance, to take one branch of the social sciences, medical history, the model for this discipline separated scholarship from practice in the nineteenth century. This is the case no matter whether it is European or Chinese medical history. Since the nineteenth century historical, anthropological and textual researchers of China's medical traditions normally avoid discussing the implications of their work for clinical practice. On the other side, bio-scientific research methods are reductive and objective, and scientists are unwilling to engage with scholarship and research in the humanities and social sciences.

Today, evidence based medicine (EBM) research protocols are the clinical researchers' benchmark. Even though we know that Chinese medicine has been tested by systematic observation and repeatable results over a very long period of time, longitudinal reports of repeatability and clinical success are no longer regarded as evidence. For the design of clinical research and the reporting of results the EBM model now overrides all other criteria for therapeutic safety and efficacy and has become the determiner of best

practice [18-20].

Broadly speaking, bio-scientific and evidence based research investigate complex phenomena in a systematic way by isolating and testing their more simple parts. Their methodological constraints usually displace the diagnostic reasoning and basic principles of practice that are distinctive of Chinese medical practices. They alter traditional methods, standardise treatments, and remove clinical flexibility and responsiveness to client changes and variations. For instance, a Chinese medical technique, substance or bodily response is usually tested by removing it from the clinical setting. The "clinical setting" is a complicated place, and every single clinical instance is a unique encounter with a particular set of features, circumstances and relationships. Chinese medicine's traditional methods and practices are all about these features.

The general acceptances of the scientific approach today means that its methods and the knowledge produced are thought to be reliable, objective and widely applicable. Consequently, scientific medicine is not open to non-scientific views, and "to call a medical system "non-scientific" is to damn it as arbitrary, misguided, irrational, unsystematic, ineffective and probably a danger to health" [21]. This perception arose during the eighteenth and nineteenth centuries with the beginnings of the new sciences, including scientific medicine.

The work of Michel Foucault (1926-1984) established some relevant facts about the scientific perspective of the body [22]. The scientific perspective first appeared in Europe in the eighteenth century with the "Age of Enlightenment". This shift in thinking meant that rationality dispelled superstition and dogma; science gathered observable, measurable evidence and medical science employed objective methods to investigate the physical body. What was "new" about the new sciences was the development of scientific positivism and determinism. These required impersonal, systematic and rational experimental

models, and the new experimental models promised authoritative and objective findings. The nineteenth century's new scientific methods were premised on "scientific essentialism"—a belief that directs observation can avoid the unreliable and interpretive problems of representation.

Philosophical developments of the twentieth century however refute scientific essentialism. Postmodernism has shown that everything the author knows is known through representation, and Thomas Kuhn (1922-1996) has demonstrated that there is no clear distinction between observation and theory. Kuhn found that, far from being unassailable, the sciences are historically specific, they do not have tight deductive structures or a methodological unity, and their concepts are not especially precise [23]. Thus, anyone familiar with twentieth century philosophies of science is likely to question scientific objectivity and its assessment of medical practices. The historical, social, cultural and political origins of science and scientists are well known; and the author knows that scientific observations of the body are imbued with theoretical interpretations. Yet the knowledge produced by scientific methods is generally assumed to be untainted by interpretation, and the precision of biomedical technologies maintains a strong hold on the public mind today. Today's bio-scientific methods and evidence act as the overriding structures that organise all medical knowledge and exclude some types of knowledge.

In contrast to the research methods of bio-scientific medicine, impersonal objectivity is not a requirement of Chinese medicine's clinical methods even today. In fact ordinary and subjective information—the client's bodily experiences, their sensory perceptions and feelings, and the clinician's own observations and interpretations—are thought to be sufficient to understand the patho-mechanisms and patterns of illness. Chinese medicine's own diagnostic and therapeutic methods entail certain procedures and perspectives that ought to guide research designs and

the methodologies we use to investigate it. For instance, bio-scientific research that tests single acupoints or an isolated active constituent of a single medical substance on a specific disease ignores Chinese medicine's clinical approach, its widely adopted 'treatment according to pattern differentiation' method, and its complex, multi-component prescriptions.

As well as adhering to scientific standards, some researchers have been designing clinical research that does address Chinese medicine's diagnostic and therapeutic methods [19, 24-26]. Appropriate research designs and procedures support the ethical research principles of research integrity and merit; in addition, they help ensure the validity of research outcomes and their relevance for clinical practice.

3. The Medical Body

The medical body is not an objective, quantifiable entity or collection of phenomena; it is a social-political-cultural construct. The ways in which Chinese medicine and bio-medicine each view the body distil the differences that remain problematic for their smooth integration. These differences persist because, although the physical body itself is a material, non-discursive entity, their representations of it are always discursive.

Just like early Chinese representations of the medical body, modern European representations were constructed according to their favored notions of reality and methods of knowing. In other words, as the object of medical research the body is also the effect or outcome of the research approach and methods. Scholarship that explores historical, cultural and medical ways of looking at the body has clearly demonstrated this [27-31]. The differences in perspectives also explain why social scientists and historians of Chinese medicine and culture often contest contemporary interpretations of pre-modern Chinese ideas. Their research reveals sophisticated discourses built around a distinctive approach to knowing the world and the body-person. Their

investigations of early Chinese science and medicine challenge our assumptions regarding the universal biomedical reality of the body.

Pre-modern perspectives of the medical body are the basis of Chinese medicine's therapeutic intelligibility, efficacy and relevance. Only in recent years has the West been able to access more accurate translations of some ancient and pre-modern texts [32, 33-37], and it is this kind of research and scholarship that has given the English speaking profession much greater access to the depth and perspective of the Chinese 'medical gaze', and the coherence of its treatment methods. The recent growth of the source-based translations literature is just one example of the value of multidisciplinary research and scholarship from within the field of Chinese medicine and in adjacent areas, such as history, language and culture.

A synthetic approach to multidisciplinary sources can help English-speaking Westerners contextualise pre-modern concepts and their recent revisions to better understand traditional perspectives of the medical body. Although a synthetic approach ignores the currently accepted convention that separates academic scholarship and professional practice, it offers four important advantages for Chinese medicine and our professional evolution.

First, familiarity with the historical and cultural contexts of pre-modern medical ideas can assist Westerners without Chinese language to understand Chinese medicine's traditional perspectives. In this way, multidisciplinary sources restore the ideas that helped guide its investigations of the body. Second, the investigation of Chinese medical texts, concepts and practices that incorporates their historical, cultural and philosophical influences contests the simplified and biomedicalised version of Chinese medicine that's generally available in English speaking countries today. Third, the synthesis of scholarship and practice acknowledges the traditional connectedness between Chinese medicine's concepts and methods. A synthetic approach can help restore its traditional

philosophy-practice nexus.

Historically, Chinese medicine's philosophy-practice reflected the connectedness that the Chinese saw between the person and the cosmos, a worldview that can be found throughout the medical classics. A synthetic approach actually reflects China's pre-modern ways of knowing the world and the very same epistemic methods that Chinese medicine applied to its investigations of the body in health and illness. Thus, finally, and most importantly for Chinese medicine students, researchers and practitioners today, a synthetic approach demonstrates the relevance of traditional ideas for contemporary clinical practice.

4. Concluding Remarks

The immense changes of the last one hundred years are affecting the transmission and evolution of Chinese medicine in the West. The non-TCM social sciences research provides access for English speaking Westerners to traditional Chinese representations of the medical body and deepens our reading of contemporary TCM textbooks. Multidisciplinary sources challenge the Chinese medicine profession in the West to investigate Chinese medical history, texts and language as integral to our professional education and evolution.

Clearly it is possible to better inform the English speaking profession, and by all accounts the correct understanding of the Chinese medical body is much more than a key aspect of the clinical encounter: it is linked to the effectiveness of its therapeutic interventions. On that basis alone traditional concepts and practices are worth investigating on their own terms and without using bio-medicine as the scientific standard and interpretive filter.

To whatever extent the profession can achieve and convey a deeper understanding of Chinese medicine's distinctive philosophy-practice nexus, Western English-speaking educational, practice and professional outcomes will benefit. Greater precision with technical terms and conceptual models will assist

communication and exchange between Chinese medicine researchers and professionals internationally. Researchers will be better able to take Chinese medical conceptions into account, to design appropriate methodologies for clinical research and to engage in Chinese medicine research from a position of scholarly rigor and clinical relevance. To whatever extent students, researchers and practitioners of Chinese medicine are able to cultivate a more traditional Chinese medical gaze, the coherence between its conceptual models, the clinical process and the logic guiding therapeutic decisions becomes more and more evident and pragmatic.

Acknowledgements

The paper is based on an oral presentation the author was invited to deliver at the *World Federation of Acupuncture Societies Conference, From the Classical to the Modern: Advancing Global Health through Acupuncture and Traditional Medicine*, in Sydney, November, 2013. An earlier version of some of the content was published in the *Australian Journal of Acupuncture and Chinese Medicine* in February 2013.

References

- [1] Garvey, M. 2011. "The Transmission of Chinese Medicine in Australia." *Portal Journal of Multidisciplinary International Studies [serial on the Internet]* 8 (2). <http://epress.lib.uts.edu.au/ojs/index.php/portal/issue/view/122/showToc>.
- [2] Zhu, P. F. 2004. "Communicating Traditional Chinese Medicine Across Cultures: Rhetorical and Linguistic Challenges and Possible Solutions." Doctoral thesis, The Texas Tech. University.
- [3] Andrews, B. J. 1996. "The Making of Modern Chinese Medicine, 1895-1937." Ph.D. thesis. Cambridge: University of Cambridge.
- [4] Taylor, K. 2005. *Chinese Medicine in Early Communist China, 1945-1963: A Medicine of Revolution*. London: Routledge Curzon.
- [5] Unschuld, P. U. 1992. "Paths to Asian Medical Knowledge." In *Epistemological Issues and Changing Legitimation: Traditional Chinese Medicine in the Twentieth Century*, edited by Leslie, C., and Young, A. Berkeley: University of California Press.
- [6] Farquhar, J. 1987 "Problems of Knowledge in Contemporary Chinese Medical Discourse." *Social Science and Medicine* 24 (12): 1013-1021.
- [7] Hsu, E. 1999. *The Transmission of Chinese Medicine*, Cambridge: Cambridge University Press.
- [8] Scorzon, C. 2002. "The Role of Acumoxa Textbooks in Teaching and Learning Chinese Medicine in Contemporary China: A Historical Analysis Based on Literature Research and Interviews with Textbook Compilers and Users." Master thesis. University of Wales and the Northern College of Acupuncture.
- [9] Hinrichs, T. J. 1998. "New Geographies of Chinese Medicine." *Osiris* 13: 287-325.
- [10] Ergil, M., and Ergil, K. 2008. "The Translation of Chinese Medical Texts Into English: Issues Surrounding Transparency, Transmission, and Clinical Understanding." In *Thieme Almanac 2008*, edited by McCarthy, M., Birch, S., and Dhaenens, C. Stuttgart: Thieme.
- [11] Tessenow, H., and Unschuld, P. U. 2008. *A Dictionary of the Huang Di Nei Jing Su Wen*. Berkeley: University of California Press.
- [12] World Health Organisation. 2007. *World Health Organisation International Standard Terminologies On Traditional Medicine in the Western Pacific Region*. Geneva: World Health Organization.
- [13] Wiseman, N. 2001. "The Transmission and Reception of Chinese Medicine: Language, the Neglected Key." *Clinical Acupuncture and Oriental Medicine*.
- [14] Xie, Z. F. 2002. *Classified Dictionary of Traditional Chinese Medicine*. Beijing: Foreign Languages Press.
- [15] Xie, Z. F. 2003. *On The Standard Nomenclature of Traditional Chinese Medicine*. Beijing: Foreign Languages Press.
- [16] Waldram, J. B. 2000. "The Efficacy of Traditional Medicine: Current Theoretical and Methodological Issues." *Medical Anthropology Quarterly* 14 (4): 603-625.
- [17] Farquhar, J. 1994. *Knowing Practice: The Clinical Encounter of Chinese Medicine*, edited by John Comaroff, P. B., and Bloch, M. Boulder: Westview Press.
- [18] Li, Y., Wu, T., Shang, H., and Yang, K. 2008. "Strategies for Promoting the Development of Evidence-Based Medicine in China." *Journal of Evidence-Based Medicine*, [Original Article].
- [19] MacPherson, H. 2005. "Evidence-Based Acupuncture—a Challenge Ahead." *Asian Medicine: Tradition and Modernity* 1 (1): 149-161.
- [20] Zhu, X. S., Carlton, A-L., and Bensoussan, A. 2009. "Development in and Challenge for Traditional Chinese Medicine in Australia." *The Journal of Alternative and Complementary Medicine* 15 (6): 685-689.
- [21] Cunningham, A., and Andrews, B. 1997. "Western

- Medicine as Contested Knowledge.” *Western Medicine as Contested Knowledge*, edited by Cunningham, A. and Andrews, B. Manchester: Manchester University Press.
- [22] Foucault, M. 2003. *The Birth of the Clinic*. London: Routledge Classics.
- [23] Kendall, G., and Wickham, G. 1999. *Using Foucault’s Methods*, edited by Silverman, D. London: Sage Publications.
- [24] Greenwood, M. T. 2007. “Acupuncture and Evidence-Based Medicine A Philosophical Critique.” *Medical Acupuncture Online Journal: A Journal For Physicians By Physicians [serial on the Internet]* 13 (2, article 4). http://www.medicalacupuncture.com/aama_marf/journal/vol13_2.
- [25] Hammerschlag, R. 1998. “Methodological and Ethical Issues in Clinical Trials of Acupuncture.” *The Journal of Alternative and Complementary Medicine* 4 (2): 159-171.
- [26] MacPherson, H. 2004. “Pragmatic Clinical Trials.” *Complementary Therapies in Medicine* (12): 134-140.
- [27] Kuriyama, S. 1999. *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*. New York, London: Zone Books.
- [28] Scheid, V. 2007. *Currents of Tradition in Chinese Medicine 1626-2006*. Seattle: Eastland Press.
- [29] Scheper-Hughes, N., and Lock, M. M. 1987. “The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology.” *Medical Anthropology Quarterly*, New Series 1 (1): 6-41.
- [30] Sivini, N. 1995. *Medicine, Philosophy and Religion in Ancient China: Researches and Reflections*. Aldershot, UK: Variorum.
- [31] Wu, Y. L. 2010. *Reproducing Women: Medicine, Metaphor, and Childbirth in Late Imperial China*. Berkeley: University of California Press.
- [32] Mitchell, C., Feng, Y., and Wiseman, N. 1999. *Shang Han Lun—On Cold Damage: Translation and Commentaries*. Brookline: Paradigm Publications.
- [33] Wilms, S., ed. 2009. “Prolegomena to Sun Simiao’s Bei Ji Qian Jin Yao Fang” In *Bei Ji Qian Jin Yao Fang: Essential Prescriptions Worth a Thousand in Gold for Every Emergency on Gynecology*. Vol. 2-4. Portland: The Chinese Medicine Database.
- [34] Wilms, S. 2010. *The Great Compendium of Acupuncture and Moxibustion: 针灸大成 Zhen Jiu Da Cheng*. Portland: The Chinese Medicine Database.
- [35] Zhang, Z. J. 2013. *Jin Gui Yao Lue: Essential Prescriptions of the Golden Cabinet, Translation and Commentaries*. Translated by Wiseman, N., Wilms, S. Taos, New Mexico: Paradigm Publications (originally c. 200).
- [36] Unschuld, P. U., and Tessenow, H. 2011. *Huangdi Neijing Suwen*. Berkeley: University of California Press.