



CHINESE MEDICAL CULTURE

2016 夏季刊
Summer

夏三月
此謂蕃秀
天地氣交 萬物華實 夜臥早起
無厭於日 使志無怒 使華英成秀
氣得洩 若所愛在外 此夏氣之應
養長之道也 逆之則傷心
秋為瘡 奉收者少 冬至重病

Faith in Medicine

A Contemporary Look at Old Thinking

The Legendary Shen Nong Who Tasted Hundreds of Herbs

Herbal Diet in Summer



International Guests Gathered in Shanghai for the Commemoration of the 60th Anniversary of the University



At the special occasion of the 60th anniversary of the founding of the university, international guests from overseas partner institutions have come all the way to celebrate and witness this grand ceremony. At the commemorative ceremony of the 60th anniversary, 198 international guests from more than 20 countries and 70 universities, hospitals, enterprises, associations, and governmental organizations were present. President of Paris Descartes, Frederic Dardel addressed in the ceremony, extending his very best wishes. President of Augusta University, Brook A. Keel, President of University of Malta, Juanito Camilleri, CEO of Inova Health System, the Second Mayor of Hamburg in Germany, Katharina Fegebank, as well as President of ISO/TC 249, David Graham sent their wishes and gracious support to the university.

The university held the high-level forum for Overseas Partner Institutions and the sub-forum of international education, as well as the Symposium of Global University Network of Traditional Medicine. President of the University, Xu Jianguang (徐建光) and other leading officers held 20 bilateral meetings with overseas cooperative partners, which consoli-

dates friendship between the university and partner institutions and expand cooperative fields. The University of Auckland and Semmelweis University have signed cooperative agreements with the university respectively, providing more opportunities for faculty members and students.

The 60th commemorative ceremony has fully demonstrated the comprehensive capacity in medical teaching and research. The international guests expressed their appreciation to the rapid development of internationalization in the university, and extended wishes to develop further cooperation in education, medicine, scientific research and other areas.



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Interview with Doris Rathgeber

A Westerner as a TCM Doctor in China

By Daniela Donoso (Venezuela), Haiying Li (李海英) and Erliang Wang (王尔亮)

The traditional Chinese medicine (TCM) and holistic medicine clinics, Body and Soul, managed by German TCM doctor Doris Rathgeber, are spread throughout the central areas of Shanghai, China. The clinic is mainly aimed at foreigners and Chinese as a place to receive diagnostics and treatments based on the theories of traditional Chinese medicine (TCM). The clinics are also well equipped with laboratories to perform Western diagnostic tests and pharmacies to apply Western and Chinese medication right after consultation.

These clinics did not come about overnight. Doris, wife of a German businessman and mother of one son, came to China 21 years ago to accompany her husband and establish a new life in the unknown Asian continent. She made the decision to study the Chinese language for a few years in order to pursue her interest in Chinese culture. Her Chinese friend was a well-known TCM doctor and Gynecologist at that point and enrolled her into the program at the Shanghai University of Chinese Medicine, after noticing her interest in medicine.

Doris in the Xintiandi Clinic



This began Doris' journey in the field of Traditional Chinese Medicine: After having dedicated many years to a career in IT Sales, she spent her next years in the discipline of TCM, studying hard and demonstrating her usefulness and accuracy in practice. One year after graduating from the program, in July of 2004, together with her Chinese partners, she decided to start her own clinic with the purpose of targeting westerners, offering comprehensive Chinese medicine and integrating diagnostic methods of Western medicine. Since then, her clinic has grown throughout the years and now comprises of four locations. Between patients and conferences, Doris has achieved an important role as a spokeswoman for TCM. Her success encourages people to open their minds and get closer to ancient medicine.

We had the opportunity to hold an interview with her at one of her clinics on a regular working day. Here I share the most meaningful comments about her beginning and experience in the course of her constant study and practice of Chinese medicine.

Question: How come, as a foreigner and IT sales woman, you got interested in traditional Chinese medicine?

Doris: I was always interested in medicine. Here in Shanghai, I started to study Chinese. I then wanted to study something which was related to history, culture and medicine. My friend (Doctor Liu), who now works with me in the clinics, introduced me to traditional Chinese medicine and enrolled me at the Shanghai University of Traditional Chinese Medicine.

Both western medicine and Chinese medicine have a decent and logical theory. And only if we can use the theory correctly, can we help the patient. Both systems have their own approaches and are empirically proven. In my clinics, we practice both medicines on a result-based basis to successfully treat patients.

Question: What were your first concerns about TCM at the beginning of your studies?

Doris: I was worried I would never understand what they were talking about.

Question: What did you identify with and find most of interesting about TCM in the beginning?

The first two years I did not understand anything, I was not clear about the philosophy of Yin and Yang, five elements and the difference between western medicine and Chinese medicine. I didn't understand at that time that the medicine was so



Acupuncture room in Xintiandi

related to the philosophy of the country. Only in the last 3 years of my studies did I realize the big difference between western medicine and Chinese medicine and this led to my fascination of traditional Chinese medicine and its cultural background. In the western world the idea of Qi (气) doesn't exist, and in TCM everything is about Qi. If we compare the 4-element theory (western medicine) with the 5-element theory (Chinese medicine), we realize they vary greatly: the western philosophy integrates the wind, a non-material element while the Chinese philosophy integrates only substantive elements and the only non-material element is the moving energy: the Qi. It is fascinating how the understanding of Qi in humans leads to a whole comprehension of human healing.

At the beginning, I became fascinated with the empiric approach of taking the pulse, watching the tongue and the conclusion of pulse and tongue reflect a symptom...where you can see what is happening before the patient can tell you.

Question: What is your basic diagnostic procedure?

Doris: We follow the classic “wang, wen, wen, qie” (望、闻、问、切). We first check the outer appearance, the spirit of the patient, and the spirit of his eyes and then ask what can we do for him and why the person is here. We collect all the subjective symptoms and then we do the pulse diagnosis and tongue diagnosis. If needed, we additionally proceed with western diagnostic methods like lab tests, ultra sound, X-ray and so on.

When a patient comes in, we have to figure out if he came with a disease that might need western medicine. For example, if the patient suffers from pneumonia, we cannot treat him only with Chinese herbs. We have the responsibility to do a chest CT scan, lab blood tests and prescribe antibiotics. Patients may think it is normal that we combine TCM and western medicine, but it is not. In China if you go to Chinese doctors, they will normally only use Chinese methods to treat patients, and the same with western medicine, where they will use western conventional methods to treat patients. That is what makes us different: we consider both, depending on the case, trying to meet the complete needs. We are pro-

viding high quality medical care for patients seeking to be treated as naturally as possible yet as scientifically as necessary.

Question: Do you think that it is difficult for foreigners to understand the concept of traditional Chinese medicine, to try TCM for treatment when they are sick?

Doris: It is not only difficult for foreigners; it is also difficult for Chinese. It is necessary to translate ancient medical concepts to modern society's needs and communicate about it correctly. In order for people to consider TCM as an option, it is only a matter of explanation.

Question: In which field do you think that TCM reaches its highest potential?

Doris: In any of the following: internal medicine, gynecology, pediatrics, dermatology, pain management and so on. Activities, lifestyle, exercise like Qi Gong (气功), Tai Chi (太极), nutrition... it is the complete medical system; it is a way of thinking, a philosophy of life. And it was developed so much earlier.

Waiting Room at Xintiandi



Question: What conditions do you think TCM can't treat?

Doris: Appendicitis, all acute infections which need antibiotics, heart attack, stroke, cancer. We can only cure symptoms, but not assure a 100 % cure.

Question: How do you apply TCM philosophy in your daily life as a professional, wife, mother and woman?

Doris: I don't know anymore because it's so natural to me. I check my son's pulse, my husband's tongue, even my dogs and my cats. I treat them all with Chinese medicine, with massage and so on. I use herbs. In our house, nobody sees the doctor. We exercise regularly, we eat healthy, and we try to do our best to stay healthy. But we are also a normal family; sometimes we eat fast food, we are lazy, we watch TV, we eat sweets and we drink alcohol.

Question: Is there any remarkable experience in your TCM path, which has changed your point of view in your personal life, and as a doctor?

Doris: In the very beginning of my studies, finishing my second year, my husband had a cough and went to a German lung specialist who gave him a cortisol spray for it. I went back to the university and I told my teacher, I did a diagnosis and she immediately prescribed some herbs for him and told him to stop the spray. It took one week and his cough was gone. Since then my husband is convinced by TCM. And that's what I am saying, the empiric approach of watching the tongue and take the pulse is very important.

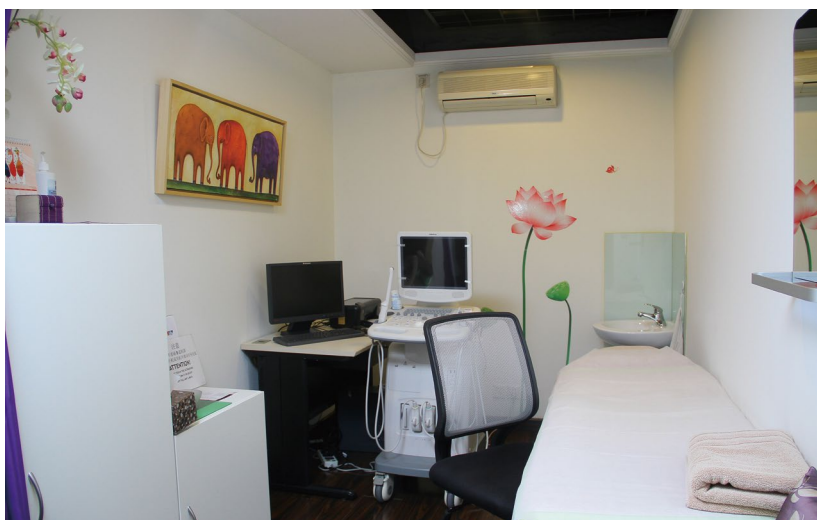
TCM doctors have a close relationship with the patient: we touch, we see, we smell, we ask. We try to get close to the patient so we can better figure out where symptoms/problems come from. We ask about emotions and personal life.

Question: How did you apply the TCM philosophy to set up Body & Soul?

Doris: Body & Soul offers a calm and professional environment: Patients have space and can share their

Needle treatment in the clinic





Ultrasound room



Doris' consultation room in Pudong

problems. We have doctors who listen, that is why we have half-hour to one hour consultation times.

Question: As a doctor and former student, can you give us a short explanation why people should get interested in TCM and how they can use it?

Doris: I can not ask people to get interested in Chinese medicine, I can only remind people to live close to nature and observe the whole body. Slight imbalances can be improved by tiny TCM manipulations and treatments.

You can easily compare the TCM view of the body with the traffic of the streets. If you have a little traffic jam on a tiny road and you don't take care of it, the traffic jam will extend to the next intersection and then on to the next, until it turns into complete chaos. But if we would have been taking care of that little traffic jam in the very beginning, the traffic would have been smooth, and this applies to the body as well. If you have a tiny little pain and you go see a TCM doctor, with a small manipulation or treatment, you can get rid of the blockage of Qi and get the Qi flow again. If you wait, your knee pain becomes a hip pain, your back pain will turn into shoulder pain...until it turns into something serious. According to Chinese medicine, you need to grab the problem very early with light methods instead of waiting too long when you'll need heavy methods. I encourage all the people to try it out for something small and get confidence in it, and to try it for bigger health issues.

Question: What plans do you have for the future?

Doris: To learn more about TCM, to understand it better, to help more people get treated by high quality TCM and to make efforts of integrating TCM with Western Medicine.

Question: What ancient book or author do you identify with and why?

Doris: My favorite is Simiao Sun (孙思邈 581-682) from the Tang Dynasty (唐代 618-907), because he investigated into infertility treatments. He found out that



Doris and Body & Soul nurses visiting the Heart to Heart children



Waiting room Hongqiao Clinic



Cupping treatment

men could also be responsible for infertility problems. He was the one who came up with the Chinese medical ethics, notably stating that "Doctors' priority should be to heal patients and treat them all alike in spite of their background, wealth, age or ethnicity."

Question: What plans do you have for the future?

Doris: To learn more about TCM, to understand it better, to help more people get treated by high quality TCM and to make efforts of integrating TCM with Western medicine.

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Faith in Medicine

A Contemporary Look at Old Thinking

By Evan Pinto (USA)

Traditional Chinese Medicine (TCM) is an independent and self-contained medical system that is, obviously, from China and is, as its name says, based on long standing, traditional concepts and theories. And yet, the majority of people nowadays, even in China, don't consider it "Medicine". Mostly because it is not regarded as being "scientific enough". Scientific reasoning is based on search and re-search with repeatable results. No matter who conducts the experiment it will have the same results. The evolution of mankind's thinking from a ritual and tradition based paradigm to a more empirical and evidence based one has resulted in the fast development and dispersion of technologies that have changed life as we knew it, largely for the better. Humans are living longer and healthier lives because of western biomedicine. That's a fact. Diseases once thought terminal are now eradicated. The sharing of information between medical institutions has never been easier or more beneficial. And yet, millions of people continue to use traditional medical systems to treat and cure their conditions. Why are we still clinging to the old ways when the new methods seem so promising and full proof?

Because western biomedicine has its limits. There are many illnesses that western biomedicine just can't treat. Autoimmune disorders like psoriasis and rheumatoid arthritis (RA) are examples of just how far western scientific medicine has yet to go. The research on these diseases is vast and prolific but no effective treatment has been discovered yet. This may be because the building blocks, the fundamentals, of biomedicine do not possess the nuance and subtleties necessary for these conditions. Hormones and enzymes are highly complex and their actions are not completely understood, as of now. Hopefully one day we will understand every aspect of the etiology of disease. We need to strive for it always.

However, TCM has been proven to treat autoimmune syndromes quite effectively. Research published in the Clinical Journal of Chinese Medicine (Wang et al., 2014) demonstrated significant positive patient outcomes with a herbal formula: Gui Zhi Shao Yao Zhi Mu Decoction (桂枝芍药知母汤). The total effective rate for acupuncture plus Gui Zhi Shao Yao Zhi Mu Decoction (桂枝芍药知母汤) was 95.08%. Notably, the acupuncture plus herbal medicine study group significantly outperformed a drug therapy group. This study is consistent with the findings of Ouyang et al. (2011) whose research concludes that electroacupuncture **"could effectively lower the contents of tumor necrosis factor- α (TNF- α) and vascular endothelial growth factor (VEGF) in peripheral blood and joint synovia to improve the internal environment for genesis and development of RA, so as to enhance the clinical therapeutic effectiveness."** Manual acupuncture and electroacupuncture significantly reduced both blood and synovial joint levels of TNF- α and VEGF for patients with rheumatoid arthritis. However, electroacupuncture

lowered VEGF more significantly than manual acupuncture. The evidence is clear and the study was peer reviewed and deemed sound.

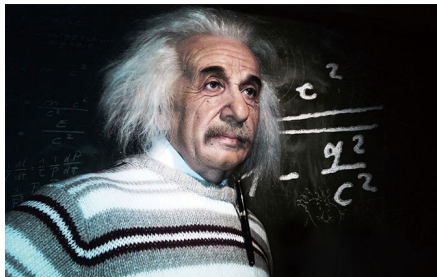
But still, the scientific community has its doubts that TCM works. Many call it placebo, quackery, snake oil, and just plain fake. They will not accept the results of countless studies and trials that show proof of TCM efficacy. Usually their argument starts with the classic question so often heard by TCM practitioners: "Do you believe in Chinese Medicine?" As if to say it's a faith-based medical system that only true believers can benefit from. Must it be necessary to believe 100% in all the aspects and intricacies of TCM and its two millennia of practice and utility? The underlying message seems to be this - if one small aspect of TCM, which has now become marginalized and discredited is found to still be used, then the whole medical system is ineffective and should not be utilized in any way. One bad apple ruins the whole cart. Insurance companies still decline payment for certain conditions because "acupuncture is regarded as an experimental, unproven and not widely used approach". This all or nothing perspective permeates throughout modern high tech society. And yet, 95% of the subjects in the RA study found relief and better quality of life due solely to their participation in the TCM study.

So, the criticism of TCM seems unjust and even a little misplaced. If the scientific community truly is practicing its own constructs and precepts of asking questions and finding answers, then it seems to be hypocritical. It is displaying contempt prior to investigation. This is the root of almost all societal ills and problems. Most people who have gone through a rough patch have eventually come out realized that the negative feelings of fear and worry were due to not truly understanding and knowing the thing with which they resisted. Change is not easy but it's inevitable. The human race has always progressed, sometimes slowly, sometimes quickly. But nevertheless, it has always been moving forward and becoming more accepting of the things once thought blasphemous and controversial.



Scientific Evidence Quotes

But what is interesting and somewhat counterintuitive is that it is exactly these moments of resistance that bring about new ways of accomplishing difficult tasks. The doubters and the skeptics help to balance out the blind faithful in their rush towards modernity and revolutionary change. For example, the research and development of new pharmaceuticals is usually 12-15 years. During this time, many hypotheses are tried and proven ineffective. What would happen if drugs were immediately available without the proper testing and trial periods? Irreparable harm to thousands of unsuspecting patients would be the result.



Albert Einstein

It is the role of the practitioner to protect and heal the patient. The patient places his or her trust in the practitioner or researcher's skill. This trust is faith in medicine, faith in the practitioner, and faith in the research and evidence. Chinese medicine has come to this point through thousands of years of observation and application. Western biomedicine has come to this point through testing and laboratory research in only the last 150 years.

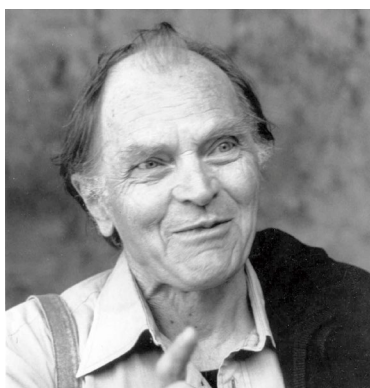
Do patients need to have faith in their medicine for it to work? Not exactly. It's more likely the patient has to have faith in the practitioner. The role of faith in medicine has become confused and misused. The scientific community has tried to eschew the faith aspect because it is not measurable. No quantitative outcome can be reached and repeated. Faith is very individual and particular to the patient, and also the practitioner. So science doesn't use faith as a yard stick, even though it very much is present during a treatment. Chinese medicine takes into consideration the mechanical, emotional, and spiritual aspects of the patients conditions simultaneously. Western biomedicine is purely looking for the mechanical problems with hormones and enzymes. TCM looks at Qi and the balance of Yin and Yang for pathways to better health. The physiological Qi (正气) of each organ has a specific yin-yang balance different than the other organs. For example, the heart is a fire organ, so its Yang will be much greater than its Yin. Whereas the kidney is a water organ so its Yin will be greater than its Yang. When the heart and the kidney are measured against each other, the fire and water balance each other and should be equal to attain optimal health. Western medicine rarely, if at all, looks for the balance between the heart and kidney. For example, hypertension or high blood pressure (HBP) is a common western medical diagnosis. Many patients believe that the heart has something wrong with it causing the blood pressure to rise. But in actuality, the majority of HBP diagnoses involve the kidney's filtration system and peripheral arteries having some narrowing or stenosis pushing up the pressure. Since most patients are mistaken and don't know the kidney controls blood pressure, they must put their faith in the practitioner for a proper diagnosis and treatment.

Being skeptical about western science has its problems as well. Many people who are not scientists trust that the researchers and pharmaceutical companies are conducting their projects with honesty and integrity. But, many times, studies are skewed to highlight the desired outcome without taking all aspects into consideration. Smoking was once tested to have no abnormal health risks. This obviously has been proven incorrect and false. But the study was seemingly conducted by scientists who sought the truth. It's these types of scientists, the ones who search for a predetermined finding and one that is beneficial to their point of view, who downplay TCM efficacy. Being skeptical about one medical system

and fully accepting of another is dishonest and unscientific. And yet many contemporary researchers base their findings on the results of earlier dishonest scientists. In the realm of astronomy and physics, today's physicists use Einstein's theories as a basic foundation for their studies. They have faith that Einstein was correct. They don't actually take the time to once again prove Einstein's theories because the scientific consensus is overwhelming. But this trust is a form of faith in science. Interestingly, Einstein's contemporaries didn't support his theories at the time. Some had faith, some didn't. Using this construct in the medical realm, who should a patient believe in the innovator or the traditionalist? Is it necessary for each and every practitioner to research the scientific precepts that his or her diagnosis is based on? No. The textbooks are considered correct and trustworthy. The medical student has faith in the author's work.

The certainty of science comes under scrutiny when a failed treatment is delivered to a patient. But how much critical analysis is healthy? How long does the criticism need to go on for? When will the patient get confused enough to just surrender to the intricacies of western medicine and simply trust the physician knows what is best?

Scientific philosopher Paul Karl Feyerabend (1924 -1994) was an



Paul Karl Feyerabend (1924 -1994)

Austrian-born philosopher of science best known for his work as a professor of philosophy at the University of California, Berkeley, where he worked for three decades (1958–1989). He criticized science for not having evidence for its own philosophical precepts. Particularly the notion of Uniformity of Law and the Uniformity of Process across time and space, as noted by Steven Jay Gould. "We have to realize that a unified theory of the physical world simply does not exist" says Feyerabend, **"We have theories that work in restricted regions, we have purely formal attempts to condense them into a single formula, we have lots of unfounded claims (such as the claim that all of chemistry can be reduced to physics), phenomena that do not fit into the accepted framework are suppressed; in physics, which many scientists regard as the one really basic science, we have now at least three different points of view...without a promise of conceptual (and not only formal) unification".** In

other words, science is begging the question when it presupposes that there is a universal truth with no proof thereof.

The questioning of Feyerabend regarding the absolute accuracy of science, may seem controversial and even naïve to the untrained. But it allows us to acknowledge that many of today's scientists have faith that their predecessors were correct. Therefore, modern science can be said to be largely based on faith and not basic science. They did indeed pave the way for further scientific development, but their disciples haven't questioned or challenged their findings quite enough to be truly evidence-based.

This is not the first time this has happened in medical history. During the Song, Jin, and Yuan Dynasties (10th to 14th Centuries), TCM has become so vast and varied that it was seemingly impossible for new doctors to study and learn all the texts and formulas of herbal medicine. The famous text *Tai Ping Hui Min He Ji Ju Fang* (《太平惠民和剂局方》 *Formulary of the Pharmacy Service for Benefiting the People in the Taiping Era*) was compiled from 1078 to 1107 and contained over 16,000 entries. The chances for corruption and poor treatments increased greatly. According to Dan Bensky et al in his *Formulas & Strategies* (2nd Ed, 2009) **"the plethora of formulas for different complaints**

had a tendency to stretch or even break the connection between formulas and the theoretical understanding of the conditions for which they were indicated. This encouraged the practice of symptomatic medicine in which there was no theoretical structure to enable the practitioner to adapt and fine tune the formulas for a particular patient.” Understandably, every doctor wants to be distinguished and set apart from his or her peers for having discovered or perfected a new treatment technique. This dilution of the core medical principles happened slowly over many generations, which illustrates that disciples had faith in their teachers’ knowledge. As each new medical school student graduated and began to treat patients, they hoped and trusted that their education was correct and up to date. The same holds true today. But students have almost no way of being certain that their education is true and trustworthy. What can they compare it to? One method to insure education integrity is to have many masters, and to read many books or commentaries, which is traditional in TCM. But the commentaries have become widespread and thus diluted. And having too many masters can become confusing. So, the medical community in China decided to scale back the acceptable formulas to a more manageable number. New ways of categorizing the formulas were developed and diagnosis became much more nuanced. Some may see this as censorship and control over less powerful, less connected physicians. But it can also be viewed as a necessary slowing of the fast paced march of progress. Three major facets of diagnosis all came about during this time period as a reaction to the number of entries contained in the texts. The Eight Principles of Diagnosis (Yin or Yang, Internal or External, Excess or Deficiency, and Cold or Hot), the Zang Fu channel theory (each herb enters a specific channel), and the Pathogen theory of external, internal or miscellaneous etiologies all helped to retain integrity while improving the techniques.

Meridians in TCM



Now, what about a religious foundation of TCM? Is it necessary to be a Daoist to benefit from acupuncture and herbs? Must patients offer Hong Bao (红包 red envelopes) and burn Min Bi (冥币 paper money) at the temple for their tuina to be effective? It's true that TCM is largely rooted in Daoist theory. But, upon further study of Daoist theory, it is noticeable that the natural world takes center stage in the dogma of Daoism. The entire universe is made of Qi and this Qi has both Yin and Yang qualities. The Dao is famously undefinable. And in Chapter 19 it states:

“Give up religiosity and knowledge, and the people will benefit a hundredfold. Discard morality and righteousness, and the people will return to natural love. Abandon shrewdness and profiteering, and there won't be any robbers or thieves. These are external matters, however. What is important is what happens within: look to what is pure; hold to what is simple; let go of self-interest, temper your desires.”

This explicit eschewing of religion and its prescriptive, top down morality allows for individuals to pursue and achieve happiness however they feel is most effective. The casualness of Daoism is antithetical to all other major religions. Furthermore, the lack of a solo omniscient deity in Daoism highlights the non-religious aspect. Daoism is more of a personal philosophy on how to live life, than it is a religion. So, having faith in the traditional sense of one god who is all powerful and all knowing doesn't come into play in Daoism. And to state the point again, since TCM is rooted in Daoism, and Daoism is not a religion, then TCM is not a faith-based medicine. TCM is a philosophical and independent medical system in which humans are considered part of the natural universe and are subject to the physics of the universe just as all entities are. Humans are not separate from the universe and its energetics. Humans are part of the entire system and therefore have the same reactions to stimuli as all other sentient beings.

In conclusion, western biomedicine is an indispensable and beautiful system of medicine that has increased life expectancy and quality of life for the human race. But not for all conditions. Most illness can also be effectively treated using TCM, which is also indispensable and gracefully nuanced. Over time the details and minutiae of both systems have become so vast that most medical practitioners have chosen to specialize in one area. They study the texts and learn from their teachers and masters and trust that the transfer of knowledge is authentic, honest, and has integrity. Patients also trust that their doctor will offer a cure and eliminate their suffering. This is a form of faith that is rarely discussed in medical communities. Faith usually gets confused with religious piety. Faith is not just religious but also scientific and cultural. Having faith in medicine is just as prevalent in biomedicine as it is in TCM. And the patient does not have to be a true believer for the treatment to be effective.



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The Cultural Hotspot

Traditional Chinese Medicine, Chinese Faculty, and Their Students in America

By Paula Bruno (USA)

Chinese medicine as a concept and as a social exchange takes place not only in the clinical setting. In its place of origin, China, the acquisition of Chinese medical knowledge and its ultimate dissemination in the doctors' offices and in hospitals encompass concepts and performances that are embedded within a lengthy and well-known tradition and history. This of course is not the case in other countries. What traditional Chinese medicine means — its signifying practices and semantic values — undergoes a radical shift as it leaves the borders of its homeland. For the purposes of this paper, and given my own subject position, I will confine most of my discussion to developments in the United States and include only passing reference to European countries. Indeed, from my perspective as a former professor of Spanish literature, culture, and language who is currently studying Chinese medicine, the process of acculturation and enculturation — not only of American students in the classroom but also of their Chinese professors at the head of the classroom — represents a fascinating “cultural hotspot” in the construction of notions surrounding Chinese medicine. Another aspect is, of course, the treatment room and the herbal pharmacy and how these locations factor into ideas and idealizations surrounding Chinese medicine. Cultural ideals surrounding Chinese medicine have their effect on not only the classroom and the clinical experience, of course, but also on the personal experience of the consumers, or patients, who receive it in an effort to become or to remain healthy.

Chinese medicine arrived in the United States in the 1970s and, to date, there are over sixty schools of acupuncture and oriental medicine in the country. Faculty at such schools generally will be comprised of a mixture of American instructors and Chinese clinical and teaching faculty with varying levels of cultural competence and linguistic skill in English. Their students, on the other side of the classroom desks, are equally varied in their levels of cultural competence and sophistication or lack thereof. Though I cannot speak to how a Chinese person feels when standing at the front of a classroom and staring into a sea of non-Asian faces, I am certainly qualified to remark upon language, language acquisition, and American classrooms. Like many literature doctorates that specialized in literature, I also taught language (mostly Spanish but with several years of Italian teaching too) at the university level over the course of my eighteen years in academia. As a Spanish professor of Italian-American origin, I knew that not all of my students would have the opportunity to study in Spain or Italy. To a certain extent, I represented Spain and/or Italy for my students. Given that a student in the United States at an acupuncture school is even less likely to go to China for

any length of time, it is safe to say that our Chinese professors are representative of China for us. Though complementary and alternative medicine is growing in popularity, usage, and the cultural imaginary in the United States, TCM is still somewhat “foreign” to many Americans. How a student of TCM perceives his or her Chinese professors and how a patient may interpret the postures of the Asian supervisor in a clinic still is, at present, part and parcel of an intercultural exchange and learning process.

I left academia with some reluctance; like many of my generation of academics, shifts in hiring practicing (from tenure track to largely contingent and adjunct positions) meant that I had to decide whether I wanted to be a professor — even if that meant less-than-ideal conditions — or if I wanted to have a life that extended beyond simply having a professional identity. Following several excellent visiting faculty positions and a respectable publication record, I felt like it was time to see if there was anything beyond the academy for me. And yet, after completing an undergraduate degree with a double major in comparative literature and Italian, a master’s degree in Italian literature, a second master’s in Hispanic literature, and a Ph.D. — again, as a Hispanist — I did not expect to find myself in the classroom yet again, much less as a student. To this day, I still remember how utterly stunning it was to hear a Chinese accent coming from the front of the room. I could barely understand the instructor and I was genuinely frightened of her. Now, of course, I can laugh about it (especially since the faculty member in question is one of the nicest, most gentle teachers at my school) but at the time I was astounded. And, interestingly enough, I finally understood why students had been at times frightened by me in the classroom. I was so accustomed to Spanish and Italian — to me, these languages do not sound fast, loud, or confusing — and until I sat in this classroom and listened to the first day’s lecture in Point Locations I, it never really penetrated my consciousness, just how scary it might be to hear one’s teacher rattling away in a language not my own. To an ear trained for Spanish, Italian, or English, this English spoken by a Chinese native speaker sounded impenetrable and sharp and incomprehensible. It was not until I

Megan is taking notes at Chengdu University of Traditional Chinese Medicine Hospital



grew to love my teachers that I grew to love their accents too, and this of course made me look back on my own career, and at how my students eventually tried to emulate me and my accent and tones.

Intercultural competency does matter. However, it is not just a question of interpersonal exchange in the classroom. If American students are to understand traditional Chinese medical tenets, the understanding of cultural signification is crucial. For Chinese instructors to meaningfully teach these concepts, they too need to understand an American's worldview at least somewhat. How this ideal state of intercultural exchange is achieved requires intervention and applied effort. To date, there are few interesting studies about the nature of pedagogy, intercultural competency, and enculturation in the American TCM classroom. One useful book, though intended for a popular audience, is *Sand to Sky: Conversations with Teachers of Asian Medicine* (Ferguson, Pamela Ellen, and Debra Duncan Persinger). In it, the authors compile interviews and memory pieces written by and about faculty in American schools. Herein, we learn about culture shock and cultural triumphs experienced by faculty such as AOMA's own beloved Dr. Jamie Wu, who came to Austin, TX via his native Chengdu, China. However, scholarly interventions written by and designed for cultural historians and critics are comparatively sparse in the realm of TCM schools in America.

To compare, I need only to cite two seminal works that were stalwarts in my own graduate career and beyond. In Spanish and Italian, we have such volumes as *Spanish Cultural Studies: An Introduction: The Struggle for Modernity* (Graham, Helen, and Jo Labanyi, eds.) and *Italian Cultural Studies: An Introduction* (Forgacs, David, and Robert Lumley, eds.). These are scholarly texts written by cultural historians and addressed to a professional audience. And though at my school we speak warmly of Chinglish (the combination of Chinese and English designated by a neologism that resonates with the word for Spanish/English in combination that is known as Spanglish) there is not, to my knowledge, a scholarly text about this hybrid language even along the lines of a scholarly yet popular text such as *Living in Spanglish: The Search for Latino Identity in America* (Morales, Ed), however. Given the growing presence of Chinese medicine in the United States, one does hope that more and more cultural studies approaches will bear fruit in the form of monographs and journal articles that relate directly to the experience of American students at TCM academies and colleges and their Chinese professors. Why not? This classroom setting is a site of valuable cultural exchange and vibrant construction of meaning, after all.

That there exists a lacuna in curriculum and scholarship, in my mind, impoverishes our exchanges at the same time that it makes for an enchanting array of



Paula and Tasha: Our first day as clinical interns

1. Intercultural competency and language and cultural competency are central and hotly debated topics in foreign language departments in the United States. How a student's level of cultural competency affects their capacity to learn to speak another language, much less read, write, and think critically about the target culture is the subject of dissertations, monographs, and conferences dedicated to the burgeoning field of the scholarship of teaching and learning. Relatively speaking, the meta-narratives surrounding TCM schools in the United States, in contrast, tend to avoid discussion of intercultural competency within the classroom.

potentialities. I think that one of my dearest memories will always be, for instance, a discussion about the difference between fussing, nagging, and scolding that I had with one of my adored teachers recently. Mediterranean cultures are relatively expressive and I, as an Italian American woman who spent her entire adult professional life (and most of her personal life) surrounded by Spanish and Italian speakers, am no stranger to fussing as a means of showing care and affection. One day, I was telling one of my teachers that my Herbal Treatment of Disease instructor had scolded me (he did scold me — I couldn't rattle off key herbs quickly and I think he felt badly for me and, as I have learned, Chinese professors scold as a way to show care and concern). I was trying to explain to my teacher, who did not quite understand, that everything was OK, that I fussed at students and nagged them too, and that I do so was because I cared. But, I explained, I didn't necessarily scold students because to do so was a little too harsh in my opinion. As soon as I said this, though (because even though I am an adult I will always be at heart a good girl who wants to please her teachers), I actually started to cry.

This of course made my softhearted and kind teacher feel very badly for me, and he asked in anxious tones what the word scold meant. With exquisite Chinese tact, he focused on his lack of comprehension of the nuances between fussing, scolding, and nagging until I regained control of my emotional state. Being able to give him an English language lesson made me so happy that I stopped crying and gladly explained that fussing is a form of anxious attention; nagging is more aligned with repetition and reminders that are unpleasant and unwanted; and scolding pertains more to notions of verbal punishment. We then had a wonderful conversation about what kind of fussing, nagging, and scolding his children can expect when they go to university in the United States one day, especially if they opt to study Spanish or Italian language when there.

These are conversations that are enjoyable but that may seem — at first glance — somewhat frivolous. In fact, this is not so. Students will often complain about Chinese faculty because they do not understand their cultural values and expression; Chinese faculty, I am sure, are appalled at the behavior that American students can demonstrate in the classroom. My mother was an English professor and she had an influx of Chinese students when I was an undergraduate; at first, she was quite puzzled by their attitude towards citing (or not)



Tasha in China: Tasha practicing tuina on a patient at Chengdu University of Traditional Chinese Medicine Hospital during her study abroad program in 2016.

2. A quick review of Amazon.com shows a number of books that find humor in Chinese-English hybridization and there are some interesting memoirs that refer to the term in their titles, but I was unable to find an equivalent to the types of books that are common in Italian and Spanish departments as cited, above.

their sources in their research papers. In my last years in academia, I had three Chinese students in one of my Spanish classes. Two, who were very shy, dropped out after the first term because I did not allow students to be quiet in class — they needed to learn how to communicate, and one does that by practicing. One ended up learning to speak Spanish much better than she learned to speak English; in our class, she was not allowed to speak English and outside of class, she was always with her Chinese friends and she spoke Chinese most of the time outside of the classroom. She was an extremely diligent student, though, and by the end of the year her Spanish was impeccable and in fact better than that of most of her classmates. A hard-working student is a hard-working student in any culture. Still, being able to understand when one is being punished vs. recognizing when one's teacher is showing a time-honored method of care and concern by fussing is important to a student's learning process.



Paula, Jacob, and Prentiss: Jacob and Paula Bruno volunteered and provided tuina treatments for an important fundraiser in Austin, TX. Prentiss is the Director of the fundraiser.

One of the more challenging elements of studying TCM is that there is so much to learn that pertains not only to culture but also to application of principles. Literal translation from the classics of Chinese medical knowledge is not sufficient if genuine understanding is the goal. An American student who does not have access to original source texts can only make use of resources such as Peter Deadman's valuable and ubiquitous point locations manual or the numerous Giovanni Maciocia textbooks available in order to supplement his or her readings of the Huang Di Nei Jing (《黄帝内经》 *Huang Di's Inner Classic*), if in fact that seminal text is emphasized in the curriculum. Often, it is not. A student who wishes to study the Huang Di Nei Jing (《黄帝内经》 *Huang Di's Inner Classic*) does have some recourse in that American scholars such as Phil Garrison and others offer dedicated courses on classical Chinese medicine, but a cultural studies based approach that brings together classical foundation and applied pragmatics could enhance the learning experience of both Chinese faculty members in the United States and his or her students. One such example of how I did just this, in fact, relates to a case of erectile dysfunction that I treated in the student clinic.

Before discussing this case study of sorts, however, it is important to consider how a student may begin to investigate ideas surrounding Chinese medicine at the beginning of one's course of study. My own background prompted me to begin with the Paul Unschuld two-volume set, the *Huang Di Nei Jing Su Wen: An Annotated Translation of Huang Di's Inner Classic*. Although it was (and still

3. Again, herein we find a complete field of study in and of itself in realms such as that of Comparative Literature. Whole books are dedicated to the subject of the value (or lack thereof) of translations and there is considerable disagreement within the profession surrounding issues of translation.

is) far beyond my level of medical sophistication, I am able to read it as a literary text that is clearly a Chinese cultural treasure. As per recommendations and availability in the student bookstore that is part of our herbal pharmacy and retail store, I read Harriet Beinfield's *Between Heaven and Earth: A Guide to Chinese Medicine* and Ted Kaptchuck's *The Web That Has No Weaver: Understanding Chinese Medicine*. These second two are solid introductory surveys of the basic precepts of Chinese medicine that are presented at a level that is accessible to new practitioners and to patients alike. As my studies progressed over the course of my first and second year of school, I read more professionally-oriented surveys, such as Volker Scheid's *Currents of Tradition in Chinese Medicine: 1626-2006* and *Chinese Medicine and Healing: An Illustrated History* (Hinrichs, TJ and Linda L. Barnes, eds.). Narratives about the history of TCM and its appearance in the United States are not lacking, in sum.

And yet, when I moved from the classroom to the clinical setting as an intern, I did experience the sense of disconnection between text and context once again. When the patient with erectile dysfunction appeared in my clinic room and became a regular name on my treatment roster, I supplemented my previous reading with further study of the *Huang Di Nei Jing* (《黄帝内经》 *Huang Di's Inner Classic*) in addition to a careful perusal of what cultural and anthropological studies I could readily acquire on the subject of sexuality. Anthropologist Judith Farquar's *Appetites: Food and Sex in Post-Socialist China* critically analyzes intersections between food, appetite, and sexuality in contemporary practice, while historian Charlotte Furth's *A Flourishing Yin: Gender in China's Medical History: 960-1665* outlines cultural and social constructs related to women's health. Another historian, Susan L Mann, considers primarily women's roles and gender constrictions in *Gender and Sexuality in Modern Chinese History*. Though the latter texts focus mostly on women's concerns, I was still able to use their findings in conjunction with the first text, my *Huang Di Nei Jing* (《黄帝内经》 *Huang Di's Inner Classic*), my classroom learning, and my conversations with my clinic supervisor. I do not think that I would have been able to communicate as well with or learn as much as I did from my supervisor had I not made an attempt to understand her on a lived cultural level. We are constantly busy in the didactic classes and there is not a lot of extra time to chat in the clinical setting either. How else, then, would a student be able to learn about Chinese attitudes toward sexuality without further reading?

One thing is Spleen qi deficiency or Liver qi stagnation; basic and common concepts that are not culturally loaded but are readily taught and learned. Sexuality and issues related to topics such as mental health, for their part, tend to be laden by cultural values that merit extra study on a deeper level. How Chinese medicine conceived of the body itself is also not only of great interest but also of tre-

mendous worth when one is determined to understand the nuances of Chinese medical thought too. Shigehisa Kuriyama's *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* and *The Way and the Word: Science and Medicine in Early China and Greece* (Lloyd, Geoffrey and Nathan Sivin) are two excellent studies of the human body and how it is articulated over the course of Western and Eastern medical history. For one who is interested in languages, particularly, the second text is not only useful but also genuinely a joy to read not just once but several times. For its part, *The Afterlife of Images: Translating the Pathological Body Between China and the West* (Heinrich, Larissa N.) offers a cautionary tale regarding the way imperialism and British hegemonic discourses damaged Chinese self-image and practice of medicine. On a brighter note, and of great interest to Hispanists and others with an interest in Latin America, *The Wind in the Blood: Mayan Healing and Chinese Medicine* (García, Hernán, Antonio Sierra and Gilberto Balám) is a translation of a medical guide used in the Yucatán Peninsula where practitioners of traditional native medicine interact fruitfully with TCM caregivers.

Synthesizing the study that I have done thus far, though, brings me back to the clinical and the classroom spaces. As a professor who on occasion did teach courses on Spanish for professional use (which in the United States generally means for future teachers, police officers, social workers, and/or medical care providers), I remember very well the many discussions surrounding the topic of cultural values and semantics that took place in my classroom. Cultural shifts in China and greater intercultural exchange between East and West, in fact, are creating fertile soil for a flourishing examination of nuance and social signification. For an American student who might wish to understand unspoken social codes that may or may not affect their teachers, the burgeoning field of communication theory in China provides a rich source of learning. One volume I found in this field, for example, is *Chinese Communication Theory and Research: Reflections, New Frontiers, and New Directions* (Jia, Wenshan, Xing Lu, and D. Ray Heisey, eds.). So for that matter is the scholarly work of noted psychologist and medical anthropologist Arthur Kleinman, whose *The Illness Narratives: Suffering, Healing, and the Human Condition* includes a chapter on Chinese and American cultural constructs surrounding the notion of depression and melancholy.

However, if much of one's effort is directed to and from the student perspective then a crucial element of the equation is missing. What of that of the faculty? In another conversation with a Chinese faculty member, the teacher in question apologized for what he said was his poor English. My identification with my self as a language professor could not allow that to pass unchallenged and I explained to my teacher that, given his circumstances, his English was actually very

good. It is harder to acquire a new language as an adult, I told him. Furthermore, I explained, second language acquisition scholarship has demonstrated that it is impossible to learn the language of a culture that one dislikes. In his case, I felt that liking or not liking was not the issue. Instead, it was the cultural role that he inhabited that made it more difficult to be completely at ease within American social situations. In the clinical setting, he is powerful and in possession of what an American patient might view as “ancient Chinese wisdom” (with all the cultural baggage that denomination carries). However, outside of the clinical encounter — say, at the grocery store — he is nearly invisible, and maybe to ignorant eyes “just” some Asian man who clearly isn’t American. He speaks English at length primarily in the classroom while giving lecture. Otherwise, at home and with friends, he speaks Chinese.

Where, I asked him, is there the space for him to develop fluent language skills in English? Given his context, he actually speaks English very well. I suggested that he pay attention to where and when he felt comfortable speaking English and where and when he felt uncomfortable. Just noticing, and maybe making the decision to practice a little bit more with awareness and intent, could be very useful for many Chinese faculty members as they learn to navigate a wider range of English language skills. These are lessons that I taught my own students and they apply to my cherished teachers in my TCM program in equal measure.

How we see each other as teachers and pupils, for its part, in turn casts its own focus onto the patients who come to us for treatment. In the student clinic, we see patients who have been failed by Western medicine. We also see patients who find in Chinese medicine a level of trust and belief that they do not experience with allopathic care. As students who construct our professional identities vis-à-vis the clinical encounter, we must keep in mind that physical therapists and chiropractors are finding more and more success by practicing dry needling and touting it as “not acupuncture” but instead a Western biomedical technique that works. Turf wars are looming and legal challenges in states like Washington showed acupuncturists prevailing; other legal confrontations in Texas and other regions are ongoing. How we as professionals present ourselves in clinics, the senate halls, and in the courtroom may well decide the fate of our practices in the United States. What the patient perceives a TCM practitioner to embody in clinic and what other medical care providers, politicians, and lawyers and judges determine in practice and in legal

An American getting an acupuncture treatment



ruling constitute a tremendous and crucial cultural hotspot for Chinese medicine in the United States.

From its introduction to the United States some fifty or so years ago, Chinese medicine has achieved a lasting place in the medical and cultural landscape. That TCM is beloved in this country and stoutly defended by scholarly practitioners is evident in such efforts as robust publishing houses such as Eastland Press, Blue Poppy, Singing Dragon, and translator Sabine Wilms' Happy Goat Productions. For its part, the web site <http://asianmedicinezone.com> is directed by Penn State scholar Pierce Salguero and functions as an open forum for scholars of Asian medical humanities who are PhD holders in varying disciplines such as history, literature, and religious studies and serves to bring together multiple strands of thought for the edification of all. Pivotal figures such as Phil Garrison, Z'ev Rosenberg, Lonny Jarret, and many others work tirelessly to expand the knowledge bases of students in American institutions. Ideally, though — and I speak as a former member of the mainstream of American academia—we in the field of traditional Chinese medicine will also find a greater voice in cultural studies and in the scholarship of teaching and learning at the classroom level.

In sum, and as new students arrive at TCM schools and seasoned one graduate and begin their practices, the role and construction of TCM schools in the United States and other countries is cause for greater scholarly interest on a practical level and as fodder for research. Just as language and literature departments have their debates about cultural competency (and a vast body of scholarly production as a result), so should we in the TCM pedagogy milieu. Not only will such intervention enrich the field itself, but will also make that much more fruitful the exchanges between Chinese faculty and their students. I may be biased, but my teaching career to date is predicated on such a mentality and one of the things I love most about my new career is that I have the opportunity to learn about China and Chinese people. That the Journal of Chinese Medical Culture has dedicated print space to the subject of intercultural communication is heartening, indeed.

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Collecting Herbs at Mountain Taibai

A Big Sand Gully

By Yaming Yang (杨亚明)

Translator: Chouping Han (韩丑萍)

On the 26th of August, 2015, the willow and poplar trees on both sides of the road put on golden armors and attentively expected the approaching footsteps of the frost and snow. Time quietly slipped away from the flowers, grass and leaves. Autumn has unknowingly come to an end and a long winter was around the corner in no more than a month. Life stories are often short but beautiful. Along a narrow path, a survey team¹ were walking towards the sample plot in Dashagou (大沙沟). Today, along with the moving out of the mountain people, very few people walk on the paths into the mountain. Just like the years passed, these paths have become desolate among wild grasses and shrubs.

There are a total of five members in this team — Professors Jitao Wang (王继涛), Lin Zhang (张琳), Gang Zhang (张岗) and Yaming Yang (杨亚明) from the School of Pharmacy, Shaanxi University of Traditional Chinese Medicine and a folk medicine practitioner called Wangui Huang (黄万贵). In a village along the paths into the mountain, we succeeded in finding a young (less than 40 years old), tall and strong tour guide, who is thoroughly familiar with every inch of the area, since he frequently gathered herbs and cut firewood in the mountain when he was a little boy.

Several big trees stand among the shrubs by the river. They look like spring trees or walnut trees. According to Prof. Wang, these are gallnut trees coupled with red and green fruits of an odd shape. With random protrusions and indentations, these fruits look like but bigger than human ears. What's more, their color is not alluring but rather morbid. Actually they are called Wu Bei Zi or Bai Chong Cang (五倍子 or 百虫仓 *gallnut of Chinese sumac*). As a medicinal herb, it is indicated for chronic coughing due to lung deficiency, coughing with phlegm due to lung heat and chronic diarrhea/dysentery. The timing of harvesting is essential to this herb — between September and October for multi-horned sumac gallnut and between June and July for single-horned sumac gallnut. In China, Wu Bei Zi (五倍子 *gallnut of Chinese sumac*) is mainly grown in hills and mountains at an altitude of 250-1600 meters, especially between 500 and 600 meters. These areas include Qin Mountains (秦岭), the Daba Mountains (大巴山), the Wudang Mountain (武当山), the Wu Mountain (巫山) and the Daliang Mountains (大凉山). We gathered some samples of Wu Bei Zi (五倍子 *gallnut of Chinese sumac*) — the first sample of today.

1. The 4th National Survey Team on Chinese Herbal Medicine Resources

Team members picked herbs in Da Sha Gou of the Qin Mountains





Wu Bei Zi (五倍子 *gallnut of Chinese sumac*)

Many eucommia trees grow along the river. As a medicinal herb, Du Zhong (杜仲 *Cortex Eucommiae*) in Chinese pinyin, the dry bark of eucommia tree, is a Dao-di² herb of the Qin Mountains in Shaanxi Province. There are a total of 3,210 natural herbs (30% of herbs across China) in this region. Of 368 key herbs in the 4th National Survey on Chinese Herbal Medicine Resources, 283 are indigenous to Shaanxi Province. In addition to Du Zhong (杜仲 *Cortex Eucommiae*), other well-known, influential and large-output herbs include Qin Pi (秦皮 *Cortex Fraxini*), Tian Ma (天麻 *Rhizoma Gastrodiae*), Lian Qiao (连翘 *Fructus Forsythiae*), Jiao Gu Lan (绞股蓝 *Herba Gynostematis Pentaphylli*), Qin Jiao (秦艽 *Radix Gentianae Macrophyllae*) and Shan Zhu Yu (山茱萸 *Fructus Corni*). Actually the Zaoyuan Village (枣园村) in Taochuan Township (桃川镇), Taibai County (太白县) claims to be the native habitat of Shan Zhu Yu (山茱萸 *Fructus Corni*). According to beautiful myths and legends, this small village by a river full of stones has the oldest forest of Shan Zhu Yu (山茱萸 *Fructus Corni*). During the autumn season, the whole village is immersed



Shan Zhu Yu (山茱萸 *Fructus Corni*)

in harvesting fresh and delicate fruits on the branch and gathering dried fruit flesh on the ground.

The tour guide took us away from the river course and into a deep and narrow gully: Dashagou (大沙沟). The gully is bordered by steep cliffs on both sides, coupled with clouds hanging on the top of the cliff. Unlike other deep, quiet, grassy and shadowy gullies, Dashagou (大沙沟) is filled with big stones.

Shan Zhu Yu (山茱萸 *Fructus Corni*)



2. Dao-di herbs are raw herbs indigenous to specific natural (geographic) conditions and ecological environment. Because of concentrated production and standardized cultivation, harvesting and processing techniques, these herbs are better in quality and medicinal efficacy. Daodi literally means geo-authentic, i.e., authentic, reliable and effective.



Kun Xian Sheng (捆仙绳 *Japanese Pachysandra*)



She Mei (蛇莓 *mock strawberries*)

With their dark green and thick leaves, Kun Xian Sheng (捆仙绳 *Japanese Pachysandra*) strive to grow out of stones. In Chinese, Kun Xian Sheng (捆仙绳 *Japanese Pachysandra*) literally means fairy-bound ropes. This herb got its name because they can even bind fairies with their firm dense leaves. It is also known as Xue Shan Lin (雪山林), a species of flowering plant in the boxwood family Buxaceae that can be harvested all year round. This herb can dry in the shade or sun. According to the Shaanxi Zhong Cao Yao (《陕西中草药》 *Chinese Materia Medica in Shaanxi Province*), Kun Xian Sheng (捆仙绳 *Japanese Pachysandra*) is bitter and slightly pungent in taste and cool in property and acts to expel wind, resolve dampness, clear heat, remove toxins, circulate blood, regulate menstruation and alleviate leucorrhea. As a result, it's indicated for rheumatic joint pain, profuse leucorrhea, heavy menstruation and restlessness.

The sight of lovey She Mei (蛇莓 *mock strawberries*) relieved our fatigue in such hot and suffocating gully. It is similar to an old story that imaginary plums can alleviate one's thirst. However, they are not edible. In the Ben Cao Gang Mu (《本草纲目》 *Compendium of Materia Medica*) by Shizhen Li (李时珍 1518-1593), mock strawberry spreads along creeping stolons, rooting and producing crowns at each node. One may not die after eating; however, one can experience poisoning symptoms such as drooling. In appearance, mock strawberry is similar to (true) wild strawberry and both belong to the family Rosaceae. It has vines and yellow flowers, whereas wild strawberry has no vines and the flowers are white. The whole plant of the mock strawberry is of medicinal use. It is sweet and sour in taste and slightly cold in property. Its fruits are mildly toxic. This plant acts to clear heat, remove toxins, cool blood and resolve swelling. As a result, it's indicated for epilepsy, coughing, hematemesis, sore and swollen throat, dysentery, carbuncles, boils and snake or insect bites. Over the recent years, some researchers have reported that mock strawberry has significant anti-cancer activity. Pharmacological studies have suggested that in addition to broad spectrum anti-cancer effect, mock strawberry can boost the immune system, kill bacteria, benefit the cardiovascular system, counter oxidation and inhibit the central nervous system.

Even in a green world, Xiang Qing (香青 *Anaphalis Margaritacea*), a species of flowering perennial plant in the sunflower family, is still conspicuous. With whitish flower growing in a corymb inflorescence and erect stalks, this plant is swaying in the wind elegantly. As a common herb for folk medicine, Xiang Qing (香青 *Anaphalis Margaritacea*) is pungent and bitter in taste and warm in property. It acts to release the exterior, expel wind, eliminate inflammation, alleviate pain and relieve coughing/panting. As a result, it's indicated for headaches due to the common cold, coughing, chronic bronchitis, acute gastroenteritis and dysentery.

The tour guide told us people used to see bears, wild pigs, brown goats, serows, takins, wolves and musk deer in the mountains; however, wolves and musk deer are not visible now. To our surprise, we found a large number of Shan Zhu Hua (山竹花 *Dianthus chinensis*), Chong Lou (重楼 *Rhizoma Paridis*), Kou Zi Qi (扣子七 *Panax major*) and Shao Sui Hua (少穗花 *Smilacina Japonica* A. Gray) in this sparsely populated area. These four medicinal plants were already in the fruiting stage.

Shan Zhu Hua (山竹花 *Dianthus chinensis*), originally called Zhu Hua, is an herbaceous perennial plant. It has fragrant flowers and green leaves (like bamboo leaves). Its fruits are slightly bigger than peas. Immature fruits appear emerald green and ripe ones turn dark reddish purple. They are often harvested in summer and autumn and used after being cleaned and dried. Bitter and pungent in taste and cool in property, they act to clear heat, remove toxins, relax tendons and circulate blood. As a result, they are indicated for persistent high fever,

Chong Lou (重楼 *Rhizoma Paridis*)



Xiang Qing (香青 *Anaphalis Margaritacea*)



bone-steaming tidal fever, rheumatism, joint pain, low back and leg pain, dysmenorrhea, heavy menstruation, boils, carbuncles and traumatic injuries.

Chong Lou (重楼 *Rhizoma Paridis*) is also known as Qi Ye Yi Zhi Hua (literally means a flower with 7 seven leaves). It has two layers of leaves and its flowers are on the top, resembling a small and beautiful loft. Its rhizome is of medicinal use and can be harvested all year round, particularly in summer and autumn. Slightly bitter in taste and cold in property, this herb is mildly toxic and acts to clear heat, remove toxins, resolve swelling, alleviating pain, soothe the liver and tranquilize the mind. As a result, it's often indicated for boils, carbuncles, sore and swollen throat, snake or insect bites, traumatic injuries and convulsions.

In Taibai County, Qin Mountains, Chong Lou (重楼 *Rhizoma Paridis*) is also known as Deng Tai, one of the seven herbs that contain the Chinese character “七” (qi in pinyin). Herbs that share the similar efficacies of San Qi (三七 *Radix et Rhizoma Notoginseng*) are called Qi Yao (七药)³ (herbs contain the Chinese character of “七”) by the local people in Taibai Mountain. These efficacies include circulating blood to resolve stasis, expelling wind and resolving dampness.

The tour guide, Wangui Huang (黄万贵) is from a family of Chinese medical practitioners in Sichuan Province. He and his brother practice medicine in the Taibai County and Baoji city. They often prescribe herbs that contain the Chinese character “七” (qi in pinyin). The Taibai Mountain is filled with his footprints in gathering herbs. He said Shan Zhu Hua (山竹花 *Dianthus chinensis*) or Chong Lou (重楼

3. Qi Yao (七药) refers to a group of herbs that share similar efficacies as San Qi (*Radix et Rhizoma Notoginseng*). Some of these herbs are from the pharmacopeia; but most are used by the local people in Taibai Mountain. For example, Jin Niu Qi (金牛七), Tie Niu Qi (铁牛七) and Hui Xiang Qi (茴香七) act to circulate blood, resolve stasis, alleviate pain and stop bleeding and are therefore used for traumatic injuries; Mai Sui Qi (麦穗七), Shi Zi Qi (狮子七) and Ji Zhao Qi (鸡爪七) act to induce urination, resolve stasis and swelling and are therefore indicated for edema and ascites; Huang Hua San Qi (黄花三七), Deng Tai Qi (灯台七) and Hua Jiao Qi (花脚七) act to clear heat, remove toxins, resolve swelling and alleviate pain and are therefore indicated for snake or insect bites; Zhi Ma Qi (芝麻七) and Bian Dan Qi (扁担七) act to stop coughing, resolve phlegm, alleviate panting, benefit qi and tranquilize the mind; Zhu Sha Qi (朱砂七), Pan Long Qi (盘龙七), Kou Zi Qi (扣子七) and Ge Da Qi (疙瘩七) act to strengthen the spleen, harmonize the stomach, nourish blood and warm yang and are therefore indicated for stomachache, abdominal pain, diarrhea and dysentery; and Tou Fa Qi (头发七) and Tie Si Qi (铁丝七) act to nourish kidney yin, circulate blood and regulate menstruation and are therefore indicated for irregular menstruation and dysmenorrhea.





Kou Zi Qi (扣子七 *Panax major*)



Shao Sui Hua (少穗花 *Smilacina Japonica* A. Gray)

Rhizoma Paridis) alone can be used for fever in children. The method is simple: grind them into a fine powder, then mix with water for children to drink. The fever often subdues within half an hour. It's worth noting that the powder of Chong Lou (重楼 *Rhizoma Paridis*) needs to be wrapped up in cotton gauze to filter its surface oil.

Kou Zi Qi (扣子七 *Panax major*) is also known as Kou Zi Shen, a rhizome of *Panax major* (belong to the family Araliaceae). Just like ripen ginseng, its fruits and flowers are bright black and red; however, it has rhizome sections and enlarged inter-section junctions, resembling interconnected buttons. The number of buttons represents the years of growth. It's called Kou Zi Qi because of its similar efficacies as San Qi (三七 *Radix et Rhizoma Notoginseng*). The whole plant of Kou Zi Qi (扣子七 *Panax major*) is of medicinal use, especially its fruits. Slightly bitter in taste and neutral in property, it acts to regenerate new tissues, alleviate carbuncles and stop bleeding. As a result, it's indicated for traumatic injuries, hematemesis, nosebleed, chronic strain and low back pain.

Shao Sui Hua (少穗花 *Smilacina Japonica* A. Gray) is also known as Pian Tou Qi in Chinese. Sweet and bitter in taste and warm in property, this plant is non-toxic and acts to tonify qi, benefit the kidney, expel wind, resolve dampness, circulate blood and regulate menstruation. As a result, it's indicated for rheumatism, nervous headache, mastitis, irregular menstruation, boils, carbuncles and traumatic injuries. Its leaves are similar to Yu Zhu (玉竹 *Rhizoma Polygonati Odorati*). However, its rows of fruits are on the top. The tour guide said the local people are fond of its fragrance. Consequently, they often plant some in their yard. The fragrant blooming flowers resemble waterfalls and clear springs.

On the way back, both Prof. Wang and the tour guide shared a common feeling: medicinal plants are becoming scarce with the changes in climate and environment, especially in their suitable habitats. They are tough and gorgeous but at the same time bleak and vulnerable. Hopefully, the mountain spring and abundant sunlight enable these medicinal plants to grow undisturbed here.



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The Legendary Shen Nong Who Tasted Hundreds of Herbs

By Weikang Fu (傅维康)

An old Chinese legend says that in the remote past there lived a man called Shen Nong (神农 God of Husbandry) who tasted hundreds of herbs.

According to Huai Nan Zi (《淮南子》 *The Book of the King of Huainan*), a classic dating back to 2000 years ago, "Shen Nong tasted hundreds of herbs and drank the water from many springs and wells so that people might know which was sweet and which was bitter. One day Shen Nong tasted as many as 70 poisonous herbs."

San Huang Ben Ji (《三皇本纪》 *The History of Three Emperors*), written by Zhen Sima (司马贞) more than 1000 years ago, contains the passage that "Shen Nong ... was the first man to taste hundreds of the plants, bringing medicine and pharmacology into existence." So it seems that the discovery of medicinal plants, mainly poisonous herbs, came about through tasting, and it was through the tasting of herbs that people began to acquire some rudimentary medical and pharmacological knowledge.

The story about Shen Nong is of course incredible, for no one could survive after tasting seven poisonous herbs in a day, let alone 70. We would like to think of Shen Nong as the embodiment of mankind's search for medicinal herbs. Through ages of testing traditional Chinese pharmacology has evolved.



Picture of Shen Nong stored in Shanghai Museum of TCM

With the first herbs recognized as medicinals discovered through the taste buds, why were the ancients motivated to “taste a hundred kinds”? An answer to this question requires us to go back to the life of the “Chinese Ape-man” in pre-history. Research in paleontology and studies of unearthed historical relics show that as early as 1.7 million years ago the Chinese Ape-man — one of the earliest human species — was alive and flourishing in the land of China.

Primitive man’s productivity was extremely low and the living condition was better than that of animals. Sheltering in caves and wearing feathers and animals skins, they had to keep constant vigil against the cruelties of nature surrounding them. They had to hide from wild animals and venomous snakes. They had to search for food in the wilderness to keep themselves alive.

But which were edible and which were not? To fill their stomachs, these early ancestors of ours were bound to try some very disagreeable or even poisonous plants that made them itch, gave them stomachaches, vomiting, diarrhea, or perhaps headaches. Some were certainly anesthetized or died of poisoning. Others, however, were relieved from pain and discomfort after eating certain plants.

Through many repetitions of such experiences, pleasant or unpleasant, our ancestors gradually learned

which plants could be eaten, which could cause illness, discomforts or death and which could relieve pain and illness. After that, people in pain sought out plants that had relieved their pain before. That is the origin of recognizing medicinal substances, the basis of the development of Chinese medicine and pharmacology.

As plants are abundant in the natural world, it was mainly plants that our ancestors knew as medicinal substances.

Before the use of fire, food was eaten raw, which often caused illness, particularly in the alimentary tract. Cooking reduced the occurrence of illness and at the same time promoted digestion and absorption. With the increase of food resources, the number of known edible substances grew, and medicinal animals were discovered. This new knowledge of medicinal substances was extended and enriched.

In time, people learned not only to avoid poisonous substances and prevent their untoward effects, but also learned to use the poisonous substances and began to dip their arrows into them for shooting more birds and beasts for food.

Primitive man inevitably suffered some injuries during daily activities, especially during hunting or tribal infighting. They would apply such substances at hand as mud, moss or grass to their wounds or bruises and

dress it with leaves. Gradually they discovered that certain substances reduced swelling and relieved pain when applied externally. This primitive first-aid for traumatic injury was the origin of surgery.

The constant advancement of production provided the conditions for the steady development of medicine and pharmacology. When agriculture was invented, the ancestors stopped roving and settled down to live, enabling them to observe the growth of certain plants for an extended period. Due to the widened range of edible plants, more and more medicinal herbs were recognized and discovered.

The above shows that medicine and pharmacology developed through long-term productive labor by people in search of a richer material life. Meanwhile, medical knowledge was gaining ground through steady clinical practice.



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Herbal Diet in Summer

By Qizhong Li (李其忠) and Yanzhuo Yang (杨艳卓)

Translator: Chouping Han (韩丑萍)

The human metabolism speeds up in summer — the hottest of the four seasons. To adapt to the hot weather and adjust body temperature, the skin pores open to allow for sweating. However, profuse sweating consumes bodily fluids. Consequently, people often experience thirst with a desire to drink water, dry nose and lips, dark-yellow urine and dry stools in summer. Over time, consumption of bodily fluids may consume qi and result in symptoms such as general fatigue, shallow breathing and reluctance to talk.

The association between climate and the human body has been greatly emphasized in the Huang Di Nei Jing (《黄帝内经》 *Huang Di's Internal Classic*). This also entailed the preliminary idea on systemic medicine and medical meteorology. Humidity is prevalent in summer, especially in southern (south of the Yangtze River) China. In Chinese medicine, summer heat is liable to mix with dampness, because it's hot and rainy. Symptoms due to summer-heat combined with dampness include chest tightness, fatigue, a heavy sensation, and a sticky greasy tongue coating. Dampness commonly impairs the spleen and stomach, resulting in a poor appetite, nausea, vomiting, and loose stools or a sensation of incomplete evacuation.

Chinese medicine holds that “food and medicine share the same source”. Some foodstuffs are also beneficial to health. Here are some examples:

Watermelon



Ginger: As a Chinese saying goes, “Radish in winter and ginger in summer make you stay healthy the whole year”. According to the Ben Cao Gang Mu (《本草纲目》 *Compendium of Materia Medica*), ginger is pungent in taste and warm in property. It acts to release the exterior, induce sweating, warm the stomach, stop vomiting, warm meridians, dissipate cold and remove toxins of fish and crabs. As a result, it's often used for common cold due to wind cold, gastric pain with a cold sensation, vomiting and diarrhea. The contents of volatile oil and gingerol in ginger can stimulate gustatory nerves, increase gastrointestinal motility, and promote digestive juice secretion. In summer days, ginger can significantly increase appetite and prevent cold pain in the stomach and abdomen, diarrhea and vomiting due to overeating of raw or cold food. For instance, self-made ginger and brown sugar tea, fresh ginger porridge and boiled water containing fresh ginger juice can expel wind, remove cold, warm the stomach and stop vomiting.

Wax gourd: Wax gourd is good option in summer to clear heat and induce urination. It's slightly cold in property and acts to clear heat, induce urination, alleviate thirst, stop restlessness, and resolve summer dampness. The wax gourd peel, seeds, flesh and leaves are of medicinal use. They are often used to help edema, abdominal fullness, asthma due to phlegm retention and summer heat. The content of Vitamin C in wax gourd is 1.2 times of that in tomato. As wax gourd is fat free and low in calories and sodium, it can prevent fat build-up in the obese population. For example, thick soup of wax gourd peel can help to clear heat and induce urination; and decoction of wax gourd peel coupled with honey can help coughing in children.

Watermelon: It's known to all that in hot summer, watermelon helps to remove summer heat and alleviate thirst. In Chinese medicine, watermelon is sweet in taste and cold in property. It acts to clear heat, resolve summer dampness, regenerate fluids, alleviate thirst and induce urination. It's also known as the natural Bai Hu Decoction(白虎汤), a well-known heat-clearing formula. The watermelon flesh, juice and peel are all of medicinal use and helpful to alleviate internal heat following sun stroke, restlessness, thirst, scanty dark-yellow urine, a dry sore throat, and mouth or tongue ulcer. However, it's worth noting that those with deficiency cold of the spleen and stomach should be cautious because of its cold property.

Mung bean: In hot summer, a bowl of mung bean soup makes one feel relaxed and refreshed, because mung bean acts to clear heat, resolve summer dampness, alleviate thirst and induce urination. In Chinese medicine, mung bean is sweet in taste and cool in property. It is non-toxic and acts to clear heat, remove toxins, resolve summer dampness, alleviate thirst, benefit the stomach, induce



Shi Hu (石斛 *Caulis Dendrobii*)

urination and resolve swelling. As a result, it is often used to help polydipsia due to summer heat, diarrhea due to damp heat, abdominal distension, edema in the lower limbs, sores, ulcers, and food poisoning. The content of protein in mung bean is more than three times than that in rice. The protein in mung bean acts to excite nerves and increase appetite. In addition, mung bean is also used to prevent and treat allergic skin conditions such as urticaria.

In hot summer days, people often experience restlessness and a poor appetite. Some Chinese herbs can

help to strengthen the spleen, resolve dampness, supplement qi, nourish yin, clear heat and resolve summer dampness. These herbs are introduced as follows:

Shi Hu (石斛 *Caulis Dendrobii*): In Chinese medicine, Shi Hu (石斛 *Caulis Dendrobii*) is sweet in taste and slightly cold in property. It acts to nourish yin, clear heat, benefit the stomach and regenerate fluids. Modern studies have suggested that Shi Hu (石斛 *Caulis Dendrobii*) is rich in mucilage and can therefore induce saliva secretion to moisten the oral cavity. In ancient times, Shi Hu (石斛 *Caulis Dendrobii*) was used to nourish the stomach and regenerate fluids to improve consumption of body fluids. For instance, decoct 10g of Shi Hu with water and drink as tea to clear stomach heat, a dry throat, thirst and red tongue with a scanty coating due to yin deficiency. A Chinese patent medicine — Shi Hu Ye Guang Pill (石斛夜光丸) is indicated for poor vision and dry eyes.

Shi Hu (石斛 *Caulis Dendrobii*)



Shi Hu (石斛 *Caulis Dendrobii*)



Huang Jing (黄精 *Rhizoma Polygonati*): In Chinese medicine, Huang Jing (黄精 *Rhizoma Polygonati*) is sweet in taste and neutral in property. It acts to supplement qi, nourish yin, strengthen the spleen and moisten the lung. As a result, it's often indicated for general fatigue, a poor appetite, thirst, and a red tongue with a scanty coating due to weakness of the spleen and stomach and deficiency of qi and yin. For instance, decoction of 20g Huang Jing (黄精 *Rhizoma Polygonati*) can supplement qi and regenerate fluids. Alternatively, the stew of lean meat with Huang Jing (黄精 *Rhizoma Polygonati*) can supplement spleen qi and nourish/moisten the lung.

He Ye(荷叶 lotus leaf): He Ye is bitter in taste and neutral in property. It acts to clear heat, resolve dampness, remove toxins, resolve stasis and ascend clear yang. As a result, it can be used for head distension due to sunstroke, diarrhea due to summer heat and dampness and heat rashes. It is a common summer heat-removing herb. In hot summer, emerald green lotus

leaves are often used to clear heat and resolve summer dampness. In addition, they are also cooked in decoction or porridge to bring a cooling and pleasant sensation.

Huo Xiang (藿香 *Herba Agastachis*) and Pei Lan (佩兰 *Herba Eupatorii*):

The two fragrant herbs are pungent in taste and act to remove summer heat, resolve dampness, regulate qi and harmonize the stomach. They resolve dampness but do not cause dry heat and are therefore known as "summer heat-removing herbs". As a result, they are indicated for summer-heat symptoms such as chest tightness, fatigue, gastric/abdominal fullness and distension, a sensation of incomplete evacuation and a greasy tongue coating. Before summer comes, local people in the Shanghai area often decoct 10g of Huo Xiang (藿香 *Herba Agastachis*) and Pei Lan (佩兰 *Herba Eupatorii*) respectively with water and drink as tea to prevent common cold and diarrhea due to summer heat and dampness.



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Lotus



Huo Xiang(藿香 *Herba Aaga stachis*)



A Health Institution in the Tang Dynasty

By Yusheng Qu (屈榆生) and Juan Gao (高娟)

The Bing Fang (病坊 Health Institution) was founded in Tang Dynasty (唐朝 618-907). It was established to rescue and help the sick, the disabled, the homeless and the poor. It followed Buddhist principles of helping the poor and the sick. Liu Ji Guan (六疾馆 Six-Disease Treatment Institution), an aid providing temple, is thought to be the earliest practice of this idea during Yong Ming Period (永明 483-493) of Nan Qi Dynasty (南齐 479-502). During the end of Zhen Guan Period (贞观 627-649) of the Tang Dynasty, the institution had become a medical charity. For example, in the Chang An Period (长安 701-704), the government started to establish Bei Tian Yang Bing Fang (悲田养病坊 an institution mixed with clinic, nursing home and orphanage), which is a government-supervised charity. In the 22nd year of Kai Yuan Period (开元 713-741) in Tang Dynasty, the homeless in the capital city could enjoy home care from the medical charity which was founded and financially supported by the government who made a profit for the charity through capital money. So it displayed a significant government administration.

Bing Fang (病坊 Health Institution) had developed gradually in rescuing and treating the poor and the weak during the Tang Dynasty. Although the government used it to implement benevolent policy and relieve the social conflicts, the institution did help rescue and treat the sick in poverty to some extent. One example of such organizations was Yang Ji Yuan (养疾院 Health Resort) located in Jingyang County.

According to Chang'an Zhi Fu Tu (《长安志·辅图》 *Illustrated Pictures from Historical Record of Chang'an*), Jingyang County was located in the suburb of Chang'an (长安 the capital city of Tang Dynasty), 70 li (里 35 kilometers) away from Jing Zhao Fu (京兆府 the administrative area of Chang'an). Yuan He Zhi (《元和志》 *Historical Record of Yuan He Period*) (805-820) in the Tang Dynasty recorded that Yang Ji Yuan (养疾院 Health Resort) was built on Bing Yin Day (丙寅 the 3rd day) in Winter of the 2nd year during Zhi De (至德 756-758) Period of the Tang Dynasty. In the 3rd volume of Jingyang Xian Zhi (《泾阳县志》 *Historical Record of Jingyang County*) there was a chapter named Jian Zhi Pian (《建置篇》 *Chapter of Establishment*) which stated that Yang Ji Yuan (养疾院 Health Resort) was located in the south of the county, right at the south west corner. According to Wen Dang Zi Jian Pian (《文档案资篇》 *Chapter of Document as A Mirror*) in the 10th volume, Yang Ji (fourth tone) Yuan (养济院) was Yang Ji (second tone) Yuan (养疾院), located in the south west suburb of the county, with another name of Gu Pin Yuan (孤贫院 Charity House). It was rebuilt twice during the Hong Wu Period (洪武 1368-1398) of the Ming Dynasty (明代 1368-1644) and the Kang Xi Period (康熙 1662-1722) of the Qing Dynasty (清代 1616-1912), and got mended during the Tong Zhi Period (同治 1862-1874) of the Qing Dynasty.

方圓百步亭北大門樓是有長方
形殿區上刻建書金鑲養濟院三
大字內有二門樓迴廊正殿書房陪房
養堂花園周圍繚以紅色圍牆
院內樹木花草跨池石橋院
外有江水流而院內

丙申初夏畫於

運筆承宣





Yang Ji Yuan (养疾院 Health Resort) located in Jingyang County was originally designed for the royal family. With an area of over hundred mu (亩 1 km²=1500 mu), it faced north, backing south. Over the gate hung a plaque inscribed with Wei-style Chinese calligraphy namely 养疾院 in gold. Inside the resort, there were two gatehouses, a causeway, a main hall, a study room, a maid room, rehabilitation rooms and a garden with red walls around. Moreover, there were trees and flowers and a stone bridge crossing over the pond into which a brook flowed from the outside. It was a tranquil and splendid scene. Once the project was finished, Prince Jia Ji (嘉纪) the so-called Little Emperor who was the 11th son of Tang Su Zong (唐肃宗 711-762), dwelled there to recuperate for three years. At that time he was 15 or 16 years old and was accompanied by his grandmother with eunuchs and maids serving him daily.

It was recorded that in Yang Ji Yuan (养疾院 Health Resort) there were more than 30 medical professionals, including imperial doctors, physicians, medical assistants, pharmacists and apprentices while over 20 armed imperial guards were protecting it. According to folklore, the resort not only cured diseases for the royal family, but also sent medical assistants around to treat people, occasionally giving them free medicines. Meanwhile, the doctors would tell people some knowledge about disease prevention and recuperation as well as some efficient prescriptions. After the departure of the Prince, the resort had become Bing Fang (病坊 Health Institution) for prominent officials and celebrities.

In the late Tang Dynasty, the royal Yang Ji (second tone) Yuan (养疾院) had changed into Yang Ji (forth tone) Yuan (养济院), a significant charity. It invited monks with medical skills to help treat people. Its principle was to respect the elder and love the young in spite of their poverty or wealth. The resort adopted impoverished patients who would be taken care of there. Medical monks treated the patients in shifts and even fed them food and medicine by mouth. It was recorded that there had been 103 patients at maximum. So people complimented Yang Ji Yuan (养济院) as Gu Pin Yuan (孤贫院 Charity House).

Besides offering medical services, Yang Ji Yuan (养济院 Charity House) also provided lands for the recovered patients to grow crops. Until the Song Dynasty (宋朝 960-1279), Yang Ji Yuan (养济院 Charity House) had acted as a medical charity managed by the government. During the Hong Wu Period of the Ming Dynasty and the Kang Xi Period of the Qing Dynasty, it was rebuilt and managed by monks. Every second day of February in the lunar calendar, the charity house





would organize a splendid Traditional Gala. By the means of putting on an opera, the gala would attract businessmen from places far away and promote trade among them. During the end of the Qing Dynasty and the early Min Guo Period (民国 1912-1949) because of the social upheaval and starvation resulting from drought, the house was seriously destroyed and suffered from lack of repair with only nine rooms left. They were on leg taken care of by the monks. To maintain it, certain people were employed to manage the house which had adopted over 30 orphans who learned to do carpentry, make tools for daily use and mill flour there. Over 50 mu were also rented to maintain its existence.

At the beginning of the foundation of the People's Republic of China (1949-), during the Land Revolution period (1950-1952), the government allocated over 100 mu to Yang Ji Yuan (养济院 Charity House). To promote and activate its financial well-being, every second day of February in the lunar calendar, the Spring Trade Gala was held and became a tradition. Every day, over 30,000 people attended it. More than 500 businesses from counties and cities nearby did businesses there, contributing to the development of industry and commerce. Therefore the traditional gala has been preserved till today. However, the area of the charity house has been reduced gradually with only several rooms left as a relic.

Yang Ji Yuan (养疾院 Health Resort) of the Tang Dynasty in Jingyang County has existed for over 1,000 years. Its medical activities have made itself a wonderful story. And it is regarded as the earliest hospital in Jingyang County.



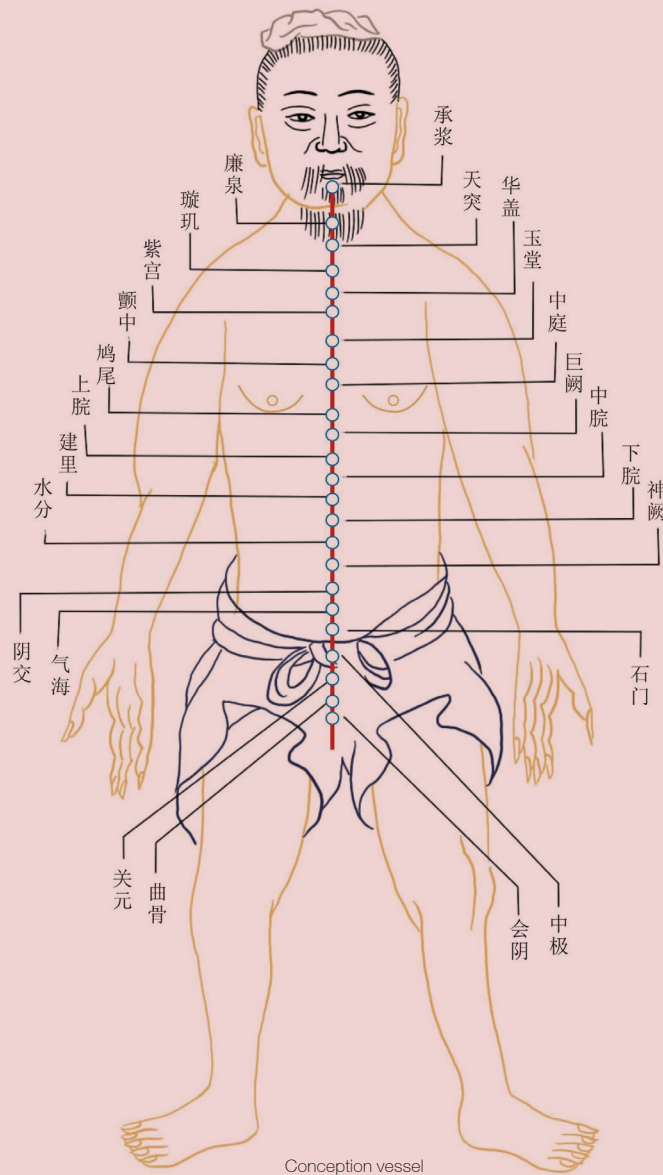
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Six Healing Sounds

By Lei Sun (孙磊)



Liu Zi Jue (六字诀 six healing sounds), also known as Liu Qi Jue (六气诀) or Liu Qi Fa (六气法), is one of the common forms of breathing exercise. Styles of Liu Zi Jue (六字诀 six healing sounds) vary in different generations. In terms of exercise posture, there are three major categories — Tu Na Liu Zi Jue (吐纳六字诀 six healing sounds with exhalation and inhalation), Dao Yin Liu Zi Jue (导引六字诀 six healing sounds with guiding and stretching) and Jing Gong Liu Zi Jue (静功六字诀 six healing sounds with static exercise). As a subtype of

Dao Yin Liu Zi Jue (导引六字诀 six healing sounds with guiding and stretching), Gu Yin Liu Zi Jue (古音六字诀 six healing sounds) is based on the Wu (including the southern part of Jiangsu Province, the northern part of Zhejiang Province and the eastern part of Anhui Province) dialect and Yan Nian Liu Zi Jue (延年六字诀 six healing sounds for prolonging life) in the Ming Dynasty (1368-1644). Consequently, it's also called Wu Yin Yan Nian Liu Zi Jue (吴音延年六字诀 six healing wu sounds for prolonging life).

It's now generally believed that Liu Zi Jue (六字诀 six healing sounds) was officially recorded in the Yang Xing Yan Ming Lu (《养性延命录》 *Records on Nourishing Character & Prolonging Life*) by Hongjing Tao (陶弘景 456--536), a leading figure of the Maoshan School of Taoism who lived in the Southern Liang Dynasty (502-557). Born in Moling, Danyang (now Nanjing, Jiangsu Province), Hongjing Tao (陶弘景) was a well-known expert in medicine, alchemy, mathematical astronomy, geography, military strategics, sword casting, studies of Confucius Classics, literature and art and Daoism rituals. The Yang Xing Yan Ming Lu (《养性延命录》 *Records on Nourishing Character & Prolonging Life*) records, 'Qi circulation can be promoted by inhaling through the nose and exhaling through the mouth. One has only one way for inhalation but six for exhalation, namely Chui, Hu, Xi, He, Xu and Hei. Chui removes pathogenic cold or heat, Hu dissipates pathogenic wind and warmth, Xi relieves worries, He causes qi to descend, Xu resolves stagnation and Hei improves exhaustion

Gu Yin Liu Zi Jue (古音六字诀 Six Healing Sounds) and Wu Xing (五行 Five Elements)

Of the six healing sounds, the first five are corresponding to five zang organs. The Su Wen Yin Yang Ying Xiang Da Lun (《素问·阴阳应象大论》 chapter 5 of the *Basic Questions*) explained the correlation between five zang organs and wu xing (五行 five elements). As a result, multiple elements can be combined in practicing Gu Yin Liu Zi Jue (古音六字诀 six healing sounds) to enhance the beneficial effect. It's very common in ancient times to combine five notes, directions and seasons into different sounds.

Combination of Five Elements, Notes, Directions and Seasons

Five sounds	Xu	He	Hu	Hei	Chui
Five zang organs	Liver	Heart	Spleen	Lung	Kidney
Five elements	Wood	Fire	Earth	Metal	Water
Five notes	Jiao	Zheng	Gong	Shang	Yu
Five directions	East	South	Central	West	North
Five seasons	Spring	Summer	Late summer	Autumn	Winter

Gu Yin Liu Zi Jue (古音六字诀 Six Healing Sounds) and Shi Er Zheng Jing (十二正经 Twelve Regular Meridians)

It's essential to be familiar with the pathways of meridians since different meridians need to be pulled and exercised in Dao Yin (导引 guiding and stretching) movements of Gu Yin Liu Zi Jue (古音六字诀 Six Healing Sounds). For example, the Dao Yin (导引 guiding and stretching) movements of Hei sound are guided by the lung

meridian of hand-Taiyin and the large intestine meridian of hand-Yangming, the Dao Yin (导引 guiding and stretching) movements of Hu sound by the stomach meridian of foot-Yangming and the spleen meridian of foot-Taiyin, the Dao Yin (导引 guiding and stretching) movements of He sound by the heart meridian of hand-Shaoyin and the small intestine meridian of hand-Taiyang, the Dao Yin (导引 guiding and stretching) movements of Chui sound by the kidney meridian of foot-Shaoyin and bladder meridian of foot-Taiyang, the Dao Yin (导引 guiding and stretching) movements of Xi sound by the Sanjiao meridian of hand-Shaoyang and the pericardium meridian of hand-Jueyin, and Dao Yin (导引 guiding and stretching) movements of Xu sound by the gallbladder meridian of foot-Shaoyang and the liver meridian of foot-Jueyin.

Characteristics of Liu Zi Jue (六字诀 Six Healing Sounds)

Exhaling the Old and Inhaling the New

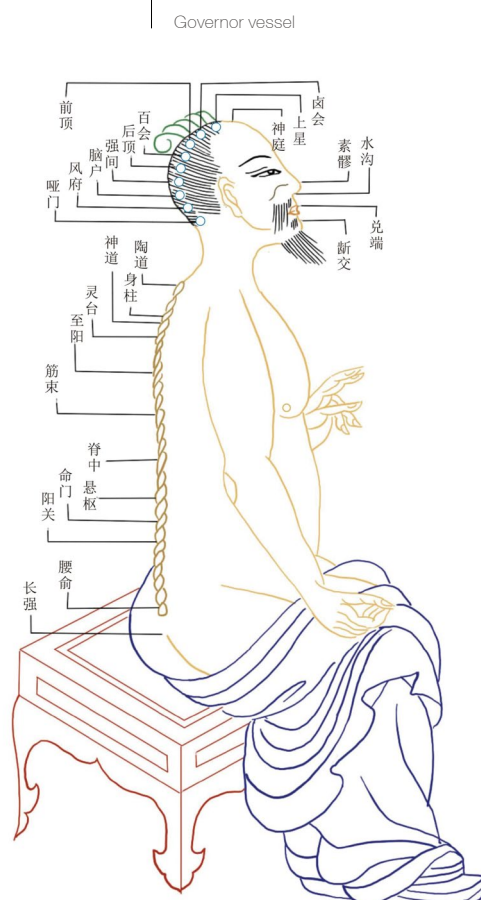
Liu Zi Jue (六字诀 six healing sounds) is mainly characterized by harmonizing the body through voice and breathing. The Liu Zi Jue (六字诀 six healing sounds) recorded by Tao Hongjing only mentioned Tu (吐 breathing out) Na (纳 breathing in) method (no Dao Yin movements). By specific shapes of the lips and vocalization, Liu Zi Jue (六字诀 six healing sounds) can regulate opening, closing, ascending and descending of corresponding body parts and thus harmonize qi activities of the zang-fu organs. Liu Zi Jue (六字诀 six healing sounds) in this text adopted the lip shapes of the Wu accent and natural vocalization.

Meridian Guiding & Stretching

Liu Zi Jue (六字诀 six healing sounds) in this text used the Dao Yin (导引 guiding and stretching) movements in Yan Nian Liu Zi Jue (延年六字诀 six healing sounds for prolonging life) of the Ming Dynasty. Each movement is guided and stretched by different meridians. It's easy to stretch and pull relevant body parts as long as one knows the general pathways of meridians.

Coordination between Mind and Qi

Since Liu Zi Jue (六字诀 six healing sounds) focuses on regulating internal qi, a tranquil mind is highly demanded. It's important to use mind to guide qi, manifesting as, closing, ascending and descending of the body as a whole and slow, gentle, uninterrupted movements like floating clouds and flowing water. In this way, Liu Zi Jue (六字诀 six healing sounds) can regulate our emotions.



Governor vessel

Wide Application

Although Liu Zi Jue (六字诀 six healing sounds) seems easy to learn for beginners, it has profound implications. Over time, those who practice can go deeper by changing the way they vocalize and breathe and adding extra movements such as lifting up the anus, opening up the back and hip joints.

Application

Historically there are numerous descriptions regarding the functions of six healing sounds. The description recorded in the Huang Ting Nei Jing Wu Zang Liu Fu Bu Xie Tu (《黄庭内景五脏六腑补泻图》 *Illustrations of Reinforcing and Reducing Five-Zang and Six-Fu Organs*, Scripture on the Internal View of the Yellow Court) by Yin Hu (胡愔) is well accepted by the later generations.

1. The Xu sound

The vibration of the Xu sound helps to alleviate liver problems. The Xu sound can soothe liver qi ... relieve pain in the rib-side area. Thirty times of loud Xu sound coupled with 10 times of low Xu sound can clear heat in the liver and alleviate fever in four limbs, blurred vision and vexation. Repeat the sound uninterruptedly and stop when your health condition is improved. Excessive vibration of the sound may harm your body.

2. The He sound

The vibration of the He sound helps to alleviate heart problems. The Xu sound can calm and clear the heart-mind. Inhale with the nose and exhale with the He sound from the mouth silently. Thirty times of loud He sound coupled with 10 times of low He sound can clear heat in the heart and alleviate heat sensation and vexation. Stop when your health condition is improved. Excessive vibration of the sound may harm your body.

3. The Hu sound

The vibration of the Hu sound helps to alleviate spleen problems. The Hu sound can regulate spleen qi and clear heat in the spleen and stomach. Thirty times of loud Hu sound coupled with 10 times of low Hu sound can warm the spleen and alleviate fever, cholera, poor digestion, hemiplegia and abdominal masses. Repeat the sound uninterruptedly and stop when your health condition is improved. Excessive vibration of the sound may harm your body.

4. The Hei sound

The vibration of the Si (Hei) sound helps to alleviate lung problems. The Si (Hei) sound can regulate lung qi and alleviate tightness or oppression in the chest.

Inhale with the nose and exhale with the Si (Hei) sound from the mouth silently. Thirty times of loud Si (Hei) sound coupled with 10 times of low Si (Hei) sound can reduce fever, alleviate cough, skin sores or ulcers, weakness of the four limbs, nasal obstruction, chest and back pain. Stop when your health condition is improved. Excessive vibration of the sound may harm your body.

5. The Chui sound

The vibration of the Chui sound helps to alleviate kidney problems. The Chui sound can supplement kidney qi. 30 times of loud Chui sound coupled with 10 times of low Chui sound can alleviate low back pain, a cold sensation in the knee joints, heaviness of the low back and leg, inability to stand for long period of time, tinnitus, mouth ulceration and feverish sensation. Repeat the sound uninterruptedly and stop when your health condition is improved. Excessive vibration of the sound may harm your body.

6. The Xi sound

The vibration of the Xi sound helps to alleviate gallbladder problems. Inhaling with the nose and exhaling with the Xi sound from the mouth can stop cold or night sweats, a pale complexion, intestinal fullness and distension, and a dry mouth and tongue. In addition to disease treatment, the six healing sounds are helpful in disease prevention. Tingxian Gong (龚廷贤 1522-1619) stated in his *Shou Shi Bao Yuan* (《寿世保元》*Prolonging Life and Preserving the Origin*), Over time, the five flavors, seven emotions and six sensory pleasures may cause qi disorder of the five-zang and six-fu organs ... one needs to inhale clear Qi from nature to supplement qi and exhale to remove turbid qi from the zang-fu organs. One can feel good after practice for even one day, better after 10 days and stay away from any diseases after 1 year.

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Movement of Liu Zi Yue
(六字诀 Six healing sounds)



Traditional Maltese Medicine

By Charles Savona-Ventura (Malta)

Introduction

Traditional medical practices vary from one country to another, these being very often dependent on the cultural history of that country or region. The Maltese archipelago occupies a central position in the Mediterranean being barely 93 kilometres away from Sicily and 290 km from Northern Africa. Gibraltar is 1,836 km to the west and Alexandria is 1,519 km to the east. This central position within the Mediterranean Sea made the Islands an important meeting place for the various Mediterranean cultures throughout the ages merging and amalgamating European traditions with cultures derived from the Eastern Mediterranean lands and the Maghreb region of North Africa.

The development of traditional medical practices in any culture can be subdivided into three broad categories. These include practices that are primarily dependent on magic, superstition and religion grouped as magico-superstitious, practices based on the rationalization of the aetiology of disease, and practices based on observational study. The latter two practices can be said to have promoted the move towards the scientific understanding of disease processes and management to what can be considered modern evidence-based medicine.

The Maltese Archipelago





Semitic Amulets depicting



Christian period amulets

Magico-superstitious practices

Magico-superstitious beliefs imply a belief in supernatural forces. These forces include a variety of potentially malevolent spirits including dead ancestors or deities. In order to live safely, primitive man was required to be continuously on his guard to appease these supernatural forces. A serious illness was interpreted as being the result of an evil act performed either by a spirit or a deity, in which case there was a religious explanation, or by a living person through sorcery, in which case there was a magical explanation. Sickness was induced either by the magical introduction of something foreign to the body (a "magic shot") or by the magical removal of a vital essence. The magic shot generally explained acute painful illness that befell the patient suddenly, while the loss of vital essence was often held responsible for chronic diseases where the patient slowly withered away. On the basis of these conceptual views of disease aetiology, management of disease was based on prevention by undertaking continuing efforts at appeasing and warding off the deities, spirits, or ghosts of the dead; and in the presence of illness by the use of magical rites through the intervention of a medicine-man or shaman.¹

The appeasement of the prevalent deities has been practiced in the Maltese Islands throughout the millennia. The archaeological records indicate that the first recorded magico-superstitious practices dating to the Copper Age Period (4100-2500 BCE) centred on a Fertility deity that provided nourishment to the community and hence ensured the wellbeing of the individual. The evidence shows that the community regularly offered sacrifices to this provider deity in the form of products obtained from farming, husbandry and from fishing.² Similar practices are evident in later periods including the introduction of child sacrifice to the deities Ba'al Hammon and Astarte/Tanit during the Semitic Period of Maltese

history (700-218 BCE).³ The subsequent Roman occupation after the Second Punic War of 218 BCE brought about a gradual shift in the pantheon of deities and their sacrificial requirements to ensure communal or personal wellbeing. The Christianization of the Islands in the 5th century of the Common Era [CE] introduced religious practices that are still prevalent today, practices occasionally aimed at requesting favours from saints to help protect the individual or the community against harm.

Besides rituals aimed at appeasing the deities, preventive measures against disease were to resort to amulets worn to ward off harmful evil spirits. The use of amulets by the Maltese population has been in vogue since prehistoric times. A number of personal ornaments excavated from Neolithic sites in Malta include a series of sharp objects items such as animal teeth, claws, and stone axes interpreted as signifying the ability to protect oneself against harm.² With the introduction of more formal religions, worn amulets included depictions of various protective deities such as the Egyptian deities Horus, Isis, Bes, Toueris, and Ptah-Patecus worn during the Semitic Period.³ Christianity encouraged similar perceptions and promoted the wearing of objects associated with religious significance to help protect oneself against evil.

Once disease set in, the individual or the community took recourse to request divine intervention. This would have involved the offering of a sacrifice in the relevant place of worship. In giving thanks, the supplicant would often demonstrate his or her gratitude by depositing a votive gift to record a successful intervention. These votive offerings are still extant in a number of specific Christian religious shrines sited in the Maltese Islands. The alternative form of management to cure disease would be to approach a medicine-man to help cure the disease by removing the "magic shot" or by restoring the "vital essence" to the individual or community. The medicine-man would apply a series of procedures suitable to the condition and the overall cultural perceptions of the community. The presence of medicine-men and women using traditional medicine in Maltese society has been identified as early as the Copper Age Period, but has persisted right through the millennia surviving even through the strict control by the Roman Inquisition during the 16-18th centuries. In Christian culture, similar rituals are still prevalent through the practice of exorcism (the removal of the devil from the persona), and of penance and extreme unction (the removal of the guilt of having done wrong and thus restoring the psychological balance).

An important historical religious event in Maltese history was the shipwreck of the Christian apostle Paul on Malta in 60 CE. The event was highlighted by the apostle being bitten by a snake and subsequently suffering no harm. Maltese



Cupping with spirit lamp cup



Cupping with candle



Leech jar

folklore adopted this event and attributed miraculous properties to the stone from the assumed grotto residence of the apostle and to fossil shark's teeth interpreted as the apostle tongue imprints. These items, exported to Europe throughout the 16th – 18th centuries, were considered efficacious against poison of any form.⁴

Rational practices

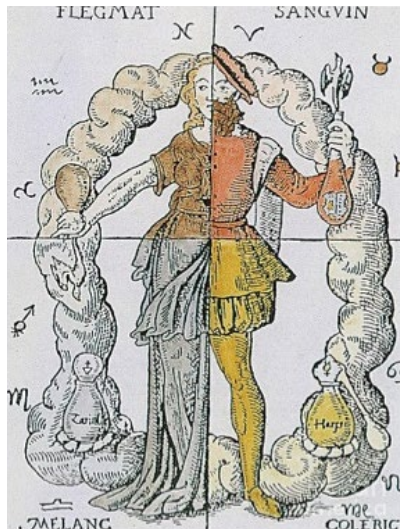
In European culture, the rationalization of medical practice was brought about by the Greek physician Galen of Pergamum (129 – 216 CE). This medical writer adopted the writings of the Greek philosophers Plato and Aristotle as well as the writing of the physician Hippocrates. Building on these conceptions, Galen proposed that human health required equilibrium between four main bodily fluids or humours – blood, yellow bile, black bile, and phlegm. Disease was caused by an imbalance of these humours and treatment regimens were directed to restore this balance. Treatment regimens aiming to restore the humours were varied but commonly included venesection, cupping and purging with emetics or laxatives. Galen's concepts were to dominate medical theory and practice in Europe from the Middle Ages right through the 18th century.¹

The archaeological evidence from Malta suggests that Galen's concept of disease had been adopted by the 2nd century. This is evidenced by a tomb slab depicting a series of surgical instruments. This series includes depictions of two bleeding cups suggesting that venesection was an adopted form of manage-

Venesection — roman tombstone



The galenic four humours



ment at the time.⁵ Venesection remained an important management option in a large variety of diseases right up to the beginning of the 20th century. Venesection was carried out by direct lancing of a vein, or by using scarificators that made multiple incisions on the skin to cause multiple bleeding points, or by the application of leeches.⁶ Venesection in small repeated quantities was regularly used in the management of fevers; while in the presence of wounds, the procedure was believed to reduce the inflammatory reaction by helping the absorption of extravasated blood from the tissues. The procedure was also used to prevent the development of pregnancy eclampsia, cerebral stroke, and in the management of severe headache, pulmonary oedema, mental disease and gastric symptomatology. Venesection was generally performed on the jugular or brachial veins, rarely from the veins of the leg. It was sometimes combined with cupping to help extract a larger volume of blood.⁷ Leeches were also applied to reduce superficial inflammation at wound sites especially after plastic surgery such as rhinoplasty. This concept has been re-adopted in modern medicine using the anticoagulant injected by the leech to help with improving the circulation after plastic surgery.⁸

Another method used to help restore the balance of the body's humours was the procedure known as cupping [Maltese: *fintusi*]. This involves the application of vacuumed glass cups in specific regions over the body, usually but not restricted to the back. In traditional Maltese practice, cupping was generally used to alleviate muscular pains, lumbago and sciatica, fever, mental disease and for a number of other non-specific illnesses. The methodology involved a heat source which was usually a small piece of cloth lightly soaked in spirit or a small piece of the candle placed on coin. After setting up and lighting the heat source, a cup in the form of a normal table tumble or a specifically designed cup was applied over the heat source. The burning process removed the oxygen contained in the cup extinguishing the heat source and causing a vacuum effect. The mechanism of action of cupping, especially in regards to the relief of pain, is difficult to explain but may be assumed to work by acting as a method of counter-stimulation based on distraction in one location with the goal of lessening discomfort and/or inflammation in another. The origin of the practice of counter-stimulation in traditional Maltese medical practice has not been identified. However, a statuette depicting a pregnant women dating to the Copper Age Period excavated from Malta has implanted pieces of shells in specific sites of the body. This statuette has been interpreted as indicating the possible use of counter-stimulation in the treatment of specific pregnancy-related disorders.⁹

Another method of counter-stimulation used in traditional Maltese medicine was the application of cataplasms, poultices and sinapisms. These substances were



Tumler arrangement

supposed to cause irritation or mild inflammation where applied and thus act as a counter-irritant. A medical dressing made of a soft heated mass of meal or clay was spread on a cloth and applied to the skin to treat inflamed areas or improve the circulation at the site, and manage local pain. They were also used to decrease swelling. The dressing was potentially made out of clay, linseed flour, bread, yeast or mustard. Charcoal was occasionally added with dressing made using clay, linseed flour or bread.^{7,10} The US Food and Drug Administration defines a counter irritant as “an externally applied substance that causes irritation or mild inflammation of the skin for the purpose of relieving pain in muscles, joints and viscera distal to the site of application. They differ from the anaesthetics, analgesics, and antipruritic agents, however, in that the pain relief they produce results from stimulation — rather than depression — of the cutaneous sensory receptors and occurs in structures of the body other than the skin areas to which they are applied as for example, in joints, muscles, tendons and certain viscera.”¹¹

A series of prescriptions of the 16th century clearly demonstrates the use of the various therapeutic options to attempt to cure disease by balancing the humours. A case of trauma had a cataplasm of *quinque farinarum* applied, while the patient two further lotions of *fusco* and *Aegyptiaco* were applied to the wounds, also received oil and honeyed extracts of oil of roses that were attributed with sedative properties. A second case involving trauma was prescribed an *unguenti digestive* made from turpentine, basil, aloe, tincture and eggs applied to an open wound. A teenage child suffering from kidney problems received a “constrictive cataplasm ... to harden and warm ... the kidneys”. He was also prescribed *pillule foetidae* and *opopanax* to evacuate “the cold rather crude and even bilious mood”. Further prescriptions in the form of *pillulae aggregativae* were also prescribed to aggregate the humours prior to dispelling them with the assistance of the prescription *Jera pigra Galieni* which was supposed to “purge the stomach and cleanse the blood”.¹²

Observational study practices

Rational medical thought also required recourse to purging using emetics or laxatives to restore the balance in body humours. The therapeutic option of purging the body from altered humours required pharmacological agents that could be used as emetics or laxatives. These were often derived from plant sources identified by observational studies noting the effects on the body system when these plants were ingested by animals or man himself. A number of medicinal plants with emetic and laxative effects have been identified to grow on the Islands. These include: the Garden Iris [*Iris germanica*] which has emetic, purgative, and diuretic properties; the White mignonette [*Reseda alba*] which has

laxative and diuretic properties; the Italian lilac [*Melia azedarach*] with purgative and vermifuge properties; the Mediterranean buckthorn [*Thamnus alaternus*] with purgative properties; the Sweet violet [*Viola odorata*] having laxative properties; and the Fig [*Ficus catica*] which has a mild laxative effect while its sap can be useful for the treatment of warts and other skin conditions. Another identified useful plant in the management of diabetes mellitus is Fenugreek [*Trigonella foenum-graecum*] which has been identified to have metformin-like effects.¹³

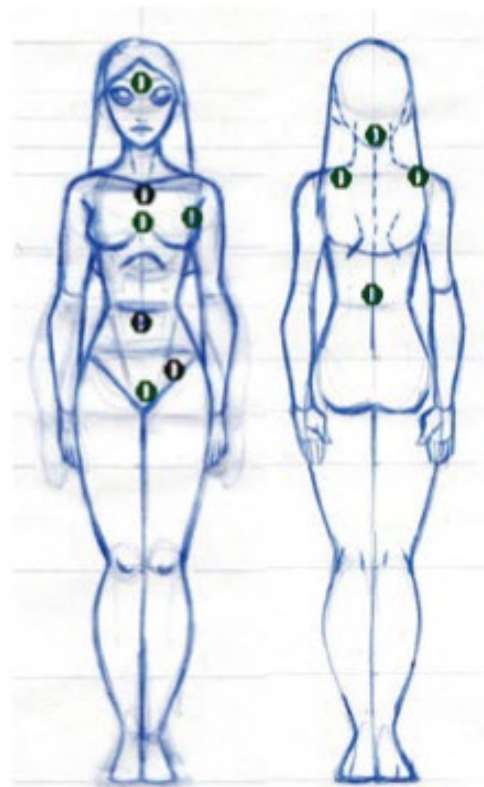
Other plant products were identified as potentially useful against specific disorders through the “doctrine of signatures” whereby its use was identified through association with the shape or colour of the plant. One such plant in use by Maltese practitioners was the parasitic plant *Cynomorium coccineum*. Because of its dark red colour it was assumed to be useful in conditions involving blood such as dysentery, bloody evacuations, every haemorrhage in the chest, treating gums, hematemesis, drying wounds, and controlling traumatic and surgical bleeding. Its phallic shape made it supposedly useful to manage venereal diseases. It has now been shown to have a hypotensive effect.¹⁴

Other observational treatment included the use of eggs in the management of open wounds being allowed to heal by secondary intention. The use of egg products for the treatment of wounds is recorded in the contemporary pharmacopeia of 16th and 18th centuries.¹⁵ In modern practice the use of egg white formulations has been replaced by the introduction of hydrogel dressings that are clinically proven to facilitate gentle, effective autolytic debridement to prepare the wound bed in all types of wounds. Similar use in the management of open wounds was the use of honey which because of its low pH, hyperosmolarity and the presence of oxidizing agents acts as a strong antibactericidal agent reducing the risk of infection in the wound.⁸ Maggots were also used in the management of necrotic open wounds since these will feed only on dead flesh and leave behind a clean wound. The use of maggot therapy for wound debridement has been now re-adopted in surgical practice.⁸

Conclusion

The easier availability of contemporary western medicine in Maltese society has relegated traditional Maltese medical practice to the past. Often assumed to be outdated and gen-

Counter stimulation — diagram showing location of shells



erally ineffective by contemporary doctors, traditional medicine played a pivotal role in managing disease for millennia especially when contemporary medical practice had little substantial evidence and was thus often ineffective or inaccessible to the local class population. In most circumstances, traditional medicine helped alleviate the symptomatology of disease until nature took its course and cured or killed the individual. In other circumstances, it may have actually helped the individual combat the disease process assisting in the body's healing process.

Many countries throughout the world have indigenous and traditional medicine. Today, international cultural exchanges increase the cross-cultural communications. Traditional Maltese medicine and traditional Chinese medicine share a common understanding on life and disease management. It's an eternal theme for human beings to study life and health. Interactions and cooperation among medical systems are of great significance to further medical advancement.

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A Brief Retrospective on the Development of Chinese Medicine in Australia

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Chinese Medicine is the name for the collected body of therapeutic medical knowledge originated in China. Chinese Medicine is understood to be thousands of years old and was founded on the concepts of Qi, Yin and Yang theory, all of which were enormously influential to life and culture as it developed in China. Today, these concepts of moderation and balance have found their way to all parts of the world, as a result of modern development, communication and cultural exchange. These ongoing, subtle changes draw the world's people closer together by offering benefits, challenges, increased integrity, an alternate perspective, and the opportunity for cultural and economic growth. With regard to cultural growth and health innovation in the Pacific, the region includes numerous different varieties of medicine including Chinese, Japanese, Korean, Thai, Indonesian, and Australian Aboriginal and Torres Strait Islander medicine. Chinese medicine most likely came to Australia with the Chinese migrants in the 1850's during an Australian gold rush, though it is possible it could have been earlier, as Chinese migrants have been arriving in Australia since the 1700's. Chinese medicine has only received mainstream attention in the last 50 years or so, during which time Australia and China have worked closely together as a result of diplomatic ties which began in the mid 1970's. Victoria was the first State in Australia to recognise Chinese medicine as a health practice in 2000, following a 5-year consultation process which culminated in the Chinese medicine Registration Act 2000. This legislation formed the core contents for future Chinese medicine registration in all of Australia.

The Commonwealth of Australia recognised Chinese medicine as a health profession on July 1st 2012, and Aboriginal and Torres Strait Islander Health Practices were also recognised. The addition of both health practices demonstrates a willingness to embrace cultural diversity in the Asia-Pacific region, and that

a space exists for Chinese medicine on the global stage and in neighbouring countries. Mr Qicheng Zhang(张其成), the President of the Chinese Medicine and Culture Committee of the World Federation of Chinese Medicine Societies, visited the capital of Australia, Canberra, in August 2015 to deliver a presentation on Chinese medicine, as interpreted through the lens of Daoism, Confucianism and Buddhism. It speaks volumes about Australia's high level of community interest in Chinese culture and Chinese medicine that Canberra, the nation's capital, was able to attract such an eminent figure as Mr Zhang, and that Canberra was his first foreign audience to receive a presentation of this kind.

Chinese medicine is now a part of Australia's federal framework of regulated health professions which means that Australia is the first developed nation outside of China to have consistent nation-wide regulations on the practice of Chinese medicine. The Chinese medicine profession is bounded by the same law as other medical professions: the Health Practitioner Regulation National Law Act 2009, administered by the Australian Health Practitioner Regulation Agency (AHPRA), Australia's health regulator. This means that Chinese medicine is held to standards of professional practice analogous to Australia's 13 other regulated health professions such as physiotherapy, dentistry, chiropractic, nursing and midwifery, and radiography. AHPRA and the newly-formed Chinese medicine Board of Australia (CMBA) worked together to make the addition of Chinese medicine into the Australian regulatory framework a smooth transition. A grace period of registration, known as a "grand-parenting" registration, was offered to Chinese medicine practitioners who did not have a recent or formal qualification, which recognised that many practitioners have been working in Chinese medicine for longer than many qualifications have been offered or recognised. The grand-parenting provisions ended on July 1st 2015, indicating the end of the transitional period of registration set by the CMBA.

Being a registered health profession has a great deal of responsibilities. There are codes of conduct, standards of privacy and ethics, as well as rules about what sorts of advertising are acceptable, and laws regarding which medical titles are protected. For example, "Doctor of Chinese Medicine" is a title which is now protected for use only by Chinese medicine practitioners, since July 1st 2012. Australian health regulations have required a practitioner to demonstrate evidence of 'Recency of Practice', as well as an acceptable criminal history, and to maintain an acceptable level of continuing professional de-

President Zhang: CHC regularly hosts talks with international speakers





velopment (CPD). This means that to remain a registered practitioner of Chinese medicine, a registrant must prove that they continuously seek to improve their understanding of their medical field, such as through attending seminars, being an active member of professional associations, or subscribing to relevant health or medical journals. This ensures that a practitioner of medicine stays abreast of developments in their discipline, and that the public benefit from contemporary developments in medicine. In addition, a registered professional is obligated by law to make a 'notification' (complaint) to AHPRA when they become aware of a risk to public health, such as when there are good reasons to believe that a fellow practitioner could be a danger to the public. Through this combination of increased oversight and professional obligations such as mandatory indemnity insurance, Chinese medicine's accountability and integrity has increased greatly within Australia.

With numerous new obligations placed on practitioners of Chinese medicine, the professional community has risen to the challenge and contributed positively to Australian regulations. For example, on July 1st 2015, an 'English Language Standard' was applied to all Boards of Health in Australia. This sounds like a significant milestone, and it was. This standard was first implemented by the CMBA, a brand new Board at the time. The CMBA, which is composed of both community and practicing members of Chinese medicine from all States and Territories of Australia, developed the English Language Standard as a means to protect



Picture of clinic staff: clinic staff of Capital Health Centre of Traditional Chinese Medicine (CHC)

the health of the Australian public by guaranteeing a minimum level of communication skills between practitioner and patient. This was a mature response, the result of recognition of the fact that many Chinese medicine practitioners who wish to contribute medically and culturally to Australia would require some assistance to wholly integrate with the community in which they wish to work – learning a language takes time and dedication.

Chinese medicine practitioners still only represent a very small proportion of health workers in Australia, just 0.7% (AHPRA Annual Report, p. 127). The geographic distribution of Chinese medicine practitioners is proportionately similar to the Australian population distribution. For example, the greatest number of Chinese medicine practitioners is registered in New South Wales, representing 40.5% of all practitioners (CMBA, Chinese medicine health practitioner registrant data, p. 3), while New South Wales represents 32% of the national population (ABS, 2015). This difference of 8.5% is the highest across the country and could be related to the relative affluence of NSW (ABS, 2013). 27.8% of all practitioners are registered in Victoria, which represents 24.9% of the population, and 18.5% are registered in Queensland, which is home to 20.1% of the Australian population. This demonstrates that across the three largest population centres of Australia (New South Wales, Victoria and Queensland), Chinese medicine is proportionate in size to the population, and that Chinese medicine is accepted proportionately across Australia, not just in a geographically confined space.

Belconnen clinic: One of our clinics situated on the north side of Canberra



As Australia is a signatory to the Convention on International Trade in Endangered Species of Wild Flora and Fauna (CITES), the CMBA has been a progressive force for positive change in the Asia-Pacific region, by recognising the need to find or create alternative products to replace traditional ingredients used in Chinese medicine which are now under threat (CMBA Newsletter February 2015, page 2).

Because of the government recognition of Chinese medicine, there is now a committee for assessing and recognising which Australian training institutions provide appropriate levels of training to satisfy the public's need for quality services. AHPRA also works closely with overseas accreditation bodies to ensure that standards across countries are similar. The Australian public can now be informed about Chinese medicine as a complementary healthcare option with confidence. Regulation of acupuncture, herbal medicine, herbal dispensing and recognised associated therapies means that practitioners must abide by strict codes of conduct, privacy and advertising rules, as well as remaining perpetually educated about their registered medical field.

Woden clinic: One of our clinics situated on the south side of Canberra





Tea talk: CHC also regularly hosts seminars on health/culture topics of interest to our community

Prior to registration, professional associations were predominantly ethical, but not legally binding, supported by Chinese medicine practitioners. Now, such associations are more closely linked with ongoing professional development, and they have a position in helping to simplify the healthcare expense claims of the public. The Australian medicare system looks after general public care, but private health insurance is still very popular. Acupuncture and herbal medicine are accepted by most providers, including the largest provider. In time I hope acceptance of Chinese medicine grows to the

point that all who wish to make use of it are able to do so. The growth of a profession is promising, especially for its practitioners.

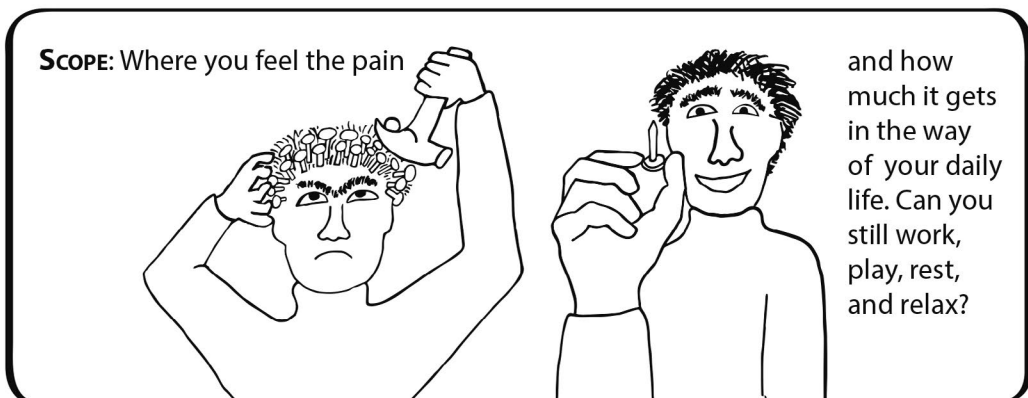
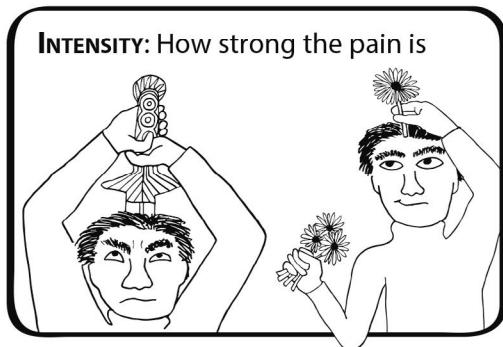
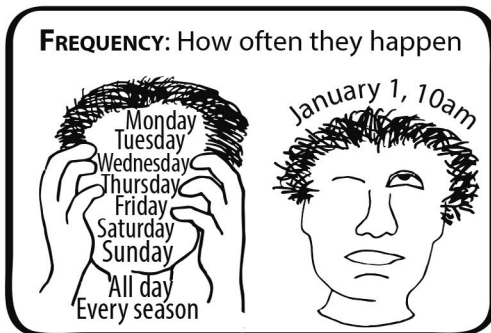
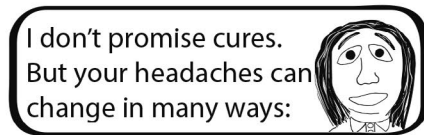
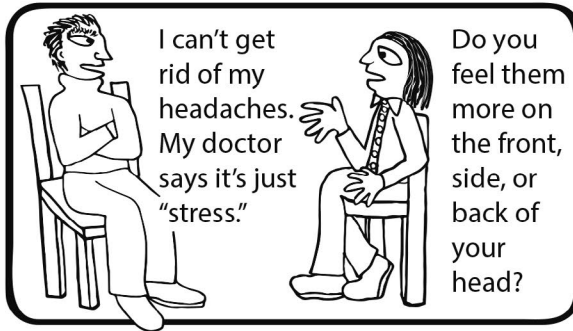
I have witnessed a success story in Australia over the past 15 years, and it is my belief that this success will spread, powered by the international Chinese medicine community's desire for integrity, quality of healthcare, inter-disciplinary cooperation and better health for all of society.

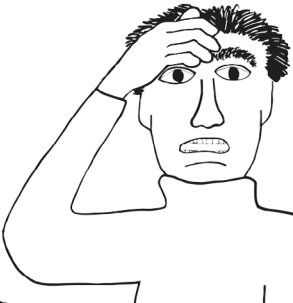
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Heat and Headaches

By Trina Lion (USA)






GOT IT. The worst pain is here, in the middle of my forehead. It's better if I sleep well. Also, it hurts more now that I'm on a diet and eating less sugar.




I've had headaches since I was a kid. They can still change?
Absolutely!

You can become more flexible, so you can adapt to your life without creating new symptoms. If you make your diet and lifestyle more balanced, you will need fewer treatments.

May I see your tongue?


How did you sleep last night?



The tip of your tongue is a little bit red.

Not great. Why do you ask?

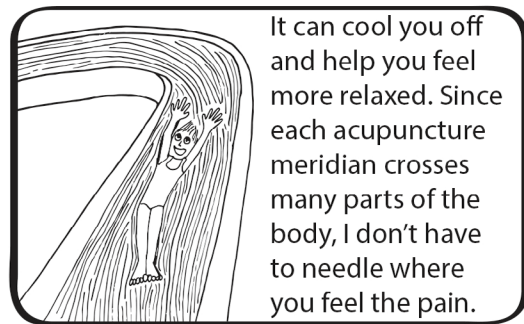
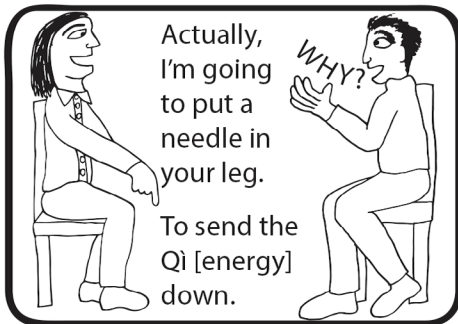
What does that mean?



Heat. It often rises to the head. Heat can make you feel wild, silly, angry, or restless. When you have heat, it's hard to STOP doing something and just be.

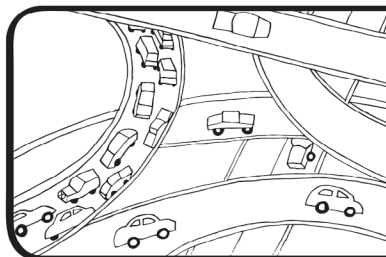


So **you** also have some heat. Are you going to put a needle in my head now?

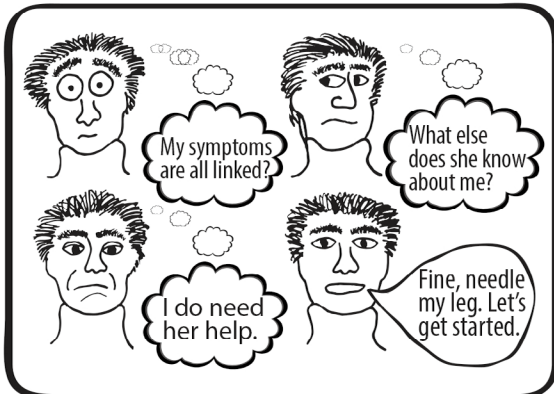


The stomach meridian travels from the second toe up the shin and thigh, over the stomach and side of the neck to the jaw, sinuses, and front of the forehead. Did you ever have a tight jaw, clogged nose, or feel stuffed but unable to stop eating?

Yes.



There was a traffic jam along your stomach meridian. This can create problems along related muscles, organs, structures, functions, or within your emotions.



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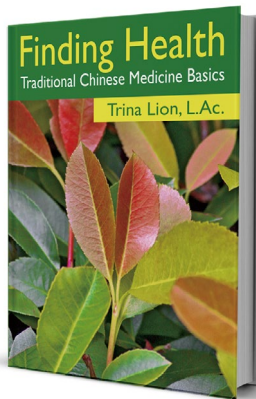


ABOUT THE AUTHOR

Trina Lion is a licensed acupuncturist at Mercy Medical Center in Baltimore, MD, USA. During her ten years in Shanghai, she was an acupuncture intern at ShuGuang Hospital; lectured on TCM at Shanghai Jiao Tong University, NYU in Shanghai, L'Oréal China, and NFL China; was a special guest on TCM for the International Channel Shanghai (ICS-TV) show "Culture Matters," and was the cover story for Shanghai Family magazine. Trina believes that our lifestyle is as important as any treatment; by finding balance in our diet, fitness, and schedule, we can support our own health and healing. trinaliontcm.com

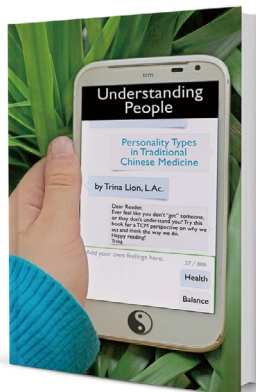
E-mail: trinaliontcm@gmail.com

Two books for self-preservation written by Trina Lion are available at Garden Books in Shanghai and through trinaliontcm.com.



Finding Health

Finding Health is an overview, a way for both students and patients to begin to dialogue about their health using TCM terms. The book is short, has cartoons, and includes modern scenarios (like buffets, "sick days," relaxing with headphones and divorce). Since TCM can help any age, nationality, or medical history, any reader can find strategies for making kind and sustainable lifestyle choices. We can all learn to cultivate balance. As we lessen our need for others to "fix" us, we preserve our personal resources and those of the planet.



Understanding People

Understanding People gives insight into our personalities and relationships using the Five Element system of TCM. Why do we do what we do? How can we communicate more effectively and interact with other people more easily? Readers will learn self-help strategies for balancing their Elements, plus enjoy Trina's humorous cartoons.

The Essential Woman

Female Health and Fertility in Chinese Classical Texts by Elisabeth Rochat de la Vallée

By Sandra Hill (UK)



ABOUT THE AUTHOR

Sandra Hill, UK, teaches on various TCM postgraduate programmes in the UK.

Sandra Hill studied fine art at St Martins School of Art and went on to post-graduate studies at Chelsea College of Art. At that time she developed an interest in Oriental Philosophy and its influence on modern art and after graduation travelled to the Far East, where she lived in Hong Kong and later in Japan for several years.

In Japan, Sandra continued her work as an artist while studying martial arts and shiatsu. On her return to the UK in 1978, she enrolled in a full time acupuncture course at the International College of Oriental Medicine where she was taught by Peter Deadman and Julian Scott, as well as J. D. van Buren.

Soon after graduating in 1983, Sandra met Claude Larre and Elisabeth Rochat de la Vallée, and with Peter Firebrace established a series of seminars in London to bring their teaching on the classics to an English speaking audience. In 1987 she co-founded Monkey Press with Peter Firebrace and Caroline Root.

Sandra taught at ICOM for several years before establishing the Orientation clinic and seminar programme with Peter Firebrace. She coauthored *A Guide to Acupuncture* with Peter Firebrace; authored *Reclaiming the Wisdom of the Body* and *Oriental Paths to Health*, as well as coauthoring *The Schumacher Briefing the Roots of Health* with Romy Fraser.

Sandra was a founding member of the European Journal for Oriental Medicine, which was created when the journals of the Traditional Acupuncture Society and the Register for Oriental Medicine merged. By bringing together the four existing acupuncture registers in a common publication, EJOM provided the ground for the establishment of the BAcC. Sandra lives in London, where she continues to teach and treat patients, while developing her work as an artist.

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This small book is full of interesting information and observations about the health and fertility of women. Elisabeth Rochat brings her extensive study of the classical philosophical and medical texts to this fascinating subject, giving us an in-depth account of the physiology of the female body. She then moves on to describe common pathologies, illustrating with classical references and advice for treatment with both acupuncture and herbs.

The book begins with a discussion of what it means to be a woman – how does the body of a woman differ from that of a man, and how does that affect female physiology and pathology? According to the medical classics it is all a matter of the balance of yin and yang, and Xue Qi (血气 blood and Qi).

'In the third month [of pregnancy] something is decided at the level of the blood and qi and the sex of the child is decided.'

So the development of the body of a male and a female child differ from this point in the pregnancy. And it is in the third month that certain texts, eg. Zhu Bing Yuan Hou Lun (《诸病源候论》 *Treatise on Cause and Symptoms of Diseases*)

Elisabeth Rochat de la Vallée



suggest that the sex of the child may be determined by eating certain foods and engaging in certain (yin or yang) activities. The female body has a preponderance of yin and blood, but it also loses blood. It is within this delicate balance that much of female pathology – particularly that of fertility – is rooted.

In this first section of the book Elisabeth draws on the texts of Lun Yu (《论语》 *The Analects of Confucius*), Xun Zi (《荀子》 *The Work Collection of Xuncius*) and Li Ji (《礼记》 *The Book of Rites*) to describe the way that the balance of blood and qi is seen as the key to physical health, but also to psychological health. A good balance of blood and qi is responsible for consciousness and clear perception (or the presence of the spirits, Shen 神). While the natural fluctuations of blood and qi within the female body as the result of menstruation are often given as the reason for her tendency towards emotional instability, Elisabeth suggests that women are also able to apply Xin Shu (心术) and therefore learn to rectify the balance of their emotions and restore a good functioning of blood and qi. Though they may have more instability to contend with, they are equally able to overcome this physical instability with presence of mind!

Huang Di Nei Jing Su Wen (《黄帝内经·素问》 *Huangdi's Canon of Medicine-Basic Questions*) chapter 26 draws attention to the natural fluctuations of blood and qi according to time and season and, most obviously within the body of a woman, to the phases of the moon:

'When the moon is full, the qi and blood are in Shi (实 fullness) the body is solid and strong. ... with the new moon, the body weakens, the meridians and connecting Jing Luo (经络 meridian) become empty.'

So the balance of blood and qi may be affected by both internal and external causes. After this fascinating introduction, Elisabeth moves on to describe how each of the Wu Zang (五脏 five zang) plays their part in female physiology. As would be expected, she gives most attention to the kidneys, liver and spleen, but also mentions the heart as both the seat of the emotions and the master of blood, and the lungs in their role of mastering qi and more specifically, the relationship with the kidneys in the distribution of fluids.

But the section begins with the kidneys, which are described as the basis of life, the foundation of Jing (精 essences) – with responsibility for the quality of both essences and body fluids. The good health of the kidneys ensures the quality of the blood, particularly in relation to fertility. They also form the basis of the extraordinary meridians, the Ren Mai (任脉 conception channel) and Chong Mai (冲脉 thoroughfare channel).

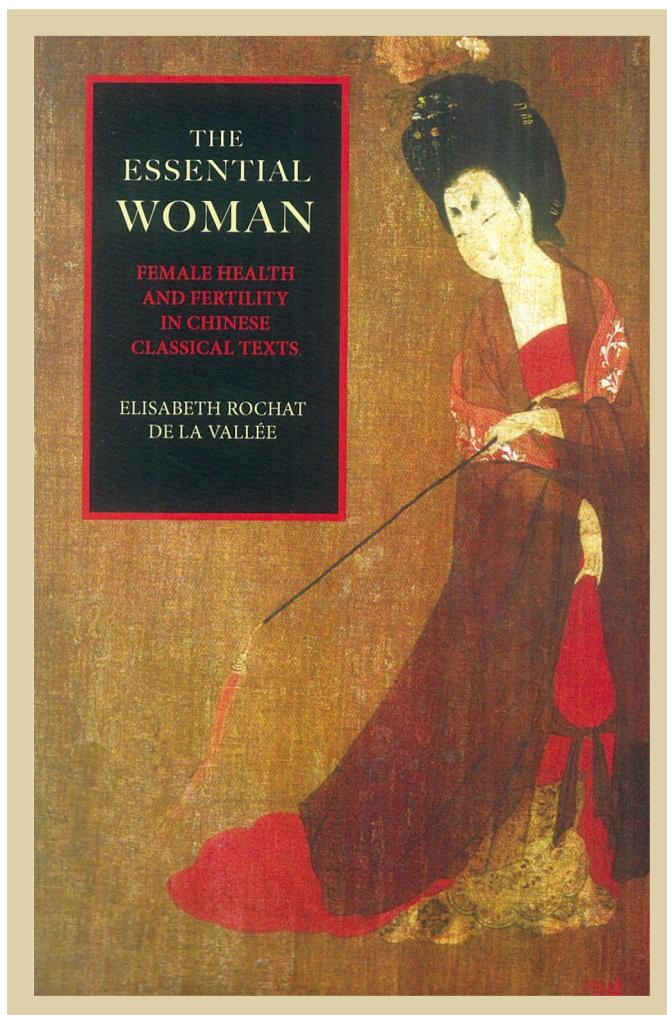
The liver, Elisabeth explains, has the dual function of both storing the blood and ensuring the free flow of qi. So in menstruation it controls both the volume and the flow of blood. The liver stores in order to release. This ability to store and release may be blocked in some way – especially by the emotions with their direct effect on the movement of Qi. The free-flow of Qi both affects and can be affected by the emotions, and the classical texts often refer to the agitation, jealousy and suspicion that women may feel around the time of their period as a sign of Qi blockage; their yin nature (cultural or natural) suggests that women are unlikely to express anger in a direct way.

The spleen is described as giving nourishment to the blood, and therefore to the foetus, but also to the child through the mother's milk. In addition, spleen qi ensures that the uterus is kept in place.

This section also has a description of the uterus itself, and an explanation of the terms Bao (包, 胞), Bao Zhong (胞中) and Bao Luo (胞络) in some detail. It also discusses the uterus as one of the so-called Qi Heng Zhi Fu (奇恒之腑 extraordinary fu).

A section follows on the role of the Qi Jing Ba Mai (奇经八脉 extraordinary meridians), particularly the Chong Mai (冲脉 thoroughfare channel) and Ren Mai (任脉 conception channel), both of which are described in Huang Di Nei Jing Ling Shu (《黄帝内经灵枢》 *Huangdi's Canon of Medicine-Magic Pivot*) chapter 65 as originating in the Bao Zhong – the precious space within the abdomen, sometimes translated as the uterus within the female body. These two meridians are mentioned in Su Wen chapter 1 in the famous discourse on the cycles of fertility in both men and women.

Du Mai (督脉 governor meridian) is also mentioned here as providing the necessary yin yang balance within the lower abdomen, with Ming Men Huo (命门火 the fire of the gate of life) bringing warmth and transformation. Dai Mai (带脉 belt



Cover of the book

meridian) is also considered in its role in regulating the lower jiao and particularly its role in pathologies of Dai Xia (带下 various vaginal discharges).

A translation and commentary on the text describing the cycles of fertility in Su Wen chapter 1 brings this first part of the book to a close. Here we see again the importance given to the rise and fall of the kidney qi in establishing fertility: its increase is illustrated by the flourishing of the hair and the growth of new teeth (a sign of the strength of both kidney yin and yang), its decline graphically described in the whitening of the hair and the wrinkling of the face! The arrival of fertility in the 14 year old girl is described as Ren Mai (任脉 conception channel) and Chong Mai (冲脉 thoroughfare channel) rising in power – their decline is seen at 49:

'At seven times seven the Ren Mai (任脉 conception channel) is empty, and the powerful Chong Mai (冲脉 thoroughfare channel) declines progressively. Nothing further passes through the 'way of the earth'. The body withers and she no longer has children.'

This detailed examination brings clarity to this seminal text which has often been misunderstood and misinterpreted in the past.

The second part of the book concentrates on pathology, and the text is richly illustrated with examples from the Jing Gui Yao Lue (《金匱要略》 *Essential Prescriptions of Golden Chamber*) and Shang Han Lun (《伤寒论》 *Treatise on Cold-induced Diseases*) as well as the Nei Jing Su Wen (《素问》 *Basic Questions*) and Ling Shu (《灵枢》 *Magic Pivot*).

It begins with a section on infertility, and Elisabeth takes some time to stress both the differences and similarities of the lives of women at the time that these texts were written and in the modern era. She attempts to separate what might be cultural tendencies from the basic and unalterable fact that the physiology of women is different from that of men. When the classical medical texts describe women as 'essentially yin', they are referring to the natural yin movement of qi which is necessary to gather essences in the abdomen, to allow the foetus to grow and to be nourished. Yin is the tendency towards materialization, seen here in the development of a new life.

Especially as we experience such high rates of infertility within the modern world, it might be interesting to consider what part modern life-style may be playing in that phenomena. This may not be a popular or 'politically correct' line of inquiry, but to those of us engaged in clinical practice, we cannot help

but be aware that the stressful lives of some young women may be one of the factors contributing to their inability to conceive, particularly if this is compounded by exhaustion of the kidney qi.

Many classical texts cite an insufficiency in the strength of Ren Mai (任脉 conception channel) and Chong Mai (冲脉 thoroughfare channel) as the cause of infertility. Also an emptiness of the qi of the kidneys, which may cause cold in the uterus and lead to infertility due to an inability to gather and store the essences. The section continues by discussing other causes for infertility including obstruction of the liver qi – possibly caused by emotions – obstruction by phlegm and dampness, and blood stasis.

Further pathologies which may occur during menopause are then discussed, with attention given to the important distinction between deficiency of kidney yin and deficiency of kidney yang.

The last part of the book provides a detailed analysis of the pathologies associated with menstruation. It begins with a quotation from Huang Di Nei Jing Su Wen (《黄帝内经·素问》 *Huangdi's Canon of Medicine-Basic Questions*) chapter 7 which tells us that most menstrual problems, and particularly amenorrhoea, come from three main causes: emptiness of the spleen and stomach, emptiness of Ren Mai (任脉 conception channel) and Chong Mai (冲脉 thoroughfare channel) and blockage from phlegm and dampness. It goes on to discuss Xue Ku (血枯 dryness of the blood) and Xue Zhi (血滞 blood stasis) as well as invasion by heat and invasion by cold.

This section quotes liberally from the Shang Han Lun (《伤寒论》 *Treatise on Cold-induced Diseases*) and Jing Gui Yao Lue (《金匮要略》 *Essential Prescriptions of Golden Chamber*), providing detailed differentiation and suggested treatments with both acupuncture and herbs.

This book provides a wealth of insight into the physiology and pathology of women. It is practical while remaining true to the inspiration of the classical texts. It confronts the question of whether the wisdom contained within the classical medical literature is still relevant for today's world – we may live very different lives, but our bodies remain essentially the same.

Sandra Hill
London, April 2016



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