



CHINESE 2017 夏季刊 MEDICAL CULTURE

**Dr. K. Wong Chimin:
A Pioneer in Chinese
Medical History**

**On Method: In Light of Tian
Hui(天回) Laoguanshan
(老官山) Tomb's Medical
Findings**

How to Treat Patients

**TCM in the US: An
Interview with the
President of the Five
Branches University**



**Volume 2
(Summer Edition)**

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Disseminating TCM humanistic philosophy, history, culture, health preservation, development trend, treatment, and comparative study on traditional medicine, passing on Oriental Wellness wisdom of Chinese medicine, and showcasing the knowledge about heritage of TCM to the world. This is an international journal for popular science focused on TCM culture.

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The 8th Plenary Meeting of ISO/TC249 Traditional Chinese Medicine Held in Hong Kong, China

On June 5-8, 2017, the 8th plenary meeting of ISO/TC249 was held in Hong Kong, China. 230 delegates from 11 member countries including China, Australia, Canada, Germany, Japan, South Korea, the United States, and 3 liaisons including the World Federation of Chinese Medicine Societies (WFCMS), the World Federation of Acupuncture and Moxibustion Societies (WFAMS) attended this meeting.

During the meeting, the committee reviewed the work of each working groups in ISO/TC249, *the Business Plan* and the cooperation between liaison organizations. Then it mainly focused on discussing the working mechanism of the working groups and the definition of "safe use" in scope of ISO/TC249. After heated discussion, experts finally reached a consensus on definition of "safe use" and making it clear on the development direction of ISO/TC249.

The secretariat received a total of 30 new work item proposals from China, South Korea and WFCMS

for the 8th plenary meeting. After working group discussion, 13 proposals were approved by the committee to proceed to NP balloting and 5 proposals would proceed to DTR ballot. Among them, the technical report *Traditional Chinese Medicine – Priority list for developing standards for single herbal medicines in ISO/TC249* led by the secretariat was agreed to DTR ballot. This technical report aims to provide information for standards development priority on the single herbal medicine in ISO/TC 249. It will be beneficial to the global trade on bulk Chinese materia medica and improve the efficiency of single herb medicines standardization.

ISO/TC249 Traditional Chinese Medicine was established in 2009. Nowadays, there are totally 37 member bodies and 7 working groups. Until June this year, ISO/TC 249 has published 20 international standards and there are 43 standards under development.

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On Method: In Light of Tian Hui(天回) Laoguanshan(老官山) Tomb's Medical Findings

By Li Jianmin (李建民)

In a poem by Wallace Stevens (1879-1955), an American Modernist poet, entitled "Descriptions Without Place" (1945), we read:

**"It is possible that to seem – it is to be,
As the sun is something seeming and it is.
The sun is an example. What it seems
It is and in such seeming all things are."**

For Stevens, it is possible to describe what "seems" in order to understand what "is". The act of describing something is a continuous process of trying to know what it is from what it seems. Thus, the type of methodology I am referring to has an intrinsically adaptive and self-rectifying quality. We might say that some researchers have a tendency towards a deep-seated agenda, and this is one way to remedy that.

The art historian E.H. Gombrich (1909-2001) once asked, "Why is it that different ages and different nations have represented the visible world in such different ways?" How easy is it to explore an image?

My research work started by looking at the photo of the figurine excavated from the Tian Hui Han tomb(天回汉墓). The paper questioned the existence of the so-called Bian Que (扁鹊) school, and, obliquely, the relationship between the school and the figurine, as well as texts found in the Tian Hui Han tombs. It shows how diverse the disjointed knowledge of medicine in early China was. According to Carlo Ginzburg (1939-), an Italian historian, "The art connoisseur resembles the detective who discovers the perpetrator of a crime on the basis of evidence that is imperceptible to most people." Like a detective, we too need to look for marginal evidence that gives us more clues to understand the diverse medical knowledge of the time.

I will begin by examining the concept of Se Zhen (色诊 colour diagnosis) and particularly the Wu Se Zhen (五色诊 the five colour diagnosis), which is believed to be a fundamental technique of the so-called school of Bian Que, and which is represented in the Tian Hui (天回) findings. If the essence of Bian Que's medicine is colour diagnosis, how does one understand its specific characteristics?

Before the Qin dynasty (221-206 BCE), there were different notions of Se (色): It could refer to colours, women's appearance and sexuality, and one's attitude and expression, as well as one's moral bearing. However, we cannot

make a correspondence between the Chinese *se* "colour of the body" and the Western "colour of flesh and muscle", because this fails to illuminate the concept of the early Chinese medical and/or "acupuncture" body.

Kuriyama (栗山茂久) talked about colour diagnosis in Chinese Medicine and said that "Physicians did not merely speak of *Se* as flower, but saw it as such. They scrutinized the face in much the same way that a gardener eyes the flourishing or decline of his plants". However, Kuriyama's understanding of *se* as flower might be over-simplified and misrepresented. Besides, is it appropriate to understand *se* simply as colour?

Huang Longxiang (黄龙祥) considered the five colour diagnosis technique as a unique characteristic belonging to the Bian Que school. He discovered many lost writings about Bian Que's five colour diagnosis between Volume 1 and Volume 6 of Mai Jing (《脉经》*The Pulse Classic*). In this text, the five colours in Chinese Medicine relate mostly to the five zang-organs. However, Keiji Yamada (1932-), who divided the content of Nei Jing (《内经》*Internal Classic*) into many different schools and stages, has made some creative analysis on the five colours. Opposing Huang Longxiang's view, Yamada believed that "the five colour" chapter in chapter 8 of Ling Shu (《灵枢》*Miraculous Pivot*) should be considered as a text belonging to the school of the Yellow Emperor (黄帝). He argued that five colour diagnosis is not a technique exclusive to the Bian Que school. There are many schools of colour diagnosis in the early period of Chinese medicine. Joseph Needham (1900-1995) in 1976 published a paper asserting that the most important technique of Bian Que was the long-term or future diagnosis. It was the ability to give a prognosis of likely outcomes over a period of a few months or even longer. Do the excavated texts on the five colour diagnosis include such prognoses?

Following is an example illustrating the difficulties of understanding colour diagnosis. Chunyu Yi (淳于意), a physician during the time of the Wen Emperor (文帝) of the Han dynasty, had a patient called Song Jian who manifested the "colour dry (色干) of Tai Yang (太阳)". The dryness mentioned is related to a lack of body fluids. However, the meaning of "Tai Yang" and "colour dry" is not clear. Takigawa Sukenobu (1865-1946) who wrote Shi Ji Hui Zhu Kao Zheng (《史记会注考证》*Textual Criticism of "The Historical Records" with Commentary*) follows Taki Motoyasu (1755-1810) in saying that the location of Tai Yang was not known. Even eminent scholars and physicians such as Takigawa Sukenobu (1865-1946) and Taki Motoyasu (1755-1810) did not know how to interpret "colour dry" in this medical case, as it was clearly not

easily understood in this context. However, the only deduction we can make with the "colour dry" is that it unlikely refers to the patient's complexion.

Let us now focus on the figurine itself. With its round skull and square feet, the Laoguan Shan (老官山) figurine resembles a real person. There are characters on various parts of its body. For instance, on the exterior of the collarbone the "盆" character is written (缺盆 Quepen ST 12, literally means empty basin). On the back of the figurine, in the centre, there are technical terms referring to the five zang-organs – heart, lungs, liver, stomach, and kidneys. This statue of only 14 cm in height, with characters in several places on its body, has a practical function for medical treatment and at the same time throws light on how the body was viewed in Chinese medicine.

Why was Quepen in particular highlighted on the whole body among the 119 acupoints? If this figurine was used by a medical practitioner, what was the purpose of indicating this particular location? In the Jia Yi Jing (《甲乙经》 *A-B Classic of Acupuncture and Moxibustion*), the oldest surviving writing on acupuncture and moxibustion written in the 3rd century CE, Quepen did not have a fixed horizontal position. It only stated that it was in the centre of the hollow on the shoulder. It is an approximate location. Most acupoints were envisaged in this way in traditional Chinese medicine. In the course of time, the idea of an "area" of the body in Chinese Medicine became increasingly precise and standardized. Near Quepen, in the armpit of the figurine, there are 2 characters that are easily overlooked. The name of this position is "armpit abyss", Yi (腋) meaning armpit. In this case, "abyss" means a deep pool. In early periods, it was forbidden to use needles or moxa at this location.

The channels and the acupoints of the figurine are shown in different colours. The 119 acupoints are in yellow and white, while the channels are in white and red. In Chinese medicine, there are many pictorial examples of depicting the channels with different colours. For example the "Ming Tang San Ren Tu" (《明堂三人图》 *The Chart of Three Persons of The Mingtang*) by Sun Simiao (孙思邈) has the body in flesh colour, the 12 channels in the five colours – blue-green, yellow, red, white, black – and the Du (督) and Ren (任) channels in green. Interestingly, the intertwined lines of the vessels on this excavated figure are both red and white. We can see that some of the horizontal white and red lines overlap. Was this a mistake by the original painter?

The Laoguan Shan figurine is not large, only 14cm tall, but on its body there are not only traces of channels and vessels, but also up to 119 cavities.



You can see the words on the left side of the figurine.

Furthermore, in this very limited space, there were many spots carved with characters, as mentioned earlier. Who would have originally been looking at these characters? What are these lines on the body? This is the first time we see an excavated medical figurine with Chinese characters. Its value is beyond words.

This figurine has 119 acupoints, roughly the same as the total number of acupoints recorded in the current version of Nei Jing. The idea that there are 365 acupoints in Nei Jing, in accordance with the number of days in a year, is incorrect. There are in fact just over a hundred acupoints named in Nei Jing. These 119 acupoints are not scattered irregularly but are concentrated in four large regions, namely: the neck, the torso, upper limbs and lower limbs. The history of the body in Chinese medicine does not start with identifying fixed positions of channels and acupoints. Thus, we do not need to focus on individual acupoints but on the concentrated areas of the 119 acupoints. Between the two eyebrows of the figurine, there is an obvious hollow. At the navel there is also an unusually obvious hollow. The fact that these two places are made prominent causes us to be more vigilant about what they signify. The figurine suggests an inner vision of the human body. This archaeological object offers concrete evidence when considering actual conditions in the early Han period - specific material evidence which has not been distorted by the lens of the mature system of Chinese medicine.

Although the Laoguanshan style of vessels has solid lines, they do not necessarily reflect any universal reality of that time, or any reality of the body itself. Huang Longxiang says that the various types of vessels can only be an approximate interpretation, and that before the Han dynasty, anyone at any time could imagine any manifestation of disorders occurring in different parts of the body as somehow connected through some basic medical principles of interconnection emerging at that time. This allowed speculation about the existence of new channels. It is possible that some of these "discovered" channels did not exist, as there was a strong tendency towards consensus guided by authority. Yet, channels were certainly being found on the basis of the empirical experience of acupuncture or acumoxa gained at the time. Therefore, to compare the modern standardised chart of the "Acumoxa acupoints atlas" to the acupoints of archaeological tomb findings is undoubtedly a fruitless labour. The channels and the acupoints of the figurine are only approximations by the specific group of people engaged in the creation of the figurine at that time (perhaps physicians, carvers and those making the lacquer etc.) and can therefore be interpreted in a number of ways.



The back of the figurine. Is the middle line the Du channel?

What is the history behind Bian Que's body? What is the history behind the Yellow Emperor's body? Huang Longxiang's approach to Huang Di Nei Jing (《黄帝内经》 *Yellow Emperor's Internal Classic*) maintains that a majority of texts came from the Bian Que school, and that the Yellow Emperor lineage was a corollary. This theory is questionable and evidence can be cited proving the situation to be far more complex than that, which leads us to doubt the existence, during the Han period, of single lines of knowledge transmission. Legends created during this time, and adopted in later times, attribute theories to Shen Nong (神农), Bian Que and the Yellow Emperor, but to tease out a chronology would be problematic, since we can see the same techniques in a variety of texts (standard histories, excavated manuscripts etc.), either attributed or not to these legendary figures, all circulating during the Han period.

Furthermore one could agree with Liang Qichao (梁启超 1873-1929) who said it is quite possible that texts discovered in ancient tombs could have led people to create their own forgeries. Archaeological findings can encourage the forgery of historical material. Huang Longxiang believes the current version of Huang Di Nei Jing contains more than 30 pieces of writing from Bian Que's school. However, we cannot be certain that this is the case as the term "Bian Que" does not feature in these chapters, nor does the title indicate a specific medical school of thought.

According to Zuo Zhuan (《左传》 *Zuo's Commentary on Chun Qiu*) and Shi Ji (《史记》 *Records of the Historian*), there were physicians who were active in the Qin (秦) and Qi (齐) regions and attributed the source of their writings to both the Yellow Emperor and Bian Que. It was only later when people tried to organize these texts that they were placed into different categories.

Huang Longxiang went a step further, while retaining the "question and answer" format of the classical version of Nei Jing, by changing the protagonist from the Yellow Emperor to Bian Que. In effect, Huang was suggesting that it was in fact Bian Que in the original text of Nei Jing and that at an indeterminate point, the identity of the protagonist was changed to the Yellow Emperor. Huang maintained that he was simply reconstructing the original text. This is highly questionable, as there is no concrete evidence to suggest that these 30 chapters should be attributed to Bian Que. In the Shi Ji account of Bian Que's medical records, Sima Qian (司马迁) did not mention Bian Que's ability to diagnose through pulse. This is because he wants to emphasize that Bian Que was not famous merely for pulse taking but rather



Liang Qichao (梁启超 1873-1929)

for many other talents such as his ability to predict life or death, or to diagnose by observation.

There are quotations from other, much later, medical books, referring to what Bian Que is believed to have said. The medical books edited during the Song, such as Su Wen (《素问》*Plain Question*) and Ling Shu, have quotations of relevant passages. However, only a very small fragment of these quotations come from the 30 chapters of Nei Jing which Huang Longxiang claims to have belonged to Bian Que.

What are the differences between the excavated findings, including the hand-written manuscripts, and the medical texts of historical literature? To give an example, in the current version of Nei Jing there are more than 40 chapters referring to Wei Qi (卫气 protective qi). However, there is nothing about Wei Qi found in any of the excavated manuscripts we have discovered so far. One of more than 40 chapters which mentions Wei Qi is Ling Shu 76 "Movement of the Protective Qi". According to Wang Yuchuan (王玉川), this chapter includes three types of theory on Wei Qi and points out that these sections originally came from three independent texts, which were later combined into one chapter, as they all relate to the same topic.

It seems that in this period there was insufficient communication among scholars regarding the whole area of Chinese culture for us to see uniformity in theory or to imagine a single school of thought. Therefore, it must be more sensible to look for regional medical identities, such as in the Shu (蜀) region, Xie Keqing (谢克庆), a modern Chinese scholar, emphasizes local characteristics of medicine, stating, "In the Han dynasty, Sichuan (四川) was situated in a remote place, and there were no convenient links with the central plains, so channels have local medical features of Ba Shu (巴蜀 two ancient states, i.e. Sichuan region)." Unfortunately, we have not accumulated sufficient material and data to illustrate regional differences; hence, we are unable to argue convincingly that the Laogunshan figurine carries a particular geographical feature. Instead of suggesting that this figurine reflects a Sichuan regional feature, perhaps it would be more accurate to suggest that it reflects the interests of the owner of the tomb.

"The Birth of the Codex", by Roberts, C.H. and Skeat, T.C., examines the purpose of books which were not meant for circulation. In some cases, this is indicated by the book's design. They were intended for certain designated readers, who copied them in their exact format. Similarly, tomb objects,

including texts, were not intended for circulation. Therefore, it is difficult to understand these kinds of objects which were not meant for circulation, and much of its knowledge and/or techniques can easily be lost.

Zhang Ertian (张尔田 1874-1945) asserts that books can be attributed to an authority, such as Bian Que, but learning of skills cannot. In ancient times, even though there were texts which came from more than one hand, they cannot be regarded as a single lineage of learning. Furthermore, Zhang Ertian maintains that it is not possible to forge manuscripts in antiquity. All documents surviving from antiquity, on a certain level, are genuine. "Attribution to an authority" is not the same as deliberate forgery. The fact that Laogunshan medical books may not belong to Bian Que's school by no means decreases their scholarly value.

The history of early Chinese Medicine has been continuously rewritten, mainly because of these new excavated findings. Therefore, one should always remain cautious and continue to ask questions such as: Does the current version of Huang Di Nei Jing have more than 30 *pian* belonging to the Bian Que school? Do the Tian Hui Chinese medical tomb findings have a Sichuan local flavour? Is it by chance that at present, all medical tomb findings are concentrated in the first period of the Western Han (approx. 2nd century BCE)?

Thoughts and words spoken in the past remain in the past and therefore, it is impossible to say with certainty what was happening at that time. How the body was imagined, what was seen and described should continue to be investigated.



The unearthed broken figurine, in Mianyang (绵阳) Sichuan (四川)



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Dr. K. Wong Chimin: A Pioneer in Chinese Medical History

By Tu Jinli (屠金莉)

Dr. K. Wong Chimin (王吉民) was a licentiate in medicine and surgery as well as an outstanding medical historian and writer.

Born on August 3, 1889, at Tungkun, Kwantung (now Dongguan, Guangdong province, China), Dr. Wong was the youngest son in his family. His father, Rev. Wong Him-Yu (王谦和), was a well-known pastor of the Rhenish Mission, and his grandfather was a Traditional Chinese Medicine (TCM) physician.

Due to his father's work in Hong Kong, Dr. Wong received his English education at St. Paul's and Queen's Colleges of Hong Kong. He then graduated from the Hong Kong College of Medicine (now the Medical Faculty of the University of Hong Kong) in 1910 at the age of 21, with the degree of Licentiate in Medicine and Surgery. Because of his family and educational background, Dr. Wong has acquired a profound knowledge in both Western Medicine and TCM, which laid a significant foundation for his future research work.

Dr. Wong commenced his medical career in 1911 up to 1914 as a surgeon on a ship, during which he visited Canada, the United States, Mexico, the Straits Settlements, Sumatra and South Africa. In 1915, he was called to Hangchow (now Hangzhou, China) to organize the medical service of the Shanghai-Hangchow-Ningpo Railway in which he served as a chief medical officer for 15 years until the year 1930. After that, he worked as a medical officer for the Chekiang Postal Service from 1931 to 1937. At the same time, he lectured on the history of medicine history at National Central University. From 1937 onwards, Dr. Wong was an associate professor of medical history at the National Medical College of Shanghai.

As one of its founders, Dr. Wong promoted establishing the Chinese Medical History Society with other excellent medical historians, and was elected as its first president in 1937. Later in 1941, he acted as the general secretary of the Chinese Medical Association. Dr. Wong also undertook the position of chief editor of the *National Health Journal* and editor of the *National Medical*



Dr. K. Wong Chimin (王吉民)

Journal.

In 1951, Dr. Wong was a councilor at the Shanghai Public Health Bureau, and he was also the curator of the Chinese Medical History Museum of the Chinese Medical Association and the curator of the Chinese Medical History Museum of the Shanghai College of TCM, respectively.

Dr. Wong died in 1972 at the age of 83.

Dr. Wong has made great achievements in the field of Chinese medical history. He was internationally known as an authority on Chinese medical history, being the co-author with Dr. Wu Lien-teh (伍连德) of *History of Chinese Medicine*, a standard historical work on Chinese medicine first published by Tientsin Press Ltd. in 1932, and republished by the National Quarantine Service, Shanghai in 1936. This masterpiece is the first and until now, the only historical book on Chinese medicine written in English by Chinese authors.

It was mainly designed to record a detailed and thorough coverage of Chinese medical events and TCM physicians so as to introduce TCM to the world. At that time, TCM was very mysterious or even regarded as witchcraft in the Western world, but this amazing work by Dr. Wong and Dr. Wu gave a chronology of medical historical happenings from the ancient to the present. This book consists of two volumes: The first volume is written by Dr. Wong, which deals with the panorama of Traditional Chinese Medicine from the earliest time it was recorded to the eighteenth century. The second volume is written by Dr. Wu, covering the main medical development in China in the past one hundred and thirty years since the 1800s. It takes nearly two decades for Dr. Wong and his counterpart Dr. Wu to complete this wonderful work. They encountered a number of unforeseen difficulties: numerous journals, books, reports in many languages which were widely scattered over several countries. Also, the long distance between the two authors was inconvenient for them to share their ideas with each other.



Dr. Wu. Lien-teh (伍连德)

Besides, Dr. Wong has written and compiled several books and numerous articles in medical journals at home and abroad. For his fruitful achievements in Chinese medical history, Dr. Wong was admitted to the International Academy of History of Science (IAHS) as a correspondence academician in 1949. In 1960, he was admitted as an academician and was the first Chinese medical historian to achieve such a great honor.

Undoubtedly, Dr. Wong made great contributions to the development of Chinese medical history. Among his accomplishments, an important breakthrough is the foundation of the first Chinese Medical History Museum of the Chinese Medical Association. During his years of composing the *History of Chinese Medicine*, Dr. Wong collected many historical documents, Chinese medical classics, and medical tools such as acupuncture needles, herb drug-making tools and drug bottles. To maintain the valuable historical heritage of TCM, the Chinese Medical History Museum was established in June, 1938 with the help of many people, and Dr. Wong was the museum's first director. In January, 1959, the museum was included in the Shanghai College of Traditional Chinese Medicine (now, the Shanghai University of TCM). Dr. Wong was the museum curator until the summer of 1966. In 1969, at age of 80, he donated over 700 volumes of articles and journals on Chinese and Western medical history, which he had collected for many years to these museums. Nowadays, the museum has been renamed as Shanghai Museum of Traditional Chinese Medicine and is located in the Pudong campus of the Shanghai University of TCM.



Shanghai Museum of Traditional Chinese Medicine



The first book about the history of Chinese medicine.



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Research on Chinese Medicine by Professor Unschuld (Part Two) :

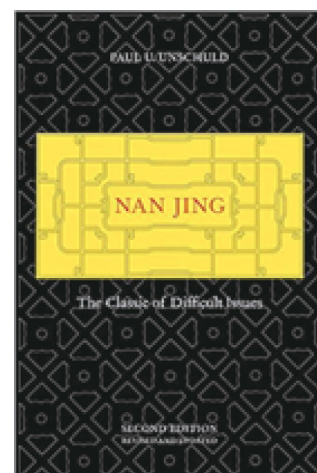
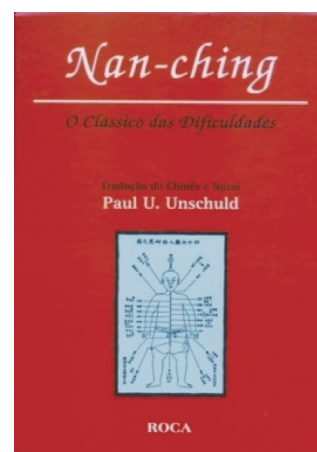
Translation of Ancient Chinese Medical Literature and Approaches

By Zheng Jinsheng (郑金生)

The early 1980s were the most critical in legitimizing the research outputs on ancient Chinese medical and historical literature by Mr. Unschuld. He had to go through strict inspections including submission of several academic papers and corresponding defenses before being assigned as professor and director of an institute. During that period, he not only published many significant papers but also the English translation of Nan Jing^[1] (《难经》 *The Classic of Difficult Issues*) in 1986, the first completely annotated western version of the TCM classic (See Picture 1). This translation features the full original text of the Nan Jing and hence is even helpful to readers of Chinese background to study the English translation of ancient Chinese texts. It is also the first time many important Chinese and Japanese annotators from previous centuries quote annotations. Since then, many translations of Chinese medical books by Mr. Unschuld have maintained the characteristics of comparison between Chinese and English with a combination of translations with annotations. This translation of the Nan Jing was reprinted several times afterwards and retranslated into Portuguese in 2003.^[2] A revised version, now with a pinyin transcription of Chinese terms, was published in 2016.

In 1986 when he began to act as Director of the Institute for the History of Medicine, Mr. Unschuld organized the First International Congress on Chinese Medical Literature (See Picture 2). Over 20 scholars were invited from China, Germany, Japan, America and France, etc. Four Chinese scholars on medical history spanning across the Taiwan Strait—Ma Kanwen (马堪温) and Zheng Jinsheng (郑金生) from Mainland China & Zhang Xianzhe (张贤哲) and Cai Guihua (蔡贵花) from Taiwan—shared their speeches in Germany for the first time. During the seminar, not only were the latest global achievements on Chinese medical literature reported, but the translation of ancient Chinese books and application of computers were discussed. Afterwards, Mr. Unschuld compiled a high-quality record of the conference proceedings^[3] and many of the scholars stayed good friends with him over the next two decades. After attending the seminar, I also started a 20 plus-years academic collaboration with Professor Unschuld.

Mr. Unschuld put considerable efforts into the translation of ancient TCM books, and the reason of his dedication was due to the poor quality of translated works in the West. He once found a TCM book written by a westerner with a selling record of hundreds of thousands who actually could not understand Chinese nor had read any TCM books before he created this



Picture 1 Cover of the TCM classic of *Nan Jing*, translated by Unschuld in English (first published 1986, revised edition, modified to pinyin transcription 2016)

Western-style “Chinese medicine”. The contents and terms in the book had nothing to do with Chinese medicine. Therefore, Mr. Unschuld decided to get to the root and schemed the project of translating the most influential TCM works.

Yet at a time when Western medicine was dominant in Western Europe, it was extremely difficult to get financial support for research on Chinese historical literature. Mr. Unschuld once expressed his discontent in an interview article, “the sponsors of research tend to think we should explore our own history of medicine and leave the problem of China to Chinese scholars”. But he believed a foreign researcher might put forward a totally different question from a new perspective. Unfortunately, in the West some “sponsors would patronize the 500th project on the research of the number of commas in Galen’s works rather than support the first one on the basic features of life science in China”^[4]. Under such conditions, during the past twenty years, Mr. Unschuld tried hard to win one project after another and complete translations and research on TCM classics one by one with his personal academic reputation and charm.

Being in his prime, Mr. Unschuld wanted to accomplish his ambition of translating the great work of Ben Cao Gang Mu (《本草纲目》 *Compendium of Materia Medica*), considering his specialty in pharmacy. In 1988, his



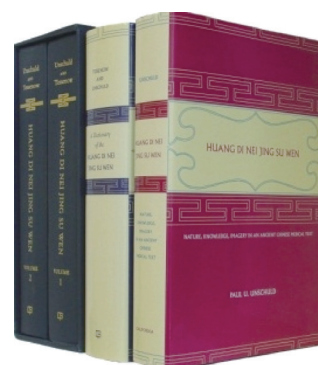
Picture 2 Group Photo of Scholars in the First International Seminar on Chinese Medical Literature in front of the door of the Institute of Medical History, University of Munich, Germany

From the left: Heinz Goerke, Olsen, Ralf Degen, Zheng Jinsheng (郑金生), Eberhard Kahle, Tom Ots, C. Milsky, Ute Engelhard, Paul Zmiewsky, Juergen Kovacs, Ma Kanwen (马基温), E. Rochat de Vallee, Chi Juezhao (赤崛昭), Paul D. Buell, S. Dr. Francis Zimmermann, Jutta Kollesch, unknown guest, Wolfgang Loche, Zhang Xianzhe (张贤哲) and Paul Ulrich Unschuld (文树德).

application was approved and he was granted a large sum of funds by the European Community. The next year when the project was about to be launched, a sudden change called it to a stop. He did not lose heart and instead completed the project of a first fully annotated and philologically sound English translation of the *Huang Di Nei Jing Su Wen* (《黄帝内经·素问》 *Yellow Emperor's Inner Classic · Basic Questions*), which had a shorter length of text yet a higher level of difficulty. In 1991, the project won the support from the Volkswagen Foundation. In 1992, Mr. Unschuld invited me to collaborate with his translation group, and the writings of the project were published in succession afterwards.

In 2003, the book of *Huang Di Nei Jing Su Wen. Nature, Knowledge, Imagery in an ancient Chinese medical text*^[5] was first published (See Picture 3). It served as an introduction to *Su Wen*. In addition to being a systemic introduction of the history, nomination and annotators of the book, it also made a profound evaluation of *Su Wen's* concepts of nature, the human body and disease, the health-preservation theory and various therapeutic principles. In the latter part of the book, the ancient Chinese doctrine of the Five Movements and Six Qi (五运六气) was fully introduced in a Western language for the first time. In 2008, the *Dictionary of the Huang Di Nei Jing Su Wen*^[6] was published, which took the 1866 single characters in *Su Wen* as entries, listed the sentences where they were placed and the combination phrases (8800 items), and labeled the corresponding English meanings, making it a double-punch of both a dictionary and an index book of chapters and sentences. In 2011 *Huang Di Nei Jing Su Wen: An Annotated Translation of Huang Di's Inner Classic - Basic Question*, main body of this series of works, was released. This book was, in strict accordance with the standard of Western linguistics, a full translation of *Su Wen* (annotated by Wang Bing 王冰, in 79 chapters). Mr. Unschuld always insisted upon a combination of historical and anthropologic approaches and focused on etymology and context of a language, thus providing a translation of the original meaning and style of *Su Wen* to a maximum extent.

The translation style and academic approaches of Mr. Unschuld were made visible in his series of works on *Su Wen*. He emphasized that the translation of TCM works should follow rigorous linguistic principles. The modern terms of Western medicine could not be used to explain or paraphrase the medical theories of 2000 years ago, and the primary reason for the formation of ancient medical terms should be fully investigated. So he would explore the original meaning of analogy and metaphors in ancient medicine, and choose



Picture 3 Translation and annotation series of works of *Su Wen* (《素问》 *Basic Questions*) by Unschuld

the proper words in addition to annotations to reveal the truth and ideas of Chinese medicine at that time. In particular, he opposed the method of applying mechanically Western medical terms to TCM terms to cater to the general reader's understanding level. For instance, the eye disease of Feng Huo Yan (风火眼) in Chinese medicine, according to the original nomination, could be translated into "wind-fire-eyes". If it was rendered as acute conjunctivitis, though the readers may know what disease it was equivalent to in Western medicine, the recognition of its etiology and pathogenesis by the ancient Chinese was sacrificed. Furthermore the western readers might have been more confused about such an early theory of the inflammation of conjunctivae discovered by Chinese. This would also bring about doubts if the Chinese had categorized conjunctivitis into chronic or acute types 1000 years ago, or if there was a similar set of leading technical terms with the Greek and Latin version used in modern biomedicine. Hence, a translation not in accordance with the original meaning of TCM could fail to retain its truth and result in being unnecessarily discredited as well.

It is common to see analogies and metaphors in ancient medicines either at home or abroad. Truthful translations of metaphors make it possible to compare the linguistic approaches in ancient Chinese and Greek medicines. According to the biological nature, the state of health or illness in China or in the West should be addressed in similar ways. But the question is why are there different explanations of the same healthy or diseased conditions, because different socio-cultural contexts would give birth to unique Chinese or European ways of thinking. Through the application of metaphors to describe health, illness, and structure and functions of the human body, distinct socio-cultural contexts would be distinguished. Mr. Unschuld paid close attention to the investigation of social and cultural environment the ancient TCM books were linked to, and to the exploration of language etymology and context. His translation would display a truthful picture of the original work and lead the Western learners of TCM to its real meaning. For instance, the terms of Zang and Fu (藏府 / 脏腑) commonly seen in Su Wen, are usually translated into "bowels and viscera"^[7-8], or into Chinese pinyin with English words such as "zang and fu viscera"^[9] or "zang fu viscera"^{[10][19]} at present. But Mr. Unschuld held that these translations failed to reveal the earliest analogy of " 藏府 " in Su Wen. Zang (藏) originally meaning a storage place of important resources for a long time, while Fu (府) meant a temporary storage place for documents which may come in today and go out tomorrow. The translation of Fu is therefore complicated, as it not only means administrative building or palace but also is a medical term. After pondering, Mr. Unschuld chose

Long-term Depot (meaning storage and supply station) and Palace (denoting court and mansion) and Short-term Repository to translate Zang (藏) & Fu (府) respectively. Similarly, he thought the pair of terms—Ying (营) and Wei (卫) were borrowed from ancient military terms, the former being “camp” (barracks, representing quietness and pertaining to yin) and the latter being “guard” (defense, representing motion and pertaining to yang). If Ying (营) is analogized as qi of construction and nourishment and put into the seemingly-understandable “constructive [qi]” or “nutrient”^{[10]36}, has anyone ever questioned whether Ying in Su Wen really means so or not?

The translation approaches above by Mr. Unschuld may be criticized as unscientific. But he did not care much about it. He pointed out that the term “muscle” was derived from the Latin word of *mus* (meaning mouse) because the muscles move under the skin like mice. And no one would say the word is unscientific now. It is a sign of lacking confidence if one is afraid of being called unscientific. Then are the translation of TCM terms in Western medical terms so “scientific”? In Unschuld’s opinion, many Chinese words have become English and exclusive TCM terms could also be adopted by Western languages gradually. So there is no need to apply modern medical terms on purpose whose metaphoric meanings do not correspond to the original ones.

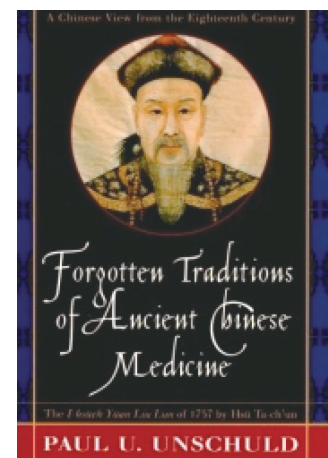
In translating Su Wen, Mr. Unschuld employed many rigorous approaches used by westerners on the research of ancient Greek medical literature, and collected as much data as he could. To better understand and translate the book, he gathered close to 3,000 academic papers written by Chinese scholars in the 20th century, and sorted out 600 kinds of annotated books on the Su Wen published during the previous 16 centuries either in China or in Japan. His translation used many annotations to elaborate relevant research findings and different opinions of previous periods. It also valued the original text greatly, never making a farfetched analogy or vague explanation and always taking it seriously in case of doubts. All the phrases or sentences added by the translator to keep coherence of the expressions were put in square brackets and separated from the original text. Although the Su Wen translated by Mr. Unschuld was not the first, it was still unprecedented in the full translation of the book and the strict philological approaches involved.

With an over-40-year firm foundation of research on Chinese medical literature and historical ideas, Mr. Unschuld insisted in a historical-anthropological approach in the process of translating and annotating Su Wen, which made it distinct in its approaches on translation, views of interpretation, and focus

of attention. Immersed in the Su Wen for two decades, Mr. Unschuld gained a deep comprehension of the source of Chinese medical theories. Some criticize that the medicine in China is metaphysics and Huang Di Nei Jing (《黄帝内经》 *Yellow Emperor's Inner Classic*) is purely spiritual. Against such prejudice, Mr. Unschuld answered straightforwardly, "sorry, I've read the book for more than 20 years and it proves to be anything but purely spiritual."^[4] Admittedly, the book of *Huang Di Nei Jing Su Wen: An Annotated Translation of Huang Di's Inner Classic - Basic Question* by Mr. Unschuld would play a huge role in spreading the essence of TCM theories in the Western world.

However, the translation and annotation of the Su Wen did not include all the products of Unschuld's research. Except his busy work acting as director, he wrote everyday and made great achievements. In 1989, he completed a translation and annotation of *Forgotten Traditions of Ancient Chinese Medicine*^[11] (See Picture 4)—Yi Xue Yuan Liu Lun (《医学源流论》 *Treatise on Origin and Development of Medicine*) by Xu Dachun (徐大椿), who was a famous doctor in the Qianlong years of the Qing Dynasty and whose outstanding medical thoughts were greatly admired by Unschuld. Mr. Unschuld even paid a visit to Xu's hometown and graveyard to discuss Xu's academic thoughts and achievements profoundly. On this basis, he translated Xu Dachun's work and introduced to the West for the first time this excellent Chinese medical thinker. Afterwards, he worked with experts in ophthalmology and translated the TCM book on eye diseases called Yin Hai Jing Wei (《银海精微》 *Subtleties On The Silver Sea*) in English. He also compiled many kinds of Chinese readings^[13-14] and medical text readings^[15-16] in Chinese-English or Chinese-German, the articles of which were all selected from ancient TCM books. He often gave lectures to his students on the introduction of original texts of TCM literature. Additionally, he made time to write the popular science reading *Chinesische Medizin* (first in German and then translated into English, *Chinese Medicine*)^[17-18], to popularize Chinese medicine to the Western public.

Due to his diligence and effort, the Institute of Medical History of the University of Munich led by Mr. Unschuld soon developed into a prestigious research center on TCM in Europe and it became a famous visiting spot for leaders of the Chinese government and different department bureaus. For instance, State Councilor of Peng Peiyun (彭佩云) once paid a visit to the institute and wrote an inscription. China's CCTV also recorded a special interview with Mr. Unschuld out of admiration of his fame, and introduced his achievements on his research of TCM to the public. After entering the 21st century, Mr. Unschuld expanded his research field to historical materials, thus leading him into new areas of studies.



Picture 4 Cover of *Forgotten Traditions of Ancient Chinese medicine*, written by Unschuld

References:

1. Unschuld P U. The Chinese Medical Classics. Nan-ching. The Classic of Difficult Issues. With Twenty Commentaries by Chinese and Japanese Autors from the Third through the Twentieth Century[M]. Berkeley, Los Angeles: University of California Press. 1986. 2nd printing 1988. 3rd printing 1995. Second edition, revised and updated 2016.
2. Unschuld P U. Nan-ching. O Clássico das Dificuldades[M]. Sao Paolo: Editoria Roca LTDA., 2003.
3. Unschuld P U. Approaches To Traditional Chinese Medical Literature[M].Dordrecht: Kluwer Academic Publications. 1989.
4. F. Straumann von F. Die Traditionelle Chinesische Medizin ist in Wirklichkeit ein Kunstprodukt. Zuercher Tagesanzeiger. 2012-05-25.
5. Unschuld P U. Huang Di Nei Jing Su Wen. Nature, Knowledge, Imagery in an ancient Chinese medical text. With an appendix by Paul U. Unschuld assisted by Zheng Jinsheng and Hermann Tessenow: The Doctrine of the Five Periods and Six Qi in Su Wen 66 through 71 and 74. Berkeley, Los Angeles, London: University of California Press, 2003. Second printing: 2006.
6. Unschuld P U, Tessenow H. Dictionary of the Huang Di Nei Jing Su Wen. Berkeley, Los Angeles, London: University of California Press, 2008
7. Editorial Committee of Chinese Traditional medicine, General Editorial Board of Encyclopedia of China. Encyclopedia of China · Chinese Traditional medicine[Z]. Beijing: Encyclopedia of China Publishing House, 1992. 595.
8. Nigel Wiseman (魏迺杰 British). English-Chinese Chinese-English Dictionary of Chinese Medicine [Z]. Changsha: Hunan Science & technology Press, 1995.745.
9. Yuan Yixiang (原一祥), Ren Jixue (任继学), Huang Long (黄龙), et al. Chinese-English Dictionary of Traditional Chinese medicine [Z]. Beijing: People's Medical Publishing House Co., LTD, 1997,806.
10. Committee for Terms in TCM. Chinese Terms in Traditional Chinese Medicine and Pharmacy [Z]. Beijing: Science Press Co. Ltd. 2005.
11. Unschuld P U. Forgotten Traditions of Ancient Chinese Medicine. By Hsü Ta-ch'un (1693—1771). The I-hsüeh yüan liu lun of 1757 Translated and Annotated. Brookline MA: Paradigm Publications, 1989. Paperback 1998.
12. Kovacs J, Unschuld P U. Subtleties On The Silver Sea. An annotated translation of the Yin-hai jing-wei. Berkeley, Los Angeles: University of California Press, 1998.
13. Unschuld P U. Chinesisch Lesen Lernen. Eine Einführung in die Sprache und Inhalte der zhongyi Fachliteratur., Bd. I u. II. München: Cygnus Verlag, 1992 .
14. Unschuld P U. Learn To Read Chinese. An Introduction to the Language and Contents of Contemporary TCM Literature. 2 vols. Brookline MA: Paradigm Publications, 1994.
15. Unschuld P U. Introductory Readings in Classical Chinese Medicine. Sixty Texts With Translation, Vocabulary, And A Guide To Research Aids. Dordrecht: Kluwer Academic Publications. 1988. 2. edition 1995.
16. Unschuld P U. Chinese Life Sciences. Introductory Readings in Classical Chinese Medicine. Sixty Texts With Translation, Vocabulary, A Guide To Research Aids and a General Glossary. Taos, New Mexico: Paradigm Publications, 2005.
17. Unschuld P U. Chinesische Medizin. München: C. H. Beck Verlag, 1997. Second edition: 2003.
18. Unschuld P U. Chinese Medicine. Brookline MA: Paradigm Publications, 1998.

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TCM in the US: An Interview with the President of the Five Branches University

By Li Haiying (李海英)



President Ron Zaidman, Co-founder of Five Branches University. In 1984 Five Branches University became one of the first Traditional Chinese Medicine (TCM) colleges in the United States. Today Five Branches University is recognized as one of the top universities in our field, providing the highest level of professional education in TCM and Integrative Medicine in both the U.S. and internationally.

Question: Would you please briefly review the history of the development of Traditional Chinese Medicine (TCM) in the United States, the establishment of the Five Branches Chinese Medicine University in California, the original intention of the school and its history of development?

President Ron Zaidman: Traditional Chinese Medicine was practiced in the U.S. for many years, but mainly within the Chinese communities. Interests in acupuncture for alleviating pain mounted considerably in the U.S. during President Nixon's journey to China in February 1972 when acupuncture was used on James Reston, the vice president of the *New York Times*, during an appendectomy he underwent in Beijing. In 1974, starting from California, acupuncture and Traditional Chinese Medicine became legalized state after state in the US. All medical professions are regulated at the State level in the US.

California and many states regulate Traditional Chinese Medicine including acupuncture, Chinese herbal medicine, tuina (推拿), Chinese dietary medicine, qigong (气功) and taijiquan energetics (太极). Other states legalize the practice of acupuncture but not that of Chinese herbal medicine.

With leading faculty from prestigious TCM schools of China, including Beijing (北京), Shanghai (上海), Zhejiang (浙江), Tianjin (天津), Nanjing (南京), Fujian (福建), Chengdu (成都) and Shandong (山东), the Five Branches University developed a single TCM program that integrates the full scope of Chinese Herbal Medicine, acupuncture and other TCM parts



Students are studying human anatomy and acupuncture points.

such as Gua Sha (刮痧 scraping therapy) and qigong. The program also teaches Western Medicine in order to work with Western practitioners. This is different from the approach in China where the department of acupuncture is separated from that of Chinese Herbal Medicine.

The original intention, and continuing goal of the University is to teach Traditional Chinese Medicine, and the University unapologetically follows the standards and approaches developed in China. While our program teaches and integrates Western medicine, the focus is still Traditional Chinese Medicine. The University offers a 4-year Master's degree program, and a 2-year Doctoral program.

Question: Would you please tell us the legalization of Chinese medicine in the United States? What is its significance in the development of Chinese medicine in the United States?

President Ron Zaidman: The legalization of Traditional Chinese Medicine in the US began in 1972 when James Reston, the vice president of the New York Times, was treated with acupuncture in Beijing. He began to write articles on how acupuncture successfully treated pain and other conditions. Acupuncture and Traditional Chinese Medicine were legalized one state after another. Now TCM is legal in all of the states but four.

After state legalization, the profession established four major National organizations:

NCCAOM—National Certification Commission for Acupuncture and Oriental Medicine—which offers National Certification examinations.

ACAOM—Accreditation Commission for Acupuncture and Oriental Medicine—which accredits TCM universities on behalf of the US Department of Education.

CCAOM—Council of Colleges of Acupuncture and Oriental Medicine—which is made up of 60 American accredited TCM colleges and helps to establish the national standards for TCM education.

AAAOM—American Association for Acupuncture and Oriental Medicine—which is the National organization representing the TCM profession.

In addition to these National organizations, there are many state organizations that represent the profession.

Most importantly, every state has an Acupuncture or Traditional Chinese Medicine Board that is a part of the state government, and it regulates the practice of TCM in each state. They assure that candidates who wish to practice TCM have the required education, certification and license to practice. Acupuncturists and Herbalists need to pass the National Certification Exams to practice, and in California only, the California Licensing Exam.

The evolution of the national and state organizations has given the profession a strong foundation to assure the quality of TCM practitioners, and positions in hospitals. At the same time, the majority of licensed TCM practitioners in the US still practice in private practices.

Question: What do you think of the acceptance of Chinese medicine in the United States? What is the reason why the United States receives Chinese medicine?

President Ron Zaidman: Traditional Chinese Medicine is still young in the US however, more and more hospitals, cancer centers and clinics are introducing acupuncture to their patients. While acupuncture and TCM are still not widely practiced in the mainstream health system, they are widely practiced at a personal level and over 50% Americans have received acupuncture and/or TCM treatment. One major hospital in the U.S., the Cleveland Clinic, now offers Chinese herbal medicine.

TCM has a different view of health and the disharmony in the body, and while Western practitioners respect the effects of TCM, TCM is still not widely accepted and understood. But this is changing fast.

Question: With changing attitude towards the value of traditional medicine is increasingly becoming recognized. Compared with Western medicine, what are the advantages of traditional Chinese medicine in analyzing diseases, making diagnosis, giving treatments and other aspects?

President Ron Zaidman: Leading clinics, especially those for cancer care, are recognizing the benefits of combining TCM with Western medicine, and this trend is increasing.

Many patients in the U.S. understand that Western medicine is very effective in treating acute conditions for emergencies, and that TCM is very effective for chronic conditions. More and more patients are turning to TCM for chronic diseases.

At the same time, hospitals and medical insurance companies still prefer to use Western medicine and this limits the growth of TCM in the U.S..

Question: What are the diseases that TCM is good at treating? What are the most common diseases?

President Ron Zaidman: As stated above, more and more Americans are turning to TCM for treating chronic diseases. Traditional Chinese Medicine,



Student and teacher are examining a patient.

especially acupuncture, is increasingly used in cancer centers and hospitals, especially those for pain.

Question: What do you think about the international education of Chinese medicine?

President Ron Zaidman: As reported at the meetings of the World Federation of Chinese Medicine Societies (WFCMS), TCM practice and education is growing internationally. TCM education is strong in the U.S., especially in California where the educational standards of the California Acupuncture Board are very high. There are now many excellent faculties in the U.S., graduates of the prestigious Chinese TCM universities, and American scholars who have learned TCM and now teach it at the same high level.

Question: What kind of challenges is Chinese medicine facing with in today's era of rapid medical development of medicine?

President Ron Zaidman: Traditional Chinese Medicine is increasingly used by Americans. The challenges are that medical insurance companies do not yet reimburse TCM practitioners sufficiently and this inhibits the growth of the profession.

On the positive side, medical insurance companies are considering reimbursing practitioners by results rather than procedures. This will eventually raise the recognition of Traditional Chinese Medicine.



Professor and Dean Joanna Zhao is discussing with students and Cary Friedman, one of her colleagues.



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Dao (道)

By Sandra Hill (UK)



During the 2nd century BCE, the first steps were taken to collate the medical knowledge of China and a compilation of this knowledge was written down in the form of Huang Di Nei Jing (《黄帝内经》 *Yellow Emperor's Internal Classic*). This was the Early Han dynasty, a time when previously feudal states were united under one emperor, and a common written language was used for the first time throughout the land.

Scholars in various provinces were busy compiling texts from sources which included the great philosophical treatises of Daoism and Confucianism, as well as popular cosmology and shamanism. The text of the Nei Jing reflects the philosophical thinking of the time and constantly refers to the way in which human beings live by the intermingling of the influences of Tian (天 heaven) and Di (地 earth), endowed with a Xing (性 true nature) and the possibility of realizing an individual purpose or Ming (命 destiny).

According to the classical philosophical texts, the fulfilment of "destiny" or of one's "natural life-span" was to be achieved by following the Dao (道) though the best way to do that might differ amongst Daoists, Confucianists and shamans. Shamanism may suggest intercession through the spirits of the ancestors with spells and incantations, Confucianism appropriate behaviour and social order, and Daoism to follow what is "naturally so".

"What is Zi Ran" (自然 naturally) is a key concept within the early Daoist texts, which present a world view of constant change and transformation, of the spontaneous emergence of life and its subsequent dissolution. An understanding of what is "naturally" so is achieved by the close observation of nature of how things come into being and how they behave. Elements of the natural world may be seen as archetypes of certain types and modes of being their interactions symbolizing the way in which things change and transform.

The ability to change according to circumstance, but to maintain integrity of pattern and shape, is a primary definition of life. Life is that which constantly changes and transforms, the "changeless" is that from which life emerges and to which it returns. The dao could be said to be the way this all works the inherent and natural order of life which can be observed and followed, but which remains ultimately a mystery. The first chapter of the Dao De Jing (《道德经》 *Tao Te Ching*) tells us that "the dao which we can speak of is not the

eternal dao", suggesting that as soon as we attempt to name and classify, to measure and probe these subtle mechanisms of life, we lose sight of them, they become something else under our gaze. The dao is the movement of life itself, bringing things into being, holding and sustaining them.

Chapter 42 of the Dao De Jing gives a concise description of the way in which life spontaneously arises; there is no external intelligence imposing order, but an implicit order emerging from life itself:

"Dao gives rise to one; one gives rise to two; two gives rise to three; three gives rise to the ten thousand beings"

This is not a description of a creation event which happened in the past, but of a continual process of coming into being, changing and transforming and dissolving back into some kind of original chaos or unknowable mystery. Here the Dao is before the one, before the state of unity which must then divide in order to bring about movement and change. The two remain, holding each other in a static balance until the emergence of three, which provides the dynamism to produce all life, symbolized by the ten thousand things or beings. The use of numbers to explain the constant unfolding and maintaining



of life is seen throughout the scholarship of the time and plays an important part in the classical medical texts.

The opening lines of *Huai Nan Zi* (《淮南子》*Huai Nan Tzu*) chapter 1, a philosophical Daoist text contemporary with the *Nei Jing*, describes the universality of Dao:

“As for Dao, It shelters heaven and supports the earth; extends beyond the four directions; opens to the eight extremities; high beyond reach; deep beyond reckoning; it envelops heaven and earth and gives rise to the formless”

The Dao supports and maintains all life, extending beyond the four directions and the eight extremities, the eight points of the compass which represent all conceivable space. It envelops heaven and earth in a way that suggests holding in a nurturing embrace and gives rise to that which has no form. A key theme of the *Huai Nan Zi* is this continual emergence and dissolution of life from a state of formlessness into form and returning back again to the formless. The Dao gives rise to the formless, embracing everything from the largest possible expression of life to the smallest and most subtle; it both contains all things, and provides their source.

The formless, a state before physical manifestation, holds the patterns of life, as we see in the opening lines of *Huai Nan Zi* chapter 7:

“In ancient times, when heaven and earth did not yet exist, there was only Xiang (象 image) without Xing (形 form)”.

Before form comes into being, before matter coalesces into shape, there is an “image”, an information patterning which holds the potential for its manifestation. Structure is determined by this information pattern, just as a seed holds the potential for development, growth and adaptation.

“Information” is used here and in many places throughout the text to imply the way in which things come into being and take form. The Chinese Xiang (象 image) suggests this idea of a formative principle which guides the various ways in which matter takes shape, an image or pattern which must exist before form. And it is at this place, between form and no form, that the most subtle of interventions within Chinese medicine take place.



The text continues with a description of the emergence of structure from this primal chaos, which is full of potential:

"dark obscure; formless soundless; unfathomable profound; Two spirits merge into life; To regulate heaven and organize earth"

From this chaotic matrix two spirits or archetypal patterns emerge, and the elements of light and space begin to rise and disperse, those of darkness and heaviness to descend and coalesce. That which is light and dispersed is known as heaven, that which is heavy and solid is known as earth. These two spirits, often called Fuxi and Nugua, are in the realm of no-form, of patterning and could be called the inherent laws of the universe which give rise to the expansion of heaven and the solid contraction that is the earth. In illustrations they are usually represented with compass and square to set the geometry and numerology on which the development of life is based.

"From this they divide into yin and yang... and the ten thousand beings then take form."

Yin and yang represent the powers of heaven and earth, the ability to sink and contract and to rise and expand, and the way in which these two forces intermingle to allow the formation of life according to each individual pattern. The ten thousand beings or things (a way to describe "everything under the sun") arise from nothingness, organized and regulated according to their inherent laws and principles, and exist until those principles unravel and there is a return to nothingness, to Wu Xing (无形 no-form). Life is an emergence from the one, death a reabsorption back into the one. The Dao is the process or grace by which this all takes place.

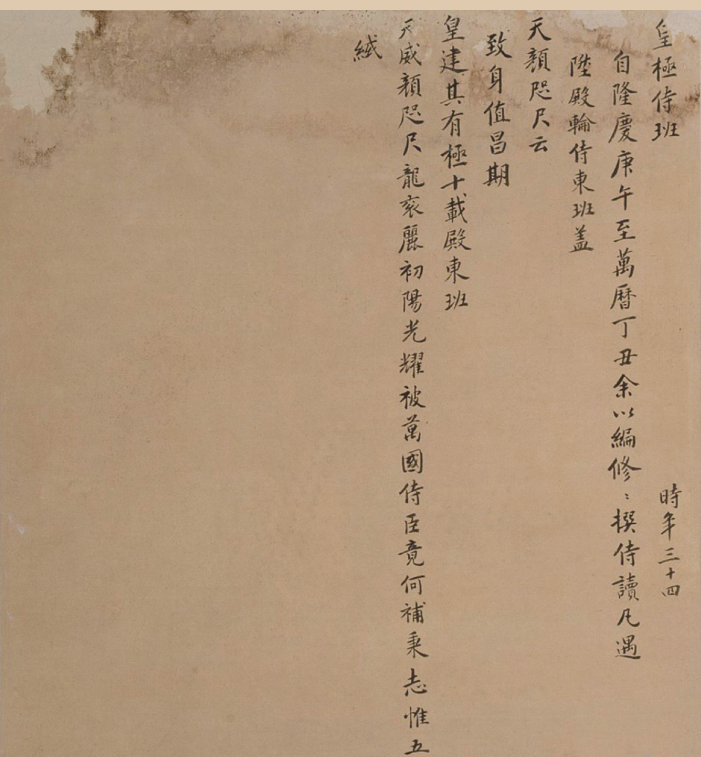


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Chinese Auspicious Color—Red Dyeing with Su Mu (苏木 *Lignum Sappan*)

By Shao Min (邵旻)



Picture 1 Xu Xianqing Huan Ji Tu (《徐显卿宦迹图》Official Experience of Xu Xianqing), collection of the Imperial Palace, showed the color of court dress of ranked officials in the Ming dynasty, with the red color as superior.

The color red has always signified luxury for thousands of years both in ancient China and in the West. A set of red clothes served as a symbol of royalty. As recorded in Shi Jing (《诗经》*Classic of Poetry*) “Wo Zhu Kong Yang, Wei Gong Zi Chang” (我朱孔阳，为公子裳)^[1], literally means bright red was the color worn by the royal families. Red represents the south, corresponds with Fire of the five elements and the Heart of humans, and ranks as one of the five orthodox colors in traditional China.

In ancient China, the color red served as the superior color of many dynasties^[2], exclusive to the royal court and inaccessible to the common folk. Prior to the Ming

dynasty, the imperial court was necessary to use from red for wedding ceremonies. Since then, red has thrived and been passed down among the people as the most solemn and fortunate color. The color of red as a symbol of auspiciousness has been deeply rooted in the minds of Chinese people.

From the pre-Qin period to the Ming and Qing dynasties, the ancient Chinese never stopped searching for red dyes from nature. Mineral and botanical raw materials for red dyeing were recorded throughout history. Zhu Sha (朱砂 *Cinnabar*) was a mineral for vermilion and silver vermilion dyeing. But it was rare to find,

with a complicated process, and high levels of toxicity, so it was gradually abandoned for clothes dyeing. Zi Mao (紫铆 *Butea monosperma*), a natural colloid secreted by Zi Jiao Chong (紫胶虫 *Coceus lacceae*) was an animal material for red dyeing. Yet the scarce production of raw materials did not meet the tremendous needs of red dyeing by the royal court. Among the three kinds of botanical materials—Qian Cao (茜草 *Radix Rubiae*), Hong Lan Hua (红蓝花, 红花 actually, *Carthamus tinctorius*) and Su Mu (苏木 *Lignum Sappan*), the root of Qian Cao, native to China, could be used for crimson dyeing; the flower of Hong Lan Hua, imported from the Western Regions in the Han dynasty, could be used for bright pink, pink, and bright red; and the branches of Su Mu, native to Southeast Asia, for light red, wooden red, cinnabar and black red^[3].

Su Mu, also named Su Fang (苏枋) or Su Fang (苏方), is a wood with a



Picture 2 Qian Cao (茜草 *Radix Rubiae*), dyeing of crimson with its root

Picture 3 Hong Lan Hua (红蓝花, *Carthamus tinctorius*), dyeing of bright red with its flowers



Picture 4 Su Mu (苏木 *Lignum Sappan*), dyeing of wooden red with its branches

red core, sharing the same meaning of the character Zhu (朱 red), and thus capable of dyeing of a variety of red colors. In the Ming dynasty, overseas transport was well developed and Su Mu was one of the more important trade materials along the Maritime Silk Road. Plus, the red color was considered a superior color at that time, so it impacted the constitution of the court color system more. Coincidentally, in the West, the pillaging of Brazil by the Portuguese colonists began with the red dyeing wood of Brasilwood, which later replaced the name of Holy Cross as the nickname of Brazil. The Brazilian red wood, a symbol of fortune, belongs to the bean family and so does Su Mu used in China. The latter was also called Ba Xi Su Mu (巴西苏木 Brazil wood). Therefore, Su Mu is employed as a dyeing plant for bright red and purple both in the East and in the West.



Picture 5 Su Mu (苏木 *Lignum Sappan*) belongs to the bean family with opposing leatherleaves

Picture 6 Su Mu (苏木 *Lignum Sappan*), a red-cored wood, has long been used as a dye and herb, with rare storage of large pieces of timber now.

Picture 7 Su Mu (苏木 *Lignum Sappan*) stake and bracelet

Traditionally, Su Mu can be used for dyeing the colors red and purple^[4]; while as a herb, it functions to move blood and resolve stasis, which is especially important and beneficial for women. In addition, the modern preparations of Su Mu are applicable for histopathological and cytological dyeing.

Su Mu is a mordant dye with a simple processing technique in a resulting bright color. The process is similar with that of decocting Chinese herbs. First immerse Su Mu in cold water for 30 minutes, then boil it with high flame, then simmer it with a low flame for 30 minutes. Remove the dregs to obtain the first batch. Second, add water and boil it again, then simmer for 40 minutes, and acquire the second batch after removing the dregs. Please be aware that the color of Su Mu will become darker if it comes in contact with iron during the processing. So, iron pots are not to be used during the preparation of Su Mu.



Picture 8 Dye liquor of Su Mu (苏木 *Lignum Sappan*) in decoction



Picture 9 Alum used as mordant, available for purchase in Chinese medicinal herbs store



Picture 10 Su Mu (苏木 *Lignum Sappan*) dyed scarf in rinse

Meanwhile, another basin of water is needed to prepare a solution of alum. the dyed cloth is immersed in the alum solution for 15 to 20 minutes to soak secure the red hue on the fibers. After dyeing, the cloth should be rinsed in clean water and dried in the shade.

Su Mu enables to dye from a delicate pink red to a strong wine red. As the saying goes “the five colors make one blind”. In other words, if one is surrounded by exciting bright colors all day, one's eyes would lose the power of identifying subtle differences, just like one's taste buds fail to tell the natural dedicate flavors after a long intake of hot and spicy foods. But the red and purple colors made from Su Mu are rich and not loud, solemn but not gloomy, and quite comforting and pleasing to the eyes.

Chinese Auspicious
Color—Red Dyeing
with Su Mu (苏木
Lignum Sappan)



11



12



13



14



Picture 11-17 A variety of products dyed with Su Mu (苏木 *Lignum Sappan*)

References:

1. Zhu Xi. The Comment on the Book of Songs. The Four Categories of Chi Zao Tang. Volume 3, page 51.
2. Zhang Tingyu, Wan Sitong, Wang Hongxu, Zhang Yushu, The History of Ming Dynasty published by Zhong Hua Book Company, 1974, 1634.
3. Shao Min. A Study on the Color of Court Costume in the Ming Dynasty[M]. Shanghai: Donghua University Press, 2016: 12.
4. Song Yingxing. Tian Gong Kai Wu [M]. by TuShaokui in the tenth year of emperor Chong Ming's reign in the Ming Dynasty. Volume 3, page 49.

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Searching for Medicinal Herbs in the Rain

By Yang Yaming (杨亚明)

On the morning of June 22, it was a drizzling and a challenging day for the Taibai County (太白县) investigation group lagging behind. Rain is never easy to cope with because the mountainous roads become slippery and wet specimens cannot be collected until they are dry. The group leader is Professor Wang Jitao (王继涛), a graduate from the Shaanxi University of Traditional Chinese Medicine (陕西中医学院) in 1982, and engaged in the identification of Chinese Medicine for more than 30 years. He stood under a roof, looking at the sky while smoking. He resumed his lifework after a simple breakfast. The entire group consists of 7 members, including the group leader. They are Xu Xiaoping (徐小平), director of the Forestry Bureau of Taibai County (太白县林业局), two faculty members from the Shanxi University of Traditional

Chinese Medicine Zhang Lin (张琳) and Zhang Gang (张岗), local doctors Huang Wangui (黄万贵) and Hua You (华友) and me.

Professor Zhang Gang from the Shaanxi University of Traditional Chinese Medicine (陕西中医药大学), also a post-doctorate at Chinese Academy of Medical Sciences & Peking Union Medical College (中国医学科学院北京协和医学院), paid special attention to the driving directions and the distance to the specimen area. The distance shown on the GPS system was shorter than the actual distance three to four times. The group members walked into a gully, as directed by the GPS. The gully was wide and deep, with thick dense plants. There was a large patch of *Glechoma biondiana* in the forest, with peach-heart shaped leaves, dented margins and villi. It was first recorded in the book *Common*



Team members collected medicinal herbs in rainy day.



Jie Gu Mu (接骨木 *Sambucus Williamsii Hance*), with its stem and branches used to treat pain due to rheumatism, back pain, edema, rubella, urticaria, bruises and swelling, bone fracture, and traumatic bleeding, etc.

Medicinal Drugs in Sichuan
(《四川常用中草药》)
used for removing wind pathogens and resolving dampness. It was also used in treating rheumatism, paralysis and frostbite and traumatic injuries.

We also investigated elderberry, with its rectangular shaped leaves, thorny edges, and red fruit densely growing on the top of the

plant. It was first recorded in Xin Xiu Ben Cao (《新修本草》), and was named Jie Gu Mu (接骨木 *Sambucus Williamsii Hance*).

Several pieces of Paris polyphylla, shaped like an oil lamp, also named Deng Tai Qi (灯台七) in Chinese, could be occasionally seen. They still were without fruits as it was still early in the season. The red fruit dripping with the morning rain, seemed to be burning like fire.

We found the rhizome of the Largeleaf Japanese Ginseng, also named as Kou Zi Qi (扣子七) in Chinese Pinyin, which is the stem of pearl ginseng that falls under the araliaceae plants. There were several segments of the rhizome, swelling at each of its joints. The medicinal effect of the plant is similar to pseudo-ginseng, which can be used to remove acute communicable diseases, generate new flesh, remove carbuncles, and used in traumatic injuries, hematemesis, epistaxis, and lumbago.

At the end of the road, the group members began to use a stick to clear the way ahead. We encountered many snakes in the mountain since the beginning of the investigation. Suddenly, we encountered a pile of white bones belonging to a brown goat, with black horns standing out in stark contrast. The Brown goat, also named goral, is a second class protected animal at the state level. This brown goat lost its life here due to slaughter or disease. Huang picked up the two horns and threw them into the specimen collection basket, which makes a harsh sound. The grass here would grow abundantly with the nourishment of the dead goat.



Tou Gu Xiao (透骨消 *Gaultheria Forrestii Diels*)

The beautiful forest was full of danger. Even small insects like leeches and ticks could be threats, let alone bears, antelopes, and snakes. The group members were attacked by several creatures at Huang Bai Yuan (黄柏源), which was in nearby in Yang County (洋县). The deputy head of the group found a leech on his neck and several other group members also detected leeches on their bodies. Wang found that a blood clot had formed on his leg. Wang said that it was beneficial to be bitten by leeches as they were effective medicine for hemolysis and thrombus, and his wound would recover after one week.

Leeches were recorded in Shen Nong Ben Cao Jing (《神农本草经》 *Shennong's Classic of Materia Medica*). The dry products can treat stroke, hypertension, remove stasis, amenorrhea, and traumatic injuries when soaked into Chinese medicine.

Leeches usually make their movements on rainy days, searching for new targets with their sensitive sense of smell. They become excited once identifying blood and sweat. With their tails touching the leaves, and their thin long body standing straight up, the leeches are ready to attack at any moment. The first person in a walking group usually isn't attacked by the leeches; however, the rest of the group suffers. Once attached to the shoes and legs, the small creatures climb up quickly and start to suck out blood. Leeches secrete anesthetic and hemolytic elements, and the victim does not feel anything. We tried to give each other heads-up all along the way.

The group did not fear all the dangers they had to risk in order to find more fresh medicinal drugs. The GPS system showed that the specimen area was only 100 meters away and was located on a mountainous area at 2,300 meters altitude. The group started to climb up the mountain. With the rain and spring water dropping down, a creek looking like a silver snake took shape and traveled across the woodland. We stepped onto the rocks along the creek and climbed up the mountain. At the end of the creek was a dense forest. It was very difficult to walk on the thick falling leaves and its wet top layer. We made it up the slope by bending our backs as the slope was stiff with an incline of 60 degrees.



Nan Chuan Xiu Xian Ju (南川绣线菊
Spiraea Rostkii Pritz)



Xuan Gou Zi (悬钩子 *Winberries*)



Shui Jing Lan (水晶兰 *Monotropa Uniflora* Linn) is the root or the whole plant can tonify the lung and alleviates cough. It is used in lung deficiency and cough.

the specimens. Wang found one rare medicinal plant, Shui Jing Lan (水晶兰 *Monotropa Uniflora* Linn) *Monotropa uniflora* Linn. With its crystal clear body and pure white stem, leaves and flowers, it looked as if it was made of ice and snow. What was amazing was that its buds were which almost blue inspired dreams of a faraway land. *Monotropa uniflora* Linn is not a type of orchid, as it belongs to pyrolaceae. Without chlorophyll, it is not involved in photosynthesis but gains oxygen through rotten plants. With its drooping flowers and dark fluorescence, it touches the soul. It is also called the "flower of death", and the "ghost grass". What is more important is that it is a medicinal drug. Either the root or the whole plant can be used for medical purposes to tonify deficiency and alleviates cough. It can also be used in lung deficiency and cough if decocted or cooked with meat, making the plant even more appealing.

We collected many specimens while climbing, including Dan Ye Xi Xin (单叶细辛 *Asarum himalaicum*), Jie Cao (缬草 *Valerianroot*), Dang Shen (党参 *Codonopsis*), Ma Ya Qi (马牙七 *pseudobulb of Fimbriate calanthe*), Shao Yao (芍药 *Chinese herbaceous peony*), etc. The fruits of Gong Jing Xuan Gou Zi (弓茎悬钩子, *wineberries*) were ripe enough to pick with their tempting colors and sweet flavor.

As we walked through the sparse coniferous forest with more open and broader views, the group members arrived at the top of the mountain, and began to measure and record



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How to Treat Patients

By Evan Pinto (USA)

A Traditional Chinese Medicine (TCM) doctor's objective is to make the patient feel better and stay better for a long time. TCM doctors spend most of their education learning about foundational theories, pathologies, patterns of disease, and practicing the treatment techniques that will cure their patients.

A correct TCM pattern diagnosis is an important aspect in obtaining successful patient outcomes.

If the pattern diagnosis is wrong, then the treatment will be wrong too. Accuracy is vital but a total, holistic patient care is more than knowing which acupuncture points and herbal formulas to use—it also includes the mood the patient experiences before, during, and after the session.

It is important to be accurate, not only in diagnosis and treatment, but also in total patient care.

Finding the right doctor, making an appointment, stepping foot into the clinic, feeling at ease during the session, paying simply or processing insurance paperwork correctly, and knowing what to expect in a follow up session are all aspects that influence the total patient care experience. If any of these aspects are made difficult or disharmonious the patient might not return. Although it might be obvious, it's worth noting that a doctor cannot be of service to a patient who doesn't come for treatment.

Many people complain about the length of time their physician spends with them, they feel that 5-10 minutes is not enough time to fully understand their wellness goals. Western biomedical practitioners are particularly notorious for making quick judgments and having poor patient outcome success rates. They are not focused on total wellbeing, just physical homeostasis. Acupuncturists usually spend much more time with a patient going over their signs and symptoms and asking seemingly unrelated questions about other anatomical and physiological systems as getting "the whole picture" is important for holistic treatments. TCM doctors are often held in high regard for their caring and compassionate style during treatment sessions. In contrast to a visit to the MD in the west, where the patient may leave feeling misunderstood or even unimportant, after a visit to the acupuncturist, patients often comment they not only feel successfully treated, but understood, and not "just like another patient". It is important to not discount how much of a difference there is between the two forms of medicine. Patients often say that "their acupuncturist really gets them."

Why is it that TCM doctors often have better patient outcome success rates?

One of the most fundamental approaches is that total patient care is a priority. Doing more than the minimum necessary is a sure way to improve the patient's overall wellbeing, and going above and beyond what our patient expects is always a successful tactic. We must strive to meet the patient's medical needs, but also make an effort to exceed their expectations by paying close attention to every detail in the delivery of your services. Knowing who

our patients are, why they come to see us specifically, and being sure they receive the best experience and follow up possible, goes a long way in making a patient feel important and closer to achieving complete wellbeing.

Many practical things can be implemented to ensure comprehensive wellness, but first, doctors need to remind themselves who their patients are and where they come. Many do not realize how vastly different TCM treatment styles can be in other parts of the world. I have lived and worked in Shanghai for many years, and have seen the difference between medical care in the west and in China. Patients in China who need an English speaking TCM doctor are coming from a different medical system and expect a certain level of service. Unfortunately, the current hospital system in China does not provide the same amenities or even compassion from the doctors, nurses, and support staff. Many foreigners are shocked and dismayed by what they witness at even a well-respected hospital in China. They may be quite uncomfortable receiving medical care in an unfamiliar setting and language. Eventually, they seek out private clinics that can offer the type of service they are used to in their respective countries, but these are still few and far between. This article hopes to help raise the level of TCM patient care in China, so that more people can be helped to achieve balanced and overall wellbeing.

So, what can doctors do to be of more service to patients? First, they need to acknowledge that the flow of the patient experience can either be confusing and haphazard or it can be smooth and fluid. It's our choice. Taking the time beforehand to imagine and plan out the sequence and possible obstacles will help doctors achieve better patient outcomes.

Finding the right doctor

The first thing a patient experiences when deciding to get acupuncture done is finding the right doctor. This is not a small accomplishment. Many patients spend years trying western biomedicine hoping the next doctor will be the one who cures their disease. After exhausting all the possibilities and getting disillusioned in the process, the patient decides to give TCM a try. It is extremely important that TCM practitioners represent the wellness community in a professional manner. One TCM doctor is another's ambassador. Many patients come to the doctors office in a state of pain, panic, frustration, or sadness. They have been unable to overcome their illness and might be close to the point of giving up entirely. It is therefore important that they are provided with proper medical care AND compassion. They have endured the hardships of being sick as well as the

frustrations of unsuccessful treatments. Doctors must deal with the three realms of existence: physical, emotional, and spiritual. Treatment styles must thus be rooted in all three simultaneously.

Most TCM practitioners are found by patient referrals. Word of mouth is the best way to build a practice. Good word of mouth comes from excellent patient care and successful patient outcomes. These newly enthusiastic patients are excellent marketing tools as people usually trust their friends more than advertisements. But the more referrals doctors get the more they must provide professional patient care. If doctors become too busy to continue provide the same service, they will not retain their patients. People talk about their experiences and if they had a bad experience they will give their feedback to the friend who originally referred them to the doctor. This disharmony can result in both patients not returning.

Making an Appointment

The importance of first impressions is widely recognized in all service based enterprises. The first impression a prospective patient receives is during the appointment making. This process sets the tone for how the patient-doctor relationship will develop. A logical and easy booking process can instill the patient with confidence that the doctor is experienced and knowledgeable. A confusing experience sets the doctor up for suspicion and doubt. TCM is still a complementary or alternative therapy with many nay-sayers and detractors. Doctor must go beyond what is necessary, be polite, and anticipate any questions that may arise. Prospective patients have a problem and want to know if the doctor—and acupuncture—can help them. They might not necessarily focus on the doctor's education or philosophy initially—at least not until addressing whether or not their back pain, IBS, or panic attacks can be relieved.

Each member of the team is responsible for presenting a professional attitude. Especially the “front-of-house” employees who interact with patients over the phone and greet the patients upon their arrival. Hiring people with a history of helping others is a great way to ensure making a good first impression. The patient experience at the doctors office should be as easy as possible with minimal wait times, maximum comfort, and nice touches such as tea or water when possible. The support staff should always be smiling when greeting a patient in person and on the phone (and yes, patients can tell if one is smiling over the telephone or not!).

Talking with our patients

Once the doctor and patient are face to face and talking about the patient's situation and symptoms, the doctor should be calm, focused, and attentive. Giving the patient 100% of our attention is mandatory. Remembering personal details such as a recent vacation, their grandchildren, or their new job sends a message that the doctor truly cares. Make notes in the file—it's that simple. When asking the 10 questions the doctor should be succinct and clear. Listening to how the patient responds to the question is sometimes more informative than the answer. For example, if the doctor suspects the patient has Gall Bladder Qi stagnation and asks "Do you have difficulty making decisions?" to which the patient doesn't know whether or not they do and responds something like, "Well, I don't know, maybe I do, I don't know, it's so hard to tell...", then their behavior is the answer and the doctor needs to notate this obvious sign of indecisiveness.

Compassionate listening without letting talkative patients take up too much time is an art form, but is necessary for busy successful practitioners.

As previously mentioned, correctly pattern diagnosing the patient is important and is what university studies are focused on. However, having confidence that the correct pattern has been discovered is more important overall. This comes with time and lots of experience. The more referrals a doctor gets, the more opportunities for improvement they have. Experience is the best teacher.

The Treatment Room

Another aspect which influences a patient's willingness to discuss some sensitive and embarrassing symptoms is comfort. If the treatment room is messy, dirty, has poor Feng Shui (风水), is loud and lacks privacy, the patient will be less inclined to divulge pertinent information. The doctor may misdiagnose the patient because the patient is withholding important aspects of their condition.

A typical acupuncture treatment room in western countries is private, and has a soft comfortable massage table with a face hole for back treatments. The sheets are clean and changed after each appointment. Soft meditation music is playing, and even some candles or incense can be burning. The room needs to have adequate lighting for needling but also dark enough

for the patient to fully relax. Pillows and bolsters are available for propping up feet, knees, necks, as well as supporting pregnant patients who only feel comfortable laying on their sides. The medical supply cart must be fully stocked, uncluttered, and have a clean field for any items about to be used. Ideally, a sink with warm running water, soap, and paper hand towels is also in the room. When a patient sees the doctor wash his or her hands they feel less anxious about possibly contracting a wind-cold invasion or skin condition from a previous patient. Most of these luxurious amenities are rarely if ever found in a hospital, whether in China or the US, but they are commonplace and expected at private clinics.

Less Painful Acupuncture

Also, once the acupuncture treatment commences, the needle insertion technique should be gentle, kind and as pain free as possible. In China, it is the mindset of patients that if the acupuncture doesn't hurt then nothing is happening. They have a "no pain, no gain" mentality. In response, the acupuncturists in China use a heavy hand and twisting technique that elicits a painful distending sensation. But in the West, if the patient feels any discomfort they probably won't come back. It's important the doctor understands what each individual patient expects to feel during the treatment and to make the necessary adjustments.

Treatment Plan

A common mistake many doctors make with their patients is not sharing the prognosis or treatment plan with them. How many sessions, how frequent, and what to expect as time goes on are important things to know. Some doctors feel slightly uncomfortable telling a patient when and how often to come back, maybe because it's expensive and the doctor doesn't feel comfortable forcing the patient to spend money. But if the patient doesn't understand how acupuncture therapy works then they might not get the results they are seeking. Acupuncture is not a one time therapy. It's an ongoing, gradual re-training of the Qi to flow correctly. It can take up to 2-4 months or even a full season. Patients view the doctor as the expert, and want to know their opinions, so it's important that the doctor share all information. Giving each patient a reason to come back and telling them what will be happening at their next appointment gives clarity. It also gives the patient a subtle incentive to book and keep their next appointment. For example, they can be told that during

their next appointment they may be treated with cupping, prescribed herbs, or needled with a different technique.

Complaints and Mistakes

Even if all these touches are implemented, the occasional complaint will arise, it's just the nature of the industry. Patients are suffering and sometimes project their suffering and frustration onto the doctor. When a problem comes up, there are many simple conflict resolution techniques which can be used. First and foremost, the doctor needs to listen and respond immediately when patients complain. Dealing with every complaint can be an opportunity to build a lifetime of loyalty from a patient. Make sure that the doctor:

1. listens to the complaint
2. checks the validity
3. takes action to resolve it
4. ensures the patient believes it was resolved

Doctors should always assume the patient is telling the truth. And if the complaint is due to a practitioner's mistake the doctors should be open about it. If the doctor has forgotten to call a patient back, overbooked the clinic, running a little late, the doctor should offer an honest, sincere apology, and offer options to remedy the issue.

Privacy

Another issue that is somewhat cultural but should eventually become universal is patient privacy. In the West, privacy is of utmost importance. So much so that it is illegal to identify and utilize a patient's diagnosis without written permission. In the USA, the law is commonly known as HIPAA.

The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the *Health Insurance Portability and Accountability Act of 1996* ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how

their health information is used. A covered entity may not disclose PHI (*Protected Health Information*) to facilitate treatment, payment, or health care operations without a patient's express written authorization. Any other disclosures of PHI (Protected Health Information) require the covered entity to obtain written authorization from the individual for the disclosure. However, when a covered entity discloses any PHI, it must make a reasonable effort to disclose only the minimum necessary information required to achieve its purpose.

This policy is enforced quite strictly and the penalties for noncompliance are criminal charges. However, in China, there is no such law. Many hospital settings are communal and the ability to keep patient identity information private is extremely difficult. Nevertheless, in a private upscale clinic, attempts should be made to hide patient names and files from plain view. One easy method of complying to the policy is to never discuss patients' conditions in front of other patients (they'll wonder what you're saying about them once they leave).

Payment

In a large hospital in China, patients usually gets a diagnosis and treatment prescription first. Then goes immediately to the cashier to pay. Next, they return to the treatment area and receive the acupuncture. But in the West, patients pay afterwards. At the end of a treatment session patients should leave the clinic with as little confusion as possible. But after a relaxing acupuncture treatment, a patient can be easily flustered because of the meditative trance-like feeling during the treatment. It's very important for clinic staff to smile and show appreciation and gratitude to patients. They should always say "Please" and "Thank You" when asking for money: "Today your session is 500 Yuan, please. How would you like to pay?" The front desk clerk needs to be discrete if a patient's credit card is declined by asking if there is another method of payment he or she would like to use. If the patient has received herbal remedies or other at home treatment supplies, like moxa sticks, inspect the merchandise before bagging it to make sure it's correct. And again, smile when saying goodbye and encourage the patient to come again.

When patients feel they have been treated like a priority, satisfaction increases. If you combine great service outside the exam room with comfort, education, and explanation of clinical decisions inside the exam room, you are well on your way to having completely satisfied patients.



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Techniques of Ba Duan Jin

(八段锦)

By Zhao Xiaoting (赵晓霆)

Living a vigorous life

It's generally believed that Yang Sheng (养生 Nurturing Life) means physical fitness. However, in addition to the physical body, Chinese medicine highlights the body-mind balance. When we say nurturing life, we mean the most original vigor of life—vital qi. The physical body is a concrete manifestation of vital qi. What is the origin of Yuan Qi (元气 vital qi)? Chapter 74 of the Huang Di Nei Jing (《黄帝内经》 *Yellow Emperor's Internal Classic*) states, 'seasonal changes of nature correspond with changes inside the human body'. Chapter 66 of the Huang Di Nei Jing states, 'In heaven it is qi; on the earth it turns into physical appearance. Physical appearance and qi affect each other and thereby they generate, through transformation, the myriad beings'. As a result, the vital qi originates from the Dao (道). In nature, the Dao and man are one. If things are looked at in an isolated, partial and obsessive way, man and the Dao will be separated into two. This can be explained from a glass of water and the ocean. In nature, a glass of water and the ocean are water. The glass of water will evaporate if it's separated from the ocean. When the glass of water is poured into the sea, they become one. The Dao of the heaven is to vital qi what the ocean is to the glass of water. If we understand Dao, we know 'the glass of water is the ocean'; if we are with the Dao, we know 'the ocean is the glass of water'. In traditional culture, sages and men with great virtue believed 'Life is a walking dream; death is a going home' and 'Death is just a part of the life circulation, so the death is the birth'.

We conduct life nurturing practice not because we are scared of death and clinging to life. Confucius once said, 'if you don't know life, how can you know death'? Only by living a life, can we thoroughly understand and follow the Dao between heaven and earth. Zhang Zai (张载 1020-1077)¹ is best known for laying out four ontological goals for intellectuals: to build up the manifestations of Heaven and Earth's spirit, to build up good life for the public, to develop past sages' endangered scholarship, and to open up eternal peace for one generation after another. With this spirit, one can live even after death. However, for those with 'deep desires but shadow Heavenly sensitivities' from Zhuang Zi (庄子), their lives are already death.



Basic standing posture

- Stand in the Wu Ji position (人字无极桩)

Description: Place your feet shoulder-width apart, slightly bend your knees (but do not let your knees extend past your toes), hang your arms loosely at your sides and keep your eyes half open and gaze down along the line of the nose.

Explanation: The essential concept of this posture is to “Bao Yuan” (抱圆). The first word ‘Bao’ means to mix with or to embrace. The second word Yuan (圆) means Wu Ji (无极 nothingness), the primordial origin, the root or the Dao. The Dao is the spontaneous way that all things began, the foundation of all intangible and invisible “substances” and activities, and the mother of all things in the universe. In summary, everything comes from the Dao. This standing posture requires a state of mindfulness, not-self and inaction, coupled with the ascent of clean yang and descent of turbid yin.

- Stand with imagination of holding a ball (抱球站桩)

Description: Place your feet shoulder-width apart, slightly bend your knees and do not let your knees go past your toes, and then gently raise your arms until your hands are in front of your chest.



Zhao Xiaoting demonstrates

Explanation: The core of this posture is to "Embrace the One". Embrace here means never leave or give up. One means Taiji, a state before separation of yin and yang. The Dao De Jing (《道德经》*Tao To Ching*) states, "there were those in old times who grasped and were possessed of the One: The heaven was much clarified by attaining it. Likewise, the earth got stable or calm by the same [rotating] measure; and demon spirits or gods were spiritualized, becoming divine. The valley likewise became full, the abyss replenished. By staying in the one, all creatures lived and grew". The Tai Ping Jing^[1] (《太平经》literally means Scripture on Great Peace) states, "the One is the guiding principle of heaven and origin of all things", and "the One is the root of Dao and beginning of qi" Zhuang Zi states, "That which is so great that there is nothing outside it can be called the Great One; and that which is so small that there is nothing inside it can be called the Small One". Characteristics of this posture: Integrated motion and stillness and mutual dependence of mind and qi. Externally, it looks relaxed. Internally, the mind is cultivated. Use the vitality of innate qi to melt down turbid postnatal qi. Use mental intent to guide qi and qi always flows with the mind. In the end, you are with nature and the Dao.

References:

1. Tai Ping Jing often refers to the work which has been preserved in the Daozang (道藏 *Taoist Sutra*). It is considered to be a valuable resource for researching early Daoist beliefs and society at the end of the Eastern Han dynasty.

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Education, Practice and Regulation of Chinese Medicine in Brazil

By Reginaldo de Carvalho Silva Filho (BRA) and Eduardo Vicente Jofre (BRA)

Abstract: Introduction: Acupuncture and Chinese Medicine are well accepted in Brazil and the understanding of the present situation among practitioners, students and the population is very important for making decisions and policies related to the increments on the education, spreading and also on the commerce related to Chinese Medicine products.

Objective: The aim of this paper is to present a broad overview of the present situation of education, regulation and practice of Chinese Medicine in Brazil.

Method: This is a descriptive study based on the revision of present literature and interviews with experienced people related to Chinese Medicine. It was conducted in order to find the most reliable and updated data.

Conclusion: Based on the present study it is possible to demonstrate that the practice of acupuncture is very heterogeneous with no specific official regulation. So we encourage a prompt regulation of acupuncture practice in Brazil.

Keywords: Law; Education; Chinese Medicine; Clinical Practice

Introduction

Acupuncture and Chinese Medicine has been used for a long time in Brazil and has been increasingly accepted by the general population and the health professionals alike.

This paper aims to present information related to the use of acupuncture by Brazilians, education in Brazil in relation to Chinese medicine and acupuncture, the steps of the regulation of these practices, as well as the use and legality of Chinese Medicine products among Brazilians.

In Brazil, TCM began to be practiced with the arrival of the first Chinese immigrants to Rio de Janeiro in 1810. In 1908, the Japanese immigrants brought in Japanese acupuncture, although it was restricted to the colony.

In 1958, Friedrich Spaeth, a physiotherapist, responsible for the spread of acupuncture in Brazil in the 1950s, began teaching this ancient practice in Rio de Janeiro and Sao Paulo. In 1972 he founded the Brazilian Association of Acupuncture.

This association remains active till today but has changed from its original mission and purpose. It has lost its political or unifying influences and is just one of many acupuncture schools offering different programs.

It is believed that in the State of Sao Paulo there are approximately 30,000 acupuncturists. This estimate is from SATOSP which stands for the State Union of Acupuncturists and Eastern Therapists of Sao Paulo. It is estimated that in Brazil there are more than 50,000 professionals working with acupuncture or methods related to Chinese Medicine.

The president of SATOSP claims that the real total number of practitioners can not be established as there is no official list of acupuncturists. Furthermore, there is also a large number of practitioners with a bachelor's degree in the health profession that practice acupuncture as a specialty and do not always call themselves acupuncturists.

Education of Chinese Medicine in Brazil

As there is no official list of acupuncture practitioners in Brazil, there is also no official list of schools or institutions that offer programs on acupuncture and Chinese Medicine. A basic research on the electronic database of the Brazilian Ministry of Education found a total of 60 different institutions offering acupuncture programs at the post graduate level.

In Brazil, up to present there is no acupuncture or Chinese Medicine college or university offering bachelor's, master's or doctorate degrees.

However, there is one important exception related to the official education on acupuncture. 17 Brazilian acupuncturists with a bachelor degree graduated on June 7th 2002, after the attempted failure by the Brazilian Medical Board to stop the program. This was a group of brave students who did not accept bribes or pressure to transfer to other programs with full scholarships and instead decided to fight to graduate with a diploma in Acupuncture.

Acupuncture education in Brazil is now basically offered in two different ways: (1) open courses where everyone can study acupuncture after completing at least a high school level of education; (2) post graduation courses where people with a bachelor's degree in any health profession can study and receive an official certificate with full validity by the Ministry of Education. The same situation validifies for Chinese Herb and Tuina (推拿 Chinese massage) programs and so on.

The only exception is for massage for which there is an official program. It is

considered told a mid-level education, accredited by the State and valid in the entire country.

At present EBRAMEC which stands for the Brazilian College of Chinese Medicine is one of the three largest organizations dedicated to Chinese Medicine in Brazil. Its main building is about 4,000 square meters. It has branches in more than 15 different cities and States around Brazil, with a history of 16 years. EBRAMEC has a total of about 1,000 students enrolled in different levels of education related to Chinese Medicine.



Dr. Reginaldo Silva-Filho, the president of EBRAMEC and Dr. Yan Xiaotian (闫晓天), the president of the International Education College of SHUTCM

Since its foundation in 2001, EBRAMEC has grown steadily and established cooperation with renowned institutions from different countries in order to promote a high quality of education, including the latest valuable and very important cooperation with the Shanghai University of Traditional Chinese Medicine, more specifically with its International Education College on March 15th 2017.

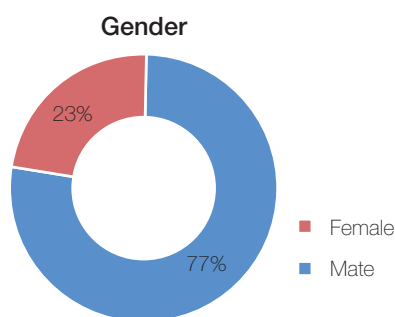
In a recent study, 508 application files of EBRAMEC students and former students who were enrolled in Acupuncture programs were randomly selected and manually reviewed and analyzed, in order to obtain different data such as: gender, age, program enrolled, weekly or monthly programs, pre graduation degree and so on.

Our findings during this descriptive study can be applicable to other institutions and present a possible scenario for a better understanding for those that are interested in acupuncture education in Brazil.

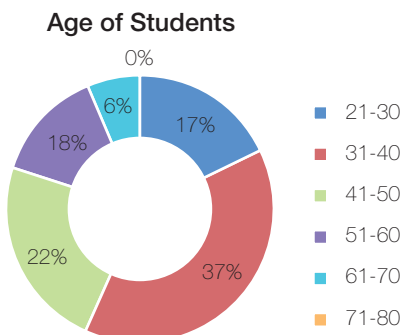
It is interesting to notice that there is a very big difference between female (77%) and male students (23%) enrolled in acupuncture programs, which can be interpreted to mean that more women are achieving their professional goals

and are seeking for a more rewarding occupation, such as acupuncture. Basically all the classes reviewed had a larger number of female students compared to male.

Regarding age, it was noted that 420 out of 508, that is 83% of all the students, were over the age of 31, which indicates that possibly most of them decided to study acupuncture in order to change professions, to complement their original professions or in a way to set a new direction for life. These possibilities were further explored when the previous education background of each student was analyzed, and it was found that just 22% had had no higher education degree prior to studying acupuncture.



A large number of students study acupuncture as a possible specialty or as an addition to their own current profession, such as physiotherapy, nursing, or pharmacy. These students normally enroll in the post graduate program offered by EBRAMEC as it is accredited by the Brazilian Ministry of Education.



The study also demonstrated that most of the students (56%) studied acupuncture at the post graduate level inferring that the national boards of different professions have recognized or established acupuncture as a professional specialty.

Regulation of Acupuncture in Brazil

The Physiotherapy Board was the first professional board to recognize acupuncture as an occupational practice in 1985 granted by the special Resolution 219. Their members were allowed to legally practice acupuncture as part of their profession.

This first official recognition from a professional board influenced other boards to issue similar resolutions for their members. Some even established the standard and length of education, the area of practice, and the expected obligations. The following is a sequence of resolutions from different boards: Resolution 219/1985; Biomedicine Resolution 0002/1986; Veterinary Medicine Resolution 625/1995; Western Medicine Resolution 1455/1995; Nursing Resolution 197/1997; Pharmacists Resolution 353/2000; Occupational Therapist Resolution 221/2001; Audiologist Resolution 272/2001; Psychologist Resolution 05/2002; Physical Education Resolution 069/2003.

Although acupuncture is widely available in Brazil and associated with the credibility of other health professionals, it along with Chinese Medicine is still unregulated and freely practiced.

Specifically, acupuncture has already existed in the Brazilian Classification of Occupations (CBO) in four different modes (acupuncturist, physiotherapist acupuncturist, acupuncture doctor and psychologist acupuncturist). It is protected by the State Union registered in the Ministry of Labour. Unfortunately, until now there have been no official regulations on acupuncture or Chinese Medicine in Brazil. Nevertheless, there are at least 2 different legal projects that are presently being analyzed in order to possibly become regulated, but there is no exact date for political approval of these projects.

As mentioned, there are two bills regarding the practice of acupuncture, one in the House of Representatives (PL 1549/2003) and the other in the Senate (PLS 473/2011). Both of them include a broad overview of the regulation and mention the possibility of an academic degree in acupuncture, which would be the best way to improve the quality of professional education. They both include the possibility to acknowledge the same or similar degrees obtained from official educational institutions in other countries, and would also allow post-graduate training courses for those professionals who previously graduated from healthcare programs.

As long as these legal projects are not voted on in Brazil, the Federal Constitution guarantees the free professional practice of acupuncture. Via resolutions and norms, the professional councils and associations protect patients who seek acupuncture treatment.

In the Federal Constitution of Brazil, the second item of Chapter 5 explicitly states that “**no one shall be compelled to do or refrain from doing something except by law**” and this is one of the strongest arguments used for the free practice of Acupuncture by anyone, not restricted to any specific profession.

So the right to practice acupuncture in Brazil remains open to anyone who has the true desire to acquire relevant knowledge.

The argument of the Constitution has two sides, as yin and yang in Chinese philosophy. One is that there is no restriction by any means and no profession can control or dominate acupuncture for themselves, and on the other hand anyone even without the proper education or knowledge, can claim to be an acupuncturist.

It must be pointed out that during the past years the Federal Council of Medicine has been trying to control the practice of acupuncture and to limit the use of acupuncture only for physicians by means of lawsuits, propaganda on the media and new law for physicians, which would make acupuncture an exclusive practice for them.

Those attempts at acupuncture monopoly by the Federal Council of Medicine have all been thwarted in court, however, it still intends to control the practice of acupuncture through new bills that will certainly be challenged in court as was done in the past.

It is also important to point out that on September 26th 2013, an official Technical Note was issued from the Ministry of Health. Heider Aurelio Pinto who coordinates Integrative and Complimentary Practices, remarked that there was no legal impediment for the practice of acupuncture, as well as for other Chinese Medicine methods, by different health professionals.

The main purpose of the Brazilian authorities of acupuncture and State Unions is the comprehensive regulation of acupuncture, so that possible disputes over monopoly cease to exist and the Brazilian population can take advantage of acupuncture for better health.

Practice of Chinese Medicine in Brazil

Besides the private practice of acupuncture, Chinese medicine was introduced in the Outpatient Information System - SIA / SUS in 1999, through Ordinance No. 1230/GM2, and it was strengthened by Ordinance 971, published by the Ministry of Health in 2006. It was approved by the National Policy Integrative and Complementary practices in the Unified Health System (SUS).

Since the final report of the 8th National Health Conference in 1986, the introduction of alternative healthcare practices within the scope of public health services has been sought.

However, it was only in 2006, through the National Policy for Complementary and Integrative Practices, that non-medical professionals were allowed to act as acupuncturists within the Brazilian National Health System (SUS).

This document defines that the SUS approaches and resources shall be integrated to stimulate the natural mechanisms of disease prevention and health recovery, above all, with an emphasis on spending more time during the first visit inquiry and listening to the patients' complaints, the development of the therapeutic relationship and the integration of humans with the environment and society.

After the establishment of the National Policy for Complementary and Integrative Practices, an increase in acupuncture treatments were noticed. For example, the acupuncture applications of patients of the Unified Health System (SUS) of São Paulo grew by 567% from 2007 to 2011, according to the report from the State Department of Health. In 2011, there were a total of 264,400 technical applications of acupuncture in public services in the State of Sao Paulo, while in 2007 this number was just 39,600. So it can be seen that there has been a constant increase in the use of acupuncture in SUS.

In another recent study, it was observed that the number of municipalities that joined the practice of acupuncture in SUS has risen by 64.13% in two years. It also showed the highest rate increase was in the southern and northern Brazil, compared with other regions, was 1512.27% and 389.5% respectively.

In 2014 ANVISA (National Health Surveillance Agency), directly under the

Ministry of Health issued two important resolutions that can relate to the import, distribution and use of products related to Chinese medicine, more specifically related to products for the practice of Chinese herbal medicine.

The special Resolution RDC 21 of April 25th, 2014, deals with the manufacturing and marketing of Chinese Medicine products. It has established a 3-year test period since the publication date for monitoring the use of Traditional Chinese Medicine (TCM) products in the country. Furthermore, these products are not subject to sanitary registration.

Based on this resolution, Chinese Medicine products are considered to be the formulations obtained from raw materials of plants, minerals, and mushrooms (fungimacroscopic) according to the techniques of Chinese Medicine and present in Chinese Pharmacopoeia. The use of animal as raw materials is prohibited in formulations to be marketed in Brazil.

One very important aspect of this resolution is that Chinese Medicine products are not subject to sanitary registration which makes the process of importing and distribution simpler than those related to pharmaceuticals.

The special Resolution RDC 26 of April 13th, 2014, deals with the registration of herbal medicines and the registration and notification of a new category of products described as traditional herbal products.

Traditional herbal products are considered to be those obtained from raw plant materials whose safety and effectiveness are based on safe and effective use from data published in technical and scientific literature and are designed for use without the supervision of a physician for purposes of diagnosis, prescription or monitoring.

For this resolution what is named “traditional herbal products” are the products exclusive of the use of raw plants, with their safety and effectiveness demonstrated via technical and scientific literature data. They are applied to medical practice under the supervision of qualified health professionals.

As Chinese medicine is an ancient health practice and its herbal products have been employed for thousands of years, this special ANVISA Resolution could also be an interesting option for the entry and regular distribution of Chinese Medicine products through a possibility of simpler and more direct registration processes.

Bibliography

Rocha, SP et al. A trajetória da introdução e regulamentação da acupuntura no Brasil: memórias de desafios e lutas. Ciênc. saúde coletiva, Rio de Janeiro, v. 20, n. 1, p. 155-164, Jan. 2015 .

Fonsêca, CM; Silva Filho, RC; Jofre, EV. Panorama of acupuncture appointments in the SUS in Brazil. II Brazilian Congress of Chinese Medicine, June 2013.

Silva Filho, RC. Introdução a Acupuntura. Apostila do curso de Acupuntura da EBRAMEC, São Paulo, 2014.

Araujo, JE. Sobre o direito de praticar a acupuntura no Brasil. Rev. bras. fisioter., São Carlos , v. 16, n. 4, p. V-VI, Aug. 2012.

Silva Filho, RC; Sumizono, PS; Jofre, EV. Characteristic of Acupuncture students in Brazilian School of Chinese Medicine III World Congress of Chinese Medicine Education, November 2014, Nan Jing, China.

Santos, FAS et al. Acupuntura no Sistema Único de Saúde e a inserção de profissionais não-médicos. Rev. bras. fisioter., São Carlos, v. 13, n. 4, p. 330-334, ago. 2009 .

Law Project: PL1549/2003 – House of Representatives: Regulates the professional practice of Acupuncture and addresses other matters http://www.camara.gov.br/proposicoesWeb/prop_mostrarintegra%3Bsessionid=2D461024B3FB10650966FD5DE16FD10F.node1?codteor=150115&filename=PL%2B1549/2003

Law Project: PLS473/2011 – Senate: Regulates the practice of acupuncture <http://legis.senado.gov.br/mateweb/arquivos/mate-pdf/94427.pdf>

ORDINANCE No. 971, of May 3, 2006-Approves the National Policy on Integrative and Complementary Practices (PNPIC) in the National Health System. <http://dtr2001.saude.gov.br/sas/PORTARIAS/Port2006/GM/GM-971.htm>

ORDINANCE No. 853, of November 17, 2006-Provides for the National Policy on Integrative and Complementary Practices in Health System-SUSPNPIC. <http://dtr2001.saude.gov.br/sas/PORTARIAS/Port2006/PT-853.htm>



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TCM Fits American Values

By Justin Maher (USA)



Dr. Li Heng's fall, 2016 "Introduction to TCM" class

While studying health care at *Augusta University*, I feel as if I've had two sets of masters: the Americans (*namely a certain Dr. Ness*), and the Chinese, (*especially Dr. Li Heng / 李恒*).

Augusta is in The United States of America (*and not in the most cosmopolitan region thereof*), but, both *The Confucius Institute* (孔子学院), the faculty of *The Shanghai University of Traditional Chinese Medicine* (上海中医药大学) have brought to Augusta University a unique shining beacon of culture:

Our medical school is the first in the United States to offer substantial training in Traditional Chinese Medicine.

I moved from my home near New York, to study at this university, mostly because of its TCM program.

However, considerable interest has also been expressed by a wide variety of the local people.

Observing this unexpected popularity, I have been given cause to consider how well Traditional Chinese Medicine accords with the American national character.

TCM resonates with Americans' deep cultural values in ways that biomedicine does not.

This is surprising, because – *while America was absent from the development of TCM—America (in collaboration with Europe) has been a main architect of biomedicine*. One would expect the dominant form of healthcare in America to match American cultural values. However,

the American independat-minded self-sufficient norm is actually more constant with TCM than with biomedicine.

To understand how America arrived at this paradoxical state of affairs, we must look to American history, and investigate it alongside the history of (*Western*) medicine.

ACHIEVEMENT	TIME	Even in their rudiments,
<i>Germ theory of disease:</i>	19 th -century	the theoretical and chemical tools
<i>Anesthesia:</i>	19 th -century	that undergird biomedicine
<i>The rise of major surgery:</i>	20 th -century	were only developed in the 19 th century,
<i>Antibiotics:</i>	20 th -century	and these were reduced to (<i>successful, safe</i>) practice only in the 20 th .

In his book, *The Laws of Medicine*, (*Simon & Schuster, New York, 2015. p. 12-13.*) the physician, Siddhartha Mukherjee, chides:

We tend to forget that much of “modern medicine” is, in fact, surprisingly modern: before the 1930s, you would be hard-pressed to identify a single medical intervention (surgery excepted) that had any more than a negligible impact on the course of any illness. [...] Nearly every medical intervention could be categorized as one of three P’s – placebo, palliation [opium, alcohol], and plumbing [laxatives, purgatives] [...] Recognizing the absolute uselessness – and frank perniciousness – of most 19th-century medical interventions, a new generation of doctors had decided to refrain from doing much at all [...], instead concentrating on observing, naming, categorizing, and defining diseases, hoping that this would allow future generations to identify bona-fide therapeutic interventions.

Prior to the 20th-century, the state of the West’s medical arts was even worse than such impotence; Tom Bisio, (*a New York acupuncturist who specializes in Traditional Chinese sports-medicine*), in his book, *A Tooth from the Tiger’s Mouth* (*Simon & Schuster, New York, 2004. p.9-10.*) goes so far as to claim that, circa the Taiping Rebellion (太平天国运动 1851-1864), a wounded soldier in a Chinese army had much better chances of recovery than did a Western soldier.

Over centuries, martial-arts masters, Shaolin (少林) monks, and Taoist

(道家) recluses developed hundreds of herbal formulas that could treat everything from spear-wounds to fractured ribs. [...] Looking at the past from our modern perspective, we could easily assume that without antibiotics and today's surgical wizardry, people died from even minor wounds. In fact, this was much more the case during America's Civil War than in conflicts in China. The ancient Chinese employed hundreds of herbal substances that could kill pain, stop infection, reduce inflammation & swelling, and help tissue regenerate. [...] These traditions were exemplified by Hua Tuo (华佗 145-208), perhaps the most famous doctor of the Han dynasty (汉朝 202 B.C.-220). Hua Tuo performed surgeries using herbal anesthetics. A student of Taoist mountain-sages, he also developed a regime of health-exercises [...] By the Tang Dynasty (唐朝 618-907), China had a rich tradition of medicine based on practical experience.

The chronologies of TCM and biomedicine are dissimilar: biomedicine being a product of the industrialized world, whereas TCM has operated for much longer, having had success even in ancient times.

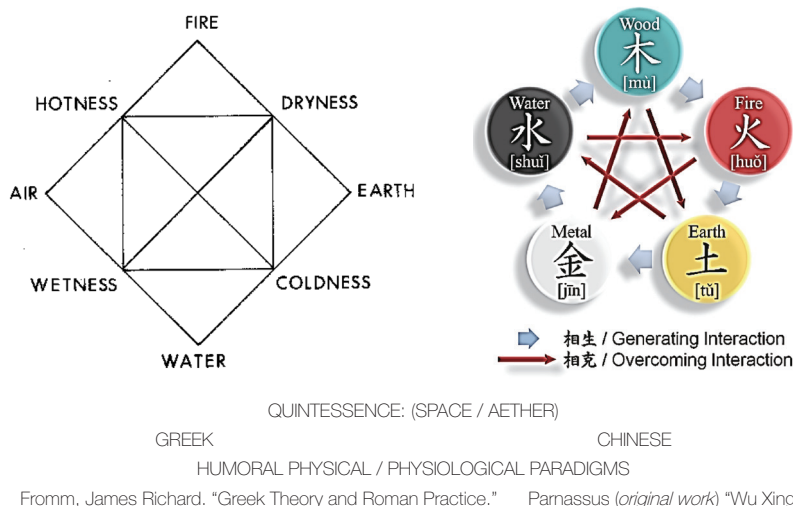
And as biomedicine is a 20th-century phenomenon (*with roots in the 19th*), there was an America before biomedicine.

The West once had a medical tradition that was based on 4 or 5 elements, broadly similar to TCM's Wu Xing (五行 Five Elements) paradigm.

While its roots certainly predate Hippocrates, this "*Greek Medicine*" is usually dated to that contemporary of Confucius (孔子 551 B.C.-479 B.C.). Unfortunately, this tradition stagnated; the last great sage to add to the (*originally*) Greek medical tradition was (*the Persian*) Avicenna (ابن سينا), who lived a thousand years ago.

By early-modern times, it had become evident that we needed something new. What, in the early-20th-century, we finally settled-on was biomedicine. 19th-century America, however, was home to many competing new medical traditions (*Homeopathy, Hydrotherapy, Chiropractic, Osteopathy, Grahamism, Mesmerism, and others*).

This variety of schools had much in common; they were, after all, each a product of a certain culture: the American one – *ruggedly individualistic, and concerned with self-sufficiency*.



Having recently achieved political-independence from British imperialism, Americans' ethos of self-sufficiency extended to the socioeconomic realm. 19th-century America was suspicious of professional; we sought to maintain our own health and not be dependent on experts.

Emphasis on the idea that only a professional doctor can heal connected the sclerotic remnants of the Greek medical establishment with the nascent biomedical community.

But this faith in the professional was seldom shared by the rebel who had won America's independence; those frontiersmen liked to think that they could do it all, by themselves, for themselves.

There was a time when many of America's doctors were likewise barefoot – and proud of it!

In part, the do-it-yourself-nature of 19th-century American medical traditions was a practical adaptation—*people were migrating westward, to regions where infrastructure & professionals were simply unavailable*—however the impetus towards such characteristics ran deeper: into the American spirit — *that of 1776*.

Professional organization on the part of biomedical practitioners —*aided by the powerful force of emerging governmental regulations*—



Davy Crockett, "King of the Wild Frontier" (rural America, early 1800s)

eventually established biomedicine as being socially— *and often legally*— recognized as the only legitimate form of healthcare.

Biomedicine emphasizes that it indeed *deserves* this position of dominance – because it is the most-scientific & most-effective medical tradition.

As TCM is becoming increasingly scientific, and, – *in some situations* – is more effective; biomedicine's claim to be a monopoly on science & efficacy is questionable.

But that I will leave for another article; here, I will instead focus on chronology:

When did biomedicine become so great? If forced to be specific, I would posit 1942: the year that penicillin was first used clinically.

But when did biomedicine come to dominate the American healthcare scene? Decades earlier; if required to pick a specific year,

I would choose 1910: when Abraham Flexner & The Carnegie Foundation produced *The Flexner Report*, pursuant to which, most of America's medical schools (*including practically all of the non-biomedical ones*) were closed.

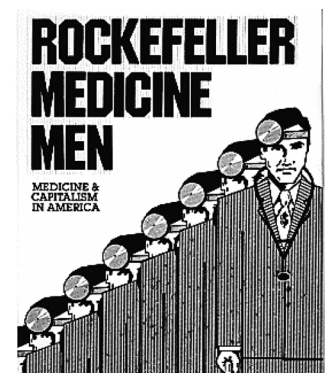
Scientific & clinical superiority cannot be the only reason for biomedicine's dominance of American healthcare—*given that such dominance was achieved decades prior to the accomplishments upon which it is supposedly premised*.

While such sentiments never achieved a comparable revolutionary boiling-point in America, there has been a simmering undercurrent of socialist rebellion in American political culture for over a century. (*As evidenced by the relative success of the socialist, Bernie Sanders, in the 2016 US elections,*) this anti-elitism is most-bluntly expressed in the realms of politics & economics, but it also extends into the realm of healthcare. Americans have long been suspicious of the professional and the dictatorial authority that he (*purportedly legitimately*) claims.

The importance of this issue was identified very early in American history (*by one of the signers of The Declaration of Independence, no less!*): Benjamin Rush later advised that:



Zhang Hongtao "Barefoot Doctors"



Brown, Richard E. "Rockefeller Medicine Men: Medicine and Capitalism in America"

"Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship to restrict the art of healing to one class of men and deny equal privileges to others; the Constitution of the Republic should make a special privilege for medical freedom as well as religious freedom."

He very-accurately predicted the overarching historical trend in American medicine in the early 20th-century.

The grip of biomedicine has recently started to loosen, and American healthcare is slowly becoming friendlier to other medical traditions. In my view, there is strong potential for the growth of Traditional Chinese Medicine in America. Being relatively low-tech, DIY-friendly, and facilitating health-self-sufficiency, TCM fits with America's national culture.

While independence is central to the American character, our contemporary healthcare debate is generally framed in fiscal terms.

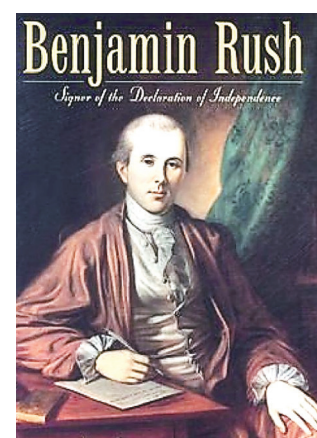
Biomedicine has always been the purview of the well-supported professional, but this proclivity has grown gargantuan, healthcare-costs looming high over America today.

Political solutions can mitigate prices somewhat, but, at their core, biomedical treatments tend to be complex, and: *somewhat-necessarily* costly;

Western pharmaceuticals are not things that you can grow in your garden; a high-quality chemical-factory and a modern distribution-network are essential. Similarly, surgical interventions are not things that you should try at home; the surgeon is the consummate professional – and even he cannot operate alone, without a team, without advanced instruments, and without a whole hospital behind him.

...Despite our professionals' lofty skills, a mere electrical-outage would suffice to bring the American biomedical healthcare-system to a standstill!...

TCM sometimes falls short of American healthcare's standards of "best practice," but, in many situations—*such as national disasters where infrastructure is affected*, —the house-of-cards that now is modern healthcare could easily crumble; in some scenarios, our standards-of-practice may become infeasible, and circumstances prove to be akin to the limitations



Barton, David. "Benjamin Rush: Signer of the Declaration of Independence"

regarding access to sophisticated hospital-healthcare that one might encounter in an isolated Chinese village.

...Yet, people in those places survive (*and many even thrive well into old-age*)!..

Without a HMO-plan, and easy access to a MRI, and annual colonoscopies, how can this be?

As it predates modern healthcare-infrastructure, TCM – unlike today's biomedicine – doesn't fall flat on its face when deprived of modern amenities.

I could envision a national-security argument for the incorporation of TCM: based on traditional wisdom, TCM is less-severely handicapped by the infrastructure-failures that are likely to occur during emergencies.

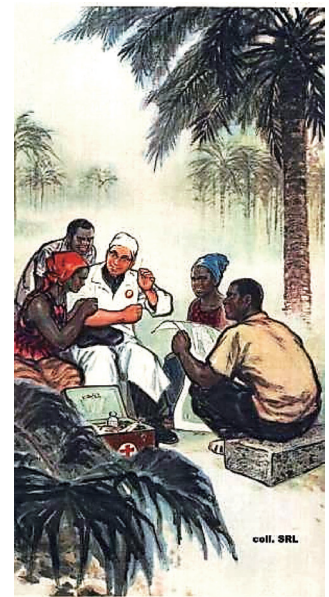
American healthcare-discourse today focuses on finances, and the wider political discussion is filled with worries about state-security and emergency-preparedness.

But, despite our dismal vocabulary, our concerns remain rooted in the core value of the American character: self-sufficiency

The labyrinthine structure of modern biomedicine clashes with our DIY national-culture; the American character is much better fit by TCM, with its emphases on individuals' preventative and health-cultivation behaviors, on independent therapeutic exercise, and on treatment via minimally-invasive acupuncture and with natural, herbal therapeutics that verge on foods as opposed to medicines.

As evidenced by America's legal line between "medicine" and "food" having recently become increasingly blurred, our culture gravitates towards TCM's layman-centric style of healthcare.

I see American society
as being
fertile ground
for the
globalization of
the treasure of
human achievement
that is Traditional Chinese Medicine



重洋无阻隔，银针传友谊。

Oceans present no barrier,
acupuncture expands friendships.

Lars Hasvoll Bakke "Vibrant Chinese
Propaganda Art

Bibliography:

Mukherjee, Siddhartha. The Laws of Medicine. Simon & Schuster, New York, 2015.

Bisio, Tom. A Tooth from the Tiger's Mouth: How to Treat your Injuries with Powerful Healing Secrets from the Great Chinese Warriors. Simon & Schuster, New York, 2004.

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The Shanghai University of Traditional Chinese Medicine [SHUTCM] (上海中医药大学) and Augusta University [AU], especially its Confucius Institute (孔子学院).



A scene from one of Dr. Li Heng's lessons on cupping



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Yin and Yang in Our Real Life

By Trina Lion (USA)

From the book *Finding Health* by Trina Lion, L.Ac.

“Yin, Yang, and Balance”



We use up the Yáng when we work and eat late, deny rest, and flood our free time with overthinking, if not physical movement. As we reconnect with our Yīn, we may be overwhelmed by years—if not decades—of rest deprivation. Fortunately, change is always possible.

From the book *Finding Health* by Trina Lion, L.Ac.
 “Yin, Yang, and Balance”



In real life, Yīn and Yáng can change suddenly, drastically, and unevenly. As we enter a long-term relationship, we may bounce between joy (Yáng) and fear (Yīn). After eating a salad with cheese and an iced drink (all very Yīn), we may feel very cold, which abruptly becomes Heat. Shock and trauma can whirl the Yīn and Yáng, leaving us bewildered. Our norm may be quite chaotic. Still, we can strive for balance.



Each life stage has a different balance of Yīn and Yáng. Children are more Yáng and their condition tends to change more quickly and drastically, often shifting from happy to sad, sick to well, troubled to tranquil. As we age, we become more Yīn: moving and recovering more slowly. However, change is always possible, especially when we are willing to alter our lifestyle.



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 (ICSTV) 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

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ISO 20311 : 2017 *Traditional Chinese Medicine — Salvia Miltiorrhiza Seeds and Seedlings*



ISO 20311 : 2017 Traditional Chinese medicine — Dan Shen (丹参 *Salvia Miltiorrhiza*) seeds and seedlings led by Shanghai Huayu Chinese Herb Company was published in March this year and it marks as the first ISO standard in the field of traditional Chinese medicine in Shanghai.

This document elaborates general requirements for sampling, test method, packing, storage and marking. It also specifies the classification standard of *Salvia miltiorrhiza* seeds and seedlings, including 1000-seed weight, moisture content, germination percentage, viability and seed purity for seed standard, length and width for seedlings standard.

Salvia miltiorrhiza Bunge is one of the most commonly used traditional Chinese herbs in China as well as the global market. Thus, the quality control of raw material is crucial, which means the unified standard of its source, seeds and seedlings is an indispensable foundation. There has never been an ISO standard for *Salvia miltiorrhiza* seeds and seedlings until this document was released. This published standard helps Shanghai Huayu Chinese Herb Company enhance its product quality as well as the enterprise image in traditional Chinese medicine industry. It also reminds other domestic companies to get involved in establishing ISO standards and has changed “China standard” into “ISO standard”. Apart from these, this standard will eliminate technical barriers of *Salvia miltiorrhiza* seeds and seedlings in international

INTERNATIONAL
STANDARD

ISO
20311

First edition
2017-03

Traditional Chinese medicine — *Salvia miltiorrhiza* seeds and seedlings

Médecine traditionnelle chinoise — Graines et plants de Salvia miltiorrhiza

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trade, as well as promote product quality in different countries.

Nowadays, more and more companies and research institutions are taking active participation in establishing ISO standards in the traditional Chinese medicine industry and domestic companies are to fortifying their negotiation strength in international market.

Huang Liya (黄丽娅)
Shanghai Huayu Chinese Herb Company

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