



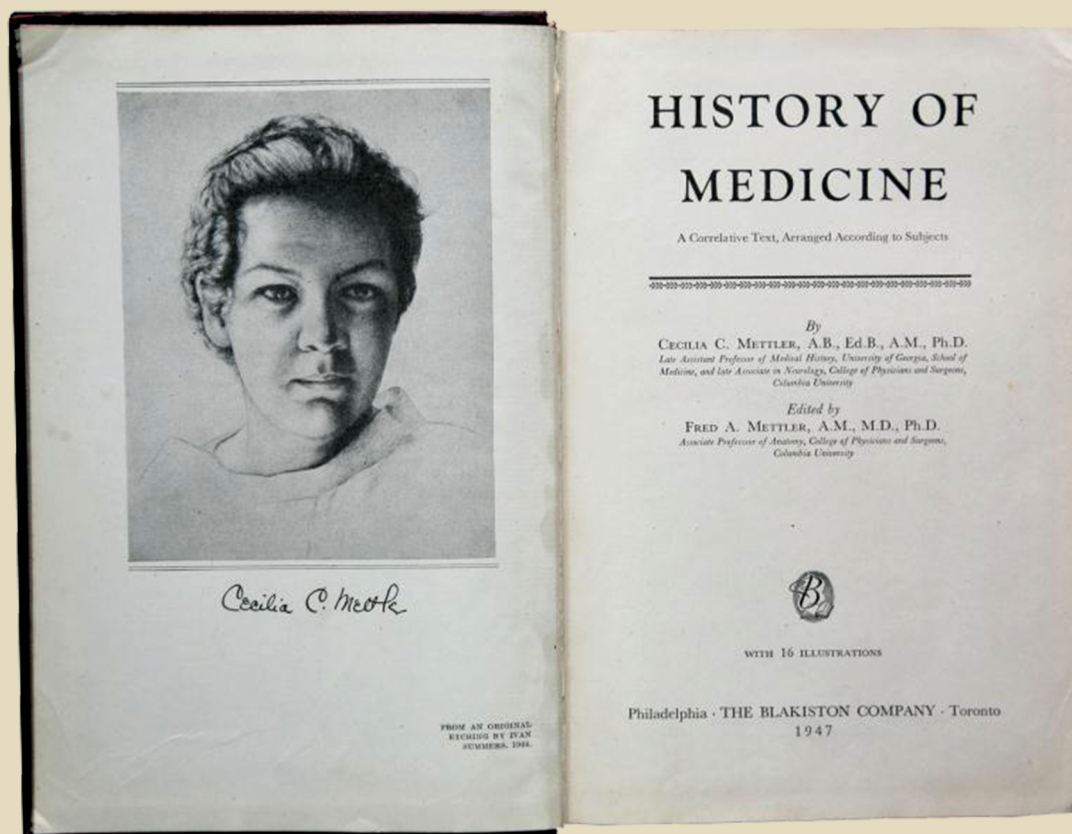
上海中醫藥大學  
Shanghai University of Traditional Chinese Medicine

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# CHINESE MEDICINE AND CULTURE

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*History of Medicine by Cecilia C. Mettler*

Collected in Shanghai Museum of Traditional Chinese Medicine

# TRADITIONAL CHINESE MEDICINE EXHIBITION OPENS IN ATHENS

The Athens suburb of Maroussi hosted a Traditional Chinese Medicine Health Culture Exhibition, lasting for 5 days, which was organized by the Shanghai Museum of Traditional Chinese Medicine (上海中医药博物馆) of Shanghai University of Traditional Chinese Medicine (上海中医药大学), and the Municipality of Maroussi. The exhibition aims at helping visitors to explore Chinese health culture through four main topics -- meridian health, exercise, nutrition and environmental health. The exhibition is regarded as the 10th stop of the Shanghai Traditional Chinese Medicine Museum's overseas tour.

The Vice President of Shanghai University of Traditional Chinese Medicine, Chen Hongzuan (陈红专) said at the opening of the exhibition that Chinese medicine had become one more artifact for the global cultural context. He also said that Greece was the birthplace of Western Medicine.... Our common vision would take us further, adding that a Tai Chi conference would take place in Greece in October this year.

Maroussi Mayor Giorgos Patoulis said the exhibition opened new roads for educational, cultural and tourism exchange between Greece and China. He also said that China was reaching out to the birthplace of Western Medicine to promote its own medicine of well-being, by importing the knowledge of the Medicine of Hippocrates into Traditional Chinese Medicine.

Events in the context of the exhibition included a series of lectures and interactive activities and seminars with the participation of the public, such as a seminar on "Tai Chi & Baduanjin & The Five Animals in the Chinese Martial Arts".

(Shanghai Museum of Traditional Chinese Medicine)



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# Traditional Indian Medicine and Traditional Chinese Medicine: A Comparative Overview



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## Abstract

Traditional Indian medicine or Ayurveda (阿育吠陀) and Traditional Chinese Medicine remain the most ancient yet living traditions. These are the two great traditional medicines with rich philosophical, experiential, and experimental basis. Both the systems have been developed and enriched by thousands of years of practices, observations, and experiences. As India and China are neighbors, some exchange of medical ideas and practices might have occurred between the two nations since ancient times. Therefore, when the two traditional medicines are examined closely, many similarities become apparent in the theories and practices along with individual differences.

**Keywords:** Acupuncture, ashtanga ayurveda (阿斯汤加), ayurveda (阿育吠陀), traditional Chinese medicine, traditional Indian medicine

## INTRODUCTION

Traditional Indian Medicine (TIM) and traditional Chinese medicine (TCM) are both age-old therapeutic systems, having been practiced and developed for thousands of years in India and China, respectively. Both systems have been adopted by large populations in the lands of their origin as well as other parts of the world. India and China being neighbors, some sort of exchange of culture and customs were likely to have occurred between them and the same might also have occurred in the systems of medicine as well. If both systems are examined together, many similarities surface among them along with individual differences. Some of these aspects are discussed here for academic interest.

The discussion may conveniently be divided into two sections:

1. TIM/Ayurveda (阿育吠陀), its philosophy, theories, and principles of treatment
2. Comparison of Ayurveda with TCM.

## TRADITIONAL INDIAN MEDICINE/AYURVEDA

TIM/Ayurveda is a system of medicine with historical roots in the Indian subcontinent. It is considered one of the world's oldest healing systems, originating in India at least

5000 years ago. Ayurveda is a Sanskrit word that literally translates as “the wisdom of life” or “the knowledge of longevity” (it is a compound of “ayus” meaning life or longevity, and “veda” meaning deep knowledge or wisdom). Ayurveda thus views health as much more than the absence of disease, rather a means to keep the organism in positive health as much as possible, by following healthy lifestyle, nutritious diet, and also to treat illness using remedies from natural sources.<sup>[1]</sup>

### Ayurvedic definition of health

Health is defined from an Ayurvedic perspective as a gracious, tranquil, content, joyous, bright, and clear state of the body, senses, mind, and spirit, including the balanced state of one's natural constitution. Everyone has a constitution that is specific to him or her, and drifting away from that constitution creates health imbalances; if such imbalances are not taken care in time, they may lead to illness.<sup>[1]</sup>

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## EVOLUTION AND DEVELOPMENT OF AYURVEDA

The science of “Ayurveda” is closely related to Hindu mythology. The main classical Ayurveda texts began with legendary accounts of the transmission of medical knowledge from various gods to sages, and then to physicians.<sup>[2]</sup> It says that medical science existed from time immemorial and God Brahma (梵天) transmitted the basic principles of this system of medicine to God Prajapathi, who, in turn, inculcated it to Aswani twins (双马童), the Heavenly physicians, who taught it to God Indra (因陀罗). Indra, in turn, taught it to Varadwaz, an earthly saint sent by other saints of the earth who were worried by witnessing numerous death of fellow human beings because of various diseases. The saints met in a world congregation to rescue humankind from the clutch of untimely death from diseases and decided to send Varadwaz to Indra. Varadwaz went to Indra who taught him the system of therapeutics in details. Varadwaz later came back to other saints, met them in another congregation and taught them what he had learnt from Indra.<sup>[3]</sup>

Initially, the knowledge of therapeutics was transmitted from generation to generation as an oral tradition. It was then recorded about 5000 years ago in Sanskrit, in the four sacred religious texts called the Vedas: Rig Veda (《梨俱吠陀》 3000–2500 BCE), Yajur Veda (《夜柔吠陀》), Sam Veda (《娑摩吠陀》), and Atharva Veda (《阿达婆吠陀》 1200–1000 BCE).<sup>[4]</sup>

Around 1500 B.C., Ayurveda’s fundamental and applied principles were compiled, organized, and enunciated. The Atharvaveda, one of the four Vedas, contains 114 hymns or formulations for the treatment of diseases. Ayurveda is said to be originated and developed from these hymns.

### Ashtanga Ayurveda (阿斯汤加)

According to myth, Ayurveda had been composed by Brahma as a subdivision of the Atharvaveda. It consisted of a hundred thousand slokas or verses, comprising thousand chapters. However, considering the short span of life and limitations of the memory of human kind, he summarized the subject into eight parts known as Ashtanga Ayurveda, which are as follows:<sup>[3]</sup> (1) Shalya Tantra (外科) or Surgery: Shalya Tantra deals with the management of surgical diseases and the description and uses of various surgical instruments. (2) Shalakya Tantra (耳鼻喉科) or Eye, ear, nose and throat (ENT): It deals with the diseases of the eye, nose, ears, and throat and their treatment. (3) Kaya Chikitsa (内科) or Internal medicine: Kaya Chikitsa is the study of therapeutics of diseases of human, to be treated by medicines. (4) Bhuta Vidya (精神病学) or Demonology: It includes psychiatry and therapeutics of influence of evil spirits. It deals with the rules to perform various religious procedures for treating such conditions. (5) Kaumarabhrtya (妇产科) or Maternity and Childcare: Kaumarabhrtya is related to the treatment of diseases of infants and maternity. (6) Agada Tantra (毒理学) or Toxicology: This deals with the diagnosis and treatment of poisonous bites of snakes, insects, spiders, mice, etc.. (7) Rasayana (老年学) or the Science of Rejuvenation: It deals with the preservation of youth and prolongation of life,

promoting intelligence and strength, and increasing resistance to diseases. (8) Vajikarana Tantra (生育学) or the Science of Aphrodisiacs: This deals with the treatment of sexual disorders.

## GREAT LITERARY WORKS OF AYURVEDA

Among the written version of Ayurveda, there are two most authoritative works still extant and need to be mentioned.

### Caraka samhita(《遮罗迦集》)

Carakasamhita(《遮罗迦集》) [Figure 1] is a complete compendium of medical information, dealing with medical aspects such as etiology, symptomatology, treatment, and medical care in health and in disease. Written partly in verse and partly in prose, its language bears a resemblance to that of the Brahmanas. The text is the record of teaching by Ayurvedic stalwart Atreya Punarvasu to his students. There is some uncertainty about the identity of Caraka who is believed to have flourished in the sixth century B. C.

### Sushruta samhita(《妙闻集》)

Sushruta Samhita (《妙闻集》) [Figure 2] is another great work, equal in importance to the Caraka Samhita. This deals with the surgical diseases and diseases of the special organs such as the eye and ENT. This work is ascribed to surgery stalwart Dhanvantari. Sushruta has recorded the precepts of this puranic personage Dhanvantari. In the ancient system of medicine, surgical and medical diseases were not categorized into clear-cut divisions, as they are today. However, there were some specializations, such as medicinal practitioners, surgical practitioners, eye, and ENT practitioners. The age of Sushruta is not known. It is generally believed that Sushruta lived sometime around 600 B.C.<sup>[5]</sup>

## PHILOSOPHY AND PRINCIPLES OF AYURVEDA

Five elements (五元素 Pancha mahabhuta) [Figure 3] theory of Ayurveda: According to Ayurvedic philosophy, the universe and human body are made of five prime elements or Pancha mahabhuta, namely, prithvi (土earth), aap (水water), tejas (火fire), vayu (气air), and akasha (空间/大气space/ether). Every physical object in the universe is composed of these five physical elements, which are present in different proportions in different structures of the body.

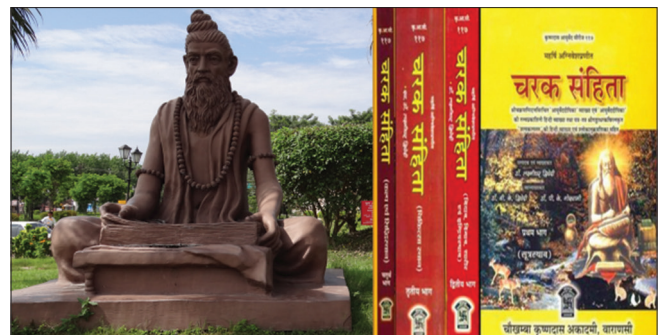
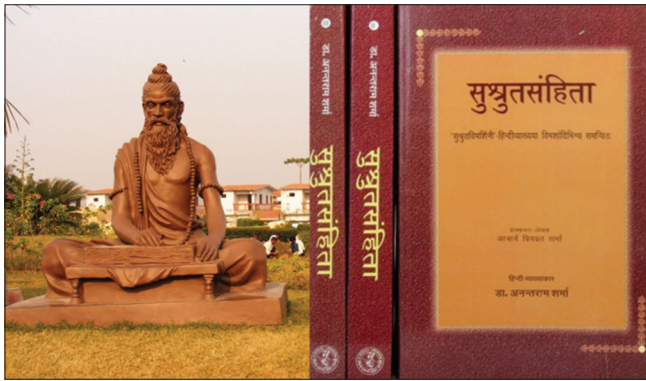


Figure 1: Caraka and caraka samhita



**Figure 2:** Sushruta and sushruta samhita

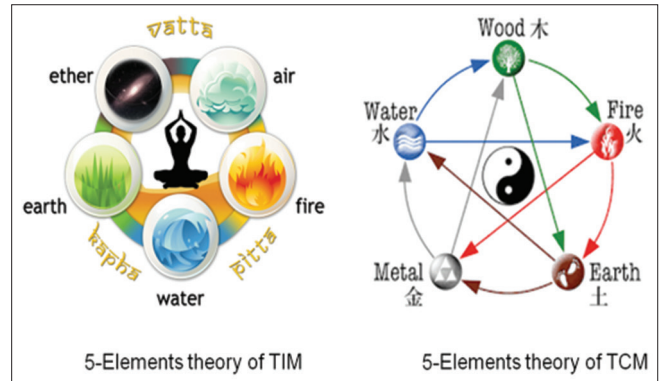
These elements are not only to be considered as purely physical substances but also as energetic patterns. Each element has specific qualities and the following reveal how these elements manifest in the natural world:<sup>[1]</sup> (1) Earth element is cold, heavy, solid, stable, and dry. This element is exemplified by dirt. (2) Water is cold, mobile, heavy, soft, and liquid. This element is exemplified by the ocean. (3) Fire is hot, subtle, mobile, dry, and sharp. Its clearest manifestation in nature is the sun, which provides warmth to the earth and sky. (4) Space, as in the sky, is vast, cold, light, and clear. It enables all other things to have a place to take form and exist. (5) Air is dry, cold, rough, and full of motion and to understand these qualities, one may consider what it is like to be whipped by an aggressive wind.

The five elements exist at all times in all things, including all living and nonliving bodies and the whole universe. Every cell, tissue, and organ of the body is made up of all five elements. In Ayurveda, the most basic building blocks of the material world are considered to be these five elements.

### THREE DOSHAS (生命能量 TRIAD OF CONSTITUTIONAL FUNCTIONAL CORRELATES)

Ayurveda groups the five elements into three basic types of energy or functional principles that are present in everybody and everything. Doshā literally means fault or impurity. This is a specific word used by Caraka and Sushruta. As long as the doshas are normal in quality and quantity, they maintain harmonious psychophysiology. The moment they go out of balance, they corrupt or vitiate the dhatus (bodily tissues) leading to diseases. However, physiologically, dosha means three principles that govern the psychophysiological response and pathological changes.

These three physiological correlates are products of the Pancha mahabhuta (five elements). The five elements in the body combine in different proportions to form three constitutional principles or doshas. These are as follows: vata (风型), pitta (皮塔), and kapha (土型). They control voluntary and physiological functions of body movements and support the body in a normal and healthy state when they are in equilibrium. In an imbalanced state, they may disturb structural or functional elements of living creatures and then cause disorders and even diseases.



**Figure 3:** Five elements theory of Traditional Indian medicine and Traditional Chinese medicine

Thus, the tridosha plays an important role in the etiology, diagnosis, and treatment of diseases.<sup>[6,7]</sup> The three doshas are as follows: Vata (风 Bayu), Pitta (胆汁 Bile) and Kapha (痰 Phlegm). Vata (Bayu): Composed of air and space, it is dry, light, cold, rough, pervasive, mobile, and clear. As such vata regulates the principle of movement in the body, any bodily motion such as chewing, swallowing, nerve impulses, breathing, muscle movements, thinking, peristalsis, bowel movements, urination, menstruation, etc., requires balanced vata. When vata is out of balance, any number of these movements may be deleteriously affected. Vata is characterized by mobile nature of wind (air) energy. Pitta (Bile) is composed of fire and water. It is sharp, penetrating, hot, light, liquid, mobile, and oily. Pitta's domain is the principle of transformation. Just as fire transforms anything it touches, pitta is in play any time the body converts or processes something. Thus, pitta oversees digestion, metabolism, temperature maintenance, sensory perception, and comprehension. Imbalanced pitta can lead to sharpness and inflammation in these areas in particular. Pitta embodies the transformative nature of fire energy. Kapha (Phlegm) is composed of earth and water. It is heavy, cold, dull, oily, smooth, dense, soft, static, liquid, cloudy, hard, dense, and thick. As kapha governs stability and structure, it forms the substance of the human body, from the skeleton to various organs to the fatty molecules (lipids) that support the body. An excess of Kapha leads to an overabundance of density, heaviness, and excess in the body. Kapha reflects the binding nature of water energy. All three doshas can be found in everyone and everything but in different proportions.

#### Characteristics of each dosha

##### Vata characteristics

A vata predominant person displays the following traits:

##### Body constitution

Individuals of this constitutional type are lean, unattractive, have rough and dry body surface, scanty or sparse curly hair, weak, broken, indistinct voice, unsound sleep, dislike for cold, have creaking joints while moving, brisk movements, prominent veins, possess little strength, and are incapable of heavy exertion.

## Digestion

The appetite and digestion are often variable, going up and down, yet often lean toward “eating like a bird” and constipation.

## Personality

They are infecund, vain, jealous, cruel, thievish, impulsive, ungrateful, talkative, hasty, easily excitable, easily subjected to fear, inconsistent, unsteady in friendship, and fond of music and dance. They have quick comprehension, poor memory, the habit of nail-biting, and teeth grinding in sleep, have a few friends, little wealth, short lifespan. They also tend to be creative, think abstractly and often speak rapidly with a thin, raspy, high-pitched, or crackly voice. Vata predominant people are also prone to fear and anxiety and have trouble focusing on one thing at a time.

## Pitta characteristics

A pitta predominant person displays the following traits:

### Body constitution

They have unpleasant look, wrinkled skin, soft, yellowish complexion, fingernails, palms, soles, palate, tongue and eyes, copper-colored lips, freckles, moles, dark spots, small eruptions, baldness or gray hair, quick setting of old age, susceptibility to stomatitis, copious urine, sweat and stools, unpleasant body odor, aversion to warmth, moderate strength, moderate sexual prowess, helping disposition, possession of wealth, and moderate longevity. They are medium build, with average height and weight. The physical features can be sharp and fiery (red hair, for example), precise and well-defined.

## Digestion

A pitta predominant person usually has a ravenous appetite, keen digestion, and strong metabolism and may “roar” when hungry.

## Personality

A pitta nature makes one passionate, an initiator, directed, and focused. A sharp, probing intellect, and the ability to focus intently can lead such people to doggedly investigate and get to the core of a matter. This same fire can also make a pitta primary person easily irritable, fussy, quarrelsome, indomitable, angry, judgmental, and critical. Such people are seldom overcome with fear, intelligent, and have a good memory.

## Kapha characteristics

A kapha predominant person displays the following traits:

### Body constitution

They have a large, stout frame as a general kapha characteristic. The features are rounder, larger, thicker, and often smoother than those with vata or pitta predominance. They have oily, smooth, firm, compact, well-developed body, cheerful face, melodious voice, fond of sweet taste, good appetite, and digestion. They are strong in enduring pain or fatigue.

## Digestion

The appetite is consistent and regulated. The metabolism tends to be slow, and they may accumulate weight more readily and

have more difficulty losing it. As the digestion can be sluggish, the suffering person may feel sleepy or tired after eating.

## Personality

A kapha person may be described as “down to earth” or “solid as a rock;” there is a tendency toward being grounded, stable, patient, compassionate, and nurturing. Once a kapha grabs hold of something, he or she holds on tight – this frequently means a person with good memory and/or firm beliefs. These same qualities also make kapha persons prone to inflexibility, possessiveness, hesitancy toward change, jealousy, and inertia. They are slow in activities, slow in the formation of opinion, respectful toward superiors, obedient toward preceptors, seldom agitated or upset, broad-minded, liberal, altruistic, grateful, self-disciplined, steadfast in enmity or friendship, and they are true to their words and well-versed in science and arts. They have patience, selflessness, amiable disposition, sexual propensities above normal, possession of large fortune and prosperity, fine health, and long lifespan.

A person with dominant kapha is supposed to have uttam prakriti (superior personality and constitution), where as the one with dominant pitta is considered to have madhyama prakriti (medium constitution), and the one with dominant vata is supposed to have heena prakriti (inferior constitution).

## SAPTA DHATU (七层体组织 SEVEN BASIC BODY TISSUES)

Dhatu means tissue which holds the organs together, the constructing and cementing material of the body. They are bound with body organs, hence considered to be structural constituents. They remain in equilibrium in normal health; their imbalance leads to various disorders and if ignored, can prove fatal. Dhatus are made of sthaya (permanent) and asthaya (temporary) constituents. The permanent constituents consist of basic tissues that support the body, provide structural unity, and are lasting. The temporary constituents nourish, sustain, and maintain the permanent constituents. The tridosha (kapha, pitta, vata) influence the constituents through their activities. Disturbance in any of the tridosha is manifested in body constituents and the dhatus become impaired.

There are seven dhatus (body tissues), namely rasa (血浆 plasma), rakta (血液 Blood), mamsa (肌肉 muscle), meda (脂肪 fat), asthi (骨 bone), majja (骨髓, 神经组织 bone marrow, nerve tissue), and shukra (精 semen)/artava (卵 ovum). They have specific functions in the body. Rasa nourishes the body, strengthens blood, and vitalizes the mind. Blood nourishes flesh, gives bright and clear complexion and invigorates life processes. Flesh promotes body strength and nourishes fat tissue. The body unctuousness comes from fat tissue and it generates the steadiness of the limbs, nourishment of the bone tissue, and perspiration. Support of the body and nourishment to bone marrow are given by the bone tissue. Bone marrow occupies bones, gives body strength, promotes sperms or ova, and enhances sexual interest. Specific disorders are the result



of increase or decrease in the quality and quantity of these constituents.

The upa-dhatu, the secondary constituents, are the by-products of the seven constituents, namely, breast milk, menstrual blood, tendons, blood vessels, fat, ligaments, teeth, hair, etc., Mala (waste products or excretions) are the by-products of dhatus. All the properties of dhatu are applicable to mala. Excretions in their normal measure are related to normal state of health. Abnormal change in the volume, color, compactness, and smell of mala are indicative of disorders.<sup>[6,7]</sup>

### Prakriti (体质body constitution)

This the inherently balanced constitution of a person. The three doshas, representing five elements, are present in everyone to some degree. They are all the integral parts of the body constitution. Every person is born with his/her own unique dosha balance, with individual differences. This is known as prakriti of a person.<sup>[1]</sup>

The combination and proportion of vata, pitta, and kapha of everybody are determined by the genetics, diet, lifestyle, and emotions of the parents among other factors, at the time of conception. The combination of the three doshas, which forms the person's constitution and is set at conception, is the prakriti, which is simply the unique psychophysical makeup and functional habits of a person.<sup>[7]</sup>

Vata, pitta, and kapha are each essential to our physiology in some way. Each of them has a very specific set of functional role to play in our body. When they are out of balance, one gets sick. Some people are dominant in one principle – either vata, pitta, or kapha while others have two doshas that come to the fore, though one of the two is often primary. Still, others possess a fairly equal balance of each vata, pitta, and kapha (this is called tridoshic), though this is rare.

How to determine one's constitution (Prakriti): The constitution of an individual is determined as to what are his qualities, tendencies and proclivities – physically, mentally, and emotionally. Does he possess a predominance of one of these doshas? Or does he find that the qualities of one come forth strongly, while he also displays a number of characteristics relating to another dosha? This is also regarded as Ayurvedic blueprint of a person.<sup>[1]</sup>

### Vikriti (失衡imbalances)

Vikriti is the imbalances in the constitution, one's current imbalanced state. In Ayurveda, all ill health is viewed fundamentally as a dosha imbalance (called vikriti). Dosha imbalances can manifest in various stages, from a general feeling of "something is not right" all the way to diagnosed illnesses with serious complications. To treat this imbalance, Ayurveda presents vast modalities of treatment but whatever the treatment, the goal is to reestablish the person's natural balance of vata, pitta, and kapha.

To achieve this balance, Ayurveda focuses on two key principles: Removing the exiting cause and treating the lingering imbalance with the opposite.

An ayurvedic practitioner works with these two principles, providing an in-depth analysis and skillful selection of the vast modalities of treatment to create a customized health restoring plan.

### Vyadhi (疾病disease) and its etiological factors

Vyadhi is a condition that causes discomfort to the body and mind. Vyadhi is produced by three factors, namely, asatmendriyartha samyoga (Incompatible contact of the sense organs and the sense objects, leading to the stressful transaction), Prajnaparadha (Errors of judgment or willful excesses in conduct), and Parinama or kala (Impact of time in terms of seasonal variations and aging).

The main etiological factors of disease are Hina (inadequate or poor), Mithya (improper or perverse), and Ati (excessive) association, contact or union of kala (season), artha (object of senses), and karma (activities or functions). Disequilibrium of the doshas gives rise to rogas (disorders). The resulting disorders may again be Nija (Endogenous syndromes arising from the body itself, having internal etiological factor), Sadhya (Curable), and Asadhya (Incurable) types. They are further subdivided into Susadhya (Easily curable) and Krichra (Curable with difficulty), Yapya (Controllable but not curable), and Anupakarma (Nonresponsive to any type of therapy, Fatal).<sup>[6]</sup>

### Examination of the patient

Examination of the patient in Ayurveda is performed through observation, inspection, palpation, olfaction, auscultation, examination of body temperature, pulse, and tongue. There are six kinds of tastes to be tasted, for example, sweet, sour, salty, bitter, pungent, and astringent. Each taste is a composite of two elements. For example, sweet is earth + water.<sup>[6]</sup>

### Chikitsa (治疗treatment)

There are varied modalities of treatment in Ayurveda. The type and nature of the disorder determine the mode of therapy. Charaka described three types of treatments, Daiva vyapashraya (卜卦治疗Divine therapy), Satva vajaya (精神治疗Psychotherapy), and Yukti vyapashraya (理情治疗Rational therapy). The treatment includes not only drugs and diet but also nondrug measures such as Satva Vajaya Chikitsa (psychotherapy).

Before commencing any treatment, it is necessary to determine the type of disorder; whether the disorder is Nija (Endogenous, arising from internal cause like the imbalance or aggravation of doshas) or Agantuja (Exogenous, caused by trauma or external factors). The agantuja types sometimes need urgent medical intervention, which, if delayed, may lead to complications or deterioration of health, even to the death of the patient. These are called the Ashutva (emergency) disorders. Head trauma, severe bleeding due to accident, sudden environmental changes, injuries caused by hard objects such as thorns, pointed stones, bones, and metallic substances. Shalakyia treatment (surgery) is also recommended for some of these conditions. The branch of surgical treatment pertaining to acute conditions is termed

as Ashu-Atyayika (Disorders of emergencies). Charaka and Sushruta had discussed these in detail.

### Trisutra ayurveda

Ayurveda has two main medical objectives. One is to prevent disease and promote health, the other is to treat diseases.

To achieve these objectives, one has to know that ayurvedic therapeutics consists of three main components (Trisutram), Hetu (病理学 Etiology), Linga (症状学 Symptomatology), and Aushadha (治法 Therapeutic measures).<sup>[8]</sup>

### Hetu (etiological factors)

Classically, the main etiological factors are the result of improper application of intelligence, inappropriate use of the sensory faculties, and disturbed qualities of the seasons.

### Linga (symptomatology)

Symptoms and signs of a disorder indicate the organs affected, nature, and severity of the disease; they also guide the practitioner to select the remedy.

### Aushadha (therapeutic measures)

Therapeutic measures are divided into two categories: measures for healthy individual to maintain and improve health and measures for sick individuals to be cured of disease. Ayurveda emphasizes prevention more, but when a person is ill, early treatment of the disease is recommended.

## THERAPEUTIC MEASURES

Ayurvedic way of treating a patient is a complex approach. This includes not only rational treatments but it also considers some unexplainable measures, some subtler aspects in the causation and treatment of diseases. Basically, there are three approaches in Ayurvedic treatment, Deva vyapashraya Chikitsa (Divine therapy), Satva vajaya (Psychotherapy), and Yukti vyapashraya chikitsa (Rational therapy).

### Deva vyapashraya chikitsa (divine therapy)

Man is affected not only by perceptible etiological factors but also by certain imperceptible factors. Man often commits certain actions against laws of nature for which he often suffers diseases not responding to conventional treatment. Then, the Deva vyapashraya approach is applied to treat such conditions. This includes “mantras” (religious recitation), prayers, and certain rituals to intensify spiritual feelings and thinking.

### Satva vajaya (Psychotherapy)

Mind plays a important role in the causation and treatment of diseases. The positive role of mind helps in fast recovery while negativity accelerates the disease process. Satva vajaya is defined as restraining the mind from harmful objects, i.e., negative thinking, negative beliefs, negative memories, etc., This is achieved through meditation and yogic thinking.

Yukti vyapashraya chikitsa (Rational therapy): This includes mainly three approaches as follows: Nidana Parivarjanam (Avoidance of causes), Samsodhana (Correction), and Samsamana.

Nidana Parivarjanam is an approach to treat diseases by avoiding the activities and the food which favor the disease process. For instance, a troublesome disease like migraine can be treated simply by avoiding Pro-Pitta-Vata foods such as sour, pungent, and hot foods. The avoiding of provoking mental factors such as anger, anxiety, grief, and alike will add to the benefit. Avoidance of Pro-Kapha-Vata food (all cold things) is certainly helpful to the patient of asthma which is caused by vitiation of these Doshas.

Samsodhana is to remove some harmful things from the body. This includes removal of Doshas by certain therapeutic measures and surgical removal of some harmful things from the body. Ayurveda has developed certain measures to mobilize the Doshas and other harmful factors from the body by Snehana (Oleation) and Swedana (Fomentation) to bring them to alimentary canal and then to expel them through Vamana (Therapeutic emesis), Virecana (Purgation), Niruha (Enema with plants decoctions), and Anuvasana (Medicated oily enema). To clean cranial structures being most complicated, special measures of Nasya (Nasal treatments) are suggested. These five cleaning procedures are known as “Pancha karma” (Five measures) which is very effective to eradicate as well as prevent diseases.

Samsamana, a palliative therapy applied when the patient is not able to undergo Samsodhana treatment, is also used after Samsodhana treatments. This includes Ahara (Wholesome food), Vihara (Wholesome activities), and Aushadha (Medicaments).

In Ayurveda, the main source of medicaments is plants. Minerals and animal products are also used, but they are generally used after being processed with some plants. In Ayurveda, anything which cures a disease without producing new disorder is medicine. Ayurveda is a wisdom that cannot make one immortal but it can bring one close to an excellent state of well-being, not only at physical and mental level but also at spiritual level that can lead to a feeling of immortality.<sup>[8]</sup>

## YOGA (瑜伽)

In the continual process of transformation of lifestyle and beliefs, the ancient Indians also developed a unique health, self-disciplined, and self-promotional approach called Yoga. It is a physical and meditational exercise that generates the desire to help humans achieve their highest potential of life.

Yoga was mentioned in the Vedas 7000 years ago. Patanjali, the distinguished stalwart of yoga, wrote one of the most important books on yoga about 4000 years ago.<sup>[9]</sup> Yoga consists of many postures which varies from sitting and lying to various movements, aimed at toning up the body which stimulates certain “Chakras” (reflex centers) and “Nadis” (blood vessels) for gaining full vitality. Each posture can be divided into three main categories, such as body movements, control of mental activities, and respiration techniques.

### Suchi veda or marma chikitsa (针刺 needle puncture)

Ancient India had also a needle pricking treatment in the name of “Suchi Veda” in its indigenous traditional therapeutics about

3000 years ago. This “Suchi Veda” was a subsidiary to the religious book Vedas.<sup>[9]</sup> However, this practice did not flourish as the herbal medicinal treatment did. Furthermore, there is no record of its consistent use in early or late Christian era, including middle ages.

Different types of instruments made of stone, bone, or metals were used to puncture different parts of the body in Suchi Veda, to treat various ailments. The word “Marma” was used as pricking points in Ayurveda texts. Ayurveda stalwarts Caraka and Sushruta also knew many critical points in the body which were known as “Lethal Marma” which were often used by the martial art experts as well as the physicians to save patients from critical health conditions.<sup>[10]</sup> Marma points (Ayurvedic pressure points) are important pressure points on the body, much like acupuncture points. One finds the first reference to them in the Atharva Veda, and they were elaborately dealt with by the ancient scholar Sushruta. Like Chinese acupuncture points, marma points are measured by the finger units relative to each individual.

## COMPARISON BETWEEN TRADITIONAL INDIAN MEDICINE AND TRADITIONAL CHINESE MEDICINE

### Traditional Chinese medicine

According to *Encyclopedia Britannica* (《大英百科全书》), TCM is a system of medicine at least 23 centuries old, that aims to prevent or heal disease by maintaining or restoring yin-yang balance. The earliest known written record of Chinese medicine is the *Huang Di Nei Jing* (《黄帝内经》 *Inner Canon of the Yellow Emperor*) [Figure 4] from the 3<sup>rd</sup> century BCE. This is the oldest received work of Chinese medical theory, compiled on the basis of shorter texts from different medical lineages. Written in the form of dialogues between the legendary Yellow Emperor (黄帝) and his ministers, it explains the relation between humans, their environment, and the cosmos, on the contents of the body, on human vitality and pathology, on the symptoms of illness, and on how to make diagnostic and therapeutic decisions in light of all these factors. That opus provided the theoretical concepts for TCM that remain as basis of its practice today.<sup>[11,12]</sup>

Huangdi’s work takes the theories of yin-yang (阴阳), five elements (五行), zang-fu (脏腑), meridians and collaterals (经络), mentality and spirit (心神), qi and blood (气血), body fluid (体液), seven emotions (七情), and six exogenous pathogenic factors (六淫) as the basic knowledge of TCM, and acupuncture and moxibustion (针灸) as the main therapeutic technique. It explained the physiology and pathology of the human body, the principles of diagnosis, the prevention and treatment of diseases from the perspective of atheism, holistic conception, the viewpoint of development and change, and the relationship between the human body and the natural environment. This laid a theoretical foundation for Chinese medicine and pharmacology, including acupuncture and moxibustion.<sup>[13]</sup>

In essence, traditional Chinese healers seek to restore a dynamic balance between two complementary forces, yin (passive) and

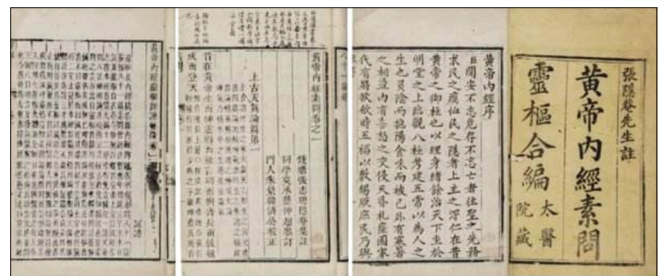


Figure 4: *Huang Di Nei Jing* (《黄帝内经》 *Inner Canon of the Yellow Emperor*)

yang (active), which pervade the human body as they do the universe as a whole. According to TCM, a person is healthy when harmony exists between these two forces. Illness, on the other hand, results from a breakdown in the equilibrium of yin and yang.<sup>[12]</sup>

TIM and TCM may be compared as follows:

### Origin of traditional Indian medicine and traditional Chinese medicine

The origin of TIM or Ayurveda is related to Hindu mythology, which says Ayurvedic medicine is divine in origin. God Brahma transmitted it to humankind through other gods and human sages. It was later only improvised and added by other stalwarts of Ayurveda in different era on the basis of their own experiences. In the beginning, it was transmitted to sages in meditation, later through verbal transmission from generation to generation. It was first recorded in written version about 5000 years ago in Sanskrit, in the four sacred texts entitled the Vedas. There are two great literary works of Ayurveda still extant, written about 600 B.C, namely, Caraka Samhita and Sushruta Samhita.

TCM is human in origin and was developed empirically in ancient China by practitioners of different era and was transmitted from generation to generation as a tradition. In the written record, acupuncture and Chinese herbal remedies date back at least 2200 years, although the earliest known written work of Chinese medicine is the *Huang Di Nei Jing* (《黄帝内经》 *Inner Canon of the Yellow Emperor*) from the 3<sup>rd</sup> century B.C.<sup>[12]</sup> *Huang Di Nei Jing* (《黄帝内经》 *Inner Canon of the Yellow Emperor*) is the most important ancient text in Chinese medicine as well as a major book of Daoist theory and lifestyle. The text is structured as a dialog between the Yellow Emperor and one of his ministers or physicians, most commonly Qibo (岐伯), but also Shaoyu (少俞).<sup>[14]</sup> According to a 2006 overview, the “Documentation of Chinese materia medica (CMM) dates back to around 1100 B.C. when only dozens of drugs were first described. By the end of the 16<sup>th</sup> century, the number of drugs documented had reached close to 1900. Moreover by the end of the last century, published records of CMM had reached 12,800 drugs.”<sup>[15]</sup>

### Basic principles of traditional Indian medicine and traditional Chinese medicine

Ayurveda and TCM have many commonalities. The focus of both systems is on the patient rather than on disease. Both



systems fundamentally aim to promote health and enhance the quality of life, along with therapeutic strategies for the treatment of specific diseases or symptoms in holistic fashion.

Almost half of the botanical sources used as medicines in TIM and TCM have similarities; moreover, both systems have similar philosophies geared toward enabling classification of individuals, materials, and diseases.

Ayurveda holds that the universe is made up of combinations of the five elements (Pancha mahabhutas). These are akasha (space), vayu (air), teja (fire), aap (water), and prithvi (earth). The five elements can be seen to exist in the material universe at all scales of life and in both organic and inorganic nature. In biological system such as humans, five elements are coded into three forces, which govern all life processes. These three forces (kapha, pitta and vata) are known as the three doshas or simply the tridosha. Each of the doshas is composed of one or two elements. Vata is composed of space and air, Pitta of fire and water, kapha of water and earth. Vata dosha has the mobility and quickness of space and air; pitta dosha has the metabolic qualities of fire; kapha dosha has the stability and solidity of water and earth. The tridosha regulates every physiological and psychological process in the living organism. The interplay among them determines the qualities and conditions of the individual. A harmonious state of the three doshas creates balance and health; an imbalance, which might be an excess (vridhhi) or deficiency (kshaya), manifests as a sign or symptom of the disease.<sup>[16]</sup>

TCM considers the human at the center of the universe as a sensor between celestial and earthly elements. Wood, fire, earth, metal, and water are the five elements of the material world. The world is a single unit and its movement gives rise to yin and yang, the two main antithetic aspects. The actual meaning of the term yin and yang is “opposites but interconnected,” such as the positive and the negative. However, TCM considers that yin and yang are not absolute but relative. Consistent with the modern view of homeostasis, yin and yang are interchanged to meet the view that “yang declines and yin rises” or “yang is raised to produce a decline of yin.”

The four bodily humors (qi, blood, body fluids and essence) and internal organ systems (zang fu) play an important role in balancing the yin and yang in the human body. The proper formation, maintenance, and circulation of these energies are essential for health. When the two energies fall short of harmony, the disease develops. The physician takes into account this concept while treating patients. Herbs, acupuncture, and moxibustion are usually used to correct this imbalance of yin–yang in the human body.

As of relation of the five elements with the organ system of the body, TIM theorizes that all the five elements constitute every tissue, every organ, whereas TCM ascribes one element to one organ, namely wood to liver, fire to heart, etc.

### Diagnostic methods

In TIM, examination of the patient is conducted through observation, inspection, palpation, olfaction, auscultation,

examination of body temperature, pulse, and tongue. Out of these, palpation of the pulse is a very important step of examining patients and concluding a diagnosis.

In TCM, there are four diagnostic methods, namely, (i) inspection, (ii) auscultation and olfaction, (iii) inquiring and (iv) palpation (望闻问切), to comprehend the pathological conditions of the patient. They cannot be separated but relate to and supplement one another. Inspection of tongue and palpation of the pulse are considered two important steps in the examination and diagnosis of the patient. Diagnostic methods of extrapolation and conjecture are similar in TIM and TCM.

### Yoga and qigong (气功)

Yoga is a unique health, self-disciplined, and self-promotional approach. It consists of many postures aimed at toning up the body which stimulates certain “Chakras” (reflex centers) and “Nadis” (blood vessels) for gaining full vitality. Each posture consists of certain body movements, control of mental activities, and respiration techniques. Yoga is a modality to gain positive health and mental tranquility to achieve the highest level of self-realization.

Qigong, literally life energy cultivation, is a holistic system of coordinated body posture and movement, breathing, and meditation used for the purposes of health, spirituality, and martial arts training. With roots in Chinese medicine, philosophy, and martial arts, qigong is conventionally viewed as a practice to cultivate and balance qi or life energy. According to Taoist, Buddhist, and Confucian philosophy, qigong allows access to higher realms of awareness, awakens one’s “true nature,” and helps develop human potential.<sup>[17]</sup> Here, both TIM and TCM emphasize the cultivation of life energy and spirituality to achieve the highest potential of man.

### Suchi veda and acupuncture

Suchi veda or treatment by pricking with needle was a part of Ayurveda since ancient times. Different types of instruments made of stone, bone, or metal were used to prick the body to treat various diseases, as in the early history of acupuncture. The word “Marma” was used as pricking points in Ayurveda texts, much like acupuncture points of the TCM. Like Chinese acupuncture points, marma points were measured by finger units relative to each individual.

The meridian or energy channel system such as “Dhamini” (动脉arteries), “Sira” (静脉veins), “Srotan” (main meridians), and “Nadis” (collateral vessels) have also been described in Ayurveda. Nadis penetrate the body and run from head to feet distributing vital energy, like Qi in TCM, all over the body. According to Indian philosophy, Marma points (like acupoints) are hollow depressions beneath the skin surface which regulate the flow of vital energy throughout the body and act as step-up transmitters maintaining the right flow of energy without fluctuation.<sup>[10]</sup>

According to TCM, the meridians and collaterals are pathways in which the qi and blood of the human body are circulated. They pertain to the zang-fu organs interiorly and extend over

**Table 1. Relationship between Ayurvedic Nadis and TCM Meridians**

Ayurvedic Nadi (阿育吠陀)	TCM Meridian
Kuhu nadi	1.Lung meridian
Alambusha nadi	2.Large intestine meridian
Gandhari nadi	3.Stomach meridian
Hastijiva nadi	4.Spleen meridian
Yashwini nadi	5.Heart meridian
Payuswini nadi	6.Small intestine meridian
Varuni nadi	7.Urinary bladder meridian
Vishodara nadi	8.Kidney meridian
Saraswati nadi	9.Pericardium meridian
Shusumana nadi	10.Sanjiao meridian
Shakhini nadi	11.Gall bladder meridian
Pusha nadi	12.Liver meridian
Ingla nadi	13.Ren meridian
Pingla nadi	14.Du meridian

the body exteriorly, forming a network and linking the tissues and organs into an organic whole. Acupuncture points are the specific sites through which the qi of the zang-fu organs and meridians is transported to the body surface. They are also the loci of response to diseases.

There is a lot of resemblances between Ayurvedic nadis and TCM meridians, which may be compared as follows [Table 1].<sup>[9]</sup>

It is worth noting here that though Suchi veda was a modality of TIM in ancient India, there is no record of its consistent practice afterward throughout the Christian era and middle ages. There is a record of dissemination of Chinese acupuncture in India in the 6<sup>th</sup> century,<sup>[13]</sup> but its use was also not persistent afterward, till it was re-introduced in India in the mid-twentieth century, by a Chinese trained Indian physician in 1959.<sup>[18]</sup> Currently, the practice of acupuncture is fast developing in India, and recently, its central government also declared state recognition to acupuncture as an independent system of therapeutics in the health-care system of the country.<sup>[19]</sup>

## CONCLUSION

TIM and TCM are both great and age-old traditional medicines. Both are based on concrete philosophical and theoretical foundation; enriched by thousands of years of study and practice of many authors and stalwarts of medical science both of ancient and modern era. Each system has been serving humankind to get rid of sufferings of illness, prevent human beings from being diseased and to improvise the health to the desired level.

As India and China are both neighbors, it may be presumed that an exchange of therapeutic ideas were likely to have occurred along with cultural exchange between them since prehistoric era. Therefore, some sort of similarities have been observed in some of the theories, philosophy, and practice of their systems of medicine, along with individual differences.

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## Conflicts of interest

There are no conflicts of interest.

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# Traditional Chinese Medicine in Malaysia: A Brief Historical Overview of Education and Research

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## Abstract

The education and research of traditional Chinese medicine (TCM) in Malaysia started coincidentally circa Malaysia's independence movement. Before the independence, much of the development focused on establishing treatment centers and Chinese medical halls to provide TCM treatment. Periodicals and journals advocating TCM and its advancement were published between the 1940s and 1960s, but many did not survive after a few issues. The challenge posed by the Immigration Ordinance 1952 further united TCM practitioners and TCM associations to establish the Chinese Medical Institute of Malaya. The trend gained momentum, and many educational institutes were set up in each of Malaysia. From the 1970s, Malaysia started hosting regional and international TCM conferences. In 2000, TCM education in Malaysia had finally gained recognition from the government. A TCM program standard was thus released by the Malaysian Qualifications Agency (MQA). To date, there are seven private higher education institutions which offer TCM programs based on the MQA standards and have established international collaborations with other universities. It is projected that Malaysia's TCM education and research will grow further as a result of China's Belt and Road initiative.

**Keywords:** Education of traditional Chinese medicine, history of traditional Chinese medicine, Malaysia, traditional Chinese medicine

## EDUCATION AND RESEARCH IN TRADITIONAL CHINESE MEDICINE

This article is a continuation of a previously published article in Issue 2 of Chinese Medicine and Culture 2019. The previous article examined the development of traditional Chinese medicine (TCM) associations in Malay Peninsula. Levies imposed on the Chinese herbs by the British colonial government had brought local TCM practitioners together to form the Federation of Chinese Physicians and Medicine Dealers Association of Malaya. An import restriction placed on the free movement of practitioners originating from China had also led to the formation of the Malaysian Chinese Medical Association (MCMA). In addition, the Federation of Chinese Physicians and Acupuncturists Associations of Malaysia was set up to absorb self-studied and patrimonial-educated TCM practitioners.

This article aims to provide a brief overview on the education and research development of TCM in the precolonial and postindependent Malaysia.

The education and research development of TCM did not actually take off until Malaysia gained its independence. Before independence, much of the development focused on establishing treatment centers and Chinese medical halls to provide TCM treatment for the needy. The development of TCM services has been discussed in the previous article concerning the establishment of TCM institutions.

Back in the days of the British ruling, there was little academic research happening on TCM. A Chinese medical journal named the *Yi Yao Zhi Sheng* (《医药之声》 *Voice of Medicine*) was established in the Pinang Island and published its inaugural issue on December 15, 1936. According to the Historical Museum of TCM in Malaysia, the chief editor of the time was

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Figure 1: International Medical University



Figure 2: Universiti Tunku Abdul Rahman

a practitioner named Mr. Zhang Zhichu (张之初). However, the journal failed to last long. In 1948, after publishing 12 issues, the Voice of Medicine ceased its operation.<sup>[1]</sup> Another publication named *Yi Yao Yu Wei Sheng* (《医药与卫生》 *Medicine and Health*) was established by the Singapore Chinese Physicians' Association. Its inaugural publication was on September 1, 1954, but it ceased operation soon after publishing the 4<sup>th</sup> issue in 1955.<sup>[2]</sup>

There were other publications advocating TCM knowledge during the same time. Periodicals such as the *Yi Cui* (《医粹》 *Medical Snippets*), *Yi Tong Xian Sheng* (《医统先声》 *Medical Commission*), and *Yi Heng* (《医衡》 *Medical Values*) were the representatives publishing fortnightly in columns of local newspapers. However, these medical periodicals did not last long either, and they ceased their operations between 1948 and 1954.<sup>[2]</sup>

During the pursuits of independence in the 1950s, TCM practitioners in Malaya, including the then Malaysia and Singapore, were united under the Malayan Chinese Traditional Chinese Medical Association (马来亚华人医药总会). This entity represented the eagerness of the TCM practitioners to strive for their common rights and interests in relation to the practice of TCM. Under such spirits, TCM practitioners from both regions had joint efforts in compiling, editing and publishing the *Ma Hua Yi Yao Zong Hui Hui Kan* (《马华医药总会会刊》 *Malayan Traditional Chinese Medical*

*Association Journal*) and the *Xing Ma Zhong Yi Yao Xue Bao* (《星马中医药学报》 *Singapore-Malaya Journal of Traditional Chinese Medicine*). Unfortunately, similar to previous periodicals, these journals were equally short-lived. The “Malayan Traditional Chinese Medical Association Journal” and the “Singapore-Malaya Journal of Traditional Chinese Medicine” published only one issue and four issues respectively, before ceasing operations. To date, there is no local journal dedicated to the publication of TCM-related research in Malaysia.<sup>[2]</sup>

In 1952, the British colonial government issued the Immigration Ordinance 1952 replacing the laws of the State of Emergency between 1948 and 1960. As it coincided with the rise of nationalism, stringent border control was laid down with specific conditions, limiting immigrants by nationality, occupation, and gender.<sup>[3,4]</sup> This legislation has resulted in restrictions on the free movement of people, including Chinese medicine practitioners. In light of this situation, the Federation of Malayan Chinese Medicine unanimously accepted the proposal by the Chinese Physicians' Association of Central Malaya to establish an educational institute. The Chinese Medical Institute of Malaya (马华医药学院) was thus established on October 1, 1955. This is the first institution dedicated to the education of TCM in the history of Malaysia. Its objective is crystal clear, i.e. to nurture local TCM practitioners. Under the leadership of the late Prof. Ngeow Sze Chan (饶师泉), the TCM program was administered by the Chinese Physicians Association of Central Malaya (中马中医公会). Students studied part-time and would go to Tung Shin Hospital and Chinese Medical Aid Department for their clinical practices.<sup>[5,6]</sup> In 1957, after gaining independence from Britain, the Chinese Medical Institute of Malaya changed its name to the Chinese Medical Institute of Malaysia and continued its mission of nurturing new generation of TCM practitioners.

The subsequent decade saw the blossoming of many TCM education institutes. The Sarawak, Penang, Johor, and Perak Chinese Physicians Associations each set up their own educational institutes in their states of Malaysia. These institutes contributed to the preservation of the TCM culture. Although some of these institutions no longer exist today, the Penang and Perak Institutes of Chinese Physicians still carry





Figure 3: Inti International University



Figure 4: Southern University College

on with their missions of nurturing future leaders in TCM. To date, these institutes have turned out many trained graduates.

The 1970s to 1980s witnessed many collaborations between Malaysia and Chinese associations in the Southeast Asia region. On April 7, 1984, the first Malaysia Chinese Medicine Symposium was held at the Federal Hotel, Kuala Lumpur. This event was organized jointly by many Chinese associations specifically aimed at promoting TCM. The event was followed by a 9-day exhibition on Chinese herbs and TCM therapeutic instruments. It was deemed successful because over 500 participants attended the event. With the success of the symposium, Malaysia hosted the 2<sup>nd</sup> ASEAN Congress of TCM in Kuala Lumpur on July 26, 1986. This academic congress was held once every 3 years with the aim of strengthening cooperation and academic exchanges among Singapore, Malaysia, Thailand, Indonesia, and the Philippines. It is deemed to be the most important event within the TCM industry in Southeast Asia. Malaysia was also the host nation for the subsequent 5<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> Congress. In addition, the MCMA had successfully organized the International

Conference of World Federation of Acupuncture and Moxibustion Societies in Kuala Lumpur on April 2, 2006.<sup>[7]</sup>

In the 1990s, the Chinese Medical Institute of Malaysia converted its TCM program into full-time study. Thereafter, the institute collaborated with Shandong University of Traditional Chinese Medicine and Tianjin University of Traditional Chinese Medicine to offer twinning TCM undergraduate and postgraduate degree programs. Among them, collaboration with Shandong University of Traditional Chinese Medicine was the earliest and the first of its kind that was recognized by the Chinese government. These full-time academic collaborations ensured that the offered program is benchmarked against the China standards and locally trained students are competent in practicing TCM on par with the Chinese counterparts.<sup>[6]</sup>

Stepping into the 21<sup>st</sup> century, a transition was seen in TCM education. Before 2000, the duty of nurturing competent TCM practitioners was fully with the TCM associations. In other words, all TCM programs were offered by civil societies. In 2000, the government started to take over this role. A program standard for diploma and bachelor's degree in traditional and complementary medicine was developed in 2010. Among the 12 standards, two TCM bachelor program standards were developed in collaboration with the Malaysian Qualifications Agency (MQA).<sup>[8]</sup> However, the publication of this standards also meant that the Chinese Medical Institute of Malaysia and other educational institutes under the Chinese physician's associations could no longer offer any TCM program until they could fulfill the requirement set by the MQA. TCM bachelor programs that have been developed are now offered by local private higher education institutions. In April 2011, the Malaysia government signed a bilateral treaty with China with regard to mutual recognition of higher education degree between the two countries.<sup>[9]</sup> TCM education benefitted from this framework of recognition. Obstacles in TCM educational collaborations between China and Malaysia that the TCM associations previously encountered are now a history of the past. From the initiation of TCM grassroots through to the involvement of the government, TCM education in Malaysia has finally gained a wider support and recognition. Although still a long way toward being fully established, it is clear that efforts to develop TCM education program suitable for the needs of Malaysian are starting to pay off.

There are currently seven government-approved private higher education institutions offering TCM bachelor degree. They are the International Medical University (IMU, 国际医药大学) [Figure 1], University Tunku Abdul Rahman (UTAR, 拉曼大学) [Figure 2], Inti International University (Inti, 英迪大学) [Figure 3], Management and Science University (管理与科学大学), Xiamen University Malaysia Campus (厦门大学马来西亚分校), Southern University College (南方大学学院) [Figure 4], and International Institute of Management and Technology (IIMAT, 国际管理与技术学院).<sup>[10-13]</sup> Some of these universities such as IMU, Inti, and IIMAT offer twinning or credit transfer mode of studies for students to obtain their TCM degrees from Royal Melbourne Institute of Technology University, Shanghai University of Traditional Chinese Medicine, Shandong University of Traditional Chinese Medicine, Beijing University of Chinese Medicine, Guangzhou University of Traditional Chinese Medicine, and Fujian University of Traditional Chinese Medicine. IMU and UTAR have even developed postgraduate programs in Chinese medicine.<sup>[14]</sup> Despite many international collaborations, there is still generally an insufficient academic pursuit within the TCM practices in Malaysia. However, with the introduction of China's "Belt and Road Initiative" and close collaborations between the two countries, Malaysia's TCM education and research are projected to grow further once tapped into these abundant project resources.

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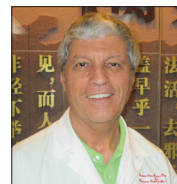
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# Our Insights into Modern Traditional Chinese Medicine

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## Abstract

This article will present the result of 35 years of studies and research initiated by two teachers: Professor Leung Kok Yuen (China) and Professor Truong Thin (Vietnam). This article will briefly introduce the systems of traditional Chinese medicine, such as Jing (精), Xue (血), Qi (气), Shen (神) and Jin Ye (津液) compared with various systems in modern medicine.

**Keywords:** Heaven-man-earth, modern traditional Chinese medicine, Qi (气), Shen (神)

The subject I will present is the result of 35 years of studies and research initiated by my two teachers: Professor Leung Kok Yuen (China) and Professor Truong Thin (Vietnam) [Figure 1].

It was not until the 19<sup>th</sup> century that a French physician (Dr. Claude Bernard) [Figure 2] strongly insisted on the fact that “the microbe is nothing, the terrain is everything.” Acknowledging this leads us directly to the fundamental foundations of TCM.

What does the terrain represent in TCM? We must go back to a first law called: HEAVEN–MAN–EARTH: In fact, thanks to this law, the ancient Chinese identified the presence in our body of different systems; they had acknowledged that something from the environment, which entered through the nose, made it possible for man not to die; there was something that transformed “Heaven” (air, oxygen) into “Man”: they thus discovered the respiratory system (RS).

They also observed that women regularly gave birth to small “men,” so there was something, which transformed “Man” into “Man”: They thus discovered the genital system (urogenital).

They knew that, to live, one had to eat (meat, vegetables...) and drink, and that, certainly, there was the transformation of these nutriment inside the body: They discovered the digestive system.

We know well the essential role of these three systems. The reflections of the ancient Chinese did not stop there. The combination of the activities of these three systems allows

for life and movement: they identified a fourth system: the articulo-muscular system.

China being an Empire was ruled by an Emperor, so the human body, too, had to have a leader: they thus recognized the role of the central and circulatory nervous system.

As the emperor could not take care of everything, he delegated his power to a Mandarin or prime minister. Similarly, there had to be such a function in man as well: They thus discovered the autonomic nervous system.

The discovery of these six systems allows us to understand the notion of “terrain.” They represent the six roots of a tree (which we will call the human tree of TCM). For the tree to be strong, to produce beautiful flowers and good fruits, the roots must be healthy; they must be taken care of by the gardener. The same is true for the physician who must take care of these six systems.

Now, the next question is: How does TCM call these six systems? The answer is quite simple.

The first root, which corresponds to the urogenital system (UGS), is called Jing (精): “kidney essence” in TCM, which I, in turn, call hormones in Modern Medicine.

The second root, which corresponds to the RS, is called (respiratory) Qi (气) and, in Modern Medicine, respiratory energy.

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**Figure 1:** Figure of Prof. Leung Kok Yuen and Truong Thin

The third root, which corresponds to the digestive system, is called Xue(血). I refer to it as digestive blood.

The fourth root, which corresponds to the articulomuscular system, is called QI (but Qi, which corresponds to the articulomuscular energy) or physical force.

The fifth root, which corresponds to the central and circulatory nervous system, is called Shen (神). I translate it as mental energy and circulatory energy.

The sixth root, corresponding to the autonomic nervous system, is called Jin Ye(津液). I refer to it as “organic fluids.”

We now have our systems, both in their Chinese Medicine version and in their Modern Medicine version. At this point, we must all agree that they are in no way in opposition. We must now open these systems and look into their composition.

For Modern Medicine, the UGS is complex because it is composed of several subsystems:

- Urinary system – Both kidneys, the urinary bladder, the ureters, the urethra
- Adrenal system – The two adrenal glands
- Bone system – The bones and bone marrow
- Cerebral system – Hypothalamus and pituitary gland.

TCM does see things in the same way, with the kidneys corresponding to the “water” kidney and the adrenal glands to the “fire” kidney. The bones are under the dependence of the “kidneys.” Being easily frightened or tenacious are indeed related to “Shen” but with the area of the brain related to the UGS.

To complete this, we must add that the Yin-Yang Law applies to each system. In the case of the UGS, it is subject to the two fundamental functions which are Yin (阴the *inhibition* or *control* function) and Yang (阳*stimulation* function); the actions of both allow for balance in the system; in case of imbalance, pathologies will appear.

I mentioned the word “revolution” and we have yet reached this point.

For TCM, the UGS is governed by two meridians called “kidney” and “bladder.”

I would like to point out that these two words do not represent the organs but only the two fundamental functions: “kidney” corresponds to the Yin (control) function of the UGS and



**Figure 2:** Figure of Dr. Claude Bernard

“bladder” corresponds to the Yang (stimulation) function of the UGS.

Ancient texts speak of the 12 Zang-Fu, but ten are organs and two are functions. This is strange, as they should either all be organs or all be functions. In fact, they are all functions: Zang are Yin control functions and Fu are Yang stimulation functions.

Let us continue with the RS, which is composed of the upper and lower respiratory tracts, the lungs, the diaphragm, the rib cage, and the skin (it is well known in Modern Medicine that eczema can turn into asthma). Here again, both medicines agree. The RS is governed by two meridians called “lung” and “large intestine.” Again, this does not refer to organs but rather to functions: “lung” corresponds to the YIN function of the RS, whereas “large intestine” corresponds to the YANG function of the RS.

The composition of the digestive system is very important: mouth, esophagus, stomach, small intestine, liver, gallbladder, pancreas, spleen, large intestine, and anus. This is very important, as we will see when we look into the next system. Here, we can see that the DS is not limited to “spleen–pancreas–stomach.”

The DS is governed by two meridians called “spleen–pancreas” and “stomach.” These are in reality the two fundamental functions: “spleen–pancreas” being the Yin (control) function of the DS and “stomach” being the Yang (stimulation) function of the DS.

The following system is my personal favorite as it is of a particularly great importance in the world we live in today.

The articulomuscular system is composed of smooth muscles, striated muscles, cerebellum, and sensory and motor nervous system. For TCM, the acupuncture meridian system (AMS) is governed by two meridians called “liver” and “gallbladder.” This in itself is problematic because, as we mentioned earlier, these two organs belong to the digestive system!!! In fact, these are the two fundamental functions which govern the AMS:

“liver” being the Yin control function and “gallbladder” being the Yang stimulation function of the AMS.

I must mention here a quote from traditional texts, which states: “*At night, the blood goes back into the liver.*” We must be cautious as, here, “*liver*” does not refer to the organ but to the AMS, i.e., the muscles, which, in a state of relaxation at night, store the blood. The liver does not swell. On the other hand, in a state of contraction, of stress, the muscles become contracted and drive blood out into circulation; this will increase the quantity, therefore the pressure causing higher blood pressure and a risk of stroke (cerebrovascular accident).

That is why, nowadays, one of the causes of many simple or serious pathologies is indeed *Gan Qi Yu Jie*, as there is a difference between RS (where Qi can be normal or deficient [*Qi Xu*]) and AMS (where Qi can be either normal or blocked [*Qi Zhi*]). A well-known French expression (referring to “being furious”) states the condition of “Being green with anger”; this is definitely about the AMS, whereas in the case of hepatitis, the color is yellow (DS).

For the central and circulatory nervous system, the description of this system shows the extreme accuracy of the knowledge our Chinese elders had reached. Indeed, they had already understood and explained transportation of information in the human body by two distinct ways: via the neural pathway (neurohormones) and via the bloodstream (hormones).

Another interesting insight is with the notion of “Emperor Fire”: of course, this has no relation with the heart organ. I dissected hearts and never found a source of heat there. On the other hand, this source of heat exists: it is the thyroid gland, which belongs to the central nervous system (CNS) and provides this “fire” necessary for a proper functioning of the body: the metabolism.

The circulatory system is composed of the heart (organ), the arteries, veins, and capillaries. The CNS is composed of the brain, the thyroid, and the spinal cord. As with other systems, they are governed by two fundamental functions called “heart” and “small intestine,” but these are not about the organs which bear the same names. “Heart” is the YIN control function and “small intestine” is the YANG function of the CNS.

According to TCM, *Xin Bao Luo* And *San Jiao* are not really organs; they are of course functions, as are the other ten.

Modern Medicine talks about the autonomous, autonomic or autonomic nervous system, composed of the sympathetic and parasympathetic systems, which stimulate and control all systems, therefore all organs.

This is a very important system for the body to function well. The autonomic nervous system (ANS) is governed by two fundamental functions: “pericardium” (or “master of the heart”) is the YIN (control) function and “triple energizer” (*San Jiao*) the YANG (stimulation) function of the ANS.

In conclusion, I would like to point out the importance of distinguishing between the fundamental functions manifested by the 12 meridians and the organs manifested by the six general functions: wood–fire–earth–metal–water–source.

This now leads us to a new explanation of a great theory of TCM: The “5 Elements Law.” This law poses a problem for Modern Medicine if we stick to the classical terms.

Physiology is about the functioning of the body, so there are certainly different forms of functions. This is what the ancient Chinese had discovered with the 5 elements law: wood–fire–earth–metal–water. I must now come back to the notions of the *Sheng* (production) cycle and the *Ko* (control) cycle.

It was not until the 19<sup>th</sup> century that Dr. Claude Bernard discovered the principle of homeostasis, which is in fact the equivalent of the discovery of the two cycles of TCM: the *Ko* and *Sheng* cycles.

It is therefore necessary to adjust the presentation of these elements, which are inert, and replace them with functions:

Wood should be replaced by motor function: the heart moves, the stomach moves, the intestines move, and the bladder.

Fire should be replaced by thermal function: organs produce heat and can ignite.

Earth should be replaced by secretion (and excretion) function: all organs excrete or secrete something.

Metal should be replaced by absorption function: all organs absorb something (some systems more than others: DS: food–RS: air–UGS: renal reabsorption).

Water should be replaced by accumulation function: this function has nothing to do with water or fluids but rather with accumulating reserves in the body to protect it (from the cold for example [like animals before hibernation]).

There is a 6<sup>th</sup> general function: the source function (represented by the YUAN points on each meridian). In this regard, I would like to address the notion of ANTIQUE points. It so happens that on each of the 12 meridians are the 5 or 6 points of the 5 elements law: 66 points according to tradition and 72 points according to my research.

I will now address what seems to me to be the most important discovery of the 5 elements theory (for me, the six general functions theory).

In reality, the *Sheng* cycle is a two-way generating cycle (active in two directions) and the *Ko* cycle is a two-way controlling cycle [Figure 3]:

If we use this law together (or simultaneously) with that of Yin-Yang, we obtain a universal law from this theory.

- First case – A function (whichever one among the first 5) is increased
- Second case – A function (whichever one among the first 5) is decreased

- Third case – Specific situation for the SOURCE function.  
First case – The increased function can have four possible effects:

Two Yang effects and two Yin effects.

It will stimulate the previous function and the next function but at the same time will control the remaining two functions [Figure 4].

From this, we can deduce that, whatever the pathology of the type “increased function,” the MAIN CAUSE of the disorder (or disease) will be the FUNCTION represented by the increased function located between two other increased functions.

Considering this, we know that by treating the cause, we will be able to directly treat the syndrome and the symptoms of the pathology.

Second case – The decreased function can have four possible effects:

Two Yang effects and two Yin effects.

It will not stimulate the previous function and the next function, but at the same time, it will not control the remaining two functions [Figure 5].

From this, we can deduce that, whatever the pathology of the type “decreased function,” the main cause of the disorder (or disease) will be the function represented by the decreased function located between two other decreased functions.

Considering this, we know that by treating the cause, we will be able to directly treat the syndrome and the symptoms of the pathology.

Third case – If there is a specific disruption in the source [Figure 6], in this case, the five functions are either all increased or all decreased.

To know the cause of a pathology (or of any disorder), we will simply need to determine the direction of the functions (arrows indicating an increased function or a decreased function). To do this, we will ask questions and also interpret the various symptoms presented by the patient.

Examples:

- Cramps, spasms – Increased motor function
- Muscle weakness, bradycardia – Decreased motor function
- Hypothyroidism – Decreased thermal function
- Hyperthyroidism – Increased thermal function
- Diabetes – Decreased secretory function
- Polyuria – Increased secretory function
- Asthma, loss of appetite – Decreased absorption function
- Bulimia – Increased absorption function
- Fear of cold – Decreased accumulation function

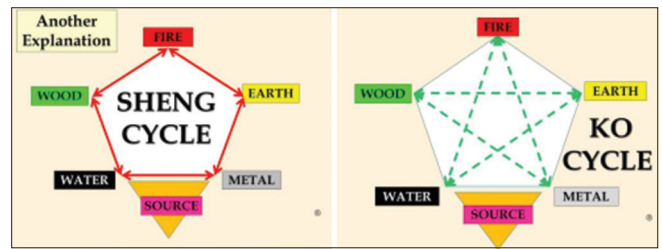


Figure 3: SHEN cycle and KO cycle

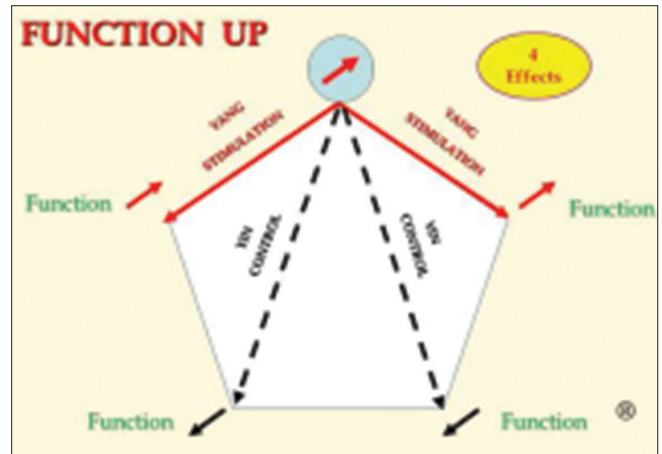


Figure 4: Four possible effects of increased function

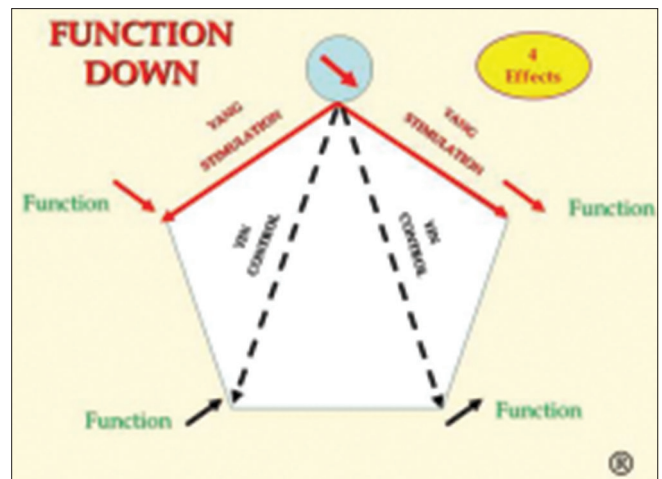


Figure 5: Four possible effects of decreased function

- Weight increase – Increased accumulation function.

Each symptom can be precisely classified in relation to a general function.

To treat pathologies, we will simply need to use the corresponding antique point: if the cause is the motor function, we will use the wood point. If the cause is the thermal function, we will use the Fire point, etc., It is for this reason that each meridian has six antique points [Figure 7]:



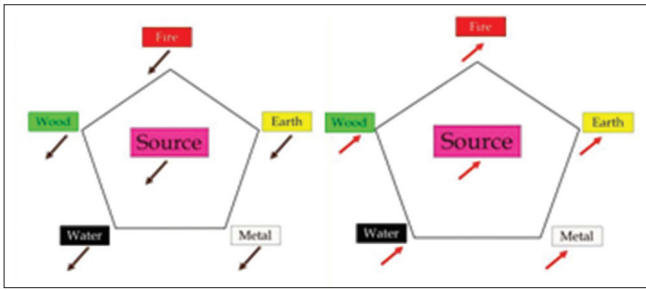


Figure 6: Cause of one kind of pathology

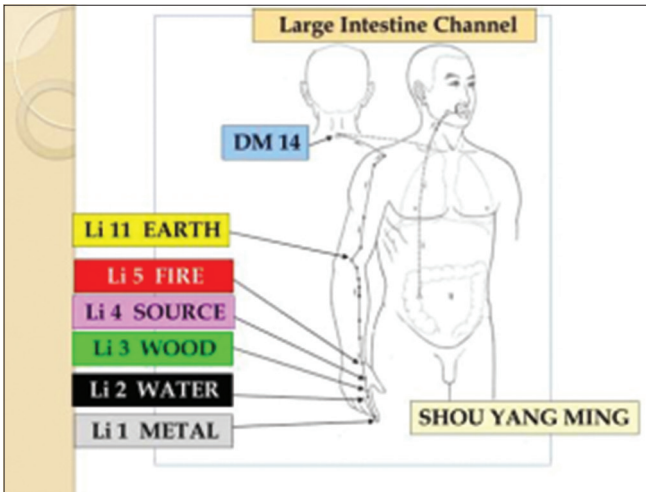


Figure 7: Example of antique points of large intestine channel

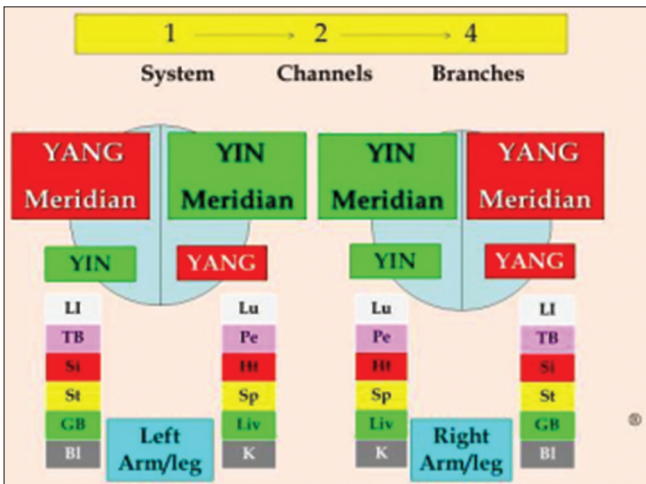


Figure 8: Introduction of large intestine channel

Now there is one question you must ask yourself: which meridian should I choose?

There are several possibilities: either you can use the MU or SHU points, which will be selected in case of strong pains felt upon palpation or any sign (pain, heat, cold.) along the pathway of the meridian. In the absence of any signs, you will base your choice on the symptoms of the systems (cough: LU-LI/urinary disorders: KI-BL/hepatitis: SP-ST, etc.).

One last discovery: acupuncture points located on either the right side or left side of the human body do not have the same function. For example:

Point HT8-*Shao Fu*-fire point of *Shou Shao Yin*. on the left side, it is related to thyroxine, while the same point on the right side is related to morphine.

Point KI10-*Yin Gu*-water point of *Zu Shao Yin*. On the left side, it is related to cortisone, while on the right side, this same point is related to progesterone.

The same is true for all the antique points.

The reason for this derives from the LAW of YIN-YANG:  $1 = 2 = 4$ .

Let me explain myself: A system is governed by two fundamental functions, Yin and Yang, which are manifested by two meridians.

For example, with the RS, “lung” and “large intestine” meridians are found on both arms. But in fact, there are four distinct manifestations and four branches:

“Yang of Yin” (the Yang branch of “lung”) is on the left arm, whereas “Yin of Yin” (the Yin branch of “lung”) is on the right arm.

Complementarily, the “large intestine” meridian will be on the right side for “Yang of Yang” and on the left side for “Yin of Yang” [Figure 8].

This precise understanding of acupuncture points allows us to better comprehend the close relationship between TCM (the 5 Elements) and endocrinology as developed by Modern Medicine.

I hope that this article may contribute to bringing you further confirmation of the extraordinary knowledge of TCM, and also that you will not have been too bothered by these new interpretations.

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**Conflicts of interest**

There are no conflicts of interest.

# The Song Tomb Fresco (宋墓壁画) in Panle Village of Hancheng City (韩城盘乐村): The Medicine-preparation Picture (备药图)



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## Abstract

A Song tomb was discovered in Panle village (盘乐村) of Hancheng city (韩城), Shaanxi Province (陕西省) in 2009. Although it was not of high standard, the tomb contained extremely exquisite frescoes with striking contents. The relation between the identity of the tomb owner and the frescoes had been discussed by scholars, while this paper focused on the social status of doctors in the Song dynasty (宋朝) and the medical scenes reflected in the frescoes, to form different perspectives toward the profession of the tomb owner and the properties of the frescoes.

**Keywords:** Current version, medicine-preparation picture (备药图), song tomb fresco (宋墓壁画), *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*)

## INTRODUCTION

A Song tomb was unearthed in Panle Village (盘乐村) of Hancheng city (韩城), Shaanxi Province (陕西) in 2009. Although it was not of high standard, the tomb contained extremely exquisite frescoes with striking contents. The relation between the identity of the tomb owner and the frescoes had been discussed by scholars. However, the interpretations of the frescoes should not be limited to the frescoes and tomb alone but be made from a more macroscopic vision. In ancient times, those who drew tomb paintings had a lower social status and usually practiced following a painting draft, therefore, their drawings tended to be routine and not the true description of real life, especially that of the tomb owner's. The tomb frescoes in Panle village discussed in this paper involved both illusion and innovation, which reflected changes in ideas of times and social status of medicine.

The tomb was of ordinary standard, 2.45 m long, 1.80 m wide, and 2.25 m high. "There was a stone bed against West inner wall, 1.95 m long, 1.13 m wide, and 35 cm high, 1.65 m from the tomb top. A couch instead of a coffin was placed on the bed. On discovery, a pair of skeletons lying shoulder by shoulder on the bed was authenticated to be a man and a woman, with

their heads towards the north and feet towards the south. In supine position, apparently being a couple." As for the time of burying, since there was a Xining (北宋熙宁元宝 during 1068–1077 A. D. of the Northern Song) shoe-shaped ingot in the female's hands, the finders believed it to be after Emperor Shen Zong (神宗) and before Emperor Hui Zong (徽宗), in the late Northern Song Dynasty (北宋末期).<sup>[1]</sup>

There were no inner or outer coffins or even a tomb record in the tomb, and the hair of the couple owners was yellow, the special characteristics of which aroused suspicion in the finders of Kang Baocheng (康保成) and Sun Bingjun (孙秉君) that they probably were not Han nationalities (汉族). This indeed was worthy of emphasis, because similar burying ways were also found in Anjia Tomb (安伽墓) and Yuhong Tomb (虞弘墓), whose owners were Hu minorities (胡族). What interested the academic circle most was the frescoes in the tomb, the North, West, and East walls

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of which were painted with frescoes of beautiful colors. The image of the male owner and a scene of preparing medicine were shown on the North [Figure 1], a scene of poetic drama on the West [Figure 2], and a complete nirvana figure of the Buddha (佛祖涅槃图) on the East [Figure 3].

This paper mainly emphasized the medicine-preparation picture beside the image of the male tomb owner on the North wall [Figure 4], since it was hard to speculate his identity without a record. The picture was believed to be

enough to judge the man's identity. It was located on the right side, showing vases and jars on a table and two men preparing medicines. The man on the left was holding a



Figure 1: Fresco on the North Wall of Hancheng tomb



Figure 3: Fresco on the East Wall of Hancheng tomb



Figure 2: Fresco on the West Wall of Hancheng tomb

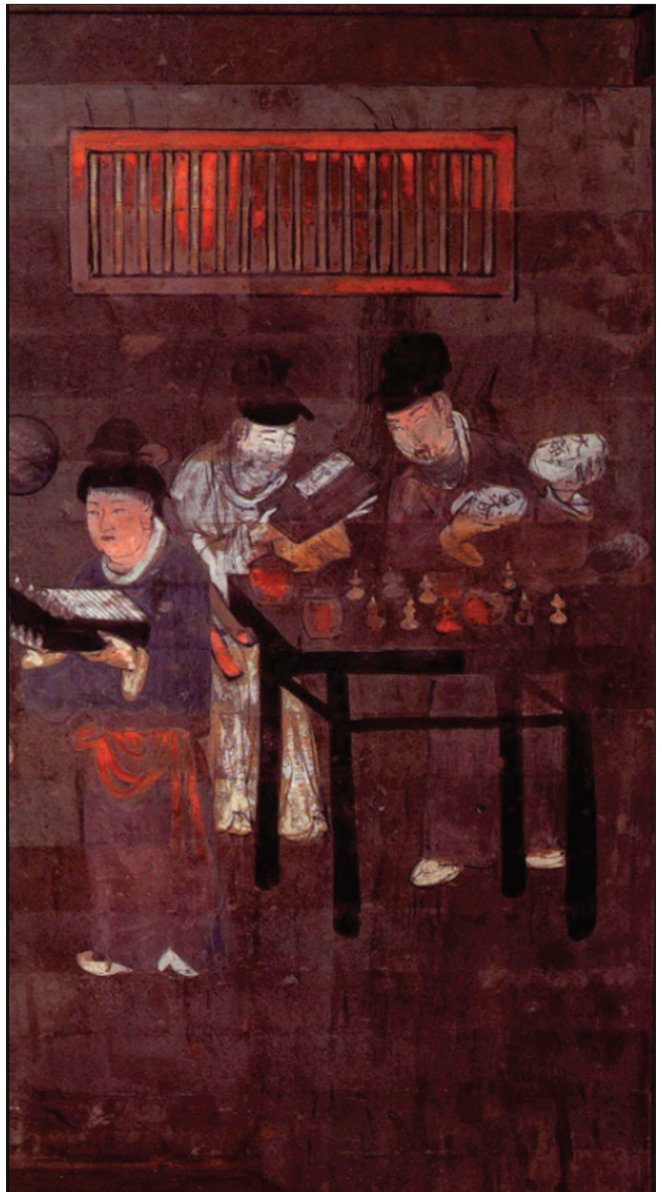


Figure 4: Medicine-preparation Figure on the North Wall of Hancheng Tomb



book named *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*), the binding format of which seemed to be the butterfly style prevalent in the Song dynasty. The man on the right was holding two packs of medicine labeled Da Huang (大黄 *Rheum officinale*) and Bai Zhu (白朮 *Rhizoma Atractylodis Macrocephalae*), respectively, as if waiting for instructions after the man on the left read. A third man was holding a medicinal box with three characters of Zhu Sha Wan (朱砂丸 Cinnabar Pill).

On the left side of the picture were others processing medicines [Figure 5].

## THE MEDICINE-PREPARATION PICTURE AND THE TOMB OWNER

Prior to Panle Village Tomb, there were no frescoes featuring in medicine discovered in China, so it was highly respected by the archeology and medical history fields. “In summary, the drawings on the north wall had shown a complete processing of Chinese medicines and provided reliable data for researches on Traditional Chinese medical history. Meanwhile, it revealed that the tomb owner should be a doctor or the owner of a workshop of medicinal materials.”<sup>[12]</sup> Similar opinion was held by Mr. Zheng Jinsheng (郑金生) that *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*) was published officially and distributed throughout the country, thus it was rarely republished in later Song periods because of its



Figure 5: Medicine-processing Figure on the North Wall of Hancheng Tomb

massive volumes and usually held by the medical official in a province or a county. According to the scene of cowork (one man holding the book and the other holding medicines) in the picture, he assumed the tomb owner should be a local medical official.<sup>[13]</sup> Jeehee Hong (洪知希) and TJ Hinrichs also considered the owner to be a Confucian physician.<sup>[14]</sup>

However, the question lies in whether or not this is enough evidence to determine the identity of the owner. The author thought it not necessarily a reliable route to judge the owner’s identity from tomb frescoes. Based on the current data, the picture itself seemed to be insufficient evidence because the paradigms of tea-preparation and food-preparation pictures emerged frequently at that time, and the Hancheng picture was probably a modified version with basic elements equivalent to the following paradigm: the painting around the owner, work around a table, and a practice reflecting the theme of dedication. Even the working scene, which can be seen from the Zhang Shiqing Tomb (张世卿墓) of Liao dynasty (辽代), was practically the same with that of Hancheng tomb’s: two men standing beside a table working, with a book as a guidance, and only a transformation from preparing tea or food to medicines. Such transmutations were not as sufficient to decide the tomb owner had a profession related to medicine as to relate an owner with a profession of tea or cuisine businesses. But as discussed before, whether it reflected the theme of dedication or the profession of the owner, the tomb was closely related to the changes of ideas of times. This paper focused on the textuality of medicine in form of arts and the medical representative status of *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*).

## THE TEXTUALITY OF MEDICINE IN THE SONG DYNASTY REFLECTED IN THE HANCHENG TOMB FRESCO

To study the theme choices and drawing of Hancheng tomb fresco, we must take the psychological changes of times into consideration. It was not coincidental that such kind of



Figure 6: Northern Zhou Diagnosis Figure in Cave 296 of Dunhuang Mogao Grottoes (敦煌莫高窟北周296窟诊病图)



theme and pattern of manifestation had never appeared before the Song dynasty. First, the theme of worldly dedication did not prevail in pre-Song times. Second, similar medical themes were almost not able to emerge before the Song dynasty. The Han and Wei frescoes were generally themed on becoming immortal and Dao Yin, rarely involving worldly medicine. As for the Sui and Tang dynasties, no such themes were depicted in the frescoes from <200 Sui-Tang tombs discovered around the country up till now. There were many Dunhuang frescoes involving medicine and hygiene, such as Middle-Tang Bathing figure in Cave 159 (中唐159窟洗浴图), Sui Bathing-pool figure in Cave 302 (隋302窟浴池图), Glorious Tang Tonsure figure in Cave 445 (盛唐445窟剃度图), Northern Zhou Cleaning figure in Cave 290 (北周290窟清扫图), Northern Zhou Diagnosis figure in Cave 296 (北周296窟诊病图), Sui Treating figure in Cave 302 (隋302窟救治图), Glorious Tang Seeking Doctor figure in Cave 217 (盛唐217窟得医图) and Cave 31 (盛唐31窟如病得医图), and the Yulin Cleaning figure in Cave 25 (榆林窟25窟清扫图). However, these medicine-topic scenes would not reveal specific medicines or medical works, and even the directly-related Diagnosis

and Treating Pictures did not center around medical texts but represent Buddhism themes, to stress the suffering and death of human or stories about Buddha Jataka (佛本生).

Figure 6 is a part of Futian Sutra figure (福田经变画), painted according to the text of “donating medicines frequently to treat and rescue people’s diseases” from *Fo Shuo Zhu De Fu Tian Jing* (《佛说诸德福田经》 *All-Virtue Futian Sutra by Buddha*).

Figure 7 originates from the same Sutra the figure in Cave 296 does, denoting the part of “treating and rescuing people’s diseases.”

Figure 8 is named after the texts of “like a child seeking his mother, a diseased person seeking a doctor” (如子得母, 如病得医) from *Miao Fa Lian Hua Jing* (《妙法莲华经》 *Lotus Sutra of Wonderful Dharma*). The picture was seriously damaged and barely discernible, which was imitated by Duan Jianshan (段兼善) in modern times [Figure 9].



Figure 7: Sui Treating Figure in Cave 302 of Dunhuang Mogao Grottoes (敦煌莫高窟隋302窟救治图)



Figure 8: Glorious Tang Seeking Doctor Figure in Cave 217 of Dunhuang Mogao Grottoes (敦煌莫高窟217窟盛唐“得医图”)



Figure 9: Imitation of Glorious Tang Seeking Doctor Figure in Cave 217 of Dunhuang Mogao Grottoes by Duan Jianshan (段兼善临摹敦煌莫高窟217窟盛唐“得医图”)



Figure 10: Glorious Tang Seeking Doctor Figure in Cave 31 of Dunhuang Mogao Grottoes (敦煌莫高窟盛唐31窟如病得医图)

Figure 9 demonstrates that that the hostess was guiding a doctor into the residence, and the doctor and his assistant were taking with them some medicines or instruments which the painter did not intend to depict specifically [Figure 10].

Like Cave 217, the 31 figure is also derived from the “diseased person seeking a doctor” of *Miao Fa Lian Hua Jing* (《妙法莲华经》 *Lotus Sutra of Wonderful Dharma*), outlining a scene of greeting a doctor [Figure 10].

In total, there were almost no tomb frescoes, which had a definite connection with worldly medical scenes, prior to the Song dynasty and nearly all the medical scenes from the Dunhuang Buddhism-themed frescoes were derived from sutras. The paintings in those times used medicine as a background with no intention to introduce specific medical work or technique, which was closely related to the neglect of medicine at their times.

Things changed dramatically in the Northern Song dynasty (北宋). The author held that the medicine-preparation figure in the Hancheng Tomb was not only a product under the macro trend of evolution in Song tomb structures but a reflection of a textuality tendency of Song medicine.

The author believed the transmission of medicine in ancient times definitely involved various approaches. The academic attention attached to the texts has to some extent been influenced by the speaking right of historical material. In history, the writer, reader, and inheritor of texts indeed would emphasize the importance of texts, and the advantages of texts would become prominent in reflecting history as time went by. However, the expression of such speaking right of texts was not just theoretical. It would eventually influence the views of history and value in later times, weeding out other modes, excelling itself, and winning emphasis in a time like the Song dynasty when culture was highly appreciated. Since then, texts had not only become a symbol of evaluating medical skills and transmitting knowledge but further representation of the entire medicine. Similar phenomena can be found in many areas of knowledge other than medicine.

Therefore, the image of *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*) in the figure was a textual symbol of medicine at that time. When the theme of medicine was chosen, the painters would not follow their Tang-predecessors' example of just centering around characters and describing the general medical scene. Instead, their drawings would symbolize specific medical work and texts as a mark of dedication and filial piety. The intentional or nonintentional practice was a reveal of the social thoughts at its time.

## THE CHOOSING OF *TAI PING SHENG HUI FANG* (《太平圣惠方》 *THE HOLY BENEVOLENT FORMULAE OF TAIPING PERIOD*)

Next issue is about why *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping*

*Period*) was chosen instead of other works. This may be attributed to its special status in the Song dynasty.

First of all, the book was a symbol of caring his people by the emperor. The importance attached to medicine in the Song dynasty by the government was unprecedented and hardly surpassed.

The preparation for the compilation of *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*)

In the third year of Chunhua (淳化三年992 AD), the *Tai Ping Sheng Hui Fang* was completed, entitled and prefaced by the Song Emperor of Taizong himself. Before his time, there had been already several prescription works compiled under the emperor's edict, such as *Si Hai Lei Ju Fang* (《四海类聚方》 *Classified Collection of Formulae from Four Seas*) by Sui Emperor of Yang (隋炀帝) and its later simplified version of *Si Hai Lei Ju Dan Yao Fang* (《四海类聚单要方》 *Single and Essential Classified Collection of Formulae from Four Seas*), and *Guang Ji Fang* (《广济方》 *Formulae For Popularized Relief*) by Tang Emperor of Xuanzong (唐玄宗), etc. But due to technical drawbacks, these works had been scattered or lost in the Song dynasty and therefore of little social impact. The people in the late Northern Song period (北宋末期) they must have been deeply influenced by the *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*) of their time.

Next, *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*) was favored by the whole society. It involved medical ethics, pulse diagnosis, prescription-drawing methods, and formulae for various diseases, discussing the processing, contraindications, three three grades of quality, and contrary and aversion of medicines as well as the threatening infectious diseases, which made it highly practiced. Moreover, this also made it highly respected by the folk at least before the publication of *Tai Ping Hui Min He Ji Ju Fang* (《太平惠民合剂局方》 *Dispensary Formulae for People's Benefit in Taiping Period*).

The time for the official promotion of *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*) through woodblock printing was basically when the Hancheng Tomb was completed. The work was not a rare version. On the contrary, its status excelled in tons of medical works due to the official promotion and social acknowledgment. We are not sure if the tomb owner could access the work, but we know in painting and most varieties of arts the more precious the objects are, the more likely they will become a theme, just like the frequent manifestation of immortal herb of Ling Zhi (灵芝 *Lucid ganoderma*) in the Qin-Han brick paintings (秦汉画像砖). The book of *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*) was chosen maybe because of its halo rather than the possession of its owner. It served as a



prominent subject adjacent to the tomb owner, not to emphasize his profession but to contrast the theme of dedication.

The time of the Hancheng Tomb should be earlier than the occurrence of *He Ji Ju Fang* (《和剂局方》 *Dispensary Formulae*). However, *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*) had won high respect for officially compiled formulary in replacement of ancient formulae from people for the first time, which also paved a way for the development of dispensary formulae. Hence, it was no coincidental the *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*) was chosen in the Hancheng Tomb fresco, typically representing a new social phenomenon.

This paper analyzed the Hancheng tomb fresco through perspectives of paradigm and innovation. The author held similar views with some scholars in the academic field that the Medicine-preparation picture here was not meant to reveal the owner's profession but to indirectly represent changes in times and people's minds just like those food or tea preparing pictures and that the theme of dedication determined the purpose of

material chosen in painting. The elements of *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *The Holy Benevolent Formulae of Taiping Period*) medicines, and the processing procedure all served for the theme, behind which were involved the rise-up of Confucian physicians, trend of esteeming medical texts, and a new social wave of promoting current formulae rather than ancient ones. On intentional observation by the lookers, the painters in the Song dynasty had unintentionally revealed different social mentality from that of previous historical periods.

Translator: Yingshuai Duan (段英帅)

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# The Silk Road (丝绸之路) and Sources of Chinese Medicine Expansion: Part 4 – *Miscellaneous Texts*



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## Abstract

Medical works and histories provide a general understanding of foreign influence on Chinese medicine, but a variety of miscellaneous texts give a deeper understanding of the details of this interaction. Trade manuals, notes on foreign interactions, archeological discoveries, and religious works all fill in important details on the incorporation of foreign medicines and ideas into Chinese medicine.

**Keywords:** Chinese medicine, miscellaneous text, silk road, trade manual

## SECULAR WORKS

While medical texts and general history provide the vast majority of information we gather for the study of the exchange of medicine and we also must draw information from more general sources to better understand the complexity of the Silk Road (丝绸之路) [Figure 1] on Chinese Medicine. Trade manuals, notes on foreign interactions, archeological findings, and religious works give clarity to thousands of years of trade along the Silk Road and allow for clarity in understanding the influence of foreign practices on the development of Chinese medicine.

Miscellaneous texts and trade manuals are important sources of nonmedical works that inform the history of medical trade. The *You Yang Za Zu* (《酉阳杂俎》 *Miscellaneous Morsels from Youyang Mountain*) written by Duan Chengshi (段成式 853 CE) compiled information about 59 imported plants from different regions.<sup>[1]</sup> Duan Chengshi's timeline is not clear as pointed out in *A Tang Miscellany: An Introduction to Youyang Zazu* by Carrie Reed, and according to various biographies, he likely spent time in Xiangyang (襄阳), Jiangzhou (江州), or Chang'an (长安).<sup>[2]</sup> Duan Chengshi also spent time in Sichuan in Southwest China, where the You Yang mountain (酉阳山) [Figure 2] is located. Many of the imported plants listed by Duan Chengshi are aromatics or Xiang Yao (香药), of which at least fourteen are categorized as being of the Persian origin.

One of those species is the myrrh tree where Duan Chengshi not only gives uses and preparations for medicine but also discusses the sources, trade, and how to identify quality products.<sup>[3]</sup> Awei (阿魏 *Ferula* spp.) is another major drug product introduced into the Chinese *materia medica* mentioned in the *You Yang Za Zu* (《酉阳杂俎》 *Miscellaneous Morsels from the You Yang Mountain*). Awei is made of several plant substances, usually of the *Ferula* species including resins, gums, and essential oils. Bernhard Laufer suggests the name *awei* is from Tocharian or Kuchean *ankwa* and Iranian *angwa*. Other species such as Bai Dou Kou (白豆蔻 *Amomum kravanh* Pierre ex Gagnep.) and Bi Bo (筚拔 *Piper longum* L.) are also both discussed as foreign plants that are native to areas outside of China.<sup>[4-6]</sup> While many of these plants have already been incorporated into Chinese medicine by this time, Duan Chengshi provides considerably more detailed information about the import and quality of these plants.

Much of the information in the *You Yang Za Zu* (《酉阳杂俎》 *Miscellaneous Morsels from the You Yang Mountain*) text also appears in the *Tai Ping Guang Ji* (《太平广记》 *Extensive Records of the Taiping Era*) compiled by Li

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Figure 1: Exhibition about the Silk Road

Fang (李昉 925–996 CE). Li Fang began his service as the Minister of Finance in 976 and was later appointed to Prime Minister in 983. He was the chief compiler of the *Tai Ping Guang Ji* (《太平广记》 *Extensive Records of the Taiping Era*) and also the primary editor of another major project, the *Tai Ping Yu Lan* (《太平御览》 *Imperial Overview of the Taiping Era*), a comprehensive historical encyclopedia.<sup>[7]</sup> The *Tai Ping Guang Ji* (《太平广记》 *Extensive Records of the Taiping Era*) has over 7000 tales of the exotic including information on medicines from foreign cultures and lands. Similar information is also found in the *Tai Ping Yu Lan* (《太平御览》 *Imperial Overview of the Taiping Era*).

The *Ling Wai Dai Da* (《岭外代答》 *Substituted Replies About the Southern Regions Beyond the Mountain Passing*) by Zhou Qufei (周去非 1134–1189) written in 1178 and the *Zhu Fan Zhi* (《诸蕃志》 *Treatise on the Barbarian Countries*) written by Zhao Rushi (赵汝适 1170–1231) in 1225 also contain information about medicines being imported to China in ports in the Southern seas. While the original has been lost, much of this text has been reconstructed using later Ming (晚明) sources.

A specialized dietary work that has obvious Mongolian influence but also contains significant Arabic influence, arrives in China during the Yuan dynasty (元朝 1279–1368). The *Yin Shan Zheng Yao* (《饮膳正要》 *Proper and Essential Things for the Emperor's Food and Drink*) was written by the ethnic Mongol, Hu Sihui (忽思慧 active 1314–1330 CE), who served as a court dietary physician. This text is referenced often in the *Ben Cao Gang Mu* (《本草纲目》 *Compendium of Materia Medica*) by Li Shizhen (李时珍 1518–1593) as these foods are incorporated not just into diet but into the Chinese medicine tradition.<sup>[8]</sup> Paul D. Buell and Eugene N. Anderson published an extensive study and translation of Hu Sihui's *Yin Shan Zheng Yao* (《饮膳正要》 *Proper and Essential Things for the Emperor's Food and Drink*) in 2010 entitled, *A Soup for the Qan*.<sup>[9]</sup>

By looking at these miscellaneous sources, we can find more information about the medicinal trade both in and out of China;

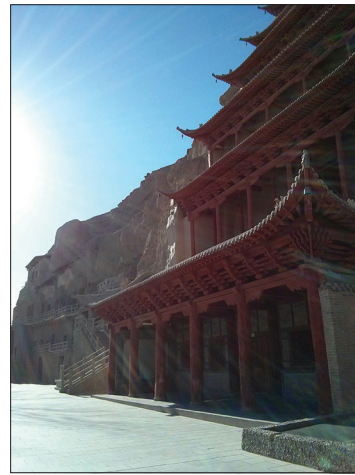


Figure 2: Mogao Caves at Dunhuang

but, unfortunately, most of this information is scattered and piecemeal. By collecting these fragmented pieces, we can gain a better understanding of how medicines came into China from abroad and elucidate how the Silk Road expanded and was a conduit for medicinal knowledge.

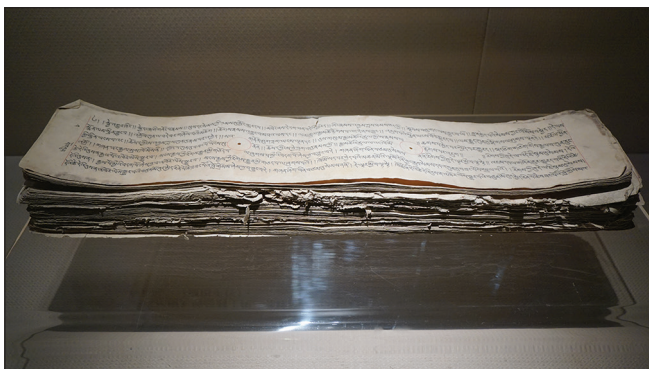
## RELIGIOUS WORKS

These secular works make up one of the miscellaneous texts, but religious works are also an important piece of data that must be more closely examined. As major religions such as Islam and Buddhism made their way into China along the Silk Road, they carried with them medical information from their home regions. Some of the religious imports are clearly medical works such as the *Hui Hui Yao Fang* (《回回药方》 *Islamic Formulary*) that was widely used in China during the Yuan Dynasty, but, additional medical information can be found in strictly religious works.

The influence of Buddhist medical practices entering China from India has been studied extensively by the historian Pierce Salguero. In his work, *Translating Buddhist Medicine in Medieval China*, Salguero gives the *Taishō Tripitaka* (《大正新修大藏经》) as an example of medical knowledge being contained within Buddhist sutras. He lists three characters associated with medicine that appear thousands of times in the work. Bing (病), often meaning “disease” or “illness,” appears over 40,000 times. Yao (药), meaning “drug” or “medicinal substance,” appears over 26,000 times; Yi (医), meaning “medicine” or “physician,” appears over 7000 times.<sup>[10]</sup> While he stresses that counting characters is a crude method, it does serve as a basic example of Buddhist writing which carries medical knowledge within it.

More concrete examples of Buddhist medical influence can be found in translated sections of the Indian medical doctrines on Aṣṭāṅga and the Tridoṣa [Figure 3] that have been found in fragments discovered at the Silk Road site of Dunhuang-Mogao Caves at Dunhuang (敦煌). Beijing University (北京大学) scholar, Chen Ming (陈明), in the Annual Report of the





**Figure 3:** Indian medical doctrines

International Research Institute for Advanced Buddhology (高级佛学国际研究院) at Soka University (索卡大学) in 2006, provides an in-depth look into these Dunhuang manuscripts and their concepts and topics in Traditional Indian medicine (Ayurveda阿育吠陀). He provides translations and annotations of the manuscripts and also identifies a number of Sanskrit medical terms translated into Chinese including one plant name, Anmole (庵摩勒 *Mangifera indica* L.). The collection of terms and ideas demonstrates how Indian medical and herbal terms were translated and understood in Chinese.<sup>[11]</sup>

Religious works have long served as conduits for cultural knowledge, and medical information is one of the most potent examples. As more scholars engage in multidisciplinary studies and archeological discoveries help fill in the gaps, the impact of medical exchange through these sources will be explored more thoroughly and be better understood.

## CONCLUSION

Information and products spread along the Silk Road for thousands of years from the Mediterranean and Northern Africa to Southeast Asia and China. As medical information journeyed along these routes, medicines and medical knowledge made its way into China from a variety of sources. From *materia medica* and formularies to histories and miscellaneous texts, there is quite a diverse milieu of works that have influenced Chinese

medicine. Medical works and histories provide a general understanding of foreign influence on Chinese medicine, but the various miscellaneous texts, trade manuals, notes on foreign interactions, archeological discoveries, and religious texts give a deeper understanding of the finer points of this interaction. These works fill in important details regarding the vast information that came into China and helped shape Chinese medicine into what it is today.

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### Conflicts of interest

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# Study on Current Trends in the Development of Traditional Chinese Medicine in Australia and Policy Proposals of Internationalization of Traditional Chinese Medicine Education in Future



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## Abstract

With the rapid rise of China's economy and the deployment of the Belt and Road Initiative, traditional Chinese medicine (TCM), one of the main components of Chinese culture, has become an important aspect of foreign exchange. Therefore, recent research has focused on how to effectively spread TCM culture internationally and improve TCM acceptance. Australia is currently a representative region with decent TCM development. Taking TCM development in Australia as a starting point, this article analyzes the challenges in TCM development, discusses countermeasures to address these issues, and provides recommendations for improving the international development and dissemination of TCM.

**Keywords:** Australia, cultural communication, education, internationalization, traditional Chinese medicine

## INTRODUCTION

As an important aspect of Chinese culture, traditional Chinese medicine (TCM) plays a significant role in the process of international communication. From the assistant role in control of the Severe Acute Respiratory Syndrome (非典型肺炎) outbreak in 2003 to Tu Youyou (屠呦呦) receiving the Nobel Prize in Physiology or Medicine (诺贝尔医学奖) in 2015, the effectiveness of TCM has gained increasing recognition. Meanwhile, as a unique industry in China's international service trade, TCM has spread to 168 countries and territories.<sup>[1]</sup> According to the data released by the Australian Bureau of Immigration and Statistics (澳大利亚移民统计局), the number of immigrants from mainland China increased from 118,640 in 1996 to 427,590 in 2013, ranking third among all countries receiving mainland Chinese immigrants (excluding Hong Kong, Macao, and Taiwan or international students and laborers based in Australia).<sup>[2]</sup> The large number of Chinese immigrants in Australia has created an increased demand for TCM, causing TCM to spread rapidly within the country. Thus, studying the status quo of TCM and problems related to

its development in Australia can provide ideas for promoting TCM development worldwide.

## HISTORY OF TRADITIONAL CHINESE MEDICINE DEVELOPMENT AND ITS DIFFICULT JOURNEY IN AUSTRALIA

TCM was introduced into Australia in 1848 along with the first wave of Chinese laborers.<sup>[3]</sup> However, seeking legalization for TCM practitioners and treatment faced various obstacles. In 1880, a ban on the entry of Chinese workers into Australia obstructed TCM development. It was not until the late 1960s when the first acupuncture college appeared in Sydney. In 1972, China and Australia established diplomatic relations, and TCM began to

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recover. In 1989, the Australian Federal Government (澳大利亚联邦政府) passed the Drug Administration Act (药品监督管理局法), which began to be implemented in February 1991. The law included Chinese herbal medicines under the management of supplementary medicines, which are equivalent to vitamins, mineral elements, and plants. As a result, Australia became the first Western nation to recognize Chinese medicine as a drug in legal practice. In August 1995, the Victorian Department of Health and Social Services (维多利亚卫生和社会服务部) began to investigate the current status of TCM in Australia and considered how to manage the industry through legislation. In August 1998, the Victorian Government announced it would be the first to legislate the management of TCM in Australia. In May 2000, the Victorian House passed the TCM Administration Law, which was the first TCM law in a Western country. Thus, TCM practitioners in Australia have the same legal protection as practitioners of Western medicine do. TCM practitioners have the title of doctor and can join the Australian medical insurance system.<sup>[2]</sup> The Australian Federal Government completed the registration of national TCM practitioners on July 1, 2012. As a result, TCM practitioners have obtained legal recognition and protection in Australia, which is the first time TCM practitioners have been officially recognized and registered in a Western nation.<sup>[4]</sup>

### THE STATUS QUO OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS IN AUSTRALIA

According to the Australian Health Authority (澳大利亚卫生局), as of January 2016, there were 4588 registered TCM practitioners in Australia, including 178 people who were allowed to register but could not practice medicine.<sup>[5]</sup> These TCM practitioners were 35–60 years old, and most were registered acupuncturists. TCM practitioners are primarily concentrated in New South Wales, Victoria, and Queensland [Table 1 and Figures 1 and 2]. Many TCM practitioners who have been practicing in Australia request the government’s regulations, due to the demanding conditions for TCM registration are demanding.

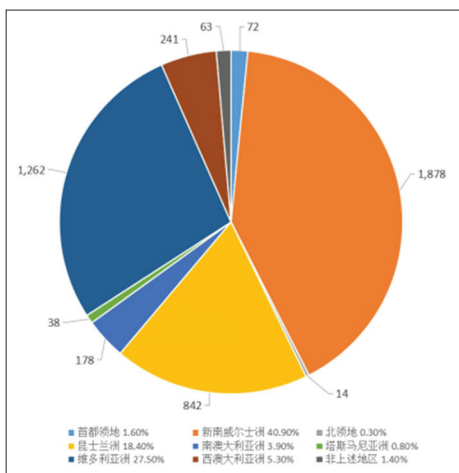


Figure 1: Composition of traditional Chinese medicine practitioners in Australian states

For example, it is necessary to provide medical insurance registration, demonstrate English proficiency, carry no criminal record, obtain continuing education credits, and perform clinical work for a registration period of 152 h or more. Moreover, the approval process is lengthy and complex. Most complaints focus on the English proficiency requirements. According to the registration standards, the International English Language Testing System test for acupuncturists and TCM practitioners has increased from six to seven points per course, making it more difficult for Chinese practitioners who are old and have moderate English-language skills to register, despite having rich clinical experience. As a result, it is often native English speakers or Chinese individuals with good English skills who are more likely to be registered. Although some individuals in the Australian Chinese Medicine Association (澳大利亚中医药协会) believe the inclusion of TCM in legislative management is a confirmation of TCM’s status, the present status of TCM can be considered a double-edged sword. Thus, how the Australian government manages TCM is a decisive factor that will either limit or promote future TCM development.

### STATUS QUO OF TRADITIONAL CHINESE MEDICINE EDUCATION IN AUSTRALIA

In addition to the Royal Melbourne Institute of Technology (RMIT皇家墨尔本理工大学), Victoria University of Technology (VUT维多利亚理工大学), University of Technology Sydney (UTS悉尼科技大学), and University of Western Sydney (UWS西悉尼大学),<sup>[6]</sup> a number of other institutions provide TCM education, such as the Sydney Institute of TCM (SITCM悉尼中医药学院) and Sydney Oriental Medical College (悉尼东方医学院), among others. In all, 14 institutions accredited by the Australian Ministry of Health (澳大利亚卫生部) provide a total of 28 professional education diplomas in TCM. In addition, many Australian universities that do not offer a TCM major are conducting TCM research, including the University of Sydney’s School of Information Technology (悉尼信息技术学院), as well as its Department of Health Sciences (卫生署), which have conducted TCM-related research and postgraduate education.

TCM curricula in Australian colleges and universities are different and have yet to be unified. UWS’s College of Health

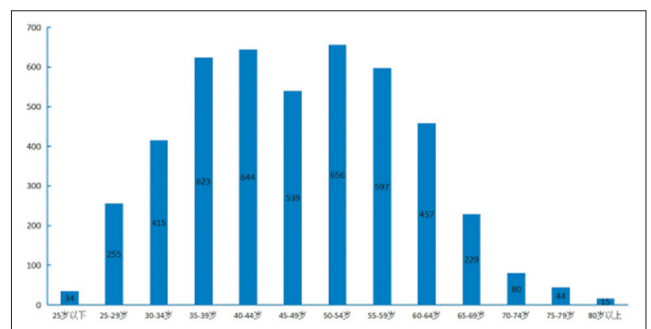


Figure 2: Distribution of Australian traditional Chinese medicine practitioners by age



**Table 1: Registration status in Australian states**

Registered TCM doctor division	Capital territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia	Other	Total
Acupuncturist	26	439	10	568	104	25	437	98	11	1,718
Acupuncturist and TCM pharmacist				2						2
Acupuncturist, TCM pharmacist, TCM doctor	9	454		44	9	2	127	28	7	680
Acupuncturist, TCM doctor	37	924	4	220	62	11	669	113	41	2,081
TCM pharmacist		35		1	1		3	2		42
TCM pharmacist, TCM doctor		10			2		1		1	14
TCM doctor		16		7			25		3	51
Total	72	1,878	14	842	178	38	1,262	241	63	4,588

Sciences offers an undergraduate TCM program. In November 2014, under the guidance of President Xi and Prime Minister Abbot, UWS established a partnership with Beijing University of Chinese Medicine (北京中医药大学) to establish a TCM center integrating medical services, education, research, and cultural exchange. Moreover, the Department of TCM at RMIT has a collaborative partnership with Nanjing University of Chinese Medicine (南京中医药大学), which includes a 5-year undergraduate syllabus based on the syllabus of NJUCM and using the same textbook translated into English. In this program, 50%–65% courses are in TCM, where as 35%–40% courses are in Western medicine. The professors of TCM courses are selected by NJUCM, and students' clinical internships are completed at NJUCM. In 1994, an acupuncture school was transferred to UTS and became the Department of Acupuncture and Moxibustion (针灸系), which offers a 4-year bachelor's degree. The program encompasses anatomy, physiology, microbiology, pharmacology, clinical skills, meridians, clinical features of the disease, and massage. UTS and the Guangzhou University of Chinese Medicine (广州中医药大学) became sister universities, and students can apply for internships at the latter institution during their final year.

The Australian Ministry of Health requires the completion of four educational programs<sup>[7]</sup> for TCM practitioners to register: the Australian medical environment, restricted Chinese medicine, internal medicine, and clinical practice. The accredited educational institutions include RMIT, UWS, VUT, UTS, the Endeavour College of Natural Health (奋进自然健康学院), the Southern Natural Therapy Institute (南方自然疗法学院), and the SITCM (悉尼中医学院). Each institution undertakes different teaching tasks in accordance with the four abovementioned areas [Table 2].

## SUGGESTIONS FOR THE INTERNATIONAL DEVELOPMENT AND DISSEMINATION OF TRADITIONAL CHINESE MEDICINE EDUCATION

### Accelerate transforming the theorization of traditional Chinese medicine internationalization education into practical application

In terms of the cultural differences between Eastern and Western countries, TCM examines diseases based on the

ancient Chinese philosophy, emphasizes a holistic view, integrates humans and nature, and applies analogies with other methods of understanding the world; TCM is a dialectical mode of thinking. In contrast, Westerners mostly consider problems in terms of logical thinking. Therefore, Westerners often find it difficult to understand, learn, and develop an interest in basic TCM theories (e.g. yin and yang and the five elements 阴阳五行). However, such theories play important roles in TCM treatment methods and techniques, such as massage and acupuncture. Therefore, in teaching TCM to non-Chinese students, basic TCM theory should be clearly demonstrated and illustrated, beyond explaining the basic concepts. The theories of yin and yang and the five elements should be combined with specific problem analyses and clinical practice to complete the transformation from theory to practice.

### Improve the standardization of the English traditional Chinese medicine curriculum

Although the TCM curricula of Australian colleges and universities are complete, which is a result of the above mentioned cooperative partnerships, the teaching materials originate from different Chinese schools, such as NJUCM, Beijing University of Chinese Medicine, and Guangzhou University of Chinese Medicine. Thus, there is no set of unified and standardized textbooks for non-Chinese TCM programs.<sup>[8]</sup> As a result, TCM schools should establish standardized English courses for TCM in non-Chinese contexts, especially in terms of standardizing the translation of professional TCM terms (e.g. TCM, Meridian and Acupoints, and Tuina) to avoid the further spread of existing inaccuracies. The word “acupoint,” for example, has multiple translations in different teaching contexts; it means “acupressure,” “acupoint pressing,” “pointing therapy,” and “Dian xue” in Chinese Pinyin transliteration and “Dim Mak” in Cantonese transliteration. Such standardization will take time since the translation of many terms will require considerable scrutiny and discussion. Regardless, all national TCM colleges and universities should jointly pursue standardized English-language TCM courses and cooperate with foreign-language colleges. To accelerate this initiative, professors should be encouraged to teach English courses for TCM,<sup>[9]</sup> and to increase motivation, be rewarded for their service.

**Table 2: TCM practitioner education courses for registration**

Educational institution	Course content	Registration classification		
		Acupuncturist	TCM doctor	TCM pharmacist
Sydney University of Traditional Chinese Medicine	1. Australian medical environment Operational management and professional matters; professional operations and ethical legal matters of health care	√	√	√
Endeavour College of Natural Health	Establishment and management of clinical operation	√	√	√
Sydney Institute of Traditional Chinese Medicine	2. Restricted Chinese medicine Management of restricted Chinese medicine in Australia	√	√	√
University of Technology Sydney	Chinese medicine management and health care in Australian	√	√	√
Sydney Institute of Traditional Chinese Medicine	3. Internal Medicine Western internal medicine; TCM internal medicine	√	√	
Royal Melbourne Institute of Technology	TCM clinical medicine	√	√	
Endeavour College of Natural Health	TCM clinical medicine	√	√	
Southern Natural Therapy College	TCM internal medicine	√	√	
University of Technology Sydney	TCM syndromes and signs	√	√	
Western Sydney University	TCM internal medicine	√	√	
Sydney Institute of Traditional Chinese Medicine	4. Clinical practice Clinical practice unit VIVA exam	√	√	
Royal Melbourne Institute of Technology	Supervised clinical operation; clinical internship	√	√	
Southern Natural Therapy College	Clinical practice	√	√	
Western Sydney University	TCM clinical practice	√	√	
University of Technology Sydney	TCM clinical practice	√	√	
Endeavour College of Natural Health	Acupuncture clinical learning	√		

### Enhance traditional Chinese medicine market operation and publicity, promote cooperation and co-construction with world-renowned universities, and enhance traditional Chinese medicine's professional status

Universities such as UTS and UWS have faced operational problems, including low undergraduate and graduate enrollment. Enrollment is closely related to future employment prospects and interests. Schools can adjust according to the current situation, conduct market research, change research directions, and importantly, conduct TCM-related research in cooperation with world-renowned universities. At present, Taijiquan (太极拳) and acupuncture are the most widely studied fields. Top domestic TCM researchers should be encouraged to cooperate with internationally renowned institutions or individuals to gradually improve the understanding of the scientific and practical nature of TCM worldwide. China should establish a foreign education communication institution for TCM culture, train personnel with specific clinical experience, conduct foreign TCM teaching, medical treatment, and scientific research, train high-quality and interdisciplinary TCM talent to enrich overseas teaching,<sup>[10]</sup> and send excellent domestic TCM teachers to Australia for teaching, exchange, and training.

### The Chinese traditional Chinese medicine administration should establish an official partnership with the Australian Ministry of Health

It is recommended that the State Administration of Traditional Chinese Medicine (中国中医药管理局) and Australian Ministry of Health establish a cooperative relationship. China can send high-level TCM practitioners to Australia to work in medical care and organize the training of Australian TCM practitioners. At present, most Australian TCM practitioners work individually, and there is not a formal TCM hospital.<sup>[11]</sup> China can assist the Australian Ministry of Health to establish TCM hospitals as well as hospitals that integrate TCM and Western medicine. There should also be a focus on market-oriented operations to benefit the lives of Australians and consider people's needs as a fundamental guarantee. For example, TCM hospitals that are covered by most medical insurances should be established, and these hospitals must provide relevant preferential policies in examination and treatment, and regularly hold public welfare lectures to improve the awareness of TCM among the Australian people.

### The belt and road initiative should seek to expand the influence of traditional Chinese medicine culture

Australia is a commonwealth that relies heavily on the US and UK politically and militarily, while being economically dependent on China. Due to China's economic rise, President Xi has proposed

the Belt and Road Initiative (一带一路). In addition to economic and trade cooperation with foreign countries, cultural exchange is an important factor for China to build stable relationships with other countries. TCM is important for the spread of Chinese culture. Historically, TCM culture has been a pioneering force in China's communication with other civilizations. For example, in 219 BC, Xu Fu (徐福) traveled to Fusang (Japan日本扶桑), which resulted in TCM being brought to another civilization for the first time. Beginning in the sixth century AD, acupuncture and moxibustion began to spread abroad, first in North Korea and Japan, and then in Europe after the seventeenth century.<sup>[12]</sup> Thus, to further expand China's influence worldwide, we should focus on the role of TCM in cultural communication. The Chinese government can provide TCM and traditional culture scholarships for outstanding Australian students,<sup>[13]</sup> so that they can study in China, experience the traditional and formal TCM culture, and accumulate excellent practical experience. In turn, they will become promoters and spokespersons for future spread of TCM. TCM can also be taught in Australian primary schools, introducing the relevant herbs and their functions according to the characteristics of native plants in Australia, thus cultivating an interest in Chinese culture among the students from an early age.

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#### Conflicts of interest

There are no conflicts of interest.

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# Ren (仁), the Benevolent Thought of Traditional Chinese Medicine

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## Abstract

This article offers a brief introduction to the evolution of Ren (仁), which is not only the core of Confucian ethics but also the top moral principle observed by traditional Chinese medicine doctors, holding that feasible solutions to cultural conflicts could be worked out under the guidance of Ren.

**Keywords:** Benevolence, Confucianism, kindness, Ren (仁), traditional Chinese medicine

## INTRODUCTION

Ren (仁 [Figure 1] or benevolence), the top moral principle advocated by Confucian ethics,<sup>[1]</sup> has long been an acknowledged goal set by dedicated traditional Chinese medicine (TCM) practitioners in their medical careers, which is also embodied in a Chinese set phrase: Ren Xin Ren Shu (仁心仁术 or benevolent mind and medical skill). Actually, TCM ethics can hardly be fully understood if one fails to know the exact meaning of Ren in the context of Chinese culture.

## THE CORNERSTONE OF CONFUCIAN ETHICS

Confucianism had become a dominant ideology in ancient China since Emperor Liu Che (刘彻) (156 BC–87 BC), also known as Han Wu Di (汉武帝), made a crucial decision to espouse Confucianism as the only orthodox state ideology.<sup>[2]</sup> As the core of Confucianism, the fundamentals of Ren have virtually remained unchanged, though subtle differences can often be found in its interpretations, largely due to the interpreters' stances at various times.

The origin of Ren, which is normally translated into benevolence, but has a far broader connotation [Figure 2]<sup>[3]</sup> than benevolence in English language, can be traced to *Shang Shu* (《尚书》 *Book of History*), a book written in the 5<sup>th</sup> century BC, in which the ideas of Ren are mentioned in sporadic remarks like “Ke Kuan Ke Ren” (克宽克仁 be tolerant and friendly to others) from *Shang Shu Zhong*

*Hui Zhi Zhao* (《尚书·仲虺之诰》 *Imperial Rescript of Zhong Hui-uig of History*), “Huai Yu You Ren” (怀于有仁 a benevolent ruler can win love and esteem from his people) from *Shang Shu Tai Jia* (《尚书·太甲》 *Tai Jia·Book of History*). These remarks, though unsystematic, reveal some semantic components of Ren, including tolerance, friendliness, and love, which have long been regarded as the required qualities of a Jun Zi (君子, gentleman in Chinese culture).

Confucius (551 BC–479 BC) who, for the first time, introduced Ren into the fundamental theories of Confucianism, a school named after its founder. Ren, according to *Lun Yu* (《论语》 *The Analects of Confucius*), is to love human beings. Clearly, Ren, as a principle of ethics, is very close to the idea of charity, that is, a benevolent feeling, especially toward those in need or in disfavor, which can be fully explained by a famous saying: Lao Wu Lao Yi Ji Ren Zhi Lao (老吾老以及人之老 to extend respect of the aged in one's family to that of other families) from *Meng Zi Liang Hui Wang Shang* (《孟子梁惠王上》 *Part I of Liang Hui Wang·Mencius*), a remark made by Mencius (372 BC–289 BC), another important philosopher of Confucianism whose ideas enormously enriched the concept of Ren.

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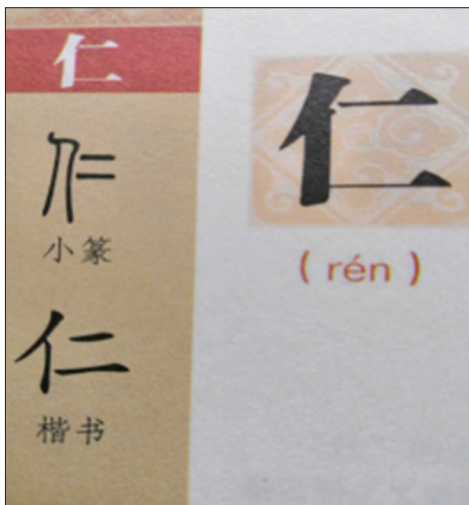


Figure 1: Hanzi Ren

Why was Ren so important to the ancient Chinese society? The answer to the question seems to lie in the fact that China had been a closed and agriculture-dominated country till the country began to adopt the open door policy and develop its market-oriented economy in 1979. Over the long history of China's agriculture society, Ren, an acknowledged "regulator of interpersonal relations"<sup>[4]</sup> at the levels of both family and state, had played a crucial role in the Chinese efforts to maintain the social stability based on which prosperous dynasties could possibly be constructed. The development of an agricultural society relies mainly on a plentiful supply of labor force in the past, which can explain why Chinese preferred a big family to a small one and cherished the belief: the more sons, the more blessings. A big family, however, tends to have more disputes among family because of the complexity of interpersonal relationships. China once had the most complicated family system in the world,<sup>[5]</sup> which required effective ethic principles to regulate each member's behavior for the sake of the overall interests of the big family. To meet such a need of adjustment and control on clan relationship, Confucians put forward systematic ethics principles to govern domestic affairs within a clan, known as Xiao and Ti (孝悌 filial piety and fraternal duty), which constitute the essence of Ren, the top moral principle, as Confucius emphasized: "Ren has its origin in filial piety and fraternal duty" (孝悌也者，其为仁之本与) from *Lun Yu Xue Er* (《论语学而》 Chapter 1 of the *Analects of Confucius*). Through observing the so-called Xiao and Ti, Confucians hoped to establish an ideal society at least in Chinese families, in which people loved each other and led a peaceful life. In fact, it was due to the conviction of Xiao (孝 filial piety) that some Confucians became determined to learn medicine and eventually became famous TCM practitioners. They strongly believed that a son with the virtue of Xiao should never unload his ailing parents on the hands of a quack, which would be viewed as a grave violation of Xiao, and therefore, it was his duty to learn medicine (病卧于床，委之庸医，比于不慈不孝。事亲者，亦不可不知医。) from *Zhu Zi Yi Shu* (《朱子遗书》 *Posthumous Papers of Zhu Xi*).

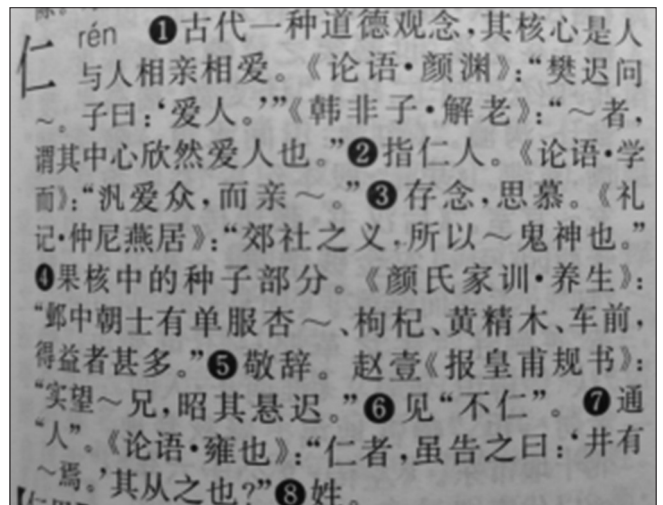


Figure 2: Meanings of Ren in the Chinese language

Of course, Ren was not always confined to the adjustment of interpersonal relation within a family. Rather, Chinese people need Ren as the moral guide to realize the well-known Confucian aspiration, namely "Self-cultivation, regulating the family, governing the country, and building peace throughout the world" (修身 治国 平天下) from *Li Ji Da Xue* (《礼记大学》 Chapter 42 of the *Book of Rites*).

In the Ming and Qing dynasties (1368 AD–1912 AD), a commonly believed period of maturity for TCM, the tie between Confucianism and TCM had become so close that Xu Chunfu (徐春甫), a famous TCM doctor in the Ming dynasty, emphasized the significance of Confucius's teachings in medical career, saying "A physician's ignorance of Confucianism can give rise to a fatal mistake in his diagnosis" (礼义之不修，味孔孟之教；损益之不分，害生民之命) from *Gu Jin Yi Tong* (《古今医统》 Volume 3 of *Medical Complete Book, Ancient and Modern*). Undoubtedly, he strongly believed that Confucianism and TCM were inseparable from each other.<sup>[6]</sup>

## FROM ESTABLISHMENT TO MATURITY

Confucianism had evolved into a number of subschools at various historical periods, each advocating some kinds of Ren, though in different terms since Ren was put at the center of Chinese values by Confucius in Spring and Autumn Period (春秋时期 770 BC–476 BC). Mencius, the second important Confucian philosopher, for instance, highlighted the significance of Ren Zheng (仁政 benevolent government), for he believed that man's nature at birth is good, and therefore everyone, whether a lord or a serf had an equal chance to become a perfect person like the legendary Yao and Shun (人皆可以为尧舜) from *Meng Zi Gao Zi Zhang Ju Xia* (《孟子·告子章句下》). According to Mencius, it was possible to build an ideal country as long as the rulers and the ruled could be conscientious in the performance of his or her duty purely out of benevolence or Ren. To put it more concretely, Mencius described Ren as a natural trait of being compassionate, the so-called Ce Yin Zhi Xin (恻

隱之心), which according to Mencius, was the very starting point of Ren, and all human beings had such trait (惻隱之心, 人之端也; 惻隱之心, 人皆有之). In other words, Ren is deeply rooted in human nature. Ren has been widely regarded as the source of Yi (义 righteousness), Li (礼 etiquette), Zhi (智 wisdom), and Xin (信 trustworthiness), the other four moral principles observed by Confucians, and they were gradually built into a complete theoretical system of Confucianism with Ren at its core. Of course, such a theoretical system could hardly be established overnight. Instead, it was owing to the joint efforts made by Chinese philosophers of different periods that an enormously influential ethics of Confucianism eventually came into being, and to a large extent, Chinese culture had been moulded by the five moral principles since then, which was often referred to as Wu Chang (五常 five constants or five invariable moral norms that must be followed by Confucians in their daily life) by the later generations. Among the five constants, Ren is undoubtedly the cornerstone of the whole system, based on which the other four could be built. Ren, along with Yi, Li, Zhi, and Xin, acted as an efficient regulator of social relations in traditional China, including the relations between TCM doctors and patients. In ancient China, to most TCM doctors, practicing medicine was not only a means of livelihood but also a way of putting what Confucius taught into effect by curing patients of their illnesses [Figure 3]. In fact, most TCM doctors cherished a good reputation more as a doctor with Confucian spirit than the money they could earn in their work [Figures 4 and 5]. The sense of honor was derived directly from Chinese glorification and worship of Confucius whose teachings had shaped the basic values of the nation over the past two millennia. For Confucianism believers, the value of self-actualization could be achieved by two means: to serve the emperor who, as a symbol, represented their country or to serve the ordinary people who constituted their country in essence, just as Fan Zhongyan (范仲淹 989 AD–1052 AD), a famous official in Northern Song Dynasty (北宋 960 AD–1127 AD), said: “If you can not be a good official, then be a good doctor” (不为良相, 便为良医). From the viewpoint of a TCM doctor who had a strong belief of Confucianism, Ren was not merely a kindness to the patients, but a social commitment that he had no alternative but to honor in his medical career which can best be described as a spirit of Xuan Hu Ji Shi (悬壶济世 practice medicine to help the people). To live up to the standard of being a Confucian with such a spirit, a TCM doctor normally spared no efforts in his diagnosis to help a patient [Figure 6]. During the treatment, the doctor should adopt an active attitude toward his patient, and sometimes even in a case of hopelessness, no one was willing to give it up before every therapy had been tried and proved to be ineffective. Only at that moment could a TCM doctor breathe a sigh of relief because he had done all he could. Those who were willing to assume responsibilities for his people and country, especially at a crucial moment, were honored as Zhi Shi Ren Ren (志士仁人 men of benevolence and lofty ideas) and a TCM doctor with the dedication spirit of Ren was undoubtedly one of them.



Figure 3: A couplet that proclaims unconditional kindness giving



Figure 4: A couplet that expresses benevolence (upper)



Figure 5: A couplet that expresses benevolence (lower)

## REN, A KEY TO CULTURAL CONFLICT

The end of the cold war does not mean that people on this planet have reached agreement on ideology; instead, cultural conflicts, in one form or another, have occurred frequently somewhere





**Figure 6:** Chinese medicinal herbs store

in the world, and occasionally even given rise to clash of arms, just as Samuel P. Huntington described in his book *The Clash of Civilizations and Remaking of World Order* 《文明冲突与世界秩序的重建》: “the most dangerous cultural conflicts are those along the fault lines between civilizations.”<sup>[7]</sup> To many people, therefore, cultural conflicts seem to be unavoidable, especially under the backdrop of rapid globalization. However, the Chinese, who have been deeply influenced by Ren of Confucianism, look at this problem quite differently, and they firmly hold that cultural conflicts can be minimized as long as people are willing to Qiu Tong Cun Yi (求同存异, seek common ground and reserve their differences) with their

kindness in cultural exchanges. Facing the omnipresent cultural differences, even those who have little knowledge about other cultures are able to communicate with foreigners in a peaceful manner if they can act on what Confucius once taught: Ji Suo Bu Yu Wu Shi Yu Ren (己所不欲勿施于人 never impose on others what you dislike yourself) from *Lun Yu* (《论语》 *The Analects of Confucius*).

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There are no conflicts of interest.

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# Haritaki (诃子), Holy Medicine of Buddhism

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## Abstract

Haritaki (诃子, *Terminalia chebula* Retz.) is also called “Big golden fruit,” “Wind-floating fruit,” and “Arura.” The alias “Big golden fruit” shows its appearance characteristics, the name of “Wind-floating fruit” implies its harsh living environment and tenacious vitality, and another name of “Arura,” which comes from Tibetan, emphasizes the medicinal value of Haritaki as valuable as rhinoceros horn. The Chinese name of “He Zi (诃子)” expresses the main purpose of Buddhism to universalize all living beings and save the spirit. The Haritaki tree is regarded as the holy tree of Buddhism in the folk. It is also respected as a holy medicine of Buddhism. Since it was introduced into China from India, it has been widely used as a health-preserving medicine. Haritaki, which is from Indian Buddhist culture, not only unravels the mysterious Buddhist culture but also excavates the connection and development of Indian Buddhist culture and traditional Chinese medicine.

**Keywords:** Arura, big golden fruit, Haritaki (诃子), Indian Buddhist culture, wind-floating fruit

*Haritaki (诃子) is advisable for patients with qi deficiency (气虚) by taking a low dose after simmered slowly. Because of its bitter and astringent flavor, it can not only relieve diarrhea with astringents but also clear away pathogenic factors.*

*Ben Cao Yan Yi*<sup>[1]</sup> (《本草衍义》 Amplification on *Materia Medica*)

## INTRODUCTION

More than one thousand years ago, numerous Indian Buddhist monks spread Buddhist Dharma (达摩) eastward along the Silk Road (丝绸之路). Master Xuanzang (玄奘) of the Tang Dynasty (唐朝) also overcame various obstacles to get Buddhist sutras from the West along this road. By these ways, volumes of Buddhist sutras, Buddhism belief, and even something mysterious were brought to the land of Central Plains (中原) together with the created Buddhist culture. Haritaki was also a small part of Buddhist culture. As a foreign medicine with Buddhist characteristics, the name of Haritaki embodies many aspects of Indian Buddhist culture as well as the eclectic culture of Chinese medicine.

## INTERPRETATION OF MEDICAL NAME

Haritaki tree and the Bodhi tree (菩提树) are both regarded as sacred trees of Buddhism, and the Haritaki is also respected as

the four longevity medicines of Buddhism, that is, the medicines that can be taken for whole life. Buddhist sutras call it “Halileh.” Li Shizhen (李时珍) [Figure 1] said, “Halileh is brought by Brahman.” Therefore, according to Buddhist culture, the Haritaki is a gift from Brahman. The medicinal of Brahman was first recorded in the Tang Dynasty’s *Xiu Ben Cao* (《新修本草》 Newly Revised *Materia Medica*) [Figure 2]: “bitter flavor, warm, nontoxic, treating chest distress and abdominal distention which are caused by pathogenic cold.” *Materia medica* books of all dynasties since then have recorded Haritaki and produced some aliases which can describe its color, shape, and tenacious vitality, such as “big golden fruit” and “Wind-floating fruit.” Tibetan medicine (藏医) name it as “Arura.”

### Interpretation of alias

The alias “Big golden fruit” vividly describes the characteristic appearance of Haritaki [Figure 3]. On the one hand, “gold” reflects the color and texture of the Haritaki as gold; on the other hand, it implies its high medicinal value. Haritaki is a kind of solid and brown–yellow fruit with very high medicinal value, so it is called “Big golden fruit.”<sup>[2]</sup>

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Figure 1: Portrait of Li Shizhen(李时珍)

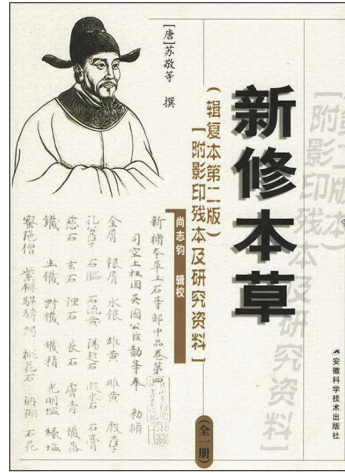


Figure 2: Xin Xiu Ben Cao (《新修本草》 Newly Revised Materia Medica)



Figure 3: The name of big golden fruit describes the appearance of Haritaki



Figure 4: Haritaki was called He Zi (诃子) in Chinese

Some of the Haritaki fruit falls down with the wind before maturation. Those immature fruits are called “Wind-floating fruit,” which also implies its harsh living environment and tenacious vitality. Haritaki can grow in arid and barren wilderness, especially in low-heat valleys. Even if the trunk is accidentally or artificially felled, new branches can sprout from the stump, and new crowns can grow quickly, showing its tenacious regeneration ability.

It is also important that Haritaki has also been popular in Tibetan medicine and has been known as “Arura.”<sup>[3]</sup> “A” is the first of all the rhyme and the mother of all the characters, indicating Haritaki as the king of all herbs; “Ru” means “gathering,” indicating that Haritaki has many functions and high medicinal value; “Ra” is the abbreviation of rhinoceros horn, which is used to describe Haritaki as precious as rhinoceros horn. Among the numerous prescriptions of Tibetan medicine, Arura is the mostly used one.

### Interpretation of Haritaki

Haritaki is called He Zi (诃子) in Chinese [Figure 4]. *Shuo Wen Jie Zi* (《说文解字》 Origin of Chinese Characters) [Figure 5] says: “HE means speaking loudly and angrily.” It points out that the original meaning of HE is anger and blame, with violent passions, which reflects the emergency, stubbornness, and recrudescence of the indication of Haritaki, and coincides

with the main purpose of Buddhism to universalize all living beings and rescue spiritual beings. In addition, in ancient times, the term “HE (诃)” was often the same as “HE (呵)” which means care. That metaphorically implies the astringency of the Haritaki. There is such a legend about the famous Haritaki.

A long time ago, there was a girl named Yichaoma whose father owned an inn. She was not only beautiful, intelligent, and kind but also good at making rice wine which taste like manna. Bodhisattva (菩提萨埵), king of medicine (药王), highly appreciated Yichaoma’s charity and helpfulness. He gave her a tree and told her, “This tree is the best medicine in the world. Its roots, trunks, and branches can remove all kinds of diseases of flesh, bone, and skin, while its fruits can treat diseases of internal organs. With this tree, all diseases can be eliminated and therefore it must be cherished.” Yichaoma devoutly planted this tree in the most suitable area and cultivated it carefully. Finally, it was fruitful. Every year, she presented the fruits to the tourists and explained their functions and uses to these tourists so that the fruits could relieve suffering and benefit the people. Later generations called this plant as the He Zi tree, and the medicated fruit was called He Zi.



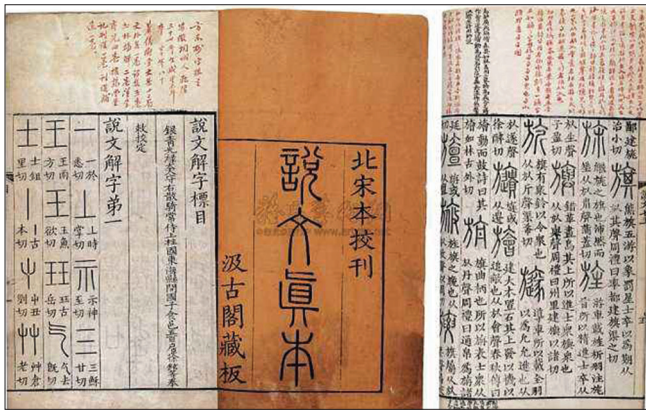


Figure 5: Shuo Wen Jie Zi (《说文解字》) Origin of Chinese Characters)

Obviously, the names of “Big golden fruit,” “Wind-floating fruit,” “Arura,” “Halileh,” and “He Zi” all describe its strong vitality and previous medicinal functions, making Haritaki a significant part of Indian Buddhist culture.

### HARITAKI AND INDIAN BUDDHIST CULTURE

In Indian Buddhist culture, the Haritaki was first used as a noble religious instrument. Pharmacist Buddha (药师佛), also called Medicine Guru Buddha, Medicine Buddha Bhaishajyaguru, is the master of the Buddhist Oriental Sukhavati. Pharmacist Buddha holds a manna bowl in his left hand and a green leaf plant in his right hand, which is Haritaki. It can cure people of diseases and help them recover from death. If someone suffers from serious illness and is dying, then if he can devote himself day and night to the worship of the Pharmacist Buddha, reading the Buddhist Sutra 49 times, lighting 49 lamps and hanging them on the colorful banner 49 days, his life may be extended. Therefore, Haritaki tree is regarded as a sacred Buddhist tree, and the Haritaki is also respected as the holy medicine of Buddhism, which expresses people’s good wishes of eliminating disasters and praying for blessings.<sup>[4]</sup> As in *Zui Sheng Yao Wang* (《最胜药王》) *The Best King’s Sutra*, it says, “A kind of Halileh has six flavors and can eliminate all diseases. It is worthy of the King of Medicine.”

During the Han Dynasty (汉朝), Haritaki was introduced into China from India and widely used as a health-preserving (养生) medicine. In the 1<sup>st</sup> year of Yongping in the Southern Song Dynasty (南宋), when a Sanskrit monk came to Guangxiao Temple to preach, he brought a kind of plant which was called “Halileh” in the West at that time. It was so widely planted in Yu garden which was also called “the Haritaki wood.”<sup>[5]</sup> These trees witnessed the great monks of Guangxiao Temple preaching and practicing scripture [Figure 6], which makes it very spiritual. The monks in the temple often chewed the fruits in their mouths when they chanted the Sutra and felt thirsty. They could quench their thirst and feel refreshed with these fruits. The fruits were often decocted with licorice to treat many pilgrims. It tastes sweet and sour so that it can



Figure 6: Hundred years of Haritaki tree in Guangxiao Temple, Guangzhou

quench thirst. Haritaki became more popular with people. Liu Yuxi (刘禹锡), a famous poet of the Tang Dynasty, once suffered from dysentery with severe symptoms. Although he took all kinds of medicines, he did not recover and turned to diarrhea with red and white pus. In desperation, a general surnamed Linghu (令狐) gave him a pot of medicinal wine. After Liu Yuxi drank the wine, his dysentery was removed. The medicinal wine is made from Haritaki.

The Buddhist purpose of “cherishing life and universalizing all living beings” is revealed by Haritaki. Haritaki displays the core value of Buddhist doctrine compassion. As a herbal medicine, Haritaki also embodies the belief of Chinese medicine – “In the world, people are the most spiritual creature, and the most important thing for people is life” and “the greatest compassion and concealment of heart is to save the suffering.” Haritaki shows the common concept of traditional Chinese medicine as well as Buddhist culture: “people-oriented, disease-relieving, health and longevity.”

### FUNCTIONS OF HARITAKI

Haritaki plays a very important role in Buddhist culture, which is related to its extensive medicinal use. Haritaki is bitter, sour in taste, astringent, and has a plain nature. It exists in lung and large intestine channel. Its functional characteristics are focused on “astringent” – astringing lung for relieving cough and astringent intestine for relieving diarrhea.<sup>[6]</sup> Its major functions are listed below:

1. Astringes the lung to relieve cough. Haritaki is bitter, sour, astringent, and in lung channel. It can not only astringe the lung and relieve cough but also lower the adverse qi and treat cough. It also can relieve sore throat to stop cough. It is very suitable for chronic cough accompanied by throat discomfort
2. Astringes the intestine to relieve diarrhea. Haritaki is bitter, sour, astringent, and in large intestine channel. It can not only astringent intestine and relieve diarrhea but also clear intestinal heat and stop diarrhea. It is commonly used for the patients who suffer from chronic diarrhea and dysentery.

In addition, Haritaki also has a good effect of relieving sore throat. It is suitable for the diseases of throat discomfort, hoarseness, and even aphonia, especially for the hoarseness and aphonia caused by long cough.

With the wish of delivering all living creatures from torment, Indian Buddhist monks trekked along the ancient Silk Road, conveying their beliefs to the Chinese people, bringing Buddhist culture and enriching the medical connotation of traditional Chinese medicine. Haritaki from Indian Buddhist culture not only unravels the mysterious Buddhist culture but also excavates the connection and development of Indian Buddhist culture and traditional Chinese medicine.

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# A Brief Introduction of *Yi Xue Shi* (《医学史》 *History of Medicine*)



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## Abstract

The book *Yi Xue Shi* (《医学史》 *History of Medicine*) was written and edited by Cecilia Mettler and Fred Mettler couple, published in 1947. The book is about the literature research of systematic introduction to the history of medical development worldwide. The book provides a detailed description of the development of various medical disciplines and subjects through various documents and the authors and publication dates. Especially, Prof. Mettler has introduced the Chinese Yin and Yang (阴阳) and the five element theory (五行学说) and Shen Nung's Materia Medica (神农本草) in this book.

**Keywords:** Medical subjects, original sources of medicine, *Yi Xue Shi* (《医学史》) *History of Medicine*

## PREFACE

To complete this article, we refer to the book *History of Medicine in the United States: With a Supplemental Chapter on the Discovery of Anesthesia* (《美国医学史: 补充章节麻醉的发现》)<sup>[1]</sup> by Packard and *Journal Medieval Panorama: The English Scene from Conquest to Reformation-1955* (《期刊中世纪全景-1955》)<sup>[2]</sup> by Coulton.

The author of this book Dr. Cecilia Mettler [Figure 1] indicated that her book is intended for physician teachers of medical history and for medical students interested in an introduction to the field of medical history as a whole and from a systematic standpoint. Dr. Cecilia Mettler had organized the material so as to meet the particular needs of specialists who are interested in a single field and medical authors who are concerned with a specific topic.

An important aim of this book is to supply the student with an introduction to the principles underlying the development of the fields embraced in the medical curriculum and an opportunity to become familiar with those sages who have contributed to the progress of medical science.

With a view to teaching medical history on a correlative basis, to study the history of each subject at approximately the same time when the student is receiving instruction in that particular field, the text of this book is divided into chapters covering

the history of particular subjects studied in the medical curriculum. This division makes it possible for the text to be used in connection with common arrangements of subjects in the medical course. Therefore, this book is indeed a convenient and practical supplementary teaching material for both the medical history teacher and student.

The book *Yi Xue Shi* (《医学史》 *History of Medicine*) [Figure 2] was under preparation for over 9 years, during which period of time almost all Dr. Cecilia Mettler's time and attention were devoted to its production. Literally, thousands of reference were examined in the original, and the work had proven to have a useful function for the medical bibliographer and librarian quite apart from its purpose as a historical text. She indefatigably tracked down original sources, did her own translations, and compared these with previously constructed versions. Wherever nothing was to be gained by publishing her own translation, she invariably chose the earliest available good one and carefully accredited it to its source. As Packard, the author of *History of Medicine in the United States*, has indicated in the foreword of this book,

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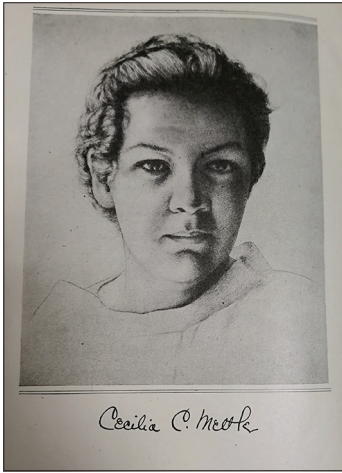


Figure 1: Image of author of *History of Medicine* – Cecilia Mettler

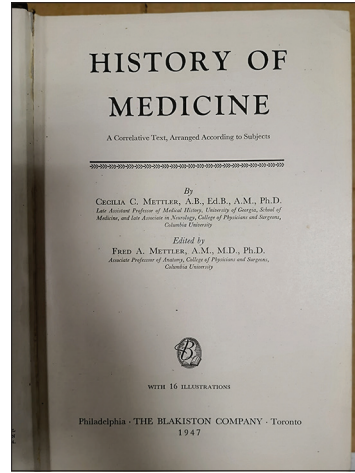


Figure 2: Inside cover of *History of Medicine*

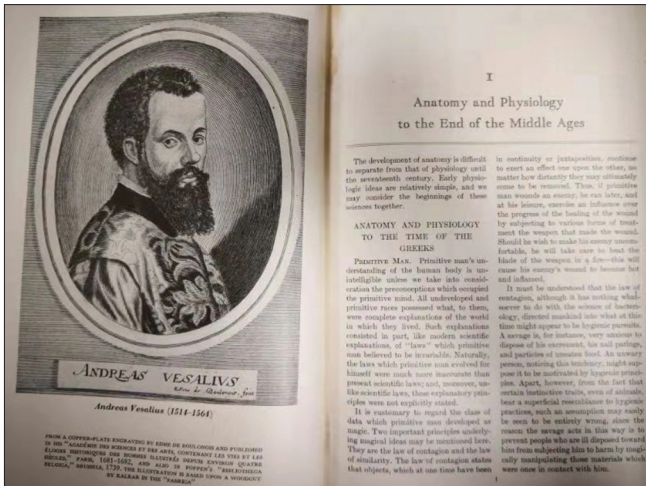


Figure 3: Figure of Chapter 1

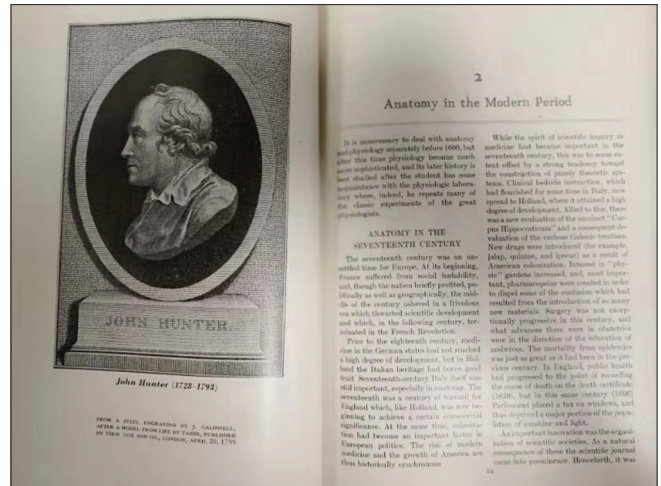


Figure 4: Figure of Chapter 2

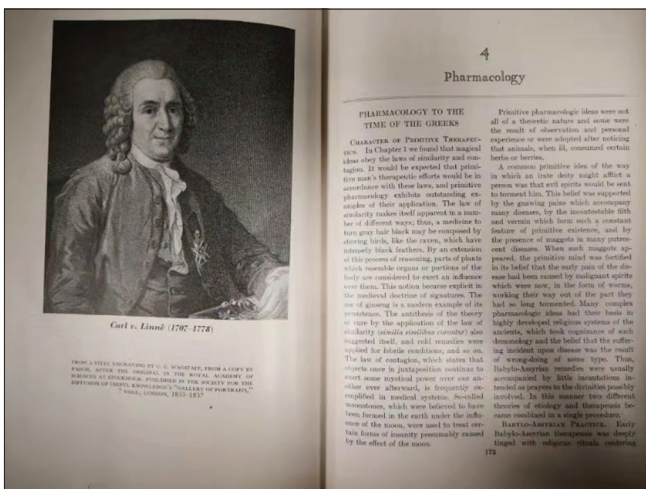


Figure 5: Figure of Chapter 4

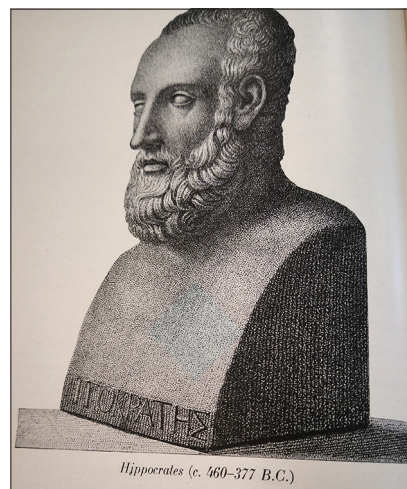
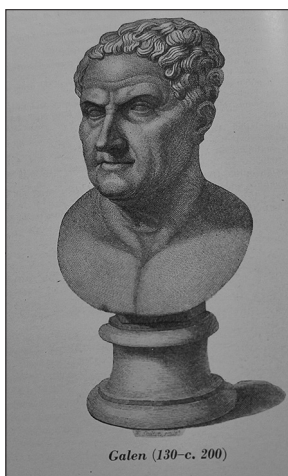


Figure 6: Image of Hippocrates

the book presents many original features, most especially important of which are the full translation from from the original source introducing the most important works of the

Greek, Latin, and Arabic authors. While the standard medical histories contain references to works done by these ancient fathers of medicine, they are usually simply brief statements



**Figure 7:** Image of Galen

and not translations of the original writing of the author. Dr. C. Mettler carried on this method down to modern times, and the value of her work is thereby greatly increased. It shows not only her profound knowledge of the originals from which she quotes but also the insight with which she picked out the most essential features of their labor.

The chapter directory of this book is a detailed medical classification outline; Chapter 1 Anatomy and Physiology [Figure 3], to the end of the Middle Age; Chapter 2 Anatomy in the Modern Period [Figure 4]; Chapter 3 Physiology in the Modern Time; Chapter 4 Pharmacology [Figure 5]; Chapter 5 Pathology and Bacteriology; Chapter 6 Physical Diagnosis; Chapter 7 Medicine; Chapter 8 Neurology and Psychiatry; Chapter 9 Venereology; Chapter 10 Dermatology; Chapter 11 Pediatrics; Chapter 12 Surgery; Chapter 13 Obstetrics and Gynecology; Chapter 14 Ophthalmology; and Chapter 15 Otolaryngology. The time segmentation by the author under each subject is roughly the same: Egyptian time; Greek Period; Rome time; Medieval Age; Arabic medical achievement; Byzantine Time; Sixteenth Century; Seventeenth Century; Eighteenth Century, and Nineteenth Century.

In Chapter 7 Medicine, there is a section about Medicine in China; the author raised the view that there is an extremely complicated system of Medicine in China and the Chinese possess remedial therapies: moxibustion and acupuncture. The authorial description is as follows: The body, according to ancient Chinese writers, was composed of two primitive forces, the male *Yang* and the female *Yin*, and five

elements (五行); each represented by a special organ (heart: fire; liver: wood; spleen: earth; lung: metal; kidney: water). Diseases were attributed to an imbalance or disturbance in the primitive forces of elements and first manifested itself in the blood or the vital air. About the moxibustion and acupuncture, the author described them as follows: of all the early groups, the Chinese possessed the most extensive pharmacopeia, and while they employed these remedies without stint, they did not underestimate the value of dietary regulation. In addition to this type of therapy, the Chinese used two other remedial measures: moxibustion and acupuncture. Both methods were employed with the idea of making channels or paths for the withdrawal of pathologic influences.

Moreover, in Chapter 4 Pharmacology, there is a description about The Chinese Pharmacology. The Emperor Shen Nung (神农 2735BC) is usually referred to by legend as the “Father of Chinese Materia Medica” and was supposedly the author of an herbal which is now represented by a 40-volume work called the “Pen Tsao (本草).” There are 265 drugs mentioned in the “Pen Tsao,” of which 240 are vegetable substances. The Chinese attached unusual significance to the color and shape of plants and believed in the doctrine of signatures.

There are a lot of mentions in the book with reference to Greek medicine. Dr. Cecilia Mettler had expressed her admiration to Hippocrates (希波克拉底) [Figure 6]; in the Chapter 6 Physical Diagnosis and many other chapters. Without Hippocrates laying the foundation for diagnostics, there would have been no future medical development. Moreover, in many chapters, Dr. Cecilia Mettler had described her receiving influence of professional fields from Galen (盖伦) [Figure 7]. Her emphasis is placed on Galen’s influence on the entire medieval medicine due to Galen’s pioneering experience in anatomy.

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#### Conflicts of interest

There are no conflicts of interest.

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# Acupuncture versus Western Medicine Drugs (Antidepressant) to Treat Depression



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## Abstract

The aim of the study is to assess the beneficial effects of acupuncture compared with Western medicine in treating patients with depression. Depression is a serious psychiatric illness that involves symptoms such as depressed or sad mood, loss of interest or pleasure in activities, changes in weight, difficult sleep or oversleeping, energy loss, feelings of worthlessness, psychomotor changes, and thoughts of death or suicide. Acupuncture and Western medicine have been widely used to treat the patient with depression. The following electronic databases were searched: The Cochrane Central Register for Controlled Trials (Central), MEDLINE, EMBASE, AMED, PsycINFO, and PUBMED. The summary of this report was evaluated by using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Checklist. Sixty-four journals on acupuncture, Western medicine drugs (antidepressant), and containing both in treating depression were identified and included in this review. In term of Western medicine, antidepressant may help the ego function in short term, and for long-term using, it may cause the patient to become addictive toward the drug. Acupuncture is relatively safe to use and proven significantly effective to treat the depression and less side effect for long term used by the patient. Current evidence from this summary literature review shows that acupuncture and Western medicine (antidepressant) drugs can treat depression. However, acupuncture therapies almost give none of side effect compared to antidepressant, and every patient with depression can try acupuncture not excluding the pregnant woman.

**Keywords:** Acupuncture, antidepressant, depression, Western medicine

## INTRODUCTION

Depression is a serious psychiatric illness that involves symptoms such as depressed or sad mood, loss of interest or pleasure in activities, changes in weight, difficult sleep or oversleeping, energy loss, feelings of worthlessness, psychomotor changes, and thoughts of death or suicide. Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 322 million people. This represents 4% of the global population.<sup>[1]</sup>

The World Health Organization stated in 2017 that more than 54 million people (4.2% of the population) suffer from depression in China. A nation-wide survey of 500,000 men and women in China shows that major depressive disorders (MDDs) are positively associated with rural residency and low-income status. A 2015 report from the United Nations Children's Fund shows that depression rates among adolescents in rural area are higher than the rate among city dwellers in the same age range.

In China, depression costs the nation USD 7.8 billion every year in lost workdays, medical expenses, and funeral expenses.

In Western medicine, treatment for these patients varies from pharmacological interventions, psychosocial therapy, and electroconvulsive therapy, to light therapy for depression, etc.. Effective interventions to prevent and treat depression and anxiety are available and include psychotherapy, medication, and complementary treatments. In the last two decades, the use of complementary and alternative medicine, including acupuncture, as an odd-on treatment in Western medicine, been on the rise, especially among psychiatric patients. In many cases, current pharmacological treatment of anxiety disorders (AD) and MDD is not able to achieve remission.

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Traditional Chinese medicine (TCM) has its own theoretical background in which its mechanism is explained. In TCM, the forces of nature are described in terms of yin, yang, qi, and the five elements.

In cases where these forces are not in harmony, disease occurs. Acupuncture treatment is increasingly in demand among psychiatric patients, and many people report subjectively helpful effects. Thus, it appears necessary to give more attention to complementary treatments. To answer the questions about the comparison among Western medicine and acupuncture treatment in curing depression, this paper will offer a systematic literature review on how acupuncture competes with Western medicine to overcome the depression.

## CONCEPTUAL DISCUSSION

Here, we focus on the treatment of depression with Western medicine and compare it with acupuncture. In the psychiatry department, there are some ways to treat patients with depression. One of the ways we can name as psychiatric management. This means to establish and maintain a therapeutic alliance including antidepressant, complete psychiatric assessment, and to evaluate safety of the patient, establish the appropriate setting for treatment, evaluate functional impairment and quality of life, coordinate the patients with other clinicians, monitor the patient's psychiatric status, integrate measurements into psychiatric management, enhance treatment adherence, and provide education to the patient and his or her family.

We stated in earlier discussions that antidepressant medications in Western medicine have been proven to be clinically effective. On the other hand, their use has been limited by potentially serious side effects. For example, Monoamine Oxidase Inhibitors (MAOIs) interact with certain foods or medications, causing high fever, disseminated intravascular coagulation, muscle rigidity, convulsions, or even coma. Increased suicidal ideation is another possible side effect of antidepressant medications. Moreover, the currently used antidepressants provide only temporary relief of symptoms but are not curative.

We also believe that TCM is already a time-honored practice in China and many Asian countries and the effect of TCM (in this case specifically acupuncture) to treat depression. While Western medicine adopts a reductionist approach to elucidating the biochemical basis of a disease, TCM views body function holistically of more abstract theories. One way to treat depression in TCM is by acupuncture.

In acupuncture, we can use some specific points to treat the depression based on TCM diagnostics and by first identifying the underlying cause or "syndrome." In this regard, TCM treatment can be curative rather than merely symptom-relieving. The overall results on using acupuncture to treat depression seem promising. Acupuncture was found to be an effective and safe therapy in treating depression disorder. However, the

effectiveness of acupuncture treatment of depression is too premature because more and larger methodologically better design on acupuncture and depression are needed.

## METHODS/LITERATURE SEARCH

This systematic review largely adhered to Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines.<sup>[2]</sup> We searched both Web of Science and PubMed for studies that referenced them without imposing language restriction. Duplicates and nonobtainable studies were excluded. Based on title and abstracts, studies were excluded which (i) did not focus on individuals with depression, (ii) were not empirical, (iii) were of study types not expected to be useful for the purpose of this review, or (iv) focused on the evaluation of some association or cause-effect relation between variables.

The remaining articles were scrutinized for data that could validate the theory behind treatment of depression using Western medicine and treatment of depression using acupuncture. Studies using different methodologies were included. Criteria to define the effectiveness of therapy between Western medicine and acupuncture treatment on depression should be maximally described. Therefore, we sought studies that show the treatment of depression using Western medicine and acupuncture. References of included articles were searched for additional relevant studies.

## RESULTS

The 64 identified journals are included in this literature review and have been checked to cover up all of the inclusion criteria of treatment of depression using Western medicine and acupuncture [Flow Chart 1].

### Treatment of depression using Western medicine

Western medicine describes the etiology of depression in terms of biological, psychological, social, and sociocultural factors. Biologists attribute depressive symptoms to genetic factors, disturbances in circadian rhythm, high cortisol levels, defective negative feedback in the hypothalamic-pituitary-adrenal axis, and abnormalities in neurotransmission and brain structure. Specifically, it is believed that deficient serotonergic signaling has pathological implications in depression.<sup>[3]</sup> Effective interventions in Western medicine to prevent and treat depression and anxiety are available and include psychotherapy, medication (antidepressants), and innovative e-health technologies.<sup>[4]</sup>

Antidepressants are some of the most commonly used pharmaceuticals. Many people use them long term, some take two or even three different brands simultaneously, all in the pursuit of the elusive goal of happiness.<sup>[5]</sup> Antidepressants have the advantage of not causing significant cardiovascular or anticholinergic side effects, but they have a wide variety of other energetic effects. Some research stated that antidepressants are the most effective treatment for depression. Curiously, whether antidepressants work at all is a matter of debate. Thomas J

**Table 1: Systematic Table of the Result of Acupuncture**

1 <sup>st</sup> author, Year and Country	Design	Subject of the Research	Outcome measure	Result Reported
Karen. P, 2010, London.	A systematic review	General Acupuncture	Journal Assessment	Acupuncture is widely used to treat psychological problems
Lukas de Lorent, 2016, Germany	Clinical Trial	Auricular Acupuncture (AA) vs Progressive Muscle Relaxation	4 Visual Analog Scalen	Treatment with AA significantly decreased tension, anxiety and anger compare to Progressive Muscle Relaxation
MacPherson, 2013, New York	Randomized Controlled Trial	TCM Diagnostic Pattern and Acupuncture	TCM pattern Differentiation	The most common symptoms for depression is Liver Qi Stagnation
MacPherson, 2013, New York	Randomized Controlled Trial	Acupuncture and Counselling	PHQ-9 and Consultational and Relational Empathy (CARE)	The patient who received both Acupuncture and Counselling have statistically significant reduce the experience feeling of depression
Caroline A. Smith, 2018, Spain	Literature Review	Acupuncture for Depression	Grade Method	Acupuncture works better if its combined with the other treatment
MacPherson, 2004, New York	Clinical Evaluation	Acupuncture for Depression	Beck depression Inventory and Hospital Anxiety and Depression Scale	Significant improvements between before and after the patient get an acupuncture treatment
Junmei Wu, 2012, China & USA	Clinical Applications	Acupuncture for Depression	Evidence based study	They suggest that acupuncture has the potential to be an effective, safe and well tolerated monotherapy for depression

Moore, an investigating journalist, reviewed the scientific evidence on some selective serotonin reuptakeinhibitors (SSRIs) and concluded that the popularity of antidepressants is largely a manufactured hyperbole. More scholars noted that SSRIs are highly addicted and although initial studies showed an increase in the suicide rate, they were marketed as if this were not the case. Insufficient response to initial antidepressant pharmacotherapy is a major problem in the therapy of depression, occurring in up to approximately two-thirds of depressed patient. To date, there is no effective biological marker to predict the antidepressant response and tolerability.<sup>[6]</sup>

Vortioxetine is a novel antidepressant with a distinct pharmacodynamic profile, its efficacy and safety in mitigating depressive symptom severity patients with depression have been established in a number of randomized controlled trial by Chen in the early 2018. Chen claimed that the proportion of patients who had moderately severe-to-severe depressive symptoms based on their Patient Health Questionnaire-9 scores reduced from 76.7%.<sup>[7]</sup> In month 3, the majority of the patients had mild or no depressive symptoms. In addition, all of the patients in this study experienced an acute stage of depression, and further studies are still needed to prove the effectiveness of antidepressants for treating patients with chronic or treatment-resistant depression.

In Japan, there is a pilot study conducted by Shinba in 2017, 15 drug-resistant patients with depression underwent a standard treatment regimen of Transcranial Magnetic Stimulation (TMS) to the left dorsolateral prefrontal cortex. The result suggests that the maintenance of frontal activation during stimulation in the course of TMS series is related to the effectiveness in treatment of depression. This study, offers one new way to treat depression, even though it reveals that TMS is a better reaction in mild condition of depression rather than the severe one. The number of the sample has also to be

a consideration too, because this study has a small number of patients. Future study with a larger sample size and necessary to expand the assessment to depression in general because the results are valid for the patients who do not show sufficient improvements with antidepressant medication.

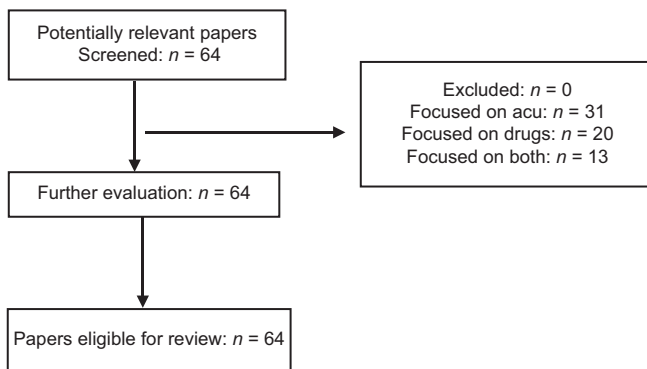
In terms of Western medicine, depression is still a challenging issue. Certainly, antidepressants may help the ego to function better in short term, but in doing so, some ways of treatments are helping the antidepressants to support the adequate treatment for the mental state which itself is the root of depression.

### Treatment of depression using acupuncture

Before going into the explanation of treatment of depression using acupuncture, some journals about acupuncture are listed below for reference [Table 1].

Acupuncture is an important part of Chinese medicine. However, until now, the most known part of the acupuncture practiced in the West originates from a part of Chinese medicine. A lot of research was conducted on treating depression by using acupuncture, and they have varieties in result. Researchers conduct the research of acupuncture in different ways. Several clinical trials have been carried out with manual, electric, and laser acupuncture for different kinds of depression, including MDD, MinD, antenatal, postpartum depression, menopause, geriatric, and poststroke depression.

The overall clinical results on using acupuncture to treat depression are promising. Acupuncture improves the quality of life, particularly that of sleep, in psychiatric patients.<sup>[2]</sup> Wu in 2012 stated a comparison of combination of manual and Electro Acupuncture (EA) with the tetracyclic AD mianserin in 29 patients and found a significant reduction in Hamilton Depression Rating Scale scores in both groups, but no



**Flow Chart 1:** Selection of trials for inclusion in the review

difference between groups. A study ( $n = 66$ ) compared EA with the tetracyclic AD maprotiline in patients with depression syndrome.<sup>[8]</sup> Han *et al.* (2002) found that patients receiving EA scored lower in self-report measures of depression and anxiety, and the efficacy index was significantly higher for EA, compared with maprotiline. In a more recent study of 60 patients, the same group found EA to be comparable to maprotiline, with fewer side effects.

Acupuncture has been used to manage various physical symptoms that can often be side effects from ADs including nausea, weight gain, and sexual dysfunction. de Lorent *et al.* conducted a study of auricular acupuncture versus progressive muscle relaxation in patients with depressive disorder. This study was using point 51 (sympathetic point), point 55 (shen men), point 95 (kidney point), point 97 (liver point), and point 101 (lung point) in both ears of the patient. The other group received a PMR treatment which asked the patient to close their eyes while sitting comfortably. The result shows that treatment with AA significantly decreased tension, anxiety, and anger/aggression throughout the 4 weeks, compared with PMR treatment.<sup>[9]</sup>

Women during pregnancy also have a big chance to suffer a depression syndrome. Manufactures of antidepressants medication advise that they are avoided during pregnancy, and many pregnant women are reluctant to undergo pharmacological treatment for their depression. Manberet *et al.* conducted a study by treating a woman with depression using acupuncture and massage. The results have shown that responses rates at the end of acute phase were statistically higher for acupuncture than massage. Even though this study shows that acupuncture can treat depression in pregnant women, we have to consider about the safety of the treatment.<sup>[10]</sup> We already admit that some acupoints are contraindicated for pregnant women, so we have to be careful when handling these cases.

## DISCUSSION AND CONCLUSION

The aim of using Western medicine and acupuncture in treating depression is to reduce the depressed feeling of the patient itself. Using antidepressant in some cases was stated to be successful in treating the depression. The problem is coming

up when the patient has to take two or even three different brands of drugs simultaneously. The patient has to rely on the medicine in their life. Antidepressant works by giving an elusive goal of happiness. This feeling is really comforting for patients with depression to the patients; this situation somehow leads them into addictive side of antidepressant. Some of the research stated that antidepressant works mostly in acute stage of depression. There are still pros and cons on whether antidepressant will work in treating patients with chronic and treatment-resistant depression.

Acupuncture is one of complementary therapies to treat depression. This seems promising because some studies show that some treatment successfully works for depression. Wide variety of combining acupuncture point sometimes become a problem or bias to the result of the therapy. Acupuncture wins over an antidepressant on the side of side effect. Acupuncture therapies almost give none of side effect compared to antidepressant. Some research in acupuncture really needs to examine the clinical efficiency and acceptability of acupuncture as well as its effectiveness, compared with antidepressant or other depression treatment. Acupuncture will be a priority of treatment for depression if the technique and evidence based on clinical experience are improved by practitioners. Since all of the people with depression can try acupuncture, the pregnant women should not be excluded.

Both antidepressant (Western medicine) and acupuncture need further research in case of their effectiveness in treating depression. We also encourage the scientific community to adopt an overarching strategy that includes clinical practice-informed approaches on the one hand and basic science approaches on the other hand, both of which should be aimed at better informing the design of the acupuncture treatment and sham controls in clinical trials. As for the examples, “whole systems research,” pragmatic trials, and surveys of real-world clinical practice can help to provide a more comprehensive understanding of the multiple components that potentially underlie the therapeutic effects of acupuncture treatment.

Studies are also needed to identify the physiological effects associated with individual components of acupuncture. These include more in-depth and systematic investigations regarding the importance of such parameters as needle placement and depth, stimulation type and intensity, and needle number as well as the mechanism by which these parameters influence physiological responses (immediate and longer-term) and modify biomarkers. Also needed are assessments of putative physiological effects of nonspecific needling components integral to acupuncture treatment components, for example, patient expectation. To better understand why sham needling (superficial at nonacupuncture point sites) has relatively similar clinical effects as true needling at acupuncture points, experiments in humans and animals should simultaneously examine the effects of verum and sham needling (using one or multiple needles) on the local tissues and nervous system.



In the future, we need some ways to combine both therapies to treat people with depression, especially those in chronic and treatment-resistant depression. Further studies and more samples are needed to see clear research and reduce bias in studies. Few studies included follow-up periods or assessed important outcomes such as the quality of life. These outcomes are very important for patients with depression because we know that people with depression really needed a better quality of life during or after depression phase. This literature review has a limitation in resources of journals so a further discussion is necessary to explain more about treating depression using antidepressant (Western medicine) versus acupuncture.

**Note: For this article, we have referred to the information from the following materials**

Note 1: Pilkington Karen. Anxiety, Depression and Acupuncture: A Review of the Clinical Research collected in *Autonomic Neuroscience: Basic and Clinical*. 2010; 257:91-95).

Note 2: Careb Nadia Soares de Sousa., Lucas Nascimento Meneses., *et al.* Neuroprotective Evidence of Alpha-Lipoic Acid and Desvenlafaxine on Memory Deficit in a Neuroendocrine Model of Depression collected in *Naunyn-Schmiedeberg's Archives of Pharmacology*. 2018.

Note 3: Zhu XL., Chen JJ., *et al.* Novel Antidepressant Effect of Paenol Alleviate Neuronal Injury with Concomitant Alterations in BDNF, Rac1 RhoA Levels in Chronic Unpredictable Mild Stress Rats. Collected in *Psychopharmacology*. 2018.

Note 4: Masaaki Tanichi., Hiroyuki Toda., *et al.* Differential Effects of Voluntary Wheel Running and Toy Rotation on the mRNA Expression of Neurotrophic Factors and FKBP5 in a Post-Traumatic Stress Disorder rat Model With The Shuttle-Box Task collected in *Biochemical and Biophysical Research Communications*. 2018.

Note 5: Amy C. Gross, Alexander M Kaizer. Relationship of Anxiety and Depression with Cardiovascular Health in Youth with Normal Weight to Severe Obesity collected in *The Journal of Pediatrics*. 2018;03;059.

Note 6: Anthony J Rosellini., Michelle L. Bourgeois., *et al.* Anxious Distress in Depressed Outpatients: Prevalence, Comorbidity, and Incremental Validity collected in *Journal of Psychiatric Research*. 2018;05;006.

Note 7: Tavares, M. K., dos reis, S., *et al.* Agmatine Potentiates Neuroprotective Effects of Subthreshold Concentrations of Ketamine via Mtor/S6 Kinase Signaling Pathway collected in *Neurochemistry International*. 2018;05;006.

Note 8: Minghetti A., Faude O., *et al.* Sprint Interval Training (SIT) Substantially Reduces Depressive Symptoms in Major Depressive Disorder (MD): A Randomized Controlled Trial collected in *Psychiatry Research*. 2018;04;053.

Note 9: Reininghaus B., Riedrich K., *et al.* Changes in the Tryptophan-Kynurenine Axis in Association to Therapeutic Response in Clinically Depressed Patients Undergoing Psychiatric Rehabilitation collected in *Psychoneuroendocrinology*. 2018;04;029.

Note 10: Kallia Apazoglou., Severine Farley., *et al.* Antidepressive Effects of Targeting ELK-1 Signal Transduction collected in *Nature Medicine*. 2018;018;0011.

Note 11: Hiroshi Suzuki., Shizue Masuki., *et al.* Effects of 5-aminolevulinic Acid Supplementation on Home-Based Walking Training Achievement in Middle Aged Depressive Women: Randomized, Double Blind, Crossover Pilot Study collected in *Scientific Reports*. 2018;8;151.

Note 12: Cheuk Ngen Chin., Azhar Zain., Results of a Real-World Study on Vortioxetine in Patients with Major Depressive Disorder in South East Asia (REVIDA) collected in *Current Medical Research and Opinion*. 2018.

Note 13: Wei Cheng., Edmund T Rolls., *et al.* Functional Connectivity of The Human Amygdala in Health and in Depression collected in *Oxford University Press*. 2018.

Note 14: Katsuya Sakimura. Maekawa Tatsuya., *et al.* Depression-Related Behavioural and Neuroendocrine Changes in the Spontaneously Diabetic Torii (SDT) fatty rat, an Animal Model of Type 2 Diabetes Mellitus collected in *Biological/Pharmacological Research Laboratories*. 2018.

Note 15: Thshikazu Shinba., Nobutoshi Kariya., *et al.* Increase of Frontal Cerebral Blood Volume During Transcranial Magnetic Stimulation in Depression is Related to Treatment Effectiveness: A Pilot Study With Near-Infrared Spectroscopy collected in *Department of Psychiatry, Shizouka Saiseikai General Hospital*. 2018.

Note 16: Melinda Westlund Schereiner, MA., Bonne Klimes-Dougan, PhD., *et al.* Neural Correlates of Suicidality in Adolescents with Major Depression: Resting-State Functional Connectivity of the Precuneus and Posterior Cingulate Cortex collected in *American Association of Suicidology*. 2018.

Note 17: Samuel R. Chamberlain., Jonathan Cavanagh., *et al.* Treatment-Resistant Depression and Peripheral C-Reactive Protein collected in *The British Journal of Psychiatry*. 2018.

Note 18: MacPherson H., Elliot B., *et al.* Acupuncture for Depression: patterns of Diagnosis and Treatment Within a Randomized Control Trial collected in *Hindawi Publishing Corporation*. 2013.

Note 19: MacPherson H., Steward Richmond., *et al.* Acupuncture and Counselling for Depression in Primary Care: A Randomized Controlled Trial collected in *PLOS*. 2013.

Note 20: Qu SS, Huang Y, Zhang ZJ., *et al.* Acupuncture Boosts Drug Response for Depression. *HealthCMI*. 2014. Available from <https://www.healthcmi.com/Acupuncture-Continuing-Education-News/1398-acupuncture-boosts-drugs-for-depression>.

- Note 21: Caroline A Smith., Mike Armour., *et al.* Acupuncture for Depression: Disagree collected in Cocharane Common Mental Disorders Group. 2018.
- Note 22: Hugh MacPherson, Lucy Thorpe., *et al.* Acupuncture for Depression: First Steps Toward a Clinical Evaluation collected in The Journal of Alternative and Complementary Medicine. 2004;10;6:1083-1091.
- Note 23: Melony E sorbero., Kerry A. Reynolds., *et al.* Acupuncture for Major Depressive Disorder: A Systematic Review collected in National Defense Research Institute. 2015.
- Note 24: Xiang WQ, He YL & Zhang MY. Acupuncture Relieves Post-Stroke Anxiety and Depression collected in Chinese Mental Health Journal. 2015;17;7: 485-507
- Note 25: Trine Stub., TerjeAlraek., *et al.* Acupuncture Treatment for Depression-A Systematic Review and Meta-Analysis collected in European Journal of Integrative Medicine. 2011;09;03
- Note 26: Gary N. Asher, Gerald Gartlehner, *et al.* Comparative Benefits and Harms of Complementary and Alternative Medicine Therapies for Initial Treatment of Major Depressive Disorder: Systematic Review and Meta-Analysis collected in The Journal of Alternative and Complementary Medicine. 2017.
- Note 27: Gary N. Asher, MPH., Jonathan Gerkin, MPH., Bradley N Gaynes, MPH. Complementary Therapies for Mental Health Disorder collected in The Medical Clinic USA. 2017;04;04.
- Note 28: Anthony Cleare., CM Pariente., *et al.* Evidence-Based Guidelines for Treating Depressive Disorders with Antidepressants collected in Journal of Psychopharmacology. 2015.
- Note 29: Chan YY., Lo WY., *et al.* The Benefit of Combined Acupuncture and Antidepressant Medication for Depression: A Systematic Review and meta-Analysis collected in Journal of Affective Disorder. 2015;176;106-117.
- Note 30: Chung KF., Branda Yee-man., *et al.* Assessment of Fatigue Using Multidimensional Fatigue Inventory in Patients with Major Depressive Disorder collected in Comprehensive Psychiatry. 2014;06;006
- Note 31: Smit F. Prevention of Depression (Dissertation). Amsterdam: Faculty of Medicine, VrijeUniversiteit publishing; 2006
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