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SPECIAL ISSUE

GLOBALIZATION AND GLOCALIZATION IN THE HISTORY OF CHINESE MEDICINE

Guest Editor-in-Chief
ZHANG Yong-an
Diego Armus

Wolters Kluwer

Special Issue: Globalization and Glocalization in the History of Chinese Medicine

Guest Editors-in-Chief:

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Purpose of the Issue

Chinese Medicine and Culture publishes the special issue of "Globalization and *Glocalization* in the History of Chinese Medicine" which revolves around the central issue of localization in the global expansion of Chinese medicine, and probes into the dissemination, adjustment, adaptation, etc. of Chinese medicine within its history and development.

The articles in this special issue offer diverse perspectives encompassing historical, contemporary, anthropological, sociological, biographical, and empirical approaches. These varied interpretative viewpoints underscore the dynamic and rapidly expanding field of study related to the *glocalization* of Chinese medicine.

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General Information

AIMS AND SCOPE

Chinese Medicine and Culture is an interdisciplinary academic journal focusing on the study of Chinese medicine. It aims to promote communication and dialogue between researchers in the natural sciences and humanities of Chinese medicine. The objectives are to build an interactive platform for interdisciplinary research on Chinese medicine and to comprehensively reflect the high-level and latest research results of Chinese medicine in the fields of medical science research, cultural exchange and historical heritage conservation.

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Contents

Editorial

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OPEN

Globalization and *Glocalization* in the History of Chinese Medicine

ZHANG Yong-an[1,✉], Diego Armus[2,✉]

Abstract

The globalization of Chinese medicine, forged through successive waves of migration, cultural exchanges, and economic imperatives, constitutes a nuanced and intricate process with historical roots extending over millennia. It stands as the culmination of interconnected historical events that reverberated beyond the confines of China, emerging as a phenomenon characterized by the adjustment of Chinese medical theories, clinical practices, and materia medica to indigenous customs and healthcare traditions prevalent in both proximate and distant regions. In these *glocalized* processes, the global and the local intersect and mix. The frameworks of globalization and *glocalization* allow a critical interpretation of the many hybridizations that have shaped overseas Chinese medicine's history and present.

Keywords: Chinese medicine; Global history; *Glocalization*; COVID-19

1 Introduction

Chinese medicine, a traditional healthcare system with roots dating back thousands of years, has transcended its historical boundaries to become a global phenomenon. In these notes, we aim to delve into some aspects of the history of the globalization of Chinese medicine, exploring diverse and *glocalized* trajectories—its dissemination, adjustment, adaptation, and localization in certain nations and regions.

When a place lacks the hegemony or imperial power apparatus—institutional, cultural, military, economic, etc.—to accompany globalizing processes related to goods, knowledge, and practices, it is pretty unlikely that such processes will be perceived as impositions. While the consumption of certain popular music, chain-organized fast food, and blue jeans might be labeled as components of Americanization in many parts of the so-called Western and non-Western worlds during the second half of the 20th century, the worldwide consumption of Chinese medicines is unlikely to be perceived as part of an imposing and broader "Sinification" process of nations or regions.

China's historical trajectory reveals a nuanced and multilayered presence across diverse arenas—from cultural to military, political, economic, and technological—and in different parts of the world. This presence has manifested in various forms of influence, from tangible to intangible, acknowledged to overlooked, and consequential to inconsequential. Over centuries, China's influence has been diverse and dynamic, shaping perceptions, and interactions globally. To comprehend the transboundary transmission of Chinese medicine, it is crucial first to understand its historical roots. Traditional medicine is deeply rooted in Chinese culture, evolving over millennia into a complex and integrated system of medical theories and practices. The foundational values and philosophy of Chinese medicine can be found in classical Chinese texts such as the *Huang Di Nei Jing* (《黄帝内经》 *The Yellow Emperor's Inner Classic*) and the *Shen Nong Ben Cao Jing* (《神农百草经》 *Shen Nong's Classic of the Materia Medica*), which date back to the Han dynasty (206 BCE–220 CE). These ancient texts formed the theoretical framework for Chinese medicine, emphasizing the balance between the opposing yet mutually dependent forces of yin (阴) and yang (阳) and the concept of qi (气), the vital energy that flows through the body and connects the body to the larger universe.

Chinese medicine continued to evolve throughout the dynastic periods in China, with new concepts, therapies, and pharmacopeias being added to its repertoire. The Ming (1368–1644) and Qing (1644–1912) dynasties saw significant developments in Chinese medicine, with the development of the School of Epidemic Febrile Diseases (温病学) and compilation of major texts like the *Ben Cao Gang Mu* (《本草纲目》 *The Great Compendium of Materia Medica*) by Li Shizhen (李

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时珍). The history of Chinese medicine also witnessed the influence of neighboring cultures. For instance, the introduction of Buddhist healing practices and the cross-cultural exchanges along the Silk Road enriched Chinese medicine's knowledge base and reservoir of therapeutic techniques. Chinese medicine was thus not a static tradition but a dynamic system that absorbed elements from different cultures, adapting and evolving.

The global transmission of Chinese medicine is a multifaceted process that spans centuries. On the one hand, it can be understood as a series of interconnected historical developments that extended its influence beyond China's borders. On the other, it is a phenomenon that encompasses the adoption and adaptation of Chinese medical theories, clinical practices, and materia medica by neighboring and distant states, tailored to local customs and practices; in other words, processes of *glocalization*.

2 Cultural diplomacy, Silk Road, migration, and the sprawl of Chinese medicine

The Silk Road, the ancient network of trade routes connecting the East and West, was crucial in spreading Chinese medicine and other forms of knowledge. Travelers and traders exchanged goods, ideas, and medical knowledge along these routes. With its herbal remedies and techniques, such as acupuncture, Chinese medicine found its way into regions as diverse as Central Asia, the Middle East, and parts of Europe. Chinese medical texts, translated into languages such as Arabic, became valuable sources of knowledge for physicians in these regions. As Chinese emperors established relationships with foreign nations, Chinese medicine was frequently used as a tool for cultural diplomacy and trade. The famous Tang dynasty diplomat and scholar Xuanzang (玄奘 602–664), who traveled to India in the 7th century, was not only a translator of Buddhist texts but also carried with him knowledge of Chinese medicine. Traditional Chinese medicine's (TCM) reputation as a sophisticated medical system contributed to China's diplomatic influence.[1] And various migration waves from China have also played a decisive role over the last two centuries in expanding the presence of Chinese medicine in many areas of the world.

With the founding of the People's Republic in 1949, Chinese medicine became part of a state-sponsored and actively promoted cultural diplomacy. The subsequent diplomatic normalization between China and the United States in the 1970s opened avenues for the exchange of medical knowledge and practice, resulting in the introduction of acupuncture to the West and sparking interest in the holistic approach of Chinese medicine. The global spread of Chinese medicine has not occurred in isolation; instead, it has been characterized by a dynamic interplay of cross-cultural influences. The presence of Chinese medicine in Western societies involved the integration of acupuncture, herbal remedies, and qi-based therapies into mainstream health discourse. The establishment of Chinese medicine clinics and educational institutions in various countries—particularly in those with consolidated Chinese communities—facilitated the incorporation of Chinese medical practices into diverse cultural contexts, exemplifying the malleability of Chinese medicine. The globalization of Chinese medicine has led to a hybridization of medical practices, blending with elements of Western medicine and other healing systems. The fluidity of these *glocalized* processes reflects the evolving nature of Chinese medicine as it navigates diverse cultural landscapes, embracing new perspectives while retaining some of its fundamental principles.

Beyond cultural exchange, the globalization of Chinese medicine is intricately tied to economic forces. China's ascension as an economic powerhouse has positioned Chinese medicine as a valuable commodity in the international market. Commercializing Chinese medicine products, including herbal-based health supplements and wellness practices, has become a burgeoning industry, catering to a growing global market interested in complementary and holistic healthcare. However, the exportation of Chinese medicine products has not been without challenges. Concerns regarding herbal medicines' quality, safety, and standardization have prompted regulatory discussions and collaboration between China and other nations. Navigating these regulatory landscapes has shaped the global trajectory of Chinese medicine as practitioners and policymakers strive to integrate traditional healing practices into contemporary healthcare frameworks.[2]

As Chinese medicine continues its global reach, its role in global health initiatives becomes increasingly significant. The World Health Organization (WHO) has recognized the value of traditional medicines, including TCM, in addressing public health challenges. Collaborative efforts between China and international organizations have sought to integrate traditional medicine into broader healthcare strategies, especially in the context of preventive and holistic healthcare approaches. The coronavirus disease 2019 (COVID-19) pandemic underscored the potential contributions of Chinese medicine, such as *Qing Fei Pai Du* (清肺排毒) decoction, to global health crises. *Qing Fei Pai Du* decoction, which dates back to the Han dynasty and contains ingredients like ephedra, almond, ginger, and tangerine peel, has recently gained market approval in Canada. It has been proven effective in alleviating symptoms, accelerating virus clearance, and reducing the severity of cases and fatalities associated with COVID-19. China's deployment of traditional remedies alongside Western medicine during the early stages of the pandemic drew attention to the complementary nature of Chinese medicine in managing complex health challenges. This experience has prompted

discussions on integrating Chinese medicine into global health preparedness and response frameworks.

3 Chinese medicine *glocalizations*

Over the centuries, and in different areas of the world, China has displayed a multiform presence in many arenas, from cultural to military, political, and economic. Such presence got translated into various types of influence, tangible or intangible, recognizable or ignored, relevant or irrelevant. This dossier is meant to be a contribution to the global history of Chinese medicine. As such, it is part of a historiographical turn—one of the several that, with uneven success, permeated the ways history has been written during the second half of the last century and until the present—with plenty of dynamism cultivated by more and more scholars worldwide.[3–6]

At its core, global history aims at compiling and historicizing the kinds of processes and encounters that take place when the goods, people, capital, ideas, industries, and representations travel, thrive, or find fertile ground in contexts, institutions, or places beyond the geography where initially emerged. It grapples with elucidating the formation of cultural, social, economic, and technological arenas of interaction and networks that evolve during periods characterized by disparate economic ties. This interaction encompasses the utilization of communication technologies that facilitate bridging peoples and ideas alongside the punctuated demographic and trade movements that mark both extended and brief junctures in history.

Global history sheds light on the intricate and diverse manifestations of imperial, colonial, post-colonial, and international relationships. It serves as a lens through which we can discern the complexity inherent in various forms of connectivity within a global framework that is more or less asymmetrical. This approach emphasizes how such connectivity has not only enriched but, in some instances, even played a defining role in shaping local, social, and political formations and fostering cross-border connections that transcend conventional boundaries. This nuanced exploration of historical dynamics allows for a comprehensive understanding of how global interactions have left indelible imprints on local contexts and how they have, in turn, been reciprocally influenced by these broader global currents. Chinese medicine has survived and thrived in the time when Western healthcare practices have permeated almost every society—but as scholars worldwide continue writing about decolonizing global health, Chinese medicine shows how a traditional form of medicine can be revitalized and becomes part of the modern world.[7,8]

As a field of study, globalization emerged when its practitioners stressed the limitations of the nation and nationalism as a level of historical analysis and, instead, focused on supranational processes. However, several studies have tried to put the nation back in. Some have sought to articulate the national global histories. In addition to the vast scholarship dealing with the United States and the United Kingdom in the world, an emerging historiography has focused on global France, Italy, and China. Some of these studies have complicated the perception of a top-down, state-centric, univocal nation engaging in diplomatic and commercial relations. Instead, they stress a more heterogeneous global presence forged by diverse actors, such as traders, migrants, and professionals. Another novel perspective is the discussion of globalization processes impacting locations and frontiers differently. The emerging picture highlights the need to deal with the history of globalization as seen and experienced from the peripheries and semi-peripheries of the altering centers of power. Such approaches reveal a quite heterogeneous landscape, with areas where globalizing trends are strong and evident and those where its presence is superficial or marginal. They also unveil waves of connection, expansion, and influence originating in such diverse peripheral regions that, even being scattered and fragmented, reveal that globalization processes involve more than one flow in one direction, and these flows are not always initiated in the centers.

Different emphases, agendas, and narrative styles coexist in this dossier. This pluralism is inevitable given the diverse continental, regional, and national academic milieus where the authors work. To introduce them, we would like to focus our attention on one issue that, in an explicit or non-explicit way, permeates all the articles: the crucial issue of "*glocalization*", the reception of Chinese medicine in a given local context results from their interplays with an existing plurality of healthcare practices. As it is well known, when taking care of their health, living with illnesses, and looking for effective therapies, people follow not one but several practices and approaches, which can sometimes be diverging but are more commonly complementary. In this pluralistic scenario, many healthcare traditions have worked in close or more distant relation with universalized biomedicine since roughly the late 19th century. Such scenarios have been *glocalized* ones, constructed by multiple actors and shaped by knotty, changing circumstances.

Chinese medical practices have traveled many pathways and found a home in many localities in the Americas, Europe, Africa, and Oceania. Several influential factors—bilateral, multilateral, and global—have converged, defining their speed, relevance, and direction. Trade routes and labor migration were decisive originators of these processes for centuries. Overseas Chinese communities, even small ones, have played significant roles. Lately, China's growing connections with other regions and nations in the Global South through bilateral aid and cooperation and the acceptance of Chinese medical teams have further facilitated the spread of Chinese medical practices. There is undoubtedly a fourth factor: the global endorsement by the WHO of the use of traditional medical practices, Chinese medicine included, and

the linkage of Chinese medicine with primary healthcare agendas.

The *glocalization* of Chinese medicine—including acupuncture, herbs, *Tui Na* (推拿) massage, *Qi Gong* (气功), and *Taichi* (太极) movements, dietary therapies, and other remedies—results from dynamic processes influenced by local and international factors that produce specific outcomes, are shaped by the unique context of a particular place and time and entail adjustments and hybridization. Some of these *glocalization* processes have been silent and without significant tensions. Others were more contentious, producing overt debates and conflicts often centered on traditional medicine's dubious validity and safety. There was clear advocacy for integrating Chinese medicine into biomedical practices in some settings and times. In others, however, Chinese medicine was subject to deep scrutiny and even persecution of its practitioners.

4 Holistic health and wellness in the *glocalization* of Chinese medicine

To a considerable extent, the global narrative of Chinese medicine unfolds within the broader framework of the increasing global awareness of health and wellness, encompassing a diverse array of healthcare modalities that amalgamate various preventive and therapeutic strategies. In stark contrast to the universalized aspirations of biomedicine, Chinese medicine has consistently embraced the patient's individualized experience of illness and the societal dimensions of malaise. Consequently, Chinese medicine practitioners frequently align with local healthcare practices, offering a more culturally attuned approach. Chinese medicine practitioners across different regions have adapted and tailored their communication and treatment methodologies, carefully considering their patients' expectations and cultural norms. For instance, Chinese herbal medicine formulas in numerous nations and regions have been modified to incorporate locally available medicinal plants and substances. At the same time, local practitioners often integrate traditional Chinese herbs with indigenous counterparts, creating remedies that are not only familiar but also accessible and effective to the local population. Similarly, acupuncture and cupping, integral components of Chinese medicine, have been amalgamated with indigenous therapeutic techniques, resulting in the development of distinctive, localized treatment approaches.

In East Asia, Japan and Korea have successfully adopted ancient TCM with indigenous herbs and developed integrated forms of medicines, respectively known as *Kampo* and *Hangbang*, to cater to the specific health needs of their populations. In Southeast Asia, particularly in Indonesia, integrating Chinese medicine with traditional *Jamu* and cultural and religious elements has been a common practice. Similarly, Ayurvedic medicine has intersected with Chinese medicine in India, resulting in a rich healthcare landscape that blends and synthesizes diverse healing traditions. These remarkable achievements exemplify the region's unwavering commitment to preserving and rejuvenating ancient healing practices for the betterment of society.

Within Western contexts, Chinese medicine has become integral to the broader Complementary and Alternative Medicine movement. This movement underscores holistic, spiritually oriented, natural, and individualized healthcare. In numerous Western settings, Chinese medicine has been adopted within the broader spectrum of countercultural movements such as environmentalism, feminism, and New Age spirituality. On the other hand, the Philippines witnessed Chinese medical practices intertwined with political collective actions challenging the prevailing status quo.[9] In other words, the global dissemination of Chinese traditional medicines is not a monolithic phenomenon; rather, it represents a dynamic interplay between the principles of Chinese medicine and the diverse cultural, social, and political landscapes in which it is embraced. This adaptability and integration into local practices underscore the resilience and versatility of Chinese traditional medicines on the global stage. Processes of *glocalization* entail the translation of Chinese medical texts into local languages. This crucial avenue facilitates the adequate understanding and application of Chinese medicine principles by practitioners in various countries. These translations bridge linguistic gaps and incorporate local terminology to articulate concepts resonant with the audience's specific cultural and linguistic nuances. However, *glocalization* processes are challenging, as language barriers can significantly impede the accurate comprehension of Chinese medicine within diverse cultural contexts.

Language is pivotal in transmitting the intricacies of Chinese medicines, and overcoming linguistic barriers becomes paramount for ensuring their faithful interpretation. Language becomes particularly complex when translated terms encapsulate questions beyond linguistic considerations. Such challenges arise due to fundamental differences in how the human body is conceptualized between Chinese medicines and biomedical frameworks, necessitating translations that capture the original meaning nuancedly. Beyond the boundaries of China, the plurality observed in Chinese medicines is not confined to its country of origin but extends globally. This diversity is a product of varied processes of *glocalization*, each shaped by a multitude of factors. Among these factors, the dominant techniques employed—primarily acupuncture but also encompassing pharmacopeia, massage, or martial arts—play a significant role. The training and status of practitioners, whether physicians, midwives, physical therapists, or individuals versed in one or more Chinese medicine techniques, further contribute to this plurality.

The institutions in which these practices are disseminated also leave an indelible mark. Frequently emanating from private schools and occasionally integrated into universities, these institutions and informal training networks shape the trajectory of Chinese medicine abroad. Finally, the stages of recognition and legalization granted by national or provincial states significantly influence the landscape of Chinese medicine in foreign locales. This legal recognition impacts the legitimacy of these practices and shapes the broader acceptance and integration of Chinese medicine within diverse societies. The global panorama of Chinese medicine is characterized by its rich plurality. It is a tapestry woven through the intricate threads of various localization processes influenced by techniques, practitioner training, institutional frameworks, and legal recognition. Understanding this complex interplay sheds light on the dynamic evolution of Chinese medicine beyond its cultural and geographical origins.

5 The future of *glocalized* Chinese medicine

As happened in the past, the future trajectory of Chinese medicine is shaped by a delicate interplay of cultural, economic, and scientific forces. The ongoing dialogue between traditional wisdom and contemporary medical paradigms underscores the need for a nuanced and inclusive approach to healthcare. The integration of Chinese medicine into global health systems requires collaborative efforts in research, education, and policy development. Continued dialogue among practitioners, researchers, and policymakers can address Chinese medicine's challenges and controversies, fostering a more robust and evidence-based integration of traditional healing practices into the global healthcare landscape.

Over time and in different geographies, the *glocalization* of Chinese medicines has entailed dynamic and multifaceted processes. From its ancient roots in Chinese civilization to its current status as a globalized healthcare phenomenon, Chinese medicine has been shaped by historical, socioeconomic, and political factors. The cross-cultural influences, commercialization, controversies, and contributions to global health underscore the complexity of Chinese medicine's global journey. Its *glocalization* is not merely a contemporary phenomenon but a continuation of a millennia-old tradition that has adapted and evolved in response to changing times and contexts. By examining the historical roots and modern dynamics of Chinese medicine's global extension and localization, we gain insights into the intricate interplay between tradition and modernity in healthcare.

In the years to come, the global integration of Chinese medicine will likely continue to unfold, presenting new opportunities and complex tasks. The role of Chinese medicine in addressing global health challenges, as evidenced in the use of *Qing Fei Pai Du* decoction in the recent COVID-19 pandemic in China and Southeast Asia, its contributions to preventive medicine, and its potential synergies with Western medical practices will be central in shaping the future of healthcare on a global scale. As we navigate this evolving landscape, a thoughtful and collaborative approach that respects the richness of traditional knowledge while embracing the rigors of scientific scrutiny will be crucial in realizing the full potential of Chinese medicine in the 21st century.

This special issue contains articles addressing various themes, all of which revolve around the central issue of localization in the global expansion of Chinese medicine.

Patrick Chiu's article examines the adoption of exotic elements of materia medica from the Silk Road, including the western regions and, more recently, the rest of the world, over the past two millennia. It explores how opium traders, ship surgeons, medical and pharmaceutical missionaries, enterprising traders, and policymakers played a role in transforming Chinese medicines into *Xi Yao* (西药) during the late Manchu Qing dynasty and the early Nationalist Era.[10]

Patricia Palma presents a social history of Chinese medicine in various Latin American countries, focusing on herbalist medicine. It highlights five critical aspects, including the emergence of Chinese doctors as medical alternatives for local populations, increased demand during epidemic outbreaks, widespread support due to the high cost of medicines and a preference for natural remedies, decline due to legal prohibitions and xenophobia, and the role of newspapers in popularizing the practice.[11]

Nicolás Viotti's article delves into one of the many pathways through which Chinese medicine found its place in Argentina, particularly during the latter part of the 20th century when hybrid, alternative, and complementary techniques gained substantial popularity. It situates Chinese therapeutic practices within a broader context of non-conventional lifestyles.[12]

Yu Zhilin and Zhang Yuan introduce Zhao Rukuo's (赵汝适) *Zhu Fan Zhi* (《诸藩志》*Records of Foreign Countries*), a book from the Southern Song dynasty that systematically describes the "Maritime Silk Road." The book provides valuable insights into the exchange of medicine between China and foreign countries in that era, offering extensive information about medicines from various countries, regions, and tribes along the "Maritime Road of Aromatic Medicine." It is indeed of high reference value for understanding the exchange of medicine between China and foreign countries in the Song dynasty.[13]

Tamara Venit Shelton's article traces the trajectory of Chinese medicine in the United States from colonial times to the present day. It explores the introduction of herbal medicine, followed by acupuncture and acupressure, with a focus on Chinese migrants and second-generation practitioners who played roles as both merchants and medical doctors. The article also

examines the strategies employed to overcome language barriers and attract domestic consumers during the late 19th and early 20th centuries, ultimately establishing Chinese medicine as a presence in the American medical marketplace.[14]

Lourdes Bárbara Alpizar Caballero and Lourdes de la Caridad Borges Oquendo provide biographical sketches of several 19th-century Chinese doctors in Cuba who laid the foundation for TCM in the largest Caribbean country. Additionally, they highlight notable medical descendants from the 20th century who specialized in various medical fields, showcasing the enduring legacy of Chinese medicine in Cuba.[15]

These articles offer diverse perspectives encompassing historical, contemporary, anthropological, sociological, biographical, and empirical approaches. These varied interpretative viewpoints underscore the dynamic and rapidly expanding field of study related to the *glocalization* of Chinese medicine.

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Feature article

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From *Hai Yao*, *Yang Yao* to *Xi Yao*: Sinification of Material Medical from the West

Patrick Chiu[1,2,✉]

Abstract

In ancient China, Daoist philosophers developed the concepts of qi (energy), *Wu Xing* (five elements), and yin (feminine, dark, negative) and yang (masculine, bright, positive) opposite forces between 200 and 600 BCE. Based on these philosophies, *Zhen Jiu* (acupuncture), *Ben Cao* (materia medica), and the practice of *Qi Gong* (energy optimization movements) evolved as the three interrelated therapeutic regimens of Chinese medicine (Note 1). Since the time of Zhang Qian, who discovered China's western regions in the 1st century BCE, *Hai Yao* (the exotic elements of materia medica from the maritime Silk Road countries), had been transmitted from the ancient land and maritime routes of the Silk Road to China in the past two millennia (Note 2). Since the late 17th century, the English East India Company, later called the British East India Company, introduced *Yang Yao* (opium) to the Manchu Qing Empire to balance a growing trade deficit for tea export from China to the British Empire. After the First Opium War ended in 1842, enterprising expatriate chemists and druggists in the treaty ports imported *Xi Yao* (modern medicines from the Western world) for sale to the merchant navy and the local market. From the second half of the 19th century onwards, both *Hai Yao* and *Xi Yao* have become a fully integrated part of modern China's armamentarium for the Chinese medicine and Western hospitals and retail pharmacy sectors. This paper articulates the journey of adoption of exotic elements of materia medica from the ancient land and sea routes of the Silk Road, including the western regions and the rest of the world in the past two millennia. Opium traders, ship surgeons, medical and pharmaceutical missionaries, enterprising traders, and policymakers together transformed *Ben Cao* into *Xi Yao* during the late Manchu Qing dynasty and the early Nationalist Era.

Keywords: *Hai Yao*, Materia Medica, Opium Cures, *Xi Yao*, *Yang Yao*

1 Introduction

Ancient Greeks, Indians, and Chinese shared the same views of life, seeking a balance between the body, mind, and nature. As a result, they have the same three common elements of the origins of life in water, fire, and earth, which, understandably, all living beings, including humans, survive on. Chinese medicine men have adopted novel drugs from neighboring countries and the Western regions. Archaeologists found a silver Persian medicine box, a lacquer box containing incense (olibanum), and minerals materia medica in the burial site of King Zhao Mo (赵昧, 176–125 BCE) in 1983 (Note 3). Arab and Indian traders along the maritime routes of the ancient Silk Road transmitted these valuable pharmacy antiques, and *Hai Yao* (海药 the exotic elements of materia medica from the maritime Silk Road countries) from the distant West and South Asia to China (Note 4).[1]

The first known official pharmacopoeia, *Xin Xiu Ben Cao* (《新修本草》 *Tang Materia Medica* or *Newly Revised Materia Medica*), published in 659 in the early Tang dynasty (618–907), documented 850 drug monographs including 114 new drugs of which several were *Hai Yao*. The latter's widespread use arose as a direct result of Wang Anshi (王安石, 1021–1086) who initiated the New Policies covering economic and social welfare reforms during his tenure as the grand chancellor (or modern-day prime minister) from 1070 to 1076 in the Song dynasty (960–1279). Seventy *Tai Ping Hui Min Ju* (太平惠民局 State Municipal Dispensary Stores) were established nationwide to provide out-patient clinical service and dispensing of prepared materia medica including *Hai Yao* at affordable prices to the public. Volume two of *Zhu Fan Zhi* (《诸蕃志》 *Records of Foreign Countries*) documented *Hai Yao* with medicine monographs by Zhao Rukuo (赵汝适, 1170–1231), the Administrator of Quanzhou Customs in the late Song dynasty, in 1225.

The import of *Yang Yao* (洋药 opium), the highly addictive narcotic drug, by opium traders from the late 17th to early 20th centuries, speeded up opium addiction until its replacement by "opium cures." The latter were imported initially by Western chemists in the treaty ports

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to substitute opium smoking after the Second Opium War in 1860. The launch of *Shen Bao* (《申报》) in Shanghai in 1872 and other daily newspapers, as an effective media in the advertising and promotion of imported proprietary medicines including "opium cures" turned a new chapter in the adoption and rise of collectively termed *Xi Yao* (西药 Western medicine). The highly lucrative "opium cures" market led to the emergence of modern Chinese pharmaceutical industry with Shanghainese entrepreneurs entering the retail and manufacturing sectors. In the late 1910s, a new national identity was taking shape in the young Republic, and some Western-trained academics and politicians called for "total westernization." The "Abolishment of Chinese Medicine" motion, presented at the National Health Conference in 1929 and chaired by the First Minister of Health, Liu Ruiheng (刘瑞恒, J. Heng Liu, 1891–1961), along with the 1930 publication of the Chinese Pharmacopoeia, which contained only 60 or 8.5% of *Ben Cao* (本草 materia medica) among its 708 drug monographs, marked a watershed moment in the adoption of *Xi Yao*.

2 Ayurvedic pharmacy

San Le Bao (三勒宝 Triphala) remains a popular health supplement in drug stores today. At the turn of the 6th century, Daoist alchemist cum apothecary Master Tao Hongjing (陶弘景, 456–536) published the *Ben Cao Jing Ji Zhu* (《本草经集注》 *Collected Commentaries on Shen Nong's Classic of the Materia Medica*), listing *San Le Bao* as a *Hai Yao*. *San Le Bao* containing black myrobalan, beleric myrobalan, and Indian gooseberry as a kind of wine became a tributary item to treat diarrhea and relief cough of the ruling class in the Chen dynasty (陈朝, 577–589) period.[2] During the same time, fennel formulations also found their way into the upper echelon of Chinese society.

One and a half-century later, Sun Simiao (孙思邈, 581–682), *Master of Medicines,* authored a 30-volume medical encyclopedia, *Qian Jin Yao Fang* (《千金药方》 *Important Formulas Worth a Thousand Gold Pieces*) in 652. Sun Simiao was a Daoist priest of his time, specializing in minerals as an anti-aging therapeutic. *Qian Jin Yao Fang* included fennel, an aromatic herb relieving flatulence. However, Sun Simiao's most remarkable Ayurvedic formulation was a theriac, the *Qi Po Zhi Bing Wan* (耆婆治病丸 Jiva Pill) for treating epilepsy, jaundice, cough, deafness, malaria and so on. (Note 5). A few years later, in 657, Tang Emperor Gaozhong (唐高宗, 628–683) authorized and funded a court official, Su Jing (苏敬, 599–674) to correct the inaccuracies reported in the *Sheng Nong Ben Cao Jing* (《神农本草经》 *Shen Nong's Classic of the Materia Medica*) in his second year of reign. Su Jing's supervision of China's first official Pharmacopoeia: *Xin Xiu Ben Cao* contained 114 new drugs with many kinds of *Hai Yao* (Note 6). Chen Zangqi (陈藏器, 687–757), another apothecary court official, recorded opium poppy among others in the *Ben Cao Shi Yi* (《本草拾遗》 *Supplement to 'The Grand Compendium of Materia Medica*) released in 739 as a supplement to the *Xin Xiu Ben Cao* edited by Su Jing (Fig. 1). With vibrant foreign trade, the Maritime Administration built a designated area for commerce and residence for the Arabs, Indians, and Javanese merchants in 741. A maritime trade official was appointed to manage the affairs of the foreign community in Guangzhou. This perhaps was a visionary move by the Tang imperial court as the 8-year *An Lushan Rebellion* (安禄山之乱, 755–763), and the subsequent dominance of Tibetan and Uigur kingdoms in Central Asia halted the flow of bustling trade in the land route of the Silk Road to the Central Plains (中原) (Note 7).

3 Maritime Silk Road and *Hai Yao* in Tang and Song dynasties (618–1279 CE)

The first record of *Hai Yao* was the *Hu Ben Cao* (《胡本草》 *Overseas Medicines Record*) compiled by Zheng Qian (郑虔, 691–759) in the mid-eighth century Tang dynasty. Li Xun (李珣, 855–930), a third-generation Persian trader cum apothecary, compiled *Hai Yao Ben Cao* (《海药本草》 *Materia Medica from the Seaboard Area*) during his tour of the Lingnan region the early 10th century (Notes 8 and 9). In the next three centuries after the collapse of the Tang dynasty in 907, the closure of land routes of the Silk Road led to the maritime routes becoming the only viable conduit connecting China and the rest of the world. Before the Song dynasty, *Hai Yao* was imported mainly as tributary presents from

Figure 1 Opium poppy (Papaver somniferum), original colored zincograph. c. 1853 (source from: Burnett MA. Wellcome Foundation; 1851).

faraway kingdoms and states in the Arabian Peninsula, the Indian subcontinent, Southeast Asia and Central and West Asia. With the maturity of paper-making technology, the Song dynasty court took over *Jian Zi Wu* (交子戶 the paper money printing press), founded by merchants in Chengdu in 1023. With a newly established source of public finance, the Song emperors decided to improve the health of its nationals by initially funding and publishing *Tai Ping Hui Min He Ji Ju Fang* (《太平惠民和剂局方》 *Beneficial Formulas from the Taiping Imperial Pharmacy*) in 1078.

The publication, comprising 788 formulations for use in general medicine, pediatrics and gynecology developed by the Imperial Pharmacy, was to standardize the formulations for domestically cultivated *Ben Cao* and imported *Hai Yao* for subsidized distribution in state-owned dispensaries. Policy changes in social medicine by appointing physicians to prescribe materia medica containing *Ben Cao* and *Hai Yao* extended to the public was the world's first national health service. It was ahead of its time and benefited more patients than the few royalties and the wealthy class.

The status of Chinese medicine practitioners was elevated as a respectable profession with royal blessing in the 11th century Song dynasty. This change also created an additional venue for those educated for future career development other than sitting the annual *Ke Ju* (科举 state examination) with only a few accepted as court officials. *Ke Ju* was a system of choosing imperial court officials by merit through written examinations rather than by inheritance. It commenced in 605 during the Sui dynasty (581–618) and underwent substantial changes with a formal, three-tier (prefecture, province and national) examination in the Song dynasty (960–1279) until it was abolished in the final years of the Qing dynasty (1644–1911) in 1905.

Zhao Rukuo became the Maritime Trade Official to inspect import commodities from overseas, including *Hai Yao*, in Quanzhou (泉州 Zayton) in 1224. The following year, Zhao Rukuo complied a two-volume compendium, *Zhu Fan Zhi*. Volume one of *Zhu Fan Zhi* contained monographs describing 158 countries, states, and customs of its peoples, and volume two documented 43 medicine monographs of commonly traded *Hai Yao* (Notes 10 and 11). Many of these herbal remedies, particularly aromatic resins such as frankincense, myrrh and benzoin from Arabia, have been incorporated for routine use in Chinese medicine since the Tang dynasty. *Zhu Fan Zhi* was, however, the first official record of monographs of *Hai Yao* of the time.

4 The Islamic formulary and Zheng He's naval expeditions (1405–1433)

In-land trade within the Mongolian Empire, of which the Yuan dynasty (1271–1368) was a part, was vibrant. Kublai Khan (忽必烈, r. 1264–1293), the first emperor of Mongolian Yuan dynasty, decided to compile a unified *Da Yuan Ben Cao* (《大元本草》 *Yuan Compendium of Materia Medica*) as a first step toward the unified medical system using both Chinese materia medica and *Hai Yao*.

Kubli Khan appointed Xu Guozhen (许国祯, 1209–1283) as a minister in charge of medical affairs and the compilation of the official Pharmacopoeia, the *Da Yuan Ben Cao*. A team of 20 medical and pharmacy scholars under the leadership of Minister Xu completed the work in 1288, the 25th year of Kublai Khan's reign. Still, unfortunately, *Da Yuan Ben Cao* was never released. However, Chinese Muslim medical scholars translated and edited Ibn Sina's (Avicenna, 980–1037) *Canon of Medicine* of 1025 toward the end of the Mongolian Yuan dynasty in the 1360s. This unofficial publication, *Hui Hui Yao Fang* (《回回药方》 *Medicinal Formulas of the Hui People*) contains 650 *Hai Yao* formulations of popular Arabic and Persian medicines used in the Islamic world (Note 12). The impact of the *Hui Hui Yao Fang* was short-lived as this was an unofficial publication and carried little if any weight on physicians and pharmacists in the imperial courts of the succeeding Ming and Qing dynasties (1368–1644, 1644–1911). They continued to use *Ben Cao* as the mainstream materia medica with few *Hai Yao* from the *Hui Hui Yao Fang* incorporated for use in Chinese medicine.

The gradual decline of the land and maritime routes of the Silk Road was, to a great extent, due to the isolation policy in place by the Ming emperors. In the fourth year of his reign, Emperor Yongle (永乐帝, r. 1402–1424) issued a decree with Admiral Zheng He (郑和, Muslim name *Haji Mahmud*, 1371–1433) to lead a fleet of 240 ocean-going ships to conduct seven naval expeditions from 1405 to 1433 (Note 13). Admiral Zheng's navy expeditions brought back the folk medicines of Arabic, Indian, Malay/Indonesian, and Persian origins (Note 14). Nevertheless, the maritime routes were revived temporarily by Admiral Zeng as he died on his way back from the seventh expedition in Calicut, India, in 1433. However, the Ottoman Empire (1299–1922) rulers again blocked land trade to India across the Mediterranean when they seized the City of Constantinople in 1453; for more than a century. Prince Zhu Zi (朱梓, 1370–1425), a renowned apothecary cum botanist and a sibling of Emperor Yongle of the Ming dynasty (1368–1644), complied the *Pu Ji Fang* (《普济方》 *Formulary of General Medicine*) in 1406 before Admiral Zheng's return from his first overseas expedition in October 1407. The *Formulary* listed an exotic element of materia medica, Chaulmoogra oil, from South Asia for treating leprosy.

5 Portuguese traders, Jesuits, Manchu Qing imperial pharmacy and *Yang Yao*

The most important Chinese drug compendium, though not as the official Ming pharmacopoeia, was Li Shizhen's

(李时珍) *Ben Cao Gang Mu* (《本草纲目》 *The Great Compendium of Materia Medica*). The latter contained 1892 drug monographs and was completed in 1578 and published in 1596 (23rd year of the reign of Emperor Wanli (万历帝, r. 1572–1620). In Li Shizhen's *Ben Cao Gang Mu,* he often referred to Zheng Qian's *Hu Ben Cao* of the mid-8th century in the description of *Hai Yao*.

Portuguese explorer Vasco de Gama, the first European to discover the maritime route to reach India via the Atlantic Ocean, arrived at Calicut on the Malabar Coast in 1499. De Gama's trip to India was continued eastward by his compatriot, Tome Pires (1465–1540), a respectable apothecary cum merchant who led Portugal's first emissary to China in 1517. Forty years later, the Portuguese leased Macau located on the South China coast and 60 km west of Hong Kong, as a trading post from the Ming government in 1557. Twelve years later, Bishop Belchior Carneiro, the Santa Casa da Misericórdia charity institution, set up Asia's first western hospital—St. Raphael Hospital called by the local population called as the *Yi Ren Miao* (医人庙 Temple of Cures) in 1569.

Although the Portuguese traders introduced tobacco smoking to China from South America in the mid-late 16th century, it was reportedly the Dutch traders who introduced opium mixed with tobacco from Java, *via* Taiwan, to the Chinese mainland a century later. The upper class of the Manchu Qing court found a new way of smoking opium for enjoyment instead of mixing it with tobacco leaves. They picked up the habit of smoking prepared opium, exudates of the opium poppy capsule, in the mid-17th century. Only a small quantity of opium was imported then which had gained the new name of *Yang Yao* (or overseas medicine) and became a luxury "leisure drug" to the royalties. Toward the end of the 16th century, St. Paul's College (College of Madre de Deus) was established in 1594, with a clinic soon opened. Decades later, Italian Jesuit Matteo Ricci (利玛窦, 1552–1610) of the Roman Catholic Church led a religious mission and arrived at Beijing in 1601.

The first Roman Catholic Church, *Xuan Wu Men Chapel* (宣武门教堂 Cathedral of the Immaculate Conception Hsuanwumen), commonly known as the *Nan Tang* (南堂 South Chapel), was built by Mateo Ricci upon approval by Emperor Wanli (万历帝, r. 1572–1620) in his 33rd year of reign in 1605. Mateo Ricci and his successors followed the *Resolutions and Ceremony* (礼仪之争 *Résolutions* and *Cérémonial*) policy. They gained acceptance by the upper echelon of the imperial court of the late Ming (1601–1644) and later the Manchu Qing dynasty (1644–1911). Pope Alexander VII (r. 1655–1667) issued an edict officially allowing the practice of Confucian rites and Chinese practice in converting non-believers in China on March 23, 1656.

The Governor General of Batavia of the Dutch Indies, appointed by the Dutch East India Company (EIC), immediately dispatched an emissary on behalf of the Kingdom of Netherlands to the Manchu Qing court in July 1656 (Note 15). Cloves, cinnamon, and sandalwood were presented as tributary gifts to Emperor Shunzhi (顺治帝, 1638–1661), and rose water to the Empress. The regularly stocked items included oils of cardamom, balsam, ambergris, musk, cinnamon, clove, citron, tangerine, and rose in the three locations of the imperial pharmacy stores. Aromatic oils of these herbs and spices have been used as *Hai Yao* to treat minor ailments, holy smoke to dissipate evil spirits, and scent sachets for gentries and nobilities since the Han dynasty.

In July 1685, King Louis XIV of France decided to send a team of six French Jesuits with scientific knowledge a priest, Jean de Fontaney, as the head of the mission, arrived in Beijing in February 1688. Father De Fontaney, a Jesuit cum scholar in mathematics and astronomy, had brought *Quinquina* (Anglicized term as "Cinchina"), a Peruvian bark named after Countess Cinchona, from the Church's medical stock in Podicherry to cure Emperor Kangxi (康熙帝, r. 1611–1722) intermittent fever in July 1693.[3] (Fig. 2) Improving the relationship between the Roman Catholic Church and the Manchu Qing court led Emperor Kangxi to issue an edict allowing Christianity practice in 1692. His Majesty's interest in medicine had motivated foreign missionaries and diplomatic missions to collect and present proven remedies from reliable sources for stock-up by the Manchu Qing imperial pharmacy. The Manchu Qing imperial pharmacy was initially established in 1663, the 10th year of the reign of Emperor Shunzhi (顺治帝, r. 1643–1661), as part of the imperial hospital founded in 1653.

The imperial pharmacy's role was to prepare finished dosage forms of *Ben Cao* in pills, powders, and liquid concentrates for oral use and ointments and pastes for external use in bulk as inventory. In addition, individualized formulations were made by extemporaneous dispensing for the Emperor and the Empress as and when ordered by the imperial physicians (Note 16). The Imperial Pharmacy was closed for 8 years in 1662 and

Figure 2 Cinchona bark, Europe, 1601–1700 (source from: Zell H. Wikipedia).

reopened in 1667 in Emperor Kangxi's 6th year of reign. In 1684, the management of the Imperial Pharmacy was transferred from the Imperial Hospital to the Ministry of Interior. Successors of Emperor Kangxi; Emperors Yongzheng (雍正, r.1722–1735) and Qianlong (乾隆, r. 1735–1796) were also keen to enrich the Imperial Pharmacy with an abundant inventory of *Ben Cao* and *Xi Yao* for routine and military use during their reigns.[4]

Active trade between China's merchants and Britain's East India Company began in Guangzhou in the late 17th century. China exported cinnamon, porcelain, silk, and tea to the U.K.. Americans exported agricultural products and found their native Ginseng, or *American Ginseng* (花旗参 Panax quinquefolius), was the only commodity with health value preferred by the Chinese (Note 17). The first shipment of 30 tons of the *American Ginseng* roots carried on board the *Empress of China* set sail from New York Harbor on February 22, 1784, and sold almost instantly when it reached the port city of Guangzhou (广州 Canton) in the third quarter of 1784.

In 1715, the 61st year of the reign of Kangxi, *Wu Ying Dian* (武英殿 the Hall of Martial Valour), previously used as a book mending and printing workshop of the Imperial Palace, was converted into a dispensing room of the Imperial Pharmacy. *Wu Ying Dian* was redesigned for preparing herbal distillates and aromatic oils from *Hai Yao* presented by overseas delegations or Manchu Qing officials.

Balsamic oil, one of many aromatic oils, was well known for its antiseptic properties for wounds. It was used in military pharmacy in the pacification war against Khoshud's rebellion (1860–1874) in Qinghai, Northwest China, in 1723. An inventory count conducted in *Wu Ying Dian*, the main site of storage of *Xi Yao*, in August 1814 recorded 122 *Ben Cao* were stocked at the Imperial Pharmacy. The other three locations were *Qian Qing Gong* (乾清宫 the Palace of Heavenly Purity), *Yang Xin Dian* (养心殿 the Hall of Mental Cultivation Workshop), and *Yuan Ming Yuan* (圆明园 The Summer Palace) (Note 18). Most of the *Ben Cao* were for oral consumption, and a small number of the *Xi Yao* mostly as aromatic oils or preparations were for external use.

Other satellite pharmacies were located in the premises close to the imperial residences of the Empress, the emperor's mother, and the next-in-line to the imperial throne. Moreover, they reinforced the ruling class's views that aromatic oils such as balsam oil were a unique class of *Hai Yao* and were held in high regard for hunting and war injuries. Charles-Thomas Maillard de Tournon (铎罗, 1668–1710) the papal legate and cardinal to the East Indies and China, was sent by Pope Clement XI (r. 1700–1721) to meet Emperor Kangxi in 1705. De Tournon informed Emperor Kangxi that Confucian rites and rituals in paying respect to the deceased ancestors were against the Roman Catholic Church's opinions of idol worship. In total dismay, Emperor Kangxi swiftly reversed his 1692 edit. However, his successors continued to forbid the propagation of Catholicism which lasted 150 years until China signed the *Nan Jing Tiao Yue* (《南京条约》*Treaty of Nanking*) in 1842.

Christianity was viewed with suspicion by the emperors, and missionaries were not allowed to propagate evangelism, Reverend Robert Morrison (马礼逊, 1782–1834), a British Presbyterian funded by the London Missionary Society (伦敦会 LMS), entered Guangzhou and worked as a translator with the British Factory owned by the EIC in 1809 (Note 19). While there, Robert Morrison used his spare time to propagate evangelism by unofficially translating and distributing the Bible in the Chinese language. Although Morrison was not a qualified physician or surgeon, his knowledge of basic medicine helped him to set up a public dispensary in Macau with the help of a fellow EIC colleague, John Livingstone, who was the assistantship surgeon, of the British Factory in 1820.[5] Morrison departed China in 1822 with stopovers in Malacca and Singapore and propagated evangelism to the Chinese diaspora before his eventual arrival in the U.K. in 1824. John Livingstone left the British Factory 4 years later in 1826, and his public dispensary work also ceased in Macau.

6 Ship surgeons and free dispensaries

Thomas Colledge (郭雷枢, 1797–1879) succeeded John Livingstone as the resident surgeon of EIC in Macau in 1826 (Note 20). He attended clinics at the British Factory in Canton 6 months a year during the trading season from June to December. Impelled by Christian compassion and paid out of his own expenditure, Thomas Colledge commenced serving poor patients in Macau in the winter of 1827. His friends contributed financially to help Thomas Colledge set up the infirmary specializing in eye diseases, which became Thomas Colledge's Ophthalmic Hospital.[6] James Ravin, an author cum ophthalmologist, thought the rationale of eye surgery as the primary service in the late 1820s was:

> "Western medicine may not have led Chinese in terms of pharmacological agents, but it was far ahead in surgical skill and in understanding of anatomy. Very few procedures were done, the notable exceptions being castration to create eunuchs for the Imperial court, draining pus and closed reduction of fractures. Medical missionaries from aboard found the field wide open for their work and became influential. Cataract surgery was one of the most common surgical procedures by the missionary physicians."[7]

When the British government terminated EIC's trade monopoly with China at the end of 1833, the ship surgeon positions were promptly made redundant. Thomas Colledge then joined as the Senior Surgeon of Medical Service to Lord Napier, the newly appointed Chief Superintendent of British Trade in China in 1834. Thomas Colledge convinced the Protestant Missionaries of the need for a hospital in Guangzhou to serve the local poor. He was instrumental in the setup of the

Canton Hospital by convincing his mentee, Peter Parker (1804–1888), to take charge of the project in 1834 (Note 21). Thomas Colledge subsequently became the superintendent of the first Seamen Hospital in Macau in 1837. With seed donations from Wu Bingjian (伍秉鉴, Howqua II, 1769–1843), owner of E-Wo Hong (怡和行) and partner of Jardine and Matherson (Fig. 3), financial contributions from other British and U.S. merchant houses, and support from The American Board of Commissioners for Foreign Missions, Parker opened the *Guangdong Hospital* (广东医院 Canton Hospital), in November 1835. The small local expatriate community in Guangzhou supported charity and missionary work.

In October 1836, Thomas Colledge, Peter Parker (派克, 1804–1888) and Rev. Elijah Coleman Bridgman (裨治文, 1801–1861), an American Protestant missionary who arrived in Guangzhou in February 1830, suggested the formation of "The Medical Missionary Society in China" (MMS) (Note 22). Frances Mary, Colledge's daughter, recalled in his obituary:

> "Not finding his Civil Surgeon's duties sufficient to occupy him, he started, with the help of friends, an Ophthalmic Hospital for the Chinese. When my father left Macau (in 1838). He went down to Edinburgh, took his M.D. at King's College, Aberdeen, 1838, became FRCP Edinburgh, 1840, and was made Fellow of The Royal Society, Edin. 1844."[8]

Robert Morrison, Thomas Colledge, Peter Parker, and other Western surgeons, mostly medical missionaries and naval or ship surgeons, from the U.K. and the U.S. provided surgical treatment to the much-neglected eye diseases suffered by the poor in the 1830s. Together, they portrayed a positive image in missionary medicine in an otherwise highly controversial opium trading. Moreover, the free clinics' set up by these Western medical pioneers filled the void of Chinese medicine that could not provide ophthalmic surgery. After China lost the First Opium War from 1839 to 1841, the *Nan Jing Tiao Yue* was signed in 1842, and included the forced cessation of Hong Kong Island and the opening of five treaty ports, namely Fuzhou (福州 Fuchow), Guangzhou (广州 Canton), Ningbo (宁波 Ningpo), Shanghai (上海), and Xiamen (厦门 Amoy) to the U.K. The U.S. and France were also gaining concessions from the Manchu Qing courts in the liberalization of trade with the "most favored nation" status and the practice of religion and medicine. Peter Parker exerted his influence as an official interpreter of the United States delegation in the trade negotiations with the Manchu Qing government in 1844 by including terms favorable to missionaries in propagating evangelism. For example, article 17 of the *Wang Xia Tiao Yue* (《望厦条约》 Treaty of Wanghia or Treaty of Peace, Amity, and Commerce, between the United States of America and the Chinese Empire) stated:

> "Citizens of the United States residing or sojourning at any of the ports open to foreign commerce shall enjoy all proper accommodation in obtaining houses and places of business, or in hiring sites from the inhabitants on which to construct houses and places of business, and also hospitals, churches, and cemeteries."[9]

Figure 3 Wu Bingjian, the richest man and opium trader in China in the 1830s. Oil painting (source from: George Chinnery [1774–1852], Wikipedia).

Besides Robert Morrison, LMS was actively dispatching faithful medical missionaries to China before and after the First Opium War. Some of these pioneers included William Lockhart (洛克), Benjamin Hobson (合信), John Dungeon (德贞) in Beijing, Thomas Cochrane (科宁), and others. Together, they made a long-lasting impact in transforming Chinese healing art with medical education in anatomy, medical science, and physiology as the basis of biomedicine.

After China lost the Second Opium War from 1856 to 1860, the *Tian Jing Tiao Yue* (《天津条约》Treaty of Tiensin) was signed in 1858, unrestricted import of *Yang Yao* (opium), a habit-forming narcotic drug was allowed, which opened a flood gate to the spread of opium addition. Many new drugs and narcotics, including Aspirin and Heroin, launched in the market at the turn of the 20th century, led the LMS and other North American Christian societies to strengthen the pharmacology knowledge of medical and nursing students. As a result, they dispatched pharmaceutical missionaries in the early 20th century. Bernard Emms Read (伊博恩, 1887–1949) was the first British Christian pharmacist who served as a lecturer at the Union Medical College in Beijing from 1909 to 1932, Alfred John Skinn (斯金纳) from 1916 to 1917, Arthur John Britland (布里特

Figure 4 MaTavish & Lehmann Chemists, Shanghai, 1908 (source from: Courtesy Shanghai Museum of Medicine).

Figure 5 Lao Teh Kee Dispensary, Shanghai, 1910s (source from: Courtesy Shanghai Museum of Medicine).

兰) from 1917 to 1919, John Cameron (康约翰) from 1920 to 1940. One Canadian pharmacist, Edwin N. Meuser (米玉士, 1880-1970), went to Chengdu (成都 Chengtu) from Toronto, Canada, in 1909 and founded the Department of Pharmacy of West China Union University in 1918.

7 Western chemists and druggists and *Xi Yao*

The charity dispensaries in Macau and Canton set up by ship surgeons evolved into commercial marine suppliers in Hong Kong in the 1840s, Shanghai and other treaty ports in the 1850s. Their product range also changed from on-site dispensing to the supply of imported alcoholic drinks and beverages, narcotic drugs, and proprietary medicines in the 1850s to 1860s. The opium substitutes or "opium cures" were initially imported from the U.K. by the British Dispensary (大英药房, operated by McTavish & Lehmann), Laou Teh Kee (老德记 Shanghai Medical Hall), Hong Kong Dispensary (香港大药房, operated by A S Watson) etc. (Note 23) (Figs. 4 and 5). Initially, "opium cures" of laudanum (10% opium equivalent to 1% morphine) and subsequently potent habit-forming narcotic drugs of cocaine, heroin, and other powders and liquid opium substitutes were marketed through newspaper advertisements.

The same retail and manufacturing chemists in Hong Kong and Shanghai also produced and marketed their brands of proprietary medicines, such as Watson's Antihelmintics from the 1870s. The rapid growth of the Chinese ethical pharmaceutical industry began with the use of hypodermic syringes in administering morphine subcutaneously to achieve euphoric effects for chronic opium users in the 1890s. The sterile injectable market grew further with the launch of Salvarsan (an arsenic compound named 606) by Hoechst AG (now Sanofi) in treating syphilis by intravenous injection in the 1910s gave rise to China's first sterile pharmaceutical manufacturers of *Haipu* and *Sine* in Shanghai in the 1920s.

In the 1930s, some of the original players, for example, Koeffer Dispensary and new players such as *Xin Yi* (信谊药厂 Sine Pharmaceutical) and *Xin Ya* (新亚药厂 New Asiatic Chemical Manufacturer), had moved into ethical pharmaceuticals giving rise to the modern pharmaceutical industry. In addition, Chinese chemists and pharmaceutical scientists gained experience and knowledge to extract high-quality Chaulmoogra oil and ephedrine for domestic and export use in treating leprosy and pediatric asthma. Even during the occupation years of Shanghai by the Japanese army from 1942 to 1945, local scientists were able to produce low-potency porcine insulin due to the interruption of insulin from the U.S. By then, Chinese pharmaceutical manufacturers were able to supply most of the generic equivalents of *Xi Yao*.

8 Conclusion

After Zhang Qian (张骞, 163–113 BCE) opened the land routes of the Silk Road in the 1st century BCE, traffic of Buddhist monks and merchant caravans reached its peak between the 5th and the 8th centuries (Note 24). With

the increasing transmission of Ayurvedic medical concepts and herbal remedies from the Indian subcontinent to China, *Hai Yao* draws Daoist apothecaries' attention to imported drugs other than *Ben Cao* and mineral drugs. The adoption of Triphala as a *Ben Cao* was first reported by Tao Hongjing in his *Ben Cao Jing Ji Zhu* in 499. Other *Hai Yao,* including fennel and the Jiva Pill, were documented by Sun Ximiao in his *Qian Jin Yi Fang* in 652. The decree issued by Emperor Xuanzong (唐玄宗, r. 712–756) to set up the Customs Administration in Guangzhou in 714 was indeed a visionary move. An increase in maritime trade with regular shipments of aromatic oils, frankincense, and other medicinal herbs from Arabia, the Indian Subcontinent, and Southeast Asia to China resulted. It also bypassed the blockage of the land routes of the Silk Road when occupied by Tibetan and Uyghur military forces from the 9th century onward. Evidence of maritime Arab-China trade became vibrant could be shown with the items of a shipwreck on the Belitung Island off the Java Sea in the 9th century (Note 25).

From the 9th to the 13th centuries, records of *Hai Yao* were first systematically documented in the *Hu Ben Cao* by Zheng Qian, then in *Zhu Fan Zhi* by Zhao Rukuo, and finally in the official National Formulary, *Tai Ping Hui Ji Fang* in 1078. Advances in the printing press, shipbuilding, and the use of the compass in navigation in the Song dynasty further boosted the transmission of religion, science, and medicine between China, India, Southeast Asia, and Arabia through the dissemination, transportation, and distribution of *Hai Yao*. Quanzhou, located in the southern coastal Fujian province, succeeded Guangzhou as the main port of entry for ships from the 10th to the 14th century. Adventurous traders traveled the alternate maritime routes, bypassing the Tibetan land blockade, bringing their aromatic herbs, spices and rarities of pearls, elephants, rhinos, and tortoiseshells from Arabia, India, Persia, and Southeast Asia to Quanzhou toward the end of the Song dynasty.

The Chinese exchanged such precious imports with silk, tea, and porcelain exports along the maritime route until the Ottoman Empire (1299–1922) hindered trade between West Asia and China by increasing trade tariffs for ships leaving the Gulf of Aden and the Persian Gulf between the mid-14th to 17the century. After Li Shizhen's release of the *Ben Cao Gang Mu* in 1596, Zhao Xueming (赵学敏, 1719–1805) published the *Ben Cao Gang Mu Shi Yi* (《本草纲目拾遗》 *Supplement to the Compendium of Materia Medica*) with an additional 16 *Hai Yao* including cinchona bark, vanilla, Myshore thorn, etc. in 1765.

The first Chinese-owned western chemist and druggist, Taian Dispensary, was founded by six physicians of the *Bo Ji Yi Yuan* (博济医院, previously called *Canton Hospital*) with Luo Kaitai (罗开泰), as the manager in 1882. Disciples of John Kerr (嘉约翰, 1824–1901), the hospital director of *Bo Ji Yi Yuan*, was prescribing morphine injections as "opium cures" for habitual smokers in 1892. A S Watson had the largest portfolio of locally produced "opium cures" registered with trademarks with the British-occupied Hong Kong government. A study of A S Watson's business history revealed that its "golden" opportunity arrived with the sales of morphine injections as "opium cures" in early 1893. A S Watson's association with "opium cures" made it the largest retail chain with over a hundred outlets and the most advanced pharmaceutical and soda water manufacturer in the Chinese mainland by 1910. The acquisition of Shanghai's other leading expatriate chemist brand, the British Dispensary, which had two retail outlets in the Hongkou district and the Bund in 1909, made A S Watson the only retail and wholesale chemist with the most extensive geographical coverage in China.

Alexander Peterson, a ship surgeon of the British East India Company (EIC), began mass vaccination of smallpox in Guangzhou in 1805, leading to other ship surgeons providing free medicine in China in the 19th century. Some ship surgeons such as William Jardine (1784–1843) became the largest opium traders in the 1830s who was the driver behind China's First Opium War between China and Britain from 1839 to 1842. This subsequently led to the conclusion of the *Treaty* of Nanking, with Hong Kong ceded to the U.K. by force. As a result, western chemists and *Xi Yao* began to flourish, with Shanghai increasingly becoming the entrepot among the treaty ports since the 1850s.

Fifty years later, the Union Medical College and Hospital (UMC) became the flagship of modern medicine when Dr Thomas Cochrane received the seeding fund from Empress Cixi (慈禧太后 Empress Dowager) in 1903 to open a new medical facility in 1906. UMC also became the cradle of modern pharmacy when Bernard Read, the first Western pharmaceutical missionary in Beijing, became a member of its faculty of medicine and head of the pharmacy department in 1909. The *Xi Yao* of significance, such as 606 (Salvarsan or Arsphenamine), was introduced to UMC in Beijing as syphilis was the number one infectious disease in Beijing in the 1910s. UMC was also the first insulin user in China in the summer of 1923, soon after its commercial launch in the U.S. early in the year.[10] Around the same time, the late Manchu Qing court set up two western military medical schools, each with a pharmacy department in 1907 and 1908 in Guangzhou and Tianjin headed by Japanese pharmacy lecturers, respectively. The May 4 movement and the subsequent formation of the Ministry of Health (MOH) under the Republican government in 1928 led to the publication of China's first modern Pharmacopoeia in 1930. The Chinese Pharmacopeia (C.P.) was released in the Republican Era in 1931. Unfortunately, only about 10% of the 700 monographs of the C.P. are composed of *Ben Cao,* with the remaining entirely focusing on *Xi*

Yao. This was a watershed with the majority of drug monographs in *Xi Yao* and a few in *Ben Cao*.

The establishment of state-owned hospitals, and pharmacy schools and the continuing development of the retail and drug manufacturing industries from 1900 to 1949 set the stage for western pharmacy to take root in China. Initially, western chemists entered the proprietary drug business with powdered opium in 1870s and "opium cures" containing 1% morphine as injectables in the early 1890s. Dr. Joseph Needham, a renowned biochemist cum sinologist, articulated the contrast between Chinese medicine and modern Western medicine in his monumental work on the *Science and Technology of Civilization in China* as:

> "Modern-Western medicine is generally recognized to be particularly good for acute diseases, as in the case of antibiotics. One regrettable effect of modern-western medicine is that the active principles in certain drugs, as identified by modern pharmacology are administered as simple agents, producing side-effects on the patient. These are sometimes very serious. A feature in which TCM is extremely good is its organic approach to illness. Another excellent feature of TCM is its notion of disease as a process that passes through various stages. This can lead to some very sophisticated cures."[11]

Prior to the foundation of the People's Republic of China on October 1st, 1949, the academic, hospital, industrial, military, retail, and wholesale pharmacy sectors of Western pharmacy were still at their early developmental stage. There were only 12 pharmacy schools, a few hundred western pharmacies, a cottage industry of 150 generic houses, and 2,000 pharmacists and technicians serving 57 million urban population or 10.6% of the 540 million total population. The journey in the Sinification of *Ben Cao* from the Ancient Silk Road has come a long way. Today, China has embraced the latest technology in manufacturing and supplying *Xi Yao* to serve 80% of the world's needs for antibiotics, painkillers and raw vitamin materials. Indeed, 51% of the 10 billion COVID-19 vaccine doses were supplied by China to the Global South, the emerging markets in Africa, Asia and South America in 2021. Over 10% of the *Hai Yao* listed in Volume 1 (TCM) of the 2020 edition of the Chinese Pharmacopoeia are continued to be imported from countries in the Silk Roads.

Notes

1. The practice of *Qi Gong* is a healthy energy improvement exercise or movement similar to *Yoga* in Ayurvedic medicine.

2. The "Western Regions" was a historical term commonly referring to central Asia and the Indian subcontinent west of ancient China. The Western Regions referred to the ancient states in Bactria, Fergana, Sodgiana and Transoxiana in Central Asia, Arsacid and Seleucid in Mesopotamina, and India in South Asia in the "Records of the Great Historian" by Sima Qian in 90 BCE.

3. King Zhao Mo was the second grandson of General Zhao Tuo (*Trieu Da* in Vietnamese), who declared independence of the Nanyue Kingdom (204–111 BCE) at the collapse of the Qin Empire (221–206 BCE) in 204 BCE. Nanyue Kingdom's territories encompassing parts of China today's southern provinces of Guangdong, Guangxi, Jiangxi, Fujian, and Northern Vietnam.

4. Buddhists in China have offered sandalwood oil to their ancestors and gods for over a millennium. For example, a single sandalwood trunk of the 26-m-high Maitreya Buddha statue, engraved on white sandalwood in the Lama Temple (the *Palace of Peace and Harmony*), was brought from Nepal to Beijing three centuries ago.

5. The "Jiva Pill" was reportedly originated from the *Compendium of Charka* (*Charka Samhita*), one of the three ancient Sanskrit foundational texts of Ayurveda. was born in Kashmir around the 1st century C.E.

6. Su Jing was supported by a team of 23 medical and pharmaceutical experts and completed their work within 2 years in 659. Tao Hongjing's *Ben Cao Jing Ji Zhu* double the number of materia medica from 365 recorded in the *Shen Nong Ben Cao Jing* to 730 over a 500-year period with many inappropriately recorded under the influence of the metaphysics school of thought.

7. In the following 35 years of the "An-Shi Rebellion", the Western regions, which were originally ruled under the Tang Empire, were completely blocked by the Tibetan and Uyghur military forces resulting in the rapid decline of the Tang dynasty. The land routes of the Silk Road came to a halt until the Mongolian Empire became the new ruler of Asia in the 13th century. China's connection with the world relied almost entirely on the maritime route of the Silk Road from the 9th to 13th century.

8. The Lingnan region was a geographic area encompassing the lands in the south of the Nanling Mountains which included the modern-day provinces of Guangdong, Guangxi, Hainan, Hong Kong, Macau, and Northern and Central Vietnam.

9. *Hai Yao Ben Cao* contains a total of 128 monographs including 11 minerals, 39 herbs, 49 resins, 15 animals, 10 fruits, and 4 others imported by the maritime Silk Road.

10. Volume 1 of *Zhu Fan Zhi* included faraway lands of Jiao Zhi (交趾), Zhan Cheng (占城) [aka *Chiêm Thành* in Vietnamese or Champa, a kingdom (137–1697 CE) in modern day Central Vietnam], Zhen La (真腊,aka "Siem Reap" in Cambodian or modern day Cambodia), San Fo Qi (三佛齐, aka "Srivijaya", the Samboja Kingdom", 650–1377 CE or modern day Malaya Peninsula and the Indonesian archipelago), Da Qin (大秦, aka "the Roman/Byzantine Empire", 330–1453 CE), Da Shi (大食, aka "Arabia", 632–1258 CE), *Shijialiya* (aka "Kingdom of Sicily", 1130–1816 CE) etc.

11. Volume 2 included exotic elements such as frankincense, myrrh, styrax, benzoin, agarwood, sandalwood,

clove, betel nut, coconut, myrtle, pepper, aloe vera, coral, glass, ivory, ambergris, yellow wax, etc.

12. The Formulary is a complete medical manual based on the Canon of Medicine of 1025, compiled by Persian philosopher cum physician, Ibn Sina (Avicenna, 980–1037).

13. Admiral Zheng was a Persian descendent of Islamic faith who came from a military background in the previous Yuan dynasty, Zheng's religious faith and knowledge of Arabic helped his exploration of 30 odd countries and territories with many Islamic states in the Indian subcontinent, Western Asia, and as far as Zanzibar, an island off the coast of East Africa (now modern-day Tanzania).

14. The exotic elements of materia medica brought back from Zheng He's seven naval expeditions included rhino horn, antelope horn, asafetida, frankincense, clove, cardamom, aloe vera, momordica, styrax oil, amber, hematoxylin, amomum, Malus micro malus, Psoralea corylifolia, benzoin, ambergris, Acronychia pedunculate, Philippine mahogany, rosemary, agarwood, styrax, Pistacia terebinthus, jackfruit, cassia pods, myrobalans etc.

15. The Dutch succeeded the Portuguese and Spanish as the major trader for commodity trading in pottery and silk in the East Asia in the early 17th century. The Dutch EIC was founded in 1602 to conduct trade with India, and Asia on behalf of the Dutch government.

16. A stringent set of dispensing procedures was in place and followed closely by the Imperial Pharmacy staff to ensure utmost quality and safety of such dispensed concoctions. When compounding and dispensing of *Ben Cao* preparations, an apothecary of the Imperial Hospital and a eunuch assistant of the Imperial Pharmacy would monitor the whole process. Each dose was prepared in double portions with one taken by the imperial apothecary or the eunuch assistant before the other portion was presented to the Emperor or the Empress.

17. American Ginseng (Panax quinquefolius), indigenous to North America, is used as a herbal medicine by the indigenous people.

18. *Qian Qing Gong* (乾清宫 the Palace of Heavenly Purity) was the largest of the three halls of the Inner Court, and served as the Emperor's audience hall, where he held meetings with the Grand Council *Yang Xin Dian Gong Chang* (养心殿工场 Yangxin Hall Workshop) was a clock repair workshop before part of it was turned into a mini western pharmacy store. The *Yuan Min Yuan* (圆明园 The Old Summer Palace) was the main imperial residence of Qianlong Emperor and his successors, and where they handled state affairs until it was burn down by the British and French troops in the Second Opium War in 1860. The *Zi Jing Cheng* (紫禁城 The Forbidden City) was used for formal ceremonies.

19. Robert Morrison was born in Morpeth, North East England, of an Anglo-Scottish religious family. He joined the LMS in 1804 and studied theology, Chinese and attended a course in medicine at the St. Bartholomew's Hospital in London before he was sent to Macau in 1807.

20. Thomas Colledge was born at Kilsby, near Rugby, Northamptonshire in June 1797. He finished his upper school at 15 and served a 5-year medical apprenticeship at the Leicester Infirmary. In 1817, He furthered his studies under Sir Astley Cooper, a renowned surgeon, teaching at the St. Thomas Hospital in London. As a favorite student and a mentee of Sir Astley, he was recommended by the latter to take up a position as an assistant ship surgeon of the EIC in 1819. He eventually took up a residential surgeon position and was based in Macau in 1826.

21. Peter Parker, born in Framingham, Massachusetts to a religious Congregational family, graduated from both the Yale Divinity School with a B.D. and the Yale School of Medicine with an M.D. in 1834. After ordained as a Presbyterian minister at Philadelphia in the same year, Parker set sail for Guangzhou, as a missionary of the American Board of Commissioners for Foreign Missions (ABCFM).

22. In the inaugural meeting of the MMS on February 21, 1838, Thomas Colledge was elected as the President, Parker, Jardine, G.T. Lay, and Bridgman were Vice Presidents and Colledge's assistant, Dr. Alexander Anderson as the Secretary. Soon after the inauguration, Thomas Colledge's senior surgeon position with the Crown was abolished, he returned to the U.K. in April 1838.

23. With China's opium smokers reaching new heights at 30 million in 1880, locally produced "opium cures" containing powdered opium and morphine, which were equally if not more addictive, replaced the higher priced imported preparations.

24. Turkic tribes from the Altai mountains, supported by Sogdian merchants in Central Asia, formed trading stations with caravans traveling from Merv via Bukhara or Samakrand to Kucha, a border town of Sui (581–618 CE) and early Tang (619–689 CE) dynasties.

25. A display of the merchandise in the Asian Civilization Museum in Singapore, showed a typical Arab dhow of 18-m length consisted of 70,000 ceramic pieces, gold and silver loaded in Guangzhou and destined for Baghdad in 826 CE.

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Patrick Chiu drafted and corrected the manuscript.

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Feature article

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Dissemination of Traditional Chinese Medicine in Latin America and the Caribbean: the Cases of Peru, Chile, and Cuba

Patricia Palma[1,✉]

Abstract

Traditional Chinese medicine (TCM) arrived from China to Latin America and the Caribbean in the 1840s due to the massive migration of Chinese people to the region. In a few years, the press noticed the presence of Chinese herbalists practicing in different cities and countries regardless of the demographic weight of the Chinese community. The fascination with Chinese doctors implicated not only the press but also the literature, a phenomenon particularly observed in Cuba. In the first decades of the 20th century, the reactivation of Chinese immigration to the region fostered an anti-Chinese climate that materialized in more significant migratory restrictions and control of their businesses, such as what happened with Chinese herbalists. These herbalists who practiced inside and outside the Chinese community started to object to criticism and persecution by the conservative press and professional doctors. Despite this, Chinese doctors will continue to maintain their support of a significant number of ill persons. This work seeks to illuminate the historical relevance of TCM in Latin America and the Caribbean, focusing on the cases of Peru, Chile, and Cuba. This last country was far from China culturally and geographically, but as in many other small towns in the region, Chinese medicine presented an alternative to the treatment of illnesses.

Keywords: Caribbean; Chile; Chinese migration; Cuba; History of medicine; Latin America; Peru; Traditional Chinese medicine

1 Introduction

The COVID-19 pandemic greatly affected Latin America, with medical systems poorly prepared to deal with the hundreds of thousands of people seeking medical treatment in the short span of a few weeks. When the crisis worsened in 2020, many countries in the region received large quantities of medical supplies and critical equipment, such as ventilators, from the People's Republic of China. Chinese doctors also traveled to the region, offering medical assistance and consultation to local health personnel. Various governments and the press welcomed China's support and thanked President Xi Jinping (习近平).[1,2] Nevertheless, the historical presence of Chinese doctors in the region remains unacknowledged. This article aims to analyze the practice of Chinese medicine in Latin America and the Caribbean, focusing on Peru, Chile, and Cuba and from a historical perspective, during the mid-19th and early 20th centuries.

Nowadays, traditional Chinese medicine (TCM) is recognized as a complex medical system that includes multiple therapeutic methods in order to prevent, diagnose, and treat disease (such as acupuncture, diet, herbal therapy, meditation, physical exercise, and massage). However, during the period and context analyzed, the concept of "Chinese medicine" referred to medical therapies provided by a "Chinese doctor" mainly herbal and, to a lesser extent, acupuncture, and "Chinese doctor" or "Chinese herbalist" (used indistinctly) to any Chinese person who treated diseases regardless of whether or not had a medical degree.

As diverse historians have demonstrated, Chinese herbalists played an important role in healing diseases and the professionalization of medicine in the Americas, particularly in the United States. Historians William Bowen and Haiming Liu developed pioneering research on Chinese herbalism in California during the 1900s. Bowen states that since 1847, Chinese medicine has served the needs of the Chinese, Euro-Americans, and Hispanics, adapting to changing circumstances.[3] Along the same lines, Liu's work has analyzed how this medical knowledge crossed ethnic borders and captured the attention of many California residents, particularly those from Spain and Mexico.[4,5] Recently, new researchers have highlighted various contributions of Chinese medicine in the United States. Tamara Venit Shelton,

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in *Herbs and Roots*, has demonstrated that it played an important role in undermining the consolidation of medical authority among professional doctors in the United States.[6] Additionally, Yemeng Chen (陈业孟) has explored the role of Chinese herbalists in times of epidemics, particularly combating the 1918 to 1919 influenza pandemic in the United States.[7]

Since the mid-19th century, the Latin American and Caribbean press reported information on Chinese doctors, their cures, and legislation regarding the practice of Chinese medicine in the United States. For example, in 1869, newspapers in Panama closely followed the news about the smallpox epidemic that affected the port of San Francisco (California). This nation feared the disease would spread to its ports due to sick passengers coming from the north. In late January and early February, the *Star and Herald* and *La Estrella de Panamá* reported that the smallpox epidemic was waning in San Francisco. According to these newspapers, the decrease in deaths was due to the presence of a Chinese doctor who had managed to cure many cases considered serious by "the best doctors." As a result, the press recommended that patients put aside their "false pride" and turn to Chinese doctors to help themselves and their neighbors.[8,9]

Nonetheless, the practice of Chinese medicine was not exclusive to the United States. The press reported that various Chinese doctors had treated patients in Latin America and the Caribbean since the mid-19th century. However, Chinese medicine and other non-western medical knowledge have been scarcely analyzed by Latin American historiography specialized in the history of health and migration, mainly to methodological problems, that we will refer further.[10] The most studied case is Peru, which is why many of the examples presented in this article refer to this Andean country. But before exploring Chinese medicine's dissemination in the region, it is necessary to briefly contextualize the presence of Chinese immigrants in Latin America and the Caribbean.

The massive migration of the Chinese to Latin America and the Caribbean started in 1847 to serve as laborers worldwide. Between 1848 and 1888, more than 2 million Chinese emigrated, many arriving in ports throughout Latin America.[11,12] Outside the United States, Peru and Cuba served as the main destination for workers in this region. Between 1849 and 1874, Peru hosted nearly 100,000 Chinese immigrants and Cuba 125,000, almost all male workers. The end of African slavery in Peru, and a shortage of labor in both countries, along with the increase in international demand for natural fertilizer, cotton, and sugar, caused policymakers and Peruvian and Cubans planters to find in the "coolie labor trade" a solution to the labor crisis.[13–16]

Many complained that the immigration programs which brought Chinese workers to those regions had characteristics of human trafficking and were referred to as the *yellow trade*. The dehumanizing work conditions ended in the mid-1870s, when China, Peru, and Cuba signed free immigration treaties. Despite the recruitment of workers to rural plantations, at the end of their 8-year contracts, many of the workers moved to cities looking for better work alternatives or economic independence.[17,18] Consequently, multiple Peruvian and Cuban cities became hubs of Chinese diasporas, where were built Chinatowns. As Palma and Ragas state, Chinese immigrants contributed not only their labor to the agricultural sector but also new traditions. Among them, Chinese medicine was one of the most important but unknown traditions brought to these countries.[19]

This paper aims to provide an overview of the presence of Chinese medicine, its characteristics, and repercussions in Latin America and the Caribbean from the mid-19th century, until the first decades of the 20th century, through three case studies. It is worth mentioning that some methodological limitations have arisen: scarce are the records in government documents regarding Chinese medicine, which triggers the idea that TCM was rarely used as a healing system (and also explains the limited bibliographic sources). However, other documents, such as newspapers and literature, provide us a different approach. Here we analyze and reference diverse primary sources, some of them published in secondary sources available. The paper consists of two parts. The first explores through bibliography, newspapers, and pieces of literature, the practice of Chinese medicine in the region, focusing on Cuba and Peru, where there were large Chinese communities in various cities. In the second part, the article analyzes the case of Chile in South America. Although its Chinese community was not as large as the countries mentioned above, Chinese doctors were part of the medical offer in various cities. Through the court case of Dr. Ito Kiu, we highlight the local population's support of Chinese doctors and how, despite legislation controlling the medical profession, Chinese doctors continue to practice medicine freely and without further control by authorities.

2 Chinese medicine in Latin America and the Caribbean

In the 19th century, Chinese doctors arrived on the known as *coolie ships* and first practiced on plantations in countries with large coolie populations, such as Peru and Cuba. For example, the commercial house Lumer y Cía, which participated in the traffic of Chinese workers, indicated in an advertisement published in Lima (Peru) in 1855 that "on board each ship we have Chinese and European doctors, plenty of water and the best provisions for emigrants."[20] These advertisements sought to generate investor confidence regarding the arrival of their workers.

In the first years, TCM was exclusive to Chinese migrants. However, a few years after the arrival of known as *coolies*, many of them moved to the capital and main

cities where they offered medical treatment to locals. For instance, *El Comercio* of Lima, in March 1854, reported revealed that a "Celestial Empire doctor" worked in the city as a tooth puller and healer, with great fame.[21] Two days later, the same newspaper informed that in addition to this "docto", in the port of Callao—near Lima, the capital—two Chinese apothecaries had opened stores.[22] The census carried out by the Municipality of Lima in 1866 reaffirmed this trend. Among the records, there were two Chinese immigrants registered as doctors practicing near the central market.[23] As Paroy points out, an interesting aspect about the Chinese registered as doctors was that they were among the few Chinese nationals, who enjoyed the privilege of living in the city during the *yellow trade*. Unlike the coolies with 8-year contractual obligations, who primarily worked in agricultural areas, doctors could reside freely in the city and set up their practices from the moment they disembarked at the port of El Callao.[20] Chinese herbal shops or *boticas chinas* would become part of the urban landscape in the following decades, although not without controversy, as we will analyze later. The newspaper *El Comercio*(Lima) indicated that by 1900, "a Chinese doctor [was] an everyday thing, without novelty, or importance of any kind."[24]

Chinese herbalists offered an affordable alternative to medical care for their community and the broader population, making them especially popular during epidemic outbreaks experienced by Latin American nations from the mid-19th century to the first decades of the 20th. For instance, news about Chinese healers systematically appeared in the press during the 1868 yellow fever epidemic that affected multiple Central and South American port cities such as El Callao in Peru. In July, the doctor José María Macedo informed to Major of Lima that "some people" even disseminated rumors about a Chinese doctor raising the dead.[25] During the months of the epidemic, news of Chinese doctors curing people in the capital kept spreading, and more patients testified to its efficacy.[26] By September of 1868, herbal shops were in several parts of the capital, and according to the newspaper *El Comercio*, they were "attracting a considerable number of clients, both Asian and of other nationalities."[27] Western doctors gave a diagnosis and prescribed drugs, and patients had to buy them at pharmacies at an additional cost. However, Chinese doctors diagnosed and provided treatment, all within the same service and cost. In response, doctors from the Lima School of Medicine attacked Chinese healers and their "miraculous cures". The Municipality and the School of Medicine began to legally persecute Chinese doctors practicing without medical degrees, accusing them of presenting a danger to public health.[28]

Consequently, the popularity of Chinese doctors came with increased control and persecution of their medical practices, especially in Peru. As professional doctors could not convince the public about Chinese medicine's alleged inefficiency/harm, they appealed to health authorities to prohibit its practice.[10] Most Chinese healers exercising medicine in Latin America did not have medical degrees, or they had not been validated before the competent authorities. For this reason, professional doctors demanded that health authorities prohibit "so-called" Chinese doctors from practicing medicine.

These actions responded to local doctors' interest in protecting medical practices and their personal interests. Despite doctors' disparagement of Chinese medicine, they also considered it competition. Chinese doctors adopted different strategies to get clients outside their ethnic community, such as advertising in newspapers or offering free service as their profit was in the sale of herbs. Consequently, local doctors lost clients, which questioned their high rates compared to Chinese doctors.[29]

Particularly in Chile, Chinese doctors enjoyed protection from influential members of local civil and religious society, which allowed them for several years to be protected from the generalized racism against the Chinese that took hold in the Americas. Chinese immigrants became scapegoats during the bubonic plague epidemic that affected the Americas at the end of the 19th century and the first years of the 20th century. In multiple cities and countries, the authorities and the press targeted Chinese immigrants, blaming them for spreading the disease based on the prejudices surrounding their cultural habits and dietary preferences.[30,31] The epidemic revealed the local population's widespread racism toward the Chinese. For instance, Peruvian health authorities began to refer to the 1903 bubonic plague as "the Asian scourge". At the epidemic's peak, officers from the task force went door-to-door, registering every household, disinfecting their houses, and searching for rats. These measures particularly targeted residents in Chinatown where public health authorities implemented radical sanitary measures.[32,33]

Despite the cemented idea that the bubonic plague's cause was Chinese immigration, Chinese doctors treated patients and gave guidelines to face the plague. For example, in 1899, the newspaper *El Comercio* (Peru) reprinted a letter sent by the Chinese doctor Cong Yulong to the Buenos Aires newspaper *La Prensa* regarding the bubonic plague outbreak in Portugal and its possible advance in the Americas. In this letter, Cong demonstrated his experience with the disease and expertise combatting it. Having been born and educated in China and having also resided in India, he claimed to have significant experience in epidemic diseases, especially those that occurred in those nations.[34]

Due to his experience, the Chinese doctor assured that the bubonic plague would disappear shortly. He also felt that it would not impact Buenos Aires greatly. For the Chinese doctor, many European countries and some Americans overlooked unhygienic factors that caused bubonic outbreaks in Asian countries, such as

overcrowding, poor nutrition, and sanitary infrastructure like adequate drainpipes and clean drinking water. On the contrary, the doctor assured the public that if the plague were to arrive in Buenos Aires, the city had a competent medical body that could deal with it. The doctor was respectful to local physicians, especially regarding their opinions on the symptoms and treatments of the bubonic plague, stating that he was not an "authority" in this field. Nevertheless, his "lack of authority" did not prevent him from giving his opinion.

In July 1847, the Cuban newspaper *Diario de la Marina* published a short report titled "The Chinese Doctor"[35] (Note 1). In this article, the reporter recounted the great interest aroused among the local population by the appearance of a Chinese doctor. Talking about the healer became a common topic in the city. Although many people had seen the doctor, diverse opinions often sparked passionate debates among the population. The reporter discussed the prejudices against the herbalist, that he was thought to be a "charlatan" from a "barbaric and uneducated country", and compared these prejudices with patients' positive experiences.

The reporter decided to go to a Chinese doctor and recounted his experience. Initially, the reporter was curious about many of the unlabeled herbs on the table. Then, he notes the absence of an interpreter who would assist the doctor communicate with patients. Although the healer's appearance, modesty, simplicity, and manners were unlike a Western doctor's, this mattered little to his patients. Instead, they were pleased with the pulse diagnosis and the herbal treatments, which allowed them to regain their health. After the visit, the reporter concluded that the Chinese doctor could be considered a "doctor", even if local physicians considered him to be an ignorant person who had not "studied pathology or physiology."

The press was not the only space where the public discussed Chinese doctors' medical practices. Locals' fascination with them also inspired literature shortly after the arrival of the first Chinese doctors in Cuba. The same year (1847), *El Faro Industrial de La Habana* published a fictional piece titled "A letter from Havana to other places", which narrated the story of a Chinese doctor who moved to the city from a sugar mill where he received "infinite visits".[36] These pieces attracted the public's attention in Havana. A few days later, the same newspaper published a poem titled "Decimas for the Chinese Doctor". The text gave an account of the impressions of a Cuban from Havana who longed to meet a Chinese doctor.

> "... he falls wounded: in compassion
> a neighbor takes him
> to the hospital. Sadly,
> the poor man says:
> «I am dying, but in the end I saw
> the queue for the Chinese [doctor](sic)»"

In July 1847, the same newspaper announced a new one-act play titled *El Médico Chino* (*The Chinese doctor*) by Sabino de Losada. The play's review said, "to see the doctor on the stage, speaking Chinese, prescribing, getting out the herbs, and showing off his grotesque clothes of the sort that men from the Celestial Empire wear is a very pleasant way to pass the time."[37]

Apparently, the newspaper was referring to the work *El Médico Chino*, published in 1847 and written by the Cuban poet Juan Miguel de Losada, who died in 1856 in Mexico City. *The Chinese Doctor* was a one-act comedy about a family in Havana trying to recover the health of their daughter Leonor. She had a suitor, Miguel, but her parents disapproved of the union because Leonor was sick and might have to travel to the San Diego medicinal baths to treat her illness.[38] The mother also opted for another alternative: to call a "wise" Chinese doctor who was said to perform miracles in the city. He had apparently cured the Countess of Sanlucar just by getting her pulse, a case that no other doctor until then had been able to solve. Despite not agreeing, her father, Marquis Ruperto, was sent by his wife to bring the Chinese doctor home. Miguel decided to take advantage of the situation and posed as a Chinese doctor while his friend pretended to be his translator to convince his beloved not to travel to San Diego. The play's denouement occurred when Aniceto, Leonor's old and wealthy suitor, exposed Miguel and brought a real Chinese doctor home, earning the respect of the family.

Throughout the comedy, the Chinese doctor's role was stereotypically portrayed, reflecting Cuban prejudices at the time. Thus, the play highlighted the incredible popularity of Chinese doctors among the population, associated with the resolution of extravagant and fantastic medical cases. For example, Aniceto shared with the family the rumor that the Chinese doctor saved an older woman's sight by replacing one of her eyes with that of an animal. Similarly, the real and the so-called Chinese doctor wore a "Chinese" suit and were portrayed as confused, passive, and misunderstood. Additionally, they were interpreted as unable to communicate in Spanish (only speaking in supposed Chinese) and interested only in money. The real Chinese doctor who appeared at the play's closing scene never treated the patient, who was reluctant to enter the place and was forced by Aniceto to stay in the house. However, he had no problem staying and witnessing the family drama when he received money from the family.

The play also illustrated the extreme positions in Cuban society regarding the participation of Asians in medicine. While Doña Mariana did not doubt the doctor's miracles, and she considered him a "wise man", the Marquis disqualified the doctor saying that he was inferior to other doctors in the city. However, the play tended to disparage and mock Chinese medicine and its therapeutic methods, especially pulse diagnosis. False

patients often tested Chinese doctors and their medicinal herbs that heal "miraculously".

References to Chinese doctors and herbalists in literary texts were less widespread in other countries in the region. In 1876 Regino Aguirre—a Mexican writer from the city of Veracruz—published a piece titled "The Chinese Doctor: Comic innuendo on current affairs, in one act and in verse."[39] In Peru, where there was a large Chinese community, no similar literature refers exclusively to Chinese doctors. One of the few direct references to Chinese doctors is in Ernest Middendorf's work entitled *Observations and Studies of the Country and its Inhabitants During a Stay of 25 Years*. Middendorf (1830–1908) was the only 19th-century traveler to Peru who referred to Chinese medicine in his writings. As its name indicates, the text referred to the observations regarding the Peruvian territory made by the German doctor and anthropologist who made three extended visits to Peru between 1854 and 1888. The German doctor portrayed Chinese medicine as exotic and macabre. He mentioned the existence of many doctors and herbalists whom the public considered to be skilled practitioners. According to his account, Chinese practitioners convinced patients that examining their pulse or the color of the patient's blood—which they extracted with their long and sharp fingernails—could reveal the nature of any ailment. For Middendorf, both common people and members of the upper class trusted healers because of their superstitions and the cunning of these practitioners and not for their medical knowledge.[40]

As the press and literary texts are a rich source for understanding the role of Chinese medicine in Cuba and Peru, court cases are another door to the world of Chinese doctors, as the Chilean case demonstrates.

3 The Chilean case

The presence of Chinese doctors was significant even in countries with a relatively small number of Chinese immigrants, such as in Chile, a country in the Southern Cone. While most engaged in commercial activities, a small group practiced medicine or sold medicinal herbs. Despite the prohibition of medicinal practice by non-professional healers, Chinese doctors expanded their business to Chilean nationals because, as in other cities, locals demanded their services. Chinese healers were free to advertise their services and sell medicinal herbs in stores and streets because local authorities rarely pursued them. Mentions of Chinese doctors in the press go as far back as the 1870s. The newspaper *El Mercurio de Valparaíso* in March 1879 reported that a Chinese doctor lived and worked in the city of Chillán, located about 400 km south of the country's capital, Santiago. *El Mercurio de Valparaíso* also reprinted news from another local newspaper (*Las Noticias*), which recommended that authorities prohibit the exercise of Chinese medicine.[41] However, in very few cases did authorities investigate the medical exercise of Chinese medicine, such as what happened with Dr. Ito Kiu.

Although the presence of Chinese doctors was more common in Latin America than health historiography has documented, Dr. Ito Kiu's case was one of few systematic records which detailed Chinese doctors' treatments, their trajectories, and their medical impacts. According to the newspaper *El Tarapacá*, Kiu was a doctor at Peking University and worked with his assistant Andrés Lao, who was in charge of making medicinal preparations. He also had the assistance of a young interpreter named Antonio León, a bilingual Peruvian with Chinese parents. Like other Chinese doctors who exercised medicine in the Americas, Kiu did not speak the local language, but it did not impede him from opening clinics and treating patients. Instead, translators allowed him to reach a larger audience.[42]

The arrival of Kiu to Iquique (Chile) demonstrates the fluidity in the circulation of these healers throughout the Americas. The city of Iquique was one of the most important in northern Chile for its saltpeter production, which welcomed many Chinese immigrants. According to the 1895 census, there lived 476 Chinese citizens in the department of Tarapacá (Iquique was its capital.).[43] But before arriving in Iquique, Dr. Ito Kiu had passed through multiple cities since he had moved to the Americas in 1898. An interview conducted by the Peruvian newspaper *El Comercio* with Antonio León, his interpreter, provides valuable information regarding the causes and motivations not only for his arrival from Iquique but also to the Americas two years earlier.[44] According to León, Dr. Kiu enjoyed a quiet life in Beijing, where he practiced medicine, a profession that allowed him a comfortable life. However, his calm existence suffered a setback when Kiu received the news that his brother, who lived in Panama, had become seriously ill.

He decided to embark on the isthmus in the context of significant political instability in the Caribbean generated by the war between Spain and the United States. The slow journey to Panama meant that his brother had passed away once Kiu reached Panamanian soil. He chose to return to China but had to wait for his hair and braid to grow back. Before starting his trip to the Americas, he had to cut his braid "to be in agreement with the civilization of the white race". According to his translator, he was aware that to return to China without it was to expose himself to the wrath of its inhabitants, who would consider him a renegade.

Nevertheless, he decided to leave Panama, making stops in different cities before arriving in Iquique. In all of them, his compatriots recognized his merits which made his stay sweeter. According to León, he arrived in Chile in 1899 (although the newspaper *El Tarapacá* indicated his arrival in March 1900) to live in Iquique. He had previously settled in Lima, wherein 6 months, he had more than 300 clients due to the successful

results of his medical treatments.[44] Iquique had a large Chinese community where he had "successful cures" that allowed him to gain a large clientele within a short time. According to local newspapers, Kiu's outstanding medical successes gained him prominent clients such as Bishop Carter and the priest Mr. Huntsman.[45]

Through the pulse of his patients, he diagnosed diseases. In the same article, Ito Kiu assessed each patient's pulse for such a long time that they almost fell asleep. The doctor then asked the patient diverse questions. Next, he checked their eyes and tongue and continued to pulse the patient.[45] As we have mentioned previously, pulse therapy was a widespread practice among Chinese doctors installed in the Americas. So much so that a Peruvian medical student was inspired to investigate its application for his graduate dissertation in 1877, titled *the pulse as a diagnostic sign of diseases*.[46]

After the diagnosis, Dr. Ito Kiu wrote a medical prescription in "the language of Confucius that only he and his secretary underst[ood]." Once the patient had the prescription, his assistant Andrés Lao prepared the herbs advised by the Chinese doctor and delivered the preparation to the patient, who, for a modest price (5 pesos), paid for the visit and the remedy.[45]

Despite his fame, Kiu and his assistants were arrested in May 1900. He was accused of medical negligence that caused the death of a woman named Adela Humeres. The judicial investigation sought to clarify the death of Adela Humeres, presumed to have died of poison from consuming Chinese medicine (Fig. 1).[47] Humeres had visited the Chinese doctor for pain in her belly, who gave her an herbal remedy. The first intake had positive effects, while the subsequent caused uncontrollable pain and diarrhea. After that, her daughter called two doctors who gave her new medications that were not effective. Adela Humeres would die the day after consuming Chinese medicine.

Consequently, a criminal Judge ordered the interrogation of the actors involved in the treatment of the patient and ordered the arrest of Ito Kiu and his assistants. However, during the process, the investigation took an unexpected turn. The Judge and the criminal experts found that the bottle with the Chinese medicine contained arsenic, but this poison had been added between the first and second intake. The Judge believed that Adela's daughter, Isabel Castro, and Humeres' lover, planned the poisoning.

The case had remarkable repercussions in the press. Even newspapers from Lima—where Ito Kiu had worked for a time—reported the news. Local media in Iquique, such as the newspaper *El Tarapacá*, reported on the case's progress. The newspaper indicated that even though the authorities handled the case with secrecy, Ito Kiu and his assistant received signs of support. The reporter indicated that many people visited the prison to learn about Dr. Kiu's situation. For a sector of the population, the doctor was considered a "charitable man" who treated poor people "without charging them a penny". In addition to this popular support, Bishop Carter wrote a letter to Judge Figueroa to tell them that Kiu had treated him and that until then, he had not suffered any mishap.

Fascinating details regarding Chinese medicine appeared in the city's investigation.[41] For example, Dr. Kiu was the patient's first choice when she felt sick. Her daughter only turned to professional doctors when Dr. Kiu's medicines did not work. In fact, she reaffirmed to the judge and the press that the first doses of the Chinese treatment almost cured her mother. Second, the experts who raided the Chinese healer's house verified that the prepared medicines consisted of "tree bark, roots, and leaves". Chemical tests performed on the drugs only confirmed their herbal composition. For this reason, the Public Ministry decided there were no merits to continue investigating Ito Kiu and set him free. The criminal process then started to focus on Adela Humeres' daughter as the judge believed she had put rat poison in the bottle containing Kiu's medicine.

This criminal case is one of the few recorded testimonies of a Chinese healer in Chile. Peruvian interpreter Mariano Cruz interpreted for Dr. Kiu. He stated that his name was Kiu León; he was a native of Canton, 50 years old, married, knew how to read and write, and was a hospital practitioner. Kiu León admitted that he had prepared the medicine in the bottle under investigation and that his instructions were written on it in Chinese. He also indicated that he was surprised that the chemical analysis performed on the medicine indicated the presence of arsenic since his medicines were herbal and none were poisonous. His assistant Andrés Lao claimed to be a cook and preparer of the doctor's medicines. Finally, Antonio León confirmed the Spanish translation of Dr. Kiu's prescription. The case demonstrates that despite existing regulations in Chile on the professional practice of medicine, no one questioned the medical practice of Dr. Kiu, who was released a few days later and apparently continued to work in the city.

4 Conclusions

Chinese doctors became a medical alternative for local patients in some countries of the Latin American and Caribbean region from the mid-19th century until the first decades of the 20th as we can observe in the case of Cuba, Peru, and Chile. During these years, this healing system expanded outside the Chinese community and won patients' support and recognition. The press realized Chinese doctors were busiest during epidemic periods, which were recurrent in the region. The shortage of professional doctors, the high cost of medicines, and the desire of some to seek natural remedies led Chinese doctors to have not only the general public's support but also support from important political and religious authorities in many instances. However, for almost 80 years, between the 1840s and the 1930s, the practice of

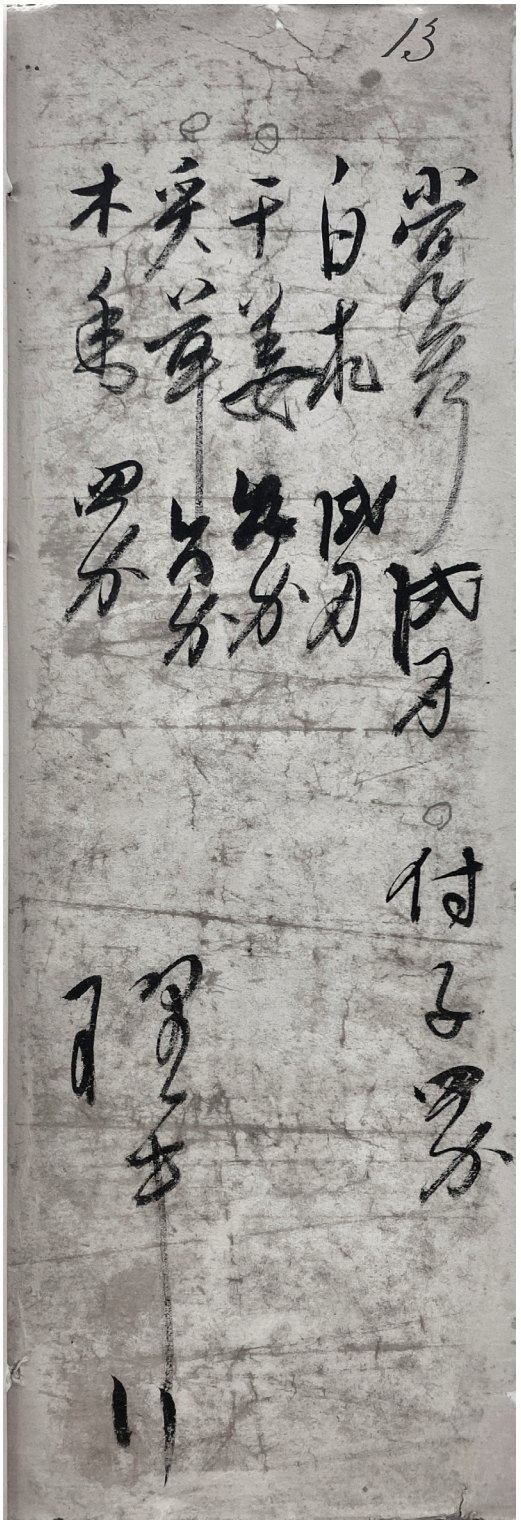

Figure 1 Prescription of Ito Kiu to Adela Humeres (source from: Toro, Esteban and others. *Parricide* [Court Files Iquique 2382]. Iquique: Chile National Archive; 1900).

Chinese medicine declined in the region due to its legal prohibition and the violent xenophobic climate, which contributed to the closure of many Chinese businesses.

Newspapers played a crucial role in popularizing the practice by recounting its miracles. As we have seen in this article, newspapers in small and large cities reported on the presence of Chinese doctors. Some articles referred to the doctors themselves; others were opinion pieces in defense of or against Chinese medicine, and some were advertisements for their professional services. Along with the press, fictional and travel literature portrayed Chinese doctors as important characters in their stories. Cuban literature showed a particular interest in incorporating Chinese doctors into its stories which often reflected people's divided opinions on whether the therapies worked.

The court case against Dr. Ito Kiu in Iquique, Chile, shows that the fascination with and use of Chinese medicine were not exclusive to the areas where large Chinese communities lived. Despite Iquique being a relatively small community, Chinese doctors became a medical alternative for local people in this city. Ito Kiu's case illustrates that although anti-Chinese racism was gaining strength and legislation prohibited medical practice by non-professionals in the early 20th century, ill people had no problem going to Chinese doctors, and authorities rarely prosecuted them. This article highlights that the presence of Chinese doctors is far from being a recent phenomenon in Latin America and the Caribbean. On the contrary, Chinese medicine was one of the most important and little explored legacies left by the massive Chinese migration of the mid-19th and early 20th centuries to the region. This study of historical Chinese medicine in Latin America and the Caribbean is also an invitation to rethink the presence of TCM in the region. And we expect that future research could analyze this topic from new historical sources, mainly of government documents and records within the Chinese community.

Notes

1. For more information about Chinese Medicine in Cuba see: La medicina china y su presencia en Cuba (Chinese medicine and its presence in Cuba). *Cuad Hist Salud Pública*. 2004;95. Available from: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0045-91782004000100005 [Accessed on June 25 2023] and Alpízar Caballero LB, Borges Oquendo LdC, Grey Fernández X. Dos notables médicos chinos en Cuba en el siglo XIX (Two notable Chinese doctors in Cuba in the 19th century). *Rev Haban Cienc Méd*. 2017;16(6). Available from: http://www.revhabanera.sld.cu/index.php/rhab/article/view/1998. [Accessed on June 25 2023] and the two articles that are part of this dossier.

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Ethical approval

This article does not contain any studies with human or animal subjects performed by any of the authors.

Author contributions

Patricia Palma participated in research design, data analysis, writing, and manuscript revision.

Conflicts of interest

The author declares no financial or other conflicts of interest.

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Origins and Popularization of Traditional Chinese Therapies in Argentina at the End of 20th Century: the Case of Daniel Alegre

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Abstract

Various resources of the so-called traditional Chinese medicine, such as *taijiquan*, massage, diets, or acupuncture, have become widely available in the everyday therapeutic culture of contemporary Argentina. While these resources can be found in the first half of the 20th century, it is evident that from the 1960s onward their presence is more evident, with a strong emphasis from the 1980s on. This article aims to describe the reception and popularization of body and therapeutic techniques of traditional Chinese medicine in Argentina in the 1980s through the case of Daniel Alegre, a key figure in the dissemination of Chinese therapeutic techniques. To do so, it focuses on certain key mediators in the popularization of techniques such as *taijiquan* and Chinese massage: teachers, promoters, and specialized magazines. All these mediators are key artifacts in the processes of massification and dissemination of traditional Chinese medicine in a broader emerging horizon associated with two simultaneous processes, the Chinese cultural transnationalization and the boom of new forms of holistic management of personal well-being.

Keywords: Argentina; Daniel Alegre; *Taijiquan*; Traditional Chinese therapy

1 Introduction

The contemporary formation of a space linked to the so-called alternative therapies, a complex, heterogeneous and diverse horizon in terms of techniques for the management of discomfort, assembles old therapeutic traditions that permeate Argentine culture during the 20th century. The language and principles of naturism, with therapies based on homeopathy, hydrotherapy, or dietary practices such as vegetarianism, centered on energetic flows and old vitalist conceptions of balance have spread in Western societies since the mid-19th century, and have been available in the Rio de la Plata region since the early 20th century producing conflicts, hybridizations, and complementary uses with biomedicine. However, in the 1960s, within the context of social processes linked to the transnationalization of the so-called counterculture, this constellation of practices generated a displacement in relation to the vitalist language of vigor and natural health, incorporating a new language and techniques centered on Oriental elements. There, therapeutic and wellness management techniques of Chinese origin played a fundamental role.

This article focuses on the trajectory of Daniel Alegre, a figure associated with certain countercultural experiments in the 1970s and during the early 1980s, a promoter of alternative therapies and a pioneer of traditional Chinese medicine. Interested in *Wu Shu* (武术 martial arts), acupuncture, and Chinese massage, we do not pretend that the case of Daniel Alegre is representative of all the ways in which therapies of Chinese origin are spread in Argentina. However, his case may be representative of a particular form of nativization of Chinese therapeutic techniques since the 1980s, their massification and their hybridization with other resources associated with the cultural changes and globalization of the end of the 21st century. His path is significant and offers a starting point for reflecting upon a much broader process, which includes the hybridization of languages and practices between traditional Chinese cosmopraxis and the medical,[1,2] the psychological, as well as its relationship with the broader space of the so-called "alternative therapies" and alternative lifestyles.[3] In this sense, this hybridization shows some continuities and discontinuities between the ideas of personal autonomy and well-being that – although they appear marginally in the 1970s, associated with positions of cultural heterodoxy – will be widely disseminated during the following years in the publishing market and mass culture.

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2 Daniel Alegre and alternative lifestyles

In the early 1970s, countercultural experiences in Buenos Aires are present in diverse manifestations such as the expansion of the practice of yoga, meditation, rock, or certain pioneering publications interested in environmentalism, community life, and alternative political thought. All of them are part of a generational crisis and of an incorporation-undoubtedly partial and very focused on the experience of the urban world of middle sectors – of alternative ways of life. Publications and references to practices involving new ways of conceiving health and well-being were still scarce and, in general, they did not emerge as hybrid practices or in relation to official therapeutic models, rather as relatively novel and exotic resources. Toward the end of the decade, experiences that incorporated both a spiritual language and group exercises inspired by heterodox psychologies of North American origin-such as transpersonal, Gestalt and even more radical versions of so-called "personal growth" workshops inspired by body work and emotionalism-would consolidate and gain legitimacy.[3]

A clear example of the peripheral and novel place of these practices can be found in an article by the journalist and writer Francisco Urondo published in the magazine *Leoplán* in 1962. There he describes something that appeared very curious at that time within the therapeutic scenario of Buenos Aires: a group of yoga practitioners and their conceptions of energy and balance of Oriental origin. For example, the author makes reference to the Western practices of "Hindu spirituality" in yoga and meditation, in which the centrality of the concept of *prana* is highlighted, mentioning also the case of "yogic rhythmic gymnastics" coordinated by a certain Susana Milderman, who declared that she had been working as a yoga teacher for 15 years with a group of instructors and more than 500 followers. Urondo notes the tensions with other therapies in vogue and the suspicious gaze of psychoanalysts, as well as the presence of a practice rooted in a new lifestyle that could well be read in continuity with other techniques of personal transformation centered on the body and the idea of autonomy.[4]

A few years later, such references already seem less exotic and are recurrent in pioneering publications related to countercultural and alternative experiences, but always carrying a strong emphasis on personal and subjective change as the axis of collective transformation. Daniel Alegre is initially linked to some of these publications. In his writings, he focuses on the problem of "social alienation", the critique of technocratic society, but, above all, on the subjective dimension of this process. His proposal is not a structural critique or one based on class or popular arguments typical of intellectuals and militants of the institutional left, but that of a thinker concerned with the change of life and the work with the self. This aspect will lead him to develop an interest in the problem of well-being, health and ways of managing oneself that initially had to do with theoretical and political reflections.

In 1971, Alegre edited the homemade journal *En Cuestión*,[5,6] where he reproduced declarations of May 1968, texts by student leaders such as Daniel Cohn-Bendit, and translations of essays by heterodox authors of the European left such as Wilhelm Reich, Karl Korsch or Henri Lefebvre. The pamphlet, organized, designed, and edited by Alegre himself, is a typewritten facsimile, a handmade publication, with very low circulation and destined to the university environment of the Faculty of Humanities of the University of Buenos Aires. It contains comments by local authors on these European references, with a didactic tone and very conscious of an innovative ideology, and brief essays on sexuality, university politics, and the problem of repression by security forces. On its cover, you can read the title "*En Cuestión*" accompanied by the image of a kneeling skeleton and Marx's quote: "The tradition of all dead generations weighs like a nightmare on the brains of the living." In the upper left section, the caricature of a painted street graffiti reads: "Number 1, August and September 1971, monthly publication, Buenos Aires, Argentina."

While it may seem that Alegre and his magazine were an isolated event, they were part of a web of like-minded publications and networks of sociability that circulated among people involved in experiences of communal living, dissident sexualities, New Age-style spiritualities, and alternative therapies. Also, this circuit deployed a conception of political transformation that went hand in hand with an idea of personal change. The magazine's only advertisement was another publication of the time: *Contracultura* magazine, edited by Miguel Grinberg, a representative of alternative culture, rock, and ecology in the late 1960s. This cross-reference to another contemporary magazine evidences a network in which Alegre himself participated, and which included referents on alternative journalism who wrote or circulated through affinity spaces.

Magazines such as *Eco Contemporáneo* (1961–1969), *Contracultura* (1970), *2001 Periodismo de Anticipación* (1968–1974) and, later, *Mutantia* (1980–1987) constituted a space for dissemination and a fundamental network of sociability. Within this network, certain figures stood out who, like Alegre, would play a significant role in the emerging alternative culture of the 1980s. Juan Carlos Kreimer is a paradigmatic example. After an experience in Europe and Brazil, toward the end of the 1970s, he returned to Argentina and became a cultural disseminator of certain novel cultural products such as punk-rock, meditation, and alternative therapies. Kreimer had participated in some of Grinberg's editorial projects and was the founder, toward the end of the 1980s, of the magazine *Uno Mismo*, one of the most important journalistic organs that gathered the alternative therapies movement in Argentina. Another example

of biographies that come from the relatively marginal countercultural world and that in the 1980s occupied a privileged place in the conformation of an alternative network is Osvaldo Baigorria, who participated in the world of journalism of the so-called subway magazines during the 1970s. After almost a decade as a traveler and having gathered experiences in the alternative culture of the West Coast of the United States and Canada, upon his return to Argentina, he joined several journalistic and literary projects linked to the cultural aperture that accompanied the crisis of the dictatorship and the consolidation of democracy.

Contracultura was a paradigmatic publication of this process. The magazine continued the editorial experience of *Eco Contemporáneo*, which was carried out by an editorial collective headed by Migue Grinberg himself during the 1960s.[7] Both publications had an irregular periodicity and the members of the varying editorial team belonged to an informal network constituted around Miguel Grinberg, who was the man behind the promotion and financing of the publication. The magazines´s edition varied between 1,000 and 6,000 copies. It is difficult to find data about the level of circulation, which was clearly restricted to a circumscribed target audience, but its availability at the newsstands of downtown Buenos Aires-at that time, a space of expanded youth sociability-may account for a circulation among a somewhat more diverse and heterogeneous public that shared those kinds of interests. While initially *Eco Contemporáneo* was more linked to poetry and literature, from the end of the decade, it began to publish essays on anti-psychiatry, racial vindications, spirituality, and alternative ways of life. In that last stage in *Eco Contemporáneo*, and later in *Contracultura*, this group consolidated a proposal on collective change, a highly significant theme at the time, but based on a specific and singular interpretation that distanced them from the youth activism and revolutionary change disseminated by the political organizations of the New Left. The emphasis on radical change and on disputing inherited values had to do with the idea of "personal transformation" and a mode of public action that vindicated convergence instead of competition, peace instead of violence, the human *vs*. the technocratic, and, in short, the centrality of the body and well-being as the axis of a therapeutic work and the "spiritual" as the horizon of transformation.[8]

Although Alegre did not sign any of the notes of the mere six issues of *Contracultura*, it is highly probable that his imprint is behind some of the notes dedicated to situationism. For example, in issue number 3 published in October 1970, we find a note referring to situationism accompanying a publication on May 1968. The note is entitled "the dependent spectacle" and reflects upon the phenomenon of "spectacularization" in Latin America. His argument considered that the European phenomenon of the exacerbation of cultural products and of an alienating symbolic world is less influential in Latin America, where the problems have to do above all with scarcity, and stressed that in this region peripheral capitalism does not produce an overabundance of goods and, therefore, the logic of the commodity appears with less intensity. He also pointed out that, despite this difference between central and peripheral capitalism, the substantive problem remained: the "limited artificiality of the spectacle" embodied in peripherical societies (such as the Argentinean) is expressed in "dehumanized ideologies" such as developmentalism. For example, the article stated that:

> "The ideology of economic development is an attempt to channel that neurotic charge. But the actual decomposition of everyday life accelerates that burden to a point where it is no longer possible for power to channel it into the decomposition. This is how everything that the proletariat in the world centers gains [...] is gained also by the proletariat of the periphery but by qualitatively transforming its burden. [...] The Tupamaros and Che Guevara are the individual and collective realization, the social appropriation, the humanization of James Bond."[9]

This exercise of reflection upon the situationist analysis in Argentina, which recognizes a regional specificity in developmentalism as an alienating national ideology and in a typically European or North American "crisis of spectacularization", is in tune with the political and cultural operation that Alegre stated in *En Cuestión*. There he attacked developmentalism in its double sense, as a social project but also as a personal project associated with psychoanalytic psychotherapies. Both were described as forms of an alienating "local" modernity. Thus, Alegre criticized the experts on social development, the sociologists, and the specialists on personal development, the psychologists.

This critique of technocracy and the apology for everyday life, which *Counterculture* reports, bears resemblance to the arguments that Alegre deploys in *En Cuestión*. In both, criticism acquires a central political dimension. In a pamphlet distributed among the students of the Faculty of Humanities in 1971, which he includes in his magazine, he states:

> "I place myself within the generalized conflict that goes from domestic quarrel to revolutionary war, and I have made my bet in favor of the will to live. What I claim by demanding hierarchical power (given in the East just like in the West, in the North just like in the South), under apparently diverse forms which the historical gaze penetrates and indentifies as forced continuity, is everything. [...] Insofar as the specialist (sociologist, psychologist, etc.) participates in the elaboration of the instruments that condition and transform the world, he makes way for the revolt of the privileged. Up to the present, such a revolt has received the name of fascism."[5]

In the first article of *En Cuestión*, signed by Alegre himself, Wilhelm Reich's ideas are presented as some kind of a posthumous homage to the Austrian heterodox psychoanalyst. The article introduces some of his basic

principles, as a tool against "all authoritarianism", both Freudian and Marxist. It is interesting to expand on how Alegre describes the problem of "illness" for Reich:

> "Illness is a result of disturbances of the natural capacity to love. In the case of orgiastic impotence - from which a vast majority of human beings suffer - the biological energy is blocked and thus becomes the source of the most diverse manifestations of irrational behavior. The cure of psychic disorders requires - in the first place - the reestablishment of the natural capacity to love."[6]

In such a description, the suffering is the result of a psychoenergetic blockage linked to a way of life that impedes the circulation of emotions and fullness, which – according to Reich – has to do with the capitalist system. This essentially sums up a holistic conception of suffering that goes beyond a purely psychic or social problem. Reich's critical holism understands that malaise has to do with immanent conditions, psychoenergetic flows and macrostructural conditions. All these elements will reappear – undoubtedly without the critical component of this revolutionary proposal – in Alegre's immersion in "soft therapies" and Chinese medicine, with a holistic conception associated with energetic balance in the search for health and well-being.

Alegre's interest in Wilhelm Reich should not be considered merely anecdotal. Reich's trajectory also shows a shift from social criticism to heterodox therapies. After being expelled from communist and psychoanalytic circles due to the radical nature of his approaches, he moved to New York to escape Nazism. During the 1940s, he ran a business in the United States dedicated to the sale of "orgone accumulators", an "energetic" substance that he himself named so, in order to produce the synthesis between "organism" and "orgasm". These devices, he claimed, were beneficial to health. This enterprise had catastrophic consequences, as in 1947 he was accused of swindling and in the mid-1950s was sentenced to 2 years in prison.

On the horizon of publications in which Alegre participated, undoubtedly the most popular at the time was the magazine *2001 Periodismo de Anticipación*. Initially dedicated to esoteric topics, futuristic technology, anti-psychiatry, rock, alternative therapies, sexuality, and cultural experimentation, after 1972 it incorporated a more political vein and became known as *2001 Periodismo de Liberación*. In this context, the magazine itself and its editorial board functioned as a space for reflection and as an organ of collective action. For example, the magazine organized a series of round tables and experiences of collective dialogue on sexuality and liberation that constituted one of the pillars of future sexual and gender rights organizations. Some of these experiences were registered in a dossier called "Sexual Morality in Argentina", in which one could notice between the lines the inspiration coming from the ideas of Wilhelm Reich and situationism, especially regarding the centrality of bodily self-inquiry and erotic experimentation as a form of "liberation."[10] In that 1972 dossier, Alegre wrote what is possibly his last text on situationism, where he revisits the French experience and the importance of the "playful construction of events" as a way of responding to the authority and hierarchy of capitalist society, but also to his own local experiment.[11]

In this initial stage of intervention in a network of alternative culture magazines, one can identify a dialog with the currents of thought vindicating everyday life that questioned certain principles associated with authority and hierarchy, mobilized by a new cultural sensibility. Although minority and avant-garde in nature, this sensibility developed the principles of autonomy and self-management that would later shape some of the basic features of the alternative therapeutic scene and of the personal growth groups emerging during the 1980s.

Alegre's trajectory was accompanied by many others who circulated or were immersed in those same networks of sociality. Miguel Grinberg, for his part, developed a meditation method called "holodynamics", which, during the 1990s, he offered to companies and applied at institutions. Finally, Juan Carlos Kreimer, as we anticipated, was the editor of the magazine *Uno Mismo*, a fundamental point of departure for the professionalization of the alternative therapeutic and cultural space. Daniel Alegre's journey was thus part of a more general transformation of a space linked to counterculture which, at the beginning, undoubtedly with a more radical emphasis on the critique of capitalism and inherited life models, vindicated everyday life, the body, and intimacy itself as a field for experimentation. As we shall see, his definitions of illness and suffering as an energetic imbalance shows some continuities with the approaching traditional Chinese cosmopraxis and its technologies for the management of suffering, especially its holistic definition based on an energetic model.

Alegre's more general political diagnosis as the ultimate cause of these ailments will reappear again when he adheres to the network of alternative practices of the 1980s; but the therapeutic framework will no longer be developed in terms of a social transformation or a radical critique of the capitalist way of life, but rather focusing on changing one's way of life as personal work. The 1980s was a particularly relevant context for Argentina as it was a time of cultural and social opening that brought with it the end of the dictatorial political regime (1976–1983). This regime had deployed a climate of repression and persecution at the political level, prohibiting all participation and organization in civil society, and in everyday life, favoring a culturally conservative climate. This adaptation to the world of alternative therapies goes hand in hand with adjusting his terms to the scientific language of medicine and psychology, dominant expert knowledge socially legitimated to account for suffering and therapy. In this displacement, Daniel Alegre's writings and interventions also constitute an example of the processes of adaptation, from the

countercultural imaginary to the professionalization of the last decades of the 20th century, which show processes of hybridization between holistic cosmologies of Oriental origin, the medical, and the psychotherapeutic. Recurring to so-called traditional Chinese medicine was a significant feature of this process, both in relation to the practice of kung-fu and *taijiquan* (太极拳) as specific disciplines and in relation to nutrition and health management in a more specific sense.

3 The path of alternative therapies: traditional Chinese medicine

Toward the beginning of the 1980s, we find Alegre's work in a series of publications of the nascent field of alternative therapies, which inherited some of the features of the countercultural project but relying on a language less focused on the revolutionary transformation and more on "personal change" and the so-called New Age. That transformation, mediated by the military dictatorship and a process of cultural withdrawal prompted by cultural globalization and new modes of living, found in those early years certain channels of expression that would be consolidated in line with that previous stage, as well as a new flow of knowledge and experiences brought by travels or by the experience of political exile in other Latin American countries, Europe, and the United States.

Among those publications of the time, the aforementioned magazines *Mutantia* and *Uno Mismo* stood out. *Mutantia* included translations of Gregory Bateson, Fritjof Capra, and other personal development referents, as well as essays by certain young local heterodox intellectuals. Among them were Alejandro Piscitelli, who reflected upon the innovations of cybernetics; Luis Jalfen, who approached the French "new philosophers", disavowing right and left authoritarianism; or the anthropologist Eugenio Carutti, professor of epistemology at the Universidad del Salvador and, in the last decades, Latin American referent on non-predictive astrology, responsible for the Casa XI center and personal growth workshops. Later, during the 1990s, the magazine *Uno Mismo*, directed by Juan Carlos Kreimer, carried on some of *Mutantia*'s approaches but in a more commercial and less experimental version. Both publications consolidated themselves among the most important referents of New Age sensibility, the former still with a restricted horizon of readers and a more open project of intellectual discussion, and the latter more massive (in 1991 it sold 20,000 copies), focused on the offer of personal growth techniques and services and on the diffusion of the wider therapeutic circuit that became professionalized towards the end of the 20th century.[3]

In a series of notes under the title "Introduction to soft medicines", Alegre – who from then on was signing as Alegre Fidel-elaborated on the therapeutic aspects of "heterodox massage and self-massage systems." In his first article published in *Mutantia*, he stated that "the author thinks that illness is a language, so each one should look for its dictionary among the methods described to interpret his body or that of those he wishes to do good to"; moving on to refer to the basic principle of the functioning of such therapy, he emphasized that the connective tissue and the lymphatic system of the human body are intimately related to circuits of energy ("qi" in Chinese and "ki" in Japanese) that is in constant circulation, connections that the massage of certain zones reactivates, recomposing health and personal well-being.[12]

Zone therapy involves massaging specific points distributed on the feet, and it mobilizes the circulation of energy throughout the body, which affects different parts of the body with the aim to treat specific ailments. In a certain sense, the working principle of zone therapy, inspired by traditional Chinese sociocosmology, presupposes an idea of disturbance as a consequence of energy flow that can be related, with all the limitations of each case, to Wilhelm Reich's idea of disease. In both theories, the etiology of discomfort is the result of a "blockage". In the case of Reich, as Alegre pointed out, it is an "energetic-psychic" blockage; in Chinese medicine, a strictly "energetic-bodily" one. Alegre himself will later reapproach this psychological dimension of Oriental therapy, making it clear that the therapeutic resource of traditional Chinese medicine is also effective for psychological discomfort insofar as it has a "holistic" character.[13] At the same time, if Alegre's description presented Reich's work as a revolutionary alternative to "medical and psychological bureaucracy", in this opportunity he took great care to make clear the complementary and non-conflicting status of "soft therapies" in relation to conventional medicine, for which he insisted that "it is perhaps not idle to emphasize that this method of gentle medicine does not exclude more direct methods, always serving as an effective adjuvant".[14] This hybridization between the corporal, the psychic, and the spiritual-energetic will later constitute a central feature of the alternative field.

Alegre moves, in less than a decade, away from a Latin American reading of Wilhelm Reich to zone therapy, from the spontaneous autonomism of May 1968 to the claim of the psychoenergetic-bodily well-being of Chinese medicine. It is true that Alegre maintained his situationist concerns. In fact, he was the translator of the Argentine edition of Guy Debord's *La Sociedad del Espectáculo*, published by La Marca Editora in 1995 in Buenos Aires.[15] However, he had already left a critique of the society of the spectacle far behind, and had moved much closer to an inquiry into traditional Chinese therapies, the problem of well-being, and quality of life.

Daniel Alegre's publications during the 1980s and the first years of the 1990s would increasingly focus on the problem of therapeutics. Alegre's relationship with traditional Chinese practices dates back to the 1970s,

although on several occasions he recounts that his interest in martial arts has been with him since childhood. But it was only at the beginning of the next decade that he became, first, an instructor and later co-founder of the South American Wushu (Kung Fu) Federation, the Asian-Argentine Cultural Institute, and the Two Dragons Association for Health and Inner Work, which consolidated his status within the world of traditional Chinese practices.

In 1993, he published Taijiquan for Health: Manual of Therapeutic Functions, perhaps his most important work, in which he delves into the techniques of *taijiquan*, its procedures, and also the history and cultural place of traditional Chinese therapies in contemporary society.[14] There, Alegre describes his approach to the therapeutic practices of Chinese medicine and highlights two key links through which he gained access to informal networks and relatively little information, as well as to significant aspects of the circulation of this alternative knowledge in the 1970s and early 1980s. At the same time, Alegre's own account shows how these links delimit a world of "false" practices from another that assumes "serious" practices and a path that constructs its own knowledge and lineages as legitimate within the nascent space of holistic practices in Argentina. The first of these links is the one he establishes with Felicitas Ramberg de Epstein, who is the first to teach the rudiments of Chinese boxing (Kung Fu) in the early 1970s in Buenos Aires. The second, the Shanghainese Cai Guanwei (蔡冠伟), from whom Alegre learned the Wu style of boxing while he lived in Argentina.

Felicitas had learned Chinese boxing from a Taiwanese instructor. In addition, according to Alegre, she was imbued with Chinese culture and served as a socio-cultural mediator, circulating books, magazines, and news. Her workshop was a space for sociability and access to knowledge that was very scarce at the time. This is how Alegre remembers those initial moments of learning:

> "Felicitas taught taijiquan, taught what she had learned, alongside all that she was able to enrich it with later. A technique that remained esoteric for many, because this boxing did not appear in those movies of actors who at the slightest blow vomited red ink. At most, when the series "Kung Fu," starring David Carradine, arrived on our television sets, we learned of a temple called Shaolin, of some bonzes who showed the strength of their meditations through warlike prowess, an insurmountable contradiction for the mentality of that time in Buenos Aires where "flower power" had been transformed into widespread advertising (fiber markers, stickers, "artistic" postures on Florida Street, etc.)."[14]

In this passage, Alegre underlines the still exotic character of these practices and reflects upon the commodification of counterculture and its becoming of a market product through television, cinema, and the cultural industry in general. A theme that is not alien to his reflections on political and cultural criticism during the early 1970s. At the same time, he points out how "false" practices associated with stereotyped images of "the Oriental" emerged in this context. For example, Alegre recalls that during that period:

> "Argentine sifus began to spring up in our beloved port city. Some learned the techniques from [some] mysterious Chinese, who did not let themselves be seen; others, more consistently, declared they had learned from a book. In general, all of them corresponded to the clothes adopted, some of them well copied from Chinese models, others horribly *chinoiserie*."[14]

In contrast to these spurious and commercialized uses of traditional Chinese practices and therapeutics, Alegre vindicates an authentically Chinese tradition of which he himself is a part. Thus, he reconstructs a centuries-old lineage that begins in China and gets consolidated in the *Wu* style of *taijiquan* (吴氏太极拳) during the 19th century, which Alegre cultivates. That tradition, legitimated by its ancestral character and by the authenticity of a strictly oriental source, reaches Alegre through Cai Guanwei, a master of Chinese origin who lived in Argentina for some years and from whom Alegre learned the "long form" of eighty-four positions. According to Alegre: "It is an exercise to get to know oneself."[14] This lineage is claimed by Alegre as a way of legitimizing his knowledge and authority in the field of *taijiquan* and traditional Chinese medicine in general, which was in the process of consolidation in Buenos Aires (Fig. 1).

Taijiquan for Health-Manual of Therapeutic Functions condenses all of Alegre's concerns and shows a refined

Figure 1 Photograph of Alegre and Cai Guanwei (source from: the author).

analysis of the principles of traditional medicine (Fig. 2). It can be read as a manual of self-help, of physical-spiritual exercises, but also as one of the contemporary moral education. There we can find some of the basic principles of a whole cosmology that Alegre strives to translate into Western language and practice: the holistic character centered on the circulation of "qi" as an energetical realm and therapeutic practice as a change of lifestyle. At the same time, the book gives an account of the hybridization with psychology and biomedicine: on the one hand, as an aspect of the accommodation of a notion of the person and the cosmos proper to the traditional Chinese world to the culture of the Western urban middle classes; on the other hand, as an operation of legitimization based on studies considered "scientific".

In *Traditional Chinese Therapy*, says Alegre, there is a substantive aspect that maintains the impossibility of separating bodily movement from its spiritual and moral dimension; that is to say, the practice cannot be separated from the Taoist tradition, where the principle of the "great unity in movement" prevails. A central aspect has to do with breathing, the vehicle for the circulation of energy (qi). Conscious breathing and meditative movement would produce physical transformations in the person that would help obtain the energetic balance. According to this criterion, Alegre maintains that *taijiquan* provide a way to relearn certain basic structures that the hectic life of contemporary culture itself alters, causing various dysfunctions and illnesses. These disturbances are associated, above all, with circulation and tissues, and affect the respiratory, metabolic, and nervous systems. The latter connects moral life with the neurophysiological process and promotes dialog with psychological and psychiatric knowledge.

Figure 2 The front cover of *Taijiquan for Health-Manual of Therapeutic Functions* (source from: the author).

As he had anticipated in his essay "El psiquismo en la medicina tradicional china y su tratamiento con el taijiquan",[13] published some years before *Taijiquan for Health*, Alegre's intention was to elaborate on the concept of "psychism" for traditional Chinese medicine, an aspect that according to him had been sidelined in the usual manuals and treatments of the phenomenon. This relationship between psychology and Chinese medicine is particularly significant insofar as it shows a process of hybridization that Alegre deploys in his writings and in his practice, putting in dialogue a traditional oriental technique with technologies of self-knowledge that, in principle, would be foreign to him. The place of publication of the essay – a magazine related to the Buenos Aires psychoanalytic field called *Topía* – is also indicative of this approach.

Alegre also enlists the therapeutic benefits of the practice of taijiquan for women's health, especially in relation to pregnancy and childbirth. Among the several benefits, he suggests that it improves the psychomotor and psychoemotional fitness of pregnant women:

> "Some twenty years ago, when taijiquan was practically unknown still, so too, at the behest of obstetricians, groups of couple's birth preparation were just beginning to be formed, whose courses were intended to teach women to breathe and men to be serene. Frankly horrified by the scenes witnessed in two of these classes, where the panting reached paroxysm, together with the neurotic implosion of the husbands, we could not but be astonished [by the fact] that the practice of taijiquan, serene, balanced, where breathing was never an obligation but served as a basis of preparation for a happy childbirth."[14]

As can be seen, Alegre claims that the technique serves as a resource that is of use as much for the pregnant woman as it is for the couple; in both cases, balanced breathing and good "qi" circulation guarantee an adaptation to critical physical and emotional situations.

Another interesting aspect introduced in his volume popularizing taijiquan has to do with the ways in which the therapeutic resources of traditional Chinese medicine are legitimized. He draws, on the one hand, on experiential criteria, on his own practice, which makes the efficacy plausible and, on the other hand, on scientific studies of biomedicine.

Alegre's first-person narration, with detailed accounts of his family and personal experience, is a crucial resource of alternative therapies and the field of practices linked to the New Age-style spiritual circuit. By making the

personal account the guarantee of efficacy and basing legitimacy on himself, this resource synthesizes a whole sensibility that also appears in self-help literature, in personal growth workshops, and in spiritual practices that encourage "testimony" as a rite of passage, as a vehicle of knowledge, and as a narrative genre.

The therapeutic function of traditional Chinese therapy, according to Alegre, is guaranteed not only by the validity of the ancestral tradition in itself and by personal experience, but also by scientific resources endorsed by Western medicine itself. Huge numbers of studies are cited, authored by physicians and endorsed by recognized medical associations that constitute a whole system of "modern" legitimization of the technique. This is another recurrent feature of the alternative therapeutic sensibility and of the circuit of practices identified with New-Age spirituality, paradigmatically linked to spiritualities of an Oriental matrix: although some of their foundations are based on holistic logics and on notions of causality (for discomfort or for cure) that transcend naturalistic origins, at the same time the biomedical system is used as a space of legitimization and therapeutic complementarity as a criterion of tolerance and coexistence. Likewise, Alegre lay a claim to scientificity, in the sense that if scientific knowledge does not acknowledge or recognize these practices it is simply because it has not reached the stage of development that these techniques can claim for themselves. Thus, for example, Alegre makes reference to a large number of studies carried out in France, Canada, the United States, Argentina, and China itself that show the virtues of the implementation of traditional Chinese medicinal techniques in the area of psychiatry, especially with patients with schizophrenia, and in cardiology, since, as he indicates, Chinese medicine is particularly relevant for circulation and body flow problems.

Alegre highlights two significant aspects of traditional Chinese therapy. If, on the one hand, it is the scientific legitimacy of the medical studies themselves, carried out in research centers and at universities, which allows Chinese medicinal practices to be considered effective, then their therapeutic target is not limited to sick people, but includes a broader field that has to do with Western way of life. In this sense, in addition to psychiatric and cardiac problems, Alegre refers to the benefits of traditional Oriental techniques as a resource to combat the ills of urban and civilized life: it is useful against "neurosis" as well as for "the common man who lives in a tense, abnormal way, under constant pressure" to find a way to manage his well-being in modern life. This aspect is fundamental because it evidences a holistic conception that does not overlook the psychological dimension (it uses the term "neurosis"), but rather points to an idea of the therapeutic as a Life change. Thus, *taijiquan* is both a complementary resource for care – legitimized by official medical knowledge and, therefore, part of a hybrid system of care that allows circulation between conventional medical knowledge and alternative therapies – and a resource for life change, a therapy for the healthy, a holistic technique that integrates body, mind, and spirit in an alternative way of life.

In 1994, Alegre published a book dedicated to food and body care: *The Chinese Diet* (Fig. 3). *Qigong*, with a suggestive subtitle, evidently to promote the book: *The Revolutionary Chinese Method to Lose Weight and Live Better*.[16] This volume, co-authored with physician Samuel Aisemberg, can be read in continuity with the first one: *Taijiquan for Health*. In this case, the co-author endows the work with a professional legitimacy that the first one lacks. On the other hand, *The Chinese Diet* describes the ideas of health and disease in traditional China, showing the non-dualistic character of the conceptions of the body, energy, and the mind. This work focuses on three aspects: breathing, self-massage, and diet. Problems and dysfunctions related to nutrition, such as overweight, are obviously not strictly biological, but have to do with a Western way of life that neutralizes the individual needs and uniqueness of each human being. The therapeutic function of traditional Chinese medicine therefore focuses on "frugality", which allows the circulation of "qi" to balance bodily functions. This requires a fasting diet with different stages, which Alegre describes in the form of a practical manual, complemented by physical

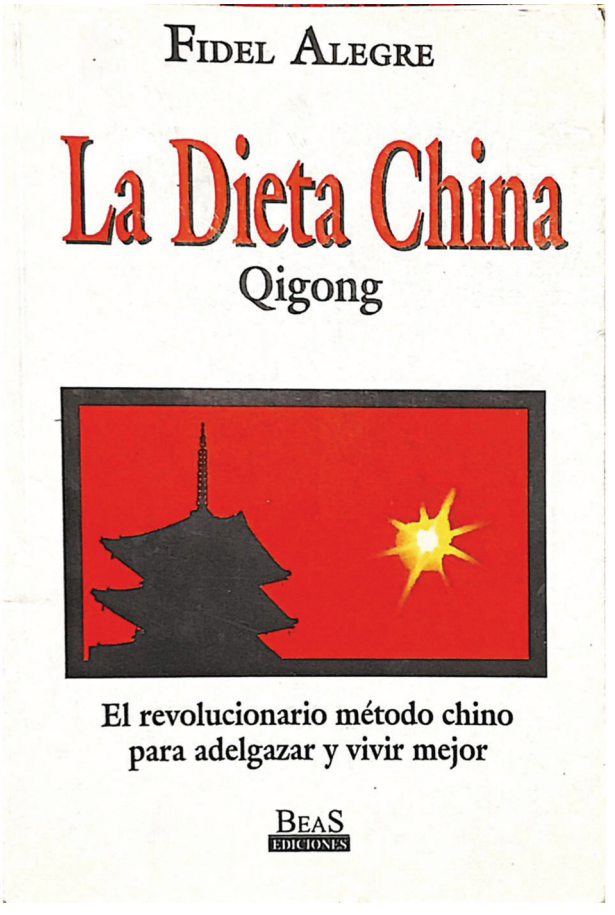

Figure 3 The front cover of *The Chinese Diet* (source from: the author).

and respiratory exercises aimed at balancing the circulation of energy.

The "Chinese diet" is described as "complementary" to Western medicine, and its notions of illness and health include and hybridize biological conceptions and definitions. Overweight is, in part, a consequence of caloric imbalance and metabolic problems, phenomena undoubtedly identified with natural physical processes of the organism. However, it is also the result of an imbalance in the flow of energy that includes the biological itself. For this reason, although the medical dimension focused on the physical, typical of the Western approach, is fundamental to the definition of illness and health, it is not enough: there is a holistic and expanded dimension that includes other emotional, environmental, and energetic factors that must be considered. The body in Alegre's description is understood in a plot greater than a strictly physical-naturalistic order. Ailments, illnesses and discomfort are conceived and practiced as a function of a lack of circulation (and balance) of the energy that is a non-corporeal element (even more than human). It is possibly this "holistic" element of traditional Chinese therapy, re-signified for a Western public already familiar with the traditions of "therapeutic holism" typical of the therapeutic resources of the so-called alternative therapies and the models of the romantic tradition of the 19th century, which allows for an understandable and appreciable translation.

Both works on traditional Chinese therapy vindicate a central aspect in Fidel Alegre's therapeutic proposal: the idea that *taijiquan* involves a mode of "mental adequacy", that is, the construction of a whole lifestyle based on a practice that cultivates a certain mode of health and spiritual well-being. In this aspect, we find there a series of ideas and practices that stress personal autonomy and the improvement of the self as a vehicle for transformation that, although they had taken root in the preceding decades, were strongly consolidated from the 1980s onward in different social spaces: aesthetic, therapeutic, and even political, driving movements of personal transformation as the axis of a broader political change.[3,17]

4 Conclusions

Daniel (Fidel) Alegre's public interventions and heterodox production in the 1980s are part of the consolidation of a diverse and plural therapeutic horizon that coexists with biomedical resources based on traditional scientific models. In this sense, Alegre's trajectory serves as an example of how traditional Chinese therapies are strongly related to a broader cultural field. Alegre play a relevant role in the conformation of traditional Chinese therapy as a therapeutic resource and as a practice linked to a holistic way of life. His trajectory also allows us to understand in detail and from a singular case to what extent the emergence of traditional Chinese therapy in Argentina is associated to resignification processes typical of Argentine society or, at least, of the ways of managing suffering in the urban middle sectors. In those settings, hybridization processes between traditional Chinese therapy and dominant and legitimized medical and psychological knowledge are particularly significant. Although the diffusion of this type of therapeutic resources and wellness building techniques has been described for the Argentine case, especially for the urban middle class world, similar phenomena took place in Latin America in urban contexts receptive to transnationalized cultural goods and ways of life at the same time, following a flow from China to Latin America.

The insertion of traditional Chinese therapies within the field of "alternative expertise" shows a process of hybridization between the medical, the psychological, and the alternative that is not new in urban Argentine culture, but which acquires specific features after the 1980s that are based on the idea of holism, the management of emotions, the exploration of self-inquiry techniques, and personal improvement. The centrality of the medical discourse and scientific legitimacy could be interpreted as a strategy of public negotiation of the traditional Chinese therapies that Alegre promotes. However, we understand that this articulation with scientific knowledge consists of much more than a mere strategy, it is part of the very synthesis of the alternative techniques that find in the scientistic rhetoric a constitutive element. The same happens with the psychological elements, which appear as a central feature of the traditional Chinese treatment. For Alegre, there is an articulation between Chinese therapy – which in the Western context is considered an alternative therapy – and the psychological tradition, which leads him to place energy manipulation techniques (qi) on the horizon of self-management. This aspect is the most novel in Alegre's particular elaboration since it allows him to make Chinese medicine dialogue with other therapeutic offers in the psychological field, especially with those based on psychoanalysis, strongly consolidated in urban contexts in Argentina.

Alegre's trajectory also acts as a mediator between two epochs. Since the 1960s, and despite the authoritarian governments, a movement of cultural change altered family models, religious practices, the uses of the expanding cultural industry, modes of affectivity, and sexuality. This process enabled new ways of establishing relationships with others and with one´s self, based on resources of self-knowledge paradigmatic of the counterculture ideas and practices of body and self. Although it is possible that the networks of sociability around these experimental practices may have had a subordinate and almost marginal place compared to other much more popular resources – such as psychoanalysis and more conventional left-wing political activism – this experience contributed to fostering the foundations of a movement that would soon have a much greater social impact, consolidating a space linked

to the so-called alternative therapies and to a sensibility for which personal change is an axis with a strong legitimacy.

The arrival of democracy in the 1980s consolidated, on a political and cultural level, a process of democratization around the principles of "freedom" and "autonomy". The legitimacy of these values enabled new scenarios for features that already existed in the countercultural model of the previous decade. Daniel Alegre's trajectory is significant not only for his interventions within the Buenos Aires counterculture of the 1970s or incorporation and diffusion of traditional Chinese Therapies, but also for being part of a broader and more systematic plot that shows both continuities and discontinuities between the cultural experimentation of the 1960s and 1970s and the more recent alternative therapeutic searches. His trajectory helps to understand how the emergence of a new constellation of therapeutic offers and practices that hybridize the medical, the psychological, and the spiritual-alternative constitutes not only a process of transnationalization or naive appropriation, but one embodied in very concrete actors, who acts as translators, promoters, and mediators of knowledge, cultural climates, and social worlds.

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Ethical approval

This article does not contain any studies with human or animal subjects performed by any of the authors.

Author contributions

Nicolás Viotti participated in the research design, data analysis, and the writing of the article.

Conflicts of interest

The author declares no financial or other conflicts of interest.

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Research article

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OPEN

Zhu Fan Zhi and the Maritime Road of Aromatic Medicine in the Song Dynasty

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Abstract

Zhao Rukuo's *Zhu Fan Zhi* in the Southern Song dynasty was the first book in the history of China to systematically describe the "Maritime Silk Road", recording the geography, products, customs, trade, etc. of more than 50 foreign countries and regions. The book included a large amount of medical literature, introducing medical customs and the production of drugs in various places, as well as the efficacy of some medicine. These materials are of unique value for understanding the medicine trade in the Song dynasty, and even the medical culture along the "Maritime Road of Aromatic Medicine".

Keywords: Aromatic medicine; Zhao Rukuo; *Zhu Fan Zhi*

1 Introduction

Aromatic medicine refers to substances that can emit special odors such as fragrances and can be used as medicine, usually divided into plant scents and animal scents. Due to its wide application and high price, aromatic medicine was an important commodity in ancient Sino-foreign trade.

The application of aromatic medicine in the Song dynasty was very extensive, which promoted the development of trade in fragrant drugs between China and foreign countries. During the Southern Song dynasty, the "Maritime Silk Road" was the main route for Sino-foreign exchanges.[1] Aromatic medicine was an important commodity in various imported "foreign goods", which was not only large in quantity and diverse in variety, but also involved many countries and regions. Therefore, the maritime trade route was also vividly called the "Maritime Road of Aromatic Medicine." In the context of the development of overseas trade, some related works appeared subsequently, such as *Ling Wai Dai Da* (《岭外代答》 *Chorography of Lingwai*),[2] *Gui Hai Yu Heng Zhi* (《桂海虞衡志》 *Yu Heng Records of Guihai*),[3] *Zhu Fan Zhi* (《诸蕃志》 *Records of Foreign Countries*), etc. Among these books, *Zhu Fan Zhi* written by Zhao Rukuo (赵汝适, 1170–1231) in the Southern Song dynasty is the most important. This book is regarded as "the first chronicle in China to systematically describe the Maritime Silk Road",[4] which was not only an important reference for Song people to understand overseas situations and engage in overseas trade, but also an important document for modern people to study ancient Sino-foreign relations and the Maritime Silk Road.

Zhu Fan Zhi included a great deal of contents about the medicines of various countries, regions and tribes along the "Maritime Road of Aromatic Medicine", which was of high reference value for understanding the exchange of medicine between China and foreign countries in the Song dynasty. Specific research and discussions on the medicine contents of *Zhu Fan Zhi* are rarely found up to date. This article aims to systematically sort out the medical literature of the book, and discuss and analyze the medical content included in the literature.

2 Basic information of *Zhu Fan Zhi*

Zhu Fan Zhi is divided into two volumes. The first volume *Zhi Guo* (《志国》 *Recording Countries*) is dedicated to recording countries and regions, in which traditions and customs of more than 50 foreign countries and regions are recorded. The second volume is dedicated to recording goods and products. A total of 38 kinds of various goods and products from overseas g are included, most of which are aromatic medicine.

The author of *Zhu Fan Zhi* is Zhao Rukuo of the Southern Song dynasty. Zhao, courtesy name Boke (伯可), was the grandson of the eighth generation of Zhao Jiong (赵炅), Emperor Taizong (太宗) of the Song dynasty. He served as a maritime trade official in both Fujian (福建) and Quanzhou (泉州) City, and was directly in charge of overseas trade. As is known to all, Quanzhou Port arose in the Tang dynasty

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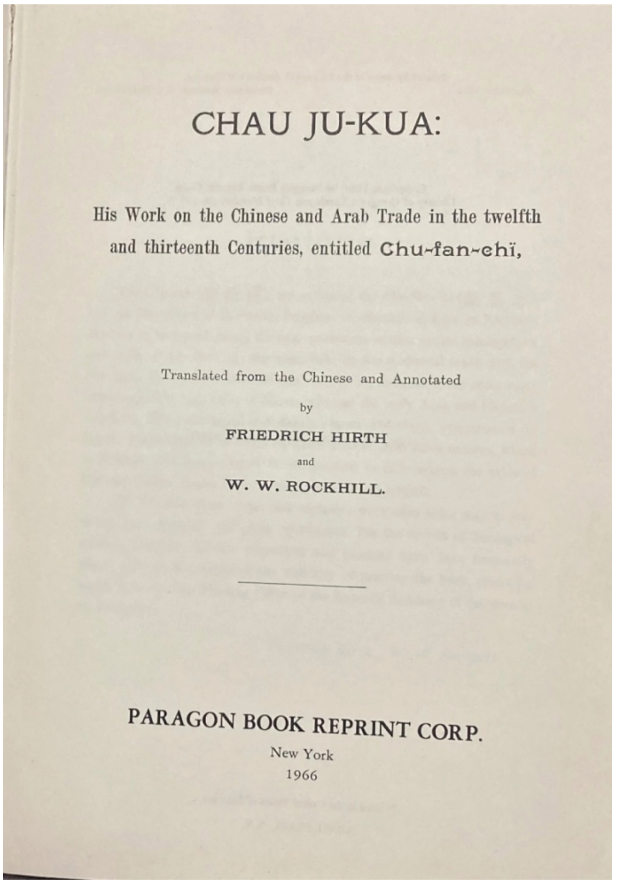
and was prosperous in the Song dynasty. Especially in the Southern Song dynasty, it became an international trade port for various foreign merchants. Being in charge of overseas trade in Fujian and Quanzhou undoubtedly provided conveniences for Zhao Rukuo to compile *Zhu Fan Zhi*. According to the author's comments in the preface of *Zhu Fan Zhi*, during his tenure as the city maritime trade official, he would "read maps of foreign countries and regions" in his spare time, and "inquired about the names of these countries and regions, the traditions and customs, as well as the specialties, goods, and products from the mountains and waters from the foreign merchants, and translated them into Chinese by deleting filthy language and rhetoric while keeping the facts."[5] In addition to personal inquiries and investigations, Zhao also consulted many works of his predecessors, including *Ling Wai Dai Da* by Zhou Qufei (周去非), *Gui Hai Yu Heng Zhi* by Fan Chengda (范成大), etc., and incorporated them if necessary.

Due to the limitation of conditions, the records of foreign countries and regions in *Zhu Fan Zhi* could not by free from errors and flaws. However, the shortcomings were overshadowed by its excellence. Detailed and rich descriptions of geographical environment, specialties, traditions and customs, etc. of the foreign countries and regions made the book a masterpiece of geography in the Southern Song dynasty and an important document for the study of maritime transportation in the Song dynasty.[6] *Foreign Biography of the History of Song* (《宋史·外国传》) has adopted a lot of the contents from *Zhu Fan Zhi*,[7] therefore, *Summary of the General Catalog of the Si Ku Quan Shu* (《四库全书总目提要》) praised the book that, "the contents of *Zhu Fan Zhi* were collected from knowledge and information from foreign merchants, and all of them were drawn from the observations of eye-witnesses by the author in person. The book was narrated in clear details, therefore it could serve as basis for historians."[8] In 1911, German sinologist Friedrich Hirth (夏德) and American sinologist W. W. Rockhill (柔克义) cooperated and translated *Zhu Fan Zhi* and its annotations into English, and titled it as *Chau Ju-kua: His Work on the Chinese and Arab Trade in the Twelfth and Thirteenth Centuries, entitled Chu Fan Chi*[9] (Fig. 1). The translation aroused a warm response in the Western Sinology circles. For example, on December 29th, 1912 (weekend edition), the New York Times published a long promotional article for the general public with nearly one page.[10]


CHAU JU-KUA:

His Work on the Chinese and Arab Trade in the twelfth and thirteenth Centuries, entitled Chu-fan-chï,

Translated from the Chinese and Annotated by

FRIEDRICH HIRTH and W. W. ROCKHILL.

PARAGON BOOK REPRINT CORP.

New York

1966

Figure 1 The English translated version of *Zhu Fan Zhi*, *Chao Ju-Kua: His Work on the Chinese and Arab Trade in the Twelfth and Thirteenth Centuries, entitled Chu-fan-chi*, 1966 version (source from: Shanghai University of Traditional Chinese Medicine Library).

3 Aromatic medicine contents in *Zhu Fan Zhi*

The content of the countries and regions along the "Maritime Silk Road" recorded in *Zhu Fan Zhi* is very rich. Its geographical scope reaches Japan and the Philippines to the east, the islands of Indonesia to the south, Africa and Sicily in Italy to the west, and central Asia and Asia Minor Peninsula to the north. The coverage of the book is so wide that it is beyond the reach of similar works of the same period.[11] Medical contents including aromatic medicine in *Zhu Fan Zhi* are scattered in each chapter of the book. According to the nature of its content, the book generally includes four aspects.

3.1 Medical cultures and aromatic medicine customs

The contents related to medical culture and aromatic medicine customs in *Zhu Fan Zhi* are mainly found in the first volume *Zhi Guo*. Although it is relatively scattered, it is possible to collect information and descriptions, from which medical development in different countries and regions could be learned.

For instance, the book recorded that in the kingdom of Jiao Zhi (交趾), "When the people are ill they do not use medicines. During the night they do not keep lamps burning." Judging from the people's habit of not taking medicine when they were sick, the kingdom of Jiao Zhi was at a stage where knowledge of medicine was relatively scarce, and people had not yet acquired the basic knowledge skills of medicine.

As of that in the kingdom of Du Po (阇婆), "When the people are sick, they take no medicines, but simply pray to their local gods or to the Buddha." Judging from the fact that people did not take medicine when they were sick, instead, they turned to prayers and almsgiving. It shows that people's awareness of disease was still at a relatively low level at that time. This use of supernatural divine power to safeguard health was more of a psychological comforting effect than a scientifically effective treatment option.

In the kingdom of San Fo Qi (三佛齐), "when anyone in this country is dangerously ill, he distributes his weight in silver among the poor of the land, and this is held to be a means of delaying death." Seriously ill people distributed money for the poor and expected their lives to last. It indicated that when the current level of medical knowledge could not cure a disease, people would hope for a miracle by doing good deeds due to insufficient understanding of nature and science, which was a relatively simple view of life.

Furthermore, in the kingdom of Wu Si Li (勿斯里), "Every two or three years, an old man comes out of the water of the river." The people will go near him to ask whether the present year would bring the people happiness or misfortune, and "if he laughs, then the year will be a plenteous one, and sickness and plagues will not visit the people. If he frowns, then one may be sure that either in the present year or in the next, they will suffer from famine or plague." Wu Si Li was located in eastern Africa, equivalent to present-day Egypt. The river mentioned in the book probably refers to the Nile River (尼罗河), which regularly flooded. Ancient Egypt had a complete system of mythology and a tradition of deity worship, the image of the river god foretelling disease and plague was the result of the fusion of early mythology and medical psychology.

In the introduction to the kingdom of Nan Pi (南毗), the book mentioned an official who specialized in the management of the king's diet. The officer was called *Han Lin* (翰林), "who lays the viands and drinks before the king, and sees how much food he eats, regulating his diet so that he may not exceed the proper measure." The book also recorded treatment methods by tasting farces to see whether it was sweet or bitter, "should the king fall sick through excess of eating, then this officer must taste his farces and treat him according as he finds them sweet or bitter." There is still controversy about the specific location of kingdom of Nan Pi. It is generally believed that it was located on the west coast of Indian Peninsula, and its north border was close to India River basin.[12] However, there are no other corroborating materials for the methods of treatment methods by tasting farces, as well as clear evidences for the establishment of Han Lin officials. Therefore, whether these records were mistakes by the author Zhao Rukuo, or whether these events were true were to be further verified.

Among the kingdoms mentioned above, Jiao Zhi, Du Po, and San Fo Qi were all located in Southeast Asia, and they were relatively powerful countries at that time. However, the records of *Zhu Fan Zhi* show that these countries did not have a good level of medical care, and there was a certain difference in medical knowledge with China during the same period. These countries were rich in aromatic medicine resources, but did not fully develop and utilize the medical value of aromatic medicine to develop a complete drug theory and medical system.

The same medical status quo is reflected in *Zhu Fan Zhi* regarding the custom of using aromatic medicine in some countries. For instance, in the kingdom of Zhan Cheng (占城), "they are so clean that they are used to coating their bodies with *Nao Zi* (脑子 Borneol) and *She Xiang* (麝香 Musk), and smoking their clothes with all kinds of aromatic medicine." In Southeast Asian countries, the climate is hot and humid, and it is easy to breed bacteria. Aromatic medicine can purify the air and repel the epidemic, so it is widely used for daily cleaning and epidemic prevention.

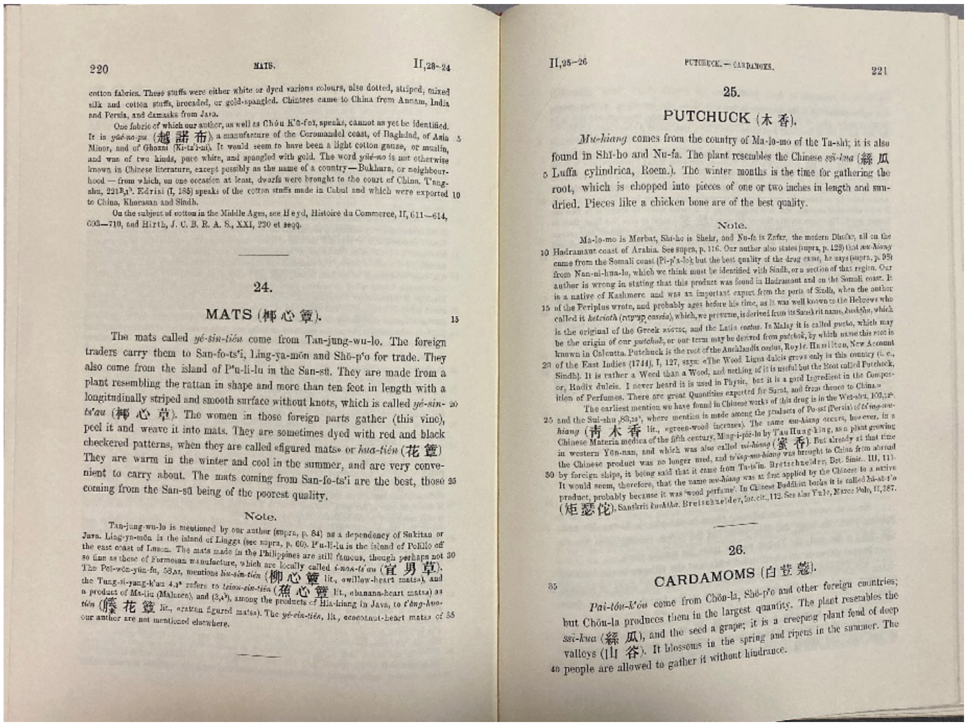
Zhu Fan Zhi recorded that in the kingdom of Nan Ni Hua Luo (南尼华啰), "people bathe in *Yu Jin* (郁金 Tulip) day and night to paint their bodies, it looks like the golden color of Buddha." There are two reasons about why people do this: One is that Yu Jin has the effects of activating blood circulation, relieving pain, moving qi and relieving depression, clearing the heart and cooling the blood. Applying it to the skin can keep their bodies clean and have the effect of health care. The second is that the body has a golden color after applying *Yu Jin*, it is similar to the golden light of Buddha. People want to pray for the same ability by simulating the image of Buddha, they believe that it can get the blessing of Buddha to get rid of diseases and avoid disasters.

These two examples show that the local people's use of aromatic medicine still remained in daily activities such as bathing, anointing the body, and lavishing clothes, that they had not yet recognized and summarized the systematic laws of medicine from experience.

3.2 Aromatic medicine produced from different countries and regions

Zhu Fan Zhi involves many kinds of aromatic medicine. Although there are also descriptions of their therapeutic efficacies, but relatively speaking, more descriptions are included from the perspectives of the origin, form, collecting and processing procedure of the aromatic medicine (Fig. 2).

The introduction of various countries recorded in *Zhu Fan Zhi* also included the production of medicines in different counties and regions. For example, Korea produced ginseng, musk, pine nuts, hazelnuts, cassia, pine cones, wind, white aconite, and tuckahoe; The kingdom of Jiao Zhi produced agarwood, Penglai incense, pearl shells, and rhinoceros; The kingdom of San Fo Qi



220 MATS. II,23–24

cotton fabrics. These stuffs were either white or dyed various colours, also dotted, striped, mixed silk and cotton stuffs, brocaded, or gold-spangled. Chintzes came to China from Annam, India and Persia, and damasks from Java.

One fabric of which our author, as well as Chóu K'ü-fei, speaks, cannot as yet be identified. It is *yüé-no-pu* (越諾布), a manufacture of the Coromandel coast, of Baghdad, of Asia Minor, and of Ghazni (Ki-tz'i-ni). It would seem to have been a light cotton gauze, or muslin, and was of two kinds, pure white, and spangled with gold. The word *yüé-no* is not otherwise known in Chinese literature, except possibly as the name of a country—Bukhara, or neighbourhood — from which, on one occasion at least, dwarfs were brought to the court of China. T'ang-shu, 221B,1b. Edrisi (I, 185) speaks of the cotton stuffs made in Cabul and which were exported to China, Khorasan and Sindh.

On the subject of cotton in the Middle Ages, see Heyd, Histoire du Commerce, II, 611—614, 693—710, and Hirth, J. C. B. R. A. S., XXI, 230 et seqq.

24.

MATS (椰心簟).

The mats called *yé-sin-tién* come from Tan-jung-wu-lo. The foreign traders carry them to San-fo-ts'i, Ling-ya-mön and Shö-p'o for trade. They also come from the island of P'u-li-lu in the San-sü. They are made from a plant resembling the rattan in shape and more than ten feet in length with a longitudinally striped and smooth surface without knots, which is called *yé-sin-ts'au* (椰心草). The women in those foreign parts gather (this vine), peel it and weave it into mats. They are sometimes dyed with red and black checkered patterns, when they are called «figured mats» or *hua-tién* (花簟) They are warm in the winter and cool in the summer, and are very convenient to carry about. The mats coming from San-fo-ts'i are the best, those coming from the San-sü being of the poorest quality.

Note.

Tan-jung-wu-lo is mentioned by our author (supra, p. 84) as a dependency of Sukitan or Java. Ling-ya-mön is the island of Lingga (see supra, p. 60). P'u-li-lu is the island of Polillo off the east coast of Luzon. The mats made in the Philippines are still famous, though perhaps not so fine as those of Formosan manufacture, which are locally called *i-nan-ts'au* (宜男草). The Pei-wön-yün-fu, 58A, mentions *liu-sin-tién* (柳心簟 lit., «willow-heart mats»), and the Tung-si-yang-k'au 4,3a refers to *tsiau-sin-tién* (蕉心簟 lit., «banana-heart mats») as a product of Ma-liu (Malacca), and (3,4b), among the products of Hia-kiang in Java, to *t'öng-hua-tién* (藤花簟 lit., «rattan figured mats»). The *yé-sin-tién*, lit., «cocoanut-heart mats» of our author are not mentioned elsewhere.

II,25–26 PUTCHUCK.—CARDAMOMS. 221

25.

PUTCHUCK (木香).

Mu-hiang comes from the country of Ma-lo-mo of the Ta-shï; it is also found in Shï-ho and Nu-fa. The plant resembles the Chinese *ssï-kua* (絲瓜 Luffa cylindrica, Roem.). The winter months is the time for gathering the root, which is chopped into pieces of one or two inches in length and sun-dried. Pieces like a chicken bone are of the best quality.

Note.

Ma-lo-mo is Merbat, Shï-ho is Shehr, and Nu-fa is Zafar, the modern Dhofar, all on the Hadramaut coast of Arabia. See supra, p. 116. Our author also states (supra, p. 128) that *mu-hiang* came from the Somali coast (Pi-p'a-lo); but the best quality of the drug came, he says (supra, p. 95) from Nan-ni-hua-lo, which we think must be identified with Sindh, or a section of that region. Our author is wrong in stating that this product was found in Hadramaut and on the Somali coast. It is a native of Kashmere and was an important export from the ports of Sindh, when the author of the Periplus wrote, and probably ages before his time, as it was well known to the Hebrews who called it *ketciath* (קציעת, cassia), which, we presume, is derived from its Sanskrit name, *kushtha*, which is the original of the Greek κόστος, and the Latin costus. In Malay it is called pucho, which may be the origin of our *putchuk*, or our term may be derived from *patchak*, by which name this root is known in Calcutta. Putchuck is the root of the Aucklandia costus. Royle. Hamilton, New Account of the East Indies (1744), I, 127, says: «The Wood Ligna dulcis grows only in this country (i. e., Sindh). It is rather a Weed than a Wood, and nothing of it is useful but the Root called Putchock, or, Radix dulcis. I never heard it is used in Physic, but it is a good Ingredient in the Composition of Perfumes. There are great Quantities exported for Surat, and from thence to China.»

The earliest mention we have found in Chinese works of this drug is in the Wei-shu, 102,12a and the Sui-shu, 83,11a, where mention is made among the products of Po-ssï (Persia) of *ts'ing-mu-hiang* (青木香 lit., «green-wood incense»). The name *mu-hiang* occurs, however, in a Chinese Materia medica of the fifth century, Ming-i-pié-lu by T'au Hung-king, as a plant growing in western Yün-nan, and which was also called *mi-hiang* (蜜香). But already at that time the Chinese product was no longer used, and *ts'ing-mu-hiang* was brought to China from abroad by foreign ships, it being said that it came from Ta-ts'in. Bretschneider, Bot. Sinic., III, 11. It would seem, therefore, that the name *mu-hiang* was at first applied by the Chinese to a native product, probably because it was 'wood perfume'. In Chinese Buddhist books it is called *kü-sê-t'o* (矩瑟侘), Sanskrit *kushtha*. Bretschneider, loc. cit., 112. See also Yule, Marco Polo, II, 387.

26.

CARDAMOMS (白荳蔻).

Pai-tóu-k'óu come from Chön-la, Shö-p'o and other foreign countries; but Chön-la produces them in the largest quantity. The plant resembles the *ssï-kua* (絲瓜), and the seed a grape; it is a creeping plant fond of deep valleys (山谷). It blossoms in the spring and ripens in the summer. The people are allowed to gather it without hindrance.

Figure 2 English version of *Zhu Fan Zhi* introducing aromatic medicines (source from: Shanghai University of Traditional Chinese Medicine Library).

produced *Nao Zi*, Shensu and temporary incense, thick ripe incense, Jiangzhen incense, clove, sandalwood, and bean curd; The kingdom of Da Shi (大食) produces pearls, rhino horn, frankincense, ambergris, and wood incense, cloves, nutmeg, benzoin, aloe vera, myrrh, blood fenugreek, asafoetida, cinnabar navel, clam, gardenia, rose water, myrrh, yellow wax, etc.

The aromatic medicine recorded in *Zhu Fan Zhi* are accompanied with their production origins. For instance, in *Lu Hui* (芦荟 Aloes), part 30 of the second volume, the book recorded that. "*Lu Hui* comes from the land of Nu Fa (奴发) of the countries of Da Shi." *Zhu Fan Zhi* also included comparisons of medicines from different places. Namely, in *Hu Jiao* (胡椒 Pepper), part 27 of the second volume, it said that, "*Hu Jiao* comes from the following places in Du Po: Su Ji Dan, Da Ban (打板), Bai Hua Yuan (百花园), Ma Dong (麻东), and Rong Ya Lu (戎牙路); but the pepper coming from Xin Tuo (新拖) is the best."

Among the imported medicine, the trade of aromatic medicine was highly profitable and occupied an important position in the maritime trade of the Song dynasty. For the purpose of facilitating trade, Zhao Rukuo described in detail the production of aromatic medicine in various countries. The first volume Zhi Guo records dozens of aromatic medicines from 30 countries and regions. The second volume *Zhi Wu* (《志物》 *Recording Goods*) includes more than 30 kinds of aromatic medicines, as shown in Table 1.

From the statistics of fragrant herbs produced in various regions in the table, it can be seen that there are several characteristics of fragrant herbs literature in the *Zhu Fan Zhi*: first, the geographical range of aromatic medicine distribution is very wide, it basically involved the coastal countries and regions that the maritime trade routes passed through at that time. These regions are mostly located in tropical and subtropical regions, which is humid and hot, suitable for the growth of aromatic medicine. From the geographical point of view, Jiao Zhi, Zhan Cheng, Zhen La (真腊), Deng Liu Mei (登流眉), San Fo Qi, Dan Ma Ling (单马令), Ling Ya Si Jia (凌牙斯加), Fo Luo An (佛啰安), Xin Tuo in the Southeast Asia region, Da Shi (大食), Bi Pa Luo (弼琶啰), Zhong Li (中理), Weng Man (瓮蛮), Ji Shi (记施) in the west Asia and Africa region, these countries are rich in various types of aromatic medicine. Second, the same aromatic medicine is often involved in different countries and regions, such as the brain, which is recorded in the descriptions of Nan Pi, Zhan Cheng, Ling Ya Si Jia, San Fo Qi, and other places. Of course, areas with a relatively concentrated concentration of aromatic medicine in some regions may not necessarily be the exact origin of aromatic medicine. Some countries and regions, due to their geographical location, are transit places for trade in surrounding areas and important transportation hub on the Maritime Silk Road, so there will be more records of aromatic medicine.

In addition, *Zhu Fan Zhi* also recorded some Chinese medicines. For example, merchants came to the kingdom of San Fo Qi to exchanged local goods with medicines such as *Da Huang* (大黄 Rhubarb), *Zhang Nao* (樟脑 Camphor) produced in China. The kingdom of Du Po was rich in aromatic medicines, merchants used medicines such as *Chuan Xiong* (川芎 Ligusticum

Table 1 The list of the origins of aromatic medicines in the *Zhu Fan Zhi*

Origin	Aromatic medicine
Jiao Zhi	Agarwood, Penglai incense, Rhino horn
Du Po	Rhino horn, Nao zi, Sandalwood, Fennel, Clove, Cardamom, Listea cubeba, Jiangzhen incense, Pepper, Betel nut, Sappan wood, Agarwood, Su and temporary incense
Da Qin	Tongtian rhino horn
Deng Liu Mei	Cardamom, Jianchen and temporary incense
San Fo Qi	Nao zi, Chensu and temporary incense, Thick ripe incense, Jiangzhen incense, Clove, Sandalwood, Cardamom, Frankincense, Rose water, Gardenia, Myrrh, Asafoetida, Wood incense, Liquid storax, Benzoin
Dan Ma Ling	Jiangzhen incense, Su incense, Ebony, Nao zi, Rhino horn
Ling Ya Si Jia	Rhino horn, Su and temporary incense, Raw incense, Nao zi
Fo Luo An	Su and temporary incense, Jiangzhen incense, Sandalwood
Xin Tuo	Pepper
Lan Wu Li	Sappan wood
Zhan Cheng	Jianchen and temporary incense, Ebony, Rhino horn, Nao zi, Musk, Raw incense
Xi Lan	Cardamom, Mulberry skin, thick and thin incense
Lu Mei	Rose water, Gardenia, Liquid storax
Nan Pi	Nao zi, Musk
Xin Luo	Musk
Da Shi	Frankincense, Dragon's mouth Incense, Wood incense, Benzoin, Aloe vera, Clove Cardamom, Myrrh, Blood fenugreek, Asafoetida, Gardenia, Jasmine, Rose water, Liquid storax, Agarwood
Bi Pa Luo	Dragon's mouth Incense, Rhino horn, Wood incense, Liquid storax, Myrrh
Zhong Li	Blood fenugreek, Aloe vera, Dragon's mouth Incense, Frankincense
Weng Man	Phoenix date
Bi Si Luo	Phoenix date
Bai Da	Liquid storax
Su Ji Dan	Pepper, Sandalwood, Clove, Cardamom, Jiangzhen and thin Incense, Listea cubeba
Zhu Nian	Betel nut, Cardamom, Phoenix date
Bo Ni	Plum blossom borneol, Quick borneol, Golden feet borneol, Rice borneol, Betel nut, Jiangzhen incense
Gu Lin	Sappan wood, Tulip
Ji Ci Ni	Liquid storax

Chuanxiong Hort), *Bai Zhi* (白芷 Angelica Dahurica), *Zhu Sha* (朱砂 Cinnabar), *Bai Fan* (白矾 Alum), *Peng Sha* (硼砂 Borax), *Pi Shuang* (砒霜 Arsenic) from China as trade currencies, which were popular with the locals. In particular, *Zhu Sha* was bright red in color. In addition to treating diseases, it also has the function of skin care and coloring. After it was introduced into the kingdom of Du Po, it was widely used in the beauty and clothing industries.

3.3 Therapeutic efficacies of aromatic medicine

Zhu Fan Zhi introduced many uses of medicine, especially the function of aromatic medicine is the most detailed. The book cited Materia Medica for reference. For example, in *Rou Dou Kou* (肉豆寇 Nutmegs), part 14 of the second volume, the book mentioned that, "according to the Materia Medica, the nature of this herb is warm." The prosperity of the Maritime Road brought a large number of exotic aromatic medicines, which enriched the treasury of Chinese medicine and further developed people's knowledge of exotic aromatic medicines.

According to the *Zhu Fan Zhi*, people in the kingdom of Da Ban like to eat *Gan Zhe* (甘蔗 Sugarcane), which has the effects of clearing heat, moistening, relieving dryness, and detoxifying. People obtain the juice of *Gan Zhe* by crushing it, so that it can be added to medicine to treat diseases or brewed into wine as a health drink. The book also mentions the use of aromatic medicine as raw materials to make drink in the kingdom of Da Shi, one of which is sugar-boiled aromatic medicine called *Si Su* Wine (思酥酒), and the other is honey-mixed aromatic medicine called *Mei Si Da Hua* Wine (眉思打华酒), which is believed to have the effects of pungent, warming, and inducing sweating.

In *Su He Xiang You* (苏合香油 Liquid Storax), part 7 of the second volume of *Zhu Fan Zhi*, the book recorded that, "*Su He Xiang You* comes from the countries of Da Shi,…Foreigners commonly use it to rub their bodies with, and the natives of Fujian use it in like fashion when afflicted with leprosy. It can be mixed with incenses of delicate aroma to make pastes, and may be used in medicine." Therefore, *Su He Xiang You* had been used for medical treatment in Fujian, and there existed many ways to use it as medicine. As of introducing the kingdom of Su Ji Dan (苏吉丹), the book recorded that, "the lichee, in all respects the same as those of China, when sun-dried, will cure bowel complaint... The pepper-gatherers suffer greatly from the acrid fumes they have to inhale, and are commonly afflicted with headache, which are cured by doses of *Chuan Xiong*." *Chuan Xiong* is a Chinese herb produced in the southwestern region of China. It has the effects of promoting blood circulation, promoting qi, dispelling wind, and relieving pain. The best *Chuan Xiong* are produced in Sichuan,

so it is named after the name of the province as "Chuan Xiong." It could be learned from the records that *Chuan Xiong* and lichee, two herbs from China were widely used the kingdom of Su Ji Dan. *Chuan Xiong* was especially popular with pepper workers, and was regarded as an essential medicine for headaches.

3.4 The nature, collecting and processing procedure of aromatic medicine

Since the founding of the Song dynasty, sea trade had always been dominated by trade of spices.[13] Most of the medicines recorded in *Zhu Fan Zhi* were aromatic medicines, which undoubtedly reflected the popularity of spices in overseas trade at that time.

Zhu Fan Zhi describes the aromatic medicines in detail, not only their origins, but also the form, and the methods of collecting, processing, and preservation. For example, the book described how to plant, collect, process, and transport pepper. It said that, "the fruit of *Hu Jiao* forms in the fourth month. The flower resembles a phoenix tail, and is blue and purple in color. The fruits are gathered in the fifth month, dried in the sun, and stored in granaries. They are collected in the following year, and carts drawn by oxen are used to transport them to the market. The pepper fruit cannot endure the sunshine, but can endure rains. Therefore the production of *Hu Jiao* is poor in dry weathers, whereas heavy rainfalls may double the ordinary yields of harvest." The book clearly introduced the way to collect *Mo Yao* (没药 Myrrh): "At the time of gathering the incense of the Myrrh tree, people would first dig a hole in the ground at the foot of the tree. Then they split open the bark with an ax or a hatchet, upon which the juice runs down into the hole. After 10 days or so, the product is removed and collected." The book would also compare the aromatic medicines with the plants in China. For instance, the book compared *Rou Dou Kou* with plants in China. It recorded that, "*Rou Dou Kou* are brought from the foreign tribes in the depths of the islands of Huang Ma (黄麻) and Zhu Niu Lun (驻牛崘). The tree resembles the Chinese *Bai* (柏 juniper), and attains a height of upwards of an hundred feet. Its trunk and branches, with the foliage, present the appearance of a large shady roof under which 40 or 50 men may find protection."

4 The value of aromatic medicine documents in *Zhu Fan Zhi*

As a book that recorded overseas geography, *Zhu Fan Zhi* recorded the traditions, products and customs of more than 50 countries and regions, almost including the Song people's wholesome cognition of the overseas world at that time. Although the book was not a medical book, it involved a lot of medical contents and had unique medical literature value.

The aromatic medicine literature in *Zhu Fan Zhi* included the records of the medical customs of relevant countries and regions, the production of aromatic medicine in various places. The book laid specific emphasize on the form, collecting and preservation of some of the aromatic medicine. Although these foreign aromatic medicines had been used all over China at that time, the Chinese people were not aware of their origins and places of production, and these medicines were mostly called "exotic products" or "foreign goods". By systematically reviewing the contents of *Zhu Fan Zhi*, more insight could be shed on the origin of foreign aromatic medicines in the pharmaceutical industry, and would undoubtedly have a positive role in promoting the development of fragrance trade.

The examples of Chinese medicine exported overseas and welcomed by local people and applied in daily life in the *Zhu Fan Zhi*, which reflect the overseas influence of Chinese medicine culture. According to records in the *Zhu Fan Zhi*, Chinese medicine exported overseas during the Song dynasty included *Da Huang*, *Zhang Nao*, *Chuan Xiong*, which were mostly trafficked to countries such as San Fo Qi, Su Ji Dan, and Nan Pi. Take *Chuan Xiong* as an example, it has the effects of promoting blood circulation, promoting qi, dispelling wind and relieving pain, the Traditional Chinses Medicine think it can treat headache.[14] The kingdom of Su Ji Dan produced *Hu Jiao* in abundance, and the pungent smell of *Hu Jiao* made professional pepper workers prone to headaches after long-term exposure. It can be seen that the awareness of the efficacy and main treatment of *Chuan Xiong* in the kingdom of Su Ji Dan is the result of the overseas spread of Chinese medicine knowledge.

Zhu Fan Zhi is the first geography book detailing the situation of overseas aromatic medicine in the Song dynasty. *Hai Yao Ben Cao* (《海药本草》 *Extrinsic Materia Medica*) written by Li Xun (李珣) in the Tang dynasty included more than 100 kinds of foreign drugs, describing drug morphology, authenticity identification, taste and treatment, prescriptions, pharmaceutical methods, contraindications, and other contents.[15] This is the first monograph on overseas medicine in China, which preserves detailed information for later generations to understand the clinical value of drugs imported from overseas during the Tang dynasty. *Gui Hai Yu Heng Zhi* and *Ling Wai Dai Da* describe the ethnic customs, natural resources, mountains, and monuments in the southern part of China, and the aromatic medicine produced in Ling Nan (岭南) are the focus of the book. It can be seen that there were already quite rich records of overseas aromatic medicine before *Zhu Fan Zhi*, some of which were based on material medica and some of which mentioned some of the overseas aromatic medicine. Based on its predecessors, *Zhu Fan Zhi* had specially compiled a large amount of information on the overseas aromatic medicine route, which

was of great significance for understanding the specific routes, geographical coordinates, trade methods, medical exchange, etc. of the maritime aromatic medicine road during the Song dynasty (Fig. 3).

5 Conclusion

The "Maritime Road of Aromatic Medicine" was an important channel for ancient aromatic medicine fragrant medicine trade. But before the *Zhu fan Zhi*, there was no specialized work on the situation of this aromatic medicine fragrant medicine road. Although *Zhu fan zhi* is not a specialized work on fragrant medicine, due to its important position in maritime trade, it contains a lot of information related to aromatic medicine and covers a wide range of fields. Therefore, it is not an exaggeration to call it the first systematic work that describes the path of aromatic medicine on the sea. In many later works on aromatic medicine, there are many references from the *Zhu Fan Zhi*, which also proves the unique value of this book in the field of aromatic medicine history from one aspect.

Due to the restrictions of the time, the medical contents of *Zhu Fan Zhi* were inevitably inaccurate and could not be free from mistakes. However, in general, it is an important work to understand the consumption and trade of aromatic medicine in the Song dynasty, and the medical cultural exchanges taken place among the countries and regions of the "Maritime Road of Aromatic Medicine". Through the records of overseas aromatic medicine in *Zhu Fan Zhi*, we can distinguish which of the commonly used aromatic medicine in Song dynasty came from overseas, which is helpful to sort out the process of overseas aromatic medicine spreading in China and medical achievements. Therefore, *Zhu Fan Zhi* is worthy of more attention from medical researchers.

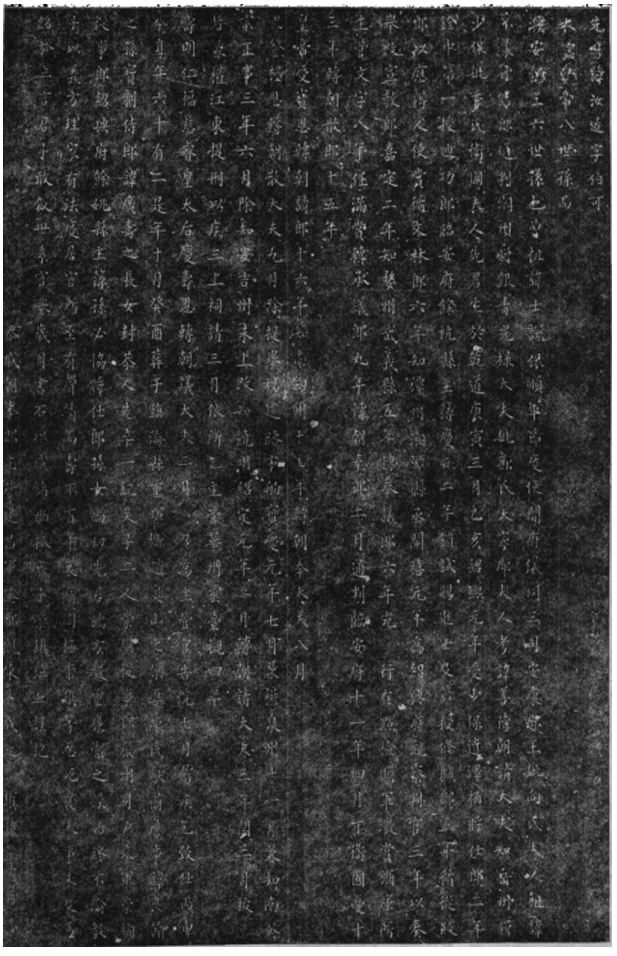


Figure 3 Epitaph of Zhao Rukuo discovered in the 1980s in Linhai (临海), Zhejiang province (source from: Linhai Museum).

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Ethical approval

This study does not contain any studies with human or animal subjects performed by the authors.

Author contributions

YU Zhilin drafted the manuscript, ZHANG Yuan reviewed the article.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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Review

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Transplanted: Chinese Herbal Medicine in the United States, 1800-1911

Tamara Venit Shelton[1,✉]

Abstract

Chinese medicine has a long history in the United States, dating back to its colonial period and extending up to the present. This essay focuses on the earliest generation of practitioners of traditional Chinese medicine in the United States. Although acupuncture is the modality most commonly associated with Chinese medicine in today's medical marketplace, up until the 1970s, Chinese healers in the United States typically specialized in herbalism. Well before mass emigration from China to the United States began, Chinese *material medica* crossed the oceans, in both directions: Chinese medicinal teas and herbs came west while Appalachian ginseng went east. Beginning in the 1850s, Chinese immigrants came to the United States and transplanted their health practices, sometimes quite literally by propagating medicinal plants in their adopted home. Over time, Chinese doctors learned how to sell their services to non-Chinese patients by presenting herbalism as "nature's remedies."

Keywords: American medicine; Alternative medicine; Chinese herbalism; Natural medicine

1 Introduction

For much of the American public, traditional Chinese medicine (TCM) is synonymous with acupuncture, and the history of TCM in the United States begins with the nationwide frenzy for it in the 1970s. But of course, acupuncture is just one of many traditional Chinese therapies, and its discovery (or, I would argue, its *re*discovery) in the 1970s is, in fact, not even close to the beginning of the history of TCM in the United States. Chinese medicine has been part of the American medical marketplace since the colonial period. Long before mass migration from China to the United States, Chinese *material medica* crossed the oceans, in both directions. In the 1850s, as the first waves of Chinese immigrants began coming to America, doctors were among them. There were a wide range of healing practices in China, but up until the 1970s, immigrant doctors tended to come from a middling class of merchant-physicians, who learned diagnosis by pulse (or pulsology) and herbalism in family businesses. Back home, they would have specialized in a single, proprietary remedy, but abroad, they became general practitioners. They diagnosed and treated all manner of ailments, they set bones, and – sometimes – they delivered babies or provided abortions. Over time, in the American medical marketplace, Chinese doctors became associated with practitioners of what we think of now as complementary and alternative medicine.

Published biographies of Chinese doctors practicing in the United States in the nineteenth and twentieth centuries quite rightly marvel at the ability of some individuals to form long-standing and successful businesses in the United States. Individuals like Ing Hay, Li Po Tai, and others weathered economic depressions, anti-Chinese violence, and other ordeals.[1–8] They did so not by overcoming racism but rather finding ways to use it to their advantage. American Orientalist tropes of backwardness, barbarity, and effeminacy furnished Chinese doctors and their patients with a common language. Although it took some rhetorical effort to transform flaws into features, the ability to speak to and attract white patients helped Chinese doctors survive and prosper, even in an era of increased regulatory scrutiny and prosecution for practicing irregular medicine.

In this essay, I will discuss how early Chinese herbalists participated in the American medical marketplace from the Early Republic to the Era of Exclusion. At this time, Chinese remedies were not necessarily closer to nature, but they were (and in many ways continue to be) more closely associated with nature in the popular imagination. The discourse of natural medicine is an important reminder that Chinese medicine depended on a material, trans-Pacific environment where medicinal plants, animals, and minerals were procured, distributed, and consumed. The real and imagined nature of Chinese medicine in the United States offers a window onto the lived experiences of its practitioners and the relations of power that impacted (and continue to impact) human health in the United States.

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2 Dr. John Howard and Chinese medicine in the early American republic

In April of 1799, an advertisement ran in a Harrisburg, Pennsylvania newspaper. A man identifying himself as "Chinese Doctor, Dr. John Howard" announced that he was receiving patients at his home on Second Street, across from Mr. Stines' Tavern.[9] Howard claimed that he had come from Canton, China, and he promised to treat a range of ailments – from the merely uncomfortable to the mostly fatal – with "herbs and roots only." His advertisements appeared in the *Oracle of Dauphin and Harrisburgh Advertiser* throughout the spring and early summer of 1799 before he moved to a new location in nearby Carlisle, a rented a room above George Weise's tavern on York Street. In the fall of 1800, he ran the same advertisement for his herbs and roots in Carlisle's *Weekly Gazette*.[10–14] Harrisburg was home to a number of professional healers, including John Howard, who may have been the first practitioner of Chinese medicine in the United States.

But who was John Howard, Chinese Doctor? Was he, in fact, Chinese? Chinese men and women did travel abroad and often at great distances in the early modern period. The Spanish conquest of the Philippines in 1571 opened a corridor of migration for thousands of Chinese to cross the Pacific and settle in Spanish-American colonies.[15] Chinese voyagers also went to Europe, India, and other parts of Asia as sailors, artisans, merchants, domestic servants, and religious students (Note 1).[16] In Hawaii, the Chinese monopolized the sandalwood trade from the late eighteenth century. Yet, comparatively few Chinese migrants went to the British colonies that would become the United States. Their presence there went unrecorded until the 1810s. In 1817, British Protestant missionary, Robert Morrison received a letter about a young Chinese man living in New York, who claimed to have immigrated just prior to the War of 1812 as a domestic servant in the household of a Pennsylvania politician, James Milnor, and in 1818, Christian missionaries invited five Chinese men to attend their school in Cornwall, Connecticut.[17–19] John Howard, if he was Chinese, would have preceded those men's arrival in the United States by more than a decade.

There is no record of a "John Howard" in the 1800 census manuscript records for either Harrisburg or Carlisle. Federal census takers in that era did not include information about race beyond "negro" or "Indian" nor did they list national origin or occupation, which might have helped distinguish Howard from his neighbors. Census manuscripts from that era named only heads of household, but the advertisements for his business indicated that Howard was a renter. If he was Chinese, he may have been the free, non-white, non-Indian person enumerated as living in George "Wise's" home in Carlisle in 1800. Or he could have been one of the two free, white males of majority age living under the same roof.[20] As a Chinese man, John Howard might have adopted an American pseudonym that his English-speaking clientele could more easily pronounce. Alternatively, Howard may not have been Chinese by birth but could have spent significant time in China, perhaps among the foreign merchants or Protestant missionaries who took up seasonal residency in Canton, the only port open to European and American trade at that time.[21]

Over a century later, the *Pennsylvania Medical Journal* remembered John Howard as a "charlatan", but there is no evidence that his contemporaries saw him as such.[22] A Connecticut newspaper celebrated his business in August of 1800. The *Norwich Packet,* printed by Alexander and James Robertson, the Scottish loyalists and brothers, who also published the *New York Chronicle*, declared, "Let the Patentees of Pills boast no longer when we inform them of the famous Chinese Doctor John Howard lately from Canton in China who has arrived in America." The *Norwich Packet* paraphrased Howard's advertisement, listing the many diseases and afflictions his roots and herbs promised to cure, and it praised his skill, calling him a "descendant of Galen and Hippocrates". The announcement ended with a little rhyme: "John's full of skill, from head to toe/And kills old death with one sage blow."[23]

To understand Howard's story and the long history of Chinese medicine in the United States, we need to pay equal attention to what the *Norwich Packet* emphasized and what it ignored. The announcement found nothing remarkable to say about Howard's nativity. Its failure to note such a detail might be evidence that he was not, in fact, Chinese. More importantly, the *Norwich Packet*'s untroubled coverage of Howard's Chinese "herbs and roots" reflected the fact that by 1800, Americans were, to varying degrees, already familiar with Chinese medicine.

2.1 Chinese herbal remedies in the early American medical marketplace

Half a century before mass emigration from China to the United States began, Chinese herbal remedies had already become integral to American habits of self-dosing. Remedies from far-flung, "exotic" places like those advertised by John Howard in Pennsylvania would have been right at home in the American apothecary or the peddler's cart. For centuries, European prospectors had scoured the globe for febrifuges, abortifacients, and other classes of drugs. Colonial America was a node in a well-established global network, importing and exporting medicinal plants. Its apothecaries customarily stocked medicinal plants from Africa, South America, and the Middle East.[24,25] Rhubarb, often used as a laxative, was among the most popular medicinal plants imported from China. Benjamin Franklin was a famous early adopter.[26] Chinese rhubarb competed on the market with the Turkish varietal, which was considered less flavorful but perhaps equally effective.[27,28]Along with rhubarb, cassia and camphor – while not exclusively

grown in China – were often identified as the country's export in American druggist catalogs and price lists.[29]

Seventeenth- and eighteenth-century books of domestic remedies often contained mention of more esoteric Chinese remedies. *The Family Physician and the House-Apothecary,* a guide published in England and distributed in the American colonies in the late 17th century, included a description of the proper preparation for compound powders made of "Oriental bezoar", sometimes called "Chinese snake stones", which were in fact bovine gallstones believed to be an antidote for poisons and toxins of all kinds. The guidebook noted that "Oriental" bezoar was both more expensive and more effective than "Occidental" bezoar.[30] Several decades later, in the 1740s, a French drug peddler who went by the name Francis Torres sold "Chinese Stones" for 25 shillings in colonial towns and cities up and down the Atlantic seaboard. Although a Philadelphia skeptic dismissed the Frenchman's cure-all as nothing more than burnt fragments of buckhorn, at the very least, they gestured toward familiarity with the real Chinese remedy.[31,32] In the early nineteenth century, reports of a remarkable plant circulated in American newspapers from the mid-Atlantic to New England. The *Hias tea Tomchon*was described as a "dirty yellow" root, which took the form of a vegetable in the summer and a "worm" in the winter. Consuming the root promised to restore energy. It is possible that the discovery was *Cordyceps sinensis*, the combination of a fungus and a caterpillar native to the Tibetan plateau that is today sometimes referred to as Himalayan Viagra.[33–39]

Over time, ordinary Americans learned to associate Chinese medicine with mystical healing powers. In the Orientalist imagination, China was a mysterious land, possessed of exotic nature. From there, it was a short step to link Chinese products and knowledge to folklore and fantasies in which anything was possible, even the impossible. In the 18th century, the *Virginia Gazette,* a popular broadsheet published in Williamsburg, reprinted a satirical story from a London newspaper that described a 5,000-year-old Chinese ointment, possessed of miraculous regenerative capabilities. Within 5 days of application, an amputated limb would regrow as new.[40]

The association between Chinese medicine and the miracle cure was not always played for laughs. By the 1840s, patent medicine manufacturers used popular perceptions of Chinese otherworldliness to suggest the wondrous capabilities of their products. Historian James Harvey Young, who has published extensively on American medical quackery, has found several examples of mid-19th-century nostrum companies that invented Chinese doctors or referenced China to sell their "miraculous" remedies, including Dr. Lin's Celestial Balm of China, Dr. Drake's Canton Chinese Hair Cream, and Carey's Chinese Catarrh Cure.[41,42] There were also "Oriental" or Chinese-branded toothpastes, including Bryan's Oriental Dentifrice ("a very superior article" according to its advertisement) and Joseph Burnett's "Oriental Tooth Wash" (which promised to preserve and beautify the gums).[43–46] Early Americans, who prided themselves on their long-lived citizenry, seem to have been particularly captivated by the Chinese reputation for longevity, and that myth inspired advertising copy for various drugs.[47–50] In the 1840s, *The General Family Directory,* a pamphlet on domestic medicine published in New York, ran full-page advertisements for Dr. Lin's Temperance Life Bitters and Chinese Blood Pills, which promised to purge the blood of alcohol and other toxicants. "Why do the Chinese live to such immense ages and still retain the powers of youth or middle age?" the advertisement queried. "Because they purify the blood."[41] An advertisement for hashish printed in Albany, New York's *Good Samaritan and Domestic Physician* noted that all Asian civilizations, including the Chinese, relied on the universal remedy: "These were the most Beautiful, Happy, Healthy, Cheerful, and Long-lived Races of people that ever existed."[51]

3 Mass immigration from China and the arrival of Chinese doctors

Thus, when the first major wave of arrivals from China to the United States came in the 1850s with Chinese herbalists among them, Chinese medicine had long ago made its landing and created American market demand. As early as 1851, a Chinese herb shop operated out of a rammed-earth adobe building in Fiddletown, a mining town in Amador County, California. Chinese immigrant, Fan-Chung Yee opened the Chew Kee Herb Shop to cater to Chinese miners working the Mother Lode. Even after Gold Rush euphoria waned, historians estimate that between 5,000 and 10,000 Chinese continued to reside in the vicinity of Fiddletown. Chinese miners became railroad workers, employed by the Central Pacific, and Yee's shop attended to their injuries and ailments.[52,53] In 1856, a San Francisco directory of Chinese businesses identified 15 pharmacies and five doctors, and federal census manuscripts from 1860 counted over 30 Chinese druggists or physicians residing in the city.[54] In 1860, when the federal census counted 35,933 Chinese men and women living in the United States, census takers identified 189 as physicians, druggists, or doctors.[55] In aggregate federal census tables from 1870, 193 Chinese physicians were enumerated (Note 2). According to historian Liu Boji, every Chinese settlement in the United States had between one and four herbalists.[56]

3.1 Herbalism and pulsology practiced in the United States

In the late 19th century, Chinese immigrant doctors primarily practiced pulsology and herbalism. This therapeutic emphasis reflected the demographics of

Chinese immigration. In China, there were multiple strata of health care providers: At the top were the formally educated doctors, trained under the auspices of the imperial academy in Beijing and guaranteed employment caring for the Emperor and his extended family. Such individuals had little reason to immigrate overseas. At the bottom were informally trained or self-taught male and female healers, itinerant drug peddlers, and midwifes. They were likely among the laboring classes that immigrated to the United States, but they may have largely conducted their medical work out of the public eye, in ways not easily captured by the historical record. An occasional mention of a Chinese midwife or a shamanic healing might appear in local lore or legal records, but without the financial means to rent an office or run an advertisement, these healers left behind only traces of their existence. Among overseas Chinese medical practitioners, the most visible were the middling class of merchant-physician. Many of them had apprenticed at a Chinese drug store, where they usually learned to make a single, proprietary remedy and to diagnose patients by taking their pulse.[57]

In traditional Chinese apothecaries, a doctor examined and diagnosed but did not compound remedies. Historian Paul D. Buell has noted that this custom remained prevalent among Chinese doctors in British Columbia.[58] At some of the larger American apothecaries, such an arrangement may have been possible. For example, in San Francisco, Li Po Tai hired a fleet of druggists to handle the preparation of medicine whereas in John Day, Oregon, Ing Hay seems to have done that work with the assistance of his business partner, Lung On.[59] Druggists and their assistants ground dried substances with a mortar and pestle, weighed them carefully, and combined and packaged them.[60,61] Like American pharmacists, some Chinese herbalists offered mail-order service for patients unable to meet face-to-face. Patients wrote letters describing their ailment or filled out a preprinted "symptom sheet", and the doctor sent back a package of medicine along with a detailed instruction sheet. Sometimes mail-order prescriptions would include an unusually long list of ingredients to address ambiguous descriptions of symptoms.[62,63]

The overseas Chinese formulary would have likely been comprised mostly of medicinal herbs and vegetables with rarer, more expensive animal products like deer antler and tiger's bone used only sparingly.[64–66]An inventory of medicinal ingredients recovered at Kam Wah Chung was 91% botanical, 6% zoological, and 3% mineral.[67] For the most part, Chinese medicines were sourced in China because of the specificity with which each ingredient had to be cultivated and processed, and Chinese doctors imported medicines from Hong Kong or Canton through the port of San Francisco (Fig. 1). By 1878, there were 18 wholesale herb companies in San Francisco.[68] Chinese doctors who knew one another might trade or purchase small

Figure 1 A picture of a Chinese pharmacy in San Francisco (source from: https://collections.nlm.nih.gov/catalog/nlm:nlmuid-101459480-img).

quantities when needed, and there are some indications of exchange between Chinese doctors and non-Chinese merchants for items such as opium.[69–71]There is ample evidence – both anecdotal and archeological – that the Chinese in America grew and foraged for local sources of medicinal ingredients. In 1898, a newspaper in Washington DC reported that Lee Poit, recently transplanted from California, had given up trying to compete in the crowded field of laundry and retail and was instead growing "many queer vegetables and herbs" on four acres of land that he rented near Terra Cotta Station, on the Baltimore and Ohio Railroad Line. He sold his produce to the Chinese businesses in the district.[72] After Appalachian and Midwestern sources of wild ginseng had been depleted, Chinese doctors in the United States seem to have turned to cultivated varietals of the medicinal root.[73,74] J. B. McCloskey, an American farmer who studied commercial ginseng production in Korea, opened his own farm on two acres in Oxnard in 1904 and became the major supplier for Los Angeles-area Chinese physicians.[75,76]

Zoological-based medicines also seem to have been sourced nearby as well. An 1880 advertisement for Sacramento druggist and apothecary, Loy Fook Wan, read "Wanted – Bear Galls" and in 1900, the *Los Angeles Times* noted a lively business in "bear feet speculation" among members of the Chinese community.[77,78] In 1902, one of Ing Hay's white customers in Eastern Oregon attempted to repay his debts by offering up a gland (probably a gall bladder) from a bear he caught.[79] The Chinese also collected all manner of reptiles and amphibians – snakes, lizards, frogs, and toads – to supplement dried, imported varieties.[80] A San Francisco newspaper noted that Los Angeles herbalist, Hop Lee hunted horned toads in the Sierra Madre foothills for his Chinatown pharmacy.[81] Sometimes, doctors substituted local species that seemed similar to what would have been available in China. In Boise, Idaho, C.K. Ah Fong famously used rattlesnake (a North American reptile) in traditional Chinese tinctures to treat arthritis, and amidst other Chinese health-related artifacts from Lovelock, Nevada, archeologist Sarah Heffner has found bobcat bones that may have been used in place of expensive, imported tiger bones.[82] As Li Wing Fawn explained to the *Los Angeles Times* in 1897, "We shall not confine ourselves exclusively to the importations from the Orient, but shall seek out also the very many valuable medicinal herbs growing in our own country [the United States]."[83] Chinese doctors were not so bound by tradition that they failed to adapt their formularies to their new environment.

3.2 Acupuncture and moxibustion practiced in the United States

In our own time, acupuncture is the modality most commonly associated with TCM in the United States, but it was a negligible part of the 19th-century doctor's repertoire. With just a few exceptions, most immigrant doctors had little contact with, let alone training in acupuncture (Note 3).[84] Boise doctor, Ah Fong, for example, was renowned for his expertise in diagnosis by pulse and herbal remedies, but artifacts and medical texts recovered from his estate suggest that his services may have included acupuncture and moxibustion as well.[85] Thomas W. Wing recalled that his father, Sue Narm Shun (who went by the name N.S. Sue among his English-speaking patients), was primarily an herbalist but occasionally offered acupuncture (with needles) or acupressure (with touch, heat, or magnets) as well as cupping to his patients in Modesto, California, in the 1920s.[86]

3.3 Other social services provided by Chinese herb businesses

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Many Chinese apothecaries offered far more than drugs. Preservationists who made an inventory of the Chew Kee Herb Shop in Fiddletown, California, revealed the diverse uses to which it was once put by the local Chinese community (Note 4).[87] As one would expect, there were medical text books, including works on medicinal remedies and physiognomy as well as a mortar, scale, vials, and bottles used to prepare, measure, and package prescriptions for sale. The inventory also clearly indicated that the shop was a home; items recovered included all manner of kitchenware and some dried food, a toothbrush, toys, make-up, and jewelry. Hunting and fishing licenses, sewing equipment, and some basic carpentry tools suggested a self-sufficient household. Other items showed that the shop was a site for recreation: dominoes, dice, tan chips, chess pieces, and playing cards were recovered along with tobacco, tobacco papers, and a rice wine still.[88] Along the Dry Creek in the foothills of the Sierras, Chew Kee was apothecary, home, and community center all at once.

Kam Wah Chung in John Day, Oregon, was similarly a center for community life, religion, and recreation. All

across Eastern Oregon, Kam Wah Chung was known to the Chinese as a place to worship at a Buddhist shrine, to drink tea, gamble, and smoke opium (Note 5).[89,90] Under Ing Hay and Lung On's management, Kam Wah Chung's shelves were stocked with goods imported from Canton and Hong Kong as well as from wholesalers in Portland, Seattle, St. Louis, and Chicago.[91] Lung On brokered labor contracts between Chinese craftsmen, cooks, and other workers and English-speaking employers.[92] Admired for his penmanship, he wrote letters and prepared other documents, then arranged to have them sent home to China. The local post office used Kam Wah Chung as a site for storing undeliverable letters from China, making the store a kind of quasi-post office.[93] During the Era of Exclusion, both legal and extralegal immigration services were available at Kam Wah Chung. The company vouched for "merchants" exempt from the law's prohibitions and coached new arrivals on how to navigate the elaborate series of exams and interrogations required of Chinese immigrants.[94–96] Lung On, who cultivated a close relationship with a United States Custom officer in Portland, Oregon, also seems to have prepared false documents and identification papers for Chinese immigrants seeking to circumvent exclusion.[97] The company supported Chinese immigrants financially by investing in their gold mines, and on occasion made personal loans. For example, Ing Hay paid for his nephew, Ing Tow, to learn English in Walla Walla, Washington.[98]

4 Selling Chinese medicine to non-Chinese patients

In the late 19th and early 20th centuries, practitioners of Chinese medicine continued to play a vital role in their immigrant communities, but they also catered to the needs of English and Spanish-speaking patients. With few and poorly enforced medical licensing laws, American patient-consumers could choose among an eclectic assortment of health practitioners and practices. As early as the 1850s, but increasingly in the last decades of the 19th century, Chinese doctors sold their services to non-Chinese patients. For some, Euro-American men and women came to comprise the overwhelming majority of their practice.

Chinese doctors adopted various tactics to recruit non-Chinese patients. They began with simple English language signs, displayed outside of Chinese drugstores as early as the late 1850s. In 1857, a newspaper called *Wide West* reprinted an article from the *Sacramento Bee* with a description of Sutterville's "Doctor Lola", a "China Doctor" promoting his services with an English language sign. Unable to afford the rents in Sacramento, Lola had set up shop in nearby Sutterville. Equipped with an English-to-Chinese dictionary, Chinese medical books, and a stock of botanical and zoological medicines, he had established a good reputation among non-Chinese patients. The reporter for the *Sacramento Bee* noted, "While we were in Lola's offices, several white persons, residing in the neighborhood, came in, and we learned from them that… [he] had very good success indeed in curing diseases."[99] According to historian Haiming Liu, by 1858, "an herbalist named Hu Junxia (Wo Tsun Yuen) in San Francisco Chinatown used English language sings on his shop to attract Caucasian patients."[100]

The first English language newspaper advertisements for Chinese doctors appeared not long after that. In 1860, the *Sacramento Daily Union* began to run classifieds for "GomWa, Chinese Doctor", located at I Street between Front and Second, and for "Dr. Offo, Chinese Physician", who saw patients in an office on Front Street between I and J Streets.[101,102] In 1860, a Marysville newspaper reported that an "almond-eyed Galen" administered the "juices of three large lizards" to cure to a rheumatic miner.[103] By 1865, that newspaper was printing advertisements for several Chinese physicians practicing in Marysville.[104]

Chinese doctors, like other health care providers in the American medical marketplace, exercised a great deal of freedom in their advertising claims and messages. When Chinese doctors reached out to non-Chinese patients in the late 19th and early 20th centuries, medical advertising was almost entirely unregulated (Note 6).[105] Chinese doctors advertising in English language media adopted techniques developed and perfected by makers of proprietary (also known as patent) medicines. Peddlers of nostrums and drug sellers claiming a patent on a unique compound had been part of the American medical marketplace since its colonial era, but in the decades after the Civil War, industrialization expanded the market for proprietary medicine. Mechanized agriculture increased the production of domestic and imported medicinal plants. A national network of railroads carried them great distances to a growing number of drug manufacturers.[106] Medical advertising took a giant leap forward in this era as well. Public interest in the Civil War had expanded the readership for newspapers and magazines, and proprietary medicine manufacturers capitalized on the medium to promote their products in an increasingly crowded market.[107] Technical advances in printing made it possible to run eye-catching, illustrated advertisements.[108] The features of patent medicine advertisements could be quite prosaic: the patient testimonial, the free trial or money-back guarantee, and printed ephemera: the handbill, booklet, trade card, almanac, and calendar.[109] In pictures and texts, patent medicines celebrated the exotic and the ancient, invoked the laws of nature, and celebrated the metaphysical links between body and soul.[110] Chinese doctors made use of all of these techniques. Those who were literate in English could have easily seen them in any local newspaper, and perhaps, they did.[111,112]

As with makers of proprietary medicines, Chinese doctors also often described their remedies as "miracle"

cures. "Wonderful, marvelous, miraculous!" claimed an 1890 advertisement for Chang Gee Wo's Omaha practice.[113] At his Los Angeles office and Sanatorium, Dr. Wong promised that his "marvelous" herbal remedies would fight diseases that "have resisted all other efforts of modern medical science for months, or even years". According to an 1899 advertisement, "Dr. Wong can tell a patient more by his pulse diagnosis than any reputable American physician after an examination."[114] Of Los Angeles doctor, Wong Him, a 1905 advertisement declared in bold-faced letters, "His deeds border on the miraculous."[115] In an Arizona paper in 1914, Chin Mai Fong told tales of patients who had "recovered as if by magic".[116] These elements worked together to distinguish the value proposition of Chinese medicine from that of regular medicine, but they did not distinguish Chinese medicine from other forms of proprietary medicine.

What set advertisements for Chinese medicine apart from manufacturers of proprietary remedies was not the overall marketing approach, but the specific ways in which Chinese doctors consciously employed Orientalist stereotypes. Chinese doctors made themselves the embodiment of an Oriental aesthetic that was popular among the American middle and upper classes. As early as the 1880s, print advertisements for Chinese physicians and herb companies began to include images, most commonly a representation of the practitioner wearing an easily identifiable Oriental costume. One of the earliest examples is the 1882 advertisement for Los Angeles doctor, Hoy Kung, which included a simple line drawing of a man in a traditional Chinese jacket and trousers holding a flower.[117] In an economy of images, the illustration conveyed the racial identity of the doctor and his expertise in botanical medicines. Chinese physicians did not portray themselves in western dress until 1903, and images of the stereotypical Mandarin scholar continued to appear regularly in advertisements throughout the 1930s.[118,119] When illustrated advertisements became more common in the 1890s, Chinese herbalists often displayed their tools: a mortar and pestle, a reference book, a box of herbs. Occasionally, advertisements included extra Oriental flourishes such as Chinese calligraphy, dragons, or pagodas. In 1896, Los Angeles partners, Doctors Wong and Yim, began to advertise their sanitarium for "nervous and chronic diseases". The Chinese sanatorium offered not only diagnosis and herbal remedies but also lodging. The advertisement featured a stately looking Victorian building with a carriage and elegantly dressed patients ascending the front stairs.[120] Located at 713 South Main Street, it was a few blocks southeast of Chinatown, probably to attract a non-Chinese clientele. By 1907, Tom She Bin had taken over the business from Wong and Yim, using the same illustration but adding some Chinese elements: a dragon flag and a Mandarin scholar floating above the roofline.[121] The pairing of those images – Victorian manor and Orientalia – conveyed simultaneously the luxury of a health resort with the otherworldliness of the Oriental.

Chinese plant-based medicine was, as it had been since America's colonial period, familiar to non-Chinese patients. When seeking help for her daughter's infected finger from Ing Hay, Mrs. Fred Deardorff wrote, "I have been using flax seed poultis [*sic*] and white of egg but without much results."[122] Historians and biographers have also noted that Chinese medicine's noninvasive approach to diagnosis and treatment likely appealed to patients fearful of surgery.[123] Another of Doc Hay's patients, Mrs. M.J. Baker expressed just that sentiment. She suffered from a tumor on the left side of her neck and wrote beseeching him to treat it with herbs, "I would be so glad if you could reduce that as the dr [*sic*] are wanting to cut it out and I have such a dread of the knife."[124,125] In Butte, Montana, a white female patient voiced her support for Chinese physician, Ah Kong, by calling all white doctors "butchers" in a public testimony.[126] Chinese doctors were well aware of their patients' phobias, and English language advertisements frequently featured the noninvasive nature of diagnosis and treatment: "No knife! No pain!" Quan Tong declared; "Without operations or knife," Loo Chun promised; "Why operate?" Tom Leung asked (Fig. 2).[127–129]

5 Conclusion

Through various means, Chinese immigrant doctors successfully expanded their practice beyond Chinatown's borders in the late 19th and early 20th centuries. They borrowed advertising tactics from makers or proprietary medicines, found ways to overcome linguistic barriers, and offered services that American patients found lacking among western-trained medical scientists. By the end of the nineteenth century, Chinese medicine was firmly

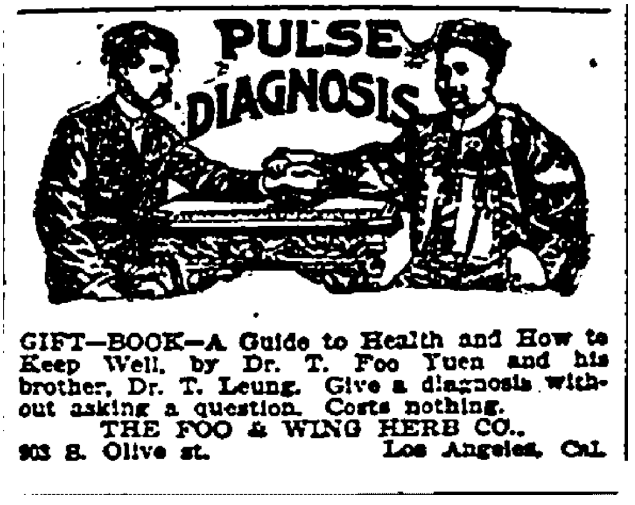

Figure 2 An advertisement of pulse diagnosis, claiming that the patient need not ask any questions, and cost nothing (source from: Venit Shelton T. Curiosity or cure?: Chinese medicine and American orientalism in progressive era California and Oregon. *Oregon Historical Quarterly* 2013; 114(3): 266-291).

ensconced in the American medical marketplace, occupying a space similar to that of unorthodox medical therapies for its patients, and it has remained there ever since.

Notes

1. In the late 17th and 18th centuries, Jesuits made it possible for some Chinese young men to travel to Europe, where they assisted with translations and language study.

2. The count of Chinese occupations was combined with that of the Japanese, but a closer look at census manuscript data for the Japanese shows that the 55 individuals identified were primarily farm laborers, domestic servants, and college students. Thus, it seems likely that all 193 physicians and surgeons counted by census takers were Chinese.

3. In a biography of Los Angeles herbalist, Tom Leung, his daughter claimed that "Papa knew about acupuncture, but he didn't know how to practice it."

4. After Yee's death in 1904, his paper son, You Fong (Jimmy) Chow stayed on as caretaker, fulfilling a promise he made to "guard the shop", but the Chinese population was dwindling, lured away by jobs in other places or compelled to leave the country by the Chinese Exclusion Act. In 1900, the U.S. Census manuscripts reveal that just over 150 Chinese people continued to live in all of Amador County. By 1920, their community numbered fewer than forty. Jimmy Chow became the sole Chinese resident of Fiddletown. He worked odd-jobs around town and left the store intact, with Yee's bottles and personal effects gathering dust. Upon Chow's death in 1965, Amador County took over the property, leaving its content undisturbed. When the Fiddletown Preservation Society and Yee's great-grandson, a Sacramento dentist named Herbert Yee, raised the funds to restore the historic shop in 1987, preservationists found that Yee's belongings largely untouched since his death eighty-three years earlier.

5. Students of Oregon's history are well acquainted with the story of Ing Hay, purveyor of Kam Wah Chung, a Chinese apothecary in a remote eastern town on the John Day River. When Ing died in a nursing home in Portland, Oregon in 1952, his heir and nephew, Bob Wah used the property as storage for his own herb shop, conveniently located across the street, but he left his uncle's personal papers and other belongings largely untouched. The city of John Day eventually negotiated to lease and then to purchase the building with the agreement that it would be maintained as a museum. The state lovingly restored Ing's apothecary, registered it as a National Historic Landmark, and opened it to the public. The correspondence, business records, and personal objects that Ing Hay left behind have inspired several biographies of the herbalist and of his business partner, Lung On, as well as an Emmy-nominated episode of Oregon Public Broadcasting's *Oregon Experience*.

6. The first federal regulation of medical advertising – the 1906 Food and Drug Act – only concerned the accurate labeling of the ingredients of proprietary medicines. Until the major revision of the law in 1938, the Food and Drug Administration and the Federal Trade Commission were largely powerless to regulate direct-to-consumer advertising of drugs.

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Review

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

Origin of Traditional Chinese Medicine in Cuba in the 19th Century from Its Main Exponents and Some Notable Medical Descendants in the 20th Century

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Abstract

The Cuban people are made up of three major migratory currents, the Chinese are one of them. They brought their culture, the methods, and procedures of traditional Chinese medicine (TCM) in the 19th century. Few were able to return and so they created families in Cuba; some of their descendants dedicated themselves to medicine. In order to investigate the practices that were predecessors of TCM in Cuba in the 19th century, a qualitative phenomenological research was carried out, reviewing what was published by various sources, applying documentary analysis, logical historical analysis, abstraction, synthesis, and systematization of the results on the regularities of the work and human behavior of Chinese doctors in the Cuban 19th and 20th centuries. This made it possible to identify six Chinese doctors in the 19th century in Cuba who gave rise to the beginning of some practices of TCM in Cuba, and five from the 20th century, descendants of coolies who dedicated themselves to other specialties of medicine. It was found that despite their geographical and time disperse, they were all notorious for their outstanding professional and human behavior, with a trail of accumulated successes in achieving "almost the impossible" with the patient. They have left their mark on Cuban culture.

Keywords: Chinese doctor; Coolies; Popular phrase; Immigrants; Professional behavior; Human behavior; History

1 Introduction

The Chinese civilization has been the only one of antiquity that has maintained its registered historical continuity.[1] Since prehistory, the medicine of this country is documented and, as part of its culture, it traveled the world with its emigrants. Latin American countries such as the United States, Brazil, Argentina, Mexico, Peru, Colombia, Trinidad and Tobago, Panama, and the Dominican Republic, have recorded in their history important waves of immigrants from China between the 19th and 20th centuries.[2]

The beginning of Chinese migration to Cuba began in 1847 and lasted until 1874, in Cuba colonized by Spain.[3] The Chinese came to this country in conditions of semi-slavery, under inhuman contracts, called coolies for this condition, to replace or work alongside the already declining African workforce, in the sugar cane fields and other fields crops.[4] Among them came Chinese doctors, almost all herbalists or practitioners of Chinese methods of treatment. Several Chinese doctors, well-known figures for their professional and human work,[5] remained in the national imagination and history, most of them practitioners of herbal medicine. Derived from this task, phrases, customs, poems, popular songs have remained, which show the impact of the presence of the Chinese doctor in Cuban culture, to this day.[4,6–8]

The researchers intend to investigate the origins of practices of traditional Chinese medicine (TCM) in Cuba by some exponents, the causes and conditions of the migratory waves to Cuba in the 19th century that caused the arrival of the first coolies in Cuba and their herbal doctors, exponents documented in the practice of TCM and, to highlight some eminent Cuban doctors of the 20th century, children or grandchildren of Chinese emigrants who in this country have left their mark on the history of contemporary Cuban medicine in this country.

2 Methods

A qualitative research, of a phenomenological type, was carried out, which from an epistemological point of view, aimed to investigate the origins of practices of TCM in Cuba by some exponents in the 19th century,

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and highlight some eminent Cuban doctors (descendants of Chinese emigrants) in the 20th century. Theoretical methods were used, such as documentary analysis from publications of the 19th, 20th, and 21st centuries indexed in Scientific Electronic Library Online (SciELO), Virtual Health Library of Cuba, Google Scholar, and those stored in the "José Martí" National Library, the library of the House of Chinese Traditions, the National Archives, press of the time, serial publications and books, the evidence that refers to Chinese emigration and the performance of the Chinese doctor. The logical historical analysis allowed us to locate the events in time and to study the context in which the Chinese doctors worked in Cuba. The subsequent abstraction, synthesis, and systematization allowed establishing the regularities of the work and human behavior of Chinese doctors in the Cuban 19th and 20th centuries. The triangulation of the results allowed obtaining sufficient evidence to assume the positions and conclusions that the research provided.

3 Developing

3.1 Chinese immigration in Cuba

Since the 16th century, the news about Chinese residents in Cuba colonized by Spain have appeared in notarial protocols. The aboriginal Indians had also disappeared due to inhuman exploitation in jobs and the arrival of diseases from the European continent. Almost all Chinese were native Cubans, not descendants of colonists. It was unusual that they made families with settlers, but with Creoles or Chinese women (those who emigrated were men and very few women). The massive emigration of the Chinese population began in the middle of the 19th century and continued until the first decades of the 20th. Internal and external factors affect this exodus.

As a result of the two Opium Wars of 1839 and 1860, Britain and France forced the Qing dynasty government to authorize the mass migration of workers to Western countries and their colonies to replace black slaves. It was when the dispersion of Chinese migrants around the world began, from Southeast Asia to America, Africa, Europe, and Australia.[9] In the middle of the 19th century, from the cultural and demographic point of view, the fear of the "Africanization" of the island arose. This resulted in a "whitening" policy.[9] For this reason, the Patriotic Society of Friends of the Country of Havana discussed the convenience of balancing the white population through white colonization projects, introducing white settlers to balance the entry of enslaved Africans.[10,11]

Slavery had not been abolished, but it was condemned to disappear and labor was necessary in the fields, fundamentally for the production of sugar cane. Therefore, it was necessary to replace slave labor in some way. In the debates of the Economic Society of Friends of the Country on the type of workers needed, all agreed that Asians were the most suitable workers for their "industry, intelligence, docility and frugal customs to meet the current needs of the industry in Cuba."[12,13] In the 19th century, Cuba was the great recipient of coolies, hired semi-serfs in slavery conditions similar to those of African slaves, who worked hard in the sugar cane fields.[9]

In this semi-serf status, Chinese coolies were hired to replace or work alongside African slaves on agricultural plantations for an 8-year "temporary" job concept. Six months after the contract ended, they had to return on their own, something that was practically impossible with the monthly salary of four silver pesos they earned.[6]

There were three currents of Chinese emigration to Cuba: the first between 1847 and 1874. It was the most important not only because of its volume of 150,000 Chinese, but also because of the influence it exerted on colonial society, at a time when the system was in crisis of production based on slave labor. The second, that of the "Californian" Chinese, of 5,000 individuals, named in allegory to the place where they went during the Gold Rush and from where they were forced to flee after the Sinophobic demonstrations that took place in this US territory.[13] The third and last notable influx would occur between the 20s and 30s of the 20th century (1919–1925), when about 30,000 individuals entered.[14,15] Zapata points out a fourth wave in 1950.[16] In the groups of Chinese coolies who arrived as farmers, some said they were doctors or had knowledge of medicine and attended to the health problems of their fellow countrymen on the plantations; according to Pérez de la Riva, they toured the plantations.[17] Some began their practice as professionals in the Cuban population and gained much prestige for their results.

3.2 Origins of the TCM

The millennial history of Chinese medicine includes in its evolution, from the early times of the Protohistoric period (beginning around 2000 BC), the doctrine of Tao, a theory that belongs to the psychocultural approach of ancient China and that manifests itself phenomenologically in the two antagonistic and dynamic principles, present in everything that exists: the Yin-Yang.[18] In the period of the Old Kingdom, this comprises from the year 220 BC. Until 589 AD, descriptions were made of the solid viscera and the vessels that conducted energy, and as external causes of diseases, they had the wind, heat, humid cold, alterations in the diet, sexual excesses, violent emotions, and traumatisms. Clinically, the Chinese doctors of this period used the interrogation, the examination of the pulse, and the examination of the patient.[18] In the third period or the Chinese Middle Kingdom (589–1367), contemporary with the European Middle Ages, the Great Medical Council was created, which institutionalized the practice of medicine, established five groups of medical specialties and created the

condition of the examination prior to the exercise of the profession. Then, the first national public health system in the world began and the history of the organization of public health began.[18]

Chinese medicine began to spread in Europe through the chronicles of missionaries in the 16th and 17th centuries. The medical matter of the *Ben Cao Gang Mu* (《本草纲目》*The Grand Compendium of Materia Medica*) was spread in the first half of the 18th century and at the same time acupuncture and moxas, although indirectly due to accounts of Dutch travelers in Japan.[19–21]

TCM has its origin in Huang Di (黄帝), known as the Yellow Emperor, who gave substance to the concept of medicine. It is based on the philosophical basis of observation and knowledge of the fundamental laws, according to which these would govern the functioning of the organism. He stands out for maintaining the precepts of Chinese philosophical thought, for his commitment to the human condition, caring for other people and saving their lives.[22] The two great currents of thought that have most influenced Chinese culture are Confucianism and Taoism. Both are distinguished by their commitment to the human condition, a fundamental value is given to human life and health, the care of others and the family, which makes health an important issue. These sources of thought contribute to possessing a wisdom that allows them to solve difficult cases.[22]

With these characteristics in their behavior, they arrived as coolies in the 19th century in Cuba, the first practitioners of TCM. Then began the history of Chinese traditional medicine and Chinese doctors in Cuba.

3.3 Chinese doctors in Cuba in the 19th century

Numerous researchers have focused their study on the Chinese doctors who arrived in Cuba in the 19th century, assuming that, with their arrival and their practices, the origin of TCM began in Cuba. Many literary publications have also addressed their characteristics, their work, and the impact they had on the Cuban population.[23–28] It was at the end of the Modern Empire Period (the 19th century), that the first hired coolies began to arrive and their botanical doctors.[18] The researchers have identified six of them from the sources consulted. There must have been many more, but they found no information about them.

3.3.1 Chang Pon Piang (Cham Bom-biá or Juan Chambombián)

The most notable of them and to whom the Cubans dedicated couplets and phrases that are used to this day was Chang Pon Piang, known in his Castilianization as Cham Bom-biá or Juan Chambombián. A native of Manila and belonging to the Jakka ethnic group, he had constant residence in Cuba since 1854, when he was granted a residence permit in Havana.[6]

In the capital, he worked as a cigar maker and practiced traditional botanical medicine using products prepared by himself with Cuban plants or with components imported from San Francisco, California.[6,29] He had studied botany in his country and had great knowledge of the flora Cuban and Chinese.[30,31] He was known as a healer, but due to his wisdom and successes in treating the sick, he was recognized as a remarkable man of scientist of oriental culture, who mixed his deep knowledge in Cuba and Chinese flora, as a wise herbalist with Western medical advances.[6,32,33]

He was a cultured man, he also spoke Chinese, English, and Spanish, and was careful to dress when he did with the typicality of his land or the prevailing fashion in Europe, with a top hat and morning coat. In his treatment, a correct gentleman could be noticed with broad gestures emphasizing his figurative and pompous language.[6,17] Apparently he did not have academic degrees, however, he cured not only bodily ills, he was able to treat afflictions and treated ailments such as dysentery, choleriform fever, asthma, exhaustion, blindness, and other ailments.[30,32,33] The successes in his performance caused several reactions in the communities in which he lived, fundamentally by the native and Spanish doctors for whom he represented a difficult competition to overcome, since he saved patients who declared incurable or terminally ill. For this reason, and using the excuse of importing components for his products from San Francisco, California, without a license, and illegal practice of medicine, he was accused and put on trial in Havana, in the year 1863(Fig. 1).[23,32,33]

He was then forced to leave Havana, going to Matanzas where he also apparently suffered persecution and harassment by peninsular doctors.[31] He then moved to Cárdenas, where there was an important Chinese community. He lived alone in a house that still exists, next to the old Fire Station, today the Museum of the Battle of Ideas. There he had a home, office, and dispensary.[25] He lived there until his death, on an unspecified date and in conditions that leave doubts as to whether it was of natural causes, suicide, or homicide (Fig. 2).[25,34,35]

He was a very dear person among Cuban families, leaving pleasant and lasting memories for all those

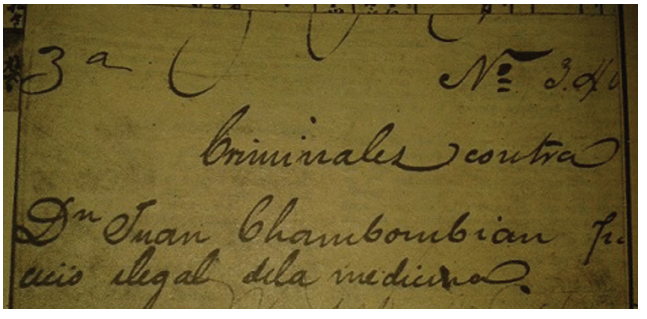

Figure 1 Fragment of the file opened against Don Juan Chambombian for ilegal practice of medicine (source from: *Bohemia Magazine*. July 3 1981; 73).

Figure 2 Interior corridor of the house of Juan Chambombiá in Cárdenas (source from: the authors).

who were treated him at that time. He came to have great popularity in Cárdenas and throughout the island, becoming the supreme pontiff of medicine, the same yesterday as today, as the popular phrase that expresses him "to that not even the Chinese doctor saves him."[18] This phrase has a history that reveals that although it is Chambombiá to whom it is attributed, it is a recognition by the Cuban people of the successful performance of the Chinese doctor in our country.[8]

3.3.2 Kan Shi Kong

Botanical doctor who practiced in Shan Shian, Canton, arrived in Cuba after Chambombiá, however, he is the first known. He enjoyed prestige in Havana, devoted his youth to extensive Botany studies and had great knowledge of Cuban flora, having traveled our mountains in search of leaves and tree bark. He never revealed the great secrets that he possessed medicines to the Cubans; for which his studies on the Cuban flora were lost.[29]

These manuscripts of the Cuban flora were in the possession of his colleague, Dr. Li Chi Chong, a Chinese botanist who lived on Egido Street in 1882, next to the "La Campana" inn, where there was a Chinese apothecary.[30] The great botanist discovered the remedy for gangrene, chlorosis, and impotence.[30] The historian Chuffat Latour knew him, was his patient and wrote about his successes in the book *Historical Notes on the Chinese in Cuba*.[30] He cured the author himself of smallpox, the young Damián Hernández, considered a hopeless case of consumption. He says that "never had to regret any case, no matter how lost".[30] He lived for several years in Galiano 116 (Fig. 3).

The researchers found that in 1881, with the same name on page 89, he was mentioned as a man of letters, being the first editor in 1882 of the newspaper *La voz del Pueblo*, author of a series of Chinese verses and poems where reflects his suffering for the black slave. He was a cultured man, he knew several dialects.[30] In March 1885, the famous Asian botanist died on Rayo Street, on the corner of San José. His compatriots made funerals with great pomp for the illustrious hero, one of the most enlightened Chinese who came to Cuba.[26,30]

3.3.3 Ramón Lee

At the beginning of the 20th century, in the first years of the Republic, it offered medical consultations, located in the vicinity of Zanja and Soledad in the heart of Havana's Chinatown.[36] He had academic training and practiced several techniques of TCM, with a lot of success in acupuncture.[7]

The only daughter of an important merchant of Vedado in Havana and Ramón was seriously ill. Lee was called to treat her. He stayed for days in the care of the young woman, healed her, and love for her arose between them.[36] The family refused to accept the relationship and sent the young woman to New York when the doctor wanted to make the courtship official. Ramón went there, and after finding her beloved managed to go with her to San Francisco, where he settled in the famous China Town of the populous city.[36] Unfortunately, this love affair alienated the prominent Chinese doctor from Cuban soil.[36] Thus ended the story of Ramón Lee in Havana, with a love story between Chinese and Cuban.

3.3.4 Siam (Sián-Juan de Dios de Jesús Siam Zaldívar)

He appeared in 1848, a native of Pekin, as a doctor. Unlike most immigrants to the island, when he arrived in the nascent city he brought 20,000 pesos in Spanish gold as a base capital, something is very unusual in Chinese emigration.[28] At that time, the residents of Havana had suffered from illness and death for years, so their arrival was initially well received.[37]

The wealthy Mojarrieta family took him in, paid him a salary, provided him with an interpreter and a consulting room where he merged the Chinese pharmacopoeia with the Cuban one, which he already had from the Spanish and the African.[28,37]

He achieved great notoriety and some resentful colleague of his success denounced his work and therefore the guard came to demand the title. But Siam had left him in his country, so they prevented him from practicing

Figure 3 House at 116 Galiano Street, where the enlightened doctor Kan Shi Kong lived in Havana (source from: the authors).

medicine.[37] For this reason, he moved to Santa María del Puerto del Príncipe, an important city at the time, the current province of Camagüey.

According to the historian from Camagüey, Amparo Fernández y Galera, in an interview granted to the newspaper *Juventud Rebelde*, in June 1848, he became the first teacher of TCM in the city. Despite the successes obtained in curing patients, the lack of knowledge of his professional practices generated the fear of some people considering him a healer. Furthermore, he was a Buddhist and was denigrated for not practicing the Catholic religion.[36] Roberto Méndez, in his book *Legends and Traditions of Camagüey*, underlines[38]:

> "Before the arrival of Siam, a wooden box with a single inscription: Veracruz, had been discovered in the waters of Nuevitas. There was an image of Christ crucified inside. The fishermen who made the discovery considered it miraculous. A coherent explanation was never given about that image, which could be destined for some of the temples of the Villa Rica de Veracruz, in Mexico, or that could have some splinters of the 'true cross', the wood where Jesus was tortured."

The image was put up for sale and acquired by a wealthy couple of Ignacio María de Varona and Trinidad de la Torre Cisneros; during Holy Week, its owners took it to the city's Parroquial Mayor and from there it was taken out in procession on Good Friday.[28]

On Good Friday of 1850, while the Veracruz procession was going through the most central streets, Sián suddenly appeared, dressed in rich oriental garments, and solemnly knelt in the middle of the road in front of the image. In this way, he had converted to Christianity. He received baptism on April 25, 1850.[38] He adopted the name Juan de Dios Siam Zaldívar.[38] He signed in his own handwriting as Sián, which differentiates him from other Asian families settled in the city with the surname Siam.[28] In her interview with *Juventud Rebelde*, historian Amparo Fernández y Galera highlights Sián as a very intelligent man, merged in the labors with another doctor and they did tests to cure leprosy, but "Since he didn't have a title, he couldn't sign off on the investigation."[38]

He had descendants through two lines: one legitimate with a white woman, and the other created in concubinage with a black woman, and the descendants of both branches still live in Camagüey, proud of their Asian ancestry and their so famous relatives (Fig. 4). A part of the offspring has been dedicated to the pharmaceutical profession.[3,37] Díaz Montalvo,[37] assures that he traveled to Puerto Rico, got married and had two daughters. He then entered the world of lending and made more fortune. He died on March 23, 1885, at the age of 74, but the burial place has not been found, at least in Camagüey.[36,37]

3.3.5 Wong Seng (Liborio Wong Seng)

He was a botanical doctor of Chinese farmers in the vicinity of Manzanillo, with a cubanized name, Liborio Wong Seng.[39] Historian Juan Jiménez Pastrana[40] describes their performance in the Ten Years' War: "In the year 1869, the Chinese insurgents emulated heroic deeds with their native comrades, in all the areas where the war was raging. One of those heroes, in the East, was Captain Liborio Wong (Wong Seng), who had been a botanist for a crew near Manzanillo."

Captain Wong was an assistant to Major General Modesto Díaz, and he always fought with singular bravery, his participation in the actions at Cauto Embarcadero, Mina de Tuna, and Guáimaro being famous, the latter being the place where Modesto Díaz's forces deeply harassed Valmaseda in his march to reconquer Bayamo."[30] Gonzalo de Quesada y Aróstegui said: "He was a model of patriotism and loyalty as a Chinese."[41] When the Zanjón Pact was carried out, Captain Wong Seng was one of those who saved the honor of Cuba, by staying with the forces of Major General Antonio Maceo, participating in the Baraguá Protest.[42–44]

He was considered a Hero of the Ten Years' War (1868–1878). We have not been able to obtain the death data.

3.3.6 Damián Morales

Maggy Guatty Marrero affirmed that Dr. Damián Morales arrived in Santiago de Cuba at a time when the city was devastated by cholera in 1852, and gained great fame in the treatment of this disease in those affected.[45] She related that: "The doctor's treatment consisted of pressing the tendons of the armpits with the index finger and thumb until they vibrated, then he pulled the skin until causing a large bruise. Immediately, with a Chinese coin, he rubbed the patient's hamstrings, arms, shoulders, and backbone with great energy…"[45]

In the last cholera epidemic in the country (1867–1872), he successfully treated his patients with massage

Figure 4 Great-grandchildren of Médico Chino Siam together with the historian Amparo Fernández (from left to right, she is second in the photo) (source from: Yahily Hernandez Porto. *Juventud Rebelde Newspaper*. Digital Edition. January 3 2017).

in the axillary regions, a practice reflected in a classic work of the 16th century, the T'uei na pi-kieu, or Treatise on the Massages.[42,44]

4 Traces of the Chinese doctors of the 19th century in Cuba

As a result of the investigations carried out, some characteristics were identified in the Chinese doctors of the 19th century that become behavioral regularities and can give an insight about not only their preparation and successful performance in medical practice but also their human behavior and some of the vicissitudes that they experienced in Cuba:

- Most of the Chinese doctors had a wide culture, highly educated communication with their patients and relatives, had an academic title, had a scientific or literary production in Cuba, and for this reason they earned the recognition of the people and some members of the wealthy social class or foreign officials, having successfully treated them for health conditions. The researchers Crespo Villate,[6] Ferrer y Morejón,[23] Chouffat Latour,[30] and Roig de Leuchsering[46] attest to these characteristics in their publications.
- They frequently saved the lives of those who had been evicted by the rest of the physicians, with extraordinary certainty. Emilio Roig de Leuchsering, historian of the city of Havana, in a publication of the Cuban Academy of Sciences, in the year 1965 points out that in the city of Cárdenas and Havana, "they carried out marvelous cures on evicted patients by famous doctors, restoring their health, sight, and the use of their limbs."[32] Damián Morales played an important role in controlling the cholera epidemic in Santiago de Cuba.[42,44] Their cures were basically through herbal medicine, but they also practiced acupuncture, massage, and moxibustion.
- They combined the medical practice of the Asian continent with that of the West.
- It was not the remuneration for their service that was fundamental, they showed disinterest and altruism. They generally charged those who could pay for their services and treated the poor free of charge with an absolute detachment in service to their fellow men, something not common at that time.[6,46] For this reason, among other reasons, only a few made a fortune.
- Many were persecuted by the authorities in addition to the denunciations made by non-Chinese colleagues, jealous of their successes.[8]

The consequence of the successful performance, professional and human behavior of the Chinese doctors of the 19th century, until nowadays it has remained in the

Cuban culture, nourishing the historical memory and the social memory, phrases, couplets derived from the work of these Chinese doctors.

An example of this is the phrase "Not even the Chinese doctor saves that one", for his success in diagnosing and treating patients evicted by peninsular doctors, who managed to save the impossible, phrase product of a process of Canarian-Cuban transculturation and that is still used in Cuba with the same or other meanings,[8] and one of the street songs:

"Manila Chinese,
Cham Bombiá;
five tomatoes
for a rea"[46]

In the "Simple Verses" of José Martí, the national apostle, there is recognition of the virtue of the doctor, in addition to the intrinsic characteristic of the race:

"The yellow doctor came
Give me your medicine.
With a sallow hand
And the other hand in the pocket"[47]

5 Some notable Cuban doctors of the 20th century, descendants of Chinese immigrants

Few researchers have conducted study on Chinese-descendant physicians in Cuba. The researchers did not find information referring to Chinese descent in Cuba at the moment, particularized to doctors descending from Chinese immigrants. Therefore, we will emphasize the most outstanding in Cuban medicine in the 20th century, knowing that they must have existed.

Physicians of Chinese descent in the 20th century were educated in Western medicine and none devoted themselves to TCM. However, they were eminent in their career and profession, some international recognition; part of it is due to the culture of their parents of Chinese origin. This remained in the Cuban culture, which recognizes the Chinese doctor (even if he was trained in the West), a triumphant professional who surely obtained success in the treatment of his patients.

According to reference to the researchers by Dr. Felipe Chao, president of the Chinese Mud Health Commission, members dedicated to TCM were and are few who practice or have specialized in it.

With the formal independence of Cuba in 1902, the doors of the University of Havana were opened to Cuban youth without racial discrimination, which allowed a few children of Chinese immigrants, possessors of economic resources, to enroll in university careers, mainly in the Faculty of Medicine.

Among the graduates, some became outstanding figures of Cuban medicine. They were the brothers, doctors Israel (1891–?) and Agustín (1902–2001) Castellanos González, and Pedro Manuel (1899–1958) and Francisco (1904–1960) León Blanco, and Armando Seuc Chiu.

The historian of the Cuban Ministry of Public Health, Dr. Gregorio Delgado García, publishes interesting questions about these brothers.[18]

The Castellanos doctors were grandchildren through the paternal line of a Chinese farmer, of Cantonese ethnicity, who arrived in Cuba at the beginning of the second half of the 19th century and although he married a Mexican woman, his son inherited marked Asian traits, as did his grandchildren and great-grandchildren, all children of Cubans. His surname Castellanos comes from the family that brought the contracted grandfather, who was a native of the city of Güines, Havana province.

Dr. Israel Castellanos González[48] was born in the island's capital on November 25th, 1891, and from a young age began to publish works on policing, ethnology, and anthropology in the important medical journal *Vida Nueva*, from Havana, which earned him great prestige. As a way to complete this knowledge, he graduated as a Doctor of Medicine from the University of Havana, where he was awarded the degree on October 17th, 1923. From that moment on, his research and publications, also as a forensic doctor, gave him international prestige and a few countries in the Americas requested his services in clarifying very difficult forensic cases, including assassinations. It is noteworthy that despite his eminent qualities as a researcher, he was never able to find the Asian names of his grandfather in documents, to which he dedicated many years.[20]

His brother, Dr. Agustín Castellanos González,[49] was also born in Havana on September 12th, 1902. His studies at the Faculty of Medicine of the University of Havana were of extraordinary brilliance and he finished, with the second transcript of his course, on July 14th, 1925. Recently graduated, he was called by his Master, Professor Dr. Ángel A. Aballí Arellano, creator of the Cuban School of Pediatrics and one of the most important pediatricians in America at the time, to work with him as his chair of the University of Havana. Due to his investigative work since 1931, he is considered by many to be the creator of angiocardiology, for contributions such as radiopaque angiocardiography, superior cavography, inferior cavography, and retrograde aortography. He is one of the four Cuban doctors who have been nominated for the Nobel Prize in Physiology or Medicine and his figure appears in the famous mural by Diego Rivera at the National Institute of Cardiology in Mexico, inaugurated in May 1944, along with the great masters of world cardiology.[18]

The León Blanco doctors were descendants through the paternal line in the fourth generation, of a Chinese farmer with a Hispanic surname, living in the former province of Guantánamo, Oriente, whose original Asian names are also unknown, also graduated from the University of Havana, who became among the best pathologists in Cuba.

Dr. Pedro M. León Blanco[50] was born on April 28th, 1899. He graduated as a Doctor of Medicine on December 12th, 1923, and immediately joined the chair of Normal Histology and Embryology as a graduate assistant, where he developed a long career teaching and research until the moment of his death occurred in Havana on April 8th, 1958. Dr. Delgado García recounts "I had the honor of being his student and I remember him as a teacher of great modesty, always attentive to clarify any doubts his disciples had, very considerate and respected among his colleagues and collaborators, as well as among Cuban pathologists."[18]

His brother, Dr. Francisco León Blanco,[51] was born in Guantánamo on July 4th, 1904. He received his degree on April 5th, 1934. Unlike his brother, he briefly held the position of associate professor of Anatomy and Pathological Histology, to go to Mexico in 1938 where he carried out important research on Mal del Pinto, Pinta or Carate, an endemic disease in the Aztec country, with which he demonstrates to the evidence the pathogenic role of treponema (Treponema carateum) found little before by doctors José Alfonso Armenteros and Juan Grau Triana in Havana. He also carried out a complete study of the disease experimentally in man, beginning by self-inoculating treponema to suffer from the disease and describing the clinical aspects of this spirochetosis. The results of his research published in important medical journals in the United States, Mexico, and Cuba have immortalized his name in the field of medical sciences. An outstanding figure as a professor of descriptive anatomy, Full Professor, Consultant Professor, and Professor of Merit at the University of Medical Sciences of Havana, Dr. Armando. Seu Chiu was born on June 10th, 1922, a descendant of Chinese immigrants on both his paternal and maternal branches and from marked Asian features.[18] Graduated as a doctor of medicine with the second record of the 1947–1948 academic year, Dr. Seu Chiu was a student and internal doctor by file at the "General Calixto García" University Hospital, a resident doctor by opposition of the hospital itself. Between 1952 and 1959, he worked as a substitute doctor at the "Kow Kong" Chinese Clinic and from 1955 at the Cruz Azul Clinic as a zone doctor.[52] After the year 1959, it was incorporated that he joined the military medical services as a surgeon at the Hospital "Dr. Carlos J. Finlay" and when the Institute of Basic and Preclinical Sciences (ICBP) "Victoria de Girón" was created, he became assistant professor of Anatomy at that center where he developed a commendable work training generations of Cuban doctors for more than four decades, to be considered one of the most important figures of basic medical sciences in Cuba in the period after 1959.[52] In 1968, he travels to the Anatomy Institute of Magdeburg, Germany, to carry out the study and in 1978–1979, he lends internationalist collaboration as professor of Anatomy at the University of Medicine, Dentistry and Pharmacy in Aden, Democratic Republic of Yemen.[52] During his professional life, he carried out various investigations, fundamentally on human foot measurement. He appears in the Foundation Act of the Cuban Society of Morphological Sciences among the 40 founding professionals, for the science of Anatomy.[53] He had a high recognition as a teacher in Medical Sciences and received multiple medals and decorations.[53]

The researchers were his students in the subject of Anatomy. Brilliant teacher, with a great power of observation, he was very demanding in the anatomy knowledge as a academy discipline with his students. He inspired great respect for his qualities and wisdom. On May 10th, 2003, he died while still active in the ICBP "Victoria de Girón". His funeral honors were held in the Aula Magna of the University of Medical Sciences of Havana.[52]

6 Conclusions

The practices that were predecessors of TCM in Cuba date back to the 19th century, with the arrival of basically herbalist doctors, who arrived as farmers in conditions of semi-slavery. Their arrival was conditioned by internal and external factors, linked to the substitution of black slave labor. Six notable Chinese doctors were found in the 19th century from the west to the east of the island, successful in their performance, leaving in couplets and phrases the impact of their work nowadays. They were characterized by their extensive culture, the incorporation of Western and African Medicine to Asian Medicine. Emigrants generally founded families in Cuba and among their descendants, some were identified as Cuban doctors, who have remained in the history of Cuban medicine as prestigious personalities for their successful performance, professionalism, and human values, just as those immigrants from the 19th century. None of them practiced TCM.

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This article does not contain any studies with human or animal subjects performed by either of the authors.

Author contributions

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